

NATIONAL INTEGRATED EARLY CHILDHOOD DEVELOPMENT POLICY 2015



social development

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REPUBLIC OF SOUTH AFRICA

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Approved by Cabinet on 9 December 2015

Acknowledgements

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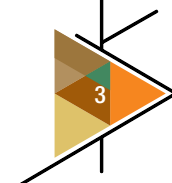
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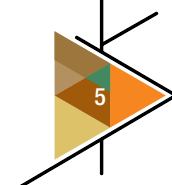
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FOREWORD BY THE MINISTER



In December 2015, Cabinet approved the National Integrated Policy for Early Childhood Development (ECD). The approval of this Policy initiative, the first in the history of our country after the dawn of democracy, is a culmination of many years of hard work to ensure a better start for a better future for many of our children.

A range of research studies and Policy declarations around the world assert that early learning opportunities make a real and lasting difference in children's lives. In this regard, government is fully committed to providing the building blocks for access to quality early stimulation, education and care for all the children, with particular focus on children in vulnerable communities.

The right to education is, amongst others, recognised in the Universal Declaration of Human Rights. For this reason the current administration has put education at the apex of its priorities.

This Policy therefore constitute an important step forward towards ensuring that every child, irrespective of their family circumstances, is given a better start through investment in the early years as clearly envisioned in the National Development Plan (NDP).

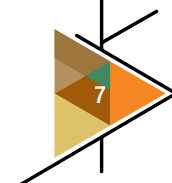
During the 53rd National Elective Conference of the African National Congress, held in Mangaung, Free State Province, we identified the provision of early childhood development (ECD) as key to our success towards achieving the goals of the NDP. To this end, the conference resolved to provide universal early childhood development services. The Government is now two years into its plan to address what have been intractable issues of unemployment, poverty and inequality and fundamentally change the way early childhood development services are delivered. Our goal is that by 2030, a full comprehensive age and developmental stage appropriate package of quality early childhood development services is available and accessible to all infants and young children and their caregivers.

This Policy is child-centred and emphasises the important role of parents and primary caregivers in providing care, support and upbringing of their children. In this context, it recognises that combining a range of services that contribute in ensuring infants and young children to thrive; be healthy through good nutrition and food security; access social protection; have opportunities for early learning and development free from violence and abuse; play and have fun amongst others. Importantly, and in line with our commitment to an inclusive society, it provides the principles and commitments ensuring that children with disabilities and/or developmental delays are included in early childhood development service delivery and experience such inclusion through appropriate services. No child must be left behind.

I believe that the implementation of this Policy will significantly contribute to the attainment of the goals of the NDP and the global Sustainable Development Goals, and in the process significantly improve the lives of many of our children. I am grateful to all who have contributed to this exciting and challenging development, especially those who gave freely of their time, experience and expertise in the process of developing this Policy initiative. Just as the Policy is a result of concerted efforts between government and its partners, we will continue to work together to ensure implementation of this Policy as part of our commitment to provide each child with an early start for a better future.

A handwritten signature in black ink, appearing to read 'BO Dlamini'.

Ms BO Dlamini, MP
MINISTER OF SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA



EXECUTIVE SUMMARY

The Government of the Republic of South Africa has prioritised early childhood development within its National Development Plan 2030: Our Future-make it work. Overwhelming scientific evidence attests to the tremendous importance of the early years for human development and to the need for investing resources to support and promote optimal child development from conception. Lack of opportunities and interventions, or poor quality interventions, during early childhood can significantly disadvantage young children and diminish their potential for success. This National Integrated Early Childhood Development Policy is aimed at transforming early childhood development service delivery in South Africa, in particular to address critical gaps and to ensure the provision of a comprehensive, universally available and equitable early childhood development services.

The Policy covers the period from conception until the year before children enter formal school or, in the case of children with developmental difficulties and disabilities, until the year before the calendar year they turn seven (7), which marks the age of compulsory schooling or special education.

The Policy development process included four expert consultations on scale, media and communication, developmental delays/disabilities and nutrition, as well as consultations in all nine provinces in November and December 2013, and a national consultation on the draft Policy in March 2014. This resulted in a Draft Policy Document that served as a discussion document towards a National Integrated Early Childhood Development Policy, which was gazetted for public comments from 13 March to 24 April 2015 for the public and relevant stakeholders. All feedback and comments received during these consultative processes and public comments were considered.

The purpose of this Policy is:

1. To provide an overarching multi-sectoral enabling framework of early childhood development services, inclusive of national, provincial and local spheres of government;
2. To define a national comprehensive early childhood development programme and support, with identified essential components;
3. To identify the relevant role players and their roles and responsibilities for the provision of the various components of early childhood development services; and
4. To establish national integrated early childhood development leadership and coordinating structure.

The long-term goal of the Policy is: By 2030, a full comprehensive age-and developmentally stage-appropriate quality early childhood development programme is available and accessible to all infants and young children and their caregivers.

This is supported by the following medium and short term goals:

Medium-term goal: By 2024, age- and developmentally stage-appropriate essential components of the comprehensive quality early childhood development programme are available and accessible to all infants and young children and their caregivers.

Short-term goal: By 2017, Government has established the necessary legal framework(s), established the organisational structures and institutional arrangements, undertaken the planning, and put in place the financing mechanisms necessary to support and realise its commitments to ensure universal availability of, and equitable access to early childhood development services.

In realising these objectives, Chapter 5 provides for a comprehensive quality early childhood development programme, with identified essential components that need priority attention as a government obligation. In short, the following are provided for:

- Health care and nutrition programmes

- Social protection programmes
- Parent support programmes
- Opportunities for learning
- National public early childhood development communications
- Water, sanitation, refuse removal and energy sources
- Food security
- Play facilities, sport and culture

The inter-sectoral nature of the Policy requires clear delineation of roles and responsibilities of different government departments in the provisioning of early childhood development services, as spelled out in Chapter 6. It also includes the concurrent roles of national, provincial and local spheres of government to ensure a delivery system that will advance the rights of infants and young children.

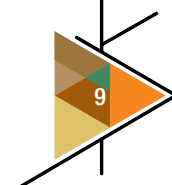
Chapter 7 establishes Government's role to lead and coordinate the delivery of early childhood development services in the country through the establishment of an Inter-Ministerial Committee on Early Childhood Development, supported by the National Inter-departmental Committee for Early Childhood Development. It also provides for intergovernmental relations to ensure seamless planning and implementation at national, provincial and local government level, and establishes mechanisms for the involvement of the non-government sector.

Chapter 8 focuses on securing and distributing sufficient funds to ensure universal availability of, and equitable access to, the national comprehensive quality early childhood development programmes and services, with prioritisation of the identified essential components thereof, especially for low-income families that cannot afford user fees. It further establishes a funding model to support implementation of the Policy and that aims to (i) expand coverage of services; (ii) ensure that poorer children and children with developmental difficulties and/or disabilities are not excluded because of the cost of services; and (iii) improve the quality of service provision.

Chapter 9 ascertains sufficient physical, management and service delivery infrastructure for early childhood development services, linked to population-based planning, in order to realise universal access to quality early childhood development services that are appropriately spread out, within safe and reasonable physical reach, and accessible. It indicates responsibilities for infrastructure development across all spheres of government and proposes the establishment of a national infrastructure grant for early childhood development, amongst others.

The Policy consolidates, in Chapter 10, the appropriate cadres of human resources required, in sufficient numbers, with sufficient skills to support the implementation of the services prioritised in the Policy. Training provision for the early childhood development workforce predominantly includes the early childhood development resource and training organisations (RTOs), Technical Vocational Education and Training Colleges (TVET), private for-profit providers, and universities.

Monitoring and evaluation are essential to ensure a cost-effective early childhood development system that provides quality, accessible and timely services to infants and young children. Chapter 11 commits Government to design and implement a national monitoring and evaluation framework to collect and provide information for progress on the implementation of the Policy. It will also contribute to improved planning and implementation of early childhood development services and programmes. Research will be conducted every five years to assess the impact of the National Integrated Early Childhood Development Policy service delivery.



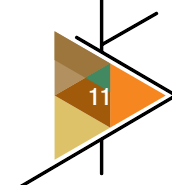
ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSG	Child Support Grant
DBE	Department of Basic Education
DHA	Department of Home Affairs
DOH	Department of Health
SAPS	South African Police Services
DPME	Department of Planning, Monitoring and Evaluation
DSD	Department of Social Development
ECD	Early Childhood Development
EFA	Education for All
EPI	Expanded Programme on Immunization
FCG	Foster Care Grant
GCIS	Government Communication and Information System
GDP	Gross Domestic Product
HSRC	Human Sciences Research Council
ICT	Information and communications technology
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
NDP	National Development Plan 2030: Our Future-make it work
NGO	Non-Government Organisation
NIPECD	National Integrated Plan for Early Childhood Development
NPAC	National Plan of Action for Children
NPO	Non-Profit Organisation
NQF	National Qualifications Framework
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission
RSA	Republic of South Africa
SASSA	South African Social Security Agency
Stats SA	Statistics South Africa
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WBOTs	Ward-Based Outreach Teams

DEFINITIONS AND GLOSSARY OF TERMS

The following definitions are applicable in the interpretation of concepts within this specific Policy. Concepts not defined here are sufficiently explained in the text of the Policy.

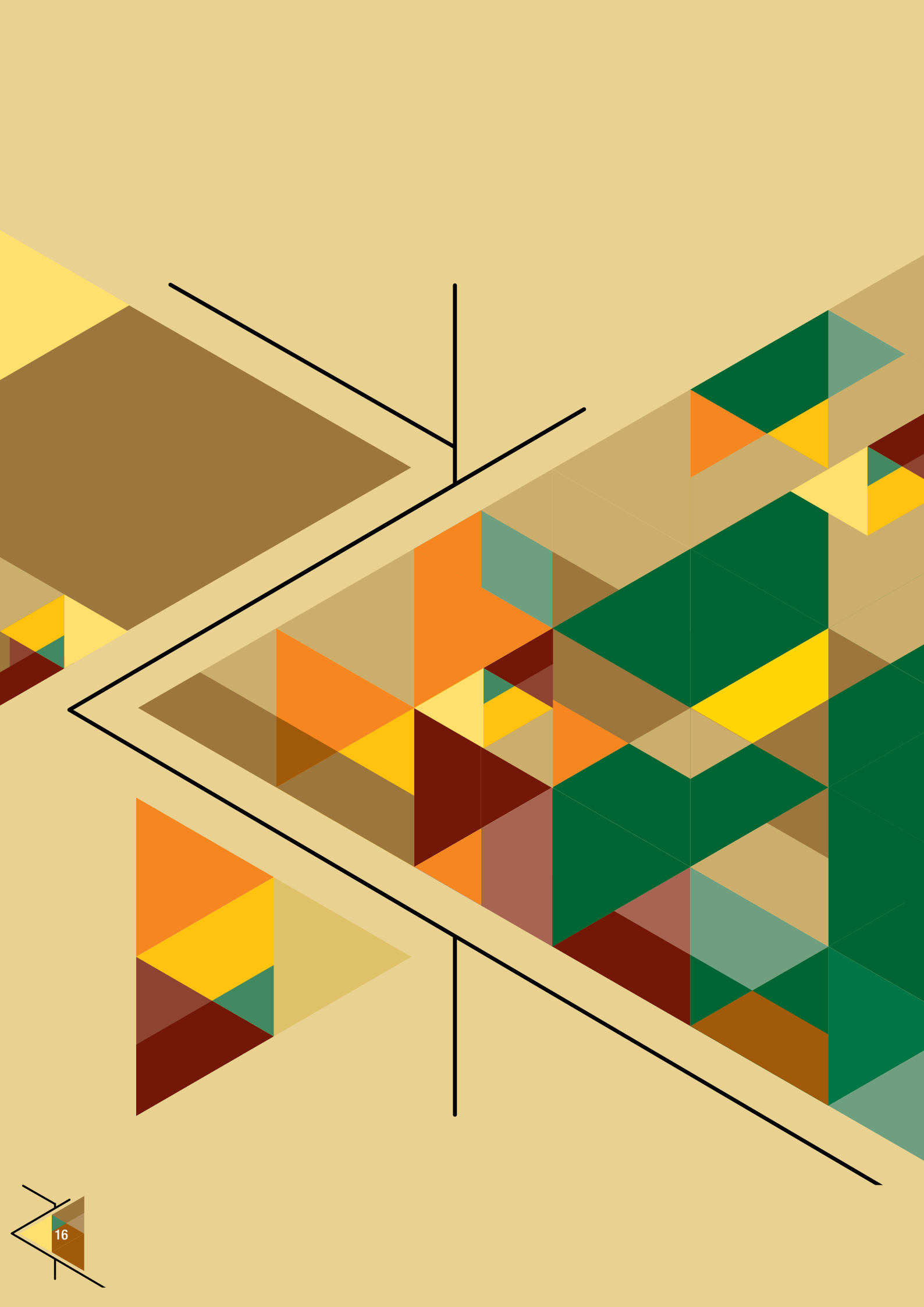
Ages	Any age indicated in this Policy assumes age at the child's last birthday. For example, reference to children from birth to four, means all children who have not yet turned 5, and, similarly, children birth to two means all children who have not yet turned 3, etc. This is in line with Statistics South Africa data collection age definitions ² .
Child-minder	A person who provides care and early learning for up to six children, typically in their own homes. Also in some contexts referred to as "day mothers".
Child outcomes	Specifically determined achievements for babies and young children against national and international benchmarks for their early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development.
Collaboration	Involves networking, cooperation and coordination, and also involves improving the capacity of partners for mutual benefit and attainment of a common purpose ³ .
Community-based rehabilitation (CBR)	A strategy within a community development paradigm for the rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of people with disabilities. It is seen as a means by which to implement the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and to support community-based inclusive development ⁴ .
Cooperation	Includes the exchange of information for mutual benefit, aligning activities for a common purpose and sharing resources for mutual benefit ⁵ .
Coordination	Involves information exchange and aligning activities to work synergistically towards a common purpose ⁶ .
Developmental difficulty/ies	Includes conditions that place a child at risk of sub-optimal development, or that cause a child to have a developmental delay, disorder or disability.
Disability	Persons (young children) with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others ⁷ .
Early childhood	Refers in this Policy to the period of human development from birth until the year before a child enters formal school.
Early Childhood Development (ECD) Centre	A partial care facility that provides an early childhood programme with an early learning and development focus for children from birth until the year before they enter Grade R/formal school.
ECD partnership	An organisational framework made up of two or more partnering organisations working towards a common objective of ensuring the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of infants and young children ⁸ .

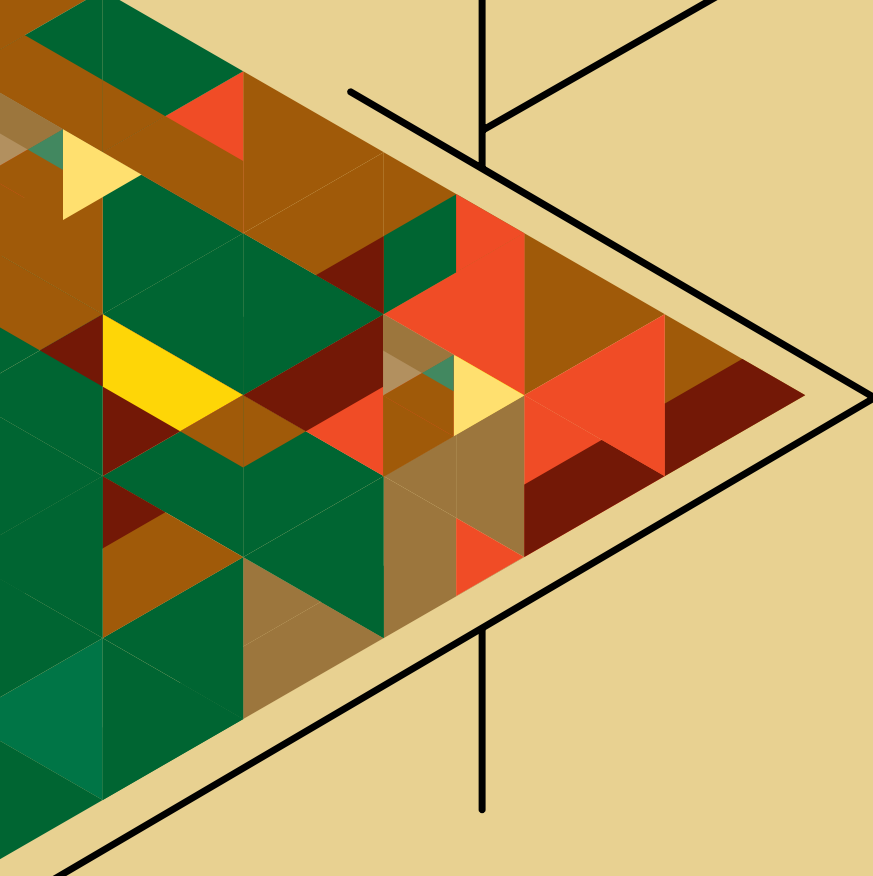


ECD practitioner	A person who provides early childhood development services through formal early childhood development programmes, family services and playgroups and training, as well as those providing management support services to these workers.
ECD programmes	<p>Programmes that provide one or more forms of daily care, development, early learning opportunities and support to children from birth until the year before they enter formal school. These programmes include, but are not limited to:</p> <ul style="list-style-type: none"> • Community-based play groups operating for specific hours; • Outreach and support programmes for young children and their families/ caregivers, at a household level; • Parenting support and enrichment programmes; • Support for the psychosocial needs of young children and their families; • Ecd programmes provided at partial care facilities and at child and youth care facilities, as contemplated in section 93 (5) of the children's act; and • Any other programme that focuses on the care, development and early learning of children from birth until the year before they enter formal school.
ECD services	Services or support provided to infants and young children or to the child's parent or caregiver by a government department or civil society organisation with the intention to promote the child's early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development ⁹ .
Early intervention	The experiences and opportunities afforded to infants and young children with disabilities or developmental delays, or to those at risk for developmental difficulties (vulnerable children), by primary caregivers and/or professional practitioners that are intended to promote children's behavioural competencies and enable them to participate meaningfully in their homes and community environments ¹⁰ .
Equitable access to ECD Services	When all children and their caregivers, including those who face barriers to access and early learning, such as poverty, geographic location (i.e. physical distance from services) and developmental difficulties, have the opportunity to access an age-and-developmental-stage-appropriate early childhood development services.
Extended Family	A multigenerational family that may or may not share the same household. It includes family members who share blood relations, relations by marriage, cohabitation and/or legal relations.
Family	A group of persons united by the ties of marriage, blood, adoption or cohabitation, characterised by a common residence or household, interacting and communicating with one another in their respective family roles, maintaining a common culture and governed by family rules ¹¹ .
Home-based early	Any early childhood development services, including home-visiting, that are provided to pregnant women, infants and young children, and their family in their home by an appropriately qualified and sanctioned early childhood development practitioner or related worker to promote the children's early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development.
Home-visiting	Delivery of services at the household level to parents/primary caregivers and young children for the purposes of providing information, supporting early learning and development, and promoting referrals and linkages to support services.

Inclusion	The process by which all children are actively welcomed and supported so that they can optimally participate and benefit from early learning and development opportunities, that are conducive to the learning of all children, and through which all children receive the necessary support to enable them to participate on an equal level with others.
Integration	The effective coordination of policies, laws and programmes across and within sectors to ensure that young children and their families receive access to a comprehensive early childhood development services and support in combinations to ensure their optimal development ¹² .
Mobile ECD programme	These are mobile early childhood development programmes which may operate three to four days per week for three to four hours per day.
Networking	Involves the exchange of information among partners and stakeholders for mutual benefit ¹³ .
Non-centre based ECD programmes	Any early childhood development programme, service or intervention provided to children from birth until the year before they enter formal school, with the intention to promote the child's early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development and early learning. This may include, parent support groups, outreach programmes play groups, child-minders, toy-libraries, mobile programmes, amongst others.
Outreach ECD programme	Programmes that use early childhood development centres as support for programmes where parents are equipped with skills to promote parental involvement in stimulation of their children at their homes.
Parent	A biological, foster or adoptive mother and/or father responsible for the care and protection of a young child, who is stable in the child's life and who loves the child and wants to protect the child.
Parent support	A broad range of programmes and interventions to support one or more aspects of parenting. These are provided to a parent or primary caregiver.
Playgroup	A group of young children organised for play or play activities for early learning and development (cognitive, language, motor, emotional, social). A playgroup is attended by children from birth until the year before they enter formal school, usually accompanied by their mothers and/or fathers or primary caregivers, and supervised by a voluntary or paid playgroup facilitator.
Playgroup facilitator	A community-based worker primarily responsible for early learning and development programmes provided to children at least twice a week through a playgroup at a community facility or, in some instances, at the home of one of the participating parents.
Primary caregiver	A person, whether related to the child or not, who takes primary responsibility for meeting the daily care needs of the child in question, excluding those who take care of children for remuneration or reward ¹⁴ .
Public good	The provision of early childhood development services can be regarded as a public good, based on the recognition that these services not only contribute to the development and outcomes of the child, but also to the growth and development of society as a whole in the medium and long-term.

Quality	The quantity of interventions, services, programmes, training and systems linked with and achieving child outcomes. It is a dynamic, flexible and adaptable construct that contours itself across cultures, settings, time and types of intervention ¹⁵ .
Structured programme	<p>An early learning curriculum offered (by means of centre and non-centre based programmes) that is systematic, geared to holistic development specifically, preparation of skills that will be necessary for transition to the foundation phase of school (Grade R to 3). This is understood to include all the areas in the National integrated early Learning and Development Standards and National Curriculum Framework for Children from Birth to Four Years, and specifically:</p> <ul style="list-style-type: none"> • Development of emotional wellbeing, social interaction and sensorimotor development, preparing the ground for early learning; • Language development and story-telling; • Play, creativity, critical thinking and exploration; and • Development of concepts of early literacy and numeracy.
Supervisor/ coordinator	A person with the NQF level 5 early childhood development qualification who provides supervision and administrative services to other workers in both centre- and non-centre-based early childhood development programmes. A supervisor/coordinator is responsible for the support, oversight, work-site support, assistance with planning, and in-service training of playgroup facilitators, child-minders or early childhood development practitioners. Supervisors/coordinators are more knowledgeable and experienced in early childhood development than the practitioners for whom they are responsible.
Toy librarian	A person qualified and/or experienced in working in a toy library to assist different early childhood development service providers, parents or children using the service to select educational play materials which assist with the early learning and development of the range of age-appropriate skills and provides guidance as well as instruction in their use.
Toy library	Provides developmentally appropriate educational play and learning materials to early childhood development service providers, parents or children. It may offer play and learning sessions, toy-making demonstrations, individual lending and/or lending to early childhood development service providers.
Universal availability	A situation where there is a sufficient quantity of quality early childhood development services in sufficiently close proximity to all infants and young children and their parents/primary caregivers so as to ensure that they all enjoy an opportunity to access these services.
Vulnerable children	<p>Those who experience compromised caregiving and/or compromised access to quality early childhood development services because of one or more structural, social, economic, geographic, physical, mental, psychosocial, racial, familial or any other risk factors associated with poor access to services, and/or poor early childhood outcomes. These may include, but are not limited to¹⁶:</p> <ul style="list-style-type: none"> • Children living in poverty; • Children experiencing developmental difficulties; • Children with chronic health conditions, including HIV and AIDS; • Orphaned children and other children living without their biological parents; • Children living in child-headed households; • Children living in under-serviced rural areas;





CHAPTER 1

Introduction and background to the Policy



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Introduction and background to the Policy

1.1 The purpose of the National Integrated Early Childhood Development Policy

The purpose of the National Integrated Early Childhood Development (ECD) Policy is to:

- Ensure the universal availability of, and equitable access to, early childhood development services through a national integrated system which is embedded within a coherent legal framework that identifies, enables and compels the fulfilment of early childhood development roles and responsibilities of relevant role players;
- Establish the organisational and institutional arrangements necessary to lead, plan for, implement, coordinate and monitor the provision of early childhood development services and support;
- Ensure the provision of adequate public funding and infrastructure for sustainable universal availability of, and equitable access to, quality comprehensive early childhood development services; and
- Establish appropriate monitoring, quality assurance and improvement systems to secure the provision of quality early childhood development services and outcomes for young children in South Africa.

1.2 Historical overview of legal and scientific foundations for the public provision of early childhood development services

1.2.1 International legal and developmental framework

Government ratified and/or endorsed a number of international and regional rights and development instruments, including, but not limited to, the following:

- The United Nations (UN) Convention on the Rights of the Child (CRC) (ratified in 1995);
- The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (ratified in 1995);
- The African Charter on the Rights and Welfare of the Child (ACRWC) (ratified in 2000);
- The UN Convention on the Rights of Persons with Disabilities (CRPD) (ratified in 2006);
- The UN Millennium Development Goals (MDGs) (adopted in 2000);
- The UN Sustainable Development Goals (SDGs) (adopted 2015);
- UNESCO Dakar Framework of Action for Attaining Education for All (EFA) (adopted in 2000);
- The UN World Fit for Children (adopted in 2002);
- UNESCO Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations (2010); and
- The Paris Declaration on Food Security and the Rome Declaration on Nutrition (November 2014).

1.2.2 Evidentiary foundation of early childhood development as a developmental imperative

The centrality of early childhood development to the developmental initiatives to which the Government is a party (such as the Sustainable Development Goals and EFA goals) is founded on an ever-growing body of evidence which confirms that a nation's development depends on the extent to which it can unlock the potential human capital inherent within its very youngest population. This in turn depends on the extent to which Government secures or provides the conditions necessary for the realisation of the right of every infant and child to develop "his or her potential to the maximum extent possible, to become physically healthy, mentally alert, socially competent, emotionally sound and ready to learn – cognitively, socially, emotionally, physically and psychosocially – to their full potential"¹⁷.

The realisation of these rights is dependent on the quality of the biological, social and economic environment in which the foetus, infant and young child develops, especially whilst in utero and in the first two years after birth – a period commonly referred to as the ‘first 1 000 days’. If the foundational development of the brain and skills is flawed in these earliest days, later developments that build on earlier circuits and skills will be inherently limited¹⁸. The first 1 000 days thus offer a unique and invaluable window of opportunity to secure the optimal development of the child, and by extension, the positive developmental trajectory of a country.

1.2.2.1 Protective factors and their impact on early childhood development

In the first 1 000 days the ‘plasticity’ of the brain means it is highly responsive to environmental factors that promote strong brain development (protective factors). These include the good health and nutritional status of the mother, infant and child; a clean environment free of pollutants such as alcohol and drugs whilst in utero and as an infant and young child; strong, protective and stimulating relationships with parents and other primary caregivers which involve language-rich, nurturing and responsive caregiving; and access to safe care and quality early learning opportunities, starting from birth and until the child enters formal school, in centre- and non-centre-based ECD programmes.

1.2.2.2 Risk factors and their impact on early childhood development

The sensitivity of the brain in this early period is a double-edged sword in that it makes the structure and functioning of the child’s early brain (and hence, later child) developmentally vulnerable to biological, social and environmental risk factors. Risk factors predictive of poor early childhood experiences include the following:

Poverty: Poverty is widely recognised as “a root cause of poor child development”¹⁹. Low socioeconomic status is a key predictor of poor early childhood development²⁰. Persistent, cumulative poverty and exposure to hardship in the first year of life have a detrimental effect on cognitive functioning, with the impact being stronger on verbal, compared to non-verbal, skills²¹.

Malnutrition: Poor infant and child nutrition, especially in the period between conception and the age of 2 years, can lead to irreversible developmental stunting and delays, resultant poor cognitive development, and ultimately lower educational and labour market performance²². Poor maternal nutrition, such as lack of folic acid in the early antenatal period, can cause significant structural damage to the foetus in utero.

Stunting (low height-for-age) is a form of chronic malnutrition which is, in turn, predictive of poor cognitive and language development²³. The impact of poor nutrition on the child’s development is particularly pronounced in the first two years of life. Even if children catch up in terms of height, the impact of stunting on brain development in this critical early period may well endure²⁴. On average, children who are stunted by age 2 go on to access fewer years of schooling, perform more poorly at school and earn less as adults²⁵.

Low birth-weight: Infants with low birth-weight (< 2 500 grams) are at an increased lifetime risk for cardiovascular disease, diabetes and learning difficulties²⁶.

Infectious diseases in pregnant women, infants and children: Antenatal infections in pregnant women, such as syphilis and rubella, as well as diseases in infants and young children, such as measles, meningitis, middle ear infection, diarrhoea, parasitic infections and HIV, may negatively affect the young child’s physical and cognitive development²⁷.

Environmental toxins: Pre- and post-natal exposure to environmental toxins such as alcohol, drugs, chemicals, and pesticides can cause significant irreversible damage to the developing brain and resultant cognitive, physical,

emotional, and social development of the embryo (first trimester), fetuses (second and third trimester) and the young child²⁸.

Stress: In the absence of a supportive caregiver to buffer children against stress brought about by factors such as abuse and neglect, severe maternal depression, parental substance abuse, family violence and extreme poverty, what would ordinarily be 'tolerable stress' becomes 'toxic'. Toxic stress can lead to cognitive damage, health-damaging behaviours and harmful adult lifestyles, as well as greater susceptibility throughout childhood and later adult life to physical illnesses, such as cardiovascular diseases, obesity, diabetes and others, as well as mental health problems like depression, anxiety disorders and substance abuse²⁹.

Exposure to violence: The social and emotional development of infants and young children who are exposed to violence in their families and communities (including corporal punishment), and who do not enjoy the protective buffering of strong and supportive caregiving, is compromised. They are at a greater risk of insecure attachments and behaviour problems, reduced levels of pro-social behaviour, increased aggressive behaviour, and an inability to regulate their own emotions³⁰.

Psychosocial risks: Maternal depression presents a significant risk to the cognitive, physical, social and emotional development of infants and young children. This is because maternal depression often leads to unresponsive caregiving. However, the relationship between 'maternal depression and compromised early child development is multilevel and cumulative' because poverty, low education, high stress, lack of empowerment and poor social support are also risk factors for poor child development³¹.

Disrupted caregiving – absent parents, ill parents, non-parent caregivers or abandonment: Disruptions of parental caregiving through illness or death of the caregiver or abandonment of the child, and the assumption of the caregiving role by a non-parent caregiver, creates a risk of bullying, mental health problems, abuse and emotional and behavioural problems in infants and young children³². Infants and young children living without their biological parents are especially at risk of being denied the care necessary for their physical and psychosocial well-being³³.

Disabilities: Approximately 23 per cent of children between the ages of birth to 9 years in low and middle-income countries are at risk for disabilities. Whilst this is indicative of their compromised development, children with disabilities are, in addition, at risk of low access to early childhood development services and at an increased risk of poor quality care³⁴.

1.2.2.3 Early childhood development restores risk/protective balance

Globally, the development of an estimated 200 million disadvantaged young children is frustrated by multiple adversities³⁵. This situation is not inevitable: the loss of human capital is avoidable through the provision of timely and appropriate quality early childhood development services targeting the causes and consequences of the known risk factors³⁶.

The centrality of early childhood development to the national development agenda and the justification for increased public investments to secure early childhood development is premised on the recognition of the social returns of universal comprehensive early childhood development services – that it benefits not only the individual but all of society³⁷.

The science is conclusive: investments in early childhood development yield lifetime development returns for the child, his or her family and society³⁸. Notably, early childhood development has the potential to contribute significantly to the reduction of key development challenges facing South Africa in 2015, particularly poverty and inequality.

Access by infants, young children and pregnant women to quality early childhood development services and support has a proven significant positive impact on³⁹:

1. **The mental and physical health of children and adults:** Comprehensive quality early childhood development programmes, especially those targeting the most vulnerable to early adversities, lay a foundation for improved health of children and of the nation. In particular, it contributes to the prevention of behaviours, conditions and illnesses associated with the quadruple burden of disease South Africa confronts in 2015, including: maternal, infant and child mortality⁴⁰; HIV and AIDS and tuberculosis (TB); a number of non-communicable diseases such as diabetes, cardiovascular disease and obesity; and violence and injury⁴¹.
2. **School enrolment, retention and performance:** Early childhood development services and support, especially in the early years, are associated with improved cognitive development of children, the prevention and/or early identification of developmental difficulties and disability, and school readiness, all of which ultimately lead to improved educational outcomes, especially amongst the most socially and economically marginalised children⁴².
3. **A stronger economy:** Early childhood development services and support are associated with higher levels of employment and earning potential, and ultimately an increase in productivity, the country's gross domestic product (GDP), and increased tax revenue. Studies suggest that participation in early learning and development programmes contributes to increases of between 5 and 10 per cent in lifetime labour income⁴³.
4. **Inequality:** Inequality between and within populations has its origins in poor early childhood development experiences⁴⁴. Inequalities are established in early childhood and contribute to lifetime differences, with inequalities widening between different socioeconomic groups as time passes. Cumulative risk factors at birth inhibit children's development trajectory, leading to lower adult cognitive and psychological functioning, educational attainment, and subsequent income. Conversely, early childhood development investments that target the underlying social and economic causes and consequences of factors which present a risk to development can limit inequality at its source⁴⁵. Early childhood development services counteract the biological and psychosocial risk factors which limit the care, stimulation and learning opportunities and resultant unequal development of children living in poverty, and hence equalise their opportunities to develop to their full potential⁴⁶.
5. **Poverty:** Access to early childhood development services and support remedies deficits in the care, stimulation and educational opportunities more frequently a reality for children living in poverty, and, as such, the subsequent development of infants and young children⁴⁷.
6. **A safer and more inclusive society:** Early childhood development investments bring about higher levels of positive self-regulation which lead to significantly less crime and greater public safety⁴⁸, reduced public violence⁴⁹, and greater social cohesion and civic participation⁵⁰.

1.3 Rationale underpinning the Policy

1.3.1 Government's recognition of early childhood development as a universal right and public good

Government is mandated and obligated to ensure the provision of early childhood development services as a right. In addition, they must be publicly provided because they afford a foundation for good child outcomes as

well as national developmental outcomes; are necessary to equalise the developmental deficits experienced by infants and young children vulnerable to risk factors; and thus are necessary to addressing South Africa's two key development challenges: poverty and inequality.

Government recognises early childhood development as a fundamental and universal human right to which all young children are equally entitled without discrimination. The Government's recognition of early childhood development as a universal and inter-dependent body of rights has long been recognised in a host of policies and laws dating back to 1995. These include, for example, the White Paper on Education and Training (1995), the Constitution of the Republic of South Africa (1996), the Interim Department of Education's Policy for Early Childhood Development (1996), the National Programme of Action for Children in South Africa (1996), the White Paper on Social Welfare (1997), the White Paper for the Transformation of the Health System in South Africa (1997), the Education White Paper 5 on Early Childhood Education (2001), the National Integrated Plan for ECD 2005–2010 (NIPECD), the Children's Act No. 38 of 2005, and the National Plan of Action for Children (NPAC) in South Africa 2012–2017. In addition, a plethora of other sectoral policies, laws and programmes have been developed to implement services related to these numerous rights, such as birth registration, social assistance, health care, education, environmental health, nutrition and others. The relevant policies and laws are described in detail below.

These policies and laws recognise and seek to give effect to the rights of every infant and young child to develop his or her full potential, to become physically healthy, mentally alert, socially competent, emotionally sound and ready to learn – and the realisation of the right to early childhood development depends on fulfilment of a composite body of all other rights protected in law.

Early childhood is the period in which the foundation is laid for the survival, growth, development and protection of children to their full potential across all domains and competencies. The first and early years are a critically sensitive period of rapid growth and change, the rate and shape of which is determined by intrinsic factors. These include the child's individual nature as well as external factors such as their living conditions, gender, family organisation, care arrangement, living conditions, health systems, education systems and cultural beliefs⁵¹. Their optimal development depends on whether they have a supportive and nurturing environment that secures their access to a full complement of services that, in turn, secure all of their rights protected in law, including health, education, birth registration, nutrition, care and protection, basic services, information, participation, and numerous others.

Government recognises that, in the first instance, the child's parents are responsible and important for his or her care, development and well-being through the provision of a nurturing and caring environment in these important early years of life. However, Government recognises that parents and other primary caregivers must have access to and receive the information, support and services necessary to enable them to fulfil their responsibilities. As such, early childhood development depends on effective measures to secure not only children's rights but those of their parents, since this determines the capacity of parents to ensure their children's holistic and optimal development⁵².

Over and above recognising early childhood development as a universal human right, Government recognises early childhood development as central to the realisation of the national development goals of reducing poverty and inequality. This recognition is documented at the highest level in the National Development Plan 2030: Our Future-make it work (NDP) that charts the developmental vision for South Africa, calling for the writing of a new story that places early childhood development at its centre.

The NDP maps the most strategic routes for attaining its goals. It recognises quality early childhood development as one of the measures to reduce the acute impacts of poverty⁵³. It further sets quality early childhood development as a top priority for the country to improve quality of education and the long-term prospects of future generations and society as a whole⁵⁴. In this respect the NDP puts forward the following, amongst others, that root this Policy:

- Dedicated resources should be channelled towards ensuring that infants and young children are well cared for and receive appropriate emotional, cognitive and physical development stimulation. This includes the improvement of state funding for early childhood development to test and develop funding models for the comprehensive package of services.
- The definition of early childhood development should be broadened, taking into account all the development needs of a child and that this expanded definition forms the basis for all strategies.
- A comprehensive package of services for all young children should be defined and phased in.
- Coordination between departments, as well as the private and non-profit sectors, should be strengthened.
- The guidelines, norms and standards for early childhood development programmes should be standardised and should take into account the needs of children with disabilities in all communities.
- Innovation in the way early childhood development services are delivered should be encouraged, with emphasis on home- and community-based early childhood development services.
- The training of early childhood development practitioners should be invested in, upgrading their qualifications and developing clear career paths.
- Early childhood development services need to expand to reach all vulnerable children, including children with disabilities, ensuring that they and their families receive a comprehensive package of early childhood development services.

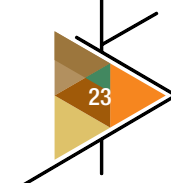
Thus, the NDP recognises quality early childhood development services, especially for the most vulnerable, as a sustainable and cost-effective way of ensuring the optimal development of children, their resultant educational success and their improved employment prospects – in short, as a key lever to overcoming the apartheid legacy of poverty and inequality.

1.3.2 Public provision of universal early childhood development and associated responsibilities

Government recognises early childhood development as a universal right and that early childhood development lays the foundation for the attainment of broader societal benefits, which requires the public provision of early childhood development services by Government for all young children in South Africa.

