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GOVERNMENT NOTICE

DEPARTMENT OF SOCIAL DEVELOPMENT

No. 204

13 March 2015

DRAFT EARLY CHILDHOOD DEVELOPMENT POLICY"

I Bathabile Dlamini, Minister of Social Development, hereby intend to develop an Early Childhood Development Policy in the Schedule attached hereto, in terms of the South African Integrated Programme for Early Childhood Development – Moving Ahead (2013-2016) which was adopted by Cabinet on 18 September 2013.

Stakeholders and members of the public are invited to submit comments on the attached Draft of the Early Childhood Development Policy not later than 24 April 2015 in the format indicated below.

NAME OF PERSON (submitting comment)	OF the NAME AND ADDRESS OF ORGANISATION AND CONTACT DETAILS (including telephone number and email address – if available)	DOCUMENT REFERENCE: • Heading, • Paragraph number, • Page number • Matter / Issue	PROPOSAL (clearly state the comment, input or proposal)	Reason for proposal (motive why you made the proposal in the previous column)

If you do not wish to comment under a particular heading, please indicate "No comment".

Please send/deliver your submissions to:

The Deputy Director-General, Welfare Services, Department of Social Development, 134 Pretorius Street, Pretoria 0001, for attention of Ms Motlapele Ntswane at email MotlapeleN@dsd.gov.za or fax number: 086 544 1577.



**MS BATHABILE DLAMINI, MP
MINISTER OF SOCIAL DEVELOPMENT**

DATE: 6/03/2015



DRAFT NATIONAL EARLY CHILDHOOD DEVELOPMENT POLICY OF THE REPUBLIC OF SOUTH AFRICA



19 May 2014

DRAFT NATIONAL EARLY CHILDHOOD DEVELOPMENT POLICY FOR THE REPUBLIC OF SOUTH AFRICA**Date:** 06 March 2015**Draft version:** 19 May 2014**Status:** Approved by Cabinet for public comment on 18 February 2015.**Not to be cited as government policy or the official policy position of the Government of South Africa.**

Note: This document is the draft National Early Childhood Development Policy of the Republic of South Africa. The document contains information collated from a variety of sources, including national and provincial consultations. This document is **not** the Government of South Africa's Policy on Early Childhood Development neither should it be assumed to be as it provides a framework for public comment and input.

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National ECD Policy of the Republic of South Africa

Policy governing the Government of the Republic of South Africa's commitment, and associated responsibilities, to guarantee the universal availability of, and equitable access to, a comprehensive package of quality early childhood development (ECD) services for all young children from conception until they enter formal schooling (that is to say, until they enter Grade R) or until they reach the age of 8 years in the case of children with developmental difficulties and/or disabilities, whichever occurs first.

Acknowledgements

The policy developers acknowledge the input and guidance of the Steering Committee, from the inception of the project. The participants of the nine provincial consultations and the national consultation provided useful comments and feedback that enabled further interrogation of our approaches and revisions to the initial policy document.

We also express gratitude and appreciation to the content experts who provided critical expertise and direction during the development phase of the policy.

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Executive Summary

The Government of the Republic of South Africa (GRSA) has prioritised early childhood development (ECD). 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 policy is aimed at transforming ECD service delivery in South Africa, in particular to address critical gaps and to ensure the provision of a comprehensive, universally available and equitable system.

The development of this policy is necessitated by two critical gaps in the governing ECD policy and legal framework: the poor recognition of ECD services as a universal right; and the lack of acknowledgement of the significant benefits that ECD services can produce for individual children, their families and communities, and for the nation as a whole. This policy thus translates this recognition into associated responsibilities of the GRSA. It also seeks to provide clarity on definitional issues and to create an enabling, multi-sectoral framework to guide actions and ensure a coordinated response of public and private sector stakeholders, communities, parents and caregivers. The policy covers the period from conception until formal school entry (that is to say, until young children enter Grade R) or until they reach the age of 8 years in the case of children with developmental difficulties and/or disabilities, whichever occurs first.

The policy process, of which this document is the outcome, was initiated in May 2013, when a request for proposals to develop the policy was issued by the United Nations Children's Fund (UNICEF) on behalf of the national Department of Social Development. The policy development process included consultation processes in all nine provinces in November and December 2013, and a national consultation on the draft policy in March 2014. Relevant stakeholders and interested parties were invited to attend the consultations and written input on the draft policy was elicited prior to the finalisation of the policy. All feedback and comments received during these consultative processes were considered.

The objectives of the policy are to:

- Ensure universal availability of comprehensive age- and stage-appropriate quality ECD 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 ECD services and support for vulnerable young children and their caregivers through measures which address intrinsic and extrinsic barriers preventing their access to available ECD services;
- Empower and enable parents to lead and participate in the development of their young children through the use of ECD services;
- Ensure the alignment and harmonisation of sectoral policies, laws and programmes across the different sectors responsible for ECD service with the national ECD policy so as to ensure a nationally coherent and synergised multi-sectoral ECD system; and

- Ensure adequate and effective leadership, coordinated planning, funding, implementation, monitoring of progress and ongoing quality improvements to enable realisation of the national ECD vision, goals and objectives.

Several government-led initiatives and reviews took place recently to assess the status of ECD provision in South Africa. The findings of these processes demonstrated that, despite significant progress in policy development and implementation, several critical gaps remain. While strong systems have been established to realise universal availability and access to a number of key ECD services such as maternal and child health, birth registration and social security, quality and issues of equity remain problematic. A number of ECD services are *not* universally available and are beset by issues of poor quality. These include: nutritional support; parenting support; early care and education; specialised ECD services for children with disabilities; and ECD information and education. Children younger than two years, and those living in poverty and in underserved areas, are most excluded from access to these services. Service provision in these areas is seriously curtailed by a combination of factors, inter alia, a poor or absent legislative framework, insufficient or no public funding, and poor governance, including institutional arrangements, leadership and coordination. This policy attempts to address these critical flaws by describing the required elements and pillars of a strengthened national ECD system capable of supporting the provision of universally available and equitable ECD services. It sets out the GRSA's political and financial commitments necessary to deliver universally available and equitable ECD services, and the attainment of maximum service coverage.

This policy outlines the components and requirements for the provision of a comprehensive and essential package of ECD services. In particular, it focuses on the delivery of an essential package of ECD services across four service domains, namely: health care and nutrition; social protection; parenting support; and opportunities for learning. The policy defines an age-differentiated package of services, starting in pregnancy, and describes the requirements for scaled-up availability of services including population-based planning, quality maintenance and improvement, multiple delivery platforms and prioritised programmes and target groups.

It provides an implementation strategy that, inter alia:

- Clarifies the roles and responsibilities of government and non-governmental stakeholders, the private sector, and parents and caregivers, requiring all responsible role players to commit to and align their policies, laws, programmes and budgets to achieve the common national ECD vision, goals and objectives;
- Provides the required elements, including coordinating structures, for an effective national ECD management and coordination system, to ensure the establishment of management and coordination arrangements within the relevant departments and all spheres of government, to support the realisation of the national ECD vision, goals and objectives;
- Outlines the development and implementation of a national ECD communications and advocacy strategy to ensure coherent, sustained, well-resourced communications and advocacy interventions targeted at the full range of stakeholders that promote the behaviour, attitude and practice-changes necessary to realise the national ECD policy objectives;

- Describes a national ECD funding policy to enable sufficient resourcing for adequate delivery of services, including infrastructure that develops flexible and responsive funding mechanisms and that mobilises diverse and innovative financing sources;
- Provides a national ECD infrastructure policy aimed at securing an adequate and accessible physical environment and infrastructure to support scaled-up and effective delivery of quality ECD programmes and services, and the expansion of management infrastructure at provincial and municipal levels;
- Outlines the implementation of a national ECD human resources policy, aimed at developing appropriate cadres of ECD workers in sufficient numbers and with sufficient skills to support the implementation of the envisaged national ECD policy; and
- Describes the requirements for monitoring, evaluation, quality control and improvement of ECD services to ensure the development of a proper and effective monitoring and evaluation system and frameworks to track progress against ECD objectives and goals, especially with regard to improving levels of access to and the quality of ECD services.

The policy developers took account of existing relevant policy and legislation developed over the last two decades. This included the White Paper on Social Welfare (1997), White Paper 5 on Early Childhood Development (2001), the Children's Act No 38 of 2005, the National Integrated Plan 2005–2010, and the South African Integrated Programme of Action for Early Child Development – Moving Ahead (2013–2018). These and other reference policies and laws advocate for, with some urgency, the development of a strong and effective national comprehensive ECD system.

Despite the plethora of ECD-related policies, laws and programmes, a lack of coherence and the lack of a common vision amongst stakeholders is a major obstacle to effective, coordinated implementation. This policy seeks to address this obstacle by providing an overarching vision, objectives and principles for all stakeholders to ascribe to, and creates mechanisms for accountability. This policy should therefore result in an enabling, harmonised legislative environment and facilitate broad-based participation.

The purpose of the policy is thus to create a coherent enabling legal framework to support a strong and effective national comprehensive ECD system, to ensure universal availability of, and equitable access to, a comprehensive package of quality ECD services. Its focus is on strengthening systems to support the scaled-up provision of quality essential services.

Specifically, the policy aims to:

- Provide an overarching multi-sectoral enabling framework of ECD 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;
- Document the commitments and responsibilities of the GRSA to secure the provisioning of universal comprehensive ECD for children;
- Define a comprehensive and essential package of ECD services and support;
- Identify the relevant role players and their roles and responsibilities for the provision of the various components of the comprehensive and essential package of ECD services; and
- Establish a national- and provincial-level ECD leadership and coordinating structure.

Abbreviations and acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
CBW	Community-Based Worker
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CHW	Community Health Worker
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of People with Disabilities
CSG	Child Support Grant
DAFF	Department of Agriculture, Forestry and Fisheries
DBE	Department of Basic Education
DHET	Department of Higher Education and Training
DHA	Department of Home Affairs
DHS	Department of Human Settlements
DJCD	Department of Justice and Constitutional Development
DOH	Department of Health
DOAC	Department of Arts and Culture
DOCOGTA	Department of Cooperative Governance and Traditional Affairs
DOCS	Department of Correctional Services
DOF	Department of Finance
DOP	Department of Police
DOT	Department of Transport
DPSA	Department of Public Service and Administration
DPME	Department of Performance, Monitoring and Evaluation
DRECD	Diagnostic Review of Early Childhood Development
DSD	Department of Social Development
DSR	Department of Sport and Recreation
DWA	Department of Water Affairs
DWCPD	Department of Women, Children and People with Disabilities
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECD	Early Childhood Development
EFA	Education for All
EPI	Expanded Programme on Immunisation
FCG	Foster Care Grant
GCIS	Government Communication and Information System
GDP	Gross Domestic Product
GRSA	Government of the Republic of South Africa
HSRC	Human Sciences Research Council
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant mortality rate
IPAECD	South African Integrated Programme of Action for Early Child Development – Moving Ahead (2013 – 2018)
KZN	KwaZulu-Natal
LMIC	Low- and/or middle-income country
NDP	National Development Plan: Vision 2030
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
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund

Definitions and glossary of terms

Child-minder	A person who provides care for six children or less, typically in their own homes
Collaboration	Is made up of networking, co-operation and coordination, and also involves improving the capacity of partners for mutual benefit and attainment of a common purpose. ¹
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 UNCRPD and to support community-based inclusive development. ²
Cooperation	Includes the exchange of information for mutual benefit, aligning activities for a common purpose and sharing resources for mutual benefit. ³
Coordination	Involves information exchange and aligning activities to work synergistically towards a common purpose. ⁴
Developmental difficulty/ies	Includes conditions that place a child at risk of sub-optimal development, or that cause a child to have a developmental deviance, delay, disorder or disability such as cerebral palsy and Down Syndrome.
Early childhood care and education (ECCE)	ECCE is one component of ECD and relates specifically to the provision of daily care, education and stimulation for the cognitive, emotional and social development of children. ⁵
Early childhood care and education programmes	ECCE programmes are those that provide one or a collection of daily care, development, and/or education services and support to a child in their ECD years. These programmes include, but are not limited to: <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 education programmes; • support for the psychosocial needs of young children and their families; • early childhood development programmes provided at partial care facilities and child and youth care centres as contemplated in section 93(5) of the Children's Act; • any other programme that focuses on the care, development and education of children from birth to school going age and/or their families.
Early childhood care and education services	Services that provide care and developmentally appropriate educational stimulation for groups of young children in centres and/or in community- or home-based programmes
Early childhood development (ECD)	The composite cognitive, emotional, physical, mental, communication, social and spiritual development of children that takes place from conception until they enter formal schooling (i.e. Grade R) or reach the age of 8 years (in the case of children with developmental delays and/or disabilities for whom entry into

Early childhood development partnership	formal schooling is delayed), whichever occurs first ⁶ An organisational framework made up of two or more local partnering organisations working towards a common objective of ensuring the cognitive, physical, social, emotional, language, and/or moral development of young children ⁷
Early childhood development programmes	A programme that provides one or a collection of services and support to a child and/or caregiver to promote early childhood development
Early childhood development services	ECD services are 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 early childhood development. ⁸
Early Learning Centre / preschool	An early childhood programme with an educational focus for children prior to statutory school-going age where early childhood care and education (ECCE) services are provided. These are usually part-day.
ECD practitioner	An ECD practitioner who supports early learning and related activities
ECD Centre	An ECD centre may offer day care as well as a preschool programme.
Equitable access to ECD services	Is achieved when all children and their caregivers, including those who face barriers to access such as poverty, geography, and developmental difficulties, have the opportunity to access an age- and developmental-stage-appropriate package of ECD services.
Extended family	An extended family is a multigenerational family that may or may not share the same household. It includes family members who share blood relations, relation by marriage, cohabitation and/or legal relations. ⁹
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 ¹⁰
Home-visiting	Delivery of services at the household level to 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 removal of barriers to fundamental universal rights, including making physical infrastructure, information and the means of communication accessible so that all can use them ¹¹
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 and complementary package of ECD services and support in combinations to ensure their optimal development ¹²
Mother-and-child community worker	A community worker who supports pregnant women and children to the age of 2 years through a combination of home-visiting programmes for especially vulnerable children and mother-and-child groups for less vulnerable children and those over 9 months
Networking	Involves the exchange of information among partners and stakeholders for mutual benefit. ¹³

Parent	A parent includes a biological, foster or adoptive mother 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 learning (cognitive, language, motor, emotional, social). A playgroup is attended by mothers and supervised by volunteers or paid facilitators.
Playgroup facilitator	A community-based worker primarily responsible for early learning programmes provided to children twice a week in community facilities
Practitioners	Staff providing ECD services through formal ECD centre services, family services and playgroups and training, as well as those providing management support services to these workers
Primary caregiver	A person, whether or not related to the child, who takes primary responsibility for meeting the daily care needs of the child in question. It excludes those who take care of children for remuneration or reward. ¹⁴
Structured programme	Refers to the curriculum offered (for playgroups and pre-Grade R programmes) being systematic, geared to holistic development and specifically preparation of skills that will be necessary for school. This is understood to include all the areas in the NELDS, and specifically: <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 reading, writing and mathematics.
Supervisors/coordinators	A field supervisor/coordinator is responsible for mother-and-child workers, playgroup facilitators, child-minders or ECD centres. The supervisor provides oversight and support, including work-site support, help with planning and in-service training. Supervisors are more highly qualified than the practitioners for whom they are responsible.
Toy librarian	A toy librarian assists workers responsible for different ECD services, parents or children using the service to select educational play materials which assist with the development of the range of age-appropriate skills and provides instruction in their use.
Toy library	A toy library provides families with access to developmentally appropriate educational play and learning materials. They may offer play and learning sessions, toy-making demonstrations, individual lending and/or lending to other ECD service providers.
Universal availability	A situation where there is a sufficient quantity of ECD services in sufficiently close proximity to all young children so as to ensure that they all enjoy an opportunity to access the services in question ¹⁵
Vulnerable children	Vulnerable children are those who experience compromised caregiving and/or compromised access to ECD programmes and

services because of one or more structural, social, economic, geographical, physical, mental, psychosocial, racial, familial or any other risk factors associated with poor access to ECD services, and/or poor ECD outcomes. These may include, but are not limited to:¹⁶

- Children living in poverty;
 - Children experiencing developmental difficulties;
 - Children with chronic health conditions;
 - Orphaned children and other children living without their biological parents;
 - Children living in rural areas;
 - Children living in under-serviced urban informal settlements;
 - Children whose caregivers suffer from mental health conditions; and
 - Children whose caregivers abuse substances such as alcohol and drugs.
-

1. Introduction and Background to the Policy

1.1 The purpose of the national ECD policy

This national Early Childhood Development (ECD) policy restates the GRSA's long-held recognition:

- Of the universal right of all young children in South Africa to a comprehensive suite of ECD services necessary to ensure their optimal holistic development; and
- That the universalisation of ECD services is of significant developmental value for the individual child as well as society more widely.

It further provides a statement of the GRSA's associated commitments and undertakings to ensure the universal availability of, and equitable access to, ECD services through a national integrated system founded on the public provision of ECD which:

- Is embedded within a coherent legal framework that identifies, enables and compels the fulfillment of ECD roles and responsibilities of relevant role players;
- Establishes the organisational and institutional arrangements necessary to lead, plan for, coordinate and monitor the provision of ECD services and support;
- Ensures the provision of adequate public funding and infrastructure for sustainable universal availability of, and equitable access to, quality comprehensive ECD services; and
- Establishes appropriate monitoring, quality control and improvement systems to secure the provision of quality ECD services and outcomes for young children in South Africa.

More specifically, it will:

- Document the commitments and undertakings of the GRSA to secure the provision of universal comprehensive ECD for children;
- Define a comprehensive and essential package of ECD services and support;
- Identify the relevant role players and their roles and responsibilities for the provision of ECD services; and
- Define, and to the extent necessary, establish public ECD governance, leadership and coordinating structures to support the provision of universal and equitably available ECD services in South Africa.

1.2 Historical overview of legal and scientific foundations for the public provision of ECD

1.2.1 International legal and developmental framework

The GRSA has long recognised ECD as a universal right and of developmental importance. This recognition is founded on the State's ratification and/or endorsement of a number of international and regional rights and development instruments, including:

The United Nation's (UN) Convention on the Rights of the Child (CRC) (ratified in 1995) and its accompanying General Comment No. 7: In ratifying the CRC, as amplified in General Comment

No. 7 Young children, the GRSA recognised and committed to give effect to all the rights set out in the CRC for all children, including young children, without discrimination. It further recognised the interdependence of the whole body of children's rights, given that the overarching rights of children to survival and development to their full potential depends on the fulfillment of all of their other rights especially in the earliest years of a child's life.¹⁷

The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (ratified in 2005): Ratification of the CEDAW translated into a commitment to implement measures to support women and enable them to fulfill their parenting responsibilities.

The African Charter on the Rights and Welfare of the Child (ACRWC) (ratified in 2000): Protects a range of rights of all children (including young children). It expressly links the right to health to ECD, requiring that steps be taken to reduce infant and child mortality rates and for the provision of appropriate health care for expectant and nursing mothers.

The UN's Convention on the Rights of People with Disabilities (CRPD) (ratified in 2006): Requires measures to promote and protect equal enjoyment of the rights of children (including young children) with disabilities and to ensure inclusion at all levels.

The UN's Millennium Development Goals (MDGs) (adopted in 2000): The GRSA committed to achieve key poverty eradication, nutritional, educational and child and maternal health goals by end-2015, goals which are central to the realisation of children's rights in the early years.

UNESCO's Dakar Framework of Action for Attaining Education for All (EFA) (2000): Goal 1 of the EFA is to expand and improve comprehensive early childhood care and education, especially for the most marginalised children.

The UN's World Fit for Children (2002): Calls for national ECD policies and programmes that secure health care and early childhood care and education, including the provision of maternal and infant health care, water and sanitation, maternal and child nutrition, early learning and stimulation to ensure their optimal development.

UNESCO's Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations (2010): Calls for measures to scale up access to ECD services to accelerate the attainment of EFA Goal 1.

1.2.2 Evidentiary foundation of ECD as a developmental imperative

The centrality of ECD to the developmental initiatives to which the GRSA is a party (such as the MDGs 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'.¹⁸

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 ‘1st 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 limited.¹⁹ The 1st 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 ECD

In the 1st 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 schooling, in the home, community and early learning and care centres.

1.2.2.2 Risk factors and their impact on ECD

However, 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) development vulnerable to biological, social and environmental risk factors.

Risk factors predictive of poor ECD experiences include the following:

Poverty: Poverty is widely recognised as ‘a root cause of poor child development’.²⁰ Low socioeconomic status is a key predictor of poor early childhood development.²¹ 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, skills.²²

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 performance.²³ Poor maternal nutrition, such as lack of folic acid in the early prenatal 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 development.²⁴ 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 endure.²⁵ 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 adults.²⁶

Low birth-weight: Infants with low birth-weight (< 2500 grams) are at an increased lifetime risk for cardiovascular disease, diabetes and learning difficulties.²⁷

Infectious diseases in pregnant women, infants and children: Prenatal infections in pregnant women, such as syphilis and rubella, as well as diseases in infants and young children, such as measles, diarrhoea, parasitic infections and HIV, may negatively affect the young child's physical and cognitive development.²⁸

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 (1st trimester), fetuses (2nd and 3rd trimester) and the young child.²⁹

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 abuse.³⁰

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, increased risk of behaviour problems, reduced levels of pro-social behaviour, increased aggressive behaviour, and an inability to regulate their own emotions.³¹

Psychosocial risks: Maternal depression presents a significant risk to the cognitive, physical, social and emotional development of 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 development.³²

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 young children.³³

Children living without their biological parents are especially at risk of being denied the care necessary for their physical and psychosocial well-being.³⁴

Developmental delays and disabilities: Approximately 23% of children between the ages of 0–9 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 ECD services and at an increased risk of poor quality care.³⁵

1.2.2.3 ECD restores risk/protective balance

Globally, the development of an estimated 200 million disadvantaged young children is frustrated by multiple adversities.³⁶ This situation is not inevitable: the loss of human capital is avoidable

through the provision of timely and appropriate quality ECD services targeting the causes and consequences of the known risk factors.³⁷

The centrality of ECD to the national development agenda and the justification for increased public investments to secure ECD is premised on the recognition of the social returns of universal comprehensive ECD services – that ECD services benefit not only the individual but all of society.³⁸

The science is conclusive: investments in ECD yield lifetime development returns for the child, his or her family and society.³⁹ Notably, ECD has the potential to contribute significantly to the reduction of key development challenges facing South Africa in 2014, particularly poverty and inequality.

Access by infants, young children and pregnant women to quality early childhood services and support has a proven significant positive impact on:⁴⁰

1. *The mental and physical health of children and adults:* Comprehensive quality ECD 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 2014, including: maternal, infant and child mortality;⁴¹ HIV and AIDS and TB; a number of non-communicable diseases such as diabetes, cardiovascular disease and obesity; and violence and injury.⁴²
2. *School enrolment, retention and performance:* ECD services and support, especially in the early years, are associated with improved cognitive development of children, the prevention 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 children.⁴³
3. *A stronger economy:* ECD 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 pre-school participation contributes to increases of between 5 to 10% in lifetime labour income.⁴⁴
4. *Inequality:* Inequality between and within populations has its origins in poor ECD experiences.⁴⁵ 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, ECD investments that target the underlying social and economic causes and consequences of factors which present a risk to development limit inequality at its source.⁴⁶ ECD 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 potential.⁴⁷
5. *Poverty:* Access to ECD 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 children.⁴⁸
6. *A safer and more inclusive society:* ECD investments bring about higher levels of positive self-regulation which lead to significantly less crime and greater public safety,⁴⁹ reduced public

violence⁵⁰ and greater social cohesion and civic participation.⁵¹

1.3 Defining key concepts

1.3.1 The GRSA's recognition of ECD as a universal right and developmental good

For the preceding reasons, the GRSA is both developmentally and legally mandated and obligated to ensure **the provision of ECD services as a right**. In addition, they must be publicly provided because they provide a foundation for good child and national developmental outcomes, are necessary to equalise the developmental deficits experienced by young children vulnerable to risk factors, and thus are necessary to addressing South Africa's two key development challenges: poverty and inequality.

The GRSA recognises ECD as a fundamental and universal human right to which all young children are equally entitled without discrimination. The GRSA's recognition of ECD 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 (Act 108 of 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 5 on Early Childhood Development (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 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 in paragraph 3.1 below.

In sum, the governing policies and laws recognise and seek to give effect to the rights of every 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 ECD depends on fulfillment of a composite body of all other rights protected in law.

Early childhood development is the period in which the foundation is laid for the survival and development of children to their full potential across all domains and competencies. The 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, education systems and cultural beliefs.⁵² Their optimal development depends on whether they have a supportive and nurturing environment that secures their access to a full complement of services securing all of their other rights protected in law, including health, education, care and protection, basic services, information, participation, and numerous others.

The GRSA recognises that, in the first instance, the child's parents are responsible for his or her development and well-being through the provision of a nurturing and caring environment in these

important early years. However, the GRSA recognises that it bears a duty to ensure that parents and other caregivers have access to and receive the support necessary to enable them to fulfill their responsibilities. As such, ECD 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 development.⁵³

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

South Africa's national vision is that:⁵⁴

By 2030, we seek to eliminate poverty and reduce inequality. We seek a country wherein all citizens have the capabilities to grasp the ever-broadening opportunities available. Our plan is to change the life chances of millions of our people, especially the youth, life chances that remain stunted by our apartheid history.

South Africa has the means, the goodwill, the people and the resources to eliminate poverty and reduce inequality. It is within our grasp. But it will not happen unless we write this new story, a story of people, their relationships, their dreams and their hopes for a better tomorrow.

At the core of this plan is a focus on capabilities; the capabilities of people and of our country and of creating opportunities for both.

The NDP maps the most strategic routes for attaining its goals. It recognises the two essential building blocks as: (1) improved levels of employment; and (2) improved quality of education. Both of these are building blocks are, in turn, fundamentally linked to massively increased access to **early childhood development**.

The NDP recognises quality ECD 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 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 ECD and associated responsibilities

The GRSA's recognition of ECD as a universal right and that ECD lays the foundation for the attainment of broader societal benefits requires the public provision of ECD services by the GRSA for all young children in South Africa.

The GRSA has recognised its duty to provide ECD and has committed to the attainment of universal access to ECD for all children in South Africa. It is recognised in both the National Development Plan: Vision 2030 and in the Department of Social Development's *Integrated Programme of Action for Early Childhood Development – Moving Ahead (2013–2018)*.

Whilst both documents commit to the public provision ECD services so as to secure 'universal access' to ECD, neither defines these terms nor the associated responsibilities of government and non-government role players which have historically played a key role in the provision of early childhood education services.

There is widespread agreement that the universality of the right means that all young children are entitled to ECD services, regardless of their race, ethnicity, socio-economic status, health, disabilities or any other factor.⁵⁵

Likewise there is consensus that the Government is responsible for taking all appropriate legislative, administrative and other measures necessary to secure the realisation of the universal ECD rights of all children.

Whilst there is much agreement on the value and goal of universal ECD access, there is less agreement on what this means and what the associated responsibilities of the GRSA are to secure this goal through public provision.

