

EARLY CHILDHOOD DEVELOPMENT



NATIONAL ECD POLICY



**Patricia Martin, Lizette Berry, Linda Biersteker, Chris Desmond, David Harrison,
Sara Naicker, Linda Richter, Haroon Saljee & Wiedaad Slemming**

Human Sciences Research Council

DRAFT #1

28th February 2014

DRAFT FULL REPORT

NATIONAL EARLY CHILDHOOD DEVELOPMENT POLICY

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 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.

PREFACE	7
Objectives of the commission.....	7
The problem statement	7
Expectations of the Policy	7
Methodology.....	8
Abbreviations and acronyms	9
Definitions and glossary of terms	10
1. Introduction	15
1.1 ECD is a universal right.....	15
1.1.1 International and regional ECD commitments	15
1.1.2 National ECD policies and laws	16
1.2 ECD is central to South Africa’s national development plan	18
1.2.1 ECD is a public good	18
1.3 Addressing ECD risk and protective factors: Key to unlocking human capital	19
1.3.1 Protective factors and their impact on ECD.....	20
1.3.2 Risk factors and their impact on ECD.....	20
1.4 ECD restores risk/protective balance	22
1.5 What ECD services and support must be provided, and how?	22
1.5.1 Public provision of ECD: What are the GRSA’s responsibilities?.....	22
1.5.2 What ECD services are required to address risk factors?	22
2. ECD in South Africa in 2014: progress review & situational analysis.....	26
2.1 The development of an enabling multi-sectoral framework of ECD services	26
2.2 The situation of young children in South Africa.....	27
2.2.1 Demography of South Africa’s young children	27
2.2.2 Health care.....	28
2.2.3 Food and nutrition	28
2.2.4 Child-centred social security.....	29
2.2.5 Free birth registration	29
2.2.6 Parenting support and education	30
2.2.7 Early learning and care.....	30
2.2.8 Services for children with disabilities.....	31
2.2.9 ECD information and communication.....	32
2.3 Strengths and weaknesses of ECD systems	32
3. The purpose of the national ECD policy.....	33

4. Statement of commitment of the GRSA to ECD as a right and a public good	34
5. The national ECD policy vision	34
6. The national ECD policy goals	35
7. National ECD policy objectives	35
8. National ECD principles.....	36
9. Scope of the policy.....	38
9.1 Commitment to secure universal availability and equitable access to quality services.....	38
9.1.1 The comprehensive and essential package of ECD services	38
9.2 Policy strategy.....	40
9.2.1 Delivery of EP across four service delivery domains.....	40
9.2.2 Age-differentiated package of services.....	41
9.2.3 Scale up availability based on population-based planning and monitoring	42
9.2.4 Quality standards, monitoring and improvement	42
9.2.5 Multiple models of service delivery	42
9.2.6 Prioritising ECD interventions to ensure equitable access	42
10. Management and coordination of the National ECD system	51
10.1 Leadership and coordination challenges	51
10.2 Objectives of the ECD management and coordination policy	52
10.3 What form should the agency take in order to best achieve its objectives?	52
10.4 The establishment of a national ECD agency.....	54
10.5 Responsibilities of the agency.....	54
10.5.1 Plan, coordinate and monitor implementation of the national programme of ECD....	54
10.5.2 Support government departments responsible for key aspects of ECD.....	54
10.5.3 Develop and support implementation of specific designated programme activities...	55
10.5.4 Establish high level targets and norms and standards	55
10.5.5 Strengthen alignment of budget bids with the national ECD Policy.....	55
10.6 Governance and accountability of the agency	56
10.6.1 Statutory agency	56
10.6.2 Functions of the Board.....	56
10.6.3 Scope of decision-making	56
11. Responsible role-players.....	56
11.1 Responsibilities of government departments for the essential ECD package	57
11.2 The role of non-government organisations	59
12. A national ECD communications and advocacy strategy.....	59

12.1	The objectives of the national ECD communications strategy	60
12.1.1	For children:	60
12.1.2	For parents:	60
12.1.3	For leaders in government, civil society, business, trade unions and the media:	60
12.2	Strategic guidelines for the communications strategy	60
12.3	Requisite outcomes of the national ECD communications strategy.....	61
12.	National ECD funding policy	61
13.1	Objective of the ECD funding policy	65
13.2	The funding model	65
13.2.1	Programme implementation costs	66
13.2.2	Eligibility for and calculation of staffing and per-child subsidies budget	66
13.2.3	Funding for infrastructure development (physical infrastructure).....	67
13.2.4	Funding the training of the workforce for ECD.....	67
13.2.5	National and provincial departmental management and supervision of programmes	67
13.2.6	National ECD agency management and operational costs.....	67
13.3	Promotion of and support for conditional registration	67
13.4	A national coordinated funding framework and accountability for expenditure	68
14.	National ECD infrastructure policy	68
14.1	Types of infrastructure required for early learning services	69
14.2	Infrastructure expansion programmes to date	69
14.3	Inadequate infrastructure for parenting support and early learning services and programmes.....	70
14.4	Government commitment to secure adequate infrastructure.....	71
14.5	Objective of the national ECD infrastructure policy	71
14.6	Expansion of service provision infrastructure	72
14.7	Expansion of management infrastructure	73
15.	National ECD Human Resources policy.....	73
15.1	Objective of the national ECD human resources policy.....	74
15.2	Categories of ECD workers.....	74
15.3	Norms for the provision of human resources.....	74
15.4	Education and training.....	75
15.5	Human resource supervision and management.....	75
15.6	Remuneration and conditions of service	76
16.	ECD monitoring, evaluation, quality control and improvement	76

16.1	Responsibility for ECD monitoring, quality control and improvement.....	77
16.2	Strategic pillars of the national ECD monitoring, evaluation, quality control and improvement policy	78
16.2.1	Continuing quality improvement.....	78
16.2.2	Monitoring of the national ECD programme	79
16.2.3	Administrative policies and procedures	80
	Policy annexure A: Draft National ECD Policy Implementation Plan	82
	Policy annexure B: Proposed human resource norms.....	89
	Policy annexure C: Strategies to improve registration and access to funding for ECD centres and programmes.....	90

DRAFT

PREFACE

Objectives of the commission

The Human Sciences Research Council (HSRC) was commissioned to assist the Department of Social Development (DSD) to produce an Early Childhood Development (ECD) policy to ensure the universal provision of quality ECD services.