There is general agreement that the universality of the right means that all young children are entitled to early childhood development services, regardless of their race, ethnicity, socioeconomic status, health, disabilities or any other factor⁵⁵. This requires that the Government is responsible for taking all appropriate legislative, administrative and other measures necessary to secure the realisation of the universal early childhood development rights of all children.

In the context of all early childhood development services ‘universal access’ does not and should not imply universal or full coverage of all services, as there are age-differentiated variations in demand as well as variation across different family circumstances. The widely accepted meaning that is adopted in this Policy is that Government must ensure that quality services are available to all children whose parents wish them to use such services; and that cost and other barriers such as disability should not prevent those who wish to make use of these services from doing so⁵⁶.



The public provisioning responsibility of Government is to develop a publicly funded and rights-based national integrated early childhood development system which ensures universal availability of early childhood development services that secure young children's rights and provide a continuum of quality care, early learning and protection. It must, furthermore, ensure equitable access to early childhood development services for children especially vulnerable to environmental, social, economic and other early childhood development risk factors.

The public provisioning of early childhood development thus embraces a continuum of responsibilities in terms of which Government must ensure that⁵⁷:

1. All services necessary for the optimal survival, growth, development and protection of infants and young children to their full potential are available in sufficient quantities and through a sufficient number of appropriate spaces in sufficiently close proximity so that all children have an equal opportunity to participate in or make use of the services in question;
2. All services that are provided are of a sufficiently high quality and are age- and stage-appropriate to the needs and context of the children in question to ensure universal quality outcomes for all children receiving the service;
3. Early childhood development programmes are appropriately designed to ensure the delivery of quality, age- and stage-appropriate, and inclusive services;
4. The environment, infrastructure and materials supporting the delivery of all early childhood development services are safe, healthy and enable the delivery of age-appropriate, inclusive and quality services;
5. There are a sufficient number of appropriately qualified practitioners to provide age-appropriate, inclusive and quality early childhood development services;
6. Measures are implemented to ensure that the cost of the services do not preclude children living in poverty and that infrastructure and materials; the qualifications and number of early childhood development practitioners; and the design of the programmes and services address the needs of children with disabilities;
7. Appropriate management, coordination and monitoring and evaluation systems are in place to adequately plan for, measure, monitor and improve availability, quality and equity of access, and outcomes for all children, and in particular for vulnerable children and children with disabilities; and
8. Adequate resources are available to sustain a national integrated early childhood development system that delivers on the preceding obligations.

The public provision of early childhood development services by Government requires the strengthening of a national integrated early childhood development system that provides for the provision of⁵⁸:

- A comprehensive package of quality age, developmental stage and needs appropriate early childhood development services for all infants and young children;
- Government management structures and systems for population-based assessments for the determination of numerical demand and context, age and developmental needs for the full range of early childhood development services at a national, provincial and municipal level, and planning for provision to meet the determined demand;
- The human resources and infrastructure necessary to deliver universally available quality early childhood development services for all young children and to ensure that all access barriers, including age, poverty, vast distances and/or disability are addressed;
- The development of quality age, stage and needs appropriate early childhood development programmes and services to meet the determined demand;
- The delivery of early childhood development services through a range of models of service provision, including centre and non-centre based programmes and services ranged to meeting the specific age and developmental needs and the geographic location of all children;

- Adequate funding to ensure universal access to quality early childhood development services;
- Measures to address access barriers faced by vulnerable children, including young children living in poverty, those living in underserved areas and young children with a disability;
- Adequate quality and safety standards, control, improvement and evaluation systems to ensure and measure quality of all services and equitable outcomes for all children and access for vulnerable children;
- Enabling policies, laws and programmes mandating, obligating, regulating and harmonising the respective roles and responsibilities of all role players, including government departments, across all three spheres of government and non-government role players, in providing early childhood development services; and
- Appropriate, effective and sufficient management, governance, coordination and institutional structures to support the national integrated early childhood development system and realise Government's public provisioning responsibilities as defined.

1.3.3 *What early childhood development services and support must be publicly provided?*⁵⁹

Scientific evidence on the importance appropriate early childhood development interventions, services and programmes point clearly to services that are required to ensure realisation of the legal and developmental imperative to ensure children develop in their early years to their full potential⁶⁰.

1.3.3.1 *Parenting support and capacity development*

It is internationally recognised that the family is the natural environment for the growth and well-being of children and that parents bear the primary responsibility for promoting children's development and well-being. Government's role is to provide support, capacity development, counselling and, where necessary, resources to parents or, in their absence, primary caregivers to strengthen the nurturing parent-/caregiver-child relationships⁶¹.

Parenting support may be delivered through a number of strategies, including community support groups, parent enrichment programmes, regular clinic visits, media and home visits, or a combination of these. There is a strong imperative for the provision of early and intensive support by trained home visitors to vulnerable families, beginning antenatally, and continuing through birth and until the age of 2 years⁶².

1.3.3.2 *Child-centred social security*

As a signatory to the United Nations Convention on the Rights of the Child and other related international treaties, Government has committed to realising children's right to a standard of living adequate for their physical, emotional, mental, spiritual, moral and social development through "systematic strategies to reduce poverty in early childhood as well as combat its negative effects on children's well-being"⁶³.

Moreover, it has also committed to providing parents with the material support they need to realise their children's rights. These commitments, alongside the guarantee that every child shall enjoy the right to benefit from social security⁶⁴, compels the provision of social assistance for caregivers of young children living in poverty as early as possible after the infant is born.

Increased family income in the first four years of a child's life has a comparable, if not greater, impact on early childhood development than other determinants of optimal development of infants and young children, especially for children living in poverty⁶⁵. Protecting households with young children from the stress and insecurity related to poverty is one of the most promising and cost-effective investments to secure early childhood and human development⁶⁶. Social assistance through cash transfers in the early years improves young children's health and development, especially their cognitive, emotional, language and fine motor development, and has a positive effect on their schooling⁶⁷. National studies confirm that access to the Child Support Grant (CSG) in the first year

of life and for at least 50 per cent of the first 36 months of a child's life has significant developmental value and impact on early childhood and later development outcomes⁶⁸.

1.3.3.3 Free birth registration

Children's rights to a name and nationality require not only the provision of free birth registration services, but also the issue of a birth certificate marking the entry of the child into the national population register as a legal subject entitled, in his or her own right, to the rights and benefits afforded by legal instruments to citizens. The issue of the birth certificate is foundational to enjoyment of many of the other rights associated with a child's optimal early development. It is only once a child is registered in the national population register that he or she can be counted for the purpose of planning and funding early childhood development services at a national level, and the certificate is required documentation to access key services⁶⁹.

1.3.3.4 Health care

The right of infants and young children to basic health care (including environmental health services such as access to water and sanitation), especially during the mother's pregnancy and the early childhood years, is expressly protected by many international and national instruments, including the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and the Constitution of the Republic of South Africa. Access to basic preventative and curative medical care for pregnant women and children prevents health threats to development and provides early diagnosis and intervention when a problem is discovered. Medical care should include access to antenatal care, birth at quality facilities, and new-born and post-natal care and medical care to prevent and treat common childhood illnesses, as well as access to basic services such as safe water and sanitation⁷⁰.

1.3.3.5 Food and nutritional support

The right to adequate food and nutrition is protected by many legal and developmental instruments, including the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the Sustainable Development Goals, and others. Nutritional support for women from conception and during pregnancy, and for infants and young children, is critical. This includes the active support of breast feeding, especially exclusive breast feeding, in the first six months after birth, and safe nutritional practices. Poor nutrition in these crucial periods can lead to irreversible stunting and developmental delays, resultant poor cognitive development, and ultimately lower educational and labour market performance⁷¹. The establishment of food gardens through the Community Work Programme can improve the supply of healthy food to families and young children.

1.3.3.6 Safe and affordable day care for children where parents are absent

Regulation of the provision of early childhood development programmes for infants and young children through day care, as well as subsidies for such day care targeting poor parents, has been an area for social welfare support for many decades⁷². It was one of the priorities of the NIPECD, and provision of child care facilities is required in terms of instruments such as CEDAW and the ILO convention on Workers with Family Responsibilities⁷³. Children of working and work-seeking parents, parents who are in full-time education, children with disabilities and those who cannot care for children without assistance require some form of day care. This must be of high quality and include early learning as well as care and protection to promote children's holistic development.

1.3.3.7 Early learning support and services

The right to early learning and development in early childhood begins at birth⁷⁴. This is fundamentally linked to the child's development to his or her full potential. Early learning begins at home from birth, where children's parents

and caregivers are their first and most important teachers. Exposure to quality early learning and development is one of the most important variables explaining children's performance in their first year at primary school⁷⁵.

The provision of early learning and stimulation thus requires:

- Supplying parents and other caregivers with information and support to enable them to understand and fulfil their role in children's early learning; and
- Providing community- and centre-based organised play-based early learning programmes that complement the parents' role and that are developed in partnership with parents and early childhood development professionals⁷⁶.

1.3.3.8 Protection from abuse, neglect and exploitation

Young children are at a high risk of abuse and neglect, including physical and mental abuse, often within their own families. Research has shown that in toxic stress, when the infant or young child is exposed to or experiences abuse, neglect, violence, etc., high levels of the stress hormone (cortisol) is produced that disrupts the process of brain development, which limits proliferation of brain cells and damages the health, learning and behaviour of the infant and young child⁷⁷.

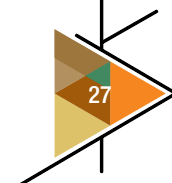
Specific attention also needs to be given to the vulnerability of children with disabilities to abuse, neglect and exploitation. Children's immaturity and dependence on those around them leaves them ill-equipped to avoid or resist harm. This requires that measures be implemented to protect young children from abuse, including corporal punishment, and to provide age-appropriate recovery services without contributing to stigmatisation of the young child⁷⁸.

1.3.3.9 Play and recreational facilities

Children have a right to rest and leisure, to play and recreational activities appropriate to their age, and to participate freely in cultural life and the arts. Whilst it is a right in and of itself, play is important in promoting children's early learning and skills development. It is often hindered by a lack of knowledge on the importance of play in early childhood; a lack of implementation of play-based learning in early learning and development programmes; and a lack of opportunities to play and interact in a child-centred, secure, supportive and stress-free environment. To realise the right, a dual strategy is required. The first step is increase the understanding of parents and caregivers, amongst others, of the importance of play in infants and young children's early learning and development; the second is to pay greater attention to, and allocate adequate resources for, the realisation of play, recreation and cultural facilities for young children in town-planning processes⁷⁹.

1.3.3.10 Inclusive and specialised services for children with disabilities

Children with disabilities have a right to equal enjoyment of services and benefits, but many lack access to a number of programmes, including health, early learning, information, and play and recreation facilities. Moreover, many disabilities are preventable or could have their severity limited if pregnant women, infants and young children received access to early quality screening, preventative and rehabilitative care. As such, the national integrated early childhood development system should make provision for appropriate planning, development and design, resourcing, implementation, and monitoring measures capable of ensuring and monitoring the universal availability of comprehensive inclusive and quality early childhood development services, including prevention and early detection, early intervention, rehabilitation, and social protection services to ensure that affected children can participate and develop to their full potential⁸⁰.

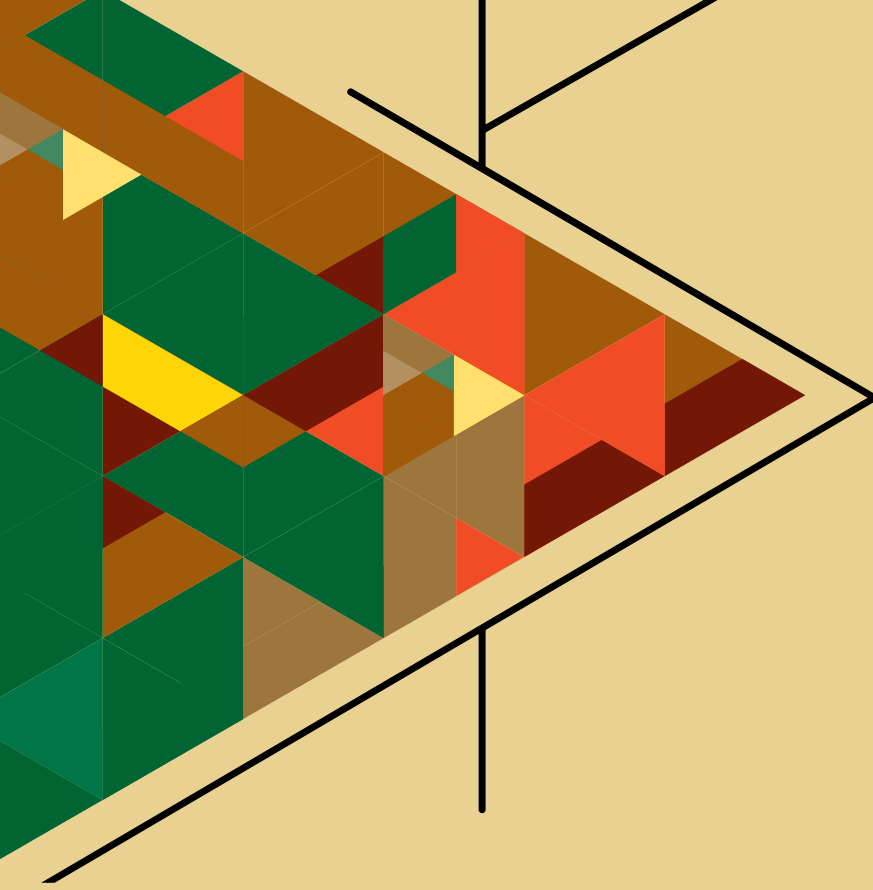


Securing the universal right of children with disabilities to early childhood development thus requires the public provision of universally available, inclusive, comprehensive early childhood development services which will ensure the survival, growth development and protection and participation of all children with disabilities to their full potential. This requires:

- Provision for the allocation of additional and adequate public funding to early childhood development services for infants and young children with disabilities, including additional programme funding, post-provisioning and infrastructure funding to enable the development and delivery of appropriate inclusive quality services;
- Direction and guidance for the design of all early childhood development services to achieve quality outcomes and achieve early childhood development goals and targets for children with disabilities. This includes clear guidance and norms on which infants and young children should be able to access mainstreamed early childhood development services and within which services, and which early childhood development services should provide specialist support through programmes targeted specifically at children with disabilities;
- Norms and standards for accessible and appropriate public infrastructure, applying universal design standards, for identified inclusive and/or specialised centres of early childhood development service delivery;
- A sufficient number of qualified early childhood development practitioners and related professionals to provide quality and appropriate early childhood development services to children with disabilities and their families. This includes the development of appropriate norms and standards governing minimum qualifications, child-staff ratios for different early childhood development services, and guidance on curriculum development for the training of early childhood development practitioners;
- The development of management capacity across all government departments and spheres of government to plan, design, develop, coordinate and monitor implementation of inclusive early childhood development services for children with disabilities, and progress made towards realisation of the goal of universalisation of comprehensive early childhood development for children with disabilities; and
- A series of indicators to be measured and disaggregated categories of data to be collected within national, provincial and local information collection and management processes to measure the extent, quality and impact of the national comprehensive early childhood development programmes and services made available for children with disabilities.

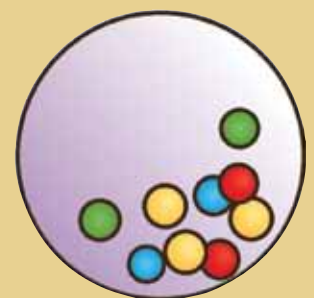
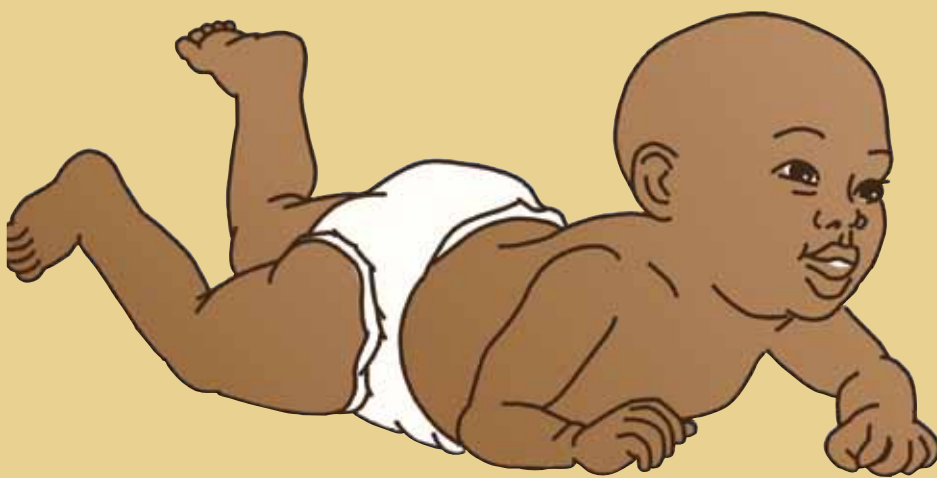
1.3.3.11 Early childhood development information

Parents, caregivers and children have a right to timely and accessible information in terms of the Constitution of the Republic of South Africa. In the context of early childhood development, this right translates into the imperative to develop and implement systematised national communication campaigns. These must make publicly available accessible information about the importance of early childhood development; the rights of infants and young children; and the services and support available to parents, caregivers, early childhood development professionals and service providers to facilitate knowledge and use of positive practices and services. In addition, it must inform Policy-makers about the rights imperative and developmental value of early childhood development to strengthen political commitment and national development goals as put forward in the National Development Plan (NDP) 2030: Our Future-make it work^{B1}.



CHAPTER 2

Early childhood development in South Africa in 2014: *Progress Review*



CHAPTER 2

Early childhood development in South Africa in 2014: Progress Review

Measured against the preceding prescribed early childhood development measures and outcomes, since 1995 Government has taken a number of bold steps towards creating an enabling legal and institutional framework for the advancement of the comprehensive rights of young children. However, the NDP indicates that coverage of quality early childhood development services is uneven and they do not reach the poor vulnerable children, especially those in rural areas and with disabilities. It also indicates that “quality and coverage of early childhood development services for children aged birth to four is poor”⁸².

2.1 Government has developed an enabling multi-sectoral framework

Since the advent of democracy in 1994 Government has developed numerous Policy documents and laws that acknowledge the universal right of children to early childhood development as well as the central developmental role of early childhood development in South Africa.

The main provisions of these documents are outlined briefly below.

White Paper on Education and Training, 1995: Recognises the importance of child well-being in the early years and the consequent need for providing adequate nutrition, good health, early childhood stimulation and a secure environment.

The Constitution of the Republic of South Africa, 1996: Guarantees the rights of all children under the age of 18 years (including young children) to equal enjoyment of the rights, inter alia, to life; dignity; access to information; citizenship, and a name and nationality; a healthy environment; basic education; family and parental care; nutrition; shelter; basic health care and social services; language; and culture.

Schedule 4, Part B of the Constitution gives local authorities the legislative competence to pass legislation and Policy relating to child care facilities. In addition, municipal planning, including the regulation of land use for child care facilities, is designated as a function and competency of local government. The Local Government Municipal Systems Act No. 32 of 2000 prescribes further responsibility for local municipalities to contribute according to their capacity, together with other organs of the state, to the progressive realisation of the rights contained in Sections 24, 25, 26, 27 and 29 of the Constitution.

Interim Department of Education Policy for Early Childhood Development, 1996: Recognises that early childhood development is a multifaceted concept and makes provision for a national integrated early childhood development pilot project for rolling out a universal reception year.

National Programme of Action for Children in South Africa, 1996: Prioritised nutrition; child health; water and sanitation; early childhood education and basic education; social welfare development; leisure and cultural activities; and child protection measures for all children. The goal of the plan is the expansion of early childhood development activities, including low-cost family- and community-based interventions.

White Paper on Social Welfare, 1997: Guides welfare and social development provisions in South Africa and particularly called for a national integrated early childhood development strategy and inter-sectoral programme in collaboration with other Government departments, civil society and the private sector; and for appropriate early childhood development services to young children under five. It recognised that early childhood development services also constitute a social investment in a healthy and able nation.

White Paper for the Transformation of the Health System in South Africa, 1997: Commits to the provision of nutritional support, and maternal, child and women's health as essential elements of a transformed inclusive health system for all South Africans.

White Paper 5 on Early Childhood Development, 2001: Links early childhood development services, child well-being, school achievement, and cognitive and other development domains, and commits to addressing inequitable provisioning of early childhood development programmes and remediation of the fragmentary early childhood development legislative and Policy framework.

White Paper 6 on Inclusive Education, 2001: Establishes procedures for early identification and interventions for children with disabilities as well as for addressing barriers to learning in the education system, including the foundation phase (Grades R to 3).

National Integrated Plan for Early Childhood Development 2005–2010 (NIPECD): The first national multi-sectoral plan of action for the realisation of a comprehensive package of early childhood development services. Services contemplated include birth registration; child and maternal health; nutrition; immunisation; referral services for health and social services; early learning programmes; and water and sanitation. The NIPECD was rooted in integrated planning and delivery of early childhood development services.

Children's Act No. 38 of 2005, April 2010: Provides a comprehensive child protection framework for South Africa, which includes a dedicated chapter (6) on early childhood development. It obligates the development of a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed early childhood development system, giving due consideration to children with disabilities and chronic illnesses⁸³.

National Plan of Action for Children (NPAC) in South Africa 2012–2017: Provides a holistic framework for the integration of all policies and plans developed by government departments and civil society to promote the well-being of children. It includes a dedicated chapter on early childhood development with the goal of ensuring universal access to effective, integrated, quality early childhood development interventions for children from birth to school-going age.

The Buffalo City Declaration, March 2012: The Buffalo declaration was the product of a national integrated early childhood development conference held in March 2012. It recognised early childhood development as a right and committed to scaling up access and quality, especially for the most marginalised young children, and to the development of a holistic, coherent and well-resourced national integrated early childhood development system.

South African Integrated Programme of Action for Early Childhood Development-Moving Ahead (2013/14–2016/17): Pursuant to the Buffalo Declaration, this integrated plan was developed to implement recommendations emerging from a number of national integrated early childhood development review processes. This plan was approved by Cabinet on 18 September 2013 and commits to the development of a National Integrated Early Childhood Development Policy that outlines a comprehensive early childhood development programme and establishes structures, procedures and capacity-building initiatives necessary to support the implementation of the Policy.

In addition to the abovementioned, a host of sector-specific policies and programmes have been developed to recognise, protect and promote the realisation of children's early childhood development rights, notably the rights of vulnerable young children, through the provision of the relevant comprehensive early childhood development services to young children and their families. These include, for example:

2.1.1 Birth registration

Births and Deaths Registration Act No. 52 of 1992: The Act and its regulations (the most recent regulations came into effect in March 2014) require the registration of all births for children born of South African citizens;

permanent residents and refugees; and non-South African citizens, including infants who are abandoned and orphaned. While the Act and accompanying regulations provide for free registration, with late registration of births (after 30 days of the birth) a service fee is applicable. The Department of Home Affairs has primary responsibility for the registration of children's births. It has introduced a number of in-hospital and outreach programmes to facilitate the registration of infants' births within the prescribed 30 days.

2.1.2 *Basic health care for pregnant women, mothers and young children*

White Paper for the Transformation of the Health system in South Africa, 1997: The Paper commits to the provision of nutritional support, maternal, child and women's health as essential elements of an inclusive health system for all South Africans.

National Health Act No. 60 of 2003 (effective from 2005): The Act aims to regulate national health and to provide uniform health services across the country, and seeks to protect the rights of vulnerable groups. It makes provision for free health services for pregnant and lactating women and children under 6 years of age, who are not beneficiaries of a medical aid scheme, at state-funded health facilities. It also stipulates free primary health care (PHC) services for all persons who are not beneficiaries a medical aid or medical compensation scheme.

Maternal, Newborn, Child and Women's Health and Nutrition Strategic Plan, 2012: The country's first Maternal, Newborn, Child and Women's Health and Nutrition (MNCWH&N) Strategic Plan focuses on identifying and strengthening those priority interventions that can be expected to show the greatest improvements on maternal, newborn and child health. The focus is on improving coverage, quality and inequitable access to a package of core services by implementing several key strategies, including: addressing social determinants of health, strengthening community-based delivery and strengthening the human resource capacity for the delivery of MNCWH&N services.

Campaign for Accelerated Reduction in Maternal and Child Mortality in Africa Strategy (CARMMA), 2012: The Campaign was launched by the African Union Conference of Health Ministers in 2009. The South African campaign, launched in 2012, focuses on, inter alia: promoting early antenatal care and attendance; improving access to skilled birth attendants; strengthening human resources for maternal and child health; improving child survival by promoting Kangaroo Mother Care for low birth-weight babies; advocating for appropriate care and support for pregnant women in the workplace; and improving implementation of key family practices. In addition, the campaign aims to intensify management of HIV-positive mothers and children.

National Health Insurance Green Paper, 2011: The Paper outlines plans for a more equitable distribution of financial and human resources. Strategies to achieve this aim include providing better access to quality health services for all South Africans; creating a single National Health Insurance Fund to pool risks and resources; and strengthening the performance of the public health system. The re-engineering of PHC is a core element of the plan. Three complementary streams for the delivery of PHC are envisaged: district clinical specialist support teams will provide district-level leadership with a focus on maternal and child health; school health teams will undertake learner health assessments, referrals and health education; and municipal ward-based outreach teams composed of community health workers (CHWs) and other health professionals will play a key role in delivering community-based maternal and child health services, as well as other routine and curative health services⁸⁴.

The Department of Health has the primary responsibility for fulfilment of the above goals and objectives.

The Department of Health is implementing a number of programmes and strategies to meet its goals and objectives. These include basic antenatal and postnatal care, the Prevention of Mother-to-Child Transmission of HIV (PMTCT) programme to prevent new HIV infection of infants; the Integrated Management of Childhood Illnesses (IMCI) programme to prevent and manage common causes of childhood mortality; the Expanded Programme on Immunization (EPI) for infants and children (for the prevention of common childhood illnesses); and the National Standards for Health Care Facilities to drive quality improvement.

In addition, its PHC re-engineering programme aims to improve the quality and reach of essential preventative and curative health interventions, with a focus on maternal and child health, through three complementary delivery streams: district clinical specialist support teams, providing district-level leadership with a focus on maternal and child health; school health teams, providing learner health assessments, referrals and health education; and municipal ward-based outreach teams composed of CHWs and other health professionals, playing a key role in delivering community-based maternal and child health services, as well as other routine and curative health services⁸⁵.

2.1.3 Food and nutritional support for pregnant women and children

Regulations of the Foodstuffs, Cosmetics and Disinfectants Act No. 54 of 1972, 1994, 2003 and 2012: The 1994 regulations provide for the iodisation of salt; the 2003 regulations provide for the fortification of maize and bread flour with zinc, iron and six vitamins; and the 2012 provisions regulate foodstuffs for infants and young children.

National Health Act No. 60 of 2003 (effective from 2005): The Act aims to regulate national health and to provide uniform health services across the country. It seeks to protect the rights of vulnerable groups, and sets out to protect, respect, promote and fulfil children's right to basic nutrition. It obliges the state to provide 'health services' and includes 'basic nutrition' within the definition of health services.

Children's Act No. 38 of 2005 (promulgated from April 2010): Further to the provisions indicated earlier, the Act's Norms and Standards stipulate that early childhood development programmes are obliged to ensure the provision of a daily nutritious meal.

Maternal, Newborn, Child and Women's Health and Nutrition Strategic Plan, 2012: This Strategic Plan focuses on identifying and strengthening those priority interventions that can be expected to show the greatest improvements on maternal, newborn and child health, which include nutrition-related interventions and support.

Tshwane Declaration of Support for Breastfeeding, 2011: This Declaration declares South Africa to be a country that actively promotes, protects and supports exclusive breastfeeding as the infant feeding option of choice, irrespective of the mother's HIV status. The Declaration made significant recommendations, including to develop legislation to protect and extend maternity leave for all workers; to provide comprehensive services to ensure that all mothers are supported to exclusively breastfeed their infants for the first six months; and, thereafter, to add complementary foods. Formula feeds will no longer be provided at public health facilities except on prescription for mothers and infants with approved medical conditions⁸⁶.

Clinical guidelines: PMTCT (Prevention of mother-to-child transmission), 2010: These guidelines form part of the state's approach to implementation of the National HIV and AIDS Plan, and specifically aim to accelerate

implementation of the plan. The revised guidelines allow all HIV-positive mothers to continue breastfeeding their infants up to 12 months of age, provided the infant is taking Antiretroviral (ARV) treatment during the breastfeeding period.

With the exception of the provision of food for children in early childhood development programmes in terms of the Children's Act, for which the Department of Social Development has overall responsibility, the Department of Health is the primary actor responsible for the provision of nutritional support services.

The Department of Health is implementing a number of programmes and strategies to meet its goals and objectives related to child nutrition. These include the integrated nutrition programme; regular growth monitoring at clinic visits; food fortification and micronutrient supplementation, such as Vitamin A programmes; iron and folic acid supplementation during pregnancy; parasite control such as de-worming programmes; immunisation, regarded as an important element of the integrated nutrition programme; and the mother-and-baby-friendly hospital initiative to promote and support breastfeeding from birth.

2.1.4 *Social security*

Social Assistance Act No. 13 of 2004: The Act and its regulations make provision for non-contributory cash transfer programmes targeting eligible children living in poverty (the CSG), and those with disabilities requiring permanent care or support services (the Care Dependency Grant). The South African Social Security Agency (SASSA), in conjunction with the Department of Social Development, is the statutory body responsible for the delivery of these social assistance programmes to all eligible children. The Department of Social Development has primary responsibility for the implementation of the Social Assistance Act.

Unemployment Insurance Fund Act No. 63 of 2001: This Act makes provision for contributory social security in the form of the Unemployment Insurance Fund's (UIF) maternity benefits, which are paid to contributing members. The Department of Labour is the primary actor responsible for implementation.

Through the social assistance sector a number of cash transfers have been introduced to support the caregivers of vulnerable children, including the CSG and the Care Dependency Grant (CDG) for children with disabilities. The Social Relief of Distress Grant is another vehicle for emergency relief, sometimes in the form of food parcels or vouchers, to indigent families who do not have access to any other state grants.

2.1.5 *Protection from abuse and neglect and support services for women and children*

Children's Act No. 38 of 2005 (promulgated from April 2010): The Act and its regulations provide a comprehensive framework for the provision of social services, including child protection, in South Africa. It includes a dedicated chapter (7) on protection of children. It obligates the Minister of Social Development to develop a comprehensive inter-sectoral strategy aimed at securing a properly resourced, coordinated and managed national child protection system. It provides for interventions to ensure the safety of children identified as abused or neglected, for appropriate therapeutic and psychosocial support, and for after-care services.

Prevention of Family Violence Act No. 133 of 1993: This Act introduced a focus on domestic violence and intimate partner relationships. Importantly, the Act criminalised rape within marriage, which had not been regarded as a criminal act previously.

Domestic Violence Act No. 116 of 1998 (effective from 1999): The Act, as amended, seeks to afford the victims of domestic violence maximum protection from domestic abuse and gives effect to certain protective provisions, such as the issuing of protection orders. The Act designates responsibilities to the South African Police Service and the judiciary.

Policy Framework and Strategy Document on Shelters for Victims of Domestic Violence in South Africa, 2003: This document provides guidelines for the establishment of shelters for victims of domestic violence and their children, as applicable, by both government and civil society organisations, and the provision of counselling and other support services at these shelters. The Department of Social Development is the lead department responsible for providing shelters.

Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007: The Act seeks to afford victims of sexual offences the maximum protection and to minimise the experience of trauma within statutory processes. The Act places all law relating to sexual offences under one piece of legislation; criminalises all forms of sexual abuse and exploitation; and expands certain definitions of sexual offences, introducing gender neutrality across definitions. The Act explicitly aims to protect victims and their families from secondary victimisation and trauma, and recognises the vulnerability of children, women and persons with disabilities. It also makes provision for the rendering of certain support services to victims, such as post-exposure prophylaxis, and establishes a National Register for Sex Offenders.

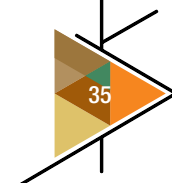
The Department of Social Development, the Department of Justice and Constitutional Development, and the South African Police Services are implementing a number of programmes and strategies to meet child protection goals and objectives. These include Victim Empowerment Programmes; national advocacy and communications campaigns, such as Child Protection Week and the 16 Days of Activism to prevent violence against women and children; specialised facilities and support for victims of sexual violence, such as the Thuthuzela Care Centres; and specialised police units to respond appropriately to domestic violence and child protection matters. Furthermore, the Child Protection Register has been established as part of the child protection system. Part A provides for recording of abuse or deliberate neglect inflicted on specific children and their circumstances. Part B is to have a record of persons who are unsuitable to work with children and to use the information in the Register to protect children in general against abuse from these persons.

Through the child protection, family welfare and victim empowerment sector a child care and protection framework has been established, which includes the provision of prevention and early intervention services; treatment, rehabilitation and reintegration services; and the temporary and permanent placement in alternative care of children who have been abused, neglected and/or exploited. Several services are also available to caregivers who are the victims of, or are exposed to, violence in the home.

The Department of Social Development is largely responsible for the prevention, protection and therapeutic services, while the Department of Justice and Constitutional Development and the South African Police Services are responsible for the criminal justice responses.

2.1.6 Parenting and family support

Children's Act No. 38 of 2005 (promulgated from April 2010): The Act and its regulations provide a comprehensive framework for the provision of social services for children in South Africa. It includes a dedicated chapter (8) on prevention and early intervention programmes. Parenting and family support are considered key outcomes of prevention and early intervention programmes, and the provisions recognise early childhood development services as a form of prevention and early intervention.



White Paper on Families, 2012: The White Paper aims to foster positive family well-being and overall economic development in the country. The Paper seeks, as one of its primary objectives, to enhance the caring, nurturing, socialising and supporting capabilities of families to enable their members to contribute effectively to societal development. Parenting support is promoted as a means to strengthen families and promote family life and development of individual family members.

The Department of Social Development is the primary actor responsible for provision of these services. It is implementing a number of programmes and strategies to meet its goals and objectives. These include the Integrated Parenting Framework, a framework for developing local parenting programmes which has a focus on effective parenting skills, and the **Parental/Primary Caregiver Capacity Building Training Package**, which builds on Community IMCI Key Family Practices.

2.1.7 *Early childhood education and development services and programmes*

White Paper on Education and Training, 1995: The White Paper locates education and training within the National Reconstruction and Development Programme and outlines priorities, values and principles for the new education and training system. It recognises the importance of sound development in the early years and the consequent need for providing adequate nutrition, good health, early childhood stimulation and a caring and secure environment to meet children's developmental needs, including the need for parenting support. It formalises, standardises and subsidises a reception programme for children aged 5 years.

White Paper 6: Inclusive Education, 2001: The White Paper seeks to establish procedures for early identification and interventions for children with disabilities, as well as for addressing barriers to learning in the education system, including the foundation phase (Grades R to 3).

Children's Act No. 38 of 2005 (promulgated from April 2010): The Act and its regulations provide a comprehensive framework for the provision of social services to children in South Africa. It includes a dedicated chapter (6) on early childhood development and makes provision for the delivery of early childhood development services that promote the development of children from birth to school-going age, and for early childhood development programmes that provide developmentally appropriate learning and support. It allows for different delivery modes of early childhood development programmes and prescribes that these programmes must be registered when more than six children below school-going age participate in the programme. The Regulations to the Act set out norms and standards for the provisioning of early childhood development services and programmes.

National integrated early Learning and Development Standards for children Birth to Four years (NELDS), 2009: This document sets out developmental expectations in children (i.e. desired results) to be achieved, linked to specific standards in what competencies are expected from South African children from birth to four years. It provides an age- and content-validated tool to inform and improve early learning and development experiences; parenting skills and programmes; public knowledge of children's development; the development of school readiness tools; curriculum development; and evaluation of early learning programmes.

The South African National Curriculum Framework for children from Birth to Four, 2014: The comprehensive Curriculum Framework, based on the National integrated early Learning and Development Standards (NELDS), provides guidelines for the design of early learning programmes. The Framework notes that a curriculum aims to help every child to develop knowledge, skills, attitudes and behaviours for life, learning, schooling and work. It is organised around six Early Learning and Development Areas, which are: well-being; identity and belonging; communication; mathematics; creativity; and knowledge and understanding of the world.

Through the early childhood care and education sector laws, policies and programmes are in place to promote the establishment, registration and regulation of privately operated child care and education programmes and centres caring for six or more children to ensure their safety, protection and developmentally appropriate learning; a government-provided per-child subsidy is paid to mostly centre-based programmes for children living in poverty, based on the provisions of the Children's Act; and there is a commitment to the universalisation of the Reception Year (Grade R).

The Department of Basic Education is primarily responsible for implementation of curriculum development, support and training, and the roll out of the Reception Year (Grade R), while the Department of Social Development is largely responsible for financing, monitoring and overall oversight of early childhood development programmes for infants and young children from birth until the year before they enter school.

The Constitution affords responsibility to local municipalities to pass laws and Policy regulating child care facilities, and to conduct municipal planning, including regulating land use for child care facilities. These municipal by-laws and policies frequently relate to the required infrastructure and environmental health norms and standards for child care or partial care facilities that provide early childhood development programmes. The Local Government: Municipal Systems Act No. 32 of 2000 also prescribes that municipalities, through municipal planning, must contribute to the realisation of the right to basic education.