There is consensus that there is a need to scale up access to and coverage of ECD services in order to meet legal and developmental imperatives – for many this is often viewed as an imperative to secure universal access.⁵⁶ Across international and national laws and policies, the term 'universal access' is used differently and the differences in terminology impact on the scope of the resultant obligations on parents and the Government.⁵⁷

Universal access does not and should not in the context of all ECD services connote 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 **the GRSA must ensure that high quality services are available to all children whose parents wish them to use it; and cost and other barriers such as disability should not prevent those who wish to make use of the services from doing so.**⁵⁸

To avoid confusion the national ECD policy will avoid the use of the term 'universal access' and instead use the **following two terms** and associated government obligations which are **accumulatively necessary to ensure universal access**:

1. **Universal availability of quality and appropriate services** – with the associated obligation to ensure the adequate availability of quality ECD services which are age- and stage- and needs-appropriate so that all children have an equal opportunity to participate in services of a high quality; and
2. **Equitable access** – with the associated obligation to ensure that measures are in place to ensure that no child is prevented from making use of the available services because of their age, poverty, geographic location, disability or other circumstances.

This is then the public provisioning responsibility of the GRSA: **to develop a publicly funded and rights-based national ECD system which ensures universally available ECD services that secure young children's rights and provide a continuum of quality care, early learning education and protection.** It must, furthermore, ensure equitable access to ECD services for children especially vulnerable to environmental, social, economic and other ECD risk factors.

The public provisioning of ECD thus embraces a continuum of responsibilities in terms of which the GRSA must ensure that:⁵⁹

1. All services necessary for the optimal survival and development of 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 the 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. ECD programmes are appropriately designed to ensure the delivery of quality, age and stage-appropriate inclusive services;
4. The environment, infrastructure and materials supporting the delivery of all ECD 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 ECD services;
6. Measures are implemented to ensure that the cost of the service does not preclude children living in poverty and that infrastructure and materials, the qualifications and number of practitioners, and the design of the programme, 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 vulnerable children; and
8. Adequate resources are available to sustain a national ECD system that delivers on the preceding obligations.

The public provision of ECD services by the GRSA requires the development of a national ECD system which provides, and is capable of holding the GRSA accountable for provision of:⁶⁰

- A comprehensive suite of quality age-, developmental-stage and needs-appropriate ECD services for all young children in South Africa;
- 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 ECD services at a national, provincial and local or municipal level and planning for provision to meet the determined demand;
- Human resources and infrastructure necessary to deliver universally available quality ECD services for all young children in South Africa and to ensure that all access barriers, including age, poverty geography and /or disability are addressed;
- The development of quality age-, stage- and needs-appropriate ECD programmes and services to meet the determined demand;
- The delivery of ECD services through a range of models of service provision, including community, home- and facility-based programmes suited to meeting the specific age and developmental needs and geographic location of all children;
- Adequate funding to ensure universal availability of quality ECD 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;
- A body of enabling policies, laws and programmes mandating, obligating, regulating, enabling and harmonising the respective ECD roles and responsibilities of all role players, including government departments across all three levels of government and non-government role players; and
- Appropriate and sufficient management, governance, coordination and institutional structures to support the national ECD system and realise the GRSA's public provisioning responsibilities as defined.

1.3.3 What ECD services and support must be publicly provided?⁶¹

International legal instruments and the science of ECD 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 potential.⁶²

1.3.3.1 Parenting support and education

The CRC and ACRWC recognise the family as 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. The government's role is to provide parenting education and counselling to strengthen the nurturing parent/caregiver-child relationships.⁶³

Parenting education and support, especially for children in the age group 0–3 years can improve children's cognitive and psychosocial development, with effects more noticeable in disadvantaged families and in programmes that provide systematic curricula and training opportunities for child-care workers and parents. They promote parent-child interactions to improve responsiveness in feeding infants and young children, increase attachment, and encourage learning, book-reading and play activities, positive discipline and problem-solving related to children's development, care and feeding.⁶⁴

Parenting support may be delivered through a number of strategies, including community support groups, regular clinic visits, media, and/or home visits, or a combination of these. However, there is a strong imperative for the provision of early and intensive support by trained home visitors to vulnerable families, beginning prenatally and continuing until the age of 3 years.⁶⁵

1.3.3.2 Child-centred social security

As a signatory to the CRC, the GRSA has committed to realising children's right to a standard of living adequate for their physical, 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'.⁶⁶

Moreover, it has committed to realise this right through the development and implementation of 'systematic strategies to reduce poverty in early childhood as well as combat its negative effects on children's well-being';⁶⁷ it has also committed to provide 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 security,⁶⁸ compels the provision of cash transfers 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 ECD than other determinants of optimal ECD development, especially for children living in poverty.⁶⁹ 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 development.⁷⁰ Cash transfers in the early years improve young children's health and development, especially their cognitive, emotional, language and fine motor development, and have a positive effect on their schooling.⁷¹ National studies confirm that access to the Child Support Grant (CSG) in the first year of life and for at least 50% of the first 36 months of a child's life has significant developmental value and impact on early childhood and later development outcomes.⁷²

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. 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 ECD services at a national level, and the certificate is required documentation to access services such as social assistance, health care, early childhood care and education.⁷³

1.3.3.4 Health care

The right of young children to basic health care (including environmental health services such as access to water and sanitation), especially during pregnancy and the childhood years, is expressly protected by many international and national instruments, including the CRC, ACRWC 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, newborn and post-natal care and medical care to prevent and treat common childhood illnesses, as well as access to basic services such as water and sanitation.⁷⁴

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 CRC, ACRWC, the MDGs and others. Nutritional support for women from conception and during pregnancy, and for infants and young children, is critical. 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 performance.⁷⁵

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

Regulation of day care and subsidies for children of poor working parents has been an area for social welfare support for many decades.⁷⁶ 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 Responsibilities.⁷⁷ Children of working and work-seeking parents, parents who

are in full-time education, and those who cannot care for children without assistance all require day care. This must be of high quality and include early learning as well as care and protection to promote children's development and avoid the negative effects of poor quality care,⁷⁸ effects which are most often experienced by poor children.

1.3.3.7 Early learning support and services

The right to education in early childhood begins at birth.⁷⁹ The education of a child is fundamentally linked to the child's development to his or her full potential. Although attending preschool is, by and large, the most important variable explaining children's performance in their first year at primary school,⁸⁰ education begins much earlier. It begins at home from birth, where children's parents and caregivers are their first educators.

The provision of early education and stimulation thus requires at the least a two-pronged strategy:

- Supplying parents and other caregivers with information and support to enable them to understand and fulfil their role in children's early education; and
- Providing community- and centre-based organised early learning programmes that complement the parents' role and which are developed in partnership with parents and early childhood education professionals.⁸¹

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. Children's immaturity and dependence on those around them leaves them ill-equipped to avoid or resist harm. In addition, the consequent stress and trauma of abuse and neglect impacts significantly on children's cognitive, physical, emotional and social development. Numerous instruments protect the rights of children to protection from abuse and neglect. 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 child.⁸²

1.3.3.9 Play and recreational facilities

Children have a right to rest and leisure, to engage in 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, the value of play is widely recognised in promoting children's early learning and skills. It is often hindered by a lack of opportunities for children to meet, play and interact in a child-centred, secure, supportive and stress-free environment – a gap which is particularly evident in crowded urban environments and where children may be burdened with excessive domestic chores. To realise the right, a dual strategy is required. The first step is to remove obstacles to play as part of the national poverty reduction strategy; 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 processes.⁸³

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 and education, 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 ECD 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 quality ECD services, including prevention and early detection, rehabilitation and social protection services to ensure that affected children can develop to their full potential.⁸⁴

Securing the universal right of children with disabilities to ECD thus requires the development of a focused multi-sectoral national ECD disability strategy and supporting programme that guarantee the public provision of universally available inclusive comprehensive ECD services which will ensure the survival and development of all children with disabilities to their full potential. The strategy must:

- Make provision for the allocation of additional and adequate public funding to ECD 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 for children with disabilities;
- Provide direction for the design of all ECD services to achieve quality outcomes and achieve ECD goals and targets for children with disabilities as specified in the strategy. Notably guidance should be provided as to which children should be mainstreamed and within which services, and which services should provide specialist support through programmes targeted specifically at children with disabilities;
- Provide norms and standards for accessible and appropriate public infrastructure, applying universal design standards, for identified inclusive and/or specialised sites of ECD service delivery;
- Secure a sufficient number of qualified ECD practitioners to provide quality and appropriate ECD services to children with disabilities and their families. This in turn will require the development of appropriate norms and standards governing minimum qualifications, and staff: child ratios for different ECD services and guidance on curriculum development for the training of practitioners;
- Provide for the development of management capacity across all government departments and at all relevant levels of government to plan, develop, design, coordinate and monitor implementation of ECD services for children with disabilities and progress made towards realisation of the goal of universalisation of comprehensive ECD for children with disabilities
- 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 of, the quality and impact of comprehensive ECD services made available for children with disabilities.

1.3.3.11 ECD information

Parents, caregivers and children have a right to information in terms of legal instruments such as the CRC, ACRWC, and Constitution of the Republic of South Africa. In the context of ECD, this right translates into the imperative to develop and implement systematised national communications

campaigns. These must make publicly available accessible information about ECD rights, services, responsibilities and support available to parents, caregivers, ECD professionals and service providers to facilitate knowledge and use of positive ECD practices and services. In addition, they must inform policy-makers about the rights imperative and developmental value of ECD to strengthen political commitment to ECD.⁸⁵

2. ECD in South Africa in 2014: Progress review

Measured against the preceding prescribed ECD measures and outcomes, since 1995 the GRSA 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, ECD outcomes and broader national developmental outcomes dependent on optimal early development have lagged behind.

2.1 The GRSA has developed an enabling multi-sectoral framework

As noted above, between 1995 and 2014 numerous policy documents and laws were developed which acknowledged the universal right of children to ECD as well as the central developmental role of ECD in South Africa.

The documents discussed recognise ECD as an on-going process of emotional, cognitive, sensory, spiritual, moral, physical, and social and communication development in children from birth until the age of approximately 8 years,⁸⁶ which requires the provision of multiple integrated services to promote protective factors and address risk factors associated with young children's survival and development. These services cut across different departments, including Health, Education, Social Development and others. The chief 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. It formalises, standardises and subsidises the reception programme for children aged 5 years.

The Constitution of the Republic of South Africa, Act 108 of 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 services 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, 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 ECD is a multifaceted concept and makes provision for a national ECD pilot project for rolling out a universal reception year.

National Programme of Action for Children in South Africa, 1996: Prioritises 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 ECD activities, including low-cost family- and community-based interventions.

White Paper on Social Welfare, 1997: The White Paper was developed as a guiding policy for all welfare provisions in South Africa and particularly highlighted the status of children and the need for preventive and developmental approaches to child and family welfare. One of the primary goals of the White Paper is to facilitate the provision of appropriate developmental social welfare services to all South Africans, especially those living in poverty, those who are vulnerable and those with special needs.

White Paper for the Transformation of the Health System in South Africa, 1997: Commits to the provision of nutritional support, 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: Recognises the link between early childhood services, child well-being, school achievement, and cognitive and other development domains, and commits to addressing inequitable provisioning of ECD programmes and remediation of the fragmentary ECD legislative and policy framework.

White Paper 6: Inclusive Education, 2001: 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 – 3).

National Integrated Plan for ECD 2005–2010 (NIPECD): The NIPECD was the first national multi-sectoral plan of action for the realisation of a comprehensive package of ECD 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 emphasises the need for integrated planning and delivery of ECD services, especially through community-based interventions.

Children's Act No 38 of 2005 (effective from 2010): Provides a comprehensive child protection framework for South Africa, which includes a dedicated chapter (6) on ECD. It obligates the development of a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed ECD system, giving due consideration to children with disabilities and chronic illnesses.⁸⁷

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 ECD with the goal of ensuring universal access to effective, integrated, quality and 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 ECD conference held in March 2012. It recognised ECD as a right and committed to scaling up access and quality, especially for the most marginalised young children, and the development of a holistic, coherent and well-resourced national ECD system.

South African Integrated Programme of Action for Early Child Development – Moving Ahead (2013–2018) (IPAECD): Pursuant to the Buffalo Declaration, the IPAECD was developed to implement recommendations emerging from a number of national ECD review processes. The IPAECD commits to the development of a national ECD policy that outlines a comprehensive package of ECD services and establishes structures, procedures and capacity-building initiatives necessary to support the implementation of the policy.

NIPECD established a range of institutional structures tasked with facilitating coordination across departments and between the different spheres of government. It also recognised that ECD services ought to be delivered through different programme types, not just through centres, and committed to the roll-out of home, community and centre-based programmes to secure comprehensive ECD services for all children, with a special emphasis on realising the rights of children aged 0- 4 years and vulnerable children, especially those in rural areas,⁸⁸ children living in underserved areas, children with disabilities and/or children who are chronically ill.⁸⁹ NGOs were recognised as essential partners in realisation of the national ECD plan and, partly fuelled by the funding impetus provided by the Expanded Public Works Programme (2004), numerous privately-run early childhood care and education centres were established and their operating costs subsidised through a funding model in terms of which the Government pays up to R15 per day per child living in poverty to the ECD centre attended by the child.

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

2.1.1 Birth registration

Births and Deaths Registration Act 52 of 1992: The Act and its regulations (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, non-South African citizens, including infants who are abandoned and orphaned. While the Act and accompanying regulations provide for free registration, late registration of births (after 30 days of the birth) is penalised and 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 a transformed inclusive health system for all South Africans.

National Health Act 60, 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 services for all persons who are not beneficiaries a medical aid or medical compensation scheme.

Negotiated Service Delivery Agreement, 2010: The Negotiated Service Delivery Agreement (NSDA) was signed by the Minister of Health and is a contract that reflects the commitment of key sectoral and intersectoral partners linked to the delivery of identified outputs. The Agreement outlines strategic outputs that the health sector must achieve within the next five years, including decreasing maternal and child mortality, combating HIV and AIDS, and strengthening the health systems effectiveness.⁹⁰

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 primary health care (PHC) is a core element of the plan. Three complementary streams for the delivery of PHC are envisaged: district clinical specialist support teams, providing 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 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 services.⁹¹

The Department of Health has 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 (PMTCT) programme to prevent new HIV infection of infants; the Integrated Management of Childhood Illnesses (IMCI) to prevent and manage common causes of childhood mortality, the Expanded Programme on Immunisation (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 *Primary Health Care (PHC) re-engineering programme of primary health care (PHC)* 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 community health workers and other health professionals who will play a key role in delivering community-based maternal and child health services, as well as other routine and curative health services.⁹²

2.1.3 Food and nutritional support for pregnant women and children

Regulations of the Foodstuffs, Cosmetics and Disinfectants Act 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 60, 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 (effective from 2010): The Act and its regulations provide a comprehensive framework for the provision of social services for children in South Africa. The Act enables and regulates the provision of ECD services and programmes to young children. The Act's Norms and Standards stipulate that 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. 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.

The 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 the development of legislation to protect and extend maternity leave for all workers; comprehensive services must be provided 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 conditions.⁹³

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&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 ARV treatment during the breastfeeding period.

With the exception of the provision of food for children in ECD 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 provisioning 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 13 of 2004: The Act and its regulations make provision for non-contributory cash transfer programmes targeting eligible children living in poverty (the Child Support Grant), those with disabilities requiring permanent care or support services (the Care Dependency Grant) and those in court-ordered foster care (the Foster Care 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 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 Child Support Grant (CSG), the Care Dependency Grant (CDG) for children with disabilities, and the Foster Care Grant (FCG). The Social Relief of Distress grant is another vehicle for emergency relief to indigent families, sometimes in the form of food parcels or vouchers, 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 (effective from 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 133 of 1993: This Act introduced a focus on domestic violence and intimate partner relationships. Importantly, the Act criminalised rape in marriage, which had not been regarded as a criminal act previously.

Domestic Violence Act 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 document⁹⁴ provides guidelines for the establishment of shelters for victims of domestic violence 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 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 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.

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 (effective from 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 ECD 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 its 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 and Key Family Practices.

2.1.7 Early child care and education services

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–3).

Children's Act No 38 of 2005 (effective from 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 (7) on ECD and makes provision for the delivery of ECD services that promote the development of children from birth to school-going age, and for ECD programmes that provide developmentally appropriate learning and support. The delivery modes for ECD programmes are not limited; however, the Act prescribes that ECD programmes must be delivered

within a partial care facility (any person taking care of more than six children on behalf their parents or caregivers) and a child and youth care centre catering for children below school-going age. The Act obligates the Minister of Social Development to develop a comprehensive inter-sectoral strategy aimed at securing a properly resourced, coordinated and managed national ECD system. Children with disabilities and chronic illnesses must be considered in the provision of these programmes. However, funding of ECD services is not obligatory. The Regulations to the Act set out norms and standards for the provisioning of ECD services and programmes.

National Early Learning and Development Standards for children Birth to Four years (NELDS), 2009: This document describes the kinds of stimulation for learning that infants and young children should receive, and outlines what ECD programmes are expected to offer children under 5 years of age. The use and implementation of NELDS should improve early learning and teaching 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 (draft), 2012: The comprehensive first draft of the curriculum framework 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. The Framework sets out goals for children's development and learning as a foundation for planning quality learning experiences and assessing young children's performance. It is organised around six early learning and development areas including 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 of approximately R15 per day is paid to centre-based programmes for children living in poverty, and there is a commitment to the universalisation of Grade R (preschool) year through the progressive provision of Grade R to all 5-year-old children in the country.

The Department of Basic Education is primarily responsible for implementation with regards to curriculum development, support and training and the roll out of the Grade R year, while the Department of Social Development is largely responsible for financing, monitoring and overall oversight of ECD programmes.

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 ECD facilities. The *Local Government: Municipal Systems Act 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 ECD services

National Integrated Plan for ECD 2005–2010 (NIPECD): The NIPECD was the first national multi-sectoral plan of action for the realisation of a comprehensive package of ECD services. The Plan promoted information dissemination and raising awareness as key strategies to reach and inform caregivers and communities with the aim of building demand for ECD services. It regarded the use of media as an important element of a communication strategy. The Department of Social Development was mainly responsible for implementation for the duration of the NIPECD.

Children's Act No 38 of 2005 (effective from 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. 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: A new housing policy and strategy for South Africa, 1995: The White Paper sets out a vision for the establishment of viable communities, socially and economically integrated. The Paper provides a vision of a society in which all 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 to provide a minimum amount of free basic water per month to indigent households, subject to the availability of the means to do so. The NIPECD allocated responsibility to the Department of Water Affairs for the provision of sufficient water and sanitation at ECD sites.

White Paper on Basic Household Sanitation, 2001: The Paper aims to provide adequate sanitation to all and to eliminate the bucket system. However, there is no legal obligation for any government entity to provide free or subsidised sanitation facilities to households. The provision of sanitation facilities falls within the mandate of local governments.

2.1.10 Play, recreational and cultural amenities

Children's Act No 38 of 2005 (effective from 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 (7) on ECD programmes. Norms and standards for the provisioning of programmes are stipulated in the regulations to the Act, which state that programmes must aim at helping children realise their full potential. Programmes must therefore promote children's right to play and leisure, and respect and nurture the culture of children benefitting from the programme. The Department of Social Development is largely responsible for oversight of implementation, but the Department of Basic Education is responsible for programme content, curricular development and support.

Schedule 5 Part B of the Constitution designates responsibility to local municipalities for the provision of local sport facilities and municipal parks and recreation. Local government duties with respect to child care facilities could be interpreted to mean that appropriate play and recreational facilities should be made available to children using these facilities.

3. The situation of young children in South Africa: Situational analysis, and problem statement⁹⁵

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 ECD 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, race and income quintiles.

3.1 Demography of South Africa's young children

In 2012 there were 5.3 million children under the age of 5 years living in South Africa – the largest number live in KwaZulu-Natal (KZN) (20.6%) and Gauteng (19.6%), while the lowest number in the Northern Cape (2.3%) and the Free State (5.3%).⁹⁶ Most young children live in urban formal areas (46.3%).

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 poverty.⁹⁷ South Africa does not have an official poverty line. Using a lower-bound poverty level of R604 per person per month, 58% 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% of children in South Africa are recognised as living in poverty and requiring additional income support.⁹⁸ 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% of Indian/Asian and 2% of young white children. Similarly, many more young children living in the predominantly rural provinces of Limpopo (76%), the Eastern Cape (75%) and KZN (67%) live in poverty than in the largely urban Western Cape and Gauteng (35%). Almost 80% (79.6%) of children living in rural tribal areas live in poor households, compared to 57% in urban informal and rural formal areas and 38% in urban formal areas.⁹⁹

The demographic poverty patterns are replicated in the case of access to key ECD services. Many more poor African children living in tribal rural areas in historically under-served provinces falling 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 ECD 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 age.¹⁰⁰ 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 populations.¹⁰¹

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 3.1.2 above. Notable in this regard are the Strategic Plan for MNCWH in South Africa, the CARMMA initiative and the ward-based PHC 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 primary health care 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 between 2006 and 2012.¹⁰²

The national immunisation rate (95%) shows near-universal coverage to the full course of vaccinations for 1-year-olds. However, coverage rates vary between provinces and districts, suggesting that implementation remains a challenge at these levels.¹⁰³

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-served informal urban areas.

More than a quarter of African children, and 34% of those living in the poorest 20% of households, have to travel far (more than 30 minutes) to their nearest primary health-care facility.¹⁰⁴

While antenatal care coverage is high at over 90%,¹⁰⁵ less than half of women attend before 20 weeks of pregnancy, while those attending do so only for an average of three visits¹⁰⁶, thereby minimising the opportunity for early identification of and effective intervention on problems in pregnancy.¹⁰⁷

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 5 years,¹⁰⁸ 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% of young African children have access to piped water in their dwellings, compared to 93% of white children. Although substantial gains have been made in the provision of sanitation facilities – with almost 70% of all children in South Africa having access to basic sanitation in 2011, compared to only 47% in 2002 – the majority of those excluded from the

service are African children living in poverty in rural and informal urban areas.¹⁰⁹ Thus, while 97% of white young children use flushing toilets, only 40% of young African children enjoy a similar quality service.¹¹⁰

Some of the poor health outcomes are attributable to the persistence in the poor quality of health services in some districts. In addition, current mechanisms for expansion of maternal and child health services, such as the role played by community health care workers, have encountered implementation challenges which have limited their provision of quality services.

Over and above implementation challenges, the current health framework is marked by a number of policy gaps, notably the failure to integrate preventative interventions addressing the social and economic determinants of poor young child health into health services and programmes. These include 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% of children under 3 years are stunted, and vitamin A deficiency is regarded as a significant public health problem.¹¹¹

Malnutrition remains a key driver of Under-five mortality in South Africa.¹¹² Child malnutrition, especially for the youngest age group, continues to be a significant child health and development problem. While 15% of children aged 0–14 years are stunted, 27% of 0–3-year-olds have the same condition.¹¹³ Severe acute malnutrition in children younger than 12 months appears to be increasing, indicating poor feeding practices and inadequate or no breastfeeding.¹¹⁴

Micronutrient deficiencies in the child population are also a matter of concern: national vitamin A deficiency prevalence is 44%, anaemia and iron deficiency prevalence are both 11%, and iron deficiency anaemia is 2%.¹¹⁵

A number of direct and underlying factors result in malnutrition in young children. Two immediate determinants are inadequate food intake and illness.¹¹⁶ Key underlying determinants are food insecurity, inadequate maternal care, insufficient health services, poor hygiene and unhealthy environments.¹¹⁷ In 2011, 28.9% of young children lived in households that ran out of money to buy food, 24% lived in households which skipped meals because of insufficient food, and 28% 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% of whom lived in households that ran out of food, compared to 2.3% of white young children.¹¹⁸

3.4 Child-centred social security

The CSG is a cash transfer of R310 per month (in April 2014) 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 ECD 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 outcomes.¹¹⁹

Overall, access to the CSG has increased, with an estimated 76% of all eligible children currently receiving the grant.¹²⁰ 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 off.¹²¹ 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 old.¹²² In 2011 only 50% 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 2011.¹²³

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% of births now registered within the year of birth.¹²⁴ However, access is skewed towards older children. While 90% of 0–9-year-olds had a birth certificate in 2008, 11% of 0–2-year-olds, compared to 3% of 3–4-year-olds, did not have this vital document.¹²⁵

3.6 Parenting support and education

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.

Parenting programmes are not widely available, and where they are, remain inaccessible to families living in poverty and in rural areas. There is practically no support provided to parents and families to fulfil this role – support which is urgently needed in the South African context where the majority of families live in poverty and other circumstances that undermine parenting capacity, including high levels of alcohol and drug abuse and teen parenting.

Where programmes are available, these are not publicly provided. They are mostly provided by the non-profit sector or by private providers and most are urban-based. For example, in the Eastern Cape, only four group-based parenting programmes existed in 2011 when the province's child population was 2.7 million.¹²⁶ In addition, the quality of programmes on offer is often too low to derive their full potential ECD benefits.¹²⁷

3.7 Early learning and care

Learning begins at birth. In the South African context, high levels of poverty often result in home environments which may not be able to provide the kind of stimulation needed to support school readiness. This may be accompanied by higher levels of stress brought about by circumstances of poverty, resulting in limited care and stimulation. The combination of a lack of enriching home environments with poor access to quality early learning and care programmes means that many children are ill-prepared for formal schooling.

Early learning programmes for children not yet of school-going age are provided mainly by the NPO and private sectors. Government support is primarily via a subsidy to NPOs for poor children attending ECD centres. The subsidy does not cover the full operating costs and therefore most ECD centres charge user fees.¹²⁸

In 2013, 545,347 children under 5 years received a subsidy at an ECD centre.¹²⁹ An estimated 16% of poor children aged 0–5 years will be covered by the subsidy for 2013/14.¹³⁰ While access to ECD centres is increasing (73% of children aged 3–6 years were attending a learning facility in 2011),¹³¹ early learning and care programmes are not universally available or equitably accessible to vulnerable children.

Poor children living in areas with few or no centres, such as rural areas, have limited or no access to such programmes. Access to ECD centres is therefore currently inequitable, with the poorest children having least access.¹³² Young children whose caregivers cannot afford to pay user fees are also excluded from centres. Overall, only an estimated 20% of 0–4 year-old children in the poorest 40% of households have access to some form of out-of-home care. The quality of programmes currently provided at many centres in impoverished communities is also insufficient to ensure good child outcomes.¹³³ Children with disabilities are largely excluded from these programmes.

The vast majority of children aged 0–2 years are not in formal centres 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 others, while their parents are away at work, studying, engaged in business, or chronically ill or disabled. There is currently no meaningful funding, regulation, training or quality management and improvement plan to ensure that early childhood care is provided to children in the age group 0–2 years.¹³⁴

3.8 Services for children with disabilities¹³⁵

Currently, there are no reliable national estimates of child disability. An estimated 474,000 children live with severe disabilities in South Africa today.¹³⁶ In addition, many more children may have mild to moderate disabilities. Children in rural areas are more likely to have some form of serious disability (2.7%) than children in urban areas (2.3%).¹³⁷ An estimated 40% of disabilities affecting children are due to preventable causes, i.e. birth asphyxia, infections, etc.¹³⁸

A crucial starting point to ensure the development of children with disabilities is early identification to facilitate proper planning, targeting and the provision of adequate resources and services. This is hampered by poor or absent screening at primary health-care level. High-quality assessments by trained professionals are often required; however, there is a shortage of appropriately skilled staff

and resources.¹³⁹ 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% 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 Africa.¹⁴⁰

Shortcomings in services and support extend beyond the health sector. The current provision of early learning services, 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 (4–5%) are estimated to be attending ECD centres. Analysis of the profile of Care Dependency Grant (CDG) beneficiaries in 2006 found that only 24% of children aged 0–6 years attended a crèche or child-minding group.¹⁴¹ 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:

- There is no overarching policy or guidelines for the inclusion of children with disabilities in ECD services across all sectors;
- 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 care and education practitioners does not provide for the early learning and care needs of 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 disability,¹⁴² and the fact that early childhood teaching strategies do not, in the main, consider the learning needs of children with disabilities.¹⁴³

Similarly, while a social assistance programme (the Care Dependency Grant or CDG) is in place for children with disabilities, not all children with a disability or developmental difficulties who require additional material support receive the grant. Take-up is limited by numerous factors, including:

- Lack of clarity regarding the eligibility criteria for the grant; and
- Use of an outdated, inadequate and inappropriate eligibility assessment tool to conduct the assessments.¹⁴⁴

3.9 ECD 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 ECD 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 avoid the dangers of harsh punishment; understand and demand quality early child care and education; foster parent-child interaction; and build understanding of the roles of mothers and fathers in early childhood development.