The problem statement

The development of this policy is necessitated by two critical gaps in the governing ECD enabling legal framework. The recognition of ECD as a universal right is not adequately supported by the governing framework. This is in part a result of the second gap, which is that ECD is not recognised as a public good.

The purpose of this commission is thus to develop a policy that recognises ECD as a universal right and public good and which translates this recognition into associated responsibilities of the Government of the Republic of South Africa (GRSA).

Expectations of the Policy

The ECD Policy is expected to:

- ✓ identify the national ECD vision;
- ✓ provide the legal and conceptual foundation and associated commitments of the GRSA to secure universal realisation of the rights and services necessary for optimal early childhood and associated national developmental outcomes;
- ✓ identify the governing policy principles;
- ✓ clarify the scope and priorities of the national ECD policy through the identification, inter alia, of the ages and stages of children falling within the boundaries of the policy, as well as the targeted vulnerable groups who will be prioritised in the implementation of the policy;
- ✓ identify and commit the GRSA to the attainment of the national ECD policy goals, objectives and targets;
- ✓ describe an essential and comprehensive package of ECD services and support prescribed by law and science to realise the policy vision, goals, objectives and targets;
- ✓ provide a statement of the current state and status of ECD and the key challenges and gaps inhibiting realisation of ECD goals, objectives and services for all children in South Africa;
- ✓ synergise the national ECD policy with the existing legal matrix governing goals, roles and responsibilities of the different departments responsible for ECD services, such as Health, Social Development, and Basic Education;
- ✓ identify sectoral innovations required to fill the identified gaps;
- ✓ identify the high-level operational requirements, across all sectors and services, that are necessary to deliver the essential ECD package;
- ✓ describe delivery mechanisms and funding modalities to be used to give effect to the age-differentiated package of ECD services, with specific reference to mechanisms and modalities designed to overcome the identified challenges;
- ✓ provide a statement of the GRSA's responsibilities in planning, funding, delivering, quality-controlling, monitoring, evaluating and coordinating interventions to ensure universalisation of the essential ECD package;

- ✓ document the roles and responsibilities of different government and non-government role-players in the provisioning of the essential ECD package;
- ✓ provide a statement of key targets and associated indicators of success to mark progress towards attainment of the national ECD policy goals and objectives; and
- ✓ describe the leadership, coordination and monitoring-and-evaluation structures necessary to ensure effective multi-sectoral realisation of the ECD Policy.

Methodology

The development of this policy has drawn on:

- ✓ international, regional and national legal commitments made by the GRSA to recognise and realise ECD as a universal right;
- ✓ scientific evidence of the developmental value of ECD;
- ✓ work done for the Diagnostic Review of Early Child Development, complemented by:
 - analyses of developments since the Diagnostic Review was completed; and
 - reviews of international and regional ECD policies and structures which have been employed to address similar challenges to those experienced in South Africa; and
- ✓ five 'expert' consultations which were convened to help the team reflect on:
 - the policy implications of scaling-up ECD service provision;
 - a national ECD media and communications strategy;
 - nutrition;
 - appropriate policy responses to ECD for children with developmental difficulties and/or disabilities; and
 - the interplay between the policy and the Children's Act.

The approach to developing the policy was presented to a wide range of participants in nine provincial consultations and the feedback integrated.

This document incorporates more detail related to its legal and evidentiary foundations than may be the case usually for policies. In addition, it provides detailed references. This methodology has been adopted to provide, as far as possible, a guide to the reader, at this preliminary consultative stage, to the rationale behind the policy proposals. The methodology has been adopted because the policy development process has been fast-tracked. As a result, there was not sufficient time and space for the prior development of a discussion paper. Thus, the detail serves to augment the process, and we anticipate that some of the finer detail and references will be omitted from the final version of the policy after the national consultation process.¹

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
DBE	Department of Basic Education
DHA	Department of Home Affairs
DOH	Department of Health
DRECD	Diagnostic Review of Early Childhood Development
DSD	Department of Social Development
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
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
NIPECD	National Integrated Plan for Early Childhood Development
NPAC	National Plan of Action for Children
NPO	Non-profit organisation
P/NP	Private and/or non-profit
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-child Transmission
RSA	Republic of South Africa
SASSA	South African Social Security Agency
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 6 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. ²
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. ³
Co-operation	Includes the exchange of information for mutual benefit, aligning activities for a common purpose and sharing resources for mutual benefit. ⁴
Coordination	Involves information exchange and aligning activities to work synergistically towards a common purpose. ⁵
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. ⁶
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 programmers to 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 formal schooling is delayed), whichever occurs first. ⁷
Early childhood development partnership	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. ⁸
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. ⁹
Early Learning Centre / preschool	An early childhood programme with an educational focus for children prior to statutory schoolgoing age where early childhood care and education (ECCE) services are provided. These are usually part-day.
Early learning centre practitioner	An ECD practitioner who is centre-based and supports early learning and related activities. The aim is to ensure that all early learning practitioners have at least a Level 4 qualification.
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. ¹⁰
Family	A group of persons united by the ties of marriage, blood, adoption or cohabitation, characterised by a common residence or household, interacting and communicating with one another in their

	respective family roles, maintaining a common culture and governed by family rules. ¹¹
Home-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. ¹²
Integration	The effective coordination of policies, laws and programmes across and within sectors so as 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. ¹³
Mother-and-child worker	A community health 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. ¹⁴
Parent	A parent includes a biological, foster or adoptive mother or father who is 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 intervention to support one or more aspects of parenting.
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. ¹⁵
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

- Development of emotional well-being, 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.¹⁶

Vulnerable children

Vulnerable children are those who experience compromised care-giving 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:¹⁷

- 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.
-

DRAFT

1. Introduction

1.1 ECD is a universal right

The Government of the Republic of South Africa (GRSA) recognises early childhood development (ECD) as a fundamental and universal human right to which all young children are equally entitled without discrimination.