2.1.8 Public communication and information on early childhood development services

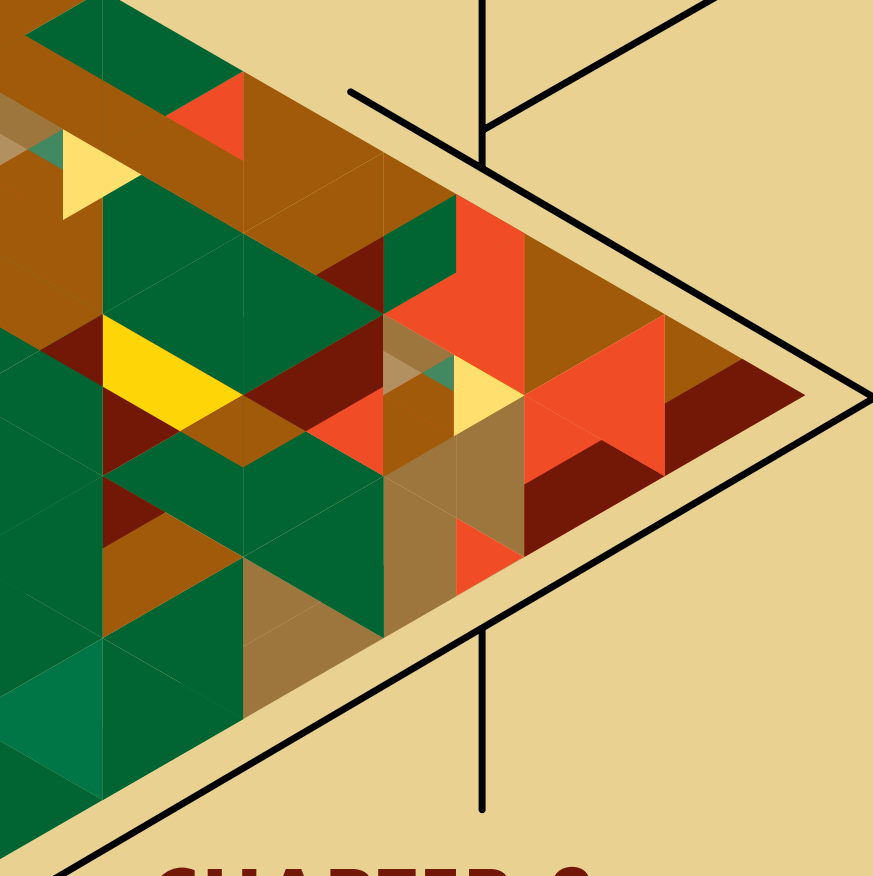
National Integrated Plan for ECD 2005–2010 (NIPECD): The Plan promoted information dissemination and awareness raising as key strategies to reach and inform caregivers and communities, with the aim of building demand for early childhood development services. It regarded the use of media as an important element of a communication strategy. The Department of Basic Education was responsible for coordination until June 2007, and thereafter the Department of Social Development was responsible for coordination for the duration of the NIPECD. **Children's Act No. 38 of 2005 (promulgated from April 2010):** The Act makes provision for programmes that provide families with information enabling them to access services that promote the well-being of children and the realisation of their full potential. The Act also promotes the participation of families, caregivers and parents in programmes. The Department of Social Development is largely responsible for implementation and oversight.

2.1.9 Access to safe housing, affordable water, sanitation and energy services

White Paper on A new housing Policy and strategy for South Africa, 1995: The White Paper sets out a vision for the establishment of viable communities that are socially and economically integrated. The Paper provides a vision of a society in which all of South Africa's people progressively have access to a permanent residential structure with secure tenure, ensuring privacy and providing adequate protection against the elements. The Paper's provisioning includes access to potable water, adequate sanitary facilities and domestic electricity supply. Implementation is the responsibility of the Department of Human Settlements.

Free Basic Water Policy, 2000 and Free Basic Water Implementation Strategy, 2001: The Policy requires local governments (municipality) to provide a minimum amount of free basic water per month to indigent households, subject to the availability of the means to do so.

White Paper on Basic Household Sanitation, 2001: The Paper aims to provide adequate sanitation to all and to eliminate the bucket system. The provision of sanitation facilities falls within the mandate of local governments in terms of the law and the Constitution.



CHAPTER 3

The situation of young children in South Africa: Situational analysis, and problem statement



CHAPTER 3

The situation of young children in South Africa: Situational analysis, and problem statement⁸⁸

The preceding developments have improved the lives and development of many young children in South Africa. However, various Policy and programmatic gaps and a range of deficiencies in implementation and systems mean that a number of early childhood development services are not available to all young children. In addition, the quality of a number of the services that are universally available varies and is inequitable across geography, population group and income quintiles.

3.1 Demography of South Africa's young children

In 2015 there were 8 207 723 children from birth to 6 years (not turned 7) (i.e. 5 936 350 children birth to 4 years, 1 144 897 five-year-old children and 1 126 475 six-year-old children) living in South Africa – with the largest number of children birth to 6 years living in KwaZulu-Natal (23%) and Gauteng (20%), and the lowest number in the Northern Cape (2%) and the Free State (5%) . In terms of gender, for children birth to 4 years, there are 2 867 585 male children and 2 817 867 female children, with Gauteng and KwaZulu-Natal having the highest number of both males and females, while the Northern Cape and the Free State have the lowest number of both male and female children.

Whilst child poverty levels have fallen by as much as 15 percentage points since 2004, the majority of children in South Africa continue to live in poverty⁹⁰. Using a lower-bound poverty level of R604 per person per month, 58 per cent of children are deemed poor. However, based on the income level used to determine eligibility for the Child Support Grant (just over R 3 000 per month per single parent household in 2011), more than 65 per cent of children in South Africa are recognised as living in poverty and requiring additional income support⁹¹. The burden of poverty is distributed unequally across provinces, geo-type and population groups. The majority of poor young children are African (65.6%), followed by children from the coloured population (29.7%), compared to only 7.6 per cent of Indian/Asian and 2 per cent of young white children. Similarly, many more young children living in the predominantly rural provinces of Limpopo (76%), the Eastern Cape (75%) and KwaZulu-Natal (67%) live in poverty than in the largely urban Western Cape and Gauteng (35%). Almost 80 per cent (79.6%) of children living in rural tribal areas live in poor households, compared to 57 per cent in urban informal and rural formal areas and 38 per cent in urban formal areas⁹².

The demographic poverty patterns are replicated in the case of access to key early childhood development services. Many more poor African children living in tribal rural areas in historically under-serviced provinces that fall within the former apartheid homelands and in informal urban areas are at risk of not accessing quality health, nutritional and early learning services. The intersection of high levels of poverty and low levels of access to quality early childhood development services perpetuates the patterns of inequity in South Africa.

3.2 Health care

Public provision of health services has improved significantly since the advent of democracy. The public health sector is the primary actor, with existing public infrastructure enabling regular contact and reach of services to all children under 3

years of age⁹³. Three-quarters (76.9%) of young children live in households that use public hospitals or clinics. The majority of these children are from the African and coloured populations⁹⁴.

Most recently, the scope, coverage and quality of a more comprehensive preventative and curative package of maternal, newborn and child health care services has improved as a result of the policies and programmes mentioned in paragraph 2.1.2 above. Notable in this regard are the MNCWH in South Africa, the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) initiative and the PHC ward-based outreach teams that have been introduced as part of the PHC re-engineering programme to provide improved preventative and curative health services reaching children and their families where they reside.

The implementation of these policies and programmes has seen significant improvements in access to community and PHC services; earlier and better quality antenatal care; HIV testing and ARV therapy; and improved neonatal, intra- and post-partum care.

There have been significant improvements in the health status of children in South Africa. Data derived from the rapid mortality surveillance system suggest that the infant mortality rate (IMR) decreased from 46 to 27 deaths per 1 000 live births and the under-five mortality rate dropped from 69 to 41 deaths per 1 000 live births between 2006 and 2012⁹⁵.

The national immunisation rate stands at 95 per cent, which is near-universal coverage to the full course of vaccinations for one-year-olds. However, coverage rates vary between provinces and districts, suggesting that implementation remains a challenge at these levels⁹⁶.

Despite significant improvements, health gains for young children are muted by the variable levels of access to, and quality of, public health services, especially among historically vulnerable African children living in poverty in provinces with a strong rural character and living in under-serviced informal urban areas.

More than a quarter of African children, and 34 per cent of those living in the poorest 20 per cent of households, have to travel far (more than 30 minutes) to their nearest primary health-care facility⁹⁷.

While antenatal care coverage is high at over 90 per cent⁹⁸, less than half of women attend before 20 weeks of pregnancy, while those attending do so only for an average of three visits⁹⁹, thereby minimising the opportunity for early identification of and effective intervention on problems in pregnancy¹⁰⁰.

Other areas of concern are the high incidence of diarrhoeal disease with dehydration (15.2 per 1 000 children), and pneumonia (84 per 1 000 children), in children under five years¹⁰¹, pointing to insufficient prevention, possibly poor caregiver response to symptoms, as well as compromised access to water and sanitation services for vulnerable children. Whilst there have been substantial improvements in the rate of access to clean drinking water and adequate sanitation, many young African children in urban informal and rural areas do not enjoy the same levels of access as other children in South Africa. For example, only 27 per cent of young African children have access to piped water in their dwellings, compared to 93 per cent of white children. Although substantial gains have been made in the provision of sanitation facilities – with almost 70 per cent of all children in South Africa having access to basic sanitation in 2011, compared to only 47 per cent in 2002 – the majority of those excluded from the service are African children living in poverty in rural and informal urban areas¹⁰². Thus, while 97 per cent of young white children use flushing toilets, only 40 per cent of young African children enjoy a similar quality service¹⁰³.

Over and above implementation challenges, the current health framework is marked by a number of Policy challenges related to young child health, which include limited parenting preparation and support; mental health screening and support; and the provision of support and referrals for maternal domestic violence and substance abuse.

3.3 Food and nutrition

An area of great concern is the high level of poor nutrition among young children; some 27 per cent of children under 3 years are stunted, and vitamin A deficiency is regarded as a significant public health problem¹⁰⁴.

Malnutrition remains a key driver of under-five mortality in South Africa¹⁰⁵. Child malnutrition, especially for the youngest age group, continues to be a significant child health and development problem. While 15 per cent of children aged birth to 14 years are stunted, 27 per cent of birth to three-year-olds have the same condition¹⁰⁶. Severe acute malnutrition in children younger than 12 months appears to be increasing, indicating poor feeding practices and inadequate or no breastfeeding¹⁰⁷. In South Africa, infant feeding practices are sub-optimal, with rates of exclusive breastfeeding remaining low. Although breastfeeding initiated early post-delivery is a common practice, mixed feeding rather than exclusive breastfeeding is the norm.

The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, conducted by the HSRC in 2008, indicated that only 25.7 per cent of children aged birth to 6 months were exclusively breastfed; of these, only 8 per cent reached 6 months, with 22.5 per cent of children 0 to 6 months exclusively formula fed and 51.3 per cent mix fed.

The South African National Health and Nutrition Examination Survey (SANHANES) 2012 showed that the exclusive breastfeeding rate in a small sample of women was similar to previous reports at 7.4 per cent

The South African Demographic and Health Survey (SADHS) 2003 reported that approximately 70 to 75 per cent of breastfed infants are reported to have received complementary foods before the age of 6 months and are therefore receiving mixed feeding.

In South Africa the current average duration of breastfeeding is reported as 5.9 months, with only 35.8 per cent and 13.4 per cent of children still being breastfed at 12–15 months and 20–23 months, respectively; this is considerably lower than the 2003 SADHS where the median duration of breastfeeding was 16.6 months. This shows that a refocus is required to support women to continue to breastfeed for as long as possible.

Micronutrient deficiencies in the child population are also a matter of concern as national vitamin A deficiency prevalence is 44 per cent; anaemia and iron deficiency prevalence are both 11 per cent; and iron deficiency anaemia prevalence is 2 per cent¹⁰⁸.

A number of direct and underlying factors result in malnutrition in young children. Two immediate determinants are inadequate food intake and illness¹⁰⁹. Key underlying determinants are food insecurity, inadequate maternal care, insufficient health services, poor hygiene and unhealthy environments¹¹⁰. In 2011, 28.9 per cent of young children lived in households that ran out of money to buy food, 24 per cent lived in households which skipped meals because of insufficient food, and 28 per cent ate a small variety of food because there was not enough food in the house. The highest percentage was among young African children, 31.5 per cent of whom lived in households that ran out of food, compared to 2.3 per cent of young white children¹¹¹.

3.4 Child-centred social security

The Child Support Grant (CSG) is a cash transfer of R330 per month (2015) per child paid to primary caregivers whose income falls below the means-test income threshold. It is intended to form part of and complement the broader social protection programme, which includes free and/or subsidised health care, water, sanitation and education. The CSG has proven to be an effective child poverty-alleviation programme. It is a primary driver of lower child poverty rates in South Africa. In addition, its positive impact on early childhood development is well documented, especially where the grant is

accessed in the first 12 months of the child's life, with positive impacts on improved child nutrition, health and educational outcomes¹¹².

Overall, access to the CSG has increased, with an estimated 76 per cent of all eligible children currently receiving the grant¹¹³. However, take-up is slower for younger children in comparison to older children. Grant take-up only peaks at around 4 years of age, with children under 1 year being worst of¹¹⁴. There is a consistent trend amongst caregivers to delay the application for a CSG for their infants until after the child is 1 or 2 years old¹¹⁵. In 2011 only 50 per cent of income-eligible children younger than 1 year accessed the CSG. Moreover, unlike the significant access gains for older children, the rate of access improved by only 3 percentage points between 2008 and 2011¹¹⁶.

This points to barriers in accessing the grant in the first year of life – the period when children are arguably most in need of nutritional foods, access to health care and other forms of support; it is also the period during which access to the grant has the largest impact on early development.

3.5 Free birth registration

Birth registration is another service area marked by significant improvements in service delivery over the past decade. Birth registration is near-universal, with 90 per cent of births now registered within the year of birth¹¹⁷. However, access is skewed towards older children. While 90 per cent of birth to nine-year-olds had a birth certificate in 2008, 11 per cent of birth to two-year-olds, compared to 3 per cent of three- to four-year-olds, did not have this vital document¹¹⁸.

3.6 Parenting support and capacity development

Parenting support programmes, a proven intervention for building constructive parental-child relationships and effective parenting practices, are critical for parents who are raising children in the context of high levels of poverty; chronic illness and disability; violence; and other social risk factors.

No national data are available on the availability of parenting support and capacity development programmes. Parent support is needed in the South African context where a large number of families live in poverty and other circumstances that may undermine parenting capacity.

The majority of parenting support programmes are provided by the non-profit sector or by private providers with an urban bias. For example, in the Eastern Cape, only four group-based parenting programmes were known to exist in 2011 when the province's child population was 2.7 million¹¹⁹. In addition, the quality of some programmes on offer may be too low to derive their full potential early childhood development benefits¹²⁰.

3.7 Early childhood development services and programmes

Learning begins at birth and continues throughout life. Early learning and development in the early years lay the foundations for lifelong learning and contribute to the achievement of key outcomes for infants and young children.

Early learning programmes for children not yet of school-going age are provided mainly by the NPO and private sectors. The role of Government is to regulate and fund ECD programmes provided by the non-government sector (both for-profit and non-profit non-governmental organisations). By the end of the 2014/15 financial year 685 511 young children had received a subsidy at an early childhood development centre¹²¹. While access to early childhood development programmes is increasing, with 33.8 per cent of children from birth to four years (not yet turned five) attending an early childhood development centre and 16 per cent being with child-minders or day mothers in 2014¹²², early learning and care programmes are not universally available or equitably accessible to vulnerable children.

Access to early childhood development programmes is therefore currently inequitable, with the poorest children having the least access¹²³. Young children whose caregivers cannot afford to pay user fees are also excluded from these programmes. Overall, only an estimated 20 per cent of birth to four-year-old children in the poorest 40 per cent of households have access to some form of out-of-home care. The quality of programmes currently provided at many partial care facilities providing early childhood development programmes in impoverished communities is also insufficient to ensure good child outcomes¹²⁴. Children with disabilities are largely excluded from any of these programmes.

Many of children aged birth to 2 years are not in formal programmes but, in many cases, are cared for in their homes by their parents or other caregivers, including members of the extended family, elderly caregivers and other child-minders while their parents are away at work, studying, engaged in business, or chronically ill or disabled. There is currently no meaningful funding, training or quality management and improvement plan to ensure that early childhood care is provided to children in the age group birth to 2 years¹²⁵.

3.8 Services for children with disabilities¹²⁶

Currently, there are no reliable national estimates of child disability, especially for children under 5 years of age. An estimated 474 000 children live with severe disabilities in South Africa today¹²⁷. In addition, many more children may have mild to moderate disabilities. Children in rural areas are slightly more likely to have some form of serious disability (2.7%) than children in urban areas (2.3%)¹²⁸. An estimated 40 per cent of disabilities affecting children are due to preventable causes, i.e. birth asphyxia, infections, etc.¹²⁹.

A crucial starting point to ensure the development of children with disabilities is early identification to facilitate the proper planning, targeting and provision of adequate resources and services. This is hampered by poor or absent screening at PHC level. High-quality assessments by trained professionals are often required; however, there is a shortage of appropriately skilled staff and resources¹³⁰. Once children are identified as being disabled, they require on-going support, intervention and referral, and may need rehabilitation services. Again, such services are not widely available. Less than 30 per cent of public health facilities offer rehabilitation services and community-based rehabilitation services providing effective and equitable support have not been implemented at scale in South Africa¹³¹.

Shortcomings in services and support extend beyond the health sector. The current provision of early learning and development programmes, mainly provided through the NPO and private sectors, does not ensure environments conducive to learning by young children with disabilities. Only a small proportion of children with disabilities (4 to 5%) are estimated to be attending early childhood development programmes offered at partial care facilities. Analysis of the profile of Care Dependency Grant (CDG) beneficiaries in 2006 found that only 24 per cent of children aged birth to 6 years attended an early childhood development centre or child-minding group. Home- and community-based early learning opportunities are also not widely available for children with disabilities.

Key factors impacting on the availability of services for children with disabilities include that:

- The current funding model makes no provision for additional funding for programmes providing care and early learning opportunities for children with disabilities; and
- The curricula for the training of early childhood development practitioners must be strengthened to provide for the early learning and care needs of infants and young children with disabilities.

Other factors that impact on their access are adult beliefs about whether children can be included in mainstream programmes, stigma related to child disability¹³³ and the fact that early childhood teaching strategies do not, in the main, consider the learning needs of children with disabilities¹³⁴. Similarly, while a social assistance programme (the Care Dependency Grant

CDG)) is in place for children with severe mental or physical disabilities, not all children with a disability or developmental difficulties who require additional material support receive the grant.

3.9 Early childhood development information and communication

While parents, caregivers and children have a right to information, very little is currently available in terms of national communications campaigns relaying pertinent early childhood development messages. Communication aimed at parents should enable them to understand what they can do to improve their children's nutrition, health and early learning; protect their children, and engage in positive discipline and refrain from corporal punishment; understand and demand quality early learning and development; understand the importance of play in the early learning and development of their children; foster parent-child interaction; access support and early intervention services for children with disabilities; and build understanding of the roles of mothers and fathers in early childhood development. Messaging in all these areas of communication must be based on evidence and, most importantly, must be consistent across all communication mediums.

Child-focused communication should focus on stories-for-enjoyment because stories stimulate language, imagination and an intrinsic desire to explore and learn more¹³⁵. Language competency is the root of both literacy and numeracy development since it promotes understanding, listening and attention, and the ability to articulate concepts and ideas¹³⁶. Story-telling and reading grow a child's imagination, which drives innovation and discovery. Stories told or read to children engender a life-long love of language and reading, building the intrinsic motivation to explore and discover. Programmes such as Takalani Sesame have focused on communicating with children, but there has been little systematic focus on support for parents. There is a need to communicate good, evidence-based information about the science of early childhood development and its implementation to Policy-makers, civil society, business and trade union leaders, and the media.

3.10 Gaps in the current early childhood development s ystem

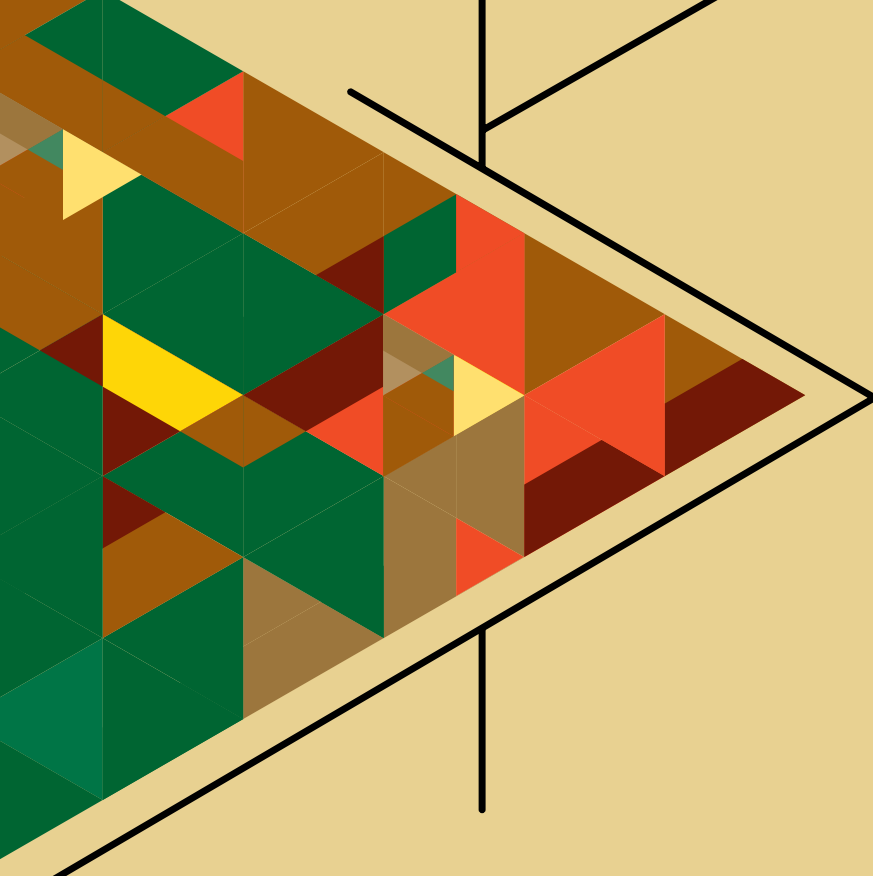
A number of early childhood development services are not universally available and are not accessed by especially vulnerable children, including:

- Food and nutritional support;
- Parenting support;`
- Early care, early learning and development, especially for the youngest children, and for children living in poverty and in underserved areas;
- Inclusive and/or specialised early childhood development services for children with disabilities; and
- Information and education on early childhood development.

Service provision in these areas is seriously curtailed by a combination of factors, amongst others: insufficient funding and governance, including institutional arrangements, leadership and coordination¹³⁷. Improving the scale, quality and equity of access to these services to meet legal and developmental imperatives requires the development of a strengthened national integrated early childhood development system capable of supporting their universalisation.

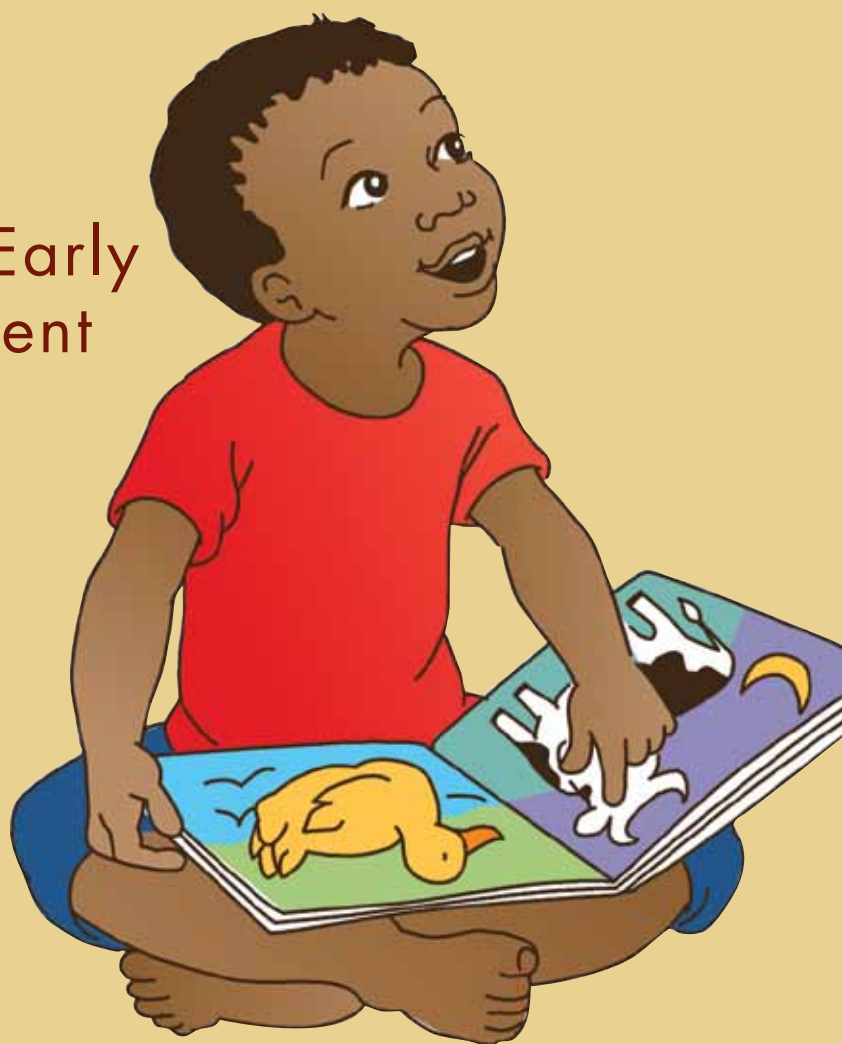
Poor child nutrition outcomes in South Africa are attributable to poor implementation of available programmes as well as programmatic gaps. Notably, currently programmes do not make adequate provision of food for children with growth failure, for effective prevention of malnutrition through targeted prevention interventions aimed at pregnant women and infants, or for broader public prevention communication. Parenting support and education must be prioritised and offered through multiple media to reach the masses, such as public communication campaigns, and to offer appropriate local support¹³⁸.

Quality early learning programmes must be scaled up to reduce the school-readiness gap for children living in poverty,



CHAPTER 4

The purpose, vision and principles of the National Integrated Early Childhood Development Policy



CHAPTER 4

The purpose, vision and principles of the National Integrated Early Childhood Development Policy

4.1 Purpose of the Policy

This Policy provides Government's recognition of the universal right of all children in South Africa to early childhood development services and the fundamental developmental importance of early childhood development. It provides a statement of associated commitments to developing a strong and effective integrated national integrated early childhood development system founded on a strong enabling legal framework; to establishing the necessary organisational and institutional structures; and to providing adequate public funding and infrastructure to ensure sustainable universal availability and equitable access to comprehensive quality early childhood development programmes and services for the period from conception until the year before children enter formal school or, in the case of children with developmental difficulties and/or disabilities, until the year before the calendar year in which they turn 7, which marks the age of compulsory schooling or special education. More specifically, it:

1. Provides an overarching multi-sectoral enabling framework of early childhood development definitions, responsibilities and role players within which all relevant national and sectoral laws, programmes and strategies must be developed and synergised and where there is conflict the latter must be changed;
2. Documents the commitments and responsibilities of Government to secure the provisioning of universal comprehensive early childhood development programme for children;
3. Defines a comprehensive early childhood development programme¹⁴⁰ and support, with identified essential components;
4. Identifies the relevant role players and their roles and responsibilities for the provision of the various components of early childhood development services; and
5. Establishes a national integrated early childhood development leadership and coordinating structure, such as the Inter-Ministerial Committee for early childhood development to:
 - a. Facilitate centralised planning and monitoring of, and reporting on, the realisation of universal availability of and equitable access to a comprehensive early childhood development programme for all children;
 - b. Support the strengthening and integration of services to improve availability of and access to all early childhood development services;
 - c. Monitor a holistic national young child food and nutrition strategy; and
 - d. Plan, fund, implement and monitor a national integrated early childhood development communication strategy.

4.2 Vision of the Policy.

All infants and young children and their families in South Africa live in environments conducive to their optimal development.

4.3 Mission of the Policy

The mission of the national integrated early childhood development Policy is to provide a comprehensive quality early childhood development programme that would be universally available in sufficient quantities and proximity so that all children enjoy an equal opportunity to access them.

4.4 National Policy goals

Short-term goal: By 2017, the Government of South Africa has established the necessary legal framework(s), established the organisational structures and institutional arrangements, undertaken the planning, and put in place the financing mechanisms necessary to support and realise its commitments to ensure universal availability of, and equitable access to, early childhood development services.

Medium-term goal: By 2024, age and developmental stage appropriate essential components of the comprehensive quality early childhood development programmes are available and accessible to all infants and young children and their caregivers.

Long-term goal: By 2030, a full comprehensive age and developmental stage appropriate quality early childhood development programme is available and accessible to all infants and young children and their caregivers.

The distinction in the timelines for the realisation of the long-, medium- and short-term goals is founded on a constitutional distinction between services that are subject to progressive realisation within available means and those that are not. As discussed in more detail in section 5, below, dealing with the Policy strategy and scope, South Africa's courts have confirmed that the obligation to deliver on rights falling within the essential components of the comprehensive quality early childhood development programme are not subject to progressive realisation. The essential components must be realised in the shortest reasonable time possible.

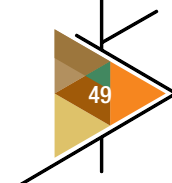
4.5 National Policy objectives

The objectives of this Policy are that Government take all legislative, programmatic, funding and other measures contemplated in this Policy necessary to:

- Ensure universal availability of comprehensive age-, and stage-appropriate quality early childhood development services through the provision of a sufficient quantity of services in sufficiently close proximity to children and their caregivers so as to ensure opportunities for equal access;
- Ensure equitable access to early childhood development services and support for vulnerable young children and their caregivers through measures which address intrinsic and extrinsic barriers preventing their access to available early childhood development services;
- Empower and enable parents to lead and participate in the development of their young children's early development, growth and learning, and to have access to quality early childhood development services to support them when required;
- Ensure the alignment and harmonisation of sectoral policies, laws and programmes across the different sectors responsible for early childhood development services within the national integrated early childhood development Policy so as to ensure a nationally coherent and synergised multi-sectoral early childhood development system; and
- Ensure adequate and effective leadership, coordinated planning, funding, implementation, monitoring of progress and on-going quality improvements to ensure realisation of the national integrated early childhood development vision, mission, goals and objectives.

4.6 National Policy principles

The principles underpinning this Policy, and which must guide the development of all legislation, programmes, funding and monitoring and evaluation frameworks and institutional arrangements relating to its implementation, are:



1. **Human rights-based approach:** This Policy is founded on a human rights-based approach to early childhood development. It is grounded in, and seeks to give effect to, the Government of South Africa's international, regional and national legal commitments to recognise, respect, protect and promote the universal rights of all young children and their caregivers protected by international, regional and national law.

It recognises that:

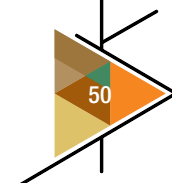
- All young children have a universal right to life, to survival and to develop to their full potential; that is, to be physically healthy, mentally alert, socially competent, emotionally sound and ready to learn¹⁴¹; and that
- Government bears a legal duty to ensure the provision of early childhood development services and support to ensure the realisation of these rights for all children and their families.

The human rights-based approach requires the translation of legal commitments to children into a strong early childhood development system made up of policies and laws, in terms of which responsibilities are spelt out and role players can be held accountable for the realisation of the universal enjoyment of young children's rights¹⁴².

2. **Interdependence of early childhood development rights:** Government is obliged to ensure the full implementation of children's rights. Whilst parents and families are recognised as the primary duty-bearers to realise children's rights, in the case of early childhood rights this is highly dependent on the capacities and resources available to parents and families. Therefore, the realisation of young children's rights depends on the realisation of their human rights, including their rights to social protection, basic services, health care, information and others. The national integrated early childhood development Policy recognises these interdependencies and aims to secure the necessary material and other forms of support, services and assistance required by parents and other caregivers to meet their responsibilities to young children¹⁴³.

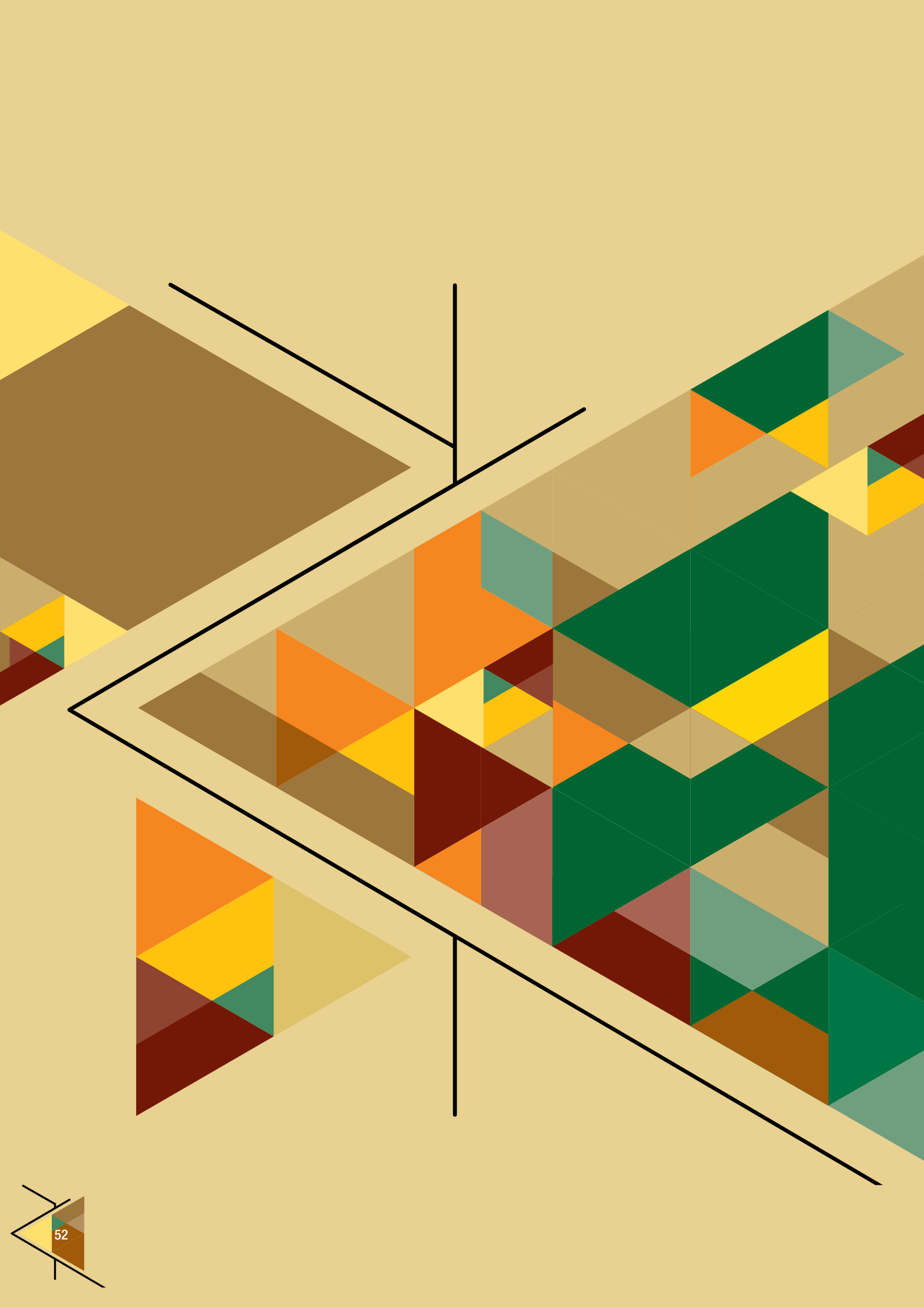
In addition, the rights of young children are interdependent in that the fulfilment of their overarching rights to life and to development to their full potential depends on realisation of their full complement of rights protected by law. As such, this Policy and all actions taken in terms thereof should advance a complimentary package of age- and developmental stage- appropriate services securing multiple rights.

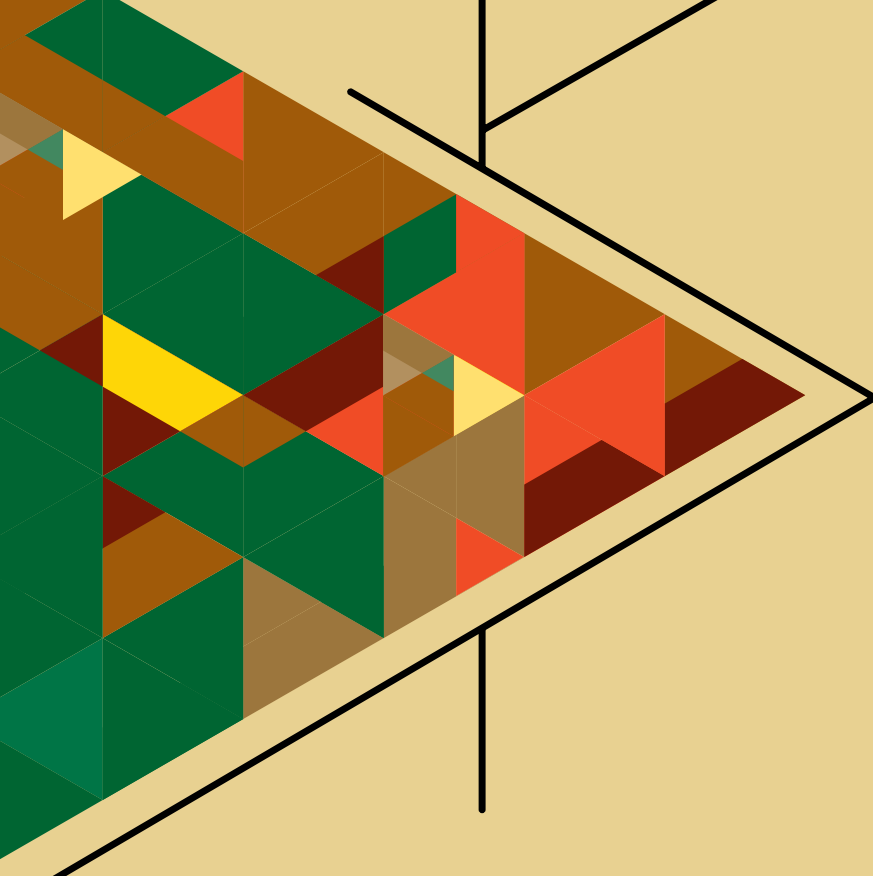
3. **Play-based learning:** The right to play is enshrined in Article 31 of the UN Convention on the Rights of the Child. It is a defining characteristic of childhood. Play is the principle means by which children learn and explore the world around them, while developing cognitively, socially, emotionally, creatively and physically. When we talk about 'education' in early childhood, we mean the opportunity to learn through play-based activities supported by caring adults, rather than to be 'taught' in a formal sense.
4. **Evolving capacities:** The national integrated early childhood development system is founded on the recognition that the period of early childhood development is continuous and on-going, starting at conception and evolving until the child enters school, and that children's needs differ depending on their age and developmental stage. It further recognises that protective and risk factors differ, depending on the children's context, including their age, backgrounds, geographic location, health and socioeconomic circumstances. The national integrated early childhood development system of services must be responsive to the context in which children live as well as their specific age and developmental stage needs¹⁴⁴.
5. **Multi-sectoral and integrated responses:** Since children's early childhood development rights and needs are indivisible and span many areas including health, nutrition, a safe environment, and psychosocial and cognitive development, the provision of a comprehensive package of services does not rest with only one government department or level of



government or sector. Securing the universal early childhood development rights of children requires an integrated, cross-sectoral Policy and plan that involves all government departments, civil society organisations, the corporate sector, religious organisations, non-governmental organisations, development partners, parents and children¹⁴⁵.