Child-focused communication should focus on stories-for-enjoyment because stories stimulate language, imagination and an intrinsic desire to explore and learn more.¹⁴⁵ 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 ideas.¹⁴⁶ 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.

In South Africa, programmes such as Takalani Sesame and Nal'ibali have focused on communicating with children, but there has been little systematic focus on support for parents. A recent partnership between Ilifa labantwana and the South African Broadcasting Corporation has introduced talk-shows about ECD for parents on all public radio stations. However, the reach and impact of these programmes is not known.

In addition to children and parents, there is a need to communicate good, evidence-based information about the science of ECD and its implementation with policy-makers, civil society, business and trade union leaders, and the media. At present, little if any information of this nature is systematically shared with decision-makers.

3.10 Gaps in the current ECD system

The public provision of ECD services by the GRSA requires the development of a national ECD system which provides, and which is capable of holding the GRSA accountable for the provision of:¹⁴⁷

- A comprehensive suite of quality age-, and needs-appropriate ECD services for all young children in South Africa;
- 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 ECD services at a national, provincial and local or municipal level and planning for provision to meet the determined demand;
- Human resources and infrastructure necessary to deliver universally available quality ECD services for all young children in South Africa and to ensure that all access barriers, including age, poverty geography and /or disability are addressed;
- The development of quality age-, stage- and needs-appropriate ECD programmes and services to meet the demand;
- The delivery of ECD services through a range of models of service provision, including community, home- and facility-based programmes suited to meeting the specific age and developmental needs and geographic location of all children;
- Adequate funding to ensure universal availability of quality ECD services and to address access barriers, including user-fees for children living in poverty and/or with disability;
- Adequate quality and safety standards, control, improvement and evaluation systems to ensure and measure universal availability of quality of services and equitable outcomes for all children and access for vulnerable children;
- A body of enabling policies, laws and programmes mandating, obligating, regulating, enabling and harmonising the respective ECD roles and responsibilities of all role players, including government departments across all three levels of government and non-government role players; and

- Appropriate and sufficient management, governance, coordination and institutional structures to support the national ECD system and realise the GRSA's public provisioning responsibilities as defined.

The preceding discussion indicates that strong systems have been established to realise universal availability of, and improved access to, a number of key ECD services. Notable in this regard are the health, birth registration and social security systems, but there are still problems with regard to quality and equity in terms of access.

The key quality concerns and equity gaps with regard to the health, birth registration and social security systems are:

- *Maternal and child health services:* Children living in poverty, those living in predominantly rural provinces and those living in under-serviced urban areas continue to face access barriers. The majority of pregnant women are not accessing antenatal care early in their pregnancy (before 20 weeks of pregnancy), thereby minimising the opportunity to identify problems early and intervene effectively. The prevention of common childhood illnesses which are the cause of many child deaths, such as diarrhoea and pneumonia, remains a significant problem.
- *Birth registration:* Access is skewed toward older children. About one in ten children in the 0–2 year age group do not have a birth certificate. Greater attention is needed to facilitating birth registration at the time and place of delivery.
- *Social security:* There are significant barriers to CSG access in the first year of life. Approximately 50% of income-eligible infants younger than 1 year are accessing the CSG. Caregivers seem to be delaying applying for the CSG until the child is 1 or 2 years of age. Administrative and documentation barriers may also be contributing factors. The CDG is currently not being targeted appropriately and there are major concerns with the assessment criteria and related protocols, which are not aligned with the revisions to the Social Assistance Act.

A number of ECD services are *not* universally available, are beset by issues of poor quality, and are not accessed by especially vulnerable children, including:

- Food and nutritional support;
- Parenting support;
- Early care and education, especially for the youngest children, children living in poverty and in underserved areas;
- Specialised ECD services for children with disabilities; and
- Information and education on ECD.

Service provision in these areas is seriously curtailed by a combination of factors, inter alia: a poor or absent legislative framework; insufficient or no public funding; and poor governance, including institutional arrangements, leadership and coordination.¹⁴⁸ Improving the scale, quality and equity of

access to these services to meet legal and developmental imperatives requires the development of a strengthened national ECD 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 or for effective prevention of malnutrition through targeted prevention interventions aimed at pregnant women and infants as well as 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 support.¹⁴⁹

Quality early learning programmes must be scaled up to reduce the school-readiness gap for children living in poverty, in under-served areas, and with a disability.¹⁵⁰ Home- and community-based programmes that offer support to caregivers and provide early learning opportunities for the youngest children, especially those under the age of 2 years, are essential. Similarly, care arrangements for the youngest children must be recognised and regulated to ensure safe quality care and learning opportunities.

An effective and holistic ECD programme for children with disabilities is required to ensure that these children are guaranteed equal opportunities to access comprehensive ECD services necessary to ensure their rights to survival and development to their full potential.

Securing political and financial commitment for the development of universal ECD services and the attainment of maximum coverage requires increasing public awareness of the value of and demand for ECD services. This in turn requires the development and implementation of a national ECD communication strategy.

4. The purpose, vision and principles of the national ECD policy

4.1 Purpose of the policy

This policy addresses the preceding gaps through the development of a coherent enabling legal framework to support a strong and effective national comprehensive ECD system and ensure universal availability of – and equitable access to – a comprehensive package of quality ECD services. Its focus is on strengthening systems to support the scaled-up provision of under-provided quality essential services. It further provides a statement of the GRSA’s commitment to the development of strong and effective laws, programmes, funding modalities and leadership, implementing and coordinating structures and the provision of resources necessary to support the national ECD system of the Republic of South Africa.

This national ECD policy provides a statement of the GRSA’s recognition of the universal right of all children in South Africa to ECD services and the fundamental developmental importance of ECD. It further provides a statement of its associated commitments to developing a strong and effective integrated national ECD 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 ECD services. More specifically, it will:

1. Provide an overarching multi-sectoral enabling framework of ECD 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. Document the commitments and responsibilities of the GRSA to secure the provisioning of universal comprehensive ECD for children;
3. Define a comprehensive and essential ECD package of services and support;
4. Identify the relevant role players and their roles and responsibilities for the provision of the various components of the comprehensive and essential package of ECD services; and
5. Establish a national and provincial level ECD leadership and coordinating structure to:
 - a. Facilitate centralised planning and monitoring of, and reporting on, the realisation of universal availability of and equitable access to a comprehensive ECD package for all children;
 - b. Support the strengthening and integration of services to improve availability of and access to all ECD services;
 - c. Develop and monitor a holistic national young child food and nutrition strategy;
 - d. Develop and monitor a national multi-sectoral ECD disability strategy; and
 - e. Plan, fund, implement and monitor a national ECD communication strategy.

4.2 Mission of the policy

The GRSA recognises that ECD is a universal and interdependent right of all young children in South Africa and that it is central to the development of individual children as well as the nation as a whole. The mission of this policy is to provide a framework for government's accountability for the effective translation of these commitments through the public provision of a comprehensive package of quality ECD services:

- Universally available in sufficient quantities and proximity so that all children enjoy an equal opportunity to access them;
- Equitably accessible by removing the barriers preventing vulnerable children from accessing ECD services available, especially children with disabilities, children living in poverty and children living in under-served areas.

4.3 ECD policy vision

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

More specifically, all young children and their caregivers in South Africa have timely access to age- and developmental-stage-appropriate comprehensive quality ECD services and support, from

conception until they enter their first year of formal schooling (Grade R¹) or, in the case of children with developmental difficulties or disabilities, until they reach the age of 8 years (whichever occurs first), services and support that are necessary to ensure young children's cognitive, emotional, physical, mental, communication, social and moral development.

4.4 National ECD policy goals

- Long-term goal:** By 2029, a comprehensive age- and developmentally stage-appropriate package of quality ECD services is available and accessible to all young children and their caregivers.
- Medium-term goal:** By 2024, an essential age- and developmentally stage-appropriate package of quality ECD services is available and accessible to all young children and their caregivers.
- Short-term goal:** By 2015, the GRSA 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 ECD availability of, and equitable access to, an essential package of ECD services.

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 which are not. As discussed in more detail in paragraph 5.1 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 package of ECD services are not subject to progressive realisation. They must be realised in the shortest reasonable time possible. Thus, the deadline for the realisation of the EP is 2024.

Many of the services contemplated by the Essential Package are already in place and close to realising the policy goals of universal availability and equitable access, but do not as yet meet the quality requirement. On the other hand, a number of services are under-provided and will have to be scaled up in terms of availability, equitable access and quality. This will require careful planning and piloting of possible programme designs and interventions – all of which could not be realistically achieved to scale in less than eight years. However, in order for the programmes to be rolled out at scale and for quality to be improved, it is essential that an appropriate legal, regulatory and institutional framework be in place. Thus, the time frames for the latter development are an appropriately short one year.

¹ If pre-Grade R is rolled out within the public school system under the DBE then entry into the pre-Grade R will mark entry into formal schooling

4.5 National ECD policy objectives

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

- Ensure universal availability of comprehensive age-, and stage-appropriate quality ECD 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 ECD services and support for vulnerable young children and their caregivers through measures which address intrinsic and extrinsic barriers preventing their access to available ECD services;
- Empower and enable parents to lead and participate in the development of their young children through the use of ECD services;
- Ensure the alignment and harmonisation of sectoral policies, laws and programmes across the different sectors responsible for ECD services within the national ECD policy so as to ensure a nationally coherent and synergised multi-sectoral ECD 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 ECD vision, goals and objectives.

4.6 National ECD principles

The principles underpinning the national ECD 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 ECD. It is grounded in, and seeks to give effect to, the GRSA'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, survival and to develop to their full potential, that is, to be physically healthy, mentally alert, socially competent, emotionally sound and ready to learn;¹⁵¹ and that
- The GRSA bears a legal duty to ensure the provision of a number of ECD services and support to ensure realisation of these rights by all children and their families.

The human rights-based approach requires the translation of legal commitments to children into a strong ECD 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 rights.¹⁵²

2. **Interdependence of ECD rights:** The GRSA 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 ECD 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 children.¹⁵³

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

- 3. Evolving capacities:** The national ECD system is founded on the recognition that the period of ECD is continuous and on-going, starting at conception and evolving until the child enters formal schooling, 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 child's context, including their age, backgrounds, geographic location, health and socioeconomic circumstances.

The national ECD system of services must be responsive to the context in which children live as well as their specific age and developmental-stage needs.¹⁵⁴

- 4. Multi-sectoral and integrated responses:** Since children's ECD 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 ECD 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-government organisations, development partners, parents and children.¹⁵⁵

- 5. 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 and development of children to their full potential is recognised and protected as a fundamental principle of the national ECD system. Parent support, including material, psychosocial and educational, starting in the antenatal period and continuing until the child enters formal schooling, should lay the foundation of national ECD programmes.

- 6. Best interests of the child:** The best interests of the young child must be a primary consideration in all actions concerning them.¹⁵⁶ 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 that:¹⁵⁷

- Directly affect children, for example, health, care and education systems; and
- Indirectly impact on children, such as environmental and transport systems.

7. 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 young children's age and maturity. 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 view.¹⁵⁸

8. 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 ECD 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 ECD services for vulnerable children.

9. Appreciative promotion of existing resources and knowledge: This policy recognises the many good practices and existing systems in place already supporting various aspects of ECD. The aim is to build on the foundation provided by existing systems and knowledge, including beneficial indigenous and local ECD practices, to develop a stronger and more unified integrated national ECD system.

10. Cost-effectiveness: This policy is based on strong international evidence that ECD 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.

5. Policy strategy and implementation

5.1 Provision of a comprehensive and essential package of ECD 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 ECD package of services and support, 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 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 education services;
- Information on the value of ECD 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.

The South African Constitution, however, draws an implicit distinction between an 'essential' and a more 'comprehensive' package of services. It places a more immediate obligation on the GRSA to provide the former services.

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 ECD rights which lay the foundations for the future development of children.¹⁵⁹

The term 'Essential Package of ECD services' is used in this policy to connote those services, the provision of which is an essential pre-condition 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 Package' 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 Package of ECD 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.

The importance of the distinction is that the provision of services essential for the realisation of the rights which are not subject to progressive realisation must be prioritised.

Whilst these services are deemed essential, the GRSA 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 the State's available resources. Together with the immediately realisable rights described above, they represent a comprehensive package of ECD services and support which must be realised over the longer-term.

The GRSA thus commits to the provision of the following Essential Package (EP) of ECD 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 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 which nurtures the young child's development;
6. Early learning support and services from birth in the home, community and in centres;
7. Publicly accessible information about ECD services and support and their proven importance for ensuring optimal early childhood development.

The essential ECD services will be delivered through a programme of Essential ECD services which will comply with the requirements listed in paragraph 5.2 below.

The GRSA further commits to realising the comprehensive package of ECD services in the longer term. The expanded programme of comprehensive ECD rights and associated services defined in paragraph 5.3 below will be developed by the National ECD Agency.¹⁶⁰

5.2 Provision of an augmented and strengthened Essential Package of ECD services

From preceding discussions it is apparent that the GRSA has taken a number of policy and programmatic steps to secure the universal availability of and equitable access to a number of prescribed ECD services. However, it is equally apparent that there are a number of gaps in the

range of essential services available and access is not secured for a number of especially vulnerable children because of limited availability and delivery models.

The GRSA commits to the provision of an essential package of ECD services which:

1. Includes a number of ECD 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. The EP that will be delivered includes: ante- and post-natal health 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 and to facility or centre-based programmes;
2. Introduces a number of new services to fill gaps identified in the range of services available, including:
 - a. The provision of ECD services through home visits by mother and child community workers from conception until the child reaches the age of 2 years to vulnerable pregnant women and post-natally for women and children at high risk of poor ECD;
 - b. Micronutrient and food supplementation for underweight pregnant women and children who fail to thrive because of poverty and associated social problems;
 - c. Food provision and nutritional support for pregnant women and young children at risk by mother and child community workers;
 - d. Screening, counselling and referrals of pregnant women and mothers of young children for mental ill-health, substance abuse and domestic violence;
 - e. 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;
 - f. An augmented programme of parenting support, including the preparation of pregnant women and 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;
 - g. Pre-registration during pregnancy for the CSG; and
 - h. Introduction of a universally available pre-Grade R programme for children aged 4–5 years.

The EP of services will be delivered by the GRSA through one or more of the following five ECD programmes:

5.2.1 Health care and nutrition programmes

Health care and nutrition programmes include the provision of:

1. Preventative and curative mental and physical maternal, infant and child health care and nutrition promotion services from conception until the child reaches the age of 5 years, including:
 - a. Promotion and support of exclusive breastfeeding for six months;

- b. Counselling to support appropriate and responsive complementary feeding, including to prevent obesity;
 - c. Home-, community- and facility-based growth monitoring, early identification of growth faltering and referral for investigation and follow-up for all children aged 0–2 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. Food provision and nutritional support to pregnant women and young children by community outreach workers, including the DOH's community health workers and the cadre of mother and child community workers provided for in this policy;
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 mental ill-health, substance abuse and exposure to violence, developmental delays and disabilities, and/or abuse and neglect of the child.

Goal: By 2024 to provide the package of services described above to improve the mental and physical health and nutritional status, development and safety of infants and young children from conception until the age of 5 years.

Objectives:

1. *In the pre-natal period:* The eradication of all causes of preventable disability, no exposure to environmental toxins and stress, and zero infections through the provision of appropriate antenatal health care for all pregnant women; screening, support and referral for maternal mental health, substance abuse and exposure to domestic violence; and the provision of preparation for parenting.
2. *For children aged between 0 – 5 years:*
 - a. Promotion of children's health and the prevention of disease through the provision of quality and effective management of childhood illness, HIV testing and treatment, immunization and Vitamin supplementation;
 - b. Promotion of their 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. Promotion of children's healthy development and safety through the provision of parenting support and skills building;
 - d. Prevention of child abuse and neglect through the provision of parent support and the identification and provision of care and support for children exposed to child abuse and neglect through screening and the referral of parents and children to appropriate services; and
 - e. Prevention of disability and the identification and provision of care and support for children with disabilities through screening and the referral of parents and children to appropriate services.

Indicators:

1. Number and percentage of pregnant women who attend their first antenatal visit before 20 weeks of gestation
2. The number and percentage of pregnant women screened for mental health, substance abuse and exposure to violence and the number referred for follow-up services and support
3. The percentage of low birth weight infants (≤ 2.5 kg)
4. The perinatal mortality rate (≤ 7 days old); the neonatal mortality rate (≤ 28 days); the under-five mortality rate
5. The percentage of children exclusively breastfed at 6 months
6. The number of children who fail to thrive (do not gain weight or continue to lose weight) and the number referred for nutritional and food support
7. The number of children screened at 0–6 weeks, 9 months and 12 months for developmental delays and disabilities and the number receiving follow-up treatment, care and support
8. The number of children identified and referred for care and support for abuse or neglect.

5.2.2 Social protection programmes

Social protection programmes include the provision of:

1. Preparation and referral of women for the registration of their child's birth during pregnancy through all antenatal care services and post-natally through parenting support, community-based and facility or centre-based ECD programmes;
2. Free birth registration services for new-borns and the integration of registration service within health facilities;
3. Ante- and post-natal screening through the health services for eligibility of caregivers for social assistance through the CSG, the CDG or the FCG 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 CSG, the CDG or the FCG to eligible caregivers through integrated service delivery mechanisms which address barriers to early grant registration; and
6. Pre-registration of pregnant women for the CSG during pregnancy.

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;
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.

Indicators:

1. The number of young children's births registered within 30 days of their birth
2. The number of eligible caregivers of young children receiving the CSG within three months of the child's birth
3. The number of eligible caregivers of young children with disabilities receiving the CDG.

5.2.3 Parent support programmes

Parent support programmes 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; the promotion of children's early growth, development, learning, language and education; enabling appropriate and positive child behaviour management; the promotion of parental well-being; and the promotion of child protection and safety. Parenting programmes can be provided as stand-alone interventions or integrated into other ECD programmes and must be provided at all stages of early child development from pregnancy until the age of 5 years through health facilities, home and community programmes and mass media. Parent support programmes include the provision of:

1. 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 Grade R;
2. Information about and referral of parents to access identification documents and social grants; and
3. The promotion of positive parenting practices and child safety and protective practices.

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

Objectives:

1. To provide pregnant women and parents with the information and skills necessary to better parent their young children;
2. To promote positive parenting practices and avoid the use of harsh discipline;
3. To provide parents with specialised help to address particular challenges they or their child may face which impact on the child's early development, such as domestic violence, mental health problems, substance abuse, disability, and /or abuse or neglect.

Indicators:

1. The number of parenting support programmes, in relation to the child population, aimed at improved parenting for better early childhood development
2. The percentage of pregnant women who receive preparation for parenting support
3. The percentage of parents of young children provided with parenting support
4. The number of young children exposed to harsh disciplinary practices by their parents/caregivers

5. The number and percentage of pregnant women and parents with mental health problems provided with specialised parental support
6. The number and percentage of pregnant women and parents with substance abuse problems provided with specialised parental support
7. The number and percentage of pregnant women and parents exposed to domestic violence provided with specialised parental support
8. The number and percentage of parents with children who have experienced abuse or neglect provided with specialised parental support
9. The number and percentage of parents with children with disabilities provided with specialised parental support.

5.2.4 Opportunities for learning

Opportunities for learning includes multiple early childhood care and education (ECCE) services that promote the stimulation of children's language, socio-emotional development and learning provided within a continuum of care and education settings starting from birth and continuing until the child enters Grade R, including the home, health care facilities, home visits, child-care/child-minding setting, community-based groups and early learning centres. The continuum of services making up this programme is set out in paragraph 5.4.3 below.

Goal: By 2024, to provide a universally available package of quality age- and developmental-stage appropriate services for all children from birth until they enter Grade R, which lay the foundations for optimal early learning, socio-emotional and language development of young children 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 education settings for young children including home-based, community-based and early learning centres that provide quality support for the stimulation of children's development and learning;
2. To ensure the development and delivery of quality age- and context-appropriate early learning programmes in all care and education settings;
3. To ensure that all children who have been historically excluded from opportunities for early learning, including children aged 0–2 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 care are capacitated with the knowledge, skills, infrastructure and materials necessary to provide quality support for the stimulation of children's development and learning; 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 and provide guidance on how such carers can optimally support children's learning and development.

Indicators:

1. The percentage of young children with access to the early care and education services through the ECD service continuum

2. The percentage of children aged 0–2 years with access to ECCE services
3. The percentage of children aged 2 years to Grade R with access to ECCE services
4. The percentage of children with access to a pre-Grade R programme
5. The percentage of children in rural and informal areas with access to ECCE services
6. The percentage of poor children with access to ECCE services
7. The percentage of children with disabilities with access to ECCE services
8. The percentage of ECCE services and programmes that meet quality standards (registration)
9. The percentage of ECCE services and programmes that meet graded quality standards related to staff qualifications and skills, availability of learning and training resource materials, programme content and equipment and infrastructure (to be measured as part of a continuing quality improvement process to be established).

5.2.5 National public ECD communications

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

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

1. Reinforces the nature of – and critical window of opportunity offered by – ECD;
2. Emphasises the crucial positive role parents and families play in children’s development;
3. Conveys important messages to support ECD, including:
 - a. Nutrition and health care
 - b. Safety and protection, including alternatives to harsh punishment
 - c. Responsive and loving care
 - d. Early learning.

The goal of the national ECD communications programme: By 2024, to ensure the development and implementation of coherent, sustained, well-resourced communications and advocacy interventions targeted at the full range of stakeholders to promote changes in behaviour, attitude and practice necessary to realise the objectives of the national ECD policy and programme.

The objectives:

1. *For children:* To provide appropriate and accessible information to parents, primary caregivers, child minders and others responsible for the care and development of young children to enable and ensure the stimulation of children’s language development, imagination, curiosity and critical thinking, from birth onwards.
2. *For parents:* To provide appropriate and accessible information:
 - a. To enable parents and others responsible for the daily care and development of young children to understand the importance of ECD and what they can do to improve their children’s nutrition, health and well-being, early learning, and protect their children;
 - b. To enable parents to understand and demand quality early child care and education from public and private providers of ECD services;
 - c. To foster parent-child interaction; and

- d. To build understanding of the roles of mothers and fathers in ECD, 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:
 - a. To engender a broad national understanding of the importance of ECD for redressing inequality, improving health, education, social development and economic growth; and
 - b. To provide policy-makers and managers with information for planning, management and innovation, and to ensure strong accountability for effective implementation.

Indicators:

1. Percentage of people with children under 9 years of age exposed to specific media programmes about ECD (on radio, television, print & social media)
2. Percentage of people with children under 9 years of age who have a good understanding of the importance of key ECD behaviours (including safe pregnancy, breastfeeding, child stimulation and responsiveness in the first two years, and participation in early learning opportunities)
3. Percentage of people with children under 9 years of age who show behavioural changes as a result of media exposure (e.g. talked with their partner about ECD, prolonged breastfeeding, reduced harsh punishment etc.).

[These indicators require periodic population-based surveys].

5.3 The provision of comprehensive ECD services

The GRSA commits to the provision of the following additional services making up the comprehensive package of ECD services by 2029. An expanded programme for the public provision of these services will be developed by the National ECD Agency structure by 2016.

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

Goal: To ensure by 2029 that all 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 public housing developments and schemes, target households with pregnant women and families with young children as priority beneficiaries;
2. To increase access for 100% of young children, especially historically vulnerable children living in poverty and in under-serviced rural and informal urban areas, 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.

Indicators:

1. The number of local government Integrated Development Plans (IDPs) which prioritise and target developments suitable for and supportive of the rights of pregnant women and young children to housing, water and sanitation, refuse removal services and access to electricity
2. The number and percentage of young children, disaggregated by quintile ranking and geotype living in:
 - a. Formal safe dwellings
 - b. Households with access to safe water
 - c. Households with access to piped water
 - d. Households with access to safe and adequate sanitation facilities
 - e. Households having access to municipal refuse removal services
 - f. Households with access to a safe and affordable source of energy.

5.3.2 Food security

Goal: To ensure by 2029 that all 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 under 5 years aimed at eliminating stunting and malnutrition, reducing obesity and preventing hunger and food insecurity.

Objectives:

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

Indicators:

1. The number and proportion of households with young children that have sustained access to nutritious foods, appropriate to the child's age and level of development
2. The number and proportion of registered early learning programmes serving young children that provide regular access to adequate nutritious foods
3. The number and proportion of registered child-minding services serving young children that provide regular access to adequate nutritious foods
4. The number and proportion of caregivers of young children, including primary caregivers, ECD practitioners, play-group facilitators and child-minders, who regularly receive nutritional education and advice.

5.3.3 Play facilities, sport and culture ¹⁶¹

Goal: To ensure by 2029 that all young children have access to safe age-appropriate and inclusive play, recreational and cultural environments and facilities, especially young children living in poverty, in under-serviced rural areas and informal urban areas, young children with disabilities and living in institutions.

Objectives:

1. To ensure the promotion of knowledge among parents, caregivers, child minders and ECD practitioners of the importance of the right to play, recreation and cultural activities, their impact on the development of young children, and how to facilitate realisation of the right in all settings, including the home, out-of-home care, community and facility-based ECD programmes;
2. To ensure that there are secure safe and accessible age-appropriate and inclusive play, recreational, library and cultural facilities 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 children with disabilities and promote of indigenous cultural practices; and
4. To ensure that local governments and the Department of Human Settlements make adequate provision in their human settlements and town planning and budgeting processes to secure universal availability and equitable access to play, library, recreational and cultural facilities.

Indicators:

1. The number of safe and clean play parks, libraries, recreational and cultural facilities for young children per ward in each municipality, disaggregated by quintiles and geotype
2. The number of local government Integrated Development Plans (IDPs) which prioritise, require and budget for the provision of play parks, recreational and cultural facilities for young children.

5.4 Programmatic priorities

Key elements of the Essential Package of ECD services are already in place, notably relatively high rates of birth registration, the CSG and CDG, relatively good primary health care for pregnant women and children, and means-tested subsidies for children enrolled in registered early learning centres. Each of these elements needs to be improved, but the greatest opportunities for enhancing the impact of ECD in South Africa lie in addressing the largest service delivery gaps. The following five programmes must therefore be prioritised in terms of development, funding and implementation to ensure the provision of critical services to especially vulnerable groups of children.

5.4.1 Support for pregnant women and children under 2 years of age**Objectives:**

To enhance the ability of families to cope 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.

By 2024:

- 30% of pregnant women visited twice at home during pregnancy; and
- 20% of all infants receive bi-monthly visits at home till 9 months.

Barring illness, children are in contact with health and social services for only about 20 days in the first 1,000 days of life. Their growth and development is 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 reduce growth faltering.