It recognises that every child has the right 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 – and that the realisation of this right depends on fulfilment of a composite body of all other rights protected in law.¹⁸

Early childhood development is the period in which the foundation is laid for not only the survival but also the 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 such as 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.¹⁹ 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 at law, including health, education, care and protection, basic services, information, participation, and numerous others.

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. 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 fulfil their responsibilities. As such, ECD depends on effective measures to secure not only children's rights but those of their parents, since the latter determine the capacity of parents to ensure their children's holistic development.²⁰

The recognition of ECD as a right and associated Government commitments are founded on South Africa's ratification and enactment of a number of international, regional and national children's rights instruments, charters, protocols, policies and laws.

1.1.1 International and regional ECD commitments

International and regional instruments include:

The United Nation's (UN) Convention on the Rights of the Child (CRC) (ratified in 1995) and its accompanying General Comment No. 7: Young children are universally entitled, without discrimination, to all the rights set out in the CRC. Furthermore, the rights are interdependent, given that the right to survival and development to full potential depends on the fulfilment of all of their other rights.

The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (ratified in 2005): Requires measures to support women to be able to fulfil parenting responsibilities.

The UN's Millennium Development Goals (adopted in 2000): The Government 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.

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 early childhood development, calling for steps to reduce infant and child mortality rates and for the provision of appropriate health care for expectant and nursing mothers.

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 early childhood development policies and programmes that secure health care and early childhood care and education, including the provision maternal and infant health care, water and sanitation, maternal and child nutrition, early learning and stimulation to ensure their optimal development.

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.

UNESCO's Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations (2010): Calls for measures to scale up access to early child development services in order to accelerate the attainment of EFA goal 1.

1.1.2 National ECD policies and laws

The GRSA has developed a host of policies and laws in furtherance of its international and regional commitments in order to secure young children's comprehensive rights through multi-sectoral services cutting across all development domains. These include, for example:

The Constitution of the Republic of South Africa, Act 108 of 1996: Guarantees the rights of all children under the age of 18 years to equal enjoyment of 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, and language and culture.

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.

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 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 early childhood development. It obligates the development of a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed early childhood development system, giving due consideration to children with disabilities and chronic illnesses.²¹

National Health Insurance Green Paper (published for comment, August 2011): The 'NHI is an innovative system of healthcare financing with far-reaching consequences for the health of South Africa [which] will ensure that everyone has access to appropriate, efficient and quality health services'. Access to services for pregnant women, infants and children will be improved by enhanced access to quality district health services.

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 schoolgoing 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 as well as establishes structures, procedures and capacity-building initiatives necessary to support the implementation of the policy.

In addition to the many overarching policies and frameworks described thus far, a plethora of sectoral policies, laws and programmes have been developed to implement services related to the numerous rights, such as birth registration, social assistance, health care, education, environmental health, nutrition and others.

1.2 ECD is central to South Africa's national development plan

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. 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:²²

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 plan 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 which 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.

The NDP thus prioritises increased public investment to secure universal enjoyment of ECD in South Africa.

1.2.1 ECD is a public good

The centrality of ECD to the national development agenda and the justification for increased public funding thereof is premised on the recognition of ECD as a public good. The positive social and

economic developmental benefits of comprehensive ECD services have led to the recognition of ECD as a public good – as a body of services which not only benefit the individual but society as well.²³

The science is conclusive: investments in early childhood development yield lifetime development returns for the child, his or her family and society.²⁴ Notably, ECD has the potential to reduce a number of significant development challenges facing South Africa in 2014.

Access by infants, young children and pregnant women to quality early childhood services and support has a proven significant positive impact on:²⁵

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;²⁶ HIV and AIDS and TB; a number of non-communicable diseases such as diabetes, cardiovascular disease and obesity; and violence and injury.²⁷
2. *School enrolment, retention and performance:* ECD services and support, especially in the early years, are associated with the improved cognitive development of children, the prevention of developmental difficulties and disability, and readiness for schools, all of which ultimately lead to improved educational outcomes, especially amongst the most socially and economically marginalised children.²⁸
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 GDP, and increased tax revenue. Studies suggest that pre-school participation contributes to increases of between 5 to 10% in lifetime labour income.²⁹
4. *Inequality:* Inequality between and within populations has its origins in poor early childhood development experiences.³⁰ 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.³¹ 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.³²
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.³³
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,³⁴ reduced public violence³⁵ and greater social cohesion and civic participation.³⁶

1.3 Addressing ECD risk and protective factors: Key to unlocking human capital

There is ample evidence which confirms that a nation's development depend on the extent to which it can unlock the potential human capital inhering within its very youngest population. This in turn

depends on the extent to which government realises 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'.³⁷

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, which build on earlier circuits and skills, will be inherently limited.³⁸ 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.

1.3.1 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 promotive of 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.