6. **Recognition of and respect for parents as primarily responsible for early development:** The role of parents and families as the natural and primary duty-bearers for the survival, growth, development and protection of children to their full potential is recognised and protected as a fundamental principle of the national integrated early childhood development system. Parent support, including material, psychosocial, health and educational, starting in the antenatal period and continuing until the child enters school, should lay the foundation of national integrated early childhood development services and programmes.
7. **Best interests of the child:** The best interests of the young child must be a primary consideration in all actions concerning them¹⁴⁶. All decisions made and actions taken that impact on the life, survival, development and well-being of young children must be based on their best interests. This includes decisions and actions taken by parents, professionals, practitioners and others responsible for the care and development of young children. It also applies to all laws and policies developed, administrative and judicial decisions taken, and services provided, including those that¹⁴⁷:
 - Directly affect children, for example, health, care and education systems; and
 - Indirectly impact on children, such as environmental and transport systems.
8. **Respect for views of the child:** Young children are as entitled as older children to express their views and have them taken into account. This right is often overlooked because of the age and maturity of infants and young children. Even the youngest children are entitled to express their views, which should be given due weight in accordance with their age and maturity. This principle should be anchored in the child's daily life and in legal proceedings, within health care facilities and in legal proceedings, in the development of policies and services, including through research and consultation. This requires that adults adopt a child-centred approach and attitude, listening to children and respecting their dignity and points of view¹⁴². This requires adults to adopt a participatory, hands-on approach to the young child's early learning and development.
9. **Equity and non-discrimination:** This Policy is founded on the recognition of the universality of the rights of young children to survive and develop to their full potential. As such, no child may be excluded from access to any early childhood development services supporting realisation of their rights based on one or more grounds, including race, gender, sex, marital status of their caregiver, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, language, culture and birth. In addition, to promote the achievement of equality, measures shall be taken to ensure the availability of, and access to, quality early childhood development services for vulnerable children.
10. **Appreciative promotion of existing resources and knowledge:** This Policy recognises the many good practices and existing systems in place already supporting various aspects of early childhood development. The aim is to build on the foundation provided by existing systems and knowledge, including beneficial indigenous and local early childhood development practices, to develop a stronger and more unified integrated national integrated early childhood development system.
11. **Cost-effectiveness:** This Policy is based on strong international evidence that early childhood development is cost-effective in relation to health, educational, social and economic outcomes. Specific service modalities outlined in the Policy have also been shown to be cost-effective when provided with the frequency and intensity of service provision recommended in this Policy.





CHAPTER 5

Policy strategy and implementation



CHAPTER 5

Policy strategy and implementation

5.1 Provision of early childhood development services

International and regional instruments as well as the Constitution of the Republic of South Africa guarantee a number of children's rights. These rights and associated responsibilities, which collectively underpin the comprehensive early childhood development programme, are the rights to:

- A name and nationality;
- Family and parental care;
- Child care and support for families to fulfil their parenting responsibilities;
- Health care;
- Food and nutrition;
- Social services, including protection from abuse and neglect, psychosocial support and social assistance;
- Basic education, including early childhood education starting from birth;
- Information;
- Basic services, such as water, sanitation and energy;
- Shelter and housing; and
- Play, recreation and cultural activities.

The realisation of these rights requires the provision of the following comprehensive package of services:

- Free birth registration services for all children when they are born;
- Parenting and family support;
- Free basic preventative, promotive and curative health care for pregnant women and children;
- Preventative and curative food and nutritional support for pregnant women and children;
- Social protection services;
- Protection from abuse and neglect and psychosocial services for recovery and reintegration for pregnant women, children and mothers;
- Early child care and early learning services;
- Information on the value of early childhood development services and where and how these may be accessed;
- Subsidised and affordable water, sanitation and energy services;
- Access to safe housing; and
- Play, recreational and cultural amenities.

A number of the rights are subject to progressive realisation within available means, whereas others are not – they are realisable immediately. The implication of the distinction has been considered by South Africa's courts which have ruled that the Government is obliged to take all reasonable measures to realise rights not subject to progressive realisation with immediate effect. This means that it must, with immediate effect, provide the services and resources which are a necessary condition for the achievement of the rights in question. This is particularly true in the case of empowerment or developmental rights such as the right to basic education and (by extension) other early childhood development rights which lay the foundations for the future development of children¹⁴⁹.

The essential components in the comprehensive quality early childhood development programme in this Policy mean those services where there is a more immediate obligation on Government to provide the services, which is an essential precondition for the realisation of young children's rights that are not subject to progressive realisation but are immediately realisable. This meaning and the use of the term 'essential components of services' in this Policy is distinguished from the term and its associated definition as used in the Labour Relations Act No. 66 of 1995. As such, there is no implication that employees providing the services identified as falling within the essential components of early childhood development services do not enjoy the right to strike unless the service in question has been designated as an essential service in terms of the Labour Relations Act.

Whilst essential components of the comprehensive early childhood development programme are deemed vital, Government recognises that they are not sufficient to ensure a child's optimal development. They need to be provided in the context of a healthy living environment; hygienic water and sanitation; safe and affordable sources of energy; and adequate housing for all pregnant women, infants and young children. There is a constitutional obligation to progressively realise these socioeconomic rights within Government's available resources.

Government commits to the provision of those early childhood development services in the short-to-medium term which are a necessary precondition for the realisation of the previously listed set of rights not subject to progressive realisation:

1. Free birth certification for all children born in South Africa;
2. Basic preventative, promotive and curative health care and nutrition for pregnant women, infants and young children to secure their mental and physical health;
3. Preventative and curative maternal, infant and child food and nutrition services;
4. Support for parents to empower and enable them to take the lead in their infants and children's optimal development, including the provision of income support, nutritional support, psychosocial support and support for the early education of children from birth;
5. In their parent's absence, safe quality child care and early learning which nurtures the young child's development;
6. Early learning support and services from birth in the home, community and in centres; and
7. Publicly accessible information about early childhood development services and support and their proven importance for ensuring optimal early childhood development.

Government will realise the full comprehensive early childhood development programme in the longer term, with priority being given to the implementation of the essential components of this package in the short to medium terms.

5.2 Provision of comprehensive quality early childhood development programme

Government commits to the provision of early childhood development services which:

1. Include a number of early childhood development services already identified as priorities within current policies and programmes. It will, however, strengthen delivery and equity of access through the design, location and integration of services into a diversity of delivery models. An essential component of this package that will be delivered includes: ante- and post-natal health, birth screening and nutrition services; social services such as free birth registration, social grants and child protection services; parenting support; and opportunities for early learning. All services will be integrated into, and delivered across, the full continuum of care settings, starting in the home with the parents, moving to out-of-home child care arrangements, to community-based programmes (non-centre based) and to facility- or centre-based programmes; and
2. Introduce a number of new services as an essential component of the comprehensive early childhood development programme to fill gaps identified in the range of services available, including:
 - a. Early childhood development services provided through home visits by community health workers (CHWs) from

- conception until the child reaches the age of 2 years to vulnerable pregnant women, and post-natal services for women and children at high risk of poor early childhood development;
- b. Micronutrient and food supplementation for all pregnant women, with special attention to underweight pregnant women and children who fail to thrive because of poverty and associated social problems;
 - c. Food and nutritional support provided by CHWs for pregnant women and young children at risk;
 - d. Screening, counselling and referrals of pregnant women and mothers of young children for mental health, substance abuse and domestic violence;
 - e. Birth screening and follow-up screening for the purposes of early identification of disabilities, checking immunisation status and tracking children at risk. This will include the Golden Standard Model for the screening and early intervention of infants with disability;
 - f. Screening of young children for abuse and neglect and the provision of follow-up counselling and referrals of caregivers and their children for remedial support;
 - g. An augmented programme of parenting support, including the preparation of pregnant women and partners, and of mothers of young children, to enable them to optimise their young children's development across all domains, especially in the areas of child safety, the provision of positive parenting practices, food and nutrition, and early learning; and
 - h. Pre-registration during the third trimester of pregnancy for the CSG to ensure that children have access to the benefits of the grant from birth.

The above services will be delivered by Government through one or more of the following early childhood development programmes:

5.2.1 Health care and nutrition programmes

Health care and nutrition programmes as an essential component include the provision of:

1. Preventative and curative mental and physical health care for mothers, infants and children, as well as nutrition promotion services from pre-conception until the child reaches the age of 5 years, including:
 - a. Promotion and support of exclusive breastfeeding for the first six months after birth;
 - b. Counselling to support appropriate and responsive complementary feeding or alternatives to breastfeeding where this is not possible, including the prevention of obesity;
 - c. Home-, community- and facility-based growth monitoring, early identification of growth faltering (growth and developmental lags) and referral for investigation and follow-up for all children aged birth to 2 years;
 - d. Micronutrient supplementation (folic acid and iron for pregnant women, and Vitamin A supplementation for infants and young children) and food supplementation for underweight pregnant women and children who fail to thrive for reasons of poverty and associated social problems; and
 - e. Provision of food and nutritional support to pregnant women and young children by community outreach workers, including the Department of Health's CHWs;
2. Screening of pregnant women, mothers and young children through facility-, community- and home-based ante- and post-natal care visits; and referral and provision of support services for maternal and infant mental ill-health, substance abuse and exposure to violence, developmental delays and disabilities, and/or abuse and neglect of the child.
3. The full utilisation of the Road to Health booklet to support, monitor and remedy, where needed, a child's healthy growth and development. The booklet has important promotional messages that capacitate parents and care givers and to demand services.

Goal: By 2024 to provide the package of services described above to improve the mental and physical health, nutritional status, development and safety of infants and young children from conception until the year before they enter school.

Objectives:

1. In the antenatal period:
 - a. To eradicate all causes of preventable disability, exposure to environmental toxins and stress, and infections through the provision of appropriate antenatal health care for all pregnant women;
 - b. To screen, support and make referrals for maternal mental health, substance abuse and exposure to domestic violence; and
 - c. To provide preparation for parenting.
2. For children from birth until the year before they enter formal school:
 - a. To promote children's health and prevent disease through the provision of quality and effective management of childhood illness, HIV testing and treatment, immunisation, and vitamin supplementation;
 - b. To promote children's nutritional status, growth, development and health through the provision of nutritional counselling, the promotion of exclusive breastfeeding, growth monitoring, appropriate complementary feeding, responsive feeding, and strengthened fortification and supplementation mechanisms;
 - c. To promote children's healthy development and safety through the provision of parenting support and skills building;
 - d. To promote a secure attachment relationship between the parent(s) and the child;
 - e. To prevent child abuse and neglect through the provision of parent support; identify (through screening) and provide care and support for, children exposed to child abuse and neglect; and refer parents and children to appropriate services; and
 - f. To prevent disability; identify (through early screening) and provide care and support for, children with disabilities; to make early referrals of parents and children to appropriate health care and related services; and to track these children for continuous support and follow-up.

5.2.2 Social protection programmes

Social protection programmes as an essential component include:

1. Preparation and referral of women for the registration of their child's birth during pregnancy, through all antenatal care services, and post-natal, through parenting support as well as centre and non-centre based early childhood development programmes;
2. Free birth registration services for newborns and the integration of registration services within health facilities;
3. Ante- and post-natal screening through health services to determine the eligibility of caregivers for social assistance through the Child Support Grant or the Care Dependency Grant and their referral to SASSA and/or social workers for grant applications;
4. Information about available grants and the importance of accessing them in the early years of the child's life;
5. The Child Support Grant or the Care Dependency Grant, to eligible caregivers through integrated service delivery mechanisms which address barriers to early grant registration; and
6. Pre-registration of pregnant women for the Child Support Grant during pregnancy to ensure that children have access to the benefits of the grant from birth.

Goal: By 2024 to provide the preceding package of services necessary to ensure that all young children and their caregivers have early access to national identification documents such as birth certificates and identity documents, and the income support necessary to provide the living conditions to secure the survival and development of young children to their full potential.

Objectives:

1. To ensure that all children receive a free birth certificate within 30 days of birth through integrated and effective birth registration services; and
2. To ensure that all eligible young children and their caregivers receive an appropriate social grant from the date on which the child becomes eligible.

5.2.3 Parent support programmes

Parent support programmes as an essential component include the provision of factual information as well as the social support parents need to ensure the survival and development of their children to their full potential. Parenting programmes include: preparation for parenthood; promotion of children's early growth, development, learning, language and education; enablement of appropriate and positive child behaviour management; promotion of parental well-being; and promotion of child protection and safety. Parenting programmes can be provided as stand-alone interventions or integrated into other early childhood development programmes and must be provided at all stages of early child development from pregnancy until the age of 5 years. Parent support programmes include:

1. Provision of information and capacity building for parents to enable them to ensure the optimal health, safety and development of their young children from birth until they enter school;
2. Provision of information about identification documents and social grants, and referral of parents to access such; and
3. Promotion of positive parenting practices, child safety and protective practices; and
4. Support for parents with infants and young children with disabilities, developmental delays or special needs.

Goal: By 2024 to provide the preceding programmes of parenting support services necessary to improve parental knowledge, capacity and practices related to young children's holistic development, including information, capacity building, referrals, and specialist parental support of especially vulnerable parents so as to address any mental health problems, substance abuse, disability, abuse or neglect problems that they may face and which impact their child's development, or any problems that their young children may face.

Objectives:

1. To provide parents and/or primary caregivers with the information, skills and understanding necessary to support the optimal development of their infants and young children in healthy and stimulating home environments. ;
2. To promote positive parenting and early learning practices, including play and story-telling, and avoid the use of corporal punishment as a measure of discipline; and
3. To provide parents with specialised help to address particular challenges facing them or their child which impact on the child's early development, such as domestic violence, mental health problems, substance abuse, disability, and/or abuse or neglect.

5.2.4 Opportunities for learning

Opportunities for learning as an essential component includes multiple early childhood care and early learning services that promote the stimulation of children's language, and of their conceptual and socio-emotional development and learning, provided within a continuum of care and early learning settings starting from birth and continuing until the child enters school, including the home, health care facilities, home visits, child care/child-minding settings, community-based groups and early learning programmes in partial care facilities. The continuum of services making up this programme is set out in paragraph 5.3.3, below.

Goal: By 2030, to provide a universally available comprehensive quality age and developmental stage appropriate opportunities for learning for all children from birth until they enter formal school, which lay the foundations for optimal early learning, inclusion and the socio-emotional, physical, intellectual and language development of young children through play and other related, recognised methods for early learning, as well as safe daily care in the absence of their parents and/or primary caregivers

Objectives:

1. To ensure universal availability of a full continuum of quality age, stage and context appropriate safe and nurturing care and early learning settings for young children, including centre and non-centre based early learning programmes that provide quality support for the stimulation of children's development and learning;
2. To ensure the development and delivery of quality play-based age and context appropriate early learning programmes in all care and early learning settings;
3. To ensure that all children who have been historically excluded from opportunities for early learning, including children aged birth to 2 years, children in under-served rural and urban informal areas, children living in poverty, and children with disabilities, have an opportunity to participate in a quality age and needs specific early learning programme;
4. To ensure that all caregivers, child-minders and practitioners across the continuum of early childhood development services have the knowledge, skills, infrastructure and materials necessary to provide quality support for children's early learning and development; and
5. To raise public awareness of the importance of the role of parents and other primary carers in the early years of a child's life in facilitating and supporting their infants and young children's early learning and development.

5.2.5 National public early childhood development communications

The success of the preceding programmes and attainment of the early childhood development investments necessary to support their realisation depend in large measure on the development and implementation of a national integrated early childhood development communications and advocacy programme that provides public information aimed at promoting the behaviour, attitude and practice changes necessary amongst parents, caregivers, practitioners, educators, and government and non-government role players, amongst others.

Underpinning the provision and successful achievement of the objectives of the services making up early childhood development services is on-going media and public communication that:

1. Reinforces the nature of – and critical window of opportunity offered by – appropriate quality interventions early years of life;

2. Emphasises the crucial positive role parents and families play in the development of infants and young children; and
3. Conveys important messages to support early childhood development, including:
 - a. Nutrition and health care;
 - b. Safety and protection, including alternatives to corporal punishment;
 - c. Responsive and loving care; and
 - d. Early learning and development.

Goal: By 2024, to ensure the development and implementation of coherent, sustained, well-resourced communications, public awareness and advocacy interventions targeted at the full range of stakeholders and aiming to promote changes in behaviour, attitude and practice that are necessary to realise the objectives of the national integrated early childhood development Policy.

Objectives:

1. For children: To provide appropriate and accessible information and material that targets infants and young children through a variety of media platforms, in particular public media platforms, that will stimulate their early learning; language, social and emotional development; imagination; curiosity; and critical thinking, from birth onwards.
2. For parents: To provide appropriate and accessible information that will:
 - a. Enable parents and others responsible for the daily care and development of young children to understand the importance of early childhood development and what they can do to improve their children's nutrition, health and well-being, early learning, and protect their children;
 - b. Enable parents to understand and demand quality early child care and learning from public and private providers of early childhood development services;
 - c. Foster parent-child interaction; and
 - d. Build understanding of the roles of mothers and fathers in early childhood development, specifically recognising the current high proportion of 'absent fathers' in the lives of their children.
3. For leaders in government, civil society, business, trade unions and the media: To provide appropriate and accessible information that will:
 - a. Engender a broad national understanding of the importance of early childhood development for redressing inequality, improving health, education, social development, inclusion and economic growth; and
 - b. Provide Policy-makers and managers with information for planning, management and innovation, and to ensure strong accountability for effective implementation.

5.2.6 Housing, water, sanitation, refuse removal and energy sources

Goal: By 2030 to ensure that all infants and young children, especially those living in poverty and in under-serviced rural and informal urban areas, live in safe and adequate dwellings which have basic services, including safe drinking water, safe sanitation facilities, refuse removal services, and a safe source of affordable energy.

Objectives:

1. To ensure that human settlement developments, including subsidised housing developments and schemes, target households with vulnerable groups including women, people with disabilities, youth as priority beneficiaries;
2. To increase access for all infants and young children, especially historically vulnerable children living in poverty and in under-serviced rural and urban areas, and infants and young children living with disabilities, to:

- a. adequate dwellings,
 - b. adequate sanitation,
 - c. regular municipal refuse removal services,
 - d. safe and affordable sources of energy; and
3. To raise awareness and knowledge of parents, child carers and children on the importance of the safe use of water, safe sanitation facilities and hygienic practices.

5.2.7 Food security

Goal: By 2030 to ensure that all infants and young children enjoy healthy physical growth, are well-nourished and enjoy sustained access to nutritious food, and to ensure implementation of a comprehensive multi-sectoral national strategy for children from birth until the year before they enter school aimed at eliminating stunting and malnutrition, reducing obesity and preventing hunger and food insecurity.

Objectives:

1. To increase access of infants and young children to adequate and nutritious food; and
2. To improve the knowledge of caregivers of infants and young children regarding good nutrition practices.

5.2.8 Play facilities, sport and culture ¹⁵⁰

Goal: By 2030 to ensure that all infants and young children have access to play, recreational and cultural environments and facilities that are safe, inclusive, and age- and developmental stage-appropriate, especially those living in poverty, under-serviced rural areas and informal urban areas; those with disabilities; and those living in institutions.

Objectives:

1. To ensure the promotion of knowledge among parents, caregivers, child-minders and early childhood development practitioners regarding the importance of the right to play, recreation and cultural activities, their impact on the early learning and development of young children, and how to facilitate realisation of this right in all settings, including non-centre based and centre based early childhood development programmes;
2. To ensure that there are secure, safe and accessible play, recreational, library and cultural facilities that are both inclusive and age- and developmental stage-appropriate in all communities, especially poor communities and under-served rural and informal urban communities;
3. To ensure that the design and development of play, recreation, library and cultural facilities and programmes comply with universal principles of design so as to be accessible to infants and young children with disabilities and promote beneficial indigenous cultural practices; and
4. To ensure that local municipalities and the Department of Human Settlements make adequate provision in their human settlements, town planning and budgeting processes to secure universal availability and equitable access to play, library, recreational and cultural facilities.

5.3 Programmatic priorities

The following five programmes will be prioritised in terms of development, funding and implementation to ensure the provision of critical services to especially vulnerable groups of children.

5.3.1 *Support for pregnant women, new mothers/fathers and children under 2 years of age*

Objectives:

To enhance the ability of families to cope with and nurture every vulnerable child below 2 years of age by promoting healthy pregnancy and providing maternal psychosocial support where needed; supporting parenting aimed at love, care, security and responsiveness to children; and strengthening cognitive, language, psychosocial and sensorimotor stimulation of the child.

The growth and development of infants and young children are largely determined by their family and home environment. Home-based support, initiated during pregnancy and sustained through the first few months of life, has been shown to improve maternal coping and child interaction, and to reduce growth faltering.

A national programme for the provision of centre and non-centre based support for pregnant women, mothers, fathers and infants in the first two years of life will be developed and implemented by 2024 with the following aims:

- To maximise opportunities during antenatal and post-natal clinic visits for well-baby care and immunisation and to counsel women regarding self-care and infant health, growth and learning;
- To ensure that all babies and young children have a Road to Health Booklet that is up to date and utilised for healthy growth and development, and, where appropriate, to assess and remedy their health and development;
- To provide supportive home visits by community health workers to vulnerable mothers and other caregivers and their young children during pregnancy and infancy for a period of up to nine months, providing information and advice about optimal child development, as well as guidance and referral where necessary. Vulnerable mothers include teenage mothers; mothers with problems with mental health, substance use and/or survivors of domestic violence; and mothers of children with developmental difficulties and/or disabilities;
- To provide clinic- and community-based support groups for women and women-and-babies that address self-care and infant health, nutrition, growth and learning;
- To provide systemic training and support for child-minders who provide daily care for children aged birth to 2 years in the temporary absence of their parents to improve their knowledge relating to health, hygiene, nutrition, early learning and development, and linkages to services to ensure that child-minding practices support the optimal development of this group of young children; and
- To facilitate the pre-registration of pregnant women in the third trimester of pregnancy for the CSG (verified through birth registration) to enable income-eligible mothers to have access to the grant from the first day of the child's life.

The overall programme will be developed, funded and implemented under the lead of the National Department of Health, in close collaboration with the Department of Social Development and the Department of Basic Education, through clinic and community outreach teams that form the bedrock of primary health care in South Africa. The support, training, and regulation of the child-minders programme will be developed, funded and implemented by local and metropolitan municipalities with the support of the Department of Social Development, the Department of Health, the Department of Basic Education and the Department of Cooperative Governance and Traditional Affairs.

5.3.2 *Review and strengthening of a comprehensive national food and nutrition strategy for children under 5 years*

Objectives:

By 2017, a national multi-sectoral comprehensive food and nutrition strategy for children younger than 5 years is reviewed and strengthened to ensure delivery of a comprehensive package of food and nutrition support and services both in the home and at community level, backed up by environmental health, health and social services that improve the nutritional health and well-being of infants and young children.

The Department of Health, in collaboration with the Department of Social Development, the Department of Agriculture, the Department of Basic Education and the Presidency, will facilitate the reviewing and strengthening of an inclusive strategy to include participation by all government and non-government role players responsible for the provision of relevant food and nutrition services to young children and their families.

The strategy will identify the relevant roles and role players to meet the food and nutritional requirements of pregnant women and children aged birth to 4 (not yet turned 5) years. It will provide direction for the fulfilment of their roles and responsibilities, and develop mechanisms for the accountability of multi-sectoral role players in terms of their responsibilities for realisation of the desired outcomes.

The strategy will ensure:

1. Delivery and oversight of the essential nutrition services prescribed for under the health and nutrition programme in paragraph 5.2.1 above;
2. Development of norms and standards, meal plans and training curricula for early childhood development practitioners for the provision of nutritionally balanced food through early childhood development programmes;
3. Development of one national set of norms and standards for hygiene and food safety, including for infrastructure in early childhood development programmes, against which all other related norms and standards must be aligned, including those set out in the Children's Act, No.38 of 2005 and the environmental health norms and standards of the Department of Health and local municipalities;
4. Improved food security and access to nutritious foods in households with pregnant women, infants and young children through, inter alia, food price stabilisation, income generation and access to social security grants;
5. Improved food production and security through the promotion of and support for food gardens in households with infants and young children, and early childhood development programmes based on a specific site, where practicable, with an emphasis on growing crops with high nutritional value and on poultry and livestock ownership;
6. Improved access to environmental health services necessary for the promotion of infants and young children's nutritional health and development, including access to piped water, sanitation and refuse removal services;
7. Development and implementation of a multi-sectoral food and nutrition communication and education campaign with a focus on the prevention of hunger, malnutrition and stunting in pregnant women, infants and young children; and
8. Development of an integrated nutrition information system and linking of current household profiling activities with the system.

5.3.3 Provision of universal developmentally appropriate early learning opportunities for young children from birth

Objectives:

Learning starts in utero and the brain circuitry established in the first two years of life sets the long-term trajectories of language and cognitive functioning¹⁵¹. However, learning does not only require cognitive stimulation but also social and emotional development. Childhood self-regulation has been shown to be a powerful predictor of adult health, wealth and public safety¹⁵². Motor skills development is important for normal physical activity, but is also a catalyst for the development of listening, speaking, attention, emotional control, visual motor and visual thinking skills. These skills prime the brain for reading, writing and mathematics.

In order to ensure that every child has an opportunity to access age- and developmental stage- appropriate early learning opportunities from birth to until the year before entering school, the South African National Curriculum Framework for Children from Birth to Four (NCF) will be implemented, funded and regulated to provide¹⁵³:

1. Home-visiting and health-facility-based programmes designed to stimulate the knowledge, capacity and provision of early learning support in parents and other caregivers. This includes sensitising pregnant women and mothers to the importance of early learning from birth through responsive care, language stimulation, play and structured activities in clinics, and through home visits during pregnancy and postnatal care;
2. Early learning opportunities through child-minding services which will be incorporated into the spectrum of early learning opportunities and supported through the learn-playgroup programme infrastructure. This extensive network of day-care providers will be harnessed to support the scale-up of early learning opportunities through registration and per capita subsidisation for registered child-minders who meet basic norms and standards and participate in the proposed home visiting or children's playgroup support programme. This will be supported by a systemic training and support programme for child-minders providing daily care for children aged birth to four years in the temporary absence of parents at work or studying, covering the importance of early learning through responsive care, language stimulation and structured activities using appropriate tools and materials;
3. Community-based early learning play groups for mothers and children aged birth to four years to provide parenting support and information on early learning and socialisation and a stimulating play experience for children;
4. Community-based structured early learning play groups for children aged 2 to 4 years (with or without parental participation) aimed at fostering socialisation and promoting early learning;
5. Early learning and development programmes, particularly for three- and four-year-olds, that encourage emotional and social development and preparation for schooling through play-based learning and exploration;
6. Early childhood development programmes for six or more children aimed at the care, early learning and development of infants and young children through play-based learning, care and supportive services; and
7. Increased parental demand for early learning opportunities for their children through public communication about the importance of early childhood development for health and human capital across the life course.

The design of early learning programmes

Early learning programmes should all be designed with two objectives, namely:

- To promote resourcefulness of children; and
- To promote language and cognitive development.

The National integrated early Learning and Development Standards (NELDS)¹⁵⁴ and the South African National Curriculum Framework for Children from Birth to Four (NCF) provide guidance for the design of early learning programmes. The NCF builds on the NELDS, taking account of the norms and standards in the Children's Act and the Department of Social Development Guidelines for Early Childhood Development Services. It also indicates the relationship with the Curriculum and Assessment Policy Statements (CAPS for Grade R).

The National integrated early Learning and Development Standards (NELDS) are divided into six desired results areas which have been validated for content and age according to three categories: birth to 18 months, toddlers 18 to 36 months and young children 3 to 4 years of age. The desired results are:

- Children are learning how to think critically, solve problems and form concepts;
- Children are becoming more aware of themselves as individuals, developing a positive self-image and learning how to manage their own behaviour;
- Children are demonstrating growing awareness of diversity and the need to respect and care for others;
- Children are learning to communicate effectively and use language confidently;
- Children are learning about mathematical concepts; and
- Children are beginning to demonstrate physical and motor abilities and an understanding of a healthy lifestyle.

The South African National Curriculum Framework for Children from Birth to Four (NCF) provides goals for children's development and learning as a guideline for planning high-quality learning experiences and for assessing children's performance, but it is not prescriptive. It is organised around six early learning and development areas:

- Well-being,
- Identity and belonging,
- Communicating,
- Exploring mathematics,
- Creativity, and
- Knowledge and understanding of the world.

Together, these cover the key domains for young children's learning and development and facilitate the design of early learning programmes in South Africa.

The Department of Basic Education will develop accessible guidelines and resource materials for the implementation of the South African National Curriculum Framework for Children from Birth to Four in all settings.

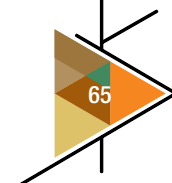
The medium of instruction in early learning and development programmes should be, as far as feasible and practical, in the home tongue of the child.

Curriculum design should take account of:

Resourcefulness of children: Programmes should be designed to promote an emerging sense of self, an increased ability to regulate emotional expression, a growing understanding of the feelings of others (empathic ability), emerging independence, a capacity for initiative, task persistence and attentiveness. Physical, perceptual and sensorimotor skills development should be built into programme design.

Language and cognitive development: Specifically, programmes and materials need to be designed to support:

- Language development and storytelling;
- Play, creativity, critical thinking and exploration; and
- Pre-literacy and pre-numeracy skills.



5.3.4 Inclusion and support for children with disabilities within all early childhood development programmes

Objectives:

By 2017, a national multi-sectoral early childhood development guideline to secure universal availability and equitable access to comprehensive age and developmental stage appropriate quality and inclusive early childhood development services for all children with developmental delays and/or disabilities is developed.

By 2030, all infants and young children from birth until the year before they enter school or turn 7, whichever occurs first, with developmental delays and/or disabilities have an opportunity to access a comprehensive age appropriate range of inclusive early childhood development services that are of a sufficiently high quality and appropriate design to provide the specialist support they require and ensure they develop to their full potential.

A multi-sectoral early childhood development guideline shall be rooted in prevention, early screening and intervention, appropriate support, and early learning and development opportunities, which will ensure appropriate quality inclusive early childhood development services for all children with disabilities.

In order to ensure that all young children with disabilities enjoy equal access to inclusive early childhood development services, the early childhood development disability guideline shall comply with the following and other requirements of this Policy in so far as they relate to the public provision of children with disabilities. It shall, inter alia:

1. Ensure the allocation of additional and adequate public funding to early childhood development programmes providing services for children with disabilities, including additional programme funding, post-provisioning and infrastructure funding to enable the development and delivery of appropriate quality services;
2. Provide guidelines and direction for the development and design of all early childhood development services so as to achieve quality outcomes and early childhood development goals and targets for children with disabilities. Notably, guidance should be provided regarding the appropriate placement of children with developmental delays and/or disabilities, i.e. in mainstream or specialist support programmes. Where specialist services are required, such as adapted early learning curricula, guidelines (including the NELDS and NCF) must provide clear direction on the development of appropriate inclusive early learning programmes for children with disabilities;
3. Provide norms and standards for accessible and appropriate public infrastructure, applying universal design standards, for identified inclusive and/or specialised centres of early childhood development service delivery;
4. Secure a sufficient number of qualified early childhood development practitioners to provide quality, inclusive and appropriate early childhood development services to children with disabilities and their families. This, in turn, will require the development of appropriate norms and standards governing minimum qualifications, staff-child ratios for different early childhood development services, and guidance on curriculum development for the training of practitioners;
5. Provide for the development of management capacity across all government departments and at all relevant spheres of government to plan, develop, design, coordinate and monitor the implementation of early childhood development services for children with disabilities and the progress made towards realisation of the goal of universal access to comprehensive early childhood development for children with disabilities; and

6. Include a series of indicators to be measured and disaggregated categories of data to be collected within national, provincial and local information collection and management processes to measure the extent, quality and impact of comprehensive early childhood development services made available for children with disabilities.

Early childhood development services must ensure provision of:

1. Services for the prevention of developmental delays and/or disabilities, as well as early detection and remedial interventions;
2. Provision of community-based rehabilitation programmes and services for young children
3. Appropriate parenting support for parents of infants and young children with disabilities;
4. Sufficient quality child care and inclusive early learning opportunities for all infants and young children with developmental delays and/or disabilities; and
5. A strengthened programme of social security for all caregivers of infants and young children with disabilities that provides sufficient material support to enable them to meet the costs associated with their children's additional needs.

The development of the national multi-sectoral early childhood development protocols and guidelines for the inclusion of children with disabilities in early childhood development programmes will be undertaken by the Department of Social Development in collaboration with the National Inter-Departmental Committee on Early Childhood Development.

5.3.5 Public communication about the value of early childhood development and ways of improving children's resourcefulness

Objectives:

By **2024**, a national multi-sectoral early childhood development communication strategy is developed, adequately resourced and implemented. A coordinated national communications strategy should be implemented as part of a national branded programme.

The development, implementation, coordination and oversight of the national multi-sectoral early childhood development communication strategy will be undertaken by Government under the lead of the Department of Communications, in collaboration with the National Inter-Departmental Committee on Early Childhood Development. The latter will engage in an inclusive strategy development process which shall facilitate the participation of all government and non-government role players responsible for the provision of the full range of early childhood development services to infants and young children and their families. There should be synergy and consistency across media platforms, in messaging and in materials supporting the communications.

5.4 The early childhood development services to be provided in age and developmental stage appropriate combinations

The process of early childhood development is continuous. It starts when a woman becomes pregnant and continues until the young child starts his or her first day of school. The risk and protective factors within the environment of the pregnant woman, infant and young child impact differently on, and determine the pace of, the child's development at different stages in the continuum.

Therefore, Government will ensure the provision of a unique age and developmental stage-appropriate combination of essential components of early childhood development services. The combination of services will differ by age group in order

to maximise the protective and minimise the risk factors to which the mother and child are exposed at different stages.

Early childhood development services are thus organised into the following three different age groups:

1. **Pregnancy:** The antenatal period from conception to birth is a sensitive period for the development of the child and of the adult he or she will become. Environmental factors, such as the mother's health and nutritional status, environmental toxins, and the use of legal and illegal drugs (such as alcohol, nicotine and barbiturates), as well as maternal stress can be highly damaging to the development of the embryo, foetus and young child. The impact of these factors is both short and long term, predisposing a child to a higher risk of subsequent physical and mental health and development problems¹⁵⁶.
2. **Birth to 2 years:** The period from birth to 2 years is a time of rapid cognitive, linguistic, social, emotional, motor and physical development. The development trajectory is impacted negatively, in the short and longer term, by factors such as poor nutrition, toxic stress in the family environment, unresponsive caregiving, and limited stimulation and opportunities for early learning. Low socioeconomic status is a key predictor of a high risk of the presence of adverse environmental factors¹⁵⁷.
3. **Two years until the child enters formal school:** This is a period in which increasingly complex social behaviours, emotional capacities, problem-solving abilities and early literacy and numeracy skills building on earlier developmental achievements occur. Developments in this age group are the essential building blocks for later learning and socialisation and for a successful life. Risk factors at this age are similar to those of the previous stage; however, lack of access to quality early learning opportunities is particularly problematic at this stage. In the absence of appropriate and high-quality early learning opportunities, earlier disparities in language and socio-emotional development determined by socioeconomic status can become increasingly apparent at this stage and in the child's later learning life cycle¹⁵⁸.

5.5 Prioritise vulnerable children to ensure equitable access

Given the legal and developmental imperative to ensure that opportunities for access are available to all children, including vulnerable children, Government will prioritise the development, funding and implementation of early childhood development programmes for vulnerable children, and will ensure that these programmes are designed to address barriers that exclude vulnerable children and their families from accessing available services.

Government will provide a comprehensive early childhood development programmes and services, and prioritise the identified essential components, for the following programmes and groups¹⁵⁹:

1. Family and home-based support for pregnant women and children up to 2 years of age, as this is the period of life most susceptible to optimisation and damage;
2. Areas without services, especially rural and informal urban areas, as the vulnerability of infants and young children is compounded by the absence of services to moderate the effects of risk;
3. The poorest 63.9 per cent¹⁶⁰ of children, since these comprise the most vulnerable children as well as the group that will benefit most from early childhood development services; and
4. Children with disabilities and/or developmental delays.

5.6 Scale up provision of under-provided early childhood development services to ensure universal availability and equitable access

1. Whilst a number of the essential services are widely available, many are not, especially for very young children, young children living in poverty and/or in underserved areas, and young children with disabilities.

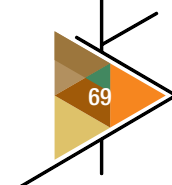
2. Government will scale up the availability of under-provided early childhood development services so as to ensure their universal availability and equitable access for vulnerable children, through the following strategies and interventions for which Government, acting through the relevant government departments at relevant levels or agencies, is responsible:
3. Population-based planning to assess the scale and nature of the need for early childhood development services, and to plan for universal availability at a local level of sufficient early childhood development programmes in sufficiently close proximity to young children and their families, especially in under-serviced areas, to meet such demand;
4. Development, implementation and funding of services that are capable of reaching children and their families where they are, and that are most appropriate to meet their age and developmental stage needs;
5. Development of a dual regulated model of public and private delivery of early childhood development programmes and services;
6. Expansion of early childhood development infrastructure through a combination of integration of services into existing service delivery platforms; the use of public and private infrastructure; and the filling of remaining infrastructure gaps through development of new early childhood development infrastructure, giving priority to under-serviced areas targeting the 63.9 per cent of children who fall within the upper-bound poverty line (described in more detail in section 9, below);
7. Registration and regulation of early childhood development programmes to ensure the universal safety and appropriate quality of infrastructure and content in respect of all early childhood development services, whether delivered by Government or by a non-government organisation;
8. Sufficient qualified 'human resources' to secure universal availability and equitable access to early childhood development services through the expansion of the size and diversity of the workforce to meet the assessed needs, ensuring that the workforce is qualified and has the necessary skills, and through public funding of early childhood development practitioner posts for all publicly funded early childhood development programmes (described in more detail in section 10, below);
9. Provision of adequate financial resources and funding mechanisms to support the universal availability of early childhood development services, as well as equitable access through the provision of free early childhood development services to children living in poverty and the provision of additional funding for programmes providing services to children with disabilities (described in more detail in section 8, below);
10. Evaluation of progress towards attainment of universal availability and equitable access through appropriately designed and disaggregated sectoral and collective multi-sectoral data collection and management systems (described in more detail in section 11, below);
11. Effective management of early childhood development programmes and coordination of the development and implementation of multi-sectoral and integrated early childhood development programmes and initiatives (described in more detail in section 7, below); and
12. Development of national governing policies, laws, strategies and norms and standards with which all sectoral laws, by-laws, strategies, policies and programmes are to be aligned.