A national programme for the provision of home, community and facility-based support for pregnant women, mothers and infants in the first two years of life will be developed and implemented through the health system 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;
- Provide supportive home visits by mother and child community 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, 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;
- Provide clinic- and community-based support groups for women and women-and-babies that address self-care and infant health, nutrition, growth and learning;
- Provide systemic training and support for child minders who provide daily care for children aged 0–2 years in the temporary absence of their parents to improve their knowledge relating to health, hygiene, nutrition and linkages to services to ensure that child-minding practices support the optimal development of this group of young children; and
- Facilitate the pre-registration of pregnant women 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 programme will be developed, funded and implemented by the DOH through its clinic and community outreach teams that form the bedrock of PHC in South Africa. To help clinic staff and community health workers fulfil these functions, a new cadre of 'specialised' mother and child community worker will be introduced and trained by the DOH and funded through allocations to the DOH.

5.4.2 Development of a comprehensive national food and nutrition strategy for children under 5 years

Objectives:

By 2029, no young child is:

- Stunted, wasted, severely underweight, nor overweight or obese from poor nutrition
- Hungry or receives inadequate food and nutrition because of limitations on access to food in the child's household or limitations in knowledge of good nutrition practices by the child's caregiver/s.

By 2024, prevalence:

- Among 0–3-year-olds of stunting (height-for-age $< -2SD$) is reduced to less than 5%, and among children aged 0–9 years to less than 10%;
- Among 0–3-year-olds of wasting (height-for-weight $< -2SD$) is reduced to less than 2%;
- Of underweight 0–9-year-olds (weight-for-age $< -2SD$) is reduced to less than 5% and severe underweight ($< -3 SD$) is reduced to less than 1%;
- Of overweight 0–9 year-olds is reduced to less than 7 % and obesity to less than 2.5%.

By 2016, a national multi-sectoral comprehensive food and nutrition strategy for children younger than 5 years is developed to ensure delivery of a comprehensive package of food and nutrition support and services in the home and at community level, backed up by environmental health, health and social services which improve the nutritional health and well-being of young children.

A national comprehensive multi-sectoral food and nutrition strategy for children younger than 5 years aimed at eliminating stunting and moderate malnutrition, as well as reducing obesity over the medium term, and the prevention of hunger in the longer term, will be developed. It will cover preventative, promotive and curative interventions which target not only health, but also the social and economic determinants of nutritional well-being of young children. It will be aligned to the existing food and nutrition, and associated environmental health, water and sanitation policies across all sectors.

The National ECD Agency established by this policy will facilitate development 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 0–5 years. It will provide direction for the fulfilment of their roles and responsibilities, and develop mechanisms for accountability of multi-sectoral role players in terms of their responsibilities for realisation of the desired outcomes.

The strategy will ensure:

1. Development, 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 ECD programme practitioners for the provision of nutritionally balanced food through ECD programmes;
3. Development of one national set of norms and standards for hygiene and food safety including for infrastructure in ECD programmes against which all other related norms and standards must be aligned, including those set out in the Children's Act and the environmental health norms and standards of the Department of Health and local government;
4. Improved food security and access to nutritious foods in households with pregnant women 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 young children and ECD sites, where practicable, with an emphasis on growing crops with high nutritional value, poultry and livestock ownership;

6. Improved access to environmental health services necessary for the promotion of 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 and young children; and
8. Development of an integrated nutrition information system and linking of current household profiling activities with the system.

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

Objectives:

By 2029:

- Every child enters Grade R primed to be able to learn well because the emotional, social, language, sensorimotor and cognitive building blocks are in place; and
- At least 90% of Grade 3 children and 80% of Grade 6 children score more than 40% on standardised annual national assessments of home language proficiency.

By 2024:

- 30% of 0–2-year-olds participate in a parent and child early learning programme such as early learning play groups;
- 50% of 3–4-year-olds participate in a structured early learning programme;
- 50% of 3–4-year-olds attend a high quality early learning centre; and
- 75% of 4–5-year-olds participate in a structured pre-Grade R programme.

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 functioning.¹⁶² 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 safety.¹⁶³ 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 South Africa, roughly a third of children aged 0–4 years are currently exposed to early learning opportunities outside of the home. Approximately half of 3–4-year-olds attend early learning centres and/or other forms of out-of-home care, but the quality of education is poor in about half of these facilities.¹⁶⁴ Although the vulnerability of children in South Africa is well-recognised, insufficient attention is given within early learning programmes to all aspects of development, including specific emotional and pro-social development, sensorimotor development, cognitive and language development.

Currently, child minders providing care to six or less children are not required to register under the Children's Act, are excluded from state subsidisation, and there is no requirement for, or regulation of, the provision of early learning support by child minders. This is a missed opportunity for early

learning and child stimulation, given that half of the poorest 40% of children aged 0–4 years who are in some form of out-of-home child-care are cared for by ‘day mothers’ (child minders).¹⁶⁵

In order to ensure that every child has an opportunity to access age- and developmentally-appropriate early learning opportunities from birth to Grade R, a national early learning programme will be developed, funded and regulated to provide:¹⁶⁶

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, 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 0–2 years in the temporary absence of parents at work or studying about the importance of early learning through responsive care, language stimulation, and structured activities using simple tools and materials;
3. Community-based early learning play groups for mothers and children aged 0–2 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 2–4 years (with or without parental participation) aimed at fostering socialisation and promoting early learning;
5. Community-based early learning centres, particularly for 3–4-year-olds, that encourage emotional and social development and preparation for schooling through play-based learning and exploration;
6. A pre-Grade R programme for children aged 3.5–5 years, phased in over time, in collaboration with community-based early learning centres where they are available, and in primary schools with Grade R where community facilities are not available; and
7. Increased parental demand for early learning opportunities for their children through public communication about the importance of ECD for health and human capital across the life course.

The introduction of a pre-Grade R programme: This policy introduces a pre-Grade R programme for children aged 3.5–5 years based on the rationale provided below, and subject to various provisos.

The National Development Plan proposes a pre-primary year in addition to Grade R under the Department of Basic Education to provide two years of compulsory pre-primary education. There is evidence, both international and local, that two years of preschool, rather than only one, is associated with greater academic gains. For example, children who attended two years of Head Start had statistically better outcomes on six academic and social measures at the end of kindergarten than a comparable group who only attended for one year.¹⁶⁷ A study conducted under the auspices

of the Southern African Consortium for Monitoring Educational Quality¹⁶⁸ found that children with longer durations of preschool had higher scores in reading and mathematics at Grade 3. Two years of preschool greatly increased scores compared with one, but after this it tended to level off.

There is a worldwide trend to make one to two years of pre-primary education compulsory. For example, the European benchmark is for at least 95% of children aged between 4 years and the start of compulsory education to participate in early childhood education by 2020. The United Kingdom introduced a free pre-primary year for all 4-year-olds in 1998, extended to all 3-year-olds in 2004. Since 2007, all 3–4 year-olds in New Zealand have been entitled to 20 hours a week of free early childhood education.¹⁶⁹ Ghana offers two years of compulsory pre-primary under the Ministry of Education, and there is compulsory state funded pre-primary from 3 to 5 years in Argentina. Hungary will make preschool compulsory from age 3 from 2014.

In countries where pre-primary is part of the education system, access to early learning programmes tends to be greater. The provision of early learning opportunities for 4–5-year-olds through a pre-Grade R programme implemented through schools with existing Grade R classes may allow for a more rapid scale-up. In 2012, according to EMIS data, there were about 48,000 children in pre-Grade R classes in independent (17,754) and public ordinary schools (30,316), though there are considerably more children in private and community-based facilities. However, the potentially increased pace of scale-up through schools must be weighed against consideration of the considerable challenges still faced in terms of institutionalisation and quality of Grade R in public schools; the distances that many young children, particularly in rural areas, would have to travel to a local primary school; and the optimal use of existing community-based infrastructure.

This policy seeks to balance these considerations through the following proposal.

A pre-Grade R year of early childhood education shall be phased in over the next six to nine years. However, the long-term success of this proposal requires that it be developed based on the following principles:

- It must provide an age-appropriate, play-based, early learning programme for children between the ages of 4 and 5 years that is not an extension of the formal schooling system. It must provide an appropriately designed set of interventions capable of promoting the optimal development of children's early learning and preparation of young children for Grade R through play.
- It must be provided through sufficient and appropriate facilities in close proximity to communities.
- It must be supported by a sufficient number of appropriately qualified practitioners (human resources).
- It must be supported with the provision of adequate Learning and Teaching Support Materials.
- Pre-Grade R facilities may be provided through schools with an existing Grade R facility, provided all other principles are complied with and provided the school infrastructure and management is capable of supporting a quality pre-Grade R programme. However, the starting point should be to provide support to established community early learning centres that have the infrastructure and capacity to develop a quality pre-Grade R programme.

The design of early learning programmes

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

- Resourcefulness of children; and
- Language and cognitive development.

The National Early Learning and Development Standards (NELDS)¹⁷⁰ and the South African National Curriculum Framework (NCF) for Children from Birth to Four (Comprehensive Draft)¹⁷¹ provide guidance for the design of early learning programmes. The NCF builds on the NELDS, takes account of the norms and standards in the Children's Act and DSD Guidelines for Early Childhood Services. It also indicates the relationship with the Curriculum and Assessment Policy Statements (CAPS for Grade R).

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 18–36 months and young children 3–4 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 behavior.
- 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.
- Children are beginning to demonstrate physical and motor abilities and an understanding of a healthy lifestyle.

The NCF provides goals for children's development and learning as a guideline for planning high quality learning experiences and 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
- Knowledge and understanding of the world.

Together these cover the key domains for young children's learning and development. However, through the public comment process the need for a more specific focus on early literacy and mathematics and more explicit links to the Grade R CAPS were raised.¹⁷² The main issue is that both the NELDS and Draft NCF are broad guidelines; the NCF is very long and difficult for teachers without professional training and practitioners not based at centres to translate into sequenced, age appropriate, daily curriculum activities.

These gaps and difficulties in application of the guidelines shall be addressed through the current revision of the NCF, followed by design of a developmentally appropriate curriculum suitable for implementation in different settings to enable the delivery of more effective early learning

programmes and achieve the objectives of this policy.

Curriculum design should take account of:

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

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
- Development of the concepts of reading, writing and mathematics.

5.4.4 Inclusion and support for children with disabilities within all ECD programmes¹⁷³

Objectives:

By 2029, all children with developmental delays and/or disabilities have an opportunity to access a comprehensive age-appropriate package of inclusive ECD 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.

By 2016, a national multi-sectoral ECD disability strategy and programme and supportive enabling laws to secure universal availability and equitable access to an age- and developmental-stage appropriate comprehensive and EP of quality inclusive ECD services for all children with developmental delays and/or disabilities are developed.

Despite a proliferation of general disability policies and ECD sectoral policies, laws and programmes aimed at making services available and guiding service planning and implementation, there is an inversely disproportionate lack of concrete laws and programmes obliging any specific government department or agency to make available, budget for, or ensure the provision of appropriate ECD services to children with developmental difficulties and disabilities.¹⁷⁴

The absence of a strong, coherent and integrated multi-sectoral enabling legal framework for young children with developmental delays and/or disabilities has resulted in the frustration of the rights of affected children to the EP of ECD services. There is not an effective universal comprehensive ECD system in place for the prevention of, the early screening and detection of, and the provision of appropriately designed parenting support (material, educational and psychosocial), nutrition and health services (including rehabilitation services), or early learning services to ensure that all children with developmental delays and/or disabilities develop to their full potential.

The remediation of this deficit requires a systemic solution. It requires the development of a national multi-sectoral ECD disability strategy, supportive enabling laws and a programme to secure universal availability and equitable access to, in the medium term, an EP of services, and in the longer term, to

comprehensive age and developmental-stage appropriate quality inclusive ECD services for all children with disabilities.

In order to ensure that all young children with disabilities enjoy equal access to inclusive ECD services, the ECD disability strategy, laws and programme shall comply with the following and other requirements of this national ECD 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 ECD 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 ECD services to achieve quality outcomes and achieve ECD 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 0–4 curriculum) 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 sites of ECD service delivery;
4. Secure a sufficient number of qualified ECD practitioners to provide quality and appropriate ECD services to children with disabilities and their families. This in turn will require the development of appropriate norms and standards governing minimum qualifications, and staff: child ratios for different ECD 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 levels of government to plan, develop, design, coordinate and monitor implementation of ECD services for children with disabilities and progress made towards realisation of the goal of universal access to comprehensive ECD 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, the quality and impact of comprehensive ECD services made available for children with disabilities.

The national ECD strategy, laws and programme must further ensure:

1. Provision of ECD 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. Provision of appropriate parenting support for parents of children with disabilities;

4. Provision of sufficient quality child care and inclusive early learning opportunities for all children with developmental delays and/or disabilities; and
5. A strengthened programme of social security for all caregivers of 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 ECD strategy and programme will be undertaken by the national ECD Agency structure (or any alternative established in terms of this policy). The Agency will facilitate an inclusive and consultative 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 ECD services to young children and their families.

5.4.5 Public communication about the value of ECD and ways of improving children's resourcefulness

Objectives:

By 2016:

A national multi-sectoral ECD communication strategy is developed, adequately resourced and implemented.

By 2029:

Through the communication strategy there is:

- Expanded opportunity for all children to develop their language, imagination, curiosity and critical thinking;
- Affirmation and enabling of parents and caregivers to develop the potential of their children;
- A growing nationwide understanding of the significance of ECD for health, education, social and economic development, and its ability to counter inequality; and
- Greater knowledge and ability – of parents, caregivers, government, civil society, business and trade unions – to act on the national priorities of nutrition, child protection and early learning.

No national surveys have been conducted to assess the public understanding of the value of ECD and ways in which parents and others can become fully involved in children's development and learning. The experience of local studies is that there is significant opportunity to empower and involve the public in ECD.¹⁷⁵

A coordinated national communications strategy should to be implemented by the national ECD Agency as part of a national branded programme.

To achieve the preceding objectives, those described in paragraph 5.2.5 above and the broader goal and objectives of the national ECD policy, the national ECD communication strategy should ensure:

1. Mass communication focusing on nutrition, health, child protection, positive discipline, early learning and inclusion of children with developmental delays or disabilities;
2. Use of mass media to headline priority issues, prompt discussion, and identify local services;
3. Synergy and consistency in messaging across media platforms, in materials and across role players responsible for disseminating information;

4. That communication for children will be centred on storytelling to support essential developmental foundations such as early language development, pro-social skills, basic concepts and others – given its reach and language diversity, radio should be prioritised in the medium term;
5. Development of a multimedia strategy for parents, using mobile technology as the pivotal platform to enable information, social interaction and feedback; and
6. A highly responsive communication strategy aimed at leaders in Government, civil society, trade unions, business and the media, drawing on a central ECD information system which emphasises the developmental and rights imperative of ECD investments.

In order to achieve the preceding set of objectives, the strategy shall target:

1. *Children* – with an emphasis on storytelling and early language development using media platforms and a diversity of languages to reach especially vulnerable children;
2. *Parents* – with an emphasis on the provision of information, social interaction, and feedback about the availability and importance of the EP of ECD services using media platforms capable of an appropriate reach and language diversity;
3. *Leaders in Government, civil society, trade unions, business and the media* – with an emphasis on sharing information and advocacy regarding the value and urgency of investments in delivery of an EP of ECD services, national ECD priorities, and the state of ECD in South Africa drawing on a central ECD information system.

The development, implementation, coordination and oversight of the national multi-sectoral ECD communication strategy will be undertaken by the national ECD Agency structure. The Agency 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 ECD services to young children and their families.

The full range of ECD service providers across all sectors, including government departments and non-government providers, should be actively engaged in the development and implementation of the communication strategy. There should be synergy and consistency across media platforms, messaging, and in materials supporting the communications.

5.5 The Essential Package of Services to be provided in age- and developmental-stage appropriate combinations

The process of ECD 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, the GRSA will ensure the provision of a unique age- and developmental stage-appropriate combination of essential ECD 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.

The essential package of ECD services is thus organised into the following three different age groups:

1. Pregnancy

The prenatal period from conception to birth is a sensitive period for the development of the child and the adult he or she is to become. Environmental factors such as the mother's health, nutritional status, environmental toxins and 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 problems.¹⁷⁶

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 as well as 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 factors.¹⁷⁷

3. 2–5 years or until the age of 5 years / the child enters Grade R

This is a period in which increasingly complex social behaviours, emotional capacities, problem-solving abilities and pre-literacy skills building on earlier developmental achievements occur. Developments in this age group lay the essential building blocks for later learning and socialisation and a successful life. Risk factors during this age are similar to 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 social-emotional development determined by socioeconomic status can become increasingly apparent at this stage and in the child's later learning life cycle.¹⁷⁸

5.6 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, the GRSA will prioritise the development, funding and implementation of ECD programmes for vulnerable children and will ensure they are designed to address barriers excluding vulnerable children from accessing available services.

The EP of ECD services is an immediately realisable constitutional right for all children in South Africa. Given that there are substantial gaps in the availability of and access to ECD services for very young children (aged 0–2 years), those not participating in centre-based programmes, those living in poverty, those living in under-served areas, and those with disabilities, the GRSA will prioritise the provision of ECD programmes and services for the following groups and programmes:¹⁷⁹

- a. 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;

- b. Areas without services, especially rural areas and informal urban areas, as the vulnerability of young children is compounded by the absence of services to moderate the effects of risk;
- c. The poorest 65% of children, since these comprise the most vulnerable children as well as the group who will benefit most from the EP of ECD services; and
- d. Children with disabilities.

5.6 Scale up provision of the EP, especially under-provided ECD services to ensure universal availability and equitable access

Whilst a number of the essential services are widely available, a significant number are not, especially for very young children (aged 0–2 years), children living in poverty, in underserved areas and children with disabilities. Under-provided services include parenting support, food and nutrition, and early learning services.

The GRSA will scale up the availability of ECD programmes providing these under-provided services so as to ensure their universal availability and equitable access for vulnerable children through the following strategies and interventions for which the GRSA, acting through the relevant government departments at relevant levels or agencies described in paragraph 6.1 below, is responsible:

1. Population-based planning to assess the scale and nature of the need for ECD services, and plan for universal availability at a local level of sufficient ECD programmes in sufficiently close proximity to young children and their families, especially in under-served areas, to meet such demand;
2. Developing, implementing and funding multiple and diverse service delivery platforms which are capable of reaching children and their families where they are and which are most appropriate to meet their age and developmental stage needs (described in more detail in paragraph 5.6.1 below);
3. Development of a dual regulated model of public and private delivery of ECD programmes and services (described in more detail in paragraph 5.6.2 below);
4. Expansion of ECD 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 ECD infrastructure, giving priority to under-served areas in quintiles 1, 2 and 3 (described in more detail in section 9 below);
5. Registration and regulation of ECD programmes to ensure the universal safety and appropriate quality of infrastructure and content in respect of all ECD services, whether delivered by government or a non-government organisation;
6. Sufficient qualified 'human resources' to secure universal availability and equitable access to ECD 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 public funding of ECD practitioner posts for all publicly funded ECD programmes (described in more detail in section 10 below);
7. Provision of adequate financial resources and funding mechanisms to support the universal availability of ECD services as well as equitable access through the provision of free ECD 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);

8. 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);
9. Effective management of ECD programmes and coordination of the development and implementation of multi-sectoral and integrated ECD programmes and initiatives (described in more detail in section 7 below); and
10. 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 (described in more detail in paragraph 5.6.5 below).

5.6.1 Develop and fund multiple ECD service delivery platforms and prioritise home and community based services

Scaling-up of the EP of services to effectively reach all children where they are found will require the provision of services through a number of different service delivery platforms. These include home, community and facility-based platforms.

Inasmuch as the service content of a programme should be matched to the age and circumstance-specific needs, risks and strengths of children, so too must the delivery vehicle or programme approach be matched to have the most meaningful and efficient impact.

The GRSA will ensure the delivery of the EP of ECD services through the development, funding and roll-out of varying, appropriate and effective delivery vehicles, including:

- a. Home- and community-based programmes that promote partnerships with stakeholders at all levels;¹⁸⁰
- b. Facility or centre-based programmes; and
- c. Comprehensive and integrated programmes that bring together a number of different services through a combination of home and community-based visits and groups, as well as through facilities/centres.¹⁸¹

Service delivery platforms that will be developed, funded and rolled out in the scaling up of ECD services will include but not be limited to:¹⁸²

Home visiting programmes for parents, primary caregivers, child minders and young children for purposes of providing information, health and nutritional support, psychosocial support for the 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 get there 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 delivered by a cadre of ECD-specific maternal and child community workers, a new and additional cadre of home-based practitioners which will be located within and funded by the DOH.¹⁸³

An alternative option is for the home visiting programmes to be provided by the existing cadre of community health workers (CHW) who form part of the DOH's PHC ward-based outreach teams (WBOT). There are a number of disadvantages linked with this option. The role of the maternal and child community workers requires the provision of high quality ECD services to especially vulnerable pregnant women and young children. The current ratio of CHWs to households (1:270 households) places an excessive workload on these workers, which creates some doubt as to their capacity to provide the level of quality services required to make an impact in their allocated areas. In addition, whilst the current cadre of CHWs is meant to provide a number of maternal, infant and young child services, there is little evidence of them fulfilling this function and there are concerns about the adequacy of their training, skills and competencies to provide the package of home-based ECD services contemplated by this policy.

Whilst the establishment of a new cadre of ECD maternal and child community workers will have the same logistical, training, human resource and other difficulties experienced in setting up the PHC CHW teams, the smaller numbers, more focused role and dedicated budgets all point towards a more successful outcome.

Parent group programmes offered in homes, clinics and other community sites, for 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 and stimulation, referrals for other aspects of EP and service delivery platforms such as playgroups.

Early learning playgroups to provide learning activities and opportunities for child socialisation and act as a referral point for other services. These could take the form of mother and child playgroups and include an educational input for caregivers, especially for children under 3 years of age. The content for older children should be more structured, with more frequent sessions and parents would not attend regularly. These could be hosted through public community facilities available and private homes.

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

Early learning centres and preschools provide holistic early childhood programmes with a strong education focus as well as good quality day care for those children who need it.

Play buses/mobile toy libraries can be used for underserviced areas either as a stand-alone service or as an additional component of other home and community-based services

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

The GRSA will give priority to the funding and roll-out of home and community-based programmes for the delivery of ECD services for children aged 0–2 years and for older children in areas lacking infrastructure for early learning centres.

5.6.2 A dual government-regulated model of public and private delivery of ECD programmes and services

In South Africa (and in many other countries across the world) early childhood care and education services have been provided almost exclusively by the private or non-government sector. Similarly, the training and capacity building of ECCE practitioners has been undertaken largely by the private sector.

The GRSA recognises the critical role that both profit and non-profit NGOs have played in the development of capacity, and implementation of services, of the ECD sector. However, the private provision of services has contributed to current inequities in availability and access to ECD 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 home and community-based as well as centre-based parenting support, food and nutrition support, and opportunities for learning programmes for the youngest children, children living in poverty and for children with disabilities.

The GRSA will retain overall responsibility and be accountable for filling all identified gaps in availability of services. The GRSA will fill these gaps, as measured against population-level needs, by establishing publicly-provided ECD programmes in under-served areas. The GRSA will develop and roll out public ECD programmes in sufficient quantities to ensure that, together with the privately provided services, there are sufficient quality age- and developmental-stage appropriate ECD services, especially parenting support, food and nutrition and early learning and care services to ensure that all young children have an opportunity to access an EP of ECD services.

Priority will be given to the development and delivery of ECD services in poor under-served areas falling within quintiles 1–3.

The GRSA may choose to either implement or deliver the ECD services directly, or it may choose to 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 explicit expectations, secure contracting and performance requirements, quality control and bilateral accountability mechanisms.

5.6.3 The development of a national ECD quality control and improvement system

The GRSA will ensure the universal quality and safety of all ECD services, whether provided privately or publicly through a process of registration of all ECD programmes, both public and private, 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 incentivised external accreditation.

A process for the registration of all ECD 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 registered ECD 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; at present, the norms and standards do not differentiate between different types of ECD programmes. As a result, many programmes are unable to comply with standards and thus are unable to register and obtain funding.

The GRSA will strengthen the current registration and monitoring system to:

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

The objectives and requirements of the national ECD quality monitoring and improvement system are further described in section 11.

5.6.4 Provide public funding and mechanisms to secure universal ECD

The GRSA will provide sufficient public funds and establish the necessary funding mechanisms to support a universally available EP of ECD services and ensure equitable access for children living in poverty and children with disabilities.

To this end it will provide sufficient funds for the development and maintenance of public infrastructure necessary to deliver ECD services as well as the management infrastructure within the relevant departments to ensure the public provisioning of ECD programmes and services as described in more detail in sections 8 and 9 below.

To ensure that the cost of services does not exclude children living in poverty, the GRSA will fully fund the delivery of ECD programmes providing an EP of ECD services to children living in poverty as described in more detail in section 8 below.

5.6.5 Alignment of policies and laws with the national ECD policy

A key challenge to the development and implementation of a universally available and equitably accessible programme of coordinated and comprehensive ECD services is the multiplicity of non-aligned and often contradictory sectoral and local policies, laws, by-laws and strategies governing individual ECD services.

This policy provides the overarching and unifying legal framework for the development, delivery and design of all ECD services and all sectoral policies, laws, by-laws and strategies must be aligned with it.

6. Responsible role players

Effective ECD 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. Whilst strong partnerships and synergy between the different role players is essential for good ECD outcomes, the GRSA recognises that it bears the primary and overarching responsibility for fulfilment of the commitments made to young children in terms of this policy and realisation of associated goals and objectives. This means that government departments recognise and accept responsibility for the universal availability of and equitable access to quality ECD services.

In fulfilment of its responsibilities, the GRSA 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 the Government's national ECD 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.

The national ECD policy provides a framework for the regulation of the necessary partnerships and relationships to ensure that non-government organisations (both for-profit and non-profits) support realisation of the government's national ECD commitments and that all services provided comply with government's international, regional and constitutional commitments.

All responsible role players are required to commit to, and align their policies, laws, programmes and budgets to achieve the common national ECD vision, goals and objectives. The realisation of this commitment requires that role players work together at times to:¹⁸⁴

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.

6.1 Responsibilities of government

Many government departments at the three levels of government bear responsibility for the discrete services making up the Essential and Comprehensive Package of ECD services. The relevant departments and their respective responsibilities are described hereunder.

6.1.1 Division of responsibilities across the different levels of government

All of the components of the EP 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, responsibility for national planning and coordination, the development of laws, policies and norms and standards and the setting of high-level targets rests with the respective national departments.

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 to deliver services, registration and monitoring and evaluation of compliance of services with norms and standards.

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

- a. Provision of basic services, including water and sanitation, to communities;
- b. Contributing to the realisation of rights set out in S27 of the Constitution, including health care services, food and water and social security;
- c. Development of policies and laws governing child care facilities including child-minder services;
- d. Municipal planning and spatial development, including providing and regulating land used for child care facilities and safe and adequate play and recreation facilities;
- e. 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, then municipalities are responsible for the provision (including the registration, regulation and monitoring and evaluation for compliance with norms and standards) of all programmes, including early childhood care and education programmes, in terms of which a person takes care of more than six children on behalf of their parents or caregivers for a specific number of hours.

In sum, municipalities have a critical role to play in securing the rights and associated Essential and Comprehensive Package of ECD services for young children. The relevant services and associated responsibilities and budgets should be reflected in all municipal Integrated Development Plans and specific sectoral policies and by-laws, which should in turn be reviewed and harmonised with the provision of the National ECD policy.