1.3.2 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

Poverty: Poverty is widely recognised as 'a root cause of poor child development'.³⁹ Low socioeconomic status is a key predictor of poor early childhood development.⁴⁰ 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.⁴¹

Malnutrition: Poor infant and child nutrition, especially in the period between conception and the age of two years can lead to irreversible developmental stunting and delays, resultant poor cognitive development, and ultimately lower educational and labour market performance.⁴² 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.⁴³ 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.⁴⁴ 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.⁴⁵

Low birth-weight: Infants with low birth-weight (< 2500 grams) are at an increased lifetime risk for cardiovascular disease, diabetes and learning difficulties.⁴⁶

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.⁴⁷

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.⁴⁸

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 the child 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.⁴⁹

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 are 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.⁵⁰

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' as a risk factor for maternal depression, because poverty, low education, high stress, lack of empowerment and poor social support are also risk factors for poor child development.⁵¹

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.⁵² Children living without their biological parents are especially at risk of being denied the care necessary for their physical and psychosocial well-being.⁵³

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.⁵⁴

1.4 ECD restores risk/protective balance

Globally, the development of an estimated 200 million disadvantaged young children is frustrated by multiple adversities.⁵⁵ 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.⁵⁶

1.5 What ECD services and support must be provided, and how⁵⁷?

The universal right to ECD and the developmental imperative of ECD investments obligates the GRSA to provide ECD services. The term 'state provision of ECD' is often used to refer to this obligation, but is rarely defined.

1.5.1 Public provision of ECD: What are the GRSA's responsibilities?

In summary, legal commitments and scientific evidence compel governments to provide ECD services. State provisioning of ECD covers a continuum of duties and obligations.

The overarching responsibility of governments is to develop a publicly funded and rights-based national ECD system. The system must ensure universally available ECD services that secure young children's rights and provide a continuum of 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 GRSA is thus required to develop a national ECD system comprised of:⁵⁸

- a body of aligned enabling policies, laws and programmes, including an integrated multi-sectoral ECD policy documenting and regulating the roles and responsibilities of all role-players, including government departments and civil society, responsible for implementation thereof;
- adequate funding, infrastructure and appropriately qualified practitioners to implement the national ECD policy and programme to:
 - ensure a sufficient number of quality services within close proximity so that all children have an equal opportunity to access ECD services, and
 - ensure that all access socioeconomic, health and other barriers faced by vulnerable children are addressed;
- appropriate and diverse models of service provision capable of ensuring equal opportunities for accessing ECD services;
- adequate quality standards, control, improvement and evaluation systems; and
- appropriate and sufficient management and institutional arrangements and coordination structures to realise the policy vision, aims and objectives.

1.5.2 What ECD services are required to address risk factors?

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.⁵⁹

1.5.2.1 Parenting support and education

The CRC and ACRWC recognise the family as the natural environment for the growth and well-being of all of its members, particularly its 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.⁶⁰

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.⁶¹

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 3.⁶²

1.5.2.2 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'.⁶³

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';⁶⁴ 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,⁶⁵ 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 early childhood development than other determinants of optimal ECD development, especially for children living in poverty.⁶⁶ 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.⁶⁷ 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.⁶⁸ 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.⁶⁹

1.5.2.3 Free birth registration

Children's rights to a name and nationality require not only the provision of free birth registration services; in addition, the issue of a birth certificate marks 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.⁷⁰

1.5.2.4 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 like water and sanitation.⁷¹

1.5.2.5 Food and nutritional support

The rights to adequate food and nutrition are protected by many legal and developmental instruments such as 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.⁷²

1.5.2.6 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.⁷³ 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.⁷⁴ Working and work-seeking parents, parents who are in full-time education, and those whose parents 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,⁷⁵ effects which are most often experienced by poor children.

1.5.2.7 Early learning support and services

The right to education in early childhood begins at birth.⁷⁶ 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,⁷⁷ early education begins at home, 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.⁷⁸

1.5.2.8 Protection from abuse, neglect and exploitation

Young children are at a high risk of abuse and neglect, including physical and mental abuse, often so within their families. Children's immaturity and dependence on those around them leaves them little able 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 measures be implemented to protect young children from abuse, including corporal punishment, as well as provide age-appropriate recovery services without contributing to stigmatisation of the young child.⁷⁹

1.5.2.9 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 may be at risk because of 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.⁸⁰

1.5.2.10 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 receive access to early quality screening, preventative and rehabilitative care.

Securing the universal right of children with developmental difficulties or disabilities to ECD thus requires the development of a focused multi-sectoral inclusive ECD disability policy and programme that ensures universally available prevention and early detection, as well as rehabilitation and social security services to ensure that affected children can develop to their full potential.⁸¹

1.5.2.11 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 available consistent publicly 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.⁸²

2. ECD in South Africa in 2014: progress review & situational analysis

2.1 The development of an enabling multi-sectoral framework of ECD services

South Africa has taken a number of steps towards creating an enabling multi-sectoral and integrated framework for the advancement of the comprehensive rights of young children since 1994. However, ECD outcomes and broader national developmental outcomes which are dependent on optimal early development have lagged behind.

Between 1995 and 2013, numerous policy documents and laws were developed that acknowledged the central developmental role of ECD in South Africa.⁸³ They further all recognise ECD as an ongoing process of emotional, cognitive, sensory, spiritual, moral, physical, and social and communication development of children from birth until the age of approximately 8 years of age,⁸⁴ a process that requires the provision – across different departments, including Health, Education, Social Development and others – of multiple integrated services to promote protective and address risk factors associated with young children’s survival and development.

The NIPECD 2005 – 2010 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. It thus committed to the roll-out of home-, community- and centre-based programmes to secure ECD services for all children, with a special emphasis on those aged 0 – 4 years and vulnerable children, especially those in rural areas, children living in underserved areas, children with disabilities and/or children who are chronically ill.⁸⁵ NGOs were recognised as essential partners in realisation of the national ECD plan. 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 R 17 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 amended or developed to provide the relevant comprehensive ECD services to young children and their families. These include, for example:

Through the Department of Home Affairs: Children’s births are required by law to be registered within 30 days of birth. In addition, a number of in-hospital and outreach programmes facilitate their registration as soon as possible after their birth, these services being free of charge.