5.6.1 Develop and fund multiple early childhood development service delivery programmes and prioritise home and community based services

The scaling up of early childhood development services to effectively reach all children where they are found will require the provision of centre and non-centre based early childhood development programmes.

In as much as the service content of a programme should be matched to the age and circumstance-specific needs, risks and strengths of children, it must have the most meaningful and efficient impact.

Early childhood development programmes that will be developed, funded and implemented in the scaling up of early childhood development services will include but not be limited to¹⁶¹:



Home-visiting programmes for parents, primary caregivers, child-minders, and infants and young children for the purposes of providing information, health and nutritional support, and psychosocial support for parents and caregivers; supporting early learning and development; and promoting referrals and linkages to support services. Home visiting is a key strategy for caregivers and children who are far from services or unable to access them due to age or ill health; have competing priorities on their time; or lack awareness of the importance of these services.

Home-visiting programmes will be primarily delivered by the existing cadre of community health workers who form part of the Department of Health's primary health care (PHC) ward-based outreach teams. The community health workers will be provided with training, skills and competencies to provide the package of home-based early childhood development services contemplated by this Policy.

Parent group programmes, offered in homes, clinics and other community centres, to provide information about self-care, health and nutrition, early learning stimulation, and service referrals, as well as to build social support networks among parents.

Child-minders caring for up to six children at home who are capacitated and supported to offer good quality care, stimulation and early learning, referrals for other aspects of early childhood development, and service delivery, such as playgroups.

Playgroups to provide learning activities and opportunities for child socialisation and to act as a referral point for other services. These could take the form of mother and child playgroups and include capacity building for caregivers, especially for children from birth until the year before they enter formal school. The content for older children should be more structured, with more frequent sessions, and parents would not attend regularly. These could be hosted through available public community facilities and private homes.

Toy libraries to provide access to developmentally appropriate educational play materials. This may involve play sessions, individual lending to parents for their children, and/or lending to other early childhood development service providers.

Early learning programmes to provide holistic and good quality centre and non-centre based early childhood programmes.

Mobile early childhood development programmes to be used for under-serviced areas, either as a stand-alone service or as an additional component of other non-centre-based early childhood development services.

Media to be used to raise awareness, create demand for services and provide supporting messaging/material for use in all programmes.

5.6.2 A dual government-regulated model of public and private delivery of early childhood development programmes and services

Government recognises the role that both for-profit and non-profit NGOs have played in the development of capacity, and implementation of services, of the early childhood development sector. However, the private provision of services has contributed to current inequities in availability of and access to early childhood development services. The establishment and spread of privately-provided services has not been guided by

population-level needs and national priorities. This has left large gaps in the availability of centre and non-centre based early childhood development services and opportunities for learning programmes for the youngest children, children living in poverty and children with disabilities.

Government advances equity in the provision of early childhood development services through population-based planning and provision of publicly-provided early childhood development programmes in under-served areas. Government will develop and implement public early childhood development programmes in sufficient quantities to ensure that, together with privately provided services, there are sufficient quality age and developmental, stage appropriate early childhood development services, especially parenting support, food and nutrition, and early learning and care services, to ensure that all young children have an opportunity to access early childhood development services.

Priority will be given to the development and delivery of early childhood development services in poor, under-served areas and children with disabilities

Government may either choose to implement or deliver the early childhood development services directly, or it may choose to partner with or contract a non-government or private organisation to deliver the services on its behalf. In the latter case, the relationship between Government and the contracted provider will be underpinned by principles of partnership, explicit expectations, secure contracting and performance requirements, quality control, and bilateral accountability mechanisms.

5.6.3 The development of a national integrated early childhood development quality control and improvement system

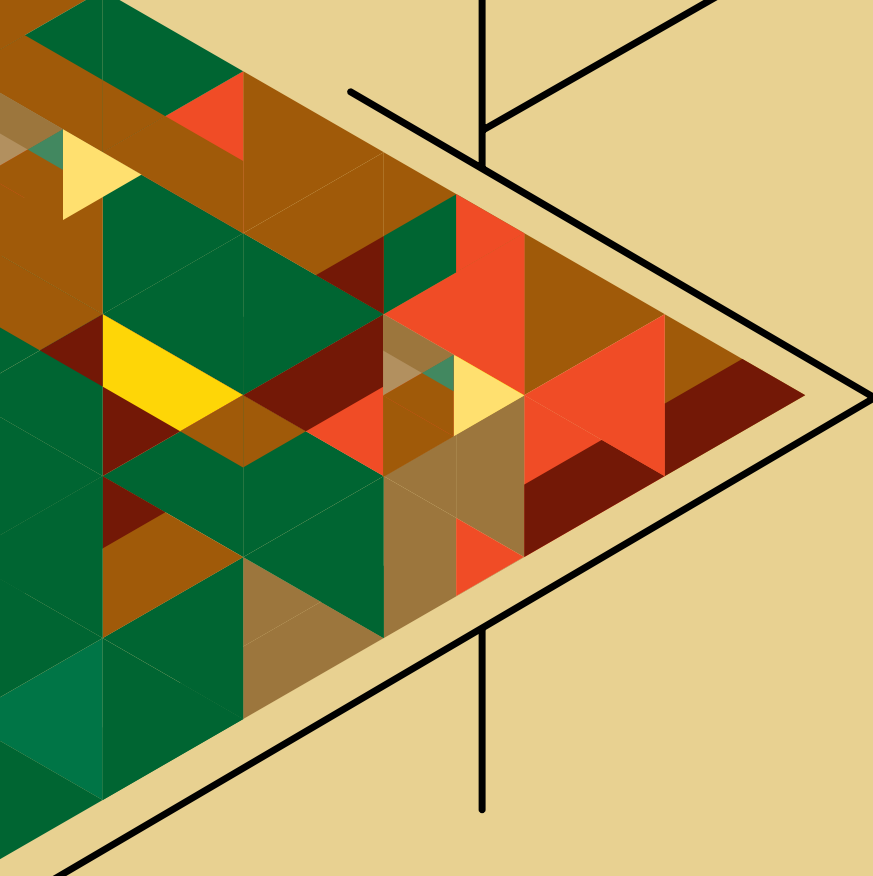
Government will ensure the universal quality and safety of all early childhood development services through a process of registration of all early childhood development programmes, both public and private (for-profit and non-profit), and the establishment and monitoring of appropriate quality and safety standards required in all registered programmes. The monitoring system will be linked to a quality improvement process based on a programme of self-assessment, in-service support and accreditation.

A process for the registration of all early childhood development programmes has been established in terms of the Children's Act No. 38 of 2005, and safety and quality norms and standards have been developed, to which all early childhood development programmes must adhere.

However, the current system does not make provision for the registration and control of safety and quality of services provided by child-minders and related services; at present, the norms and standards do not clearly differentiate between different types of early childhood development programmes.

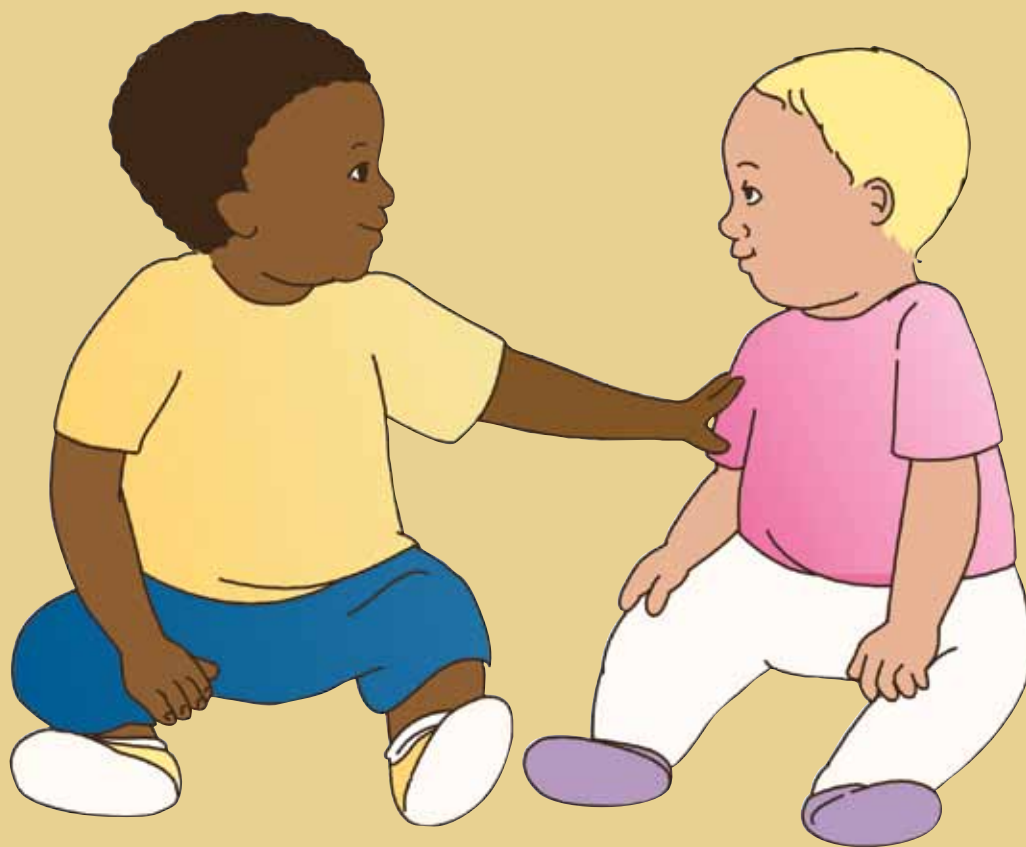
The local municipalities will strengthen the current registration and monitoring system to:

1. Make provision for the accreditation and registration of child-minders with local municipalities to ensure the provision of safe, quality early childhood development services by this extensive delivery platform (who may also then access public funding to support delivery of early childhood development services);
2. Develop differentiated norms and standards which are appropriate to different programmes and services; and
3. Increase management, oversight and support capacity, where necessary, within relevant departments and spheres of government to ensure implementation of the national integrated early childhood development quality control and improvement system.



CHAPTER 6

Responsible role players



CHAPTER 6

Responsible role players

Effective early childhood development programmes result from a series of mutually dependent partnerships of role players responsible for the well-being and development of children in South Africa. This includes different government departments, organisations, agencies and individuals.

In fulfilment of its responsibilities, Government will partner with all relevant role players to the extent necessary, including development partners, non-government organisations, private entities and the business sector. However, all partnerships will support realisation of Government's national integrated early childhood development commitments, and Government will take all steps necessary to ensure that all role players provide services in compliance with its international, regional and constitutional commitments.

This Policy provides a framework for the regulation of the necessary partnerships and relationships to ensure that non-government organisations (both for-profit and non-profit) support realisation of Government's national integrated early childhood development commitments and that all services provided comply with Government's commitments.

All responsible role players are required to commit to, and align their policies, laws, programmes and budgets to achieve the common national integrated early childhood development vision, goals and objectives. The realisation of this commitment requires that role players work together at times to¹⁵²:

1. *Network* – this involves the exchange of information for mutual benefit;
2. *Coordinate* – this involves a process of information exchange as well as altering activities to achieve a common purpose;
3. *Cooperate* – this involves sharing of information for mutual benefit, altering activities for a common purpose as well as sharing resources for attainment of a mutual benefit and common purpose;
4. *Collaborate* – this involves networking, coordination and cooperation as well as improving the capacity of the other partner for mutual benefit and a common purpose; and
5. *Contract* – where financing and service delivery are provided by different role players, to ensure accountability and cost-effective provision early childhood development services.

6.1 The role of parents and/or guardians

Parents and caregivers are primary and central to the early childhood development of their children, primarily responsible for creating nurturing environment for children, ensuring healthy foetal growth and providing safety, food, love and early learning and stimulation for physical, psychological, emotional, social and cognitive development.

The home environment is crucial to a child's development, and children thrive in a secure and nurturing home environment, free of physical or emotional abuse or other forms of chronic stress.

Intrinsically, most parents want what is best for their children, and the support and capacity development provided to parents should aim to affirm their desire for their children's well-being, and empower them.

6.2 Responsibilities of Government

Many government departments within the three spheres of government bear responsibility for the specific services making up the national comprehensive early childhood development programme and services, and in particular the identified essential components thereof. The relevant departments and their respective responsibilities are briefly described hereunder.

6.2.1 *Division of responsibilities across the different spheres of government*

All of the components of the comprehensive early childhood development programme and services may be categorised as concurrent national and provincial competencies (in terms of Schedule 4 of the Constitution of the Republic of South Africa). Specific responsibilities have been assigned to provinces in terms of further legislation (e.g. the National Health Act No. 61 of 2003 and the Children's Act No. 38 of 2005).

In broad terms, the responsibility for national planning and coordination; the development of national laws, policies and norms and standards; and the setting of high-level targets rests with the respective national departments, followed by provincial, district and municipal target setting.

Responsibility for the delivery of services (such as health, social services and basic education) is devolved to the provinces. This includes responsibility for funding; delivery or contracting NGOs for delivery of services; registration and monitoring; and evaluation of compliance of services with norms and standards.

In terms of the Constitution of the Republic of South Africa, the Municipal Systems Act No. 32 of 2000 and the Children's Act No. 38 of 2005, local government is responsible for:

1. Provision of basic services, including water and sanitation, to communities;
2. Contributing to the realisation of rights set out in the Constitution, including health care services, food and water, and social security;
3. Development of policies and laws governing child care facilities, including child-minder services;
4. Municipal planning and spatial development, including providing and regulating land used for child care facilities and for safe and adequate play and recreation facilities; and
5. Where the provincial Department of Social Development assigns responsibility to municipalities for the provision of partial care services as provided for in section 88 of the Children's Act, No.38 of 2005 then municipalities are responsible for the provision (including the registration, regulation, and monitoring and evaluation for compliance with norms and standards) of partial care and early childhood development programmes that take care of more than six children on behalf of their parents or caregivers for a specific number of hours.

In some areas, municipalities have a critical role to play in securing the rights and associated comprehensive package of early childhood development programmes and services, and in particular the identified essential components thereof, for young children. The relevant services and associated responsibilities and budgets should be reflected in all municipal Integrated Development Plans (IDPs) and in specific sectoral policies and by-laws, which should, in turn, be reviewed and harmonised with the provisions of this Policy as well as with national legislation. Linked to the aforesaid IDP, every municipality should have a 5-year plan on early childhood development services within its boundaries in support of this Policy.

National, provincial and local spheres of government must ensure that their organisation structure provides for sufficient human resources to implement their respective responsibilities in relation to early childhood development services, as indicated in this Policy.

6.2.2 *Departmental responsibilities*

Responsibilities set out in this section apply to both the national and provincial levels, as applicable.

Department of Social Development

- The Department of Social Development is responsible for ensuring the universal availability and adequate quality of, and equitable access to, inclusive learning opportunities for children aged birth to until the year before they enter formal school through the development, delivery, regulation, registration, quality monitoring, improvement and evaluation of early childhood development programmes. The Department of Social Development will develop and register these programmes in collaboration with the Department of Basic Education.
- The national Department of Social Development shall be responsible for Policy development; national planning; regulation and development of norms and standards for service provision; and evaluation of efficiency and effectiveness.
- The provincial departments of Social Development shall be responsible for provincial population-based planning and management of the services described above; registration and quality improvement and monitoring of programmes (including centre and non-centre based programmes) and short course training as part of programme funding; contracting with private providers (non-profit and for-profit) in the delivery of services; and, where service personnel are directly appointed by the department, the management and supervision of these personnel. It shall also ensure that early childhood development programmes are equipped with the necessary play and learning materials, and have the capacity to ensure that the quality of materials is maintained and regularly updated.

South African Social Security Agency

The South African Social Security Agency is responsible for the provision of social assistance (grants) to all eligible children and their caregivers.

National Development Agency

The National Development Agency is responsible for the provision of:

- Financial assistance to early childhood development programmes to establish food gardens that will serve as a source of access to food for children; and
- Technical training for identified staff to produce food in a sustainable and, where possible, profitable manner.

Department of Health

The Department of Health is responsible for the provision of the health and nutrition programmes for pregnant women, infants and children; for parenting support programmes; and for opportunities for learning and play for children from birth to 2 years, through health facilities and home visits by community health workers for children at risk of poor development outcomes.

- The national Department of Health shall be responsible for Policy development; national planning; regulation and development of norms and standards for service provision; development of training curricula, in partnership with the Department of Basic Education, for the delivery early childhood development programmes; and evaluation of efficiency and effectiveness of these programmes.
- The provincial departments of Health shall be responsible for provincial planning and management of the services (both centre and non-centre based); management and supervision of personnel employed directly by the Department of Health; contracting with private providers (non-profit and for-profit) where specific activities are outsourced; and provision of training to s employed by the Department of Health.
- The national Department of Health shall be responsible for the norms and standards and service delivery, in accordance with national Policy for the early intervention and rehabilitation of young children with disabilities and/or developmental delays, within the ambit of this Policy. This will include assessments and

provision of assistive devices for children with disabilities.

- Local health facilities shall be responsible for management and supervision of assigned personnel, and for delivery and monitoring of services (both centre and non-centre based).

Department of Basic Education

The Department of Basic Education is responsible for development of the early learning curriculum (birth to four years), and continuity and synergy between the early learning and Grade R curricula; for budgeting and procurement of training for early childhood development practitioners; and for integration of key communication linked with the department's responsibilities regarding healthy pregnancy and parenting into the school curriculum.

- The national Department of Basic Education shall be responsible for development of the early learning curriculum (birth to four years), and continuity and synergy between the early learning and Grade R curricula; and for the integration of key health messages regarding health, pregnancy and anticipation of parenting into the school curriculum.
- The provincial departments will be responsible for the training, implementation and monitoring relating to curriculum implementation for birth- to four-year-olds.

Department of Home Affairs

The Department of Home Affairs is responsible for birth registration, provision of identity documents and registrations of deaths.

Department of Higher Education and Training

The Department of Higher Education and Training is responsible for coordination of the education and training sub-systems of post-school education, including universities, Technical Vocational Education Training (TVET), Sector Education and Training Authorities (SETAs), and Adult and Community Education and Training.

It is therefore responsible for planning and providing support for Further and Higher Education and Training related to early childhood development; and for oversight of quality and accreditation of training for early childhood development practitioners through the relevant SETAs (Education, Training and Development Practice SETA and Health and Welfare Services SETA) and qualifications councils.

As the Department of Higher Education and Training is responsible for TVET, the planning and budgeting for early childhood development practitioner qualifications should be transferred to them.

Quality Council for Trades and Occupations

Section 26H of the Skills Development Act No. 97 of 1998 outlines the functions of the Quality Council for Trades and Occupations, one of which is to establish and maintain the occupational standards and qualifications so as to govern NGOs' implementation of accredited training and qualifications.

Department of Agriculture, Forestry and Fisheries

The Department of Agriculture, Forestry and Fisheries is responsible for improving the food production capacity of households and poorly resourced farmers, and for the development of market channels for food.

Department of Water and Sanitation

The Department of Water and Sanitation is the custodian of South Africa's water resources and sanitation, responsible for formulating and implementing Policy governing this sector, and it has an overriding responsibility for water and sanitation services provided by local government. It is thus responsible for ensuring that national water and sanitation policies and laws secure the rights of young children to access to sanitation and clean

piped water.

It is the responsibility of local government to implement the policies and ensure the availability of safe water for households with pregnant women and young children, and for facilities providing services to these targeted groups through its planning, spatial development, housing development and child care facility responsibilities.

Department of Public Service and Administration

The Department of Public Service and Administration is responsible for the development of workplace policies and programmes providing for early childhood development services to support government employees.

Department of Labour

The Department of Labour is responsible for incentivised support for business practices accommodating breastfeeding and extended paid maternity leave. Furthermore, the Department of Labour will develop, in collaboration with the National Inter-Departmental Committee on Early Childhood Development and other key stakeholders, the necessary laws, regulations and guidelines in respect of employer-employee relations for the early childhood development workforce, in line with the provisions of Basic Condition of Employment Act and this Policy.

Department of Arts and Culture

The Department of Arts and Culture is responsible for the promotion of early language development and home language development; the provision of book and toy libraries; and the promotion of music and arts among young children. Provinces are constitutionally responsible for library services and hence ensuring sufficient services for young children. They can assign these responsibilities to municipalities.

Department of Science and Technology

The Department of Science and Technology is responsible for supporting play, creativity and inductive reasoning among young children.

Department of Transport

The Department of Transport is responsible for regulation of transportation in South Africa, including the regulation and maintenance of the road network and public transportation¹⁶³.

As such, it is responsible for ensuring that policies and laws ensure that roads and transport are accessible and safe for use by young children, notably those in under-served areas and with disabilities. Furthermore, it will develop laws and regulations that will ensure the safe transportation of babies and young children in all modes of transport.

Department of Correctional Services

The Department of Correctional Services is responsible for supporting children incarcerated with mothers and for effective child home integration once they reach the age limit at which they have to leave their mothers. Where appropriate, the Department of Correctional Services will establish early childhood development programmes for children of incarcerated mothers from birth to 2 years, in accordance with the national norms and standards for such programmes.

Department of Human Settlements

The Department of Human Settlements is mandated to determine the finances, and to promote, communicate and monitor the implementation, of human settlement programmes and sanitation programmes in South Africa. As such, the Department of Human Settlements is responsible for developing policies and laws at a national and provincial level that are implemented at a provincial and local level to ensure that young children have access

to adequate housing and socioeconomic facilities, including play and recreation facilities. The Department of Human Settlements must also ensure that integrated residential programmes include the provision of spaces for early childhood development programmes, play and recreation.

Department of Justice and Constitutional Development

The Department of Justice and Constitutional Development is responsible for ensuring the realisation of the rights of young children to protection from abuse, neglect and exploitation through the administration of, inter alia:

1. Securing payment of maintenance by persons with a legal duty of support to children;
2. The Domestic Violence Act No. 116 of 1998;
3. The Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007;
4. The National Register for Sex Offenders;
5. The Child Justice Act No. 75 of 2008, governing the rights and responsibilities in respect of children in conflict with the law;
6. The judicial proceedings contemplated by the Children's Act No. 38 of 2005¹⁶⁴; and
7. Ensuring the best interests of children during divorce proceedings in terms of the Mediation of Certain Divorce Matters Act No. 24 of 1987.

South African Police Service (SAPS)

SAPS is responsible for protecting young children against crime, and for investigating and supporting the prosecution of abuse, neglect and violence against children in terms of the governing protective legal framework.

Department of Public Works

The Department of Public Works is responsible for ensuring that infrastructure provisioning in all national departmental facilities accommodates the needs of young children and their caregivers, including children with disabilities.

Department of Rural Development and Land Reform

The vision of the Department of Rural Development and Land Reform is vibrant, equitable and sustainable rural communities. Its mandate is to initiate, facilitate, coordinate, catalyse and implement the Comprehensive Rural Development Programme¹⁶⁵. It is responsible for ensuring services in rural areas that provide food and nutrition, parent support, safety and protection, basic services such as water and sanitation, and access to information for young children and their parents through:

1. Establishment of food gardens and Agriparks
2. Development and use of innovative service delivery models to enhance food production and ensure food security
3. Provision of economic, social and Information Communication Technology infrastructure
4. Improved disaster management services.

Department of Sport and Recreation

The Department of Sport and Recreation is responsible for the delivery of sport and recreation programmes by ensuring equitable access, development and excellence at all levels¹⁶⁶.

Department of Cooperative Governance and Traditional Affairs (COGTA)

Department of Cooperative Governance and Traditional Affairs is responsible for funding and promoting fulfilment of municipal responsibility for development of early learning facilities, and for synergising the Expanded Public Works Programme and Community Work Programme with the community-based human resource provisioning for early childhood development. It should provide guidance and capacity development to municipalities in relation to their responsibilities and obligations for early childhood development services,

in particular the inclusion thereof in IDPs.

Department of Finance

The Department of Finance is responsible for planning, resourcing and monitoring of public expenditure on early childhood development as per funding allocations approved by Cabinet.

Department of Communications

The Department of Communications is responsible for supporting the implementation of a national integrated early childhood development communications campaign and information to promote access to essential services and support.

Department of Planning Monitoring and Evaluation

The Department of Planning Monitoring and Evaluation is responsible for ensuring the continuous improvement in Government's service delivery to achieve national priority outcomes through performance monitoring and evaluation, and by supporting change and transformation through innovative and appropriate solutions and interventions¹⁶⁷. It is thus responsible for supporting the relevant departments responsible for early childhood development services in developing and implementing systems and processes for continuous monitoring and improvement so as to achieve national priority outcomes related to early childhood development.

Department of Women

The Department of Women plays a significant role in ensuring that the rights of women are protected and advanced, and in the empowerment of women. The availability of early childhood development services is a major contributing factor to the aforementioned.

Department of Telecommunications and Postal Services

The Department of Telecommunications and Postal Services is responsible for:

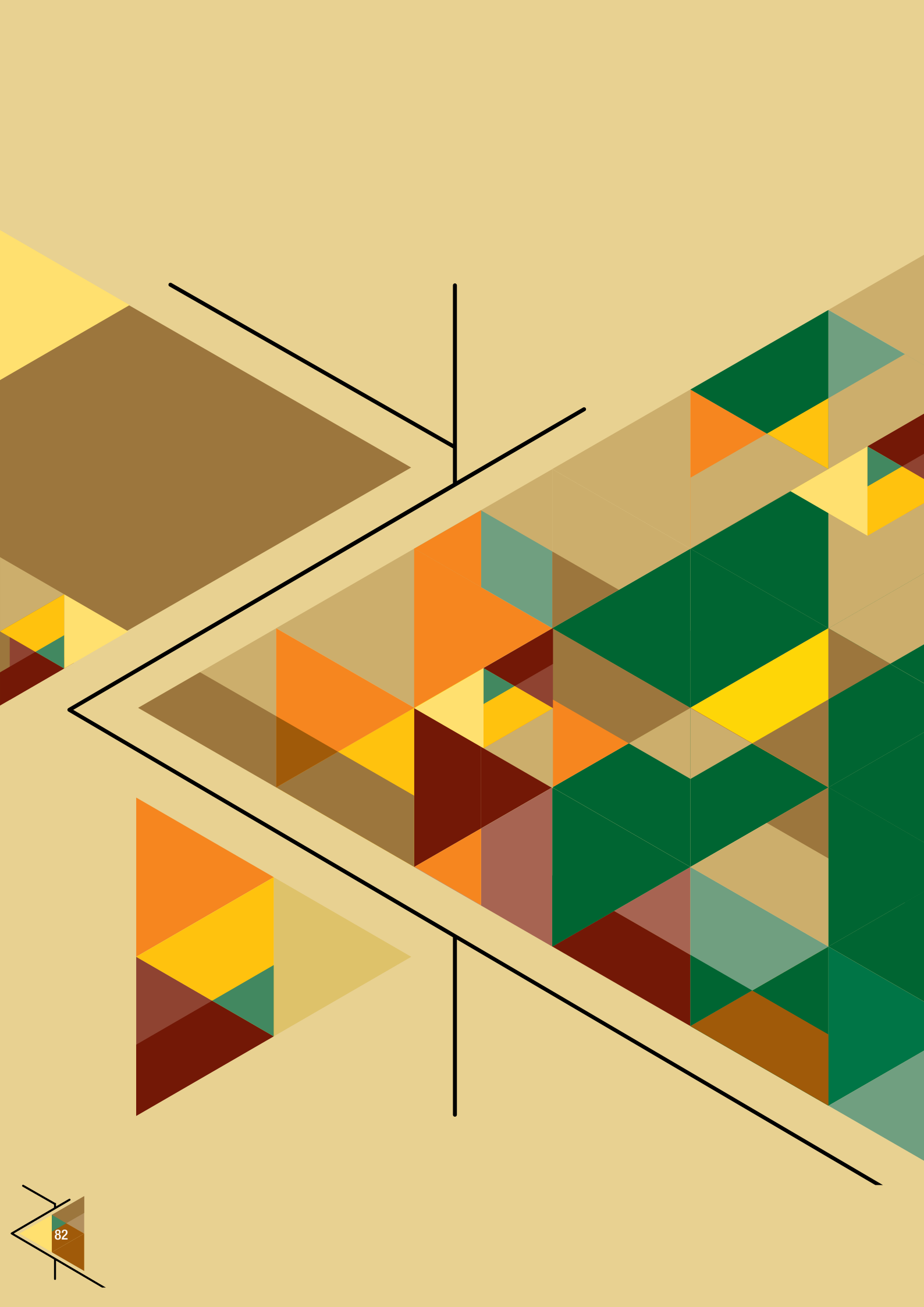
- Equipping children to be active participants in the information society, and using information and communications technologies (ICTs) to promote their rights and their empowerment;
- Supporting the provision of educational information to children through the use of ICTs, particularly broadcasting services;
- Supporting the ICT skills development of early childhood development practitioners;
- Providing ICT infrastructure and promotion of e learning in early childhood development centres; and
- Providing ICT Broadcasting Equipment to early childhood development centres to enable the children and the early childhood development practitioners to use this equipment to support the early childhood development of children by exposing them to positive, child-friendly content.

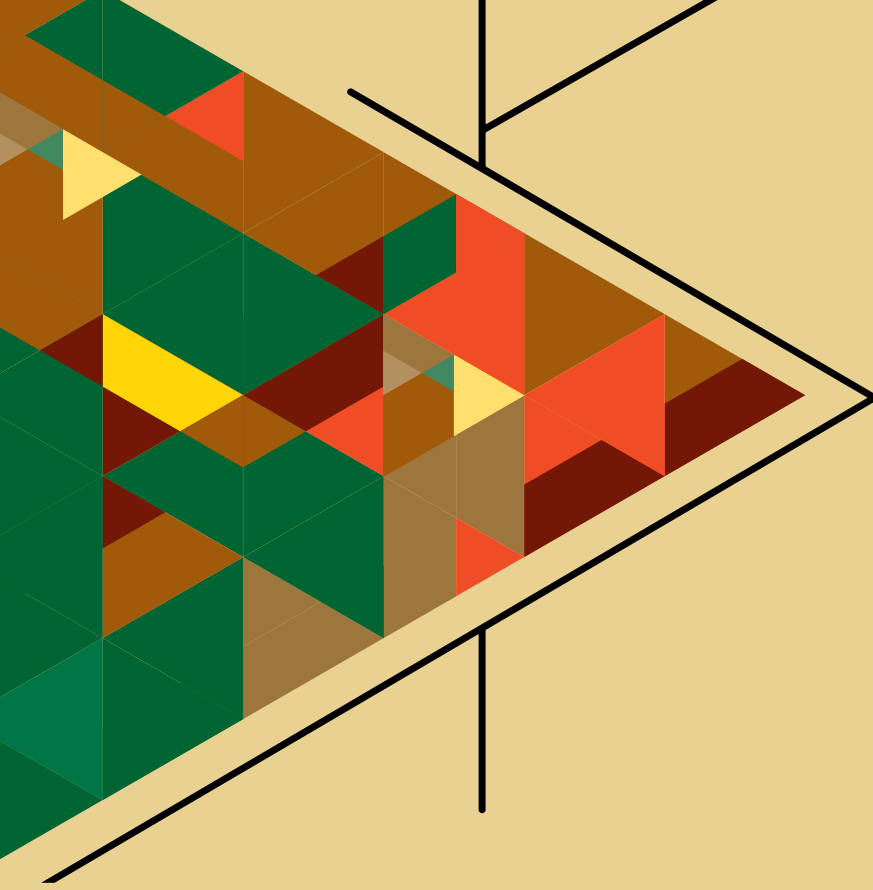
Statistics South Africa

Statistics South Africa is responsible for collecting, analysing and distributing census and community survey data of young children, and is mandated to collect and provide statistical information on the number and characteristics of children in South Africa, including the number, location and characteristics of marginalised and vulnerable children, and the state of children's enjoyment – or lack thereof – of all rights, services and benefits.

Presidency

The Presidency is mandated to ensure the smooth functioning of Government, as well as synergy between the three spheres of government. More specifically, it is mandated to ensure coherence in planning, coordination, Policy development and implementation; performance monitoring and evaluation to promote a culture of accountability across the three spheres of government; and mobilising the national towards a common vision¹⁶⁸.





CHAPTER 7

Leadership and coordination of the national integrated early childhood development system



CHAPTER 7

Leadership and coordination of the national integrated early childhood development system

The realisation of the goals and objectives of the national integrated early childhood development Policy, namely, universal availability of and equitable access to quality early childhood development services, depends on strong leadership, technical knowledge and expertise within the relevant departments at relevant levels of government responsible for delivery of the various early childhood development services to:

1. Assess population-level needs for early childhood development services;
2. Plan the provisioning of suitable early childhood development programmes and services to meet the identified needs (population-based planning);
3. Develop and implement appropriate coverage targets and quality service standards and systems;
4. Monitor compliance and provide support for on-going quality improvement; and
5. Evaluate and report on progress.

Government recognised that early childhood development 'services do not fall neatly into any one government department, sphere of government or sector, as the needs and rights of infants and young children span across the areas of health, nutrition, safe environment, and psychosocial and cognitive development. This services requires "an integrated, cross-sectoral approach and plan across government departments that involves civil society organisations, the corporate sector, religious organisations, non-government organisations, parents and children"¹⁷⁰.

7.1 Objectives of early childhood development management and coordination

The objectives of the early childhood development management and coordination Policy are to ensure the establishment of arrangements necessary to further the following principles, which are essential to the realisation of the national comprehensive and integrated vision, goals and objectives of this Policy:

1. *Accountability*: Acceptance of and accountability for individual and collective responsibility for realisation of the national integrated early childhood development vision, goals and objectives by all role players, including parents, non-government service providers (for-profit and non-profit), government departments at all levels, the executive and the legislature;
2. *Leadership*: Leadership is essential to develop and sustain a common national vision for early childhood development, based on a common understanding of the considerable national opportunity afforded by early childhood development and the support and services required to capitalise on it. This is particularly important given the different domains of early childhood development (health, nutrition, early learning opportunities, social protection, parenting, safe and conducive environmental etc.) and inclusion in early childhood development;
3. *Oversight*: Substantial gains will only be achieved if there are clear and specific targets related to child outcomes, as well as the coverage, efficiency and effectiveness of services to achieve these. This requires oversight at national, provincial and service delivery levels. Oversight of integrated service provision for young children has to be strengthened at all levels, and sufficient financing and other resources should be allocated to it;
4. *Coordination*: There are aspects of early childhood development which fit into the respective responsibilities of different government departments, and the departments should be delegated responsibility for these aspects without requiring

unnecessary coordination or inter-departmental accountability. However, there are also functions that require coordination, including those related to planning, monitoring of child outcomes and specific service provision (e.g. nutrition and early learning opportunities); for these, coordinating mechanisms should be efficient and effective;

5. *Partnership*: Early childhood development requires partnership between parents and Government, and between Government and non-government service providers (for-profit and non-profit). In addition, child outcomes can be enhanced by the contributions of the corporate sector and the media;
6. *Technical expertise*: The inputs required for early childhood development include parental love, food, safety and stimulation. At the same time, there is a need for sufficient technical expertise to design and develop quality content for early learning, and to plan and manage large-scale services. Sufficient technical expertise is required to ensure that early childhood development in South Africa achieves the significant returns on investment achieved by a number of other countries; and
7. *Autonomy*: Departments should be given the opportunity to implement aspects of early childhood development for which they are accountable, including individual service providers consistent with overall guidelines and within national norms and standards.

More specifically, the objectives are:

- To strengthen departmental leadership, management and accountability in all spheres of government (national, provincial and local) to ensure the fulfilment of the roles, responsibilities and delivery of early childhood development services for which the relevant departments are responsible; and
- To establish a coordinated national management and oversight system for early childhood development, i.e. an Inter-Ministerial Committee for Early Childhood Development to drive and lead the elevation of the national integrated early childhood development agenda at all levels of government and society, and to facilitate multi-sectoral coordination, planning and accountability to the national comprehensive early childhood development vision.

Government will, by 2015:

1. Establish a National Inter-Ministerial Committee on Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development structure, which will be responsible for coordinating, monitoring and overseeing the implementation of this Policy and of the multi-sectoral comprehensive national programme for early childhood development;
2. Build and assign to the Department of Health the necessary leadership, management and implementation capacity and structures (as described under the Human Resources and Infrastructure sections of this Policy) to enable fulfilment of, and accountability and responsibility at a provincial and district level for, delivering health and nutrition services, early learning and parenting support for pregnant women and young children between the ages of birth and 2 years through integration of the relevant services into facility-based and outreach programmes;
3. Build and assign to the Department of Social Development the necessary leadership, management and implementation capacity and structures (as described under the Human Resources and Infrastructure sections of this Policy) to enable fulfilment of, and accountability and responsibility at a provincial and local level for, the administration and oversight of centre- and non-centre-based services provided by the Department, local municipality or non-government providers covering parenting support, nutrition, and early learning and care services for caregivers and children from birth until the year before they enter formal school;
4. Build and assign to the Department of Basic Education the necessary leadership, management and implementation capacity and structures (as described under the Human Resources and Infrastructure sections of this Policy) to enable fulfilment of, and accountability and responsibility for, the management and implementation of an early learning and development curriculum, as well as training of the early childhood development practitioners; and
5. Build and assign to local municipalities' responsibility the necessary leadership, management and implementation capacity and structures (as described under the Human Resources and Infrastructure sections of this Policy) for the

provision of infrastructure for early childhood development programmes and the registration, support, resourcing and monitoring of child-minding services. Where sufficient capacity and willingness exists, provision (direct or contracted) of early childhood development services through centre and non-centrebased services could be assigned to the local municipality by the head of the provincial Department of Social Development, as prescribed in the Children's Act No. 38 of 2005.

7.2 Early childhood development leadership roles within departments

Early childhood development is recognised as a national priority and public good because it advances the rights of the child; reduces social and economic inequality; improves health and education; and promotes economic productivity and social cohesion. It represents significant opportunity to change both individual (child) and national trajectories of growth and development.