6.1.2 Departmental responsibilities

Department of Social Development (DSD) and the South African Social Security Agency (SASSA)

DSD: The DSD is responsible for ensuring the universal availability and adequate quality of, and equitable access to, opportunities for learning for children aged 0–5 years through the development,

delivery, regulation, registration, quality monitoring, improvement and evaluation of child-minding services, and community early learning programmes and centres. The DSD will develop these programmes in collaboration with the DBE.

- The national DSD 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 DSD shall be responsible for provincial population 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, their management and supervision.
- Local government is responsible for supporting child care facilities to meet minimum infrastructural health and safety standards, registration of child-minding services, the development of new ECD service provision infrastructure, and the audit and identification of available infrastructure that may be used for expansion of early learning services and programmes in areas of need. Where capacity exists, responsibility for the provision (registration, regulation, and delivery) of early child care and education programmes and services may be assigned to municipalities by the provincial DSD. The Metropolitan municipalities are already in a position to take responsibility for most aspects of ECD, while there will need to be progressive transfer of responsibility to many of the district and smaller municipalities as their capacity is developed.

SASSA: SASSA is responsible for the provision of social grants to all eligible children and their caregivers.

Department of Health (DOH)

The DOH 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 for children between the ages of 0–2 years, through health facilities and home visits by mother and child community workers for children at risk of poor development outcomes.

Roles at different levels of government: National, provincial and local

- The national DOH shall be responsible for policy development, national planning, regulation and development of norms and standards for service provision, the development of training curricula for the delivery ECD programmes, and for evaluation of efficiency and effectiveness.
- The provincial DOH shall be responsible for provincial planning and management of the services (both facility- and community-based), management and supervision of personnel employed directly by the DOH, and contracting with private providers (non-profit and for-profit) where specific activities are outsourced, and the provision of training to relevant ECD workers employed by the DOH.
- Local health facilities shall be responsible for management and supervision of assigned personnel, service delivery (both facility- and community-based) and monitoring.

Department of Basic Education (DBE)

The DBE is responsible for development of the early learning curriculum (0–4 years) and continuity and synergy between the 0–4 and Grade R curricula; the implementation of a pre-Grade R programme insofar as it will be implemented as well as the funding, provision of learning and teaching support materials and oversight of the pre-Grade R programme delivered through schools and registered pre-Grade R classes in community early learning centres; budgeting and procurement of training for ECD practitioners; and the integration of key communication regarding healthy pregnancy and parenting into the school curriculum.

- The National DBE shall be responsible for the development of the early learning curriculum (0–4 years) and continuity and synergy between the 0–4 and Grade R curricula; development of norms and standards for provision of pre-Grade R and an implementation strategy; and 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 implementation and monitoring compliance of a pre-Grade R programme insofar as it will be implemented in schools and community-based early learning centres. They will also be responsible for short course training relating to curriculum implementation for 0–4 year-olds.

Department of Home Affairs (DHA)

The DHA is responsible for birth registration and provision of identity documents.

Department of Higher Education and Training (DHET)

The DHET is responsible for coordination of the education and training sub-systems of post-school education, including universities, FET colleges, Sector Education and Training Authorities (SETAs), and Adult Basic Education. It is therefore responsible for planning and support for Further and Higher Education and Training related to ECD; and oversight of Quality and Accreditation of Training of ECD practitioners through the relevant SETAs (Education, Training and Development Practice SETA and Health and Welfare Services SETA) and qualifications councils. As DHET is responsible for FET, the planning and budgeting for ECD practitioner qualifications should be transferred to them.

Department of Agriculture, Forestry and Fisheries (DAFF)

The DAFF is responsible for improving the food production capacity of households and poorly resourced farmers and development of market channels for food.

Department of Water Affairs (DWA)

The DWA is the custodian of South Africa's water resources, responsible for formulating and implementing policy governing this sector and has an overriding responsibility for water services provided by local government. It is thus responsible for ensuring that national water policies and laws secure the rights of young children to access to 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 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 (DPSA)

The DPSA is responsible for the development of workplace policies and programmes providing for ECD services to support government employees.

Department of Labour (DOL)

The DOL is responsible for incentivised support for business practices accommodating breastfeeding/extended/paid maternity leave.

Department of Arts and Culture (DOAC)

The DOAC 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 (this is currently an unfunded or underfunded mandate).

Department of Science and Technology (DOST)

The DOST is responsible for supporting play, creativity and inductive reasoning among young children.

Department of Transport (DOT)

The DOT is responsible for regulation of transportation in South Africa, including the regulation and maintenance of the road network and public transportation.¹⁸⁵ 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-serviced areas and children with disabilities.

Department of Correctional Services (DOCS)

The DOCS 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.

Department of Human Settlements (DHS)

The DHS is mandated to determine the finances, promote, communicate and monitor implementation of housing and sanitation programmes in South Africa. Its target is by 2014 to have upgraded informal settlements and improved the quality of life of 500,000 families. Its priority areas include, inter alia, accelerated delivery of housing opportunities and access to basic services.¹⁸⁶ As such the DHS is responsible for developing policies and laws at a national and provincial level which are implemented at a provincial and local level to ensure that young children have access to adequate housing, sanitation, play and recreation facilities.

Department of Justice and Constitutional Development (DJCD)

The DJCD 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 2005.¹⁸⁷

Department of Police (DOP)

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

Department of Public Works (DPW)

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

Department of Rural Development and Land Reform (DRDLR)

The vision of the DRDLR is vibrant, equitable and sustainable rural communities. Its mandate is to initiate, facilitate, coordinate, catalyse and implement the Comprehensive Rural Development Programme.¹⁸⁸ 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. Increasing the number of jobs available in rural areas
4. Provision of economic, social and ICT infrastructure
5. Improved disaster management services.

The Department of Sport and Recreation (DSR)

The DSR is responsible for transforming the delivery of sport and recreation by ensuring equitable access, development and excellence at all levels.¹⁸⁹ As such it is responsible for the equitable provision of play and recreation facilities for young children.

The Department of Cooperative Governance and Traditional Affairs (DOCGTA)

DOCOGTA is responsible for funding and promoting fulfilment of municipal responsibility for development of infrastructure of early learning facilities and for synergising the Expanded Public Works Programme and Community Work Programme with the community-based human resource provisioning for ECD.

Department of Finance (DOF)

The DOF is responsible for planning, resourcing and monitoring of public expenditure on ECD as per funding allocations approved by Cabinet.

Government Communication and Information Service (GCIS)

GCIS is responsible for supporting the implementation of a national ECD communications campaign and information to promote access to essential services and support.

The Department of Women, Children and People with Disabilities (DWCPD)

The DWCPD is mandated to monitor and report on government-wide mainstreaming and realisation of children's rights, including young children's rights, in accordance with commitments made by the GRSA.

The Department of Performance Monitoring and Evaluation (DPME)

The DPME 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 interventions.¹⁹⁰ It is thus responsible for supporting the relevant departments responsible for ECD services to develop and implement systems and processes for continuous monitoring and improvement to achieve national priority outcomes related to ECD.

Statistics South Africa (Stats SA)

Stats SA is responsible for collecting, analysing and distributing census and community survey data of young children. 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/lack of all rights, services and benefits.

Office of the President

The Presidency is mandated to ensure the smooth functioning of government and 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 vision.¹⁹¹

The Office of the President will thus house the National ECD Agency structure proposed in part 7 of the National ECD Policy and will, through that structure, fulfil the role of overall planning, oversight and monitoring of implementation and evaluation of the EP of services, and for developing a programme for the comprehensive package of ECD services

6.2 The role of non-government organisations

The GRSA recognises the critical role that both profit and non-profit NGOs have played in developing the capacity of the ECD sector and in the implementation of ECD services. It further recognises that to make the EP universally available, government must draw and build on this capacity, and collaborate with the relatively well-developed for-profit and non-profit ECD community.

The GRSA will adopt a balanced approach which ensures that the role of non-government partners is recognised and utilised to complement fulfilment of its ECD commitments. This will be subject,

however, at all times to the proviso that the Government retains responsibility for ensuring that all services provided and actions taken by NGOs comply with the limits, obligations and responsibilities prescribed by law.

The Government will retain overall responsibility for the provision of universally available and equitably accessible ECD services. It may contract out delivery of a number of the relevant services and support roles to NGOs and other private entities. However, it will remain responsible for the funding, regulation, capacitation and oversight of contracted partners within the national rights-based ECD limits of this policy.¹⁹² This relationship will be underpinned by explicit expectations, secure contracting and performance requirements, quality control and bilateral accountability mechanisms.

To this end, the GRSA will:¹⁹³

- Develop a regulatory framework governing the provision of services by NGOs in alignment with national ECD objectives;
- Fund NGO service providers which are eligible in terms of, and to the extent permitted by, this policy;
- Regulate and ensure the adequate training, qualifications and remuneration of ECD practitioners to realise national ECD goals and objectives; and
- Set minimum quality and safety standards that secure the rights and best interests of young children, and monitor compliance with these by NGO ECD service providers.

6.3 The role of parents

Parents and caregivers are central to ECD, primarily responsible for creating nurturing environment for children, ensuring healthy foetal growth and providing food, love and stimulation for physical, psychosocial 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 education provided to parents should aim to affirm their desire for their children's well-being, and empower them.

7. Leadership and coordination of the National ECD system

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

1. Assess population-level needs
2. Plan the provisioning of suitable ECD programmes and services to meet the identified needs

3. Develop and implement appropriate coverage targets and quality service standards and systems
4. Monitor compliance and provide support for ongoing quality improvement; and
5. Evaluate and report on progress.

In addition to strong leadership of discrete sectoral ECD services, the realisation of the national ECD policy vision, goals and objectives requires strong and effective leadership and oversight of multi-sectoral programmes and interventions which cut across different departments and organisations, including the food and nutrition, disability and national ECD communication strategies and programmes discussed in paragraphs 5.4.2 and 5.4.4 above. Moreover, it requires overarching leadership and tracking of progress by different role players in fulfilment of their respective roles and responsibilities and collective progress towards realisation of the comprehensive national ECD vision.

The GRSA has long recognised that ECD ‘services do not fall neatly into any one government department or level of government or sector [as] the needs and indivisible rights of the young child span across the areas of health, nutrition, a safe environment and psychosocial and cognitive development. As a result, it has recognised that the provision of effective ECD services requires ‘an integrated, cross-sectoral approach and plan across government that involves civil society organisations, the corporate sector, religious organisations, non-government organisations, parents, children and adolescents’.¹⁹⁴

This recognition led to the development of the NIPECD 2005–2010 with the objective of ‘bringing greater synergy and coordination to government programmes undertaken by various departments in the area of ECD’. The NIPECD established the Interdepartmental Committee for ECD, led by the DSD. This structure was replicated at provincial and district-levels as the vehicle for coordination, monitoring and implementation of the NIPECD.

Recent national ECD reviews concluded that a number of planning, provisioning and administrative challenges within departments and within the national and provincial ECD coordination structures underlie the gaps in the availability of especially under-provided services, inequitable access to and poor quality of ECD services, especially for the most vulnerable children documented in earlier sections of this policy.

Challenges identified include:

- Limited departmental leadership, low levels of expertise and capacity constraints in respect of especially under-provided services
- A lack of strong leadership to drive the national ECD vision
- Fragmented legislative and policy framework resulting in uncoordinated service delivery; and
- Insufficient interdepartmental /intersectoral collaboration.¹⁹⁵

It is clear that incremental improvements in service coverage are insufficient for South Africa to benefit fully from the opportunity provided by ECD, over the next ten years, to change the long-term

trajectories of health, education, economic growth and social development. There is a need for bold and definitive action.

At a national level, there is a need for stronger collaboration and collective commitment to and accountability for realisation of a common set of national ECD goals, objectives and outcomes across different ministries. At a political level this requires the elevation of the profile of ECD and the education of public office bearers (both legislative and executive) as to the significant opportunity provided by ECD, both because of its impact and because of the relative paucity of current services.

At a management level, there is an urgent need to strengthen the capacities of the respective Government departments to plan and develop appropriate services. Currently, the human and financial resources allocated to managing ECD at national and provincial level in the Departments of Social Development and Basic Education are especially inadequate. These departments, together with the Department of Health, should be sufficiently resourced to ensure that the ECD responsibilities assigned to each can be fully implemented.

A further challenge is that the ECD responsibilities are generally assigned to personnel of lower managerial rank, especially within provinces. A management and staffing structure of skills and personnel commensurate with the potential benefits of ECD should be implemented.

Current oversight by social workers who are overworked and not skilled in early learning is a barrier to quality improvement in ECD centres and programmes. Within the DSD, the child protection and early learning functions should be separated to ensure that there is proper oversight and management by appropriately trained supervisors.

7.1 Objectives of ECD management and coordination

The objectives of the ECD management and coordination policy are to ensure the establishment of arrangements to further the following principles which are essential to the realisation of the national comprehensive and integrated vision, goals and objectives of the national ECD policy:

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

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

5. *Partnership*: By its nature, ECD requires partnership between parents and the State, and between the State and private providers. In addition, child outcomes can be enhanced by the contributions of the corporate sector, trade unions and the media;
6. *Technical expertise*: The inputs required for ECD are simple (including 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 ECD achieves the significant returns on investment achieved by a number of other countries;
7. *Autonomy*: It is essential that the design and development of ECD services in South Africa are not stifled by bureaucracy and unnecessary demands for multi-departmental accountability. Departments should be given the latitude to implement those aspects of ECD for which they are accountable; a coordinating agency should be given the space to design an integrated, focused national programme; and individual service providers should be able to develop and test different child enrichment programmes consistent with overall guidelines and within national norms and standards.

More specifically, the objectives are to:

- Strengthen departmental leadership, management and accountability at all levels of government (national, provincial and local) to ensure the fulfilment of the roles, responsibilities and delivery of ECD services for which the relevant departments are responsible; and
- Establish a coordinated national management and oversight system for ECD to drive and lead the elevation of the national ECD agenda at all levels of governmental and society and facilitates multi-sectoral coordination, planning and accountability to the national comprehensive ECD vision.

The GRSA will, by 2015:

1. Establish a non-sectoral National ECD Agency structure which will be responsible for coordination, monitoring and oversight of the multi-sectoral comprehensive national programme for ECD;
2. Assign to the DOH, and build 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, 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 0 and 2 years through integration of the relevant services into facility-based and outreach programmes, including the establishment of the cadre of ECD-specific mother and child community workers;
3. Assign to the DSD, and build 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, responsibility at a

provincial and local level for the administration and oversight of community- and centre-based provided by the Department or by non-government providers providing parenting support, nutrition and early learning and care services for caregivers and children aged 3–5 years;

4. Assign to the DBE, and build 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, responsibility for the management and implementation of a formal Pre-Grade R year as well as early learning curriculum development; and
5. Assign to local government responsibility, and build 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 ECD programmes and the registration and monitoring of child care, and where sufficient capacity and willingness exists, provision (direct or contracted) of early learning through community- and centre-based services.

7.2 ECD leadership roles within departments

ECD is recognised as a national priority because it reduces social and economic inequality, improves health and education, and promotes economic productivity and social cohesion. It represents significant opportunity to change both individual and national trajectories of growth and development.

Given its inter-sectoral nature, the Presidency should play a direct leadership role in communicating the national importance of ECD (in galvanising sufficient national resources and coordinating respective Government ministries to ensure universal and effective implementation of the EP). At provincial level, Premiers should be similarly responsible for communicating ECD as provincial priorities and ensuring sufficient resources and inter-departmental commitment and collaboration.

At both national and provincial levels, the respective Ministers and Members of the Executive Councils for Health, Social Development and Education should articulate the importance of ECD 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. ECD should be a priority in all integrated development plans, with clear service delivery plans and outcome targets.

7.3 The establishment of an effective national multi-sectoral ECD coordination mechanism

The cross-cutting nature of ECD poses a very specific challenge in translating political commitment into a national programme of action. Even where there is a high level of executive leadership, the structure of Government departments makes it extremely difficult to drive a focused national programme for young children.

Countries across the world have grappled with the challenge of finding the right organisational formula for effective ECD leadership and coordination. They have adopted one of four approaches, namely:¹⁹⁶

- Designating specific responsibilities to line departments, and holding the respective departments to separate account;
- Coordinating the respective responsibilities of line departments through a central council or administrative secretariat;
- Integrating specific ECD activities (typically education and child care responsibilities) under a single ministry; or
- Creating a separate executive agency to manage key functions of ECD whilst working to support and monitor the ECD services provided by all other government departments that retain their core functions.

The decision as to the most appropriate structure for South Africa will be determined by the form and location best able to effectively realise the envisaged leadership and coordination role and mandate.

The organisational structure will be required to plan, coordinate and monitor the implementation of a branded national programme for ECD. It will not be responsible for implementation of departmentally-assigned ECD services.

The structure will thus be mandated and required to:

- Provide political leadership and champion the realisation of the national ECD vision, aim and objectives;
- Provide technical support to line departments to strengthen their ECD programmes and ensure closer alignment with the national ECD policy and programme;
- Play a key role in overseeing monitoring and quality improvement of ECD services;
- Play a key role in the development, implementation and evaluation of a national ECD communications 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 the development and evaluation of a national multi-sectoral inclusive ECD Disability policy, strategy and programme; and
- Lead the development of the ECD programme for the universalisation of a comprehensive package of ECD services.

Consideration of options for location and accountability of the ECD agency were weighed against the following criteria:

- High-level political integration of ECD policies
- High-level management integration of ECD functions of agency
- Ability to establish and support a focused, branded national programme
- Programme planning and implementation under the same authority
- Areas that are currently neglected will be the centre of agency efforts

- Separation of child protection and early learning responsibilities
- Seamless transitions from early learning programmes to schools-based programmes
- Flexible management with a distinct mandate geared for partnerships.

A number of alternative coordination organisational arrangements were considered and evaluated against the above criteria.¹⁹⁷ They are:

- Strengthened Chief Directorates within DSD & DOE
- An autonomous senior management unit within DSD or DBE (with national & provincial branches)
- An autonomous senior management unit within DSD or DBE (national) with ECD units based within Premier's offices
- An autonomous agency under the Ministry of Education
- An autonomous agency under Ministry of Social Development
- An autonomous agency established as a non-profit entity, with contractual accountability to the Office of the President
- An autonomous agency established as a statutory body, accountable to the Office of the President.

Based on the results of a comparative review of local and international ECD leadership structures and their respective limitations and strengths, this policy proposes the establishment of an autonomous National ECD Agency structure located under the Office of the President. This is based on the grounds that it will provide the most effective vehicle for delivering effective leadership and coordination.¹⁹⁸ Please see paragraph 7.3.5 below for a brief overview of the results of the evaluation of these different options and how they could be implemented. A more detailed description is provided in policy appendix 7.

An autonomous agency is a proven vehicle for reducing the cost of developing ECD policies and reaching consensus and developing stronger integration of care and education while improving the quality of both, and as a result, bringing about effective improvements in nutritional, social, educational and cognitive outcomes.¹⁹⁹

This model offers a sound institutional vehicle for realising South Africa's specific national ECD objectives and addresses a number of the key challenges of the previous model adopted under the NIPECD. For example, where an individual department takes the lead, this tends to undermine the principle of accountability and coordination as departments tend not to accept the authority of, and hence not consider themselves as having to account to, the lead department. In addition, independent agencies which draw their authority and mandate from policy or law tend to be more effective, largely because they are afforded greater and clearer levels of authority to act on decisions, higher levels of political buy-in, better budgetary allocations, improved accountability, and space and resources to develop expertise and specialist knowledge suited to meet the challenges and requirements specific to the agency's ECD mandate.²⁰⁰

7.3.1 The establishment of a national ECD agency structure

It is proposed that a National ECD Agency structure be established which will enjoy high-level influence, an explicit ECD mandate, and the necessary resources, including expertise, to: raise the political profile and public awareness of the legal and developmental importance of ECD; facilitate

the coordination of multi-sectoral ECD 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 ECD services for all children in South Africa.

The agency shall be located under the office of the Presidency and be comprised of a national office, with provincial support provided through units based in the office of the Premier.

7.3.2 Responsibilities of the agency

7.3.2.1 *Coordinate, support and monitor implementation of the national programme of ECD*

- Communicate the vision, policy and specific strategies of the ECD policy and programme to the public, to Government departments, potential investors and implementing partners;
- Monitor collective progress made by different role players towards universal availability of and equitable access to ECD services and identify gaps that remain to be filled;
- Support the relevant Government departments to plan for financial and human resources and 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, infrastructural and human resource quality and adequacy to meet national ECD objectives; and
- Receive and synthesise relevant data from Government information systems and other sources to provide an annual update of the state of ECD in South Africa, disaggregated by province and district, and by vulnerable groups.

7.3.2.2 *Support government departments responsible for key aspects of ECD*

- Support relevant Government departments and other implementing agencies and partners to identify key strategic priorities and strengths and weaknesses in the implementation of ECD 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 ECD services;
- Develop and implement, together with GCIS, a national ECD communication strategic plan;
- Ensure that Government departments provide the essential indicators of ECD for which they are responsible through the Social Cluster of Cabinet.

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

The Agency will facilitate the development of key national ECD multi-sectoral strategies, provide technical support to and monitor implementation of assigned roles and responsibilities and 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 5.4.2 above;

2. A national multi-sectoral ECD strategy and programme as described in paragraph 5.4.4 above; and
3. A national programme for the provision of comprehensive ECD services as described in paragraph 5.3 above.

7.3.3 Governance and accountability of the agency

7.3.3.1 Statutory agency

The Agency shall be established as a statutory agency funded through the Presidency, accountable through the Minister in the Office of the President to the Social Cluster of Cabinet. It shall function under the executive leadership of a Chief Executive Officer accountable to a Board comprised of the Director-Generals of the Departments of Health, Social Development and Basic Education (or their designated representatives, who shall be delegated responsibility to make decisions on behalf of their respective departments). In addition, two other Board members, who are not officials of government, shall be appointed. The Board Chair, who may be any of the Board members, shall be elected by the new Board at its first meeting.

7.3.3.2 Functions of the Board

Within its delegated powers, the Board shall be responsible for:

- Developing and overseeing implementation of a national strategy to meet its mandate;
- Accounting for the agency mandate and finances to the Social Cluster of Cabinet; and
- Delegating executive authority to the CEO and holding the CEO to account.

7.3.3.3 Scope of decision-making

The Board of the Agency shall be responsible for decisions related to the responsibilities of the agency (as described in paragraph 7.3.2 above), but shall not have authority over any ECD competencies that fall within the ambit of other Government departments. The Board shall delegate full executive authority to the CEO.

7.3.3.4 Levels of management and administration

The Agency shall be represented at national, provincial and local levels.

National – the role of the National Agency shall be the planning, coordination and monitoring of ECD services, and the design and development of the specific programmes described above.

Provincial – the provincial branches of the Agency shall play a support role to the respective provincial administrations through the Office of the Premier and the respective provincial departments, in planning, coordinating and monitoring ECD services and implementation of the specific programmes described above.

Local – the Agency shall be represented at district level (by representatives based within municipal offices), supporting the planning, coordination and monitoring of ECD services and implementation of the specific programmes described above, working with the local municipalities and respective provincial administrations.

Lines of communication and accountability of the agency

National – The National Agency shall account to the Office of the President, and shall liaise with the respective Government departments in fulfilling its role. It shall provide a support function to the provincial agencies. It shall also be responsible for interaction with national NGOs and other national stakeholders.

Provincial – The provincial branches of the Agency shall account to the Office of the Premier in their respective provinces, and liaise with the National Agency and relevant provincial Government departments in fulfilling their role. It shall be responsible for interaction with provincial and local NGOs and other stakeholders.

District – The district representatives of the Agency shall account to the respective provincial branches of the National Agency.

7.3.5 Alternative options for location and management of an ECD agency structure

[Note that autonomy refers to the ability to make executive decisions, and does not imply that there is no strategic oversight and accountability].

The following table summarises the pros and cons of various options.

	OPTION	PROS	CONS
1	Chief Directorates within DSD & DOE	Builds on existing systems. Marginal costs would relate to scale-up of staff and functional capacities.	Cannot achieve high level integration of policies and agency functions. Too localised within DSD to implement a cross-cutting national programme. Could be trapped within institutional bureaucracies.
2	Autonomous senior management unit within DSD or DBE (national & provincial branches)	Clear separation of child welfare and ECD services. Close management collaboration with other DSD services for 0–2 year-olds (who are the priority group for expanded ECD). Assuming leadership at DDG level, greater prospects for inter-departmental collaboration. Clear separation of responsibility for 0–3-year-olds (DSD/DoH) and 4–5 year-olds (DBE)	May not have the flexibility and autonomy to work closely with other Government departments, corporate sector, trade unions and civil society. Bias towards social development, which may underplay the role of basic education in ECD. Potential mismatches between early learning strategies for 0–3 year-olds and preschool years for 4–5 year-olds. Provincial units may be weak, unless senior management structure is replicated in the provinces.
3	Autonomous senior management unit within DSD	As above. Greater authority for	Heavily dependent on capacity and commitment of Premier's

	OPTION	PROS	CONS
	or DBE (national) with ECD units based within Premier's offices	collaboration at provincial level.	Office. Implementation would still need to be through respective Government departments, and would depend on their capacity (ideally senior managers of respective departments should be located in Premier's Office as a unit, but retain departmental line functions).
4	Autonomous agency under Ministry of Education	Strong link between early learning strategies and formal schooling.	Bias towards preschool children (whereas priority for early learning is among 0–3 year-olds). Bias towards teacher-based learning (whereas parenting, nutritional support and access to health & social services) are greater priorities in the national ECD strategy. Additional costs of autonomous agency.
5	Autonomous agency under Ministry of Social Development	Greater flexibility and autonomy to work closely with other Government departments, corporate sector, trade unions and civil society.	Bias towards social development, which may underplay the role of basic education in ECD. Potential mismatches between early learning strategies for 0–3 year-olds and preschool years for 4-5 year-olds. Additional costs of autonomous agency.
6	Autonomous non-profit agency contractually accountable to Office of the President	High degree of flexibility to maximise relationships with private sector (non-profit and for profit) and interact with Government departments. Ability to move swiftly and be responsive. Ability to secure funding from public and private sources.	Might lack the authority to convene Departments at high-level. Separated from implementation line functions – could become a weak co-ordinating structure. Additional costs of autonomous agency.
7	Autonomous statutory agency under Office of President	Authority to ensure high-level inter-departmental collaboration. Flexibility and autonomy to work closely with other Government departments, corporate sector, trade unions and civil society.	Separated from implementation line functions – could become a weak co-ordinating structure. Unclear separation of responsibilities from Ministry of Women, Children and People with Disabilities. Additional costs of autonomous agency.

7.3.5.1 Options locating the agency within a Department

The first three options (i.e. those which are limited to strengthening the respective Government Departments or locate the agency within the national DSD) are deemed inadequate in meeting the critical criteria for success outlined above, especially with regard to their ability to drive an integrated, cross-sectoral national ECD programme.

The capacitation of the management of the Departments of Social Development, Education and Health to implement ECD programmes at scale is essential, but is insufficient to achieve the objective of high-level coordination.

An existing example is the Gauteng ECD Institute, based as a management unit within the Gauteng Education Department. This unit has been able to interact at an operational level across departments and with the non-profit sector, but has been constrained by its positioning within a single department.

7.3.5.2 Autonomous agency under the Ministry of Education or Social Development

Options 4 and 5 propose an autonomous agency within the Ministries of Education and Social Development respectively, similar in positioning to the South African Social Security Agency.