In the health sector: Free health care for pregnant women and children under the age of 6 years; the Expanded Programme on Immunisation (EPI) for infants and children (for the prevention of common childhood illnesses); the Integrated Management of Childhood Illnesses (IMCI) for the treatment of common childhood illnesses; the Prevention of Mother to Child Transmission (PMTCT) programme to prevent new HIV infection of infants; and the provision of food and nutritional support in the form of food fortification, vitamin supplementation, supplementary food for children with growth failure

and malnutrition, and feeding counselling and the promotion of beneficial feeding practices such as exclusive breastfeeding.

In the social assistance sector: A number of cash transfers have been introduced to support the caregivers of children living in poverty, including the Child Support Grant (CSG), the Care Dependency Grant (CDG) for children with disabilities, and the Foster Care Grant (FCG).

In the child protection sector: A child care and protection framework, 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.

In the early childhood care and education sector: The promotion of the establishment and regulation and registration of privately operated child care and education programmes and centres caring for six or more children to ensure their health, safety and best interests; a government-provided per-child subsidy of between R5 and R17 per day paid to ECE service providers for children living in poverty; and the universalisation of Grade R (preschool) year through the provision of Grade R classes at all public schools in the country.

2.2 The situation of young children in South Africa⁸⁶

As is illustrated in the following discussion, the preceding developments have improved the lives and development of many young children in South Africa. However, a number of policy and programmatic gaps as well as a range implementation and systems deficiencies mean that ECD rights are not universally enjoyed by all children. Notably, many children who are exposed to often multiple risk factors do not enjoy access to critical ECD services.

2.2.1 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%), the lowest in the Northern Cape (2.3%) and the Free State (5.3%).⁸⁷ Most young children live in urban formal areas (46.3%).

Whilst levels of child poverty have fallen substantially since 2004 by 15 percentage points, the majority (58%) of young children continue to live in poverty in households with a monthly per-capita income of R604 per month (in 2011).⁸⁸ The burden of poverty is unequally distributed across provinces, geotype and different 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 white young 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.⁸⁹

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-serviced provinces falling within the former apartheid homelands and those 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.

2.2.2 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.⁹⁰ 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.⁹¹

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 30 deaths per 1,000 live births and the under-five mortality rate from 69 to 42 between 2006 and 2011.⁹²

The national immunisation rate (95%) shows near-universal coverage to the full course of vaccinations for one-year-olds. However, coverage rates vary between provinces and districts, suggesting that implementation remains a challenge at these levels.⁹³

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

More than a quarter of African children, and 34% of those living in the poorest 20% of households, have to travel far (more than 30 minutes) to their nearest primary health-care facility.⁹⁴

While antenatal care coverage is high at over 90%,⁹⁵ less than half of women attend before 20 weeks of pregnancy, while those attending do so only for an average of three visits⁹⁶, thereby minimising the opportunity to identify problems early in pregnancy and intervene effectively.⁹⁷

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,⁹⁸ 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.⁹⁹ Thus, while 97% of white young children use flushing toilets, only 40% of young African children enjoy a similar quality service.¹⁰⁰

2.2.3 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.¹⁰¹

Malnutrition remains a key driver of under-five mortality in South Africa.¹⁰² 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.¹⁰³ Severe acute malnutrition in children younger than 12 months appears to be increasing, pointing to poor feeding practices and inadequate or no breastfeeding.¹⁰⁴

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%.¹⁰⁵

A number of direct and underlying factors result in malnutrition in young children. Two immediate determinants are inadequate food intake and illness.¹⁰⁶ Key underlying determinants are food insecurity, inadequate maternal care, insufficient health services, poor hygiene and unhealthy environments.¹⁰⁷ In 2011, 28.9% of young children lived in households that ran out of money to buy food and 24% in households which skipped meals because of insufficient food. The highest percentage was among young Africa children, 31.5% of whom lived in households that ran out of food, compared to 2.3% of white young children.¹⁰⁸

2.2.4 Child-centred social security

The CSG is a cash transfer of R300 per month (in October 2013) 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 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, the impacts including improved child nutrition, health and educational outcomes.¹⁰⁹

Overall, access to the CSG has increased, with an estimated 76% of all eligible children currently receiving the grant.¹¹⁰ 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 one year being worst off.¹¹¹ There is a consistent trend amongst caregivers to delay the application for a CSG for their infants until after the child is one or two years old.¹¹² In 2011 only 50% of income-eligible children younger than one year accessed the CSG. Moreover, unlike the significant access gains for older children, the rate of access improved by only three percentage points between 2008 and 2011.¹¹³

This points to barriers in access to 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 grant access makes the largest impacts on early development.

2.2.5 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.¹¹⁴ 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.¹¹⁵

2.2.6 Parenting support and education

Parenting support programmes, a proven intervention for building constructive parental-child relationships and effective parenting practices, are critical to support parents who are raising children in a 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, such as 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.¹¹⁶ In addition, the quality of programmes on offer is often too low to derive their full potential ECD benefits.¹¹⁷

2.2.7 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 schoolgoing 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.¹¹⁸

In 2012, 485,500 children under 5 years received a subsidy at an ECD centre.¹¹⁹ An estimated 16% of poor children aged 0 – 5 years will be covered by the subsidy for 2013/14.¹²⁰ While access to ECD centres is increasing (73% of children aged 3 – 6 years were attending a learning facility in 2011),¹²¹ 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 programmes. Access to ECD centres is therefore currently inequitable, with the poorest children having least access.¹²² 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 not sufficient to ensure good child outcomes.¹²³ Children with disabilities are largely excluded from these programmes.