The Presidency will support the Inter-Ministerial Committee on Early Childhood Development to reinforce the national importance of early childhood development. At provincial level, Premiers will be similarly responsible for reinforcing early childhood development as a provincial priority and for ensuring sufficient resources, and inter-departmental commitment and collaboration. At municipal level, Mayors will be similarly responsible for reinforcing early childhood development as a municipal priority, and for ensuring its inclusion in the municipality's IDP, as well as sufficient resources, commitment and collaboration.

At both national and provincial levels, the respective Ministers and Members of the Executive Councils for Health, Social Development and Education will articulate the importance of early childhood development and the specific roles of their departments in ensuring an integrated national programme for children.

The political and managerial leadership of municipalities have a significant role to play in that child outcomes are determined largely by home and environmental factors. Early childhood development must be a priority in all IDPs, with clear service delivery plans and outcome targets pertaining to early childhood development.

The cross-cutting nature of early childhood development poses a very specific challenge in translating political commitment into a national programme of action. The organisational structure will be required to plan, coordinate and monitor the implementation of this Policy and of a national programme for early childhood development.

The National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, is mandated and required to:

- Provide political leadership in the realisation of the national integrated early childhood development vision, aim and objectives;
- Provide technical support to line departments to strengthen their early childhood development programmes and ensure closer alignment with the national integrated early childhood development Policy and programme;
- Play a key role in overseeing monitoring and quality improvement of early childhood development services;
- Play a key role in the development, implementation and evaluation of a national integrated early childhood development communication and advocacy campaign;
- Play a key role in the development and evaluation of a national multi-sectoral food and nutrition strategy for pregnant women and young children;
- Play a key role in ensuring that early childhood development services are inclusive and accessible for all children; and
- Lead the development of the national integrated early childhood development programme for the universalisation of a comprehensive early childhood development programme.

A national multi-sectoral early childhood development coordination mechanism is a proven vehicle for reaching consensus and developing stronger integration of care, early learning and development, while improving the quality of these, and, as a result, bringing about effective improvements in nutritional, social, educational and cognitive outcomes¹⁷¹.

This allows for an institutional vehicle for realising South Africa's specific national integrated early childhood development objectives, and addresses a number of the key challenges of the previous model adopted under the NIPECD¹⁷².

7.3.1 *The establishment of a national multi-sectoral early childhood development coordination mechanism*

A National Inter-Ministerial Committee on Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, will be established by Cabinet, and will enjoy high-level influence, an explicit early childhood development mandate, and the necessary resources, including expertise, to:

- Raise the political profile and public awareness of the legal and developmental importance of early childhood development;
- Facilitate the coordination of multi-sectoral early childhood development policies and strategies; and
- Hold the multiple role players to account for fulfilment of their respective responsibilities in ensuring the universal availability of, and equitable access to, comprehensive and integrated quality early childhood development services for all children in South Africa.

The National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, will be led by the Minister for Social Development.

7.3.2 *Responsibilities of the National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development*

7.3.2.1 *Coordinate, support and monitor implementation of the national programme of early childhood development*

The National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, shall:

- Communicate the vision, Policy and specific strategies of the early childhood development Policy and programme to the public, government departments, potential investors and implementing partners;
- Monitor collective progress made by different role players towards universal availability of and equitable access to early childhood development services, and identify gaps that remain to be filled;
- Support the relevant government departments to plan for financial and human resources, and for new infrastructure and upgrading;
- Support the respective government departments to review and develop national norms and standards as the foundation of a national quality assurance system, as well as infrastructural and human resource quality and adequacy to meet national integrated early childhood development objectives;
- Receive and synthesise relevant data from government information systems and other sources to provide an annual update of the state of early childhood development in South Africa, disaggregated by province and district, and by vulnerable groups; and
- Meet at least four times per financial year.

7.3.2.2 Support government departments responsible for key aspects of early childhood development

The National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, shall:

- Support relevant government departments and other implementing agencies and partners to identify key strategic priorities, strengths and weaknesses in the implementation of early childhood development services;
- Support relevant government departments and other implementing agencies to strengthen implementation of existing services and ensure the availability of and access to neglected or under-provided essential early childhood development services;
- Develop and implement, together, a national integrated early childhood development communication strategic plan; and
- Ensure that government departments provide the essential indicators of early childhood development for which they are responsible.

7.3.2.3 Develop, support departments and monitor implementation of select multi-sectoral policies and strategies

The National Inter-Ministerial Committee on Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, will facilitate the development of key national integrated early childhood development multi-sectoral strategies, and provide technical support to, and monitor implementation of, assigned roles and responsibilities, as well as collective progress by responsible line departments towards realisation of the overarching strategic goals and objectives. These include:

1. A comprehensive multi-sectoral national food and nutrition strategy for children under 5 years, as described in paragraph 5.2.7;
2. A national multi-sectoral early childhood development communication strategy and programme, as described in paragraph 5.2.5; and
3. A national programme for the provision of comprehensive early childhood development programmes and services as described in paragraph 5.2.

7.3.3 Governance and accountability for the National Inter-Ministerial Committee on Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development

7.3.3.1 Mandate and Membership

The National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, shall have a clear mandate based on the provisions of this Policy as well as the key Cabinet decisions related to early childhood development. The following Ministries/ Departments shall be permanent members of the National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development:

Core Members

- Social Development
- Health
- Basic Education
- National Treasury
- Higher Education and Training

- Co-Operative Governance and Traditional Affairs
- Planning, Monitoring and Evaluation in the Presidency
- Home Affairs
- Correctional Services
- Transport
- Women
- Rural Development and Land Affairs

Co-Opted Members

- Statistics South Africa
- Public Works
- National Development Agency
- South African Local Government Agency
- Public Service and Administration
- Labour
- Arts and Culture
- Sports and Recreation
- Water and Sanitation
- Agriculture
- Human Settlements
- Tourism
- Telecommunication and Postal Affairs
- Government Communication
- Police
- Justice and Constitutional Development
- Science and Technology

7.3.3.2 Functions

The National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, shall be responsible for:

- Planning, coordinating, overseeing and monitoring the implementation of this Policy and related priorities;
- Developing and overseeing implementation of a national strategy to meet its mandate; and
- Reporting annually to Cabinet on its work, implementation of plans, status of early childhood development services in the country, attendance of members, and other matters of importance.

7.3.3.3 Levels of management and administration

The National Inter-Ministerial Committee for Early Childhood Development, supported by a National Inter-Departmental Committee for Early Childhood Development, will support the improved capacity, planning, coordination and monitoring of early childhood development services, and the design and development of the specific programmes described in this Policy.

Provincial Governments will establish similar structures at a provincial level for the planning, coordination and monitoring of early childhood development services at a provincial level.

District municipalities will establish similar structures to support the planning, coordination and monitoring of early childhood development services at a district level.

Local and metropolitan municipalities will establish similar structures supporting the planning, coordination and monitoring of early childhood development services and implementation of the specific programmes described above.

7.3.3.4 *Inter-governmental relations to advance early childhood development*

The Minister of Social Development will establish in terms of section 9 of the Intergovernmental Relations Framework Act No. 13 of 2005 a national intergovernmental forum to promote and facilitate intergovernmental relations in the governance and implementation of early childhood development services with membership as prescribed in section 10 of the Act. This Forum shall meet at least once per financial year.

The Premier of each province will establish in terms of section 16 of the Intergovernmental Relations Framework Act No. 13 of 2005 a provincial intergovernmental forum to promote and facilitate intergovernmental relations in the governance and implementation of early childhood development services with membership as prescribed in section 17 of the Act. This Forum shall meet at least once per financial year.

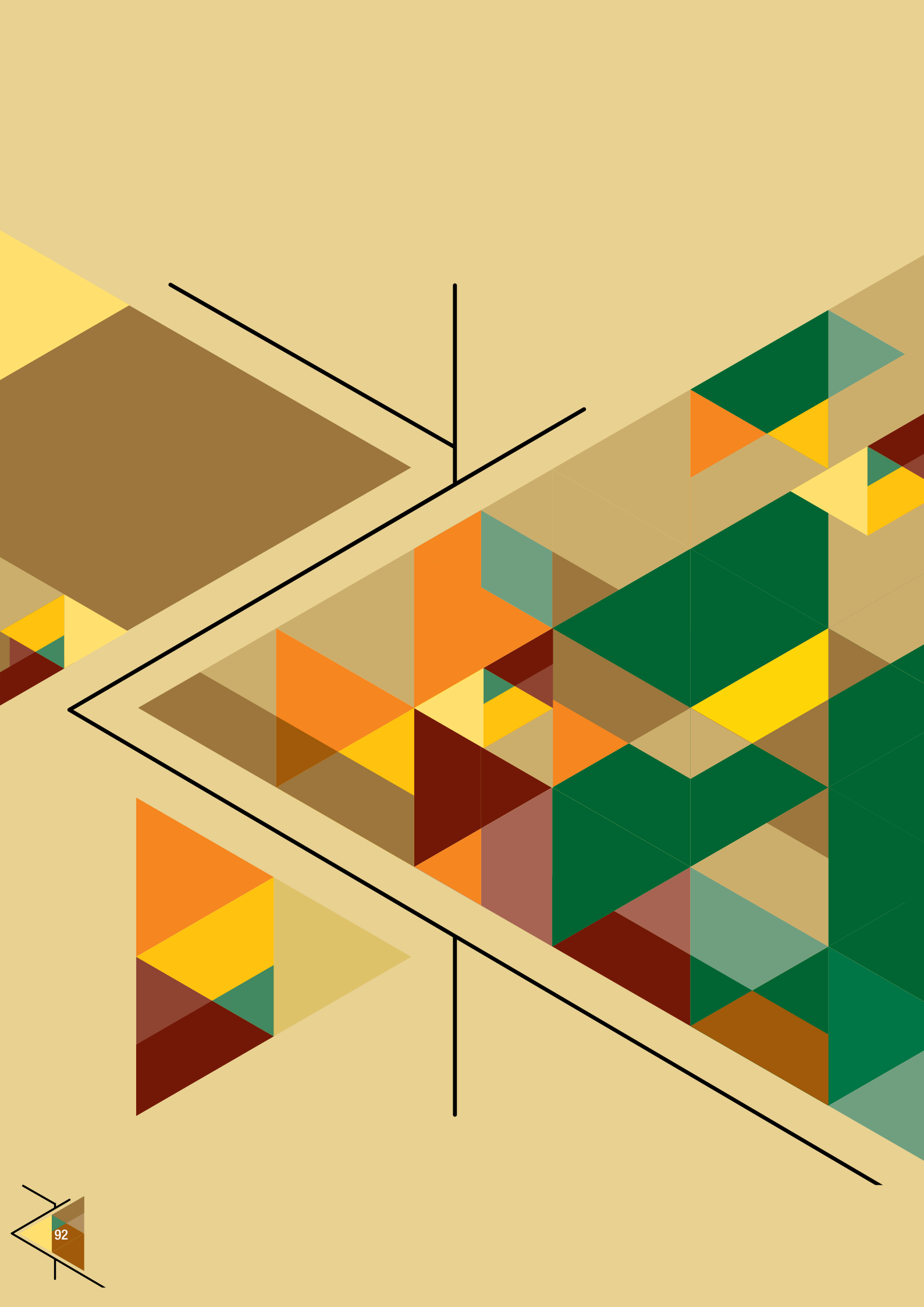
The Mayor of each District Municipality will establish in terms of section 24 of the Intergovernmental Relations Framework Act No. 13 of 2005 a district intergovernmental forum to promote and facilitate intergovernmental relations in the governance and implementation of early childhood development services with membership as prescribed in section 25 of the Act. This Forum shall meet at least once per financial year.

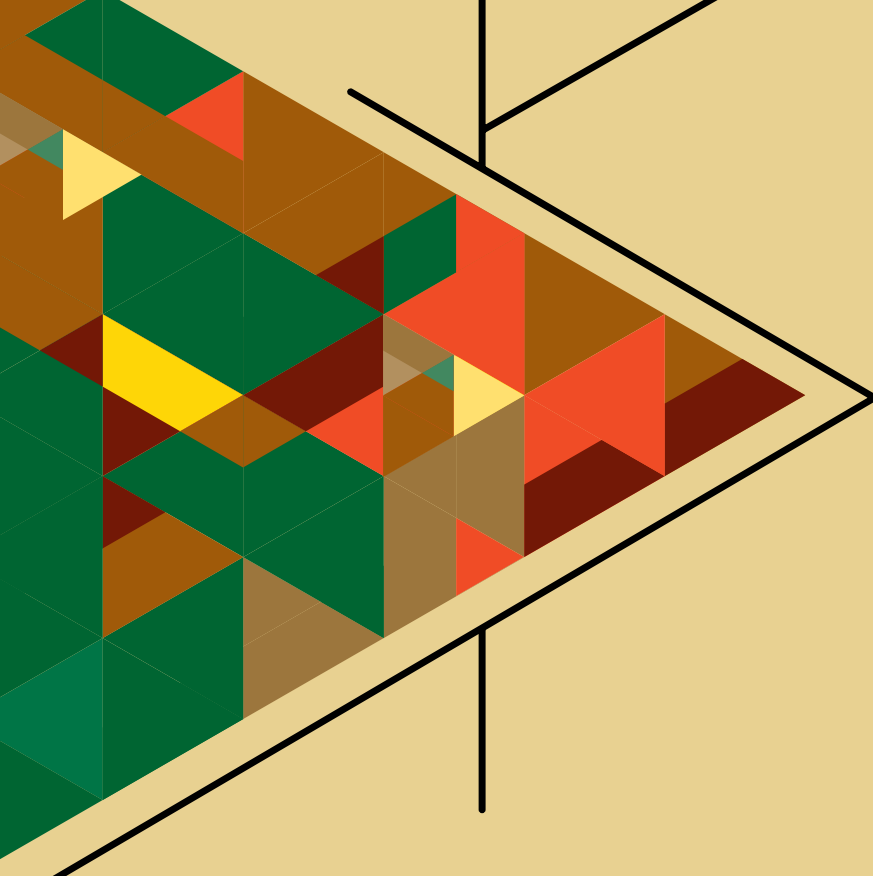
7.3.3.5 *Inter-sectoral collaboration with civil society*

The Minister of Social Development will, through the National Inter-Departmental Committee for Early Childhood Development, establish the South African Inter-Sectoral Forum for Early Childhood Development to serve as a national platform upon which the Government and the non-government sector involved in early childhood development service delivery will be engaged on early childhood development services in South Africa. This forum will meet at least two times per financial year and will operate based on a mutually accepted Terms of Reference.

The membership of the South African Inter-Sectoral Forum for Early Childhood Development will include, but not be limited to, the following:

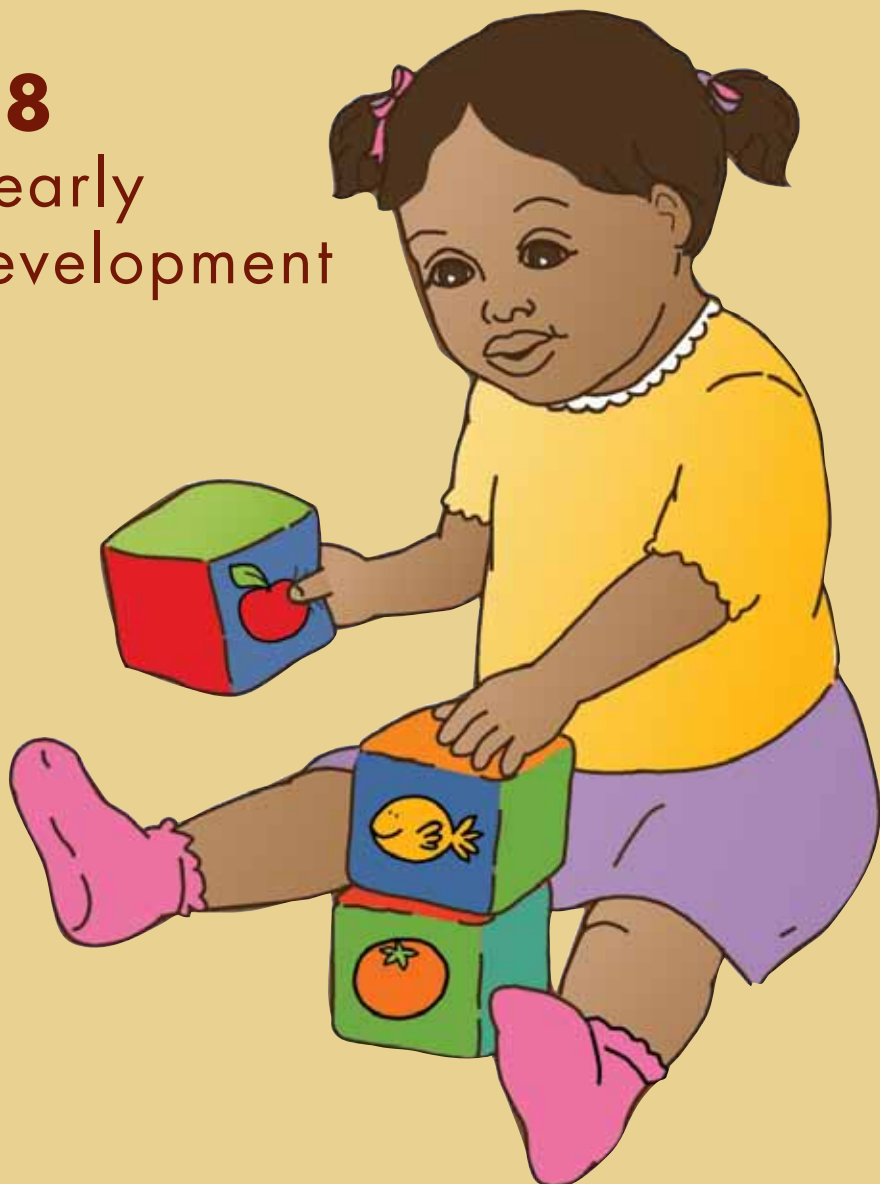
- a. National integrated early childhood development NGOs, i.e. any organisation rendering primarily (more than 60 per cent of total services) early childhood development services and having infrastructure in at least four or more provinces;
- b. International partners providing support in the advancement of early childhood development;
- c. National integrated early childhood development training institutions (private and public sector) i.e. any training institution that delivers SETA-accredited early childhood development training programmes and has infrastructure in at least four or more provinces;
- d. National research institutions, i.e. any accredited research institution, other than universities, that has a prominent focus on research related to young children (birth to school-going age) over the past 24 months or a representative body thereof. The latter may include a representative body for universities;
- e. National government departments (relevant government departments);
- f. National government agencies (relevant national government agencies);





CHAPTER 8

Funding for early childhood development services



CHAPTER 8

Funding for early childhood development services

Policies and programmes are effective only if funding and human resources are available to ensure universal availability and adequate quality of, as well as equitable access to, early childhood development services, all of which are necessary to realise potential developmental returns ¹⁷³.

The solution lies in increased investment of public funds and the development of national integrated early childhood development funding norms and related Policy in terms of which Government takes the lead and responsibility for the mobilisation and allocation of sufficient human, financial and other resources to implement the national integrated early childhood development Policy and programme ¹⁷⁴.

A Government-led resourcing strategy does not mean that all funds must be sourced from the public fiscus; it certainly allows for, and in fact requires, the allocation of resources by private entities and development partners. However, what it does mean is that Government is accountable for mobilising and directing the necessary funds to meet its early childhood development commitment and responsibilities.

Funding for early childhood development services should thus:

1. Ensure sufficient resourcing to secure delivery of services, provision of infrastructure and adequate overall resources for early childhood development, including both centre and non-centre based programmes providing early learning and development, and especially for the most vulnerable children;
2. Develop flexible funding mechanisms which promote and are responsive to local early childhood development contexts, needs, risks and strengths; and
3. Mobilise diverse and innovative financing sources from Government departments, development partners and the private sector in support of early childhood development¹⁷⁵.

The amount and manner in which the national integrated early childhood development system is financed is a critical determinant for securing universal availability of, and equitable access to, quality early childhood development services and programmes.

Government recognises that meeting its international, regional and national integrated early childhood development commitments requires the provision of adequate public funding to secure ^{176, 177}.

- Universal availability of early childhood development services and programmes, especially in under-serviced areas, for children from birth until the year before they enter formal school;
- Equitable access to services and programmes for children living in poverty and/or who have developmental delays and/or disabilities;
- Adequate, equitable, effective and universally accessible infrastructure to support delivery of quality services in a safe environment;
- Sufficient qualified early childhood development practitioners to implement the early childhood development Policy and programmes developed to give effect to it;
- An effective national integrated early childhood development communications campaign;
- Effective management, supervision and quality control mechanisms; and

- Institutional structures necessary to support the implementation of the Policy¹⁷⁸.

It further recognises that increased public investment in a national integrated early childhood development system will yield developmental returns exceeding the cost in terms of improvements in educational outcomes, increased labour productivity and improved child well-being, and resultant reductions in inequality and poverty.

The sum and form of state funding that will be provided to support the relevant early childhood development services will vary, depending on the early childhood development service in question, the model of provision, and the risk and protective factors dominant in a particular province and/or district.

8.1 Objectives of early childhood development funding

The objective is to secure and distribute sufficient funds to ensure universal availability of, and equitable access to, the comprehensive quality early childhood development programmes and services, with prioritisation of the identified essential components thereof, especially for low-income families that cannot afford user fees.

The funding model adopted to support implementation of this Policy aims to:

- Expand coverage of services;
- Ensure that poorer children and children with developmental difficulties and/or disabilities are not excluded because of the cost of services; and
- Improve the quality of service provision.

Funding as described in this Policy will be provided by Government to support the implementation of early childhood development programmes provided either by government departments or by non-profit organisations or private entities contracted by Government to:

- Contribute to improving availability of services in under-served areas;
- Provide an integrated essential components of early childhood development services; and/or
- Provide services to vulnerable children prioritised in terms of this Policy, namely: children living in poverty who qualify in terms of eligibility criteria determined by this Policy; children with developmental difficulties and/or disabilities; and/or children aged birth to 2 years, which comply with legally prescribed safety and quality-assurance norms and standards contemplated by this Policy.

8.2 The funding model

The national integrated early childhood development funding model will cover the following costs:

- Post-provisioning will encompass the transfer of funds to cover the cost of staff responsible for implementing early childhood development programmes. For children aged birth to 2 years, posts will be for home visitors/ group facilitators. For children aged 2 until the year before they enter formal school, posts will be for early childhood development practitioners. The cost of support staff will be covered in the programme support allocation.
- Programme support costs will encompass the transfer of funding to the relevant service provider based on proposals which comply with the funding criteria and norms contemplated by this Policy. Programme support will be calculated based on the number of children served and the nature of the service provided. Programme costs include the costs of support staff, facilities, overheads and, critically, food.
- Supervision and management funding will encompass the transfer of funds to responsible departments for the close supervision of implementing staff. Funding will cover the costs of posts and management infrastructure expenses.
- Infrastructure development funding will encompass the provision of funding for the extension of public early childhood development infrastructure (i.e. state-owned and controlled infrastructure for care and learning centres) in especially underserved areas.

- Training funding will encompass training of the workforce necessary for implementation of this Policy.
- Programme management funding will encompass national and provincial departmental programme management, supervision and oversight funding.
- Coordination funding will encompass the national multi-sectoral coordinating mechanisms costs, including its coordination, oversight and communications functions.

Sufficient public funds will be allocated by the National Treasury as approved by Cabinet to:

- National multi-sectoral coordinating mechanisms, for their operating costs and to fulfil the functions described in this Policy, including implementation of the national communication campaign;
- Relevant national departments, to cover their national level management and support functions;
- Provinces, to allocate to the provincial Departments of Health, Basic Education, Social Development, and Department of Cooperative Governance and Traditional Affairs, to cover their provincial level management, support, implementation and infrastructure functions; and
- Municipalities, to support their obligations in terms of early childhood development services.

8.2.1 Programme support funding

Adequate funds will be allocated to the different line departments responsible for the following models of service delivery:

- Home-visiting costs will be paid through an increased budget allocation for the responsible government department. Early learning play groups will be conducted by the same staff and funding for their implementation will similarly be directed through the responsible government department.
- Funding for staffing and per-child programme support for early learning play groups and programmes will be paid through an increased budget allocation to the Department of Social Development.
- Child-minding per-child programme support will be paid through the municipality, where applicable.

8.2.1.1 Eligibility for and calculation of staffing and programme support costs

Currently, programme funding is provided through a per-child subsidy. The proposed method differs in two important respects:

- For children aged birth to 2 years, the full programme costs are directly funded. These services will be delivered through the Department of Health, the full cost of delivery must therefore be allocated to the Department of Health.
- For children aged 2 until the year before they enter formal school (as well as children aged birth to 2 years in centrebased programmes), posts are funded to provide early childhood development services/ programmes.

Child-minders will receive the per capita programme support from municipalities, if they are providing child-minding services to CSG-eligible children from birth until the year before they enter formal school.

The per capita calculation is to ensure equitable financing. Straight programme funding would preference children served by more resourced providers who provide more intensive programmes. Per capita programme support differs from a per-child subsidy. The per-child subsidy follows the child, whereas per capita programme support is paid to eligible providers based on the size of their programme. In the latter case, programme funding will remain constant so long as the number of children receiving services remains constant, even if the children served change.

8.2.1.2 *Targeting criteria for eligibility and the sum of funding*

Early childhood development service providers who are eligible for public funding will be identified in one of two ways: firstly, if they are providing services in an underserved geographic area which is targeted for support; and secondly, if they are providing services to children who are eligible for the CSG. This second option is necessary to avoid the exclusion of children living in pockets of poverty in otherwise affluent areas which would not be targeted for support.

Resource allocation will be based on Government assuming responsibility for subsidising 63.9 per cent of poor children aged birth until the year before they enter school. Programme support through the Department of Health will be calculated to cover the costs of home visits for at-risk mothers, both antenatal and postnatal, and mother groups and mother child learning groups.

The proposed per capita programme support will be set at a fixed amount for all programmes. The per-capita programme support amount will be determined from time to time by the Inter-Ministerial Committee for Early Childhood Development, in collaboration with the respective line departments and National Treasury, based on a review of the costs associated with delivering the relevant services.

Government funding will aim to fund the services that are required to meet children's early childhood development rights against minimum standards based on evidence that will yield the required child outcomes. Within this, priority will be given to specific target populations, such as children living in poverty and children living with disabilities, amongst others. Early childhood development service providers may charge service fees for services not funded by Government or private donors to cover the additional costs, which may include additional hours for attending the programme, or other additional services. Similarly, if families wish to access services for their children for longer periods of time than covered by the programme, a service fee may be charged.

Municipal-level targeting and planning, coupled with community-initiated applications for funding for programmes, should enable the identification of the most vulnerable communities to be prioritised and funded.

8.2.1.3 *Increased funding for early childhood development programmes for children with disabilities*

The post-provisioning, per capita programme support and other funding allocations will be higher for programmes providing services to children with disabilities so as to enable the development and provision of services which are appropriate to the level of support required by disabled children to enable them to fully participate in the programme.

The amount of funding and targeting criteria for service provision to ensure inclusion for children with disabilities across all early childhood development domains shall be determined by the Department of Social Development in consultation with the Department of Health, Department of Basic Education and National Treasury. Some of the funding options that may be considered in this respect are:

1. Increase of the programme and post-funding allocation to programmes providing for children with disabilities; and/or
2. Application of a weighting system (as is used in inclusive education); and/or
3. Allocation of funds as a subsidy linked to the child (i.e. funding that follows the child).

Targeting criteria shall be worked out and documented and will be based on the level of need for additional support of each child.

8.2.2 *Funding for infrastructure development*

The Department of Human Settlements and the Department of Cooperative Governance and Traditional Affairs will give directives to municipalities that the following infrastructure funds may be used to develop and maintain municipal infrastructure in order to support early childhood development as a nationwide priority:

- Municipal Infrastructure Grant;
- Urban Development Settlement Grant;
- Integrated City Development Grant (for metropolitan municipalities).

Government will only fund public infrastructure. Public infrastructure is infrastructure which is owned by Government, whether a national, provincial or municipal entity. The development of infrastructure not owned by Government which is necessary for the provision of early childhood development services may be funded, depending on the availability of funds allocated to the relevant early childhood development programme as contemplated in this Policy.

The national Department of Social Development will establish a national integrated early childhood development infrastructure grant in collaboration with National Treasury designed for national delivery of early childhood development infrastructure. It will receive, and in turn allocate to the provinces, ring-fenced conditional grants to support the national integrated early childhood development infrastructure as required in this Policy. The early childhood development infrastructure grant will focus on:

1. Construction of public early childhood development centres, and
2. Provision of funds for Non-profit organisations (NPOs) to improve their existing early childhood development centres, based on predetermined criteria, to meet minimum norms and standards through the establishment of an NPO infrastructure improvement grant. This provision shall not apply to private homes, business properties, or properties not owned by NPOs, amongst others.

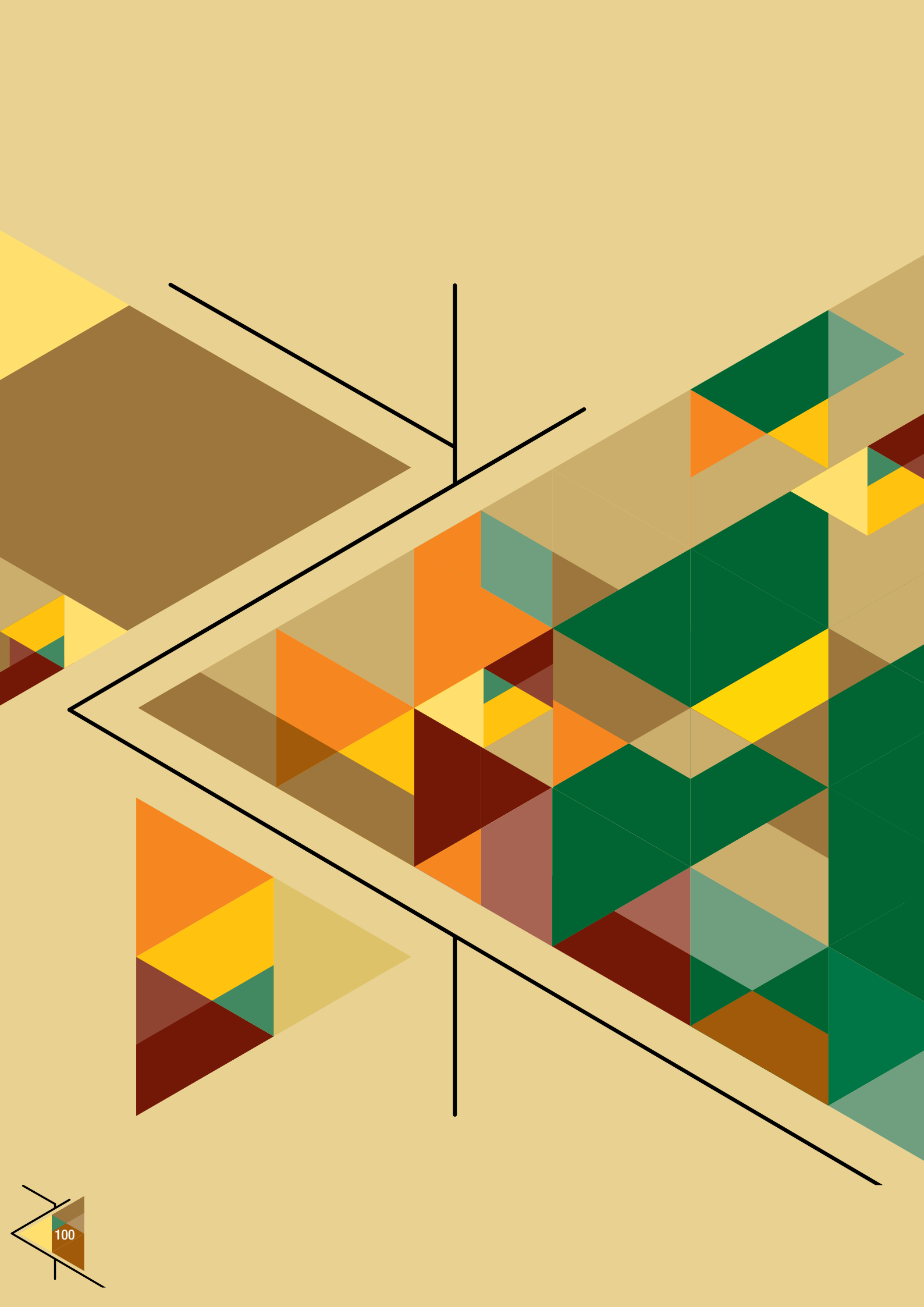
8.2.3 *Funding the training of the workforce for early childhood development*

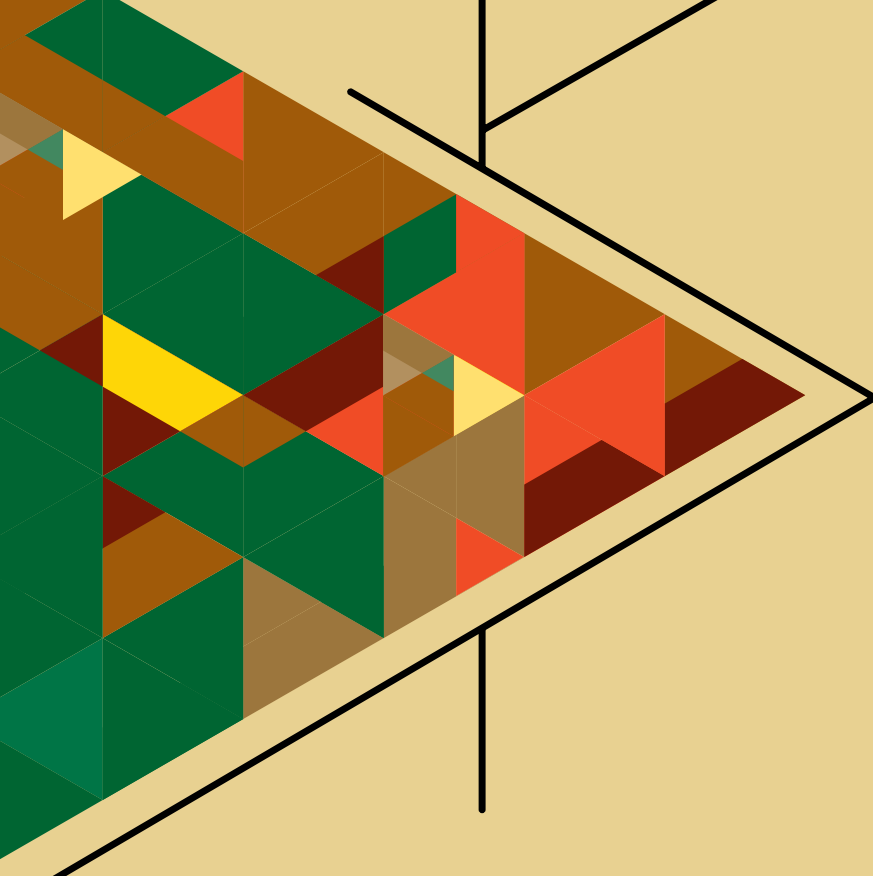
Funding will be directed through the following Government departments:

- Department of Basic Education: to provide training on early learning and development through short and accredited courses.
- Department of Health: to provide short-course training and in-service training to community health workers, ward-based outreach teams and other health workers;
- Department of Social Development, Department of Basic Education, Department of Higher Education and Training, municipalities: to support the training and support of child-minders, early childhood development practitioners and playgroup facilitators, as well as for on-going skills development of early childhood development ; and
- Department of Higher Education and Training: to support accredited training providers, TVET programmes for early childhood development and university-based programmes, as well as to facilitate the accreditation of training in early childhood development.

8.2.4 *National and provincial departmental management and supervision of programmes*

Funding will be directed through the respective line departments to ensure sufficient management and supervision.





CHAPTER 9

Infrastructure for early childhood development services



CHAPTER 9

Infrastructure for early childhood development services

Government recognises that realisation of the goals of universal availability of and equitable access to quality early childhood development services for all children in South Africa requires a sufficient quantity of functional early childhood development centres and programmes which are appropriately spread out so as to be within safe and reasonable physical reach ¹⁷⁹. In summary, an adequate and accessible physical environment and infrastructure is required to support scaled-up and effective delivery of inclusive, quality early childhood development programmes and services.

What constitutes a sufficient quantity of and adequate early childhood development infrastructure is determined by three overarching principles:

1. *Health and safety*: internationally, constitutionally and in terms of domestic laws such as the Children's Act, all children have the rights to survival, dignity, and a healthy and safe environment. This requires that the environment in which they access early childhood development services ensures the protection of their and their caregiver's health and safety.
2. *Equity of physical access*: early childhood development facilities and programme infrastructure must be within physical reach and physically accessible to all children, including those living in remote and/or underserved areas and those with disabilities.
3. *Quality*: the environment and infrastructure supporting the delivery of early childhood development services is a key determinant of the quality of the service provided. There is a link between poor and inadequate infrastructure and the provision of poor quality early childhood development services ¹⁸⁰.

The nature of the physical environment and infrastructure required to provide equitable access to quality services in a safe and healthy environment will depend on a number of factors, including the early childhood development service in question; the model of provision; the age of the child; the health of the child and/or his or her caregiver; the presence or absence of a disability or developmental delay; the social and economic circumstances of the child and his or her caregiver; the language and cultural background of the child and his or her caregiver; and the geographic location of the child and his or her caregiver.

Despite contextual differences, early childhood development programmes and services, as appropriate for the modality of delivery, must be delivered in safe buildings or structures providing protection from the elements; provide hygienic sanitation facilities, clean potable water, access to safe energy sources, hygienic and safe food storage and preparation areas; provide indoor and outdoor spaces suited to the provision of the relevant programme activities and large enough to accommodate all children making use of the programme; and use equipment and materials necessary to deliver the programme activities ¹⁸¹.

9.1 Types of infrastructure required early childhood development services

Two types of infrastructure are required to make early childhood development services universally available:

- Physical infrastructure and services to deliver the service; and
- Physical infrastructure and services for mentorship, management and oversight of the services delivered.

9.2 Infrastructure expansion programmes to date

Government has taken a number of steps and made substantial progress in securing adequate infrastructure for the delivery of a number of early childhood development services. However, challenges in terms of sufficient accessible infrastructure remain a concern that requires proper planning and resourcing. Inadequacies in infrastructure impact negatively on:

1. The number of available spaces/ facilities at which services are provided;
2. The quality and safety of the structures; and
3. The quality and availability of learning and teaching materials and resources, especially for vulnerable children, such as those living in poverty and/or with a disability.