In this structure, the CEO of the Agency would account to the Minister of Education or Social Development. However, given the inter-departmental nature of ECD, it would be advisable to establish a Board chaired by the Minister, comprising members at executive level from the Departments of Health and Basic and Higher Education as well as the non-profit ECD sector. Provincial branches of the ECD agency would be established, with provincial directors accountable to the CEO.

Given the prioritisation of home- and community-based interventions (for children under 2 years, parenting, nutrition and early learning), the preferable location is arguably the Ministry of Social Development. However, it should be noted that there are few international examples of successful location of a national ECD programme under welfare/social development (the exception being Finland; typically the early learning component is de-emphasised).²⁰¹

Nevertheless, this option meets sufficient criteria to warrant serious consideration, should the primary option be deemed unviable.

7.3.5.3 Autonomous agency as a non-profit entity with contractual accountability

A sixth option is the establishment of a non-profit entity, contractually accountable to the Office of the President. A successful example in the health sector is the Health Systems Trust, which has provided technical support, coordination and information services to the DOH since 1991. A similar structure has been established recently to support the Departments of Basic and Higher Education, namely the National Education Collaboration Trust.

In this arrangement, the agency would be independently governed by a Board appointed by the Office of the President, and would be bound contractually to carry out the responsibilities described in paragraph 7.3.3 above.

The benefit of this option is that the Agency would be relatively unfettered by government bureaucracy, and would be able to develop responsive and flexible programmes. Its location outside of Government would also facilitate effective collaboration with the private sector, trade unions and other stakeholders, and it would be able to attract and secure funding from a range of sources.

The main downside of this option is that it may lack the authority to achieve sufficient intersectoral collaboration. Nevertheless, this option meets sufficient criteria to be considered as a viable alternative should the primary option be deemed unsuitable. It also opens possibilities, such as mobilisation of private sources of funding, not easily attainable through the other options.

8. ECD funding

Policies and programmes are effective only if funding is available. However, across the world, governments have not invested enough in ECD programmes to ensure universal availability, equitable access and adequate quality, all of which are necessary to realise potential developmental returns.²⁰²

The solution lies in increased investment of public funds and the development of a national ECD funding 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 ECD policy and programme.²⁰³

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

The national funding policy should thus:

1. Ensure sufficient resourcing to secure delivery of services, the provision of infrastructure and overall resources for ECD, especially for the most vulnerable children;¹⁷⁷
2. Develop flexible funding mechanisms which promote and are responsive to local ECD 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 ECD within a national ECD resource partnership framework which ensures regulatory, operational, and financing convergence of partner contributions in alignment with the national ECD policy.²⁰⁴

The amount and manner in which the national ECD system is financed is a critical determinant for securing universal availability and equitable access to quality ECD services and programmes.

Securing universal availability and equitable access to ECD services, especially for vulnerable children, will require a substantially larger investment of public funds in ECD programmes than is currently the norm in South Africa. The long-term development returns and robust benefit-to-cost ratios not only justify but oblige this investment.²⁰⁵

The GRSA recognises that meeting its international, regional and national ECD commitments requires the provision of adequate public funding to secure:^{206 & 207}

- Universal availability of ECD services and programmes, especially in under-serviced areas and for children aged 0–2 years;
- Equitable access to services and programmes for children living in poverty and/or who have developmental delays and/or disabilities;
- Adequate, equitable and effective infrastructure to support delivery of quality services in a safe environment;
- Sufficient qualified practitioners to implement the ECD policy and programmes developed to give effect to it;
- An effective national ECD communications campaign;
- Effective management, supervision and quality control mechanisms; and
- Institutional structures necessary to support the implementation of the policy.²⁰⁸

It further recognises that increased public investment in a national ECD 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 ECD services will vary, depending on the ECD service in question, the model of provision and the risk and protective factors dominant in a particular province and/or district.

A number of ECD services are already publicly funded, with funding innovations already in place to improve coverage for all. These include:

Health care for infants and young children and pregnant women and nutritional support and malnutrition treatment for infants and children	<p>These services are fully funded for children aged 0–5 years and for pregnant women through the DOH’s allocations to support implementation of the Free Health Policy, the Maternal and Child Health and Nutrition programmes, and others.</p> <p>The health sector has made innovations to improve the funding, coverage and quality of health services, targeting especially infants and young children and mothers, for example through the Primary Health Care Re-engineering strategy.</p>
Social grants for children living in poverty and with a disability	<p>Social grants for infants, young children, and children with disabilities are publicly funded through the DSD’s social security programme.</p> <p>The CSG is fully funded to ensure its availability for all income-eligible caregivers.</p>

Birth registration

Birth registration is fully funded, with birth registration offered as a free service to all children.

The funding allocated by Cabinet through the National Treasury and associated funding modalities is sufficient to secure universal availability and equitable access to the above services (that constitute part of the Essential Package) for many vulnerable infants, young children and their caregivers. However, inefficient use of funds results in poor quality services, especially for vulnerable groups of children.

Nevertheless, the design, amount and impact of state funding of food and nutrition, parenting support, opportunities for learning and ECD communication services and programmes are insufficient to meet the Government's legal obligations and developmental imperatives.

Current funding amounts, modalities and usage do not secure universal availability and equitable access to quality services and programmes. The current amount of and funding modalities for these services (primarily a per-child subsidy of up to R15 for children living in poverty attending a registered ECD facility paid to the facility directly) fail in a number of key respects:²⁰⁹

1. Whilst there is some state funding allocated to support opportunities for learning, the Government's responsibility to fund the services is discretionary. The legal foundation for the funding of early learning services is located in the Children's Act No 38 of 2005, which provides that the Minister of Social Development and provincial MECs *may* fund the service in question. In addition, an absence of funding norms and standards translates into provincial variations in the sum of the subsidy paid, and variation at centre level in how the subsidy funds are spent on food, salaries and the provision of quality teaching and learning support materials.
2. Insufficient resources – both financial and human – at a departmental level have resulted in responsibility for implementation, supervision and monitoring of early learning being spread thinly amongst too few dedicated staff members at a national and provincial level.
3. The current funding model does not, in the main, support home- and community-based programmes and services. This results in the exclusion of the majority of poor children who are not in centres and very young children between the ages of 0–2 years, who are best accommodated in smaller home and community-based care, stimulation and early learning programmes.
4. In addition, the current model does not support parent support programmes.
5. Access to the means-tested subsidy is dependent on a centre's registration, and this is in turn dependent on compliance with prescribed infrastructure norms and standards. This excludes children in unregistered centres, which are predominantly centres serving poor communities that cannot, because of low socioeconomic conditions, provide and sustain adequate infrastructure.
6. The lack of subsidies paid to unregistered centres in poor communities means they are entirely dependent on fees paid by parents – the majority of whom cannot afford to contribute. The high cost of service is the most common reason for the exclusion of children

from early learning services. Not only are unsubsidised centres servicing poor communities dependent on parents' fees (resulting in poor parents having to pay more for early learning services), they also have less resources for food, learning and teaching support materials and teacher salaries, which in turns contributes to poorer quality services.

7. In addition, the current registration requirements are onerous and require the completion and submission of a complex number of supporting documents and forms. and take a long time to process, factors which prejudice smaller community-based programmes and centres with lower leadership and management capacity. Seventy-five percent of facilities find it difficult to apply for funding, with a much higher percentage (79%) in poor provinces experiencing this difficulty.²¹⁰
8. The current subsidy is not enough to secure quality early learning services, especially in poor communities where parent contributions are lower. The absence of funding norms and standards means that the subsidy is used variably across centres to support different components of the service – with no guarantee that the allocation of the funds will always be in the best interests of the child.²¹¹
9. Funding of early learning services and programmes for children with developmental difficulties and/or disabilities is inadequate and fractured across two departments (the DSD and DOH), without any common governing framework ensuring universal availability and access for children with disabilities. In addition, there is no adjustment in the DSD's subsidy to provide appropriate services that meet the additional learning needs of young children with developmental difficulties.
10. There is no clearly defined responsibility to fund a national ECD communication campaign.
11. Local government's constitutional mandate to provide for infrastructure for child care facilities is not sufficiently funded. There are several municipal infrastructure grants (for all municipalities and specifically for metros and informal settlements) that could be used, but in the main, these funds have not been used for child care facilities.

The effect of the current funding model is that the availability of, access to, and the quality of a number of services falling within the EP of ECD services is insufficient and much poorer for children and their caregivers living in poverty, the very youngest of children, children in rural and under-serviced urban areas, and children with disabilities (indeed the most vulnerable children with the greatest need for quality ECD services to equalise and maximise their development).

8.1 Objectives of ECD funding

The objective of the national ECD funding policy is to secure and distribute sufficient funds to ensure universal availability of, and equitable access to, the EP of quality ECD services, especially for low-income families that cannot afford user fees.

The funding model that will be adopted to support implementation of the national ECD policy aims to:

- Expand coverage of services;
- Ensure that poorer children 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 the GRSA to support the implementation of ECD programmes provided by either government departments or by non-profit organisations or private entities contracted by the GRSA to:

- Contribute to improving availability of services in under-served areas;
- Provide an integrated EP of ECD 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 between the ages of 0 and 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 ECD funding model will cover the following costs:

- **Post provisioning** will encompass the transfer of funds to cover the cost of staff responsible for implementing ECD programmes. For children aged 0–2 years, posts will be for home visitors/group facilitators. For children aged 2–4.5 years, posts will be for ECD 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 ECD infrastructure (i.e. state owned and controlled infrastructure for care and learning centres) in especially underserved areas.
- **Training** of the workforce necessary for implementation of the national ECD policy.
- **National and provincial departmental programme management, supervision and oversight funding.**
- **The National ECD Agency's operational and implementation costs**, including its coordination, oversight and communications functions.

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

- National ECD agency for their operating costs and to fulfill the functions described in this policy, including implementation of the national communication campaign;
- National departments of Health, Basic Education and Social Development to cover their national level management and support functions;

- The provinces to allocate to the provincial Departments of Health, Basic Education, Social Development, and Cooperative Governance and Traditional Affairs to cover their provincial level management, support, implementation and infrastructure functions.

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 DOH. Early learning play groups will be conducted by the same staff and funding for their implementation will similarly be directed through the DOH.
- The provision of early learning services through an additional year of pre-school (pre-Grade R) will be paid through budget increases to the DBE to the extent that these programmes are implemented through public schools.
- Funding for staffing and per-child programme support for early learning play groups and centres will be paid through an increased budget allocation to the DSD.
- Child minding per-child programme support will be paid through the DSD.

8.2.1.2 *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 0–2 years, the full programme costs are directly funded. These services will be delivered through the DOH, the full cost of delivery must therefore be allocated to the Department.
- For children aged 2–5 years (as well as children aged 0–2 years in early learning centres), posts are funded and a per capita programme support amount sufficient to provide 20 hours a week of services for no fee / for free to eligible children.

Child minders will be eligible to receive the per-capita programme support. If they are providing child minding services to child-support grant eligible children 0–2 they will receive support for up to 8 hours per week and 20 hours for children 2–5.

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. Programme support is paid to eligible providers based on the size of their programme. Programme funding will remain constant so long as the number of children receiving services remains constant, even if the children served change.

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

ECCE service providers who are eligible for public funding will be identified in one of two ways:

firstly, if they are providing services in an under-serviced 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 subsidizing 65% of children aged 0–5 years. Programme support through the DOH will be calculated to cover the costs of home visits for at risk mothers, both antenatal and prenatal, and mother groups and mother child learning groups. The per-capita programme support amount will be calculated to cover 20 hours per week per child aged 2–4.5 years in a community or centre-based programme. The level of programme support will be set so as to allow a provider to deliver the required service for the stipulated period of time without charging user fees. This will require that the support be sufficient to cover fixed site costs, utilities, equipment depreciation, food and support staff. Implementing staff costs are covered by the post provisioning at a ratio of 1:12 for children aged 2–3 years and 1:20 for 3–4.5 year-olds. Post-allocations to early learning playgroups and centres and supervision allocations will be based on target staff-to-child ratios and supervision norms as specified in the Human Resources ECD policy.

The proposed per-capita programme support will be set to a fixed amount for all programmes. The per-capita programme support amount will be determined from time to time by the National ECD Agency based on a review of the costs associated with delivering the relevant services.

If the provider wishes to deliver services for more than 20 hours a week, they will need to charge user fees to cover the additional costs. Similarly, if families wish to access services for their children for longer periods of time than covered by the programme, this will be for their account.

The rationale for the provision of the equivalent of 20 hours of free ECCE for eligible children is based on international benchmarks of adequate hours to meet young children's early learning needs as well as the care needs of children whose parents are involved in informal subsistence activities and/or those seeking work. The assumption is that employed parents whose children nonetheless qualify for programme funding support will have the resources to contribute to their children's care and education costs, over and above the 20 hours provided for in this policy. For a more detailed review of the evidence please see Policy Appendix 14: Towards a rationale for the 20 hour a week ECD allocation for children from 2 years.

The rationale and justification for the payment of full user fees by parents/caregivers not living in poverty for publicly or privately provided services, and for the payment of user fees for parents/caregivers living in poverty for any services beyond the 20 hours provided is based on:

1. The fact that legally the GRSA is not obliged to provide free ECCE (as in the case of basic education). It is only obliged, in law, to ensure that these services are affordable and that the cost thereof does not exclude children living in poverty from making use of them. In South Africa user fees are the biggest barrier to ECCE services for children living in poverty and thus the duty on the GRSA is to provide funding so that essential ECCE services are free for children living in poverty;

2. The need to supplement the limited public funds available to finance ECCE services and that user fees are recognised as a legitimate additional funding mechanism;
3. Evidence that the payment of user fees supports improved quality of publicly provided ECCE services; and
4. Evidence that payment of user fees by parents increases accountability of service providers to users for availability and quality of provided services.

For a detailed review of the rationale for the charging of user fees as provided for in this policy, please see Policy Appendix 15: Financing public services: the application of user-fees.

Alternatively the per-capita programme support amount could be adjusted to differentiate the level of support depending on the severity of poverty or other indicators of risk in a given area. This would potentially be a powerful tool for addressing inequalities. It would, however, add to the administrative complexity of the programme support. The DBE currently uses the quintile system to classify schools according to the level of income in their catchment area and to adjust funding accordingly. The same system could be applied to ECD programme support. However, the complexity that this introduces may be an administrative burden. Moreover, it would still require certain providers to be classified not by their area, but by their population served – to avoid neglecting those living in pockets of poverty. In reality, district 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. For a detailed review of the pros and cons of adopting the quintile ranking system for the determination of programme funding support please see Policy Appendix 16: Targeting services using poverty quintile ranking.

8.2.1.4 Increased funding for ECD 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 to enable the development and provision of services which are appropriate to the level of support required by a disabled child to enable him/her 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 ECD domains shall be defined in the ECD disability strategy to be developed by the National ECD Agency, as provided for in paragraph 5.4.4 above.

Different funding options are available for each of the cost elements and should be interrogated in detail before firm recommendations can be made. For example, when considering programme support, options include:

1. Increasing the programme and post-funding allocation to programmes provided 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 in the national ECD disability strategy and programme and will be based on the level of need for additional support of each child.

8.2.1.5 An alternative model: Provision of funding through support for demand

All of the above funding relates to support for the supply of ECD services. An alternative is to

provide funding to support increased demand. Demand side support could be provided by increasing the CSG for children aged 0–5 years. This could be made conditional on accessing approved ECD services, possibly including a fee for that service to be paid out of the grant. This would enable families to have the freedom of choice regarding the nature of the service they access for their children. If the grant were unconditional, it would be necessary to accompany the increase with an investment in a large scale public awareness campaign of the benefits of accessing ECD services, to encourage that the additional resources be directed to this end.

8.2.2 Funding for infrastructure development

The Department of Cooperative Governance and Traditional Affairs will receive, and in turn allocate, ring-fenced grants to municipalities to support the national ECD infrastructure policy. This includes the development of accessible infrastructure (applying universal design standards) for children with disabilities.

Alternatively, DCOGTA will give an explicit directive to municipalities that the following infrastructure funds may be used to develop municipal infrastructure for ECD:

- Municipal Infrastructure Grant;
- Urban Development Settlement Grant (USDG), focused on informal settlements; and the
- Integrated City Development Grant (metros).

The GRSA will only fund public infrastructure. Public infrastructure is infrastructure which is owned by the State, whether national, provincial or a local government entity. The development of infrastructure not owned by the State which is necessary for the provision of ECD services will be funded from programme funding allocated to the relevant ECD programme as contemplated in this funding policy.

A possible challenge with the allocation of funding responsibility to local government relates to the lack of capacity to plan and spend funds at local level. This may drive inequity in already under-served areas, many of which coincide with poorly capacitated / poor performing municipalities.

For the preceding reason, the alternative policy option that follows is proposed; this could also serve as an interim arrangement for a period of 10 years whilst capacity is being built at municipalities.

There will be an ECD infrastructure grant designed for ECD infrastructure delivery nationally. The DSD will receive, and in turn allocate, ring-fenced conditional grants to the Provincial DSD to support the national ECD infrastructure policy. The ECD infrastructure grant will focus on:

1. Construction of public ECD facilities
2. Provision of funds for NPOs to improve their existing ECD facilities to meet minimum norms and standards through the establishment of an NGO infrastructure improvement grant.

This grant must be made available to the National DSD which will then be managed as a conditional grant with the Provincial Departments of Social Development.

The municipal infrastructure grant (MIG) must be used by municipalities for the maintenance of existing public ECD facilities.

8.2.3 Funding the training of the workforce for ECD

Funding will be directed through the following Government departments:

- DOH – to provide short-course training and in-service training to mother- and-child workers;
- DSD – to support the training and support of playgroup facilitators; and
- Department of Higher Education – to support FET programmes for ECD and university-based programmes.

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.

8.2.5 National ECD agency management and operational costs

The necessary funding will be provided to enable the National ECD Agency to carry out its functions at both national and provincial level.

8.3 Promotion of and support for conditional registration

In addition to increased funding, funding will be made more accessible through the promotion of conditional registration in terms of the Children's Act No 38 of 2005 of programmes qualifying for funding in terms of the criteria set in this policy that meet the requirements for conditional registration. The provincial Departments of Social Development, working together with local municipalities, shall support the qualifying programmes to secure and finalise permanent registration processes.

Administrative systems will be simplified to ensure greatest efficiency of financing and accountability.

8.4 A national coordinated funding framework and accountability for expenditure

The GRSA, acting through the various line Departments and the National ECD Agency, will assume responsibility for securing sufficient funds to implement the national ECD policy. To fulfill this obligation, it will increase the allocation of public funds through Treasury. In addition, it will mobilise and coordinate funding from other sources.

The GRSA will engage in advocacy to mobilise resources from development partners and the corporate social investment sector in South Africa.

In addition, it will ensure the use of resources mobilised in implementing national ECD policy goals and objectives through the development of a national ECD funding framework. The framework will be developed by the National ECD Agency and will regulate, coordinate and support the mobilisation and coordination of funds towards the attainment of national ECD priorities. All responsible role players will be held to account for the timely and efficient expenditure of allocated ECD funds through their reporting obligations to the National ECD Agency.

9. ECD infrastructure

The GRSA recognises that realisation of the goals of universal availability of and equitable access to quality ECD services for all children in South Africa requires a sufficient quantity of functional ECD facilities and programmes which are appropriately spread out so as to be within safe and reasonable physical reach.²¹² In summary, an adequate and accessible physical environment and infrastructure is required to support scaled up and effective delivery of inclusive, quality ECD programmes and services.

What constitutes a sufficient quantity of and adequate ECD 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 ECD services ensure the protection of their and their caregiver’s health and safety.
2. Equity of physical access – ECD 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 ECD 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 ECD services.²¹³

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 ECD service in question, the model of provision, the age of 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, the language and cultural background, and the geographic location of the child and his or her caregiver.

Despite contextual differences, all ECD programmes and services must be delivered in safe buildings or structures providing protection from the elements, must provide hygienic sanitation facilities, clean potable water, access to safe energy sources, hygienic and safe food storage and preparation areas, 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 must use equipment and materials necessary to deliver the programme activities.²¹⁴

9.1 Types of infrastructure required ECD services

Two types of infrastructure are required to make ECD services universally available:

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

9.2 Infrastructure expansion programmes to date

The Government has taken a number of steps and made substantial progress in securing adequate infrastructure for the delivery of a number of ECD services falling within the EP, including the following:

Health services for pregnant women, infants and young children: The national DOH has undertaken a number of infrastructure development programmes to increase the availability of and equitable access to health facilities and services. It has massively expanded the number of clinics at a community level. Its focus on expanding its PHC facilities has resulted in significant gains in access. Between 2002 and 2011 the percentage of children living far from their closest health facility (travel more than 30 minutes) dropped by 12,5% from 36,4% to 23,9%. However, health care is not yet universally available or equitably accessible as 24% of children continue to live far from their closest health facility. Moreover, the majority of excluded children are from historically marginalised groups, including African children, children living in poverty and children in rural areas.²¹⁵ In addition, the quality of infrastructure at public health facilities is inadequate and uneven across the provinces and districts.²¹⁶

Social security: The South African Social Security Agency (SASSA) also initiated a multi-faceted expansion campaign to ensure more universally and equally accessible service points for grant applications. To achieve equity in the spread and accessibility of services, SASSA expanded its formal office footprint as well as its presence in communities through a number of integrated and outreach programmes. These included the provision of grant application services at community-based Thusong centres (multi-purpose centres providing community development services) and the Integrated Community Outreach Registration Programme (ICROP), which made use of a combination of mobile and satellite service points, specifically designed to reach vulnerable children marginalised by geography and poverty.²¹⁷

Birth registration: The DOHA's National Population and Registration Campaign aimed to massively increase the rate of early birth registrations, and was accompanied by a focused expansion of its delivery footprint to improve availability and accessibility to these services. The expansion strategy was multi-faceted and aimed to 'remedy the sharp divide between people who have access ... and the majority who have to struggle because they are poor [and] socially and geographically marginalised'.²¹⁸ The expansion plan was preceded by a mapping exercise to determine the scale of shape of service delivery gaps; based on a distance norm to guide its expansion, the DOHA then reached into under-served communities by, for example:

- a. Increasing its number of fixed civic service offices;
- b. Adding a fleet of mobile offices; and

- c. Integrating birth registration services at health facilities.

9.3 Inadequate infrastructure for parenting support and early learning services and programmes

In contrast, there is insufficient infrastructure to support the universal availability of and equitable access to parenting support and opportunities for learning/early learning services. Infrastructure is in short supply for a number of reasons, including:

1. An absence of coordinated population-based planning for determination of the location of new and emerging infrastructure for delivery of parenting support and opportunities for learning;
2. Lack of clarity and associated norms determining what constitutes a reasonable distance between communities and services to ensure universal availability;
3. Lack of Government funding and lack of a clear legal responsibility for the provision of infrastructure for parenting support and opportunities for learning;
4. Assumption/delegation of responsibility for the provision of infrastructure by NGOs;
5. Onerous, and at times inappropriate, infrastructure norms and standards which prevent the registration of ECD programmes such as playgroups and centres that fail to meet the prescribed standards. This in turn prevents access to subsidy funding which is a necessary, and often only source, of funding for improving infrastructure;
6. In addition, conflicting and administratively onerous laws and municipal by-laws governing infrastructure standards make compliance and registration of ECD programmes difficult, especially in under-developed communities; and
7. The subsidy-based funding model for infrastructure perpetuates inequities in the unavailability of this set of ECD services in poor and under-served communities. In the absence of private funding and no obligation on any Government department to provide infrastructure, quality services remain beyond the reach of under-served vulnerable communities.²¹⁹

Inadequacies in infrastructure impact negatively on:

1. The number of available spaces/facilities at which services are provided (most of the available spaces are made available through the non-government sector);
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.

For both registered and unregistered centres serving poor communities the net result is widespread poor quality, and at times, unsafe infrastructure. In under-served communities with no private or non-profit infrastructure at all, in the absence of state-driven infrastructure development, early childhood care and education programmes are simply not available.

9.4 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 community and centre-based) requires a massive Government-driven expansion of infrastructure, including infrastructure required to promote inclusion for children with disabilities. There is much to be learned in moving forward in this process from similar expansion programmes in relation to other ECD services, such as health, social security and birth registration.

The GRSA is committed to ensuring the implementation of the national ECD policy and programme by allocating sufficient public funds to services, infrastructure and overall resources, with allocations respecting the principle of equitable access for vulnerable children in under-served areas, and to ensure that infrastructure is safe and provides an enabling early learning environment that supports quality early learning and development, including for children with disabilities.²²⁰

9.5 Objective of ECD infrastructure policy

The objective of the national ECD infrastructure policy is to ensure that the GRSA invests in the growth and maintenance of infrastructure which:

- Is safe for 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 ECD services, particularly early learning and parenting support programmes;
- Provides a service delivery environment conducive to the delivery of quality ECD 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 ECD service provision includes: buildings, spaces inside and outside, water and sanitation and electricity, learning materials and equipment.

Physical infrastructure for management and oversight includes: offices, cars, water and sanitation, electricity, connectivity/communications infrastructure.

9.6 Expansion of service provision infrastructure

The remediation of the current infrastructural inadequacies depends on the GRSA, acting through the national as well as provincial DSDs and municipalities, developing a coherent population-based infrastructure plan to secure the universal availability of and equitable access to quality infrastructure to support the delivery of parenting support and opportunities for learning for all young children, ensuring the inclusion of children with disabilities. To secure this, these two Departments 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, acting through the National as well as Provincial DSD and municipalities, of a targeted expansion programme based on a multi-faceted strategy which:
 - a. Identifies and makes parallel and integrated use of fixed existing ECD infrastructure already established in communities – such as health facilities, primary schools with Grade R facilities, multi-purpose centres, public libraries 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- 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 and centres in under-served areas through a registration drive;
 - g. The registration drive will be supported by a campaign encouraging and supporting conditional registration of centres and programmes that meet basic safety and health requirements to enable access to funding for infrastructural improvements and government should consider the feasibility of establishing an NGO infrastructure improvement grant to assist NGOs to meet basic infrastructure registration requirements;
 - h. The prescribed infrastructure norms and standards will be amended and diversified 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 and different to those for formal early learning centres, subject always to the proviso that basic health and safety norms are adhered to;
 - i. 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 (funded by the DOCGTA as described in the funding policy) to provide land and under-utilised buildings for the establishment of new built Early Learning Centres in under-served areas, or build new buildings. A planning process, led by the DSD in collaboration with local government, to establish new Early Learning Centres should begin immediately and must prioritise the poorest and most-underserved areas. This needs to be done in collaboration with the for- and non-profit ECD community, the private sector, donors, and local government and traditional authorities;
 - j. All ECD facilities must therefore 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;

- k. Municipalities must make a concerted effort to standardise municipal by laws and rezoning costs for the establishment of ECD facilities;
 - l. The development and funding of infrastructure for ECD programmes run from locations falling within quintiles 1 to 3 shall be prioritised;
 - m. The DSD or the municipality will retain ownership of all facilities that are constructed with its budget and 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 Department may appoint a civil society organisation to manage the operations of the facility after an agreement is approved detailing the conditions of operations and management;
 - n. The provision of water, sanitation and electricity to state-owned Early Learning Centres must be included in the expansion programme; and
 - o. 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. The PFMA requires accounting officers to determine both the full and true cost of service delivery for decision-making with regards 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 must be developed for the DSD (National and Provincial) and the municipalities, which is to be updated annually.
 5. Government Immovable Asset Management Act (GIAMA) makes it incumbent on users to assess annually the functional performance of all immovable assets allocated to them, while custodians must conduct condition assessment of the immovable assets under their control every five years. 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. Monitoring is essential to ensure uniformity of infrastructure. A system of self-assessment and accreditation should be introduced, supported by inspections and audits. A performance management system which incorporates a results-based M&E framework must be developed for the ECD infrastructure policy. This would include the development of indicators and targets which would be monitored to determine the achievement of objectives set within this ECD infrastructure policy.
 7. Knowledge and information systems including the functionality of a Geographic Information System (GIS) to aid planning must be put in place. In compliance with the provisions of this ECD infrastructure policy and legislative requirements²²¹ guiding immovable assets, it is required that the DSD 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 to 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 ECD centres.