The vast majority of children aged 0 – 2 years are not in formal centres but are, in many cases, cared for by various caregivers in their homes, including extended family members, elderly caregivers and others, while their parents are away at work, studying, engaged in business, or chronically ill or disabled. There is currently no 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.¹²⁴

2.2.8 Services for children with disabilities¹²⁵

Currently, there are no reliable national estimates of child disability. An estimated 474,000 children live with severe disabilities in South Africa today.¹²⁶ 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%).¹²⁷ An estimated 40% of disabilities affecting children are due to preventable causes, i.e. birth asphyxia, infections, etc.¹²⁸

A crucial starting point to ensure the development of children with disabilities is to identify them early to facilitate proper planning, targeting and the provision of adequate resources and services. However, 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.¹²⁹ Once children are identified as being disabled, they require ongoing 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, services which provide effective and equitable support but which have not been implemented at scale in South Africa.¹³⁰

Shortcomings in services and support extend beyond the health sector. Current provision of early learning services, mainly provided through the NPO and private sectors, do not provide environments conducive to learning by young children with disabilities. Only a small proportion of children with disabilities 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 who were recipients of the CDG attended a crèche or child-minding group.¹³¹

Home and community-based early learning opportunities are also not widely available for children with disabilities. Other factors that impact on their access are adult beliefs regarding whether children can be included in mainstream programmes, stigma related to child disability,¹³² and the fact that early childhood teaching strategies do not, in the main, consider the learning needs of children with disabilities.¹³³

Similarly, while a social assistance programme (the Care Dependency Grant (CDG)) is in place for children with disabilities, not all children with developmental difficulties or a disability 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.¹³⁴

2.2.9 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, to protect their children, and to 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.¹³⁵ 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.¹³⁶ 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 Broadcast Corporation has introduced talk-shows for parents about early childhood development 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 early childhood development 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.

2.3 Strengths and weaknesses of ECD systems

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 quality concerns and issues of equity in access rates remain problematic.

However, a number of ECD services are *not* universally available, are beset by issues of poor quality, and are not accessed by especially vulnerable children. These include:

- 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
- ECD information and education.

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.¹³⁷ Improving the scale, quality and equity of access to these services to meet legal and developmental imperatives requires the development of a stronger 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, programmes do not currently make adequate provision for the food provision for children with growth failure or the effective prevention of malnutrition through targeted prevention interventions aimed at pregnant women and infants as well as broader public prevention education. Parenting support and education must be prioritised and offered through multiple mediums to reach the masses, such as public communication campaigns, and to offer appropriate local support.¹³⁸

Quality early learning programmes must be scaled up to reduce the school-readiness gap for children living in poverty, in under-serviced areas, and with a disability.¹³⁹ 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 of access to comprehensive ECD services necessary to ensure their rights to survival and development to their full potential.

Securing political and financial commitment to 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.

3. The purpose of the national ECD policy

This policy addresses the preceding gaps through the development of an 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 under-provided quality essential services. It further provides a statement of the Government of the Republic of South Africa's commitment to the development of strong and effective laws, programmes, funding modalities and leadership, implementing and coordinating structures as well as 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, the establishment of necessary organisational and institutional structures, and the provision of adequate public funding

and infrastructure to ensure sustainable universal availability and equitable access to comprehensive quality ECD services. More specifically, it will:

- document the commitments of the government of the Republic of South Africa to secure the provisioning and funding of universal comprehensive ECD for children;
- define a comprehensive and essential ECD package of services and support;
- identify the relevant role-players and their roles and responsibilities for various components of the comprehensive and essential package of ECD services; and
- establish a national and provincial level ECD leadership and coordinating structure to:
 - 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;
 - promote the strengthening and integration of services to improve availability of and access to all ECD services;
 - develop and monitor a national young child food and nutrition strategy;
 - develop and monitor a national ECD disability strategy; and
 - plan, fund, implement and monitor a national ECD communication strategy.

4. Statement of commitment of the GRSA to ECD as a right and a public good

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. It therefore commits to making 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; and
- equitably accessible by removing the barriers preventing vulnerable children from accessing available ECD services.

5. The national 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 R) or until, in the case of children with developmental difficulties or disabilities, 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.

6. The national ECD policy goals

- Long-term goal:** By 2030, a comprehensive age- and developmental-stage-appropriate package of quality ECD services is available and accessible to all young children and their caregivers.
- Medium-term goal:** By 2022, an essential age- and developmental-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 under the heading 'Scope of the Policy' below, 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 2022. Many of the services contemplated by the EP 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.

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

8. National ECD principles

The principles that underpin the national ECD policy and which must guide the development of all legislation, programmes, funding and monitoring and evaluation frameworks and institutional arrangements which relate to implementation of this policy 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;¹⁴⁰ 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 and that all children and their families have a right to receive them.

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.¹⁴¹

- 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 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 be able to meet their responsibilities to young children.¹⁴²

In addition, the rights of young children are interdependent in that the fulfilment of their overarching rights to life-survival 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 early childhood development is continuous and ongoing, starting at conception and evolving until the child enters formal schooling, and that children's needs are different 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.¹⁴³

- 4. Multi-sectoral and integrated responses:** Since children's ECD rights and needs are indivisible and span many areas such as 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 thus 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.¹⁴⁴
- 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.¹⁴⁵ All decision 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:¹⁴⁶
- 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 equally 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 the age and maturity of the child. 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.¹⁴⁷

- 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 early childhood development. 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 the strong international evidence that early childhood development is cost-effective in relation to health, educational, social and economic outcomes. Specific service modalities outlined in the policy have also been shown to be cost-effective when provided with the frequency and intensity of service provision recommended in this policy.