9.3 Government commitment to secure adequate infrastructure

To rapidly scale up the universal availability of, equitable access to, and quality of parent support and early learning services (both centre and non-centre based programmes) requires a massive Government-driven expansion of infrastructure, including infrastructure required to promote inclusion for children with disabilities.

Government is committed to ensuring the implementation of the national integrated early childhood development Policy and programme by allocating sufficient public funds to services, infrastructure and overall resources. The principle of equitable access for vulnerable children in under-serviced areas will be respected, and it will be ensured that infrastructure is safe and provides an enabling early learning environment that supports quality early learning and development, including for children with disabilities ¹⁸².

9.4 Objective for early childhood development infrastructure

The objective of this Policy in relation to early childhood development infrastructure is to ensure that Government invests in the growth and maintenance of infrastructure which:

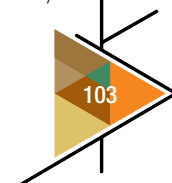
- Is safe for infants and young children and their caregivers;
- Secures a sufficient number of service delivery and support spaces, and learning and teaching support materials and tools, in adequate proximity to children and their caregivers to ensure universal availability of quality early childhood development services, particularly early learning and parenting support programmes;
- Provides a service delivery environment conducive to the delivery of quality early childhood development services;
- Is adequately and appropriately designed to ensure that access barriers for vulnerable children are addressed, notably, that all infrastructure is designed to ensure the inclusion of children with disabilities; and
- Specifically remedies the infrastructure deficits for early learning services.

Physical infrastructure for early childhood development service provision includes: buildings; indoor and outdoor spaces; water, sanitation and electricity; learning materials; and equipment. Physical infrastructure for management and oversight includes: offices, cars, water and sanitation, electricity, and connectivity/communications infrastructure.

9.5 Expansion of service provision infrastructure

The national Department of Social Development, in collaboration with provincial government and municipalities and all other relevant departments, including the Department of Basic Education, the Department of Health and Department of Cooperative Governance and Traditional Affairs, will develop a coherent population-based infrastructure plan linked to service provision norms and standards so as to secure the universal availability of and equitable access to quality infrastructure that will support the delivery of early childhood development programmes, parenting support, and opportunities for learning for all young children, ensuring the inclusion of children with disabilities. To secure this, they will act in concert to:

1. Develop norms and standards to determine what is a reasonable distance between services and communities/ young children to ensure universal availability;
2. Assess the adequacy of available infrastructure based on prescribed norms;
3. Address infrastructure gaps through the development and implementation by Government of a targeted expansion programme based on a multi-faceted strategy which:
 - a. Identifies and makes parallel and integrated use of fixed existing early childhood development infrastructure already



- established in communities, such as health facilities, primary schools with Grade R facilities, multi-purpose centres, and others;
- b. Identifies and makes use of under-utilised suitable public infrastructure, such as traditional authority offices and spaces, community halls, and others;
 - c. Identifies and makes use of under-utilised non-government (for-profit and non-profit) organisational spaces, such as church halls;
 - d. Identifies and makes use of mobile and other forms of outreach facilities, such as Toy Libraries;
 - e. Identifies and make use of brick and mortar structures and alternate building modalities, including prefabricated structures and certified container solutions;
 - f. Increases the number of registered non-government programmes in under-served areas through a registration drive that will be supported by a campaign encouraging and supporting conditional registration of programmes that meet basic safety and health requirements to enable access to funding for infrastructural improvements;
 - g. Will amend and diversify the prescribed infrastructure norms and standards to make provision for different levels of infrastructure appropriate to the nature and service delivery model of the programme. For example, the infrastructure required for community-based playgroups and parent support groups should be less onerous than and different from those for formal early learning centres, subject always to the proviso that basic health and safety norms are adhered to;
 - h. Stipulates that, where existing facilities and infrastructure are not available to meet population demand as determined in the expansion plan and programme, it is the responsibility of municipalities to provide land and under-utilised buildings for the establishment of new built early learning facilities in under-served areas, or to build new buildings. A planning process, led by the national Department of Social Development, in collaboration with the provincial government and all other relevant departments, including the Department of Education, Department of Health and Department of Cooperative Governance and Traditional Affairs, to establish new early learning facilities should begin immediately and must prioritise the poorest and mostunderserved areas. This needs to be done in collaboration with the for-profit and non-profit early childhood development community, the private sector, donors, and local government and traditional authorities;
 - i. Stipulates that all early childhood development facilities must be constructed on land that is owned by any sphere of government. However, facilities can be constructed on traditional land provided that there is an agreement in place between the Traditional Council and the relevant Department;
 - j. Stipulates that municipalities must make a concerted effort to standardise municipal by laws and rezoning costs for the establishment of early childhood development facilities;
 - k. Prioritises the development and funding of infrastructure for early childhood development programmes run from locations where children live in poverty;
 - l. Stipulates that the national government, provincial government or municipality will retain ownership of all facilities that are constructed with its respective budget, and that ownership cannot be transferred to any civil society organisation. However, exceptions are granted where ownership of the facility is transferred to another government department or organ of state with the necessary legal contracts in place detailing condition of transfer of ownership. The relevant department or municipality may appoint a civil society organisation to manage the operations of the facility after an agreement is approved detailing the conditions of operations, management and maintenance of the buildings;
 - m. Includes the provision of water, sanitation and electricity to state-owned and NPO early learning facilities in the expansion programme; and
 - n. Stipulates that the establishment of state-owned facilities should include sufficient learning and teaching support materials and equipment to support quality early learning and parent support programmes and services.
4. Ensure that accounting officers, as required by the PFMA, determine both the full and true cost of service delivery for

decision-making with regard to service delivery, prioritisation, scope of projects, nature of services and funding models. Life cycle costing is to be used to determine the cost contribution of infrastructure to the total cost of the service and should include the initial (acquisition) cost, the operating cost of the asset and the maintenance cost. A cost model will be developed, which is to be updated annually by the Department of Social Development in consultation with relevant stakeholders;

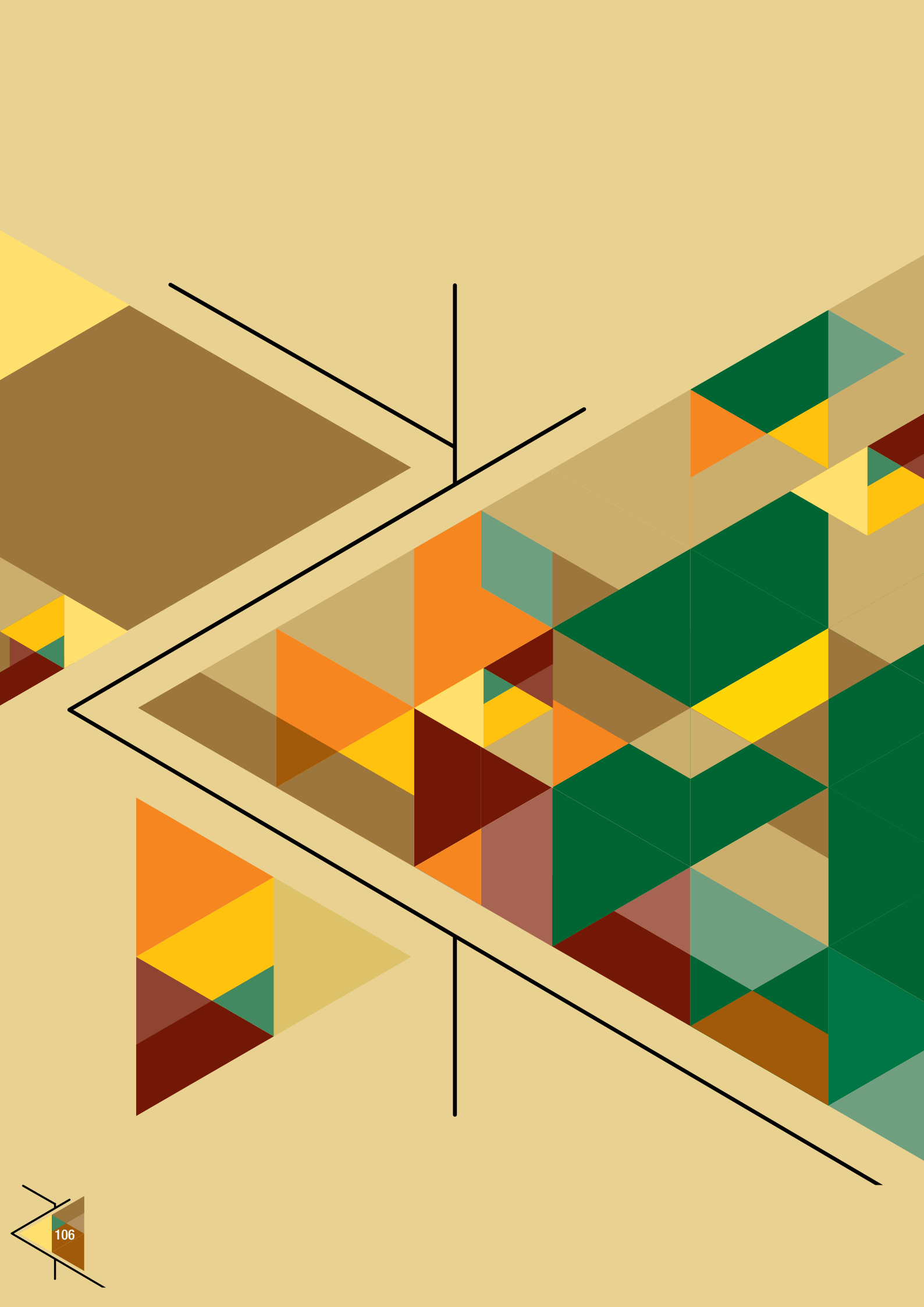
5. Ensure that, per the Government Immovable Asset Management Act (GIAMA), users assess annually the functional performance of all immovable assets allocated to them, while custodians conduct condition assessment every five years of the immovable assets under their control. The functional performance rating of immovable assets forms a simple basis for the prioritisation of maintenance. Maintenance actions undertaken are based on the condition of the immovable asset as determined by the condition assessment process. The technical considerations combined with the user considerations will inform the maintenance strategy that will best meet the municipalities' maintenance objectives. The municipalities' maintenance strategy should consider an appropriate balance between preventative and essential maintenance activities, while refurbishments, renovations and major repairs should be used to improve the overall state of the assets;
6. Introduce a system of self-assessment and accreditation, supported by inspections and audits, since monitoring is essential to ensure uniformity of infrastructure. A performance management system which incorporates a results-based monitoring and evaluation framework must be developed for early childhood development infrastructure. This would include the development of indicators and targets which would be monitored to determine the achievement of objectives set within this Policy related to the Department of Social Development's infrastructure Policy; and
7. Put in place knowledge and information systems, including the functionality of a Geographic Information System (GIS), to aid planning. In compliance with the provisions of this Policy and legislative requirements¹⁸³ guiding immovable assets, it is required that the Department of Social Development and the municipalities establish and maintain a register of all centres constructed. Such a system is to be Internet-based and must consist of functions that make integration of information easy and effective. This will ultimately lead to quality and reliable reports that can be analysed to handle current and future needs for early childhood development centres.

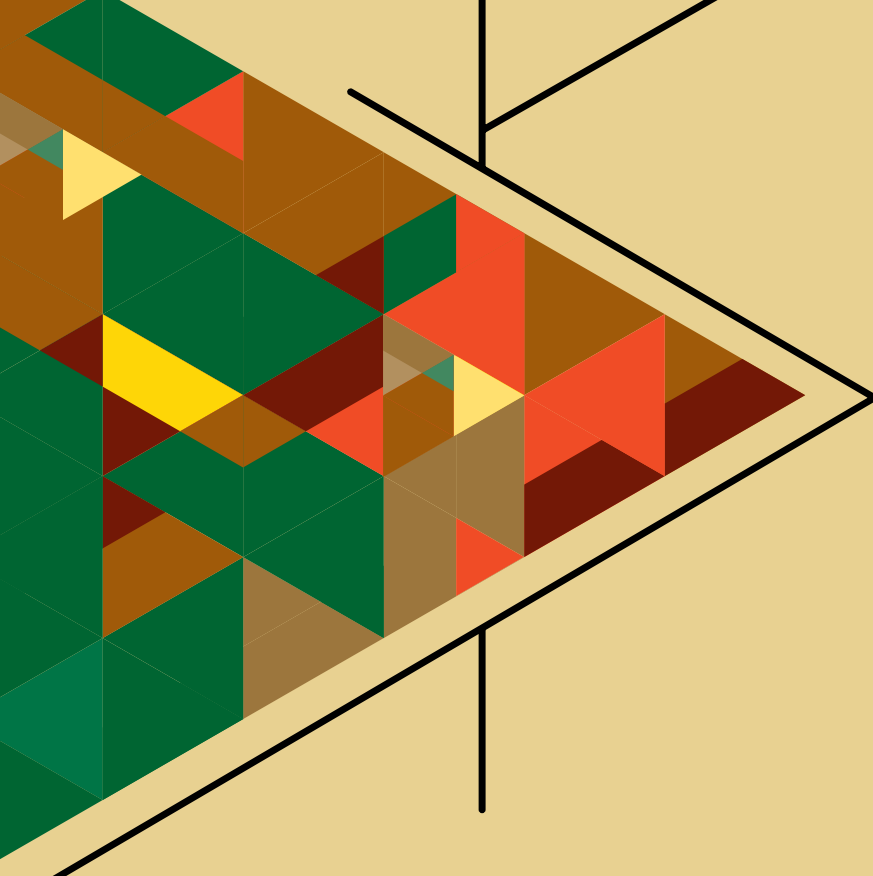
9.6 Expansion of management infrastructure

The provincial Departments of Social Development, in collaboration with local municipalities, are to establish, by 2017, management structures at the provincial and/or municipal levels to manage, oversee and coordinate the delivery of early childhood development services.

Management infrastructure comprises:

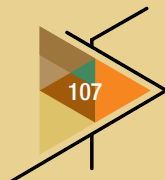
- Staff trained and tasked to coordinate, manage and oversee service delivery, including ensuring the provision of materials to Government-run or -supported Early Learning Centres and programmes to support children's early learning;
- Office space from which this management staff will operate;
- Transport to enable management staff to visit centre and non-centre based programmes and services; and
- Running costs.





CHAPTER 10

Human resources for early childhood development services



CHAPTER 10

Human resources for early childhood development services

Government recognises its responsibility to ensure a sufficient number of appropriately qualified human resources, including managers and supervisors, to deliver early childhood development services in order to ensure the universal availability of quality early childhood development services¹⁸⁴.

The availability of services is dependent on adequate human resources, as is the quality and hence the realisation of the full developmental potential of early childhood development investments. Numerous studies confirm that the extent of the positive impact of early childhood education is dependent on the quality of the intervention provided¹⁸⁵.

Quality is closely associated with the levels of qualification and related skills, and the supervision and mentoring, of early childhood development practitioners. Qualifications and/or training of practitioners have been found to be associated with improved child outcomes over a range of countries and contexts and are often used as an indicator of service quality¹⁸⁶. However, qualifications alone do not necessarily make a difference¹⁸⁷; oversight, mentoring and support from responsible departments and programme managers is central to quality improvement and successful programme delivery¹⁸⁸.

A full range of health services are meant to be provided through the different levels of the health system to pregnant women, infants and young children, including developmental screening, the Integrated Management of Childhood Illnesses (IMCI) programme, nutritional counselling, education and supplementation, as well as referral services for grants and other social services.

Early childhood development practitioners are listed in the 2013 Draft Social Services Professionals Policy as the largest group of social development service providers. They are defined as practitioners responsible for promoting and facilitating the optimum care, development and education of young children from birth to school-going age, through a holistic approach to the well-being and development of young children. This includes early childhood development practitioners providing services in centre- and non-centre-based early childhood development programmes. It is essential that the persons working in early childhood development are well regulated through registration with professional bodies and/or government departments and municipalities.

There is wide recognition that professionalisation; continuing professional development and career paths; post-provisioning; adequate conditions of service; and a conducive working environment are critical elements of an effective national integrated early childhood development human resources strategy^{189,190}. Addressing poor working conditions for early childhood development practitioners, as well as the lack of sustainable jobs and opportunities for progression, is critical in ensuring the professionalisation and retention of trained early childhood development practitioners of different kinds in the sector¹⁹¹.

Government has identified a range of initiatives to strengthen human resources for early childhood care and early learning components of early childhood development as part of the South African Integrated Programme of Action for Early Childhood Development – Moving Ahead (2013/14-2016/17).

10.1 Objective of the early childhood development human resources

The objective is to develop appropriate cadres of early childhood development practitioners, in sufficient numbers and with sufficient skills to support the implementation of the national integrated early childhood development Policy and programme.

10.2 Categories of early childhood development workers

In order to provide early childhood development services this Policy commits to the public provision of the following categories of appropriately qualified and/or trained early childhood development practitioners and related workers in sufficient quantities to ensure universal availability of services:

1. Health promoters and community health workers as part of the ward-based PHC outreach teams. They are responsible for the provision of home-visiting support for pregnant women and very young children to provide an expanded suite of health and nutrition services (including screening for maternal mental ill health, substance abuse, exposure to violence and developmental difficulties, as well as nutrition counselling), parenting support and opportunities for learning for children up to the age of 2 years. The health promoters and community health workers will provide a combination of home visiting and community- and clinic-based support groups for pregnant women and mothers of infants and young children up to the age of 2 years, including:
 - a. Support groups for pregnant women at facilities and in communities and homes;
 - b. Two home visits to high-risk pregnant women (which includes mothers younger than 19 years, HIV-positive mothers, mothers with mental health or substance abuse problems, and mothers exposed to domestic violence);
 - c. Mother-father and baby support and early learning groups for women at the health facilities and at a community level; and
 - d. Two-weekly home visits to at-risk mothers.
2. WBOT team leaders employed by the Department of Health to provide mentoring, support and oversight of the community health workers and WBOTs so as to maintain the quality of service provided;
3. Early childhood development practitioners directly employed and/or funded by the Department of Social Development to facilitate centre- and non-centre-based early childhood development programmes, including parent support programmes;
4. Early childhood development coordinators/ supervisors directly employed and/or funded by the Department of Social Development to provide oversight and support help with planning and in-service training of early childhood development practitioners, playgroup facilitators and child-minders or early childhood development centres;
5. Child-minders for children under the age of 2 years to be funded by the local municipalities (where they are accredited and registered);
6. Cooks for full-day programmes that provide food;
7. Toy librarians and assistants; and
8. The existing community-based rehabilitation workforce and other health care practitioners, which is a cadre of workers that are key to ensuring coverage of and inclusive access to early childhood development services for children with disabilities and their families.

10.2.1 Norms for the provision of human resources

Securing adequate quality coverage of early childhood development services requires an appropriate and minimum ratio of workers to children and caregivers.

10.3 Education and training

There are a number of SAQA-accredited qualifications for early childhood development practitioners who work directly with children, and Community Development qualifications with early childhood development specialisations, which address some of the needs of practitioners working directly with parents. All unit standards and qualifications which are NQF registered are structured according to learning outcomes to be achieved and associated assessment criteria. Training providers design their curricula or learning programmes on this basis and they are submitted for accreditation to the relevant qualifications body. It is essential for the scaling up of early childhood development services that

current qualifications are aligned with this Policy. All relevant line departments should participate in development of qualifications to ensure an appropriate curriculum/ learning programme.

A further aspect for qualification development is that barriers to accessing higher and professional qualifications for practitioners who wish to continue to work with children not yet in the formal schooling system are addressed¹⁹².

Training provision for the early childhood development workforce predominantly includes the early childhood development resource and training organisations (RTOs), TVET colleagues, private for-profit providers and universities

In the short-to-medium term (2017–2024), the availability and capacity of early childhood development practitioners and related workers will be expanded through the following measures:

1. Expansion of the community health worker programme within the Department of Health, with community health workers to be trained through a specialised, accredited short course that includes an early childhood development model, developed by the national Department of Health in collaboration with the Department of Social Development, Department of Basic Education and Department of Higher Education and Training, and to be implemented at a provincial and/or municipal level;
2. Development of a national non-centre based facilitator programme with standardised and accredited short-course training;
3. Twinning of strong resource and training organisations with less experienced TVET Colleges and RTOs providing early childhood development-related training to improve the quality of training and create a system of student and work placements;
4. Articulation of the early childhood development NQF Level 4 and 5 qualifications to enable good students with occupational qualifications to progress to an early childhood development (under 5 years) Level 6 qualification or a Bachelor's degree in Education that includes early childhood development;
5. Development of complementary avenues for career paths; and
6. Alignment of NQF Level 4 and Level 5 training with the requirements of this Policy and the development of electives and/or specialisations for those working in centres, in non-centre based programmes or with parent groups.

In the medium-to-longer term (2024–2030), the availability and capacity of early childhood development practitioners will be expanded through the following measures:

1. Development of a comprehensive early childhood development training system to take account of multiple entry levels (from General Education and Training Certificate to Degree) and service modalities, allowing for progression and credit transfer across the system;
2. Simplification of the qualification choices and increased mobility across early childhood development sector jobs (from work with children to work with caregivers and children), along with development of core early childhood development content based on this Policy for skills courses and qualifications, and specialisation options for work with children or work with caregivers up to Levels 4 and 5; and
3. Development of a differentiated training system for early childhood development with a range of training providers and qualification options; this requires strong coordination and options and includes:
 - a. Department of Basic Education to coordinate the multiple stakeholders including departments responsible for early childhood development services, qualifications bodies, etc.;
 - b. Establishment of an national integrated early childhood development inter-sectoral committee under the lead of the Department of Basic Education for planning, oversight and delivery of all early childhood development practitioner training; and
 - c. Harnessing of civil society organisations to contribute to the upskilling and support of the early childhood development workforce across the board.

It is the responsibility of the Department of Basic Education to mobilise funding and implement programmes to build the capacity of early childhood development practitioners.

Standardised and specific training modules on identifying developmental difficulties and promoting inclusion for children with identified disabilities in early childhood development programmes (both centre and non-centre based) shall be developed and standardised. The strategy and programme shall further ensure that the training programme for early childhood development practitioners providing support to children with disabilities is complemented by effective mentorship and supervision of early childhood development practitioners working with children with disabilities and developmental delays.

In order to achieve a rapid scale-up, but reduce the risk of job seekers who are not committed to early childhood development, the non-centre based programmes will be strengthened and expanded. This will create opportunities for employment and upward mobility for the workers who show commitment and develop competence. In this regard, linkages should be made to the Community Work Programme of the Department of Cooperative Governance.

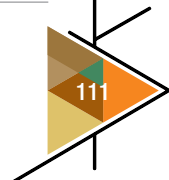
10.4 Human resource supervision and management

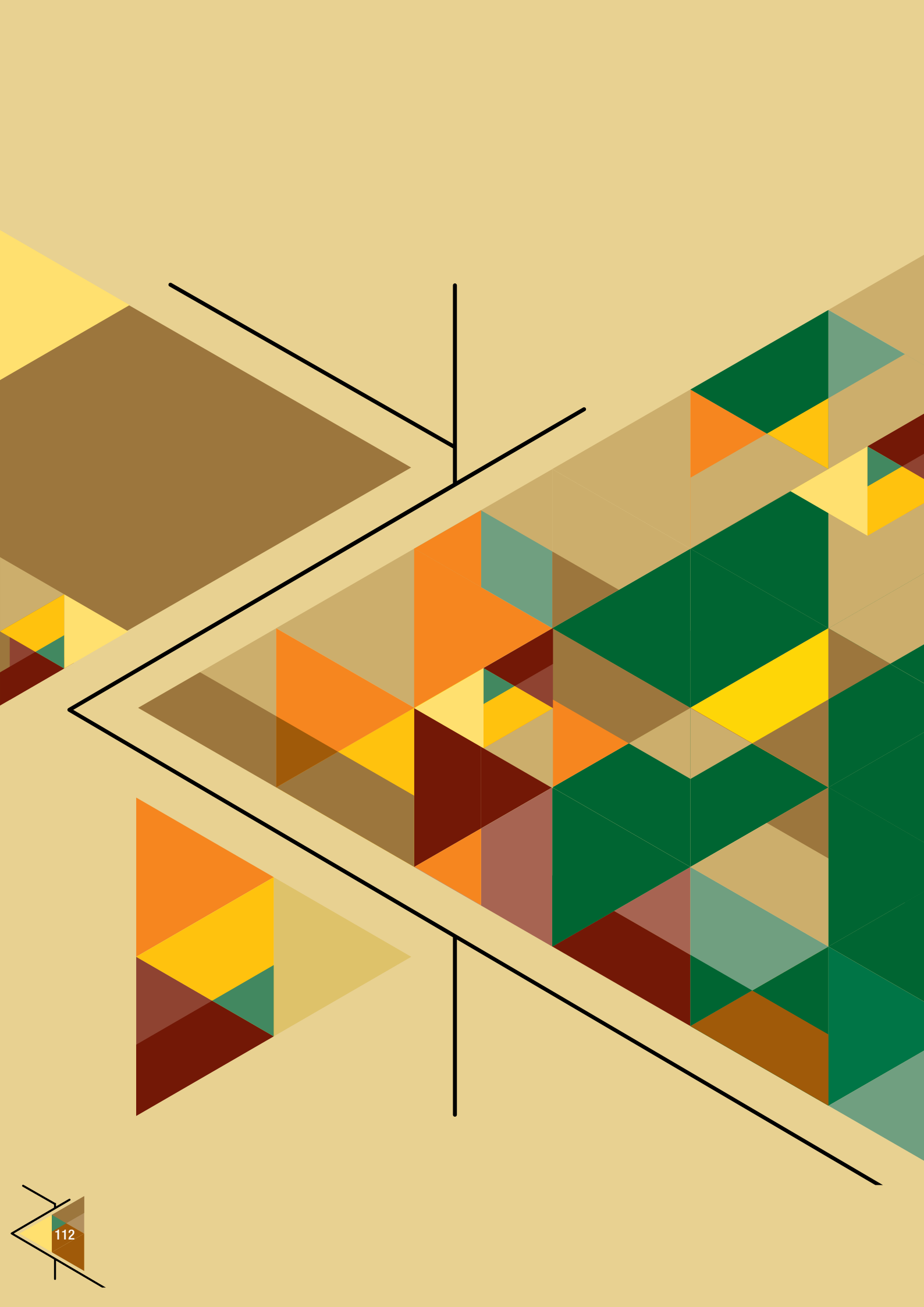
The success of the early childhood development Policy and programme will depend on good recruitment, training and continuing in-service support. Supervision and mentoring is essential to ensure quality early childhood development programmes and the ratio of supervisors per practitioner will be determined as part of the operationalisation of this Policy.

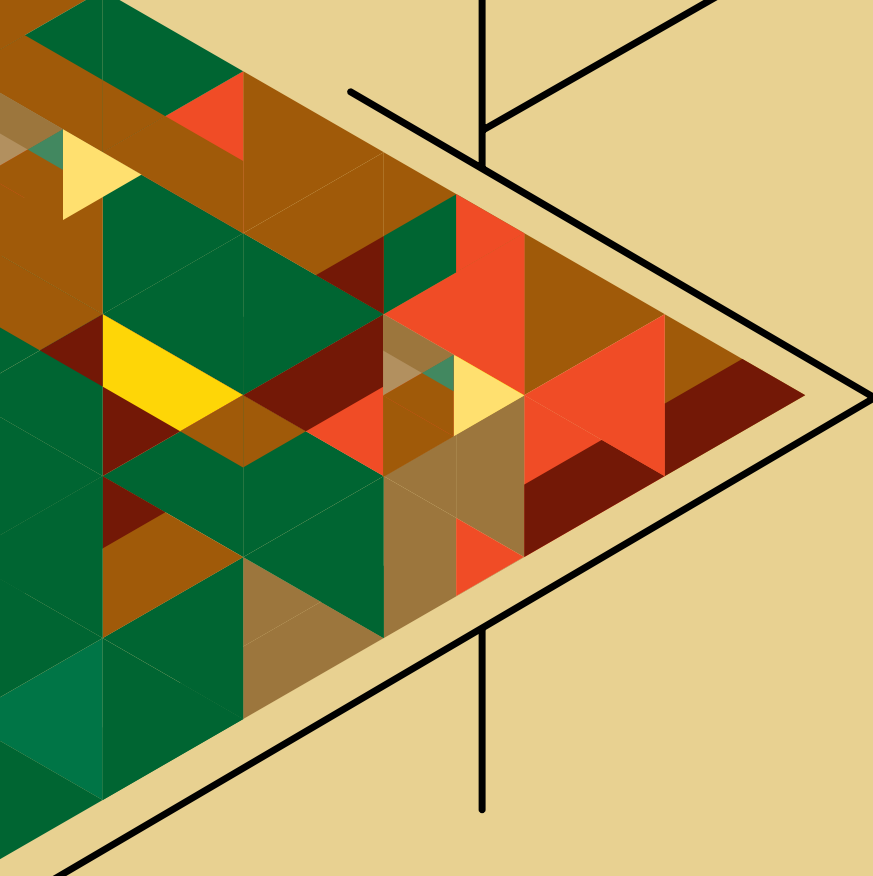
Supervisory responsibilities will be executed by dedicated early childhood development coordinators with suitable qualifications/ knowledge of early childhood development.

10.5 Remuneration and conditions of service

In terms of public financing for early childhood development practitioners and related workers, and supervisors, standardised levels of remuneration for all categories will be published annually in the Government Gazette, with differentiation based on category of early childhood development worker, qualifications and years of service. This will apply to early childhood development practitioners and related workers employed directly by government departments and those employed by NGOs contracted by government departments to provide specific services. Contracts with non-government implementing partners should aim to ensure that conditions of service are comparable for all categories of early childhood development practitioners and related, regardless of employer.

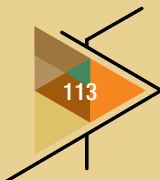






CHAPTER 11

Monitoring, evaluation, quality control and improvement of early childhood development services



CHAPTER 11

Monitoring, evaluation, quality control and improvement of early childhood development services

Proper and effective monitoring and evaluation systems and frameworks to track progress against objectives and goals, especially with regard to improving levels of access to and the quality of early childhood development services for infants and young children, is an essential part of service delivery and the implementation of this Policy and related programmes. A key tool required in this regard is the development of strong monitoring and evaluation (M&E) mechanisms and tools to measure compliance with quality standards and equity and inclusive targets and indicators¹⁹³. Strong and appropriately constructed M&E tools constitute key accountability mechanisms, required by the human rights approach to early childhood development.

Registration as a partial care facility and an early childhood development programme in accordance with the Children's Act No. 38 of 2005 is a necessary safeguard for young children and their families to ensure that basic/ adequate standards have been met. Registration is not a sufficient condition to guarantee the level of quality needed to ensure good child outcomes. Commonly accepted dimensions of quality include structural variables such as the physical setting, early childhood development practitioner–child ratio, group size, early childhood development practitioner qualifications, learning materials and process variables, including classroom interactions¹⁹⁴. A holistic curriculum, active child play with concrete materials, and sensitive, mediated caregiver–child interaction are factors that have been shown to contribute to better child outcomes¹⁹⁵.

11.1 Responsibility for early childhood development monitoring, quality control and improvement

Government will develop and implement:

1. A centralised national integrated early childhood development monitoring, evaluation and research framework which will annually measure progress towards achievement of the national Policy vision, goals and objectives;
2. A monitoring, evaluation and research framework to assess the early childhood development programmes for which it is directly responsible;
3. Mechanisms for facilitation of the use of evaluation and research results by line departments and other stakeholders to improve planning and implementation of early childhood development services and programmes; and
4. In collaboration with relevant line departments, appropriate quality and qualification norms and standards for the delivery of quality early learning and care services through all models of service delivery.

The national integrated early childhood development monitoring, evaluation and research framework will be centrally designed and implemented to collect and provide information for annual reporting on the progress South Africa has made as a country towards the realisation of the overarching Policy vision. To achieve this, the Government of South Africa will, through the national integrated early childhood development monitoring and evaluation framework:

1. Receive and collate reliable and timely data on progress made by different line departments and associated stakeholders in the provision of early childhood development services and on the impact that the delivery of such services has made towards achievement of the objectives of this Policy;
2. Develop indicators and disaggregate data to measure progress against all elements of universal enjoyment of early childhood development rights, including availability of services, accessibility of services for vulnerable children and children with disabilities, and quality of services as measured against prescribed standards , as well as to measure

- progress in relevant child outcomes as a result of the implementation of the of early childhood development services such as morbidity and mortality;
3. Develop indicators that measure early childhood development services, fulfilment of Policy, strengthening of obligations and coordination of early childhood development efforts;
 4. Monitor progress against the national integrated early childhood development communications programme goals and objectives, as well as systems to ensure that the evaluation results are fed back into the planning cycle to ensure on-going improvement;
 5. Establish procedures for annual reporting by line departments to Cabinet through the Inter-Ministerial Committee for Early Childhood Development against indicators agreed upon; and
 6. Develop, through collaborative agreements, processes for feeding the evaluation results into annual departmental planning cycles.

The relevant departments responsible for delivery of the various early childhood development services will be responsible for implementation of the relevant monitoring and quality control and improvement systems, practices and interventions.

11.2 Strategic pillars of the national integrated early childhood development monitoring, evaluation, quality control and improvement

11.2.1 Continuing quality improvement

The objective of continuing quality improvement is: To establish processes for continuing quality improvement across all modes of service delivery (centre and non-centre based early childhood development programmes) that involve early childhood development practitioners and related workers in self-assessment processes, together with standardised external quality monitoring and support.

There should be a separation of administrative functions from quality improvement processes. The quality management process should be a continuing programme of self-assessment, in-service support and incentivised external accreditation. Line departments should develop a standardised package of resource tools and processes for continuing quality improvement.

Conditional registration (in terms of the Children's Act No. 38 of 2005) should be fully used by provinces to expand access to funding, particularly in poorer communities. Minimum requirements linked to the norms and standards for conditional registration should be established, with standard operating procedures to facilitate the improvement of early childhood development access and quality. In addition, these should be supplemented with differentiated norms and standards for different forms and/or models of delivery, such as centres, early learning playgroups, home visiting and parent support groups.

11.2.2 Monitoring of the national integrated early childhood development programme

The objective of monitoring: Monitoring of the implementation of the national integrated early childhood development programme should serve three purposes, namely:

- To track access, participation and growth of individual children in early childhood development services;
- To assess the adequacy, efficiency and quality of local service provision; and
- To support planning for adequate resourcing in order to meet the targets of coverage and quality of services.
- The approach to monitoring will be to keep the system simple, using existing databases where possible;
- Integration of data across departments will happen at district and provincial levels;

- Integration of data across providers of different service modes monitored will happen at local programme level; and
- Integration of child-specific data at local level (using identity numbers or proxy identifiers for non-citizens) is the medium-term goal and will be developed over time.

11.2.2.1 *Service level monitoring*

Child data

The starting point for monitoring early childhood development services is the child, and each child should be able to be uniquely identified to track his or her access to birth registration and social security; primary health care and nutrition (Road to Health Booklet); participation in early learning programmes; and referral for failure to thrive or for psycho-social counselling and support.

Ultimately, this system should be linked to a central information management system to track progression of children to Grade R and into school.

This system will facilitate the extension of per capita subsidisation of participating children across all modes of delivery (centre and non-centre based early childhood development programmes and services). It will enable each child to be linked to a specific service (and to individual service providers and implementing organisations).

In addition, information contained in the Road to Health Booklet, such as the height and weight of children, should be monitored by primary health care facilities (clinics as per the prescribe norm and by all other services providers six monthly, or more frequently for individuals whose growth is poor).

Service data

As part of the process of continuing quality management, each service mode should have specific quality criteria related to adequacy of personnel, health and safety, provision of learning and training support materials, and minimal infrastructural requirements. Monitoring should take the form of baseline assessment and review following a process of training and support.

Impact data

In addition, the system will facilitate the collection and reporting on child-impact data; that is to say, data will be collected and reported on in respect of child morbidity, mortality, school throughput and other indicators that reflect the impact of early childhood development services on key child outcomes.

11.2.2.2 *Local programme management*

Local programme management must be informed by continuing assessment of adequacy in terms of sufficiency in number and proximity to ensure availability for all children; access in terms of meaningful use of available opportunities, especially by the most vulnerable children; and quality and efficiency of service provision:

- *Adequacy of provision:* Local programme managers should be able to assess population coverage of services, and whether resource provision (including human resources) is sufficient to meet availability and coverage targets.
- *Quality:* Based on the synthesis of local data, programme managers should have a real-

time picture of the quality of provision of services (as measured in terms of mode-specific norms and standards). This will enable them to put in place processes of training and quality improvement, especially in services that are conditionally registered.

- *Efficiency:* Programme managers should have a clear sense of the 'pipeline' of registration applications (achieved through recording applications at critical steps in the process and analysing progress through the system).

11.2.2.3 District planning & management

Data from municipalities will be collated to provide a picture of the district to monitor the same factors (adequacy of provision, quality and efficiency). These data will be combined with service data obtained from other departments and population survey data to provide the basis for motivating for public funding, mobilising district resources, developing strategies for inter-departmental collaboration (when required), and implementing a human resource development plan for early childhood development in the district.