9.7 Expansion of management infrastructure

There is very little management infrastructure supporting parenting support and opportunities for learning. The DSD has ECD coordinators at the provincial level, as well as family coordinators. There are close to 100 RTOs and organisations with training and management capacity.

The DSD will address this inadequacy and work with local government to establish, by 2016, management structures at the provincial and/or municipal levels to manage, oversee and coordinate the delivery of early learning services and parenting support as components of the EP services. It will receive funding, as described in the funding policy, for these purposes.

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 them to visit sites and services; and
- Running costs.

10. ECD Human resources

10.1 Introduction

The GRSA recognises its responsibility to ensure a sufficient number of appropriately qualified practitioners as well as managers and supervisors to deliver the EP of services in order to ensure the universal availability of quality ECD services.²²²

The availability of services is dependent on adequate human resource, as is the quality and hence the realisation of the full developmental potential of ECD investments. Numerous studies confirm that the extent of the positive impact of early childhood education is dependent on the quality of the intervention provided.²²³

Quality is closely associated with the levels of qualification and supervision and mentoring of ECD practitioners. Qualifications and or training of teachers/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 quality.²²⁴ However, qualifications alone do not necessarily make a difference;²²⁵ oversight and support from relevant Departments and facility managers is central to quality improvement and successful programme delivery.²²⁶

Sufficient numbers of appropriately qualified workers are required to provide:

1. Maternal and infant health care and promotion, screening, support and referral for children with disabilities, social services, parenting support, and early learning opportunities for pregnant women and children aged 0–2 years;
2. Child health care and promotion, social services, screening, support and referral for children with disabilities, parenting support and early learning opportunities for children between the ages of 3 and 5 years.

In the case of a number of services, the human resources and systems required for training, management, and supervision are in place. These include the majority of the proposed health and nutrition services, birth registration and social grants – all of which are provided by workers employed and paid for by the Governmental department in question.

For example, the DOH has primary, secondary and tertiary facilities with staff employed by the Department at various ranks with a range of qualifications deployed from national to provincial to district to local levels. Health services are provided by the workers at fixed or mobile facilities. The DOH has expanded its cadre of community health workers as part of the formal structure of the health service to extend its services into communities and homes.

A full range of ECD 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 (IMCIs), nutritional counselling, education and supplementation, as well as referral services for grants and other social services. However, there is a need to improve the quality of the maternal and child health services provided through improved training, mentoring and supervision and an increase in the number of workers. These include for example the CHWs located within the PHC ward-based outreach teams and the facility-based PHC workers providing growth monitoring, developmental screening, nutritional education and support and infant and young child care in terms of the Integrated Management of Childhood Illnesses (IMCI) strategy.²²⁷ Key concerns include the limited implementation of key maternal and child health interventions at, especially a primary level, the high case load that CHWs bear (1 for 270 households) and the limited competencies, skills and abilities of the current cohort of CHWs. There is no available evidence of the influence that the CHWs have on maternal and child health and it is unclear when they are expected to begin to fulfill their declared maternal and child health functions.²²⁸

Whilst there are national, provincial and district health systems in place to provide, employ, train and monitor workers to provide health and nutrition services, there are insufficient systems in place for the provision of an adequate number of qualified workers, including practitioners, departmental officials and managers to provide parenting support and opportunities for early learning.²²⁹

The DSD employs a number of workers at a provincial, district and local level who provide a number of services to a wide range of vulnerable groups including children, youth, women, people with substance abuse problems, victims of violence, the elderly and others. Workers include social workers (including auxiliary social workers and student social workers), community development practitioners, child and youth care workers, and youth development workers. The numbers of

workers are insufficient to meet demand and this, together with the diverse roles they fill, means insufficient capacity to provide parenting support services and other social ECD services.

ECD practitioners are listed in the 2013 Social Services Practitioners 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 practitioners providing services in home-based, community-based and centre-based programmes, as well as child minders. There is no data as to the total number of ECD practitioners. However, in 2012, there were 36,552 ECD practitioners working with children in registered ECD centres – all of whom are employed by non-governmental service providers.²³⁰

Whilst the number of ECD practitioners is large, between a quarter and a half of all existing ECD centre managers and even larger numbers of ECD practitioners are unqualified. This is despite the fact that there are a number of South African Qualification Authority (SAQA) accredited qualifications for ECD practitioners. This is partly due to the fact that there is an undersupply of training providers and financial support to address this need.²³¹

In addition, a large number of children younger than 2 years are in out-of-home care provided by child minders who care for less than six children in their own private homes. There is no data on the number of child minders, the services they provide or the quality of these services. Unlike ECD practitioners providing services in programmes for six or more children, the Children's Act does not require the registration of child minders or their compliance with ECD norms and standards (although local government environmental health norms must be met).

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 ECD human resources strategy^{232,233} – none of which are currently part of the national ECD system. Addressing poor working conditions for ECD practitioners, the lack of sustainable jobs and opportunities for progression are critical in ensuring the professionalisation and retention of trained ECD practitioners of different kinds in the sector.²³⁴

Current human resource funding is inadequate to support a professional quality set of ECD services. There is no post provisioning for early childhood care and education services for 0–4 year-olds, though 30% of the DSD ECD per-child subsidy is allocated towards staff costs.²³⁵ To this end Government has identified a range of initiatives to strengthen HR for early childhood care and education components of ECD as part of the Integrated Plan for ECD (2013–2018).²³⁶

10.2 Objective of the ECD human resources policy

The objective of the national ECD human resource policy is to develop appropriate cadres of ECD practitioners, in sufficient numbers and with sufficient skills, to support the implementation of the envisaged national ECD policy and programme.

10.3 Categories of ECD workers

In order to provide the EP of ECD services this policy commits to the public provision of the following categories of appropriately qualified and/or trained ECD workers in sufficient quantities to ensure universal availability of services:

1. A specialised and dedicated cadre of ECD-specific mother and child community workers (MCCWs). The ECD MCCWs will be employed by the DOH, which will also be responsible for training, mentoring and monitoring of the MCCWs 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 MCCWs 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-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. Special-purpose supervisors employed by the DOH to provide mentoring, support and oversight of the MCCWs to maintain the quality of service provided;
3. ECD practitioners directly employed and/or funded by the DSD to facilitate non-centre and centre-based early learning groups, including parent education groups, early learning playgroups, other out of centre programmes and early learning centres;
4. ECD coordinators/supervisors directly employed and/or funded by the DSD to provide oversight and support help with planning and in service training of ECD centre practitioners, playgroup facilitators/out of centre programme staff and child-minders or ECD centres;
5. Child minders for children under the age of two years to be funded by the DSD (where they are accredited, registered and otherwise qualify for funding in terms of this policy);
6. Cooks for full-day programmes that provide food;
7. Toy librarians and assistants;
8. Another cadre of worker that is key to ensuring coverage and inclusive ECD services access for children with disabilities and their families is the existing community-based rehabilitation workforce. The effective use and expansion of this workforce must be deliberated and defined in the national ECD disability strategy and programme required to be developed in terms of this policy as described in paragraph 4.4.4 above.

10.3.1 Norms for the provision of human resources

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

The proposed human resource norms and their underlying rationale are documented in Policy Annexure B.

The national ECD disability strategy and programme required to be developed in terms of this policy shall specify appropriate human resource norms for the provision of all ECD services to children with disabilities.

10.4 Education and training

There are a number of SAQA accredited qualifications for ECD practitioners who work directly with children, and Community Development qualifications with ECD 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 ECD services that current qualifications are aligned with the EP content. 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 addressed.²³⁷

Training provision for the ECCE workforce predominantly includes the ECD resource and training organisations, public FET colleges, private for-profit providers, and some higher education institutions. Much training provision has been financed through EPWP learnerships, but budgets, however substantial, have been insufficient to cover the backlog of untrained practitioners. Furthermore subsidised training opportunities have been limited to practitioners working in centres.

The shortage of adequately trained ECD workers is linked, inter alia, to the shortage of training personnel and the lack of ECD training capacity of FET colleges²³⁸ and accredited NPOs and private providers. Thus, meeting the proposed expansion of early learning opportunities will necessitate a creative approach combining the provision of short courses (to increase the skills and capacities of all ECD workers for all forms of delivery) together with on-going accredited training available for all practitioners staying in the sector in the medium-to-long long term to ensure that they are supported along a clear career path.

Please see Policy Annexure C for a list of proposed qualifications for different ECD worker categories.

In the short to medium term, the availability and capacity of ECD practitioners will be expanded through the following measures:

1. Expansion of the community health worker programme within the DOH to include the mother and child worker category, trained through a specialised short course. Training for the

- MCCWs will be developed by the national DOH and implemented at a provincial level;
2. Development of a national early learning playgroup and non-centre-based facilitator programme with standardised short-course training provided by resource and training organisations in the short term; in the longer term they will be supported to participate in accredited training;
 3. Twinning of strong resource and training organisations with less experienced FET colleges providing ECD-related training to improve the quality of training and create a system of student and work placements;
 4. Articulation of the ECD NQF Level 4 and 5 qualifications to enable good students with occupational qualifications to progress to an ECD (under 5 years) Level 6 qualification or a Bachelor's degree in Education; and
 5. Alignment of NQF Level 4 and Level 5 training with the requirements of the EP and the development of electives/specialisations for those working in centres or with parent/ child groups.

In the medium to longer term, the availability and capacity of ECD practitioners will be expanded through the following measures:

1. Development of a comprehensive ECD 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 ECD sector jobs (from work with children to work with caregivers and children), along with development of core ECD content based on the EP for skills courses and qualifications and specialisation options for work with children or work with caregivers up to Levels 4 and 5;
3. Development of a differentiated training system for ECD with a range of training providers and qualification options; this requires strong coordination and options for this include:
 - a. DBE to coordinate the multiple stakeholders including departments responsible for ECD services, qualifications bodies, etc.;
 - b. Establishment of an ECD Training Institute for planning, oversight and delivery of all ECD practitioner training.

It is the responsibility of the Department of Basic Education to mobilise funding and implement programmes to build the capacity of ECD practitioners, except in the case of practitioners employed by the DOH, such as the mother and child worker category and their supervisors. The DOH is responsible for mobilising funding and implementing training programmes for the latter group of ECD practitioners.

Standardised and specific training modules on identifying developmental difficulties and promoting inclusion for children with identified disabilities in ECD programmes (both centre and non-centre based) shall be developed and standardised, and the process and criteria for such development and standardisation will be provided in the ECD disability strategy and programme required to be developed in terms of this Policy. The strategy and programme shall further ensure that the training programme for ECD practitioners providing support to children with disabilities is complemented by effective mentorship and supervision of ECD practitioners working with children with disabilities.

In order to achieve rapid scale up, but reduce the risk of job seekers who are not committed to ECD, a national early learning playgroup facilitator corps will be established, with fixed term, non-renewable contract of three years. This will create 'first-rung opportunities' for employment, and upward mobility for those facilitators who show commitment and develop competence. In this regard, linkages should be made to the Community Work Programme of the Department of Cooperative Governance.

10.5 Human resource supervision and management

The success of the ECD policy and programme will depend on good recruitment, training and continuing in-service support. The level of supervision that is required is one supervisor per 20 centres.

Currently, social workers are responsible for supervision of ECD practitioners, distracting them from core child welfare and protection responsibilities. Supervisory responsibilities will be shifted to dedicated ECD coordinators.

10.6 Remuneration and conditions of service

In terms of public financing for ECD workers and supervisors, there will be standardised levels of remuneration for all categories, with differentiation based on category of ECD worker, qualifications and years of service. This will apply to ECD 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 ECD workers, regardless of employer.

11. ECD monitoring, evaluation, quality control and improvement

UNESCO's World Conference on Early Childhood Care and Education concluded that there is a grave risk globally that Education For All Goal Number 1: scaling up access to and the quality of early learning services, especially for the most vulnerable, will not be achieved by 2015.

Key among the reasons for poor progress is the lack of 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 ECD services for vulnerable children, and ineffective or non-existent systems to feed results into on-going systemic improvements.²³⁹

More recently, the UN's Special Rapporteur on Education observed that the education agenda, including early childhood education, has neglected quality in its urgent bid to scale up availability. In addition, marginalised vulnerable children have been left behind. He has urged that national education, including national ECD policies, promote and monitor quality more resolutely, as well as equity and inclusion of the most vulnerable children. 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 indicators.²⁴⁰ Strong and

appropriately constructed M&E tools constitute key accountability mechanisms, required by the human rights approach to ECD.

Local studies have reflected on the poor quality of ECD centre services in South Africa.²⁴¹ There is little information about the quality of home visiting and community playgroup delivery in South Africa, though the importance of supervision and oversight to ensure programmes are delivered to standard has been highlighted.²⁴²

Registration as a partial care facility and an ECD 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. However, existing norms and standards for registration are geared largely towards ECD centre programmes and there is a significant gap in appropriate norms and standards for parenting and home and community-based services for young children. There are a number of additional and serious registration challenges and it is essential that the system be streamlined and that all early learning and care services are registered. Key to this is better use of the conditional registration provision of the Act to draw services into a support system and the development of different and appropriate norms and standards for securing quality and minimum standards and compliance for different types of service provision.

Registration is not a sufficient condition to ensure the level of quality needed to ensure good child outcomes. Commonly accepted dimensions of quality include structural variables such as the physical setting, teacher child ratio, group size, teacher qualifications, learning materials and process variables including classroom interactions.²⁴³ 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 outcomes.²⁴⁴

Qualification requirements for staff delivering early learning services in South Africa are relatively low at the equivalent of a school leaving certificate (NQF Level 4), considering that many countries require a post-school diploma or a degree as a teacher qualification for ECD.²⁴⁵ Mentoring and support, including training in activities and interactions to foster child cognitive development, in-service training and on-going supervision by curriculum experts, have been shown to be effective in improving quality.²⁴⁶ In addition to systematic monitoring, a specific curriculum guide and adequate resources for each programme are essential for quality of delivery.

Supervisor or teacher accreditation as well as programme quality ratings have been introduced as tools for quality improvement in a number of countries^{247,248} sometimes linked to incentive schemes. While a professional registration body with continuing professional education could also contribute to improving teacher knowledge, these seldom have the capacity for on-site verification which is a key aspect of accreditation systems.

11.1 Responsibility for ECD monitoring, quality control and improvement

The GRSA, acting through the National ECD Agency, will develop and implement:

1. A centralised national ECD monitoring and evaluation framework which will annually measure progress towards achievement of the national policy vision, goals and objectives;

2. A monitoring and evaluation framework to assess the ECD programmes for which it is directly responsible;
3. Mechanisms for facilitation of the use of evaluation results by the Agency, line departments and other stakeholders to improve planning and implementation of ECD 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 planning, development and implementation of the national ECD M&E framework will be centrally designed and implemented to collect and provide information for annual reporting on progress South Africa has made as a country towards the realisation of the overarching policy vision. To achieve this, the Agency will develop a national ECD M&E framework that will:

1. Receive and collate reliable and timely data on progress made by different line departments and associated stakeholders in the provision of ECD services and on the impact that the delivery of such services has made towards achievement of the objectives of the National ECD policy;
2. Develop indicators and disaggregate data to measure progress against all elements of universal enjoyment of ECD rights, including availability of services, the accessibility of services for vulnerable children and the quality of services as measured against prescribed standards,²⁴⁹ as well as to measure progress in relevant child outcomes as a result of the implementation of the EP of ECD services such as morbidity and mortality;
3. Develop a set of core indicators reflective of progress in respect of each of the ECD comprehensive services and ensure that these are embedded within the M&E frameworks of the various line departments to enable routine and systematic collection of relevant data at a departmental level. Where such indicators are absent, to advocate through the National ECD Agency structures for their inclusion in various departmental M&E frameworks;
4. Develop indicators that measure ECD services, fulfilment of policy, strengthening of obligations and coordination of ECD efforts;
5. Monitor progress against the national ECD communications programme goals and objectives for which the Agency is responsible; as well as systems to ensure that the evaluation results are fed back into the planning cycle to ensure on-going improvement;
6. Establish procedures for annual reporting by line departments to the National ECD Agency against indicators agreed upon; and
7. Through collaborative agreements facilitated by the National ECD Agency, develop processes for feeding the evaluation results into annual departmental and Agency planning cycles.

The relevant departments responsible for delivery of the various ECD services making up the EP, working with the support of the National ECD Agency, will be responsible for implementation of the relevant monitoring and quality control and improvement systems, practices and interventions.



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11.2 Strategic pillars of the national ECD monitoring, evaluation, quality control and improvement policy

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 (home-visiting, early learning playgroups and early learning centres) that involve ECD 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, supported by the provincial units of the ECD agency. 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 norms and standards for conditional registration should be established, with standard operating procedures to facilitate the improvement of ECD access and quality. In addition, these should be supplemented with differentiated norms and standards for different forms/models of delivery, such as centres, early learning playgroups, home visiting and parent support groups.

11.2.2 Monitoring of the national ECD programme

The **objective of monitoring**: Monitoring of the implementation of the EP of ECD should serve three purposes, namely to:

- Track access, participation and growth of individual children in ECD services;
- Assess the adequacy, efficiency and quality of local service provision; and
- Support planning for adequate resourcing of the district 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 level and provincial levels;
- Integration of data across providers of different service modes monitored directly by the agency 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.

10.2.2.1 Service level monitoring

Child data

The starting point for monitoring ECD services is the child, and each child should be able to be uniquely identified to track his/her access to birth registration and social security, participation in early learning programmes, referral for failure to thrive or for psycho-social counselling and support.

Ultimately, this system should be linked to the Educational Management Information System to track progression of children to Grade R and into school.

This system will facilitate the extension of per capita subsidisation of participation of children across all modes of delivery (home-visiting, early learning playgroups and early learning centres). It will enable each child to be linked to a specific service (and to individual service providers and implementing organisations).

In addition, the height and weight of children should be monitored by the service provider 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 the EP of ECD service 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, 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 ECD in the district.

The National ECD Agency is responsible for designing and managing the overarching National Monitoring System for ECD.

11.2.3 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 ECD and ensure an appropriate level of health and safety in ECD centres and programmes.

Current administrative processes are failing to meet the above objectives:

- Access for the poorest 40% of children is lowest (at about 20% of 3-4 year olds), mainly because centres in poorer areas cannot meet municipal standards for health and safety,²⁵⁰
- The systems of registration and financing are far too complicated and inefficient,
- The funding allocated to provincial subsidies is insufficient to meet even the registered need, let alone the actual need.

The net result of this shortage of funding and burdensome administrative processes is that:

- Only 60% of children in registered centres receive the subsidy (excluding children in Q4 or Q5, there is a funding gap of between 20% - 30% for children in registered facilities eligible to receive a subsidy, but don't),²⁵¹
- 40% of centres wait more than two years to receive funding after becoming registered,²⁵²
- There are about 400 000 children in crèches and preschools that are not registered (based on best estimates from the National Income Dynamics Study of 2008).

A number of policy and legislative changes will be required to remedy this situation. These are described in policy annexure d: Strategies to improve registration and access to funding for ECD centres and programme which appears at the end of this document.

12. Conclusion

This policy has attempted to be broad and cover 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 ECD 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-governmental and private stakeholders, communities and parents or caregivers. In addition, the legislative, policy and programme framework will ensure the formalisation and recognition of ECD services as a universal right to which all young children are entitled, and of the significant short-and long-term benefits that ECD 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 ECD 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 ECD services are *not* universally

available or equitable, and are beset by issues of poor quality. These include nutritional support, parenting support, early care and education, specialised ECD services for children with disabilities, and information and education about ECD. Children younger than 2 years, and those living in poverty and in underserved areas are most excluded from access to these services. The delivery of some services such as parenting support and early care and education is largely driven by the for-and-non-profit sector, exacerbating concerns about access and equity.

The policy sets the requirements for the institutional and regulatory framework and for strengthening and development of particularly flawed elements of the ECD 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 ECD management and coordination system, recommending that a national ECD agency is established to this end; it describes a national ECD 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 co-ordinated 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, community and faith-based organisations with diverse interests. Consultations took place both nationally and across all provinces. Furthermore, the drafters of the policy consulted with a range of experts to provide guidance and advice on particular content areas.

The policy derived its directives from the history that has informed the notion of ECD 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, the White Paper on Social Welfare, promoting a developmental and community-oriented perspective, and the National Integrated Plan on ECD, acknowledging 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.

Provisioning and delivery of ECD services in South Africa requires significant transformation to ensure that the GRSA meets its considerable responsibility and obligation to vulnerable young children and families in particular and to the broader population in general. Addressing the underlying factors that are prohibiting the effective delivery of holistic ECD services is the key. This policy has set in place directives and requirements to develop a comprehensive and all-inclusive legislative framework; provide adequate public funding and resourcing; and establish a management and coordination system to enable effective governance, institutional arrangements, leadership and coordination.

Policy annexure A: National ECD policy implementation plan							
Activities for immediate to short-term implementation							
Focus of policy objective	Key strategies	Amendments to existing regulatory framework			Key actions to achieve policy objective	Responsible actors	Date for completion
Ensure universal availability to comprehensive and quality ECD services and support	Recognition of ECD services as a public good by creating an enabling policy environment	Establish the necessary legal framework, including harmonising all relevant health, education, social development, and other relevant policies, laws and by-laws with the national ECD policy			Review all relevant laws at national, provincial and local level to assess compliance with the national ECD policy Develop amendment processes for laws that are not aligned with the national ECD policy, based on the review of relevant laws	Relevant line departments and local governments, coordinated and in collaboration with the national ECD agency	By 2019
	Recognition of ECD services as a public good by creating an enabling funding environment	Re-align existing national and provincial budgeting for ECD to ensure standardisation, consistency and compliance with the national ECD policy Fund a new cadre of mother & child workers Implement the per capita programme support allocation, and post-provisioning for early learning to ECD centres, non-centre based services and existing child-minding				National and provincial Treasury, relevant line departments, in collaboration with the National ECD agency DOH DSD, DOH, in collaboration with the National ECD agency	By 2019 2016 2016

		groups, and		Provincial DSD	With immediate effect
		Fund non-centre based services through programme funding in the interim		DSD	By 2016
		Fund the development of management and supervisory personnel		Relevant line departments, with the national ECD agency	By 2016
		Delineate and finance additional programme costs, including learning resources		National ECD agency	By 2016
		Establish a ring-fenced municipal infrastructure fund or an alternate grant that can be used for the development of municipal infrastructure for ECD services		DSD	Anticipated date for completion of Children's Act amendment process is 2016
		Children's Act No 38 of 2005 ² to be amended to oblige MECs to fund early childhood development programmes for the children deemed eligible for free services by this policy			

² The proposed ECD policy will have several implications for the Children's Act. This implementation plan identifies a few of the required amendments; however, a thorough process of identifying all the necessary amendments to the Act and Regulations will be required as part of the process of harmonising existing legislation with the national ECD policy.

	<p>Recognition of ECD services as a public good by utilising and expanding public infrastructure to enable service delivery</p>		<p>Utilise existing infrastructure effectively to deliver the essential package of ECD services</p> <p>Audit available physical infrastructure and communicate findings to enable planning.</p> <p>Develop and implement an infrastructure expansion plan that provides for multiple infrastructure modalities (e.g., mobile toy libraries), as determined by the findings of the infrastructure audit</p>	<p>DSD, DOH, DBE and local governments</p> <p>Local governments, provincial DSD and DBE, supported by the ECD agency</p> <p>Local governments, in collaboration with respective line departments and the ECD agency</p>	<p>With immediate effect</p> <p>By 2016</p>
<p>Utilisation of existing human resources effectively to improve the nutritional status of pregnant women and young children</p>	<p>Amend existing health regulations to give authority to community health workers to dispense iron & folate to mothers, Vitamin A and deworming medication to infants and children, and zinc to children with diarrhoea.</p>		<p>DOH</p>	<p>By 2015</p>	
<p>Enabling the development of human resources to ensure the universal availability of early learning opportunities</p>	<p>Establish and roll-out a national cadre of playgroup facilitators, with the necessary management supervision</p>		<p>DSD</p>	<p>By 2019</p>	
<p>Enabling coordinated planning to improve the nutritional status of pregnant women and young children</p>		<p>Develop a national, multi-sectoral nutrition strategy for children younger than 5 years of age, based on the following programme pillars:</p> <ul style="list-style-type: none"> • Breastfeeding promotion and support for mothers; • Provision of counselling to support 	<p>National ECD agency to lead the development of the strategy</p>	<p>By 2016</p>	

	<p>Utilisation of a range of early learning modalities to ensure the universal availability of quality early learning opportunities</p>	<p>Children's Act No 38 of 2005 and its regulations to be amended to prescribe specific and appropriate registration requirements, and norms and standards for the regulation of early learning modalities other than partial care</p>	<ul style="list-style-type: none"> • appropriate and responsive complementary feeding; • Growth monitoring, early identification of growth faltering and referral for investigation and follow-up; • Micronutrient supplementation and food supplementation for underweight pregnant women and children who fail to thrive for reasons of poverty and associated social problems; • Food and nutritional support to pregnant women and young children; • The development of norms and standards for the provision of nutritionally balanced food through ECD programmes; • Improving food security and access to nutritious foods in households with pregnant women and young children; • The development and implementation of a multi-sectoral food and nutrition communication and education campaign • Nutrition support should be delivered in the home, backed up by facility-based services. Home visitors should be enabled to deliver a package of nutrition support. 	<p>DSD</p>	<p>Anticipated date for completion of Children's Act amendment process is 2016</p>
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	Enabling the development of human resources to ensure the universal availability of early learning opportunities	Promote articulation of the Level 5 diploma and Level 6 qualification to enable good students at FET colleges to progress to a Bachelor's degree in Education Enable standardisation of remuneration and conditions of service for ECD workers and supervisors		DBE, DHET, national ECD agency	By 2019
Promotion of quality improvement across service modalities to ensure the universal availability of quality early learning opportunities	Children's Act No 38 of 2005 and its regulations to be amended to establish minimum norms and standards and to simplify administrative requirements, to enable the fast-tracking of conditional registration for early learning centres	Develop and implement a quality management process consisting of a continuing programme of self-assessment, in-service support and incentivised external accreditation Develop a standardised package of resource tools and processes for continuing quality improvement Conditional registration of early learning centres should be fully used to expand access to funding Reduce the administrative requirements to enable fast-tracking of conditional registration Establish minimum norms and standards for conditional registration, with standard operating procedures to facilitate the improvement of ECD access and quality	DSD, supported by the provincial units of the ECD agency National ECD Agency DSD DSD DSD, supported by the ECD agency when it becomes operational	By 2016 By 2019 With immediate effect With immediate effect With immediate effect	
Ensure equal access to ECD services and support for all children in South	Delivery of an essential package of services and support, prioritising the following:	Develop an ECD Disability strategy and ensure subsequent regulatory change	The National ECD Agency will lead these activities	By 2016	