9. Scope of the policy

9.1 Commitment to secure universal availability and equitable access to quality services

The GRSA hereby commits to take all necessary steps to:

- ensure that all responsible role-players, including government departments and agencies, civil society organisations, parents, caregivers and families, development partners and the business sector are enabled to, and fulfil their roles and responsibilities envisaged in this policy; and
- ensure, in so doing, the universal availability of and equitable access to the following essential and comprehensive package of quality ECD services in age- and developmental-stage-appropriate combinations from conception until the child enters formal schooling (Grade R) or reaches the age of 8 years, whichever occurs first.

9.1.1 The 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 a distinction between an 'essential' and a more 'comprehensive' package of rights. It places a more immediate obligation on the GRSA to realise the former rights. A number of the rights are subject to progressive realisation within available means, whereas others are not – they are immediately realisable or essential.

The implication of the distinction is that the services deemed essential are necessary, but insufficient, 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.

The GRSA is thus committed to the provision of the following package of Essential Package (EP) of ECD services in the short-to-medium term:

0. free birth certification for all children born in South Africa;
1. basic preventative and curative health care for pregnant women, infants and young children to secure their mental and physical health;
2. preventative and curative maternal, infant and child food and nutrition services;

3. 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;
4. in their parent's absence, safe quality child care which nurtures the young child's development;
5. early learning support and services from birth in the home, community and in centres;
6. publicly accessible information about ECD services and support and their proven importance for ensuring optimal early childhood development.

The focus of this policy will be on measures and processes to secure, in the short-to-medium term, the Constitutional right of all young children and their families to an Essential Package of ECD services.

The policy makes provision for a process for the future development of an expanded programme of comprehensive services by a National ECD Agency established by this policy.

9.2 Policy strategy

9.2.1 Delivery of EP across four service delivery domains

The essential package of services will be delivered through one of four types of ECD programmes.

1. **Health care and nutrition:** Including preventative and curative health care and nutrition promotion from pre-conception until the child reaches the age of 5 years for both mental and physical maternal, infant and child health, as well as screening for early identification, referral and support for maternal mental health, substance abuse and exposure to violence, developmental delays and disabilities, and for child abuse and neglect.

Objectives: To ensure the provision of an essential package of services that will ensure:

- a. in the pre-natal period: no causes of preventable disability, no exposure to environmental toxins and zero infections; and
- b. for children between the ages of 0 – 5: the prevention of disease and promotion of healthy development, the promotion of growth and prevention of growth failure and stunting through the promotion of exclusive breastfeeding, appropriate complementary feeding, responsive feeding and strengthened fortification and supplementation mechanisms.

2. **Social protection:** Including the provision of birth registration services and social grants.

Objectives: To ensure that all children receive a free birth certificate within 30 days of birth and that all eligible children and their caregivers receive an appropriate social grant from the date on which the child becomes eligible.

3. **Parenting support:** Includes preparation for parenting, parenting support and skills-building.

Objectives: To strengthen parental knowledge and practice regarding children's holistic development, strengthen social support and connections, promote safety and injury prevention, and provide screening and support for maternal mental and substance abuse.

4. **Opportunities for learning:** Includes multiple interventions that promote the stimulation of children's development and learning provided within a continuum of care and education settings, including the home, child-care setting, community-based groups and early learning centres.

Objectives: To provide all children with the necessary foundations for early learning, socio-emotional, and language development.

9.2.2 Age-differentiated package of services

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

Therefore, the national ECD system will provide 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.

During the different periods, the package of ECD services made available will be determined by proven interventions that address the known causes as well as protect the young child from the consequences of the relevant risk factors.

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. Their impact is both short- and long-term. They predispose a child to a higher risk of subsequent physical and mental health and development problems.¹⁴⁸

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.¹⁴⁹

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

This is a period in which increasingly complex social behaviours, emotional capacities, problem-solving abilities and pre-literacy skills that build 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.¹⁵⁰

9.2.3 Scale up availability based on population-based planning and monitoring

Whilst a number of the Essential services are widely available, a significant number are not. Under-provided services include parenting support, food and nutrition support and early learning services. The national ECD policy will focus on scaling up the availability of these key under-provided services so as to ensure their universal availability through a process of population based planning and monitoring.

9.2.4 Quality standards, monitoring and improvement

This policy seeks to prevent scaling-up at the expense of quality. It will thus advance strong quality standards, monitoring and improvement processes as fundamental elements of the national ECD system.

9.2.5 Multiple models of service delivery

Scaling-up of the EP of services so as to effectively reach all children where they are found will require the provision of services through a number of different service delivery models.

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.¹⁵¹

The national ECD policy will therefore ensure the delivery of the EP through varying, appropriate and effective delivery vehicles, including:

- . home- and community-based programmes that promote partnerships with stakeholders at all levels;¹⁵²
- a. facility or centre-based programmes; and
- b. 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.¹⁵³

9.2.6 Prioritising ECD interventions to ensure equitable access

Given the legal and developmental imperative to ensure that opportunities for access are available to all children, including vulnerable children, and that the latter be guaranteed access through measures to address intrinsic and extrinsic access barriers, the policy will prioritise the development, funding and implementation of the children and programmes described below.

9.2.6.1 Prioritisation of children

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 (0 – 2), those not participating in centre-based programmes, those living in poverty, those living in under-served areas, and those with disabilities, implementation should prioritise the following:

- . pregnancy and children up to 2 years of age, as this is the period of life most susceptible to optimisation and damage;
- a. 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
- 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.¹⁵⁴

9.2.6.2 Programmatic priorities

Key elements of the EP of ECD services are already in place, notably relatively high rates of birth registration, the Child Support Grant and Care Dependency Grants, 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. For this reason, the following five policy priorities are identified:

A. Family and home-based 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 psycho-social 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 2022:

- 60% of pregnant women visited twice at home during pregnancy;
- 20% of all infants receive bi-monthly visits at home till 6 months; and
- 10% of all young children receive continuing home visits to 3 years.