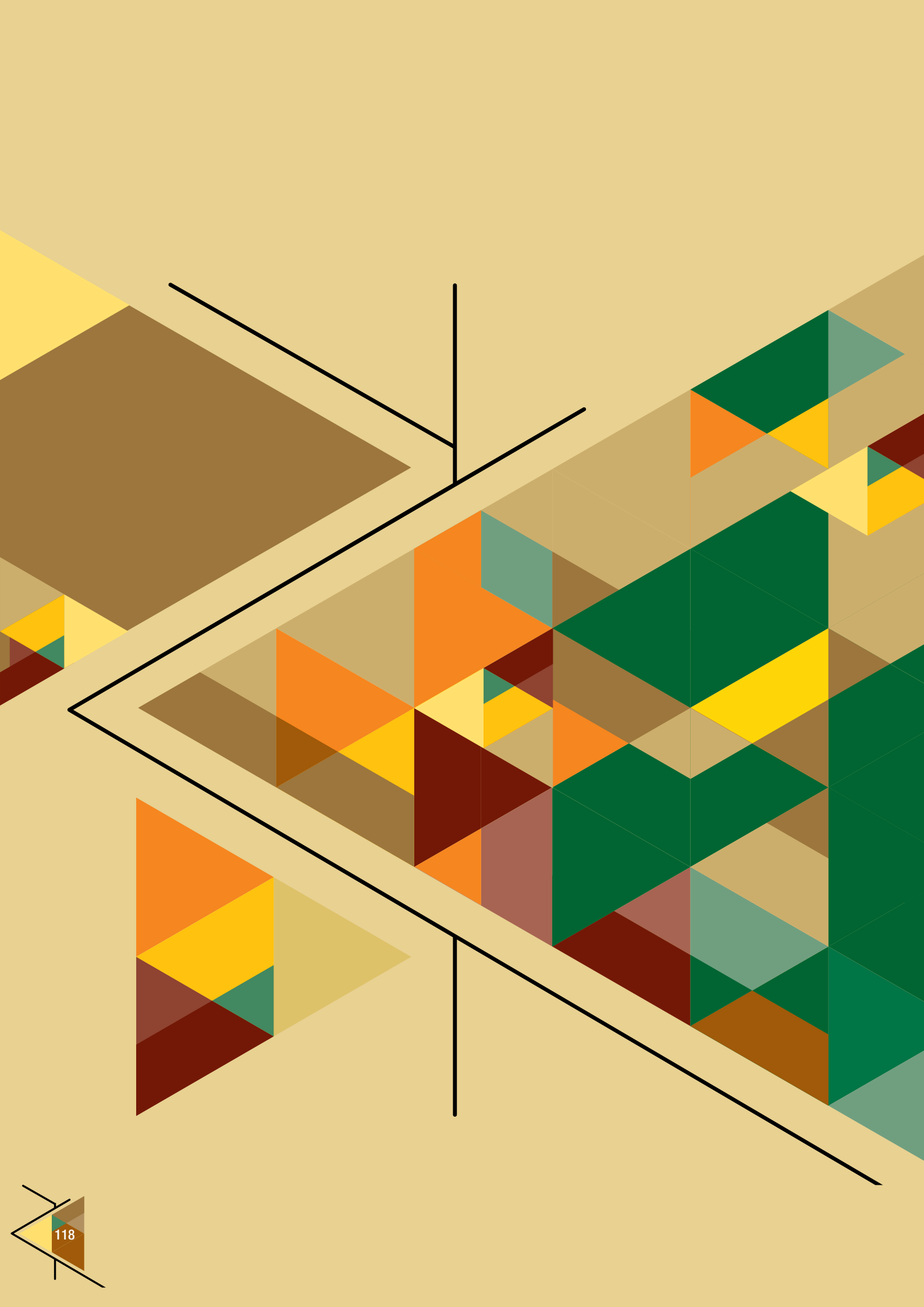
The Inter-Ministerial Committee on Early Childhood Development, through the Inter-Departmental Committee for Early Childhood Development, is responsible for designing and managing the overarching National Monitoring System for early childhood development by **December 2017**.

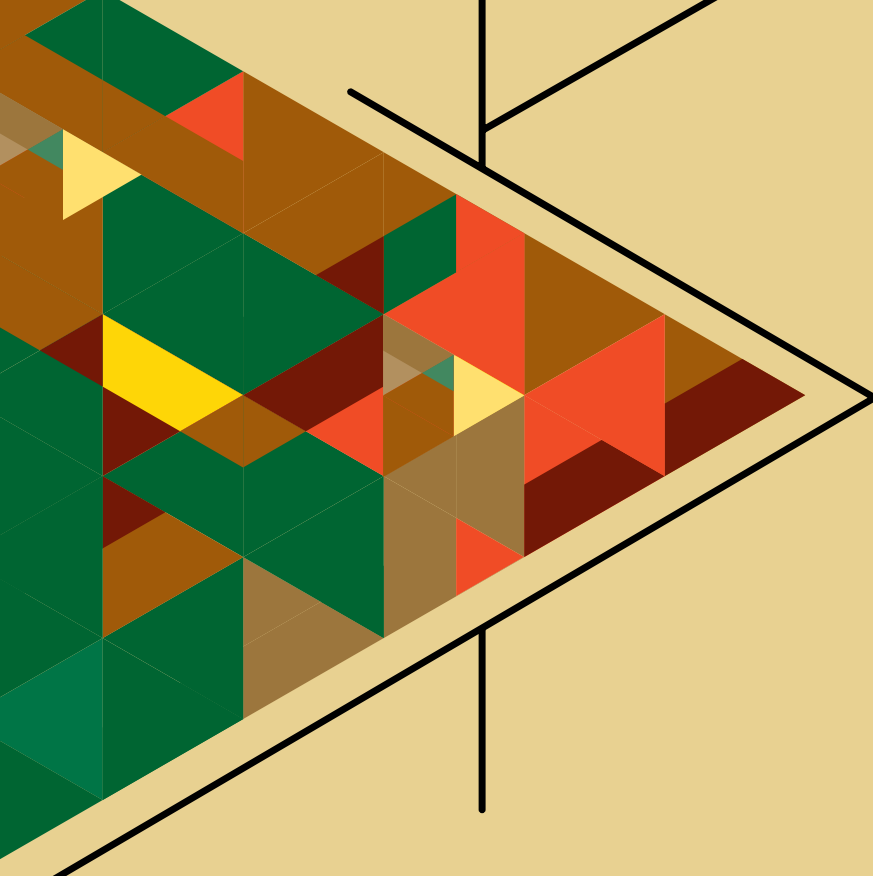
11.2.3 An early childhood development research agenda

The objective of research: To ensure that a national research agenda is established to measure the impact of early childhood development programmes on child outcomes and national development goals. Research needs to be done periodically to ascertain progress and review plans and processes related to early childhood development, and the implementation of this Policy.

11.2.4 Administrative policies and procedures

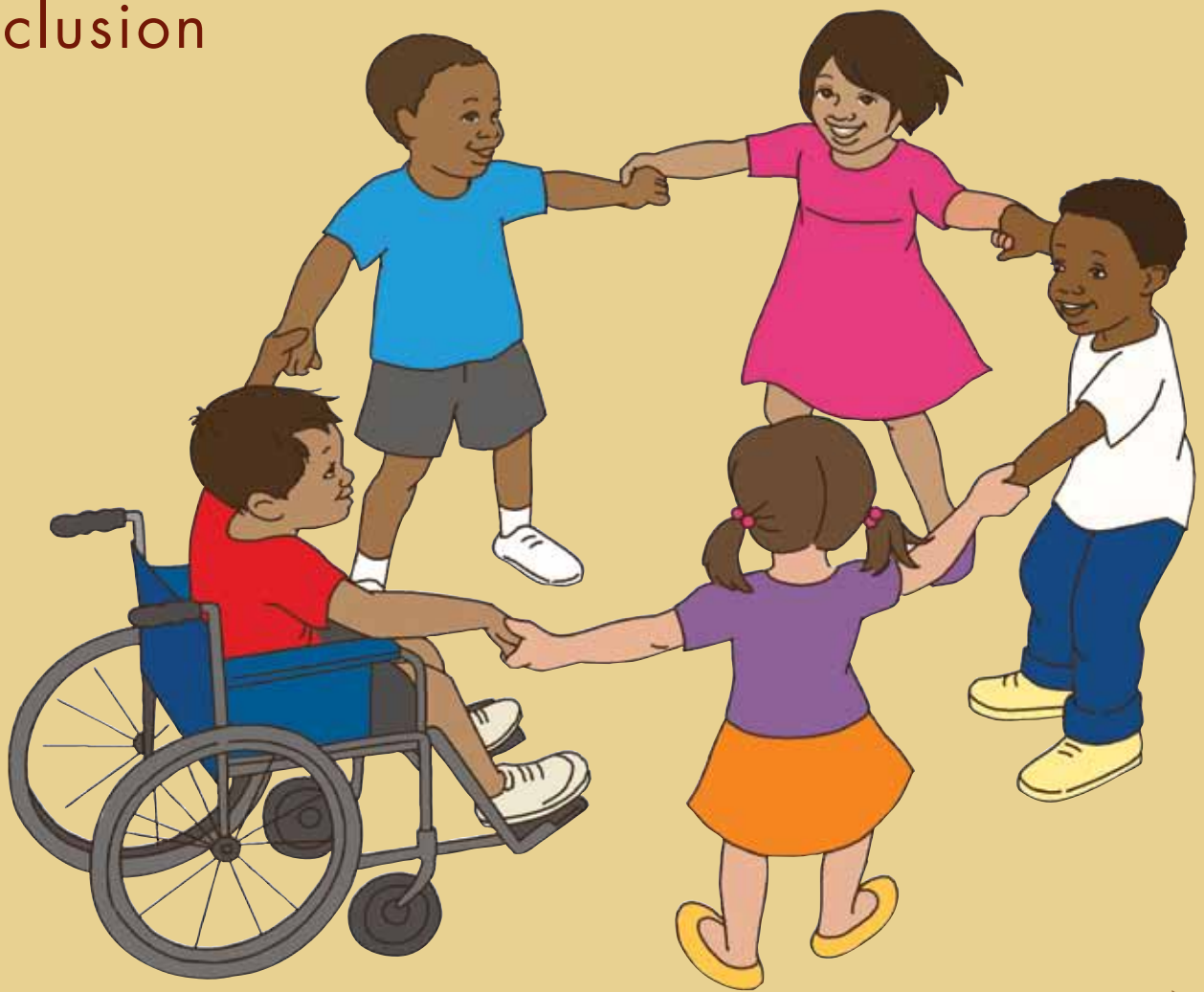
The objective of administrative policies and procedures: To enable children, especially the poorest children in underserved areas, to benefit from public financing for early childhood development and ensure an appropriate level of health and safety in early childhood development centres (partial care facilities) and non-centre based early childhood development programmes.





CHAPTER 12

Conclusion



CHAPTER 12

Conclusion

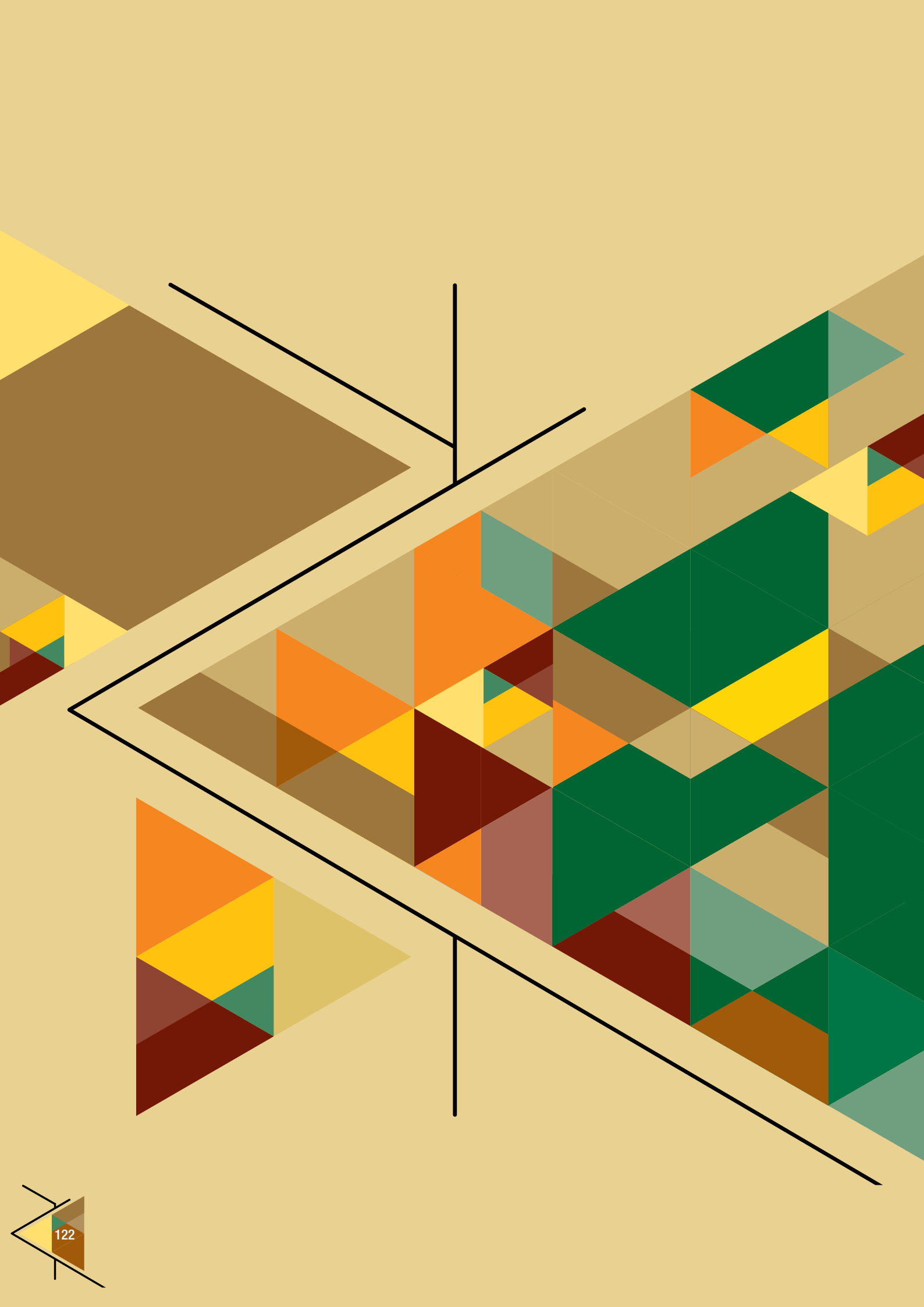
This Policy covers all aspects that would lead to providing direction and the requirements for development of a comprehensive, multi-sectoral system that recognises the need for Government-led provision of early childhood development services and support. These Policy directives, once translated into a comprehensive legislative, Policy and programme framework, will be applicable to a range of government entities, non-government and private stakeholders, communities and parents or caregivers. In addition, the legislative, Policy and programme framework will ensure the formalisation and recognition of early childhood development services as a universal right to which all young children are entitled, and of the significant short- and long-term benefits that early childhood development services can produce for young children, their families and communities, and for national development.

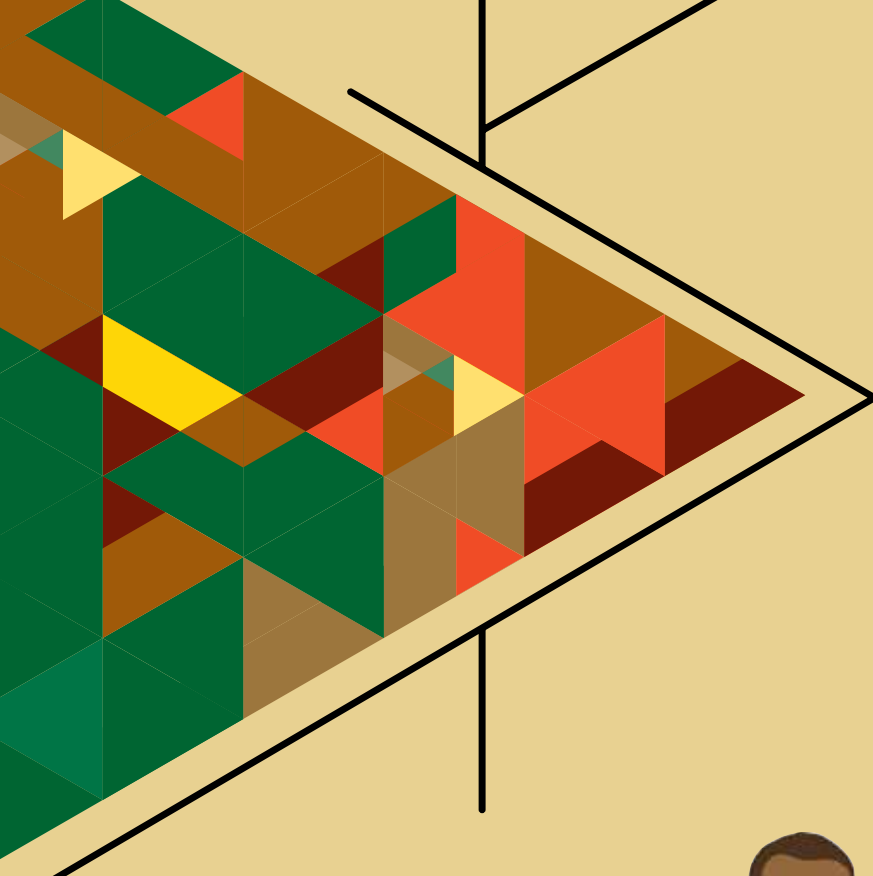
The situational analysis outlines clearly the need to correct severe imbalances in the delivery of a range of early childhood development services that young children require for optimal development. Significant progress has been made in reaching the majority of children with several services, such as maternal and child health, social security and birth registration. However, a number of early childhood development services are not universally available or equitable, and face challenges in terms of quality. These include nutritional support, parenting support, early care and learning, specialised early childhood development services for children with disabilities, and information and education about early childhood development.

The Policy sets the requirements for the institutional and regulatory framework and for strengthening and development of the early childhood development system, in order to establish a strong and enabling foundation for improved and effective service delivery. In particular, it clarifies roles and responsibilities of the public and private sector, as well as parental responsibilities; it provides the required elements for an effective early childhood development management and coordination system, a Cabinet-appointed Inter-Ministerial Committee on Early childhood Development is established as well as the National Inter-Departmental Committee on Early Childhood Development; it describes a national integrated early childhood development funding Policy to ensure sufficient resourcing for adequate service delivery, and other resourcing policies such as human resources and infrastructure; and it describes the requirements for monitoring, evaluation and quality control. It must be noted that it would be of interest to the sector to regard these recommendations as inter-dependent, and necessary for the development of a holistic, well-balanced system that drives coordinated and effective service delivery.

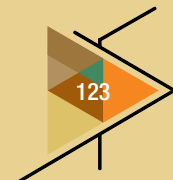
The Policy has been developed through a host of consultative processes with a sample of representatives from a range of public and private sector stakeholders, communities and faith-based organisations with diverse interests. Consultations took place both nationally and across all provinces. Furthermore, a range of experts was consulted to provide guidance and advice on particular content areas. Draft Policy was also open for public comments and all comments received were weighed against set criteria and existing related Policy positions for inclusion.

The Policy derived its directives from the history that has informed the notion of early childhood development service provisioning in the country. This includes the South African Constitution, strongly embedded in a human rights-based philosophy and affording children their own set of rights; a range of sectoral national Policy that impacts on young children and early childhood development, promoting a developmental and community-oriented perspective; and the South African Integrated Programme of Action for Early Childhood Development-Moving Ahead (2013/14–2016/17), acknowledging that young children's multi-dimensional developmental needs require a multi-sectoral response, amongst others. It has also taken into account the changing contexts in which services are delivered, recent scientific evidence, including the evidence of effective practice, and the challenges that young children and families experience, especially those most vulnerable.





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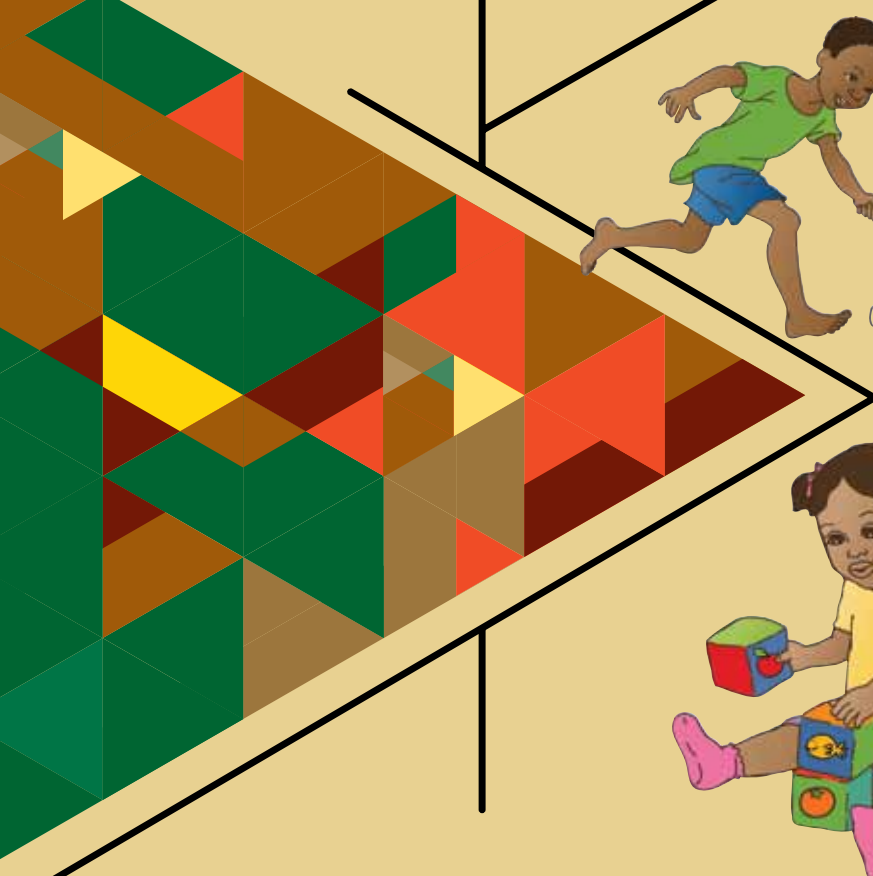
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ENDNOTES



ENDNOTES

- 1 National Planning Commission, 2011.
- 2 Partly adapted from: Statistics South Africa. 2010. Concepts and definitions for Statistics South Africa, 2010 (version 3). Pretoria: Statistics South Africa.
- 3 Jayaratne, Kelaher & Dunt, 2010.
- 4 ILO, UNESCO & WHO, 2004; WHO, 2010; & WHO. 2013. Community-based rehabilitation (CBR). Available at: <http://www.who.int/disabilities/cbr/en/>
- 5 Jayaratne et al. (2010) provide a useful analysis of child health partnerships which they define as “a comprehensive framework made up of two or more local partnering agencies working towards a common objective of ensuring the ...development of young children”. Their review of partnerships resulted in the documentation of different types of collaborative working arrangements along a continuum of partnerships from networking to collaboration. Their definitions are used to inform the definitions in this Policy.
- 6 Jayaratne et al., 2010.
- 7 UN Committee on the Rights of the Child General Comment 9, 2006.
- 8 Definition extrapolated from the definition of a child health partnership in Jayaratne et al. 2010.
- 9 Section 91(2) of the Children’s Act No. 38 of 2005 refers to services intended to promote early childhood development and provided by a person other than the child’s parent or caregiver, on a regular basis, to children up to school-going age. This definition has been used as a foundation and amended in accordance with the revised preceding definition.
- 10 Dunst, Trivette, & Hamby, 2007.
- 11 Department of Social Development, 2012.
- 12 UNICEF, 2002.
- 13 Jayaratne et al., 2010.
- 14 Definition provided in section 1 of the Social Assistance Act as amended by section 3 of the Welfare Laws Amendment Act.
- 15 Partly adopted from: Britto, Yoshikawa & Boller, 2010.
- 16 UN Committee on the Rights of the Child General Comment 9, 2006; UNICEF, 2012.
- 17 United Nations. 2002.
- 18 Centre on the Developing Child, 2007.
- 19 Engle et al., 2011.
- 20 Centre on the Developing Child, 2007.
- 21 Schoon, I, Jones, E, Cheng, H & Maughan, B. 2012.
- 22 Barros et al., 2010.
- 23 Walker, Wachs & Grantham-McGregor, 2011.
- 24 Adair et al., 2013.
- 25 Victora et al., 2008.
- 26 Centre on the Developing Child, 2007.
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- 30 Walker et al., 2011.
- 31 Walker et al., 2011.
- 32 Walker et al., 2011.
- 33 UNICEF, 2012.
- 34 Walker et al., 2011.

- 35 United Nations, 2010.
- 36 Walker et al., 2011; Shonkoff, 2009.
- 37 United Nations, 2013: The UN's Special Rapporteur confirmed in 2013 that ECD is a public good in: UN General Assembly. 2013. Report of the Special Rapporteur on the right to education, 9 August 2013; Education White Paper 5: On Early Childhood Education recognises ECD as a public good which justifies expanded state provisioning; OECD, 2006 confirms the wide-spread recognition of ECD as a public good.
- 38 Engle et al., 2011; Walker et al., 2011.
- 39 For a more detailed explanation of the developmental value of ECD (and resulting imperative for public provision of ECD), please refer to Policy Appendix 1 –The scientific and legal case for public provision of ECD services.
- 40 Walker et al., 2011.
- 41 Shonkoff, 2009; Centre on the Developing Child, 2007; Wessels et al., 2013. The quadruple burden of disease facing South Africa in 2013 is identified in a number of national Policy and strategic documents, including the Policy Paper: National Health Insurance in South Africa (2012) and the Department of Health's Annual Performance Plan 2012/13–2014.
- 42 Shonkoff, 2009; Centre on the Developing Child, 2007.
- 43 Engle et al., 2011.
- 44 Engle et al., 2011.
- 45 Commission on Social Determinants of Health, 2008.
- 46 Walker et al., 2011.
- 47 Britto et al. 2013..
- 48 Moffitt et al., 2011.
- 49 Wessels et al., 2013; & Earls & Carlson, 1995
- 50 National Scientific Council on the Developing Child, 2007.
- 51 UNICEF & Bernard Van Leer Foundation, 2006).
- 52 United Nations, 2010.
- 53 National Planning Commission, 2012.
- 54 National Planning Commission, 2012.
- 55 UN Committee on the Rights of the Child General Comment 7, 2005.
- 56 OECD, 2006; International Labour Organization, Sectoral Activities Department, 2012.
- 57 UN Committee on the Rights of the Child General Comment 7, 2005; International Labour Organization, Sectoral Activities Department, 2012; OECD, 2006; UNESCO, 2010a.
- 58 UNESCO, 2010a; UN Committee on the Rights of the Child General Comment 7, 2005; United Nations, 2010; Walker et al., 2011; Shonkoff, 2009.
- 59 See Policy Appendix 1 for further detailed discussion of the legal and developmental foundation for prescribed ECD services.
- 60 See Policy Appendix 1 for further detailed discussion.
- 61 UN Committee on the Rights of the Child General Comment 7, 2005.
- 62 Centre on the Developing Child, 2007.
- 63 UN Committee on the Rights of the Child General Comment 7, 2005.
- 64 Article 25 of the CRC and s27(1)© of the Constitution of the RSA, 1996.
- 65 Taylor, Dearing & McCartney, 2004.
- 66 Cunha & Heckman, 2006; Britto et al., 2013.
- 67 Taylor et al., 2004; Cunha & Heckman, 2006; Britto et al., 2013. Naudeau, et al., 2011.
- 68 DSD, SASSA & UNICEF, 2012.
- 69 UN Committee on the Rights of the Child General Comment 7, 2005.
- 70 UN Committee on the Rights of the Child General Comment 7, 2005.
- 71 Vegas & Santibanez, 2010.

- 72 Child Care Act No. 74 of 1983.
- 73 CEDAW, Article 11(2)(c); ILO Convention (no. 156) on Workers with Family Responsibilities (Article 5(b)).
- 74 UN Committee on the Rights of the Child General Comment 7, 2005.
- 75 Samson et al., 2011.
- 76 UN Committee on the Rights of the Child General Comment 7, 2005.
- 77 UNICEF, 2015.
- 78 The right to protection is guaranteed by the CRC, the ACRWC, the Constitution of the RSA and the Children's Act. UN Committee on the Rights of the Child General Comment 7, 2005, provides guidance on steps that ought to be taken to protect the young child from abuse and neglect.
- 79 UN Committee on the Rights of the Child General Comment 7, 2005.
- 80 UN Committee on the Rights of the Child General Comment 7, 2005; UN Committee on the Rights of the Child General Comment 9, 2006; CRPD, articles 7 and 24.
- 81 National Planning Commission, 2011
- 82 National Planning Commission, 2011.
- 83 Section 92(1).
- 84 Proudlock et al., 2013; Bamford, 2013.
- 85 Proudlock et al., 2013; Bamford, 2013.
- 86 Bamford, 2013. See note i above.
- 87 Sipamla, 2012.
- 88 Appendix 3 to Draft Policy for a more detailed discussion of the situation of young children's enjoyment of essential rights and services in South Africa.
- 89 Stats SA, 2015b.
- 90 Stats SA, 2004; Stats SA, 2012.
- 91 SASSA & UNICEF, 2013.
- 92 Stats SA, 2013.
- 93 Slemming & Saloojee 2013.
- 94 Stats SA, 2013.
- 95 Dorrington, Bradshaw & Laubscher, 2014.
- 96 Health Systems Trust, 2011.
- 97 Berry et al., 2013.
- 98 Department of Health, Medical Research Council & OrcMacro. 2007.
- 99 Department of Health, 2012b.
- 100 Hall, Nannan & Sambu, 2013.
- 101 Department of Health, 2012b.
- 102 Hall, 2013a.
- 103 Stats SA, 2013.
- 104 Shisana et al., 2013.
- 105 Stephen et al., 2011.
- 106 Shisana et al., 2013.
- 107 Department of Health, 2012b; Health Systems Trust. 2011.
- 108 Shisana et al., 2013.
- 109 Chopra, 2003; Perez et al., 2005.
- 110 Hendricks, Goeiman & Hawkridge, 2013.
- 111 Stats SA, 2013.
- 112 Agüero, Carter & Woolard, 2010; Samson et al., 2004.

- 113 Hall, 2013b.
- 114 SASSA & UNICEF, 2013.
- 115 SASSA & UNICEF, 2013.
- 116 SASSA & UNICEF, 2013.
- 117 Republic of South Africa, 2014.
- 118 Hall, 2010b.
- 119 Wessels, 2012; Ward & Wessels, 2013.
- 120 Ward & Wessels, 2013.
- 121 Department of Social Development data, 2013.
- 122 Stats SA, 2015a.
- 123 Richter et al., 2012.
- 124 Biersteker, 2012.
- 125 Richter et al., 2012.
- 126 Appendices 3 and 4 of Draft Policy for a comprehensive review of the situation of children with disabilities in South Africa.
- 127 Using 2011 Mid-year Population Estimates, the child population has grown by 9.2 per cent from 17.3 million in 2001 to 18.9 million in 2011 (Stats SA. 2011. Mid-year Population Estimates, 2011. Pretoria: Stats SA).
- 128 South Africa does not yet have a standard/ nationally accepted measuring tool for child disability. Estimates of child disability prevalence generated from various sources are therefore not directly comparable because of different definitions of disability and methods of data collection. Measuring child disability is inherently much more difficult than measuring disability in adults. Census data is argued to be the most reliable to use for child disability at this time (Department of Social Development, Department of Women, Children and People with Disabilities & UNICEF, 2012).
- 129 Department for International Development (DFID), 2000.
- 130 Michelson, Adnams, & Shung-King, 2003.
- 131 Slemming, 2014; Ebrahim, Seleti & Dawes, 2013.
- 132 De Koker, de Waal & Voster, 2006.
- 133 Ebrahim et al., 2013.
- 134 Western Cape Department of Social Development, 2010.
- 135 Krashen, 1993..
- 136 O'Carroll & Hickman, 2012.
- 137 Viviers, Biersteker & Mouane, 2013.
- 138 Richter et al., 2012.
- 139 Ebrahim, Seleti & Dawes, 2013.
- 140 Refer to National Development Plan: Vision 2030, p. 300.
- 141 United Nations, 2002; United Nations, 2010.
- 142 UN Convention on the Rights of the Child, 1989; UN Committee on the Rights of the Child General Comment 7, 2005. UN General Assembly, 2013.
- 143 UN General Assembly. 2010. Status on the Convention on the Rights of the Child: Report of the Secretary General.
- 144 UN Committee on the Rights of the Child General Comment 7, 2005; Moscow World Conference, United Nations, Status on the Convention on the Rights of the Child: Report of the Secretary General. 2010.
- 145 Department of Education, Education White Paper 5 (2001).
- 146 Section 28(2) of the Constitution of the RSA, 1996.
- 147 UN Committee on the Rights of the Child General Comment 7, 2005.
- 148 UN Committee on the Rights of the Child General Comment 7, 2005.
- 149 Juma Musjid Primary School and Others v Essay N.O. and Others 2011 (8) BCLR 761 (CC); M Madzodzo OBO parents of learners at Mpimpo Junior Secondary School and 7 others v The Minister of Basic Education and 4 others.

- ¹⁵⁰ Derived from UN Committee on the Rights of the Child General Comment 17, 2013: The right of the child to rest, leisure, play, recreational activities, cultural life and the arts.
- ¹⁵¹ Shonkoff & Phillips, 2000.
- ¹⁵² Moffitt et al., 2011.
- ¹⁵³ See Appendix 5 of draft Policy for a comprehensive overview of the status of early learning programmes in South Africa and the rationale for the national integrated early learning programme proposed in this Policy.
- ¹⁵⁴ DBE & UNICEF, 2009.
- ¹⁵⁵ See Appendix 4 of Draft Policy for a detailed discussion of the Policy gaps and proposals for the optimal early development of children with developmental delays and/or disabilities.
- ¹⁵⁶ Shonkoff, 2009.
- ¹⁵⁷ Shonkoff, 2009.
- ¹⁵⁸ Shonkoff, 2009.
- ¹⁵⁹ See Policy Appendices 5 and 6 for a detailed discussion of the vulnerabilities of these groups of children and the rationale for their prioritisation.
- ¹⁶⁰ Stats SA upper-bound poverty line.
- ¹⁶¹ For more detail refer to Policy Appendix 5: Early Learning Opportunities; & Biersteker, 2007; Department of Social Development, [no date].
- ¹⁶² Definitions derived from: Jayaratne et al., 2010.
- ¹⁶³ Departmental website: <http://www.transport.gov.za/>.
- ¹⁶⁴ Departmental website: <http://www.justice.gov.za/vg/home.html>.
- ¹⁶⁵ Departmental website: <http://ww2.ruraldevelopment.gov.za/about-us/vision-and-mission#.UhiREvgalbg>.
- ¹⁶⁶ Departmental website: <http://www.srsa.gov.za/pebble.asp?relid=30>.
- ¹⁶⁷ DPME website: <http://www.thepresidency-dpme.gov.za/dpmewebsite/Default.aspx>
- ¹⁶⁸ Departmental website: <http://www.thepresidency.gov.za/pebble.asp?relid=3>
- ¹⁶⁹ UN Committee on the Rights of the Child General Comment 7, 2005.
- ¹⁷⁰ Education White Paper 5 (2001).
- ¹⁷¹ See Policy Appendix 7 for a comprehensive comparative review of organisational options, pros and cons.
- ¹⁷² See Policy Appendix 7 for a more detailed discussion of the advantages of the proposed agency.
- ¹⁷³ Engle et al., 2011.
- ¹⁷⁴ UN Committee on the Rights of the Child General Comment 7, 2005; UNESCO, 2010a.
- ¹⁷⁵ UNESCO, 2010a.
- ¹⁷⁶ The UN Committee on the Rights of the Child made a number of recommendations to realise the commitment made by Member States in terms of the Plan of Action – ‘A World Fit for Children’– to the ‘implementation of national integrated early childhood development policies and programmes to ensure the enhancement of physical, social, emotional, spiritual and cognitive development’ (United Nations, 2002). The Committee stressed the importance of ensuring sufficient allocation of the public fiscus to services, infrastructure and overall resources for ECD. Moreover, it was recommended that State Parties develop partnerships between government, public services, families and the private sector to finance ECD and early education (UN Committee on the Rights of the Child, 2005).
- ¹⁷⁷ President of the Republic of South Africa and another v Modderklip Boerdery (Pty) Ltd, 2005 (5) SA 3 (CC), 2005, and ‘Western Cape Forum for Intellectual Disability v Government of RSA and one other, 18678/2007, 2010, noted that this finding implies that where there is a constitutional (or international) legal obligation created, for example the provision of ECD services – the State is obliged to fund and ensure the provision of the service.
- ¹⁷⁸ Drawing on lessons learned in financing health systems – which constitute an integral ECD service, this follows the WHO approach to public funding to secure universal coverage. http://www.who.int/health_financing/strategy/en/index.html.
- ¹⁷⁹ The scope of the state’s duty to provide infrastructure as defined is derived from the 4 A framework for basic education (which

includes early childhood development) as described in detail in the UNESCO & Economic and Social Council's General Comment 13, 1999: Right to Basic Education (1999); paragraphs 6 (a) and (b) and the Children's Act No. 38 of 2005, section 77(2)(b); UN Committee on Economic, Social and Cultural Rights General Comment No. 14, 2000.

- ¹⁸⁰ Atmore, van Niekerk & Ashley-Cooper, 2012; DBE, 2010; van der Berg et al., 20110.
- ¹⁸¹ UNESCO & Economic and Social Council's General Comment 13, 1999: Right to Basic Education (1999)
- ¹⁸² The obligation to secure infrastructure is founded on the Government of RSA's commitments to ensure the best interests of the child, the rights to equality, care, protection and safety and to quality education in terms of the CRC as spelt out further in General Recommendation 7 on ECD and UNESCO & Economic and Social Council's General Comment 13, 1999: Right to Basic Education (1999), UN CESCR; UNESCO's EFA goal 1 and 6 to provide universal ECCE access and quality education; the Constitution of the Republic of South Africa and the Children's Act No. 38 of 2005.
- ¹⁸² The Occupational Health and Safety Act No. 85 of 1993; The National Building Regulations and Building Standards Act No. 103 of 1977; The National Environmental Management Act, No. 107 of 1998; the Local Government Municipal Finance Management Act No. 56 of 2003; The Municipal Infrastructure Grant (MIG).
- ¹⁸³ UN Committee on the Rights of the Child General Comment 7, 2005.
- ¹⁸⁴ Samson et al., 2011; Centre on the Developing Child, 2007.
- ¹⁸⁵ UNESCO, 2007; Fukkink & Lont, 2007; Biersteker & Dawes, 2008.
- ¹⁸⁶ Early et al., 2007.
- ¹⁸⁷ OECD, 2007; Britto et al., 2010.
- ¹⁸⁸ For example, Richter et al., 2012; DSD, 2013; DoH, 2012a.
- ¹⁸⁹ Phillips et al., 2000; Torquati, Raikes & Huddlestone-Casas, 2007.
- ¹⁹⁰ Biersteker, 2008.
- ¹⁹¹ Currently the career path for an ECD practitioner is from Level 5 into the Level 6 Diploma in Grade R Teaching or the B Ed Foundation Phase.
- ¹⁹² UN General Assembly, 2013.
- ¹⁹³ Myers, 2006.
- ¹⁹⁴ Montie, Xiang & Schweinhart, 2006; Sylva et al., 2007.
- ¹⁹⁵ United Nations, 2010. Notes that national statistical aggregates can disguise disparities and inequities in access; and that given that quality ECD services targeted to disadvantaged children and families can be a powerful equaliser – indicators must integrate considerations of equity.



ENQUIRIES

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