<p>Africa</p>	<ul style="list-style-type: none"> • Pregnancy and children up to 2 years of age; • The poorest 60% of children; • Areas without services, especially rural areas and informal urban areas; • Inclusion and support for children with disabilities. 	<p>Social Assistance Act (2004) and its regulations to be amended to ensure accessibility to the Care Dependency Grant for all children with moderate to severe disabilities who are financially eligible.</p>	<p>-</p>	<p>DSD</p>	<p>By 2016</p>
<p>Empower parents to lead and participate in the development of their young children</p>	<p>Provision of family and home-based support, especially for pregnant women and children younger than 2 years of age</p>	<p>Social Assistance Act (2004) and its regulations to be amended to enable mothers to apply for the Child Support Grant during pregnancy</p> <p>Establish and roll-out a cadre of community health workers focused on mothers and children, with the necessary management supervision</p>	<p>Develop and deliver a national programme for family and home-based support by:</p> <ul style="list-style-type: none"> • Providing regular home-visiting to pregnant women to offer support during pregnancy, preparation for child birth and parenting, ad information and advice about optimal child development, including referral where necessary; • Following birth, the households of vulnerable infants continue to be visited until nine months of age; • Clinic and community-based support groups offer supplementary support and information services, and early learning 	<p>DOH</p>	<p>By 2019</p>

			<ul style="list-style-type: none"> Integrate child-specific data at local level (using identity numbers or proxy identifiers for non-citizens) 		
Focus of policy objective	Key strategies	Amendments to existing regulatory framework	Key actions to implement policy objective	Responsible actors	Proposed time-frame for completion
Ensure universal availability of comprehensive and quality ECD services and support	Recognition of ECD services as a public good by prioritising service gaps		<p>Deliver an essential package of quality services and address service delivery gaps.</p> <p>In particular prioritise:</p> <ul style="list-style-type: none"> Family- and home-based support for children younger than 2 years, Development of a multi-sectoral national nutrition strategy for children under 5 years, Universal availability of early learning opportunities, Inclusion and support for children with disability, and A public information service on ECD 	Relevant line departments, coordinated and in collaboration with the National ECD Agency	<p>Ensure availability of the essential package of quality services and support by 2024</p> <p>Ensure availability of a comprehensive package of quality services and support by 2029</p>

Policy annexure B: Proposed human resource norms

Table 2 Proposed human resource norms

Category of worker	Worker/practitioner	First level supervisor
Mother & child community worker	60 individual home visits per month	One supervisor per 25 mother & child workers
Playgroup facilitator		One supervisor per 25 playgroup facilitators
0–2 years	1 playgroup facilitator per 75 children (5 groups of 15 children a week)	
2–4.5 years	1 playgroup facilitator per 30 children (2 sessions of 15 children daily; the same children attend)	
ECD practitioner:		1 supervisor per 25 centres
0–18 months	1 practitioner per 6 children	
19–36 months	1 practitioner per 12 children	
>36 months	1 practitioner per 20 children	

Policy annexure C: Proposed qualifications for different worker categories

Service	Staff required	Training
ECD practitioners	Group facilitators (non-centre based)	Short term 20-day course (4 X 5 modules)
		Medium to long term NQF 4
	Centre-based practitioners	Short term: ECD Basic Skills (if untrained) Medium to long term NQF 4 and 5
	Principals	Short term: NQF 4 Medium to long term: L5 and management elective
ECD Supervisors/Co-ordinators	To support child minders, parent group and playgroup facilitators, ECD centres	Short term NQF 4 and 5
		Short term: NQF 4 Medium term: NQF 5 (including evaluation elective/& barriers to learning) Long term: Higher qualifications
Toy libraries serving parents, playgroups/ ECCE centres	Librarian	Short term: Toy library training (e.g. COLSA) Medium to long Term: Level 5 and specialised play material courses including support for children with barriers to learning

Policy annexure D: Strategies to improve registration and access to funding for ECD centres and programmes

COMPONENT	ISSUE	POLICY CHANGE
Norms and standards	Norms and standards for registration at ECD centres are generally reasonable. The main problem is the application of inappropriately rigid municipal health and safety bylaws. In trying to ensure high standards of care, the net effect is that children are often unsupervised in home circumstances that are even more hazardous.	Standards of environmental health in informal settlements and rural areas must be amended so as to be less onerous, whilst continuing to ensure minimum safety standards. (This has been done in some municipalities, with good effect).
	Whilst norms and standards are generally reasonable, they are inappropriately strict / onerous for non-centre based service provision.	Variable norms and standards will have to be developed for the different forms of service delivery. For example, for community playgroups as opposed to early learning centres.
	The Children's Act makes provision for conditional registration, but does not spell out the circumstances under which conditional registration may be granted. This has resulted in varied application of this provision across provinces. Conditional registration is either not offered or is used as a means of bypassing the unrealistic norms and standards.	Clear minimum norms and standards for conditional registration must be developed. Standard operating procedures must be developed for conditional registration of ECD programmes in order to facilitate the improvement of ECD access and quality.
District planning	Data are only collected on registered centres and not those in the pipeline (e.g. those which have applied for registration).	Information management systems must be designed to capture information on all available opportunities and on meeting early learning needs of all the children in the district.
NPO registration	Some provinces insist on registration as a NPO prior to application as a partial care facility, often causing up to year's delay.	All provinces shall permit simultaneous application for NPO and partial care registration with DSD.
	Governance and reporting requirements for NPOs are onerous for small ECD centres.	The reporting process for small NPOs must be simplified.
Partial care &	Dual registration is required of the	ECD centres and programmes

COMPONENT	ISSUE	POLICY CHANGE
programme registration	partial care facility as well as the ECD programme, with duplication (or slight variation) of documents needed for submission.	should have a single registration process – distinct from that of partial care.
	Confirmation that Board members and staff are not on sex offenders' register is required, often causing a delay of six months.	Clearance should not be required for Board members and possibly not for women.
	Multiple levels of vetting and approval at cluster office level are required for registration.	This should be simplified to 2 management levels and financial management review.
Service level agreements (SLAs)	Initial SLAs are valid for a period of up to 3 years but centres need to complete part of the process again at the end of each year. In year 3, service providers who wish to renew their SLA (maximum period of renewal is 1 year at a time) must complete an addendum process which involves many of the same steps as the initial application. If any of the governing board members resign their role at an ECD centre, the entire process needs to begin again with new signatories. This poses a significant threat to ECD service providers.	SLAs should be valid for 3 years and renewable at three year intervals. There should be a standard notification form for change of governing Board members (and change in signatories if so required), that does not involve re-application processes.
	At least 20 documents are required for each SLA.	Documents need to be rationalised to minimum required by law and to assess application.
	Certification of supporting documents in the SLA files expires within 3 months.	Supporting documents should be taken as valid from the date of submission of complete application.
	Frequent delays in signing of the service level agreement, with no backpay for centres.	Once approved, centres should be eligible for backpay from date of completed application.
Requisitions and payment	There are up to 16 handovers for requisitions and payment – for each funded centre, every month – involving service office and district staff.	Approval process should involve only 2 levels of management officials, and separate authorisation by financial manager.
	Once payment is received (retrospectively), centres may not withdraw the money from the account without a requisition slip from the	This requirement should be lifted.

COMPONENT	ISSUE	POLICY CHANGE
	Department. In order to obtain the requisition slip, the governing committee of the ECD centre must hold a meeting to decide on the needs of the centre for the next month.	
	For each item purchased, the centre must obtain 3 original quotations. The committee must meet again to consider the quotations and take a decision (recorded in the minutes) on where to purchase the goods. The centre must then complete a requisition form for each item and submit the forms to the social worker.	Public funds only cover part of total expenses at facilities, and centre managers are already acutely aware of costs. This requirement should be lifted.
Monitoring	Unfunded (registered or unregistered) ECD services are not routinely monitored by the DSD.	All sites should be monitored and documented.
	Monitoring indicators relate to administration and not quality.	Administrative and quality improvement processes should be separated.

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14. Endnotes

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² ILO, UNESCO & WHO (2004) CBR: A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities. Joint position paper. Geneva: WHO & WHO (2010) Community-based rehabilitation: CBR guidelines. Geneva: WHO & WHO 2013; <http://www.who.int/disabilities/cbr/en/>

³ 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.

⁴ Jayaratne et al (2010).

⁵ There is confusion around the definition and resultant scope and allocation of responsibilities for ECD in South Africa. This confusion arises from the diversity of definitions of early childhood development in use within South Africa and across the world.

The acronym ECD is commonly used by UNICEF and South Africa's national policies and laws to refer to the holistic development of a young child from birth until the age of 9 years. However, this acronym and definition are not used universally. UNESCO uses the acronym ECCE to refer to the whole early childhood development period from birth until children enter formal schooling (alternatively viewed as the preschool years). The OECD uses ECEC (early childhood education and care) (Kammerman, S. (2006) A global history of early childhood education and care, Background paper prepared for the Education for All Global Monitoring Report 2007 Strong Foundations: Early Childhood Care and Education. Paris: UNESCO).

UNICEF also uses the acronym ECCE, but differently to UNESCO to refer to only one component (early education) of the full ECD spectrum of services and support. General recommendation 7 defines ECCE services and programmes as 'those that provide care and developmentally appropriate educational stimulation for groups of young children in centres and/or in community- or home-based programmes'.

Despite South Africa's strong policy preference for the use of the acronym ECD and the associated comprehensive definition, in practice the term ECD is associated with the narrower ECCE domain of early learning. It is quite common for early learning centres in South Africa to be referred to as ECDs.

There is a conceptual and legal slippage in South Africa's policy and programme development from a broad definition of ECD to one that practically only embraces the work and responsibilities of the Departments of Social Development and Basic Education in the realms of early learning. The definition of an ECD programme in the Act is in fact limited to ECCE programmes (and is not aligned with the overarching definition of ECD). Section 91(3) of the Act defines an ECD programme as a programme structured within an early childhood development service to provide learning and support appropriate to the child's developmental age and stage. This is inconsistent with the definition of ECD as the holistic development, not just the cognitive and linguistic development of the child. Similarly, the current scope of obligations on the Minister and MEC for the funding and registration of ECD programmes is implicitly limited to ECCE/early learning programmes. It is not envisaged that the Ministers and MECs of Social Development will register, maintain a record of and fund all programmes by health and other departments that promote early childhood development. This provides an example of slippage between the definitions of ECD, ECCE, ECE etc. which, internationally, has impacted negatively on the successful planning and implementation of ECD.

Thus, at present there is conceptual and legal incongruity with regards to the definition, scope and associated responsibilities of role players when it comes to ECD in South Africa. This policy aims to address the resultant limitations in the national ECD agenda through the clarification and adoption of aligned definitions of ECD and ECCE.

⁶ This policy seeks to bring clarity to the multiple and different definitions of ECD – in terms of the age limit for young children falling into the scope of the definition – that have been adopted in South Africa and in other jurisdictions.

This policy follows the definition proposed by the United Nations.

UN Committee on the Rights of the Child 2006, General Comment 7: Implementing Child Rights in Early Childhood, 20 September 2006, CRC/C/GC/7/Rev.1, available at: <http://www.refworld.org/docid/460bc5a62.html>. Paragraph 4: Definitions of early childhood vary in different countries and regions, according to local traditions and the organization of primary school systems. In some countries, the transition from preschool to school occurs soon after 4 years old. In other countries, this transition takes place at around 7 years old. In its consideration of rights in early childhood, the Committee wishes to include all young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school. Accordingly, the Committee proposes as an appropriate working definition of early childhood the period below the age of 8 years; States parties should review their obligations towards young children in the context of this definition.

South Africa's Education White Paper 5, 2001, 1.3.1. 'Early childhood development (ECD) refers to a comprehensive approach to policies and programmes for children from birth to nine years of age with the active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential.'

Martin P (2012) An overview of the ECD policy framework in South Africa. Background Paper 3 of Richter L, et al (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: Department of Performance Monitoring and Evaluation, The Presidency. 'The review of ECD policies – from an international and national perspective – indicate a lack of agreement as to the age of children falling within the ECD framework in South Africa. The health sector focuses on children from pre-birth to age 6, whereas the education sector includes children up to the age of 9 years which is in line with the international position set out in General Recommendation No. 7. The NIP for ECD on the other hand defines young children as those up to the age of 9, but prioritises services for children aged 0–4. The Children's Act adopts a different definition – it defines ECD as the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age. The Act's reference to school-going age is indeterminate. It also does not indicate if this is the age at which children enter Grade R or Grade 1, and makes no provision for children with disabilities who enter school at a much later age.'

⁷ Definition extrapolated from the definition of a child health partnership in Jayaratne K et al (2010).

⁸ Section 91 (2) of the Children's Act 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.

⁹ DSD (2012) Green Paper on Families.

¹⁰ DSD (2012) Green Paper on Families.

¹¹ UNICEF (2007) *Children with Disabilities: Ending Discrimination and Promoting Participation, Development and Inclusion* & UNICEF (2013). *State of the World's Children 2013: Children with Disabilities*. New York: United Nations Children's Fund.

- ¹² UNICEF (2002) Operational Guidance Note for IECD, Medium Term Strategic Plan (2002 – 2005).
- ¹³ K Jayaratne et al. (2010).
- ¹⁴ Definition provided in s1 of the Social Assistance Act as amended by s 3 of the Welfare Laws Amendment Act.
- ¹⁵ See Policy Appendix 2 for a discussion on the concepts of universal access and availability.
- ¹⁶ UN General Comment No. 7 & UNICEF (2012) Inequities in Early Childhood Development. What the data say: Evidence from the Multiple Indicator Cluster Surveys. New York. United Nations Children’s Fund
- ¹⁷ UN General Assembly Resolution S – 27/2.
- ¹⁸ UN General Assembly Resolution S – 27/2.
- ¹⁹ Centre on the Developing Child (2011) *A Science-based Framework for Early Childhood Policy*. Harvard University.
- ²⁰ Engle P et al. (2011) Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*. Volume 378, Issue 9799, Pages 1339–1353
- ²¹ Centre on the Developing Child (2011).
- ²² Schoon I, Jones E, Cheng H, Maughan B (February 2011) Family hardship, family instability and cognitive development. *Journal of Epidemiology and Community Health*. Retrieved in November 2013 at: <http://jech.bmj.com/content/early/2011/03/30/jech.2010.121228.full>
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- ²⁷ Centre on the Developing Child. (2011).
- ²⁸ Walker S et al. (2011).
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- ³¹ Walker S et al. (2011).
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- ³³ Walker S et al. (2011).
- ³⁴ UNICEF (2012).
- ³⁵ Walker S et al. (2011).
- ³⁶ United Nations. (2010). Status on the Convention on the Rights of the Child: Report of the Secretary General.
- ³⁷ Walker S. (2011) & Shonkoff JP. (2009) Investment in Early Childhood Development Lays the Foundation for a Prosperous and Sustainable Society. In *Encyclopedia on Early Childhood Development*.
- ³⁸ 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; and the OECD (2006). Starting Strong II: Early Childhood Education and Care – confirms the wide-spread recognition of ECD as a public good.
- ³⁹ Engle et al. (2011); Walker et al. (2011).
- ⁴⁰ 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.

⁴¹ Walker S et al. (2011).

⁴² Jack P Shonkoff. (2009) & Centre on the Developing Child (2012) & Wessels I et al (2013). *Preventing violence: Evaluating outcomes of parenting programmes*. WHO. Geneva. The quadruple burden of diseased 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.

⁴³ Jack P Shonkoff (2009) & Centre on the Developing Child (2012).

⁴⁴ Engle P et al. (2011).

⁴⁵ Engle et al. (2011).

⁴⁶ Commission on Social Determinants of Health. (2008). The World Health Organisation. Geneva in Engle et al. (2011).

⁴⁷ Walker S et al. (2011).

⁴⁸ Britto P et al. (2013) *Handbook of Early Childhood Development Research and its Impact on Global Policy*. Oxford University Press.

⁴⁹ Moffitt T et al. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences of the United States of America*. 108(7): 2693 – 2698; doi 10.1073/pnas.1010076108.

⁵⁰ Wessels I et al. (2013) & Earls F & Carlson M. (1995) Promoting human capability as an alternative to early crime prevention. In P.O. Wikstrom, R V Clarke & J McCord (Eds), *Integrating crime prevention strategies* (pp. 141 – 168). National Council for Crime Prevention. Stockholm.

⁵¹ *The Science of Early Childhood Development*. (2007). National Scientific Council on the Developing Child. <http://www.developingchild.net>

⁵² UNICEF and Bernard Van Leer Foundation (2006). *A guide to General Comment 7: Implementing Child Rights in Early Childhood Education*. The Hague.

⁵³ UN General Assembly (2010). Report of the Secretary General: Status on the Convention of the Rights of the Child.

⁵⁴ National Planning Commission (2011), *National Development Plan: Vision 2030, Foreword*.

⁵⁵ UN Committee on the Rights of the Child 2006, *General Comment 7: Implementing Child Rights in Early Childhood*, 20 September 2006, CRC/C/GC/7/Rev.1, available at: <http://www.refworld.org/docid/460bc5a62.html>

⁵⁶ International Labour Organisation, Sectoral Activities Department (2012) *Rights Beginnings: Early Childhood Education and Educators*. Geneva, ILO.

⁵⁷ Please refer to Policy Appendix 2: The universalisation of ECD and associated State responsibilities for a comprehensive review of meanings of universal access and associated implications.

⁵⁸ OECD (2006) *Starting Strong II: Early Childhood Education and Care*. Paris & International Labour Organisation, Sectoral Activities Department (2012) *Rights Beginnings: Early Childhood Education and Educators*. Geneva, ILO & WHO website: http://www.who.int/universal_health_coverage/en/.

⁵⁹ UN Committee on the Rights of the Child (2006) General Comment 7 & International Labour Organisation, Sectoral Activities Department (2012) *Rights Beginnings: Early Childhood Education and Educators*. Geneva, ILO & OECD (2006) & UNESCO (2010). *Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations*.

⁶⁰ UNESCO. (2010). *Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations*; UN, General Recommendation No. 7; UN. (2010). Status on the Convention on the Rights of the Child: Report of the Secretary General & Walker S, Wachs T, Grantham-McGregor S et al. (2011) Inequality in early childhood: risk and protective factors for early childhood development. *The Lancet* 378: 378: 1325–1328 & Shonkoff JP (2009)

Investment in Early Childhood Development Lays the Foundation for a Prosperous and Sustainable Society. In *Encyclopaedia on Early Childhood Development*.

⁶¹ See Policy Appendix 1 for further detailed discussion of the legal and developmental foundation for prescribed ECD services.

⁶² See Policy Appendix 1 for further detailed discussion.

⁶³ UN General Comment 7.

⁶⁴ Engle P et al. (2011).

⁶⁵ Centre on the Developing Child. (2007) Harvard University.

⁶⁶ UN General Comment 7.

⁶⁷ UN General Comment 7.

⁶⁸ Article 25 of the CRC and s27(1)© of the Constitution of the RSA.

⁶⁹ Taylor B A, Dearing E, McCartney K. (2004) Incomes and Outcomes. *Journal of Human Resources*. Volume 39, No 4, Autumn 2004. Accessed in January 2014 at

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⁷² DSD, SASSA and UNICEF (2012) *The South African Child Support Grant Impact Assessment: Evidence from a Survey of Children*. Pretoria: UNICEF South Africa

⁷³ UN General Comment 7.

⁷⁴ UN General Comment 7.

⁷⁵ Vegas E, Santibanez L (2010) *The Promise of Early Childhood Development in Latin America and the Caribbean*. The World Bank. Accessed in November 2013 at

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⁷⁶ Child Care Act of 1983.

⁷⁷ CEDAW, Article 11(2)(c); ILO Convention (no 156) on Workers with Family Responsibilities (Article 5(b)).

⁷⁸ Belsky J, Vandell DL, Burchinal M, Clarke-Stewart KA, McCartney K, Owen MT (2007) Are there long term effect of early child care? *Journal of Child Development* 2007, Mar –April 78(2), pages 681 –701 & Dawes A, Biersteker L, Hendricks I (2010) Western Cape Department of Social Development 2009 Audit of Early Childhood Development Facility Quality: final report. Cape Town. Western Cape Department of Social Development.

⁷⁹ Un General Comment 7.

⁸⁰ Aguilar R, Tansini RL (2011) Joint Analysis of Preschool Attendance and School Performance in the Short and Long-Run. *International Journal of Education Development*.

⁸¹ UN General Comment 7.

⁸² The right to protection is guaranteed by the CRC, the ACRWC, the Constitution of the RSA and the Children's Act. General comment 7 provides guidance on steps that ought to be taken to protect the young child from abuse and neglect.

⁸³ UN General Comment 7.

⁸⁴ UN General Comment 7; UN General Comment 9: The Rights of Children with Disabilities; and the CRPD, articles 7 and 24.

⁸⁵ UNESCO (2010).

- ⁸⁶ The different policy documents adopt different definitions and cut-off ages for ECD. For example, the National Integrated Plan for Early Childhood Development 2005–2010 and other policies define ECD as ending at the age of 9 years, whereas the Children’s Act No 38 of 2005 defines ECD as ending when reaches school-going age.
- ⁸⁷ Section 92(1).
- ⁸⁸ The National Integrated Plan for Early Childhood Development 2005–2013.
- ⁸⁹ The Children’s Act No 38 of 2005.
- ⁹⁰ Bamford L (2013) Maternal, newborn and child health. In: Padarath A and English R (eds) *South African Health Review 2012/13*. Durban: Health Systems Trust.
- ⁹¹ Proudlock P, Lake L, Jamieson L and Draga L (2013) Legislative and policy developments 2012/2013. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) *South African Child Gauge 2013*. Cape Town: Children’s Institute, University of Cape Town; Bamford L (2013) Maternal, newborn and child health. In: Padarath A and English R (eds) *South African Health Review 2012/13*. Durban: Health Systems Trust.
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- ¹⁵⁹ 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. Case no: 2144/2012, Eastern Cape High Court. Judgment delivered on 20 February 2014. Accessed in March 2014 at: <http://www.centreforchildlaw.co.za/images/files/ourcases/2014%20Madzodzo%20case%20re%20school%20of%20urniture.pdf>
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- ¹⁷⁹ See Policy Appendices 5 and 6 for a detailed discussion of the vulnerabilities of these groups of children and the rationale for their prioritisation.
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- ¹⁸¹ Engle P et al. (2011). General Comment 7.
- ¹⁸² For more detail refer to Policy Appendix 5: Early Learning Opportunities & Biersteker, L. (2007) *Rapid Assessment and Analysis of Innovative Community and Home Based Childminding and Early Childhood Development Programmes in Support of Poor and Vulnerable Children in South Africa*. Pretoria: UNICEF Department of Social Development (undated) First Draft Funding Models for Early Childhood Development Programmes (ECD).
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- ¹⁸⁸ Departmental website: <http://ww2.ruraldevelopment.gov.za/about-us/vision-and-mission#.UhtREvgaLbg>.
- ¹⁸⁹ Departmental website: <http://www.srsa.gov.za/pebble.asp?relid=30>.
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- ¹⁹² UN General Comment 7.
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- ¹⁹⁵ Department of Social Development, 2013; Richter et al, 2012; National Planning Commission, 2011.
- ¹⁹⁶ See Policy Appendix 7 – Comparative overview of national ECD coordination and management structures.
- ¹⁹⁷ See Policy Appendix 7 for a more detailed overview of the different agency options and their respective pros and cons.
- ¹⁹⁸ See Policy Appendix 7 for a detailed discussion of the comparative review and resultant recommendations.

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- ²⁰⁵ See Policy Appendix 8 for a discussion on the cost-benefit of increased public funds in ECD service provision.
- ²⁰⁶ 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 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 (UNICEF, UN Committee on the Rights of the Child, 2006).
- ²⁰⁷ *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.
- ²⁰⁸ 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.
- ²⁰⁹ DPME (2012) *Diagnostic review of Early Childhood Development*.
- ²¹⁰ Van den Berg S, Williams B, Burger C et al, *Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010*, Department of Economics, University of Stellenbosch
- ²¹¹ Van den Berg S, Williams B, Burger C et al. *Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010*, Department of Economics, University of Stellenbosch.
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- ²¹³ Atmore E, Van Niekerk L, Ashley-Cooper M. (2012). *Challenges facing the early childhood development sector in South Africa*. National Development Agency. Pretoria.
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- ²¹⁴ United Nation’s Economic and Social Committee’s General Comment 13: Right to Basic Education (1999);
- ²¹⁵ General Household Survey 2002 and 2011, analysis by Katherine Hall, Children’s Institute. In: Berry L, Biersteker L, Dawes A, Lake L, Smith C (eds) (2013) *South African Child Gauge 2013*. Cape Town: Children’s Institute, University of Cape Town.

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- ²¹⁸ DOHA Strategic Plan 2011–2014.
- ²¹⁹ Richter et al. (2012) *Diagnostic review of Early Childhood Development*. Background papers 7 and 10 & Van der Berg S, Williams B, Van Wyk C. (2011) *Tracking public expenditure and assessing service quality in early childhood development in South Africa*. DoE, DSD and UNICEF South Africa. Pretoria
- ²²⁰ 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 General Comment No. 13, 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.
- ²²¹ 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).
- ²²² UN General Recommendation 7.
- ²²³ Aguilar & Tansini (2011) *Centre on the Developing Child*, Harvard University, 2007.
- ²²⁴ UNESCO (2007) *Strong Foundations Early Childhood Care and Education, Global Monitoring Report*, Paris: UNESCO; Fukkink, R. G. & Lont, A. (2007). Does training matter? A meta-analysis and review of caregiver training studies. *Early Childhood Research Quarterly*, 22, 294-311; Biersteker, L. & Dawes, A. (2008). Early Childhood Development. In A. Kraak & K. Press (Eds.), *HRD Review 2008: Education, Employment and Skills* (pp. 185–205). Cape Town: HSRC Press.
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- ²²⁷ See Policy Appendices 9–12 for further details.
- ²²⁸ See Policy Appendices 9 and 10 for further information.
- ²²⁹ EDTP (2012) ETDP Sector Skills Plan.
- ²³⁰ EDTP (2012) ETDP Sector Skills Plan.
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- ²³² For example, Richter et al. (2012) *Diagnostic Review*; DSD (2013) Integrated ECD Strategy; DoH (2012) Human Resources for Health South Africa: HRH Strategy for the Health Sector 2012/13–2016/17.
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- ²³⁴ Biersteker, L (2008) *Towards a Job Hierarchy for ECD provision and supervision in South Africa and the Fit of Low Skill Service Providers*. Human Sciences Research Council.
- ²³⁵ Media Statement Minister Dlamini 15 October 2013.
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- ²³⁷ 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.
- ²³⁸ An audit of FET College enrolment conducted by Ilifa labantwana in late 2013 found that 20 FET colleges provided ECD-related training. Total enrolment was 2,496 students in the three-year National Certificate

(Vocational) Education & Development (with a third year elective in ECD) and 7 264 students registered for the Diploma in Educare.

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²⁴⁰ UN General Assembly (2013).

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²⁴⁷ Zellman, G & Perlman, M (2008) *Child-Care Quality Rating and Improvement Systems in Five Pioneer States*. Santa Monica, CA: RAND Corporation.

²⁴⁸ Australian Children's Education and Care Authority (www.acecqa.gov.au) Child Development Associate Credential (www.cdacouncil.org).

²⁴⁹ United Nations. (2010). Status on the Convention on the Rights of the Child: Report of the Secretary-General. 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.

²⁵⁰ Richter, L et al . (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: The Presidency.

²⁵¹ Richter, L et al . (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: The Presidency.

²⁵² Van den Berg S, Williams B, Burger C et al. (2010) *Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces*, August 2010, Department of Economics, University of Stellenbosch.

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