Barring illness, children are in contact with health and social services only for about 20 days in their first thousand 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, child interaction and reduce growth faltering.

A national programme for family, home and centre-based support will be developed to:

- maximise opportunities during antenatal and post-natal clinic visits for well-baby care and immunization and to counsel women regarding self-care and infant health, growth and learning;

- provide supportive home visits to vulnerable mothers and other caregivers and their young children during and after pregnancy for a period of between six and thirty six months (depending on the severity of the mother and child's vulnerability) providing information and advice about optimal child development, and referral where necessary; vulnerable mothers include teenage mothers and mothers with problems with mental health, substance use and/or survivors of domestic violence;
- provide a systemic training and support programme for child-minders providing daily care for children aged 0 – 2 in the temporary absence of parents at work or studying 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.

B. Design and implementation of a multi-sectoral national nutrition strategy for children under 5 years aimed at eliminating stunting and moderate malnutrition, as well as reducing obesity over the medium term

Objectives:

By 2030, no child stunted, wasted, severely underweight, nor overweight or obese from poor nutrition

By 2022, prevalence:

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

A national multi-sectoral nutrition strategy for children younger than 5 years of age will be developed to ensure the delivery of the following core services in the home and at community level, backed up by health and social services:

- the promotion and support of exclusive breastfeeding, starting before birth and sustained for six months;
- counselling to support appropriate and responsive complementary feeding, including to prevent overweight;
- home-, community- and facility-based growth monitoring, early identification of growth faltering and referral for investigation and follow-up for all children aged 0 – 3 years of age; and
- 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.

Note: About a fifth of 2 – 14-year-old children in South Africa are currently overweight (15%) or obese (5%), related to a combination of genetic, social and dietary factors. Many of the ECD

strategies proposed will address the epigenetic, behaviour and social factors, while specific dietary advice should be built into home-support and public communication.

C. Universal availability of developmentally appropriate early learning opportunities for children from birth to Grade R to reach especially the poorest 60% of children and children in under-served areas

Objectives:

By 2030:

- every child enters Grade R primed to be able to learn well, because they have the emotional, social, language, sensorimotor and cognitive building blocks 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 2022:

- 30% of 0 – 2-year-olds participate in a parent and child early learning playgroup;
- 50% of 3 – 4-year-olds participate in a structured early learning playgroup;
- 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.¹⁵⁵ However, learning does not only require cognitive stimulation but social and emotional development as well. Childhood self-regulation has been shown to be a powerful predictor of adult health, wealth and public safety.¹⁵⁶ Motor-skills development is important for normal physical activity, but is also a catalyst for the development of listening, speaking, attention, emotional control, and visual-motor and visual-thinking skills. These skills prime the brain for reading, writing and mathematics.

In South Africa, roughly only a third of children aged 0 – 4 years of age 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.¹⁵⁷ 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).¹⁵⁸

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:¹⁵⁹

- Home-visiting and health-facility-based programmes designed to stimulate the knowledge, capacity and provision of early learning support by parents and other caregivers. This includes sensitising pregnant women and mothers of 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.
- 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 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.
- Community-based early learning play groups for mothers and children aged 0 – 2 to provide parenting support and information on early learning and socialisation and a stimulating play experience for children.
- Community-based structured early learning play groups for children 2 – 4 years (with or without parental participation) aimed at fostering socialisation and promoting early learning.
- 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.
- A pre-Grade R programme for 4 – 5-year-olds, 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.
- Increased parental demand for early learning opportunities for their children through public communication about the importance of early child development for health and human capital across the life course.

The proposed introduction of a pre-Grade R programme: This policy proposes the introduction of a pre-Grade R programme for children aged 4 – 5 years based on the following rationale and subject to the following provisos:

The National Development Plan proposes a pre-primary year in addition to Grade R under the Department of Basic Education so as 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 one year.¹⁶⁰ A study conducted under the auspices of the Southern African Consortium for Monitoring Educational Quality¹⁶¹ found that children with longer durations of preschool had higher scores in reading and mathematics at Grade 3. Two years 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 between 4 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, extending 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 free early childhood education.¹⁶² 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 which already have 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 provision. 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 should 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 of age 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 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. The starting point should, however, 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.

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

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

- language development and storytelling;
- play, creativity, critical thinking and exploration; and
- development of concepts of reading, writing and mathematics.

D. Inclusion and support for children with developmental delays and/or disabilities¹⁶³

Objectives:

By 2030, all children with developmental delays and/or disabilities have an opportunity to access a comprehensive age-appropriate package of ECD services that are of a sufficiently high quality and appropriately designed to provide the specialist support they require to ensure they develop to their full potential.

By 2016, a national multi-sectoral Inclusive ECD Disability Policy, supportive enabling laws, and an Inclusive ECD Disability Programme to secure universal availability and equitable access to an EP of age- and developmental-stage-appropriate quality integrated ECD services for all children with developmental delays and/or disabilities is developed.

The current ECD and disability sector policies, laws, budgets and programmes do not secure the rights of young children with developmental delays and/or disabilities to develop to their full potential.

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.¹⁶⁴

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 psycho-social), 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 Inclusive ECD Disability Policy, supportive enabling laws and an Inclusive ECD Disability Programme to secure universal availability and equitable access to an EP of age and developmental-

stage appropriate quality integrated ECD services for all children with developmental delays and/or disabilities.

In order to ensure that all young children with developmental delays and/or disabilities enjoy an equal opportunity to access an EP of age and developmental-stage appropriate ECD services, the ECD Disability Policy, laws and programme shall especially make provision for, inter alia:

- the provision of services for the prevention of developmental delays and/or disabilities, as well as early detection and remedial interventions;
- the provision of community-based rehabilitation programmes and services for young children;
- the provision of appropriate parenting support;
- the provision of sufficient quality child care and early learning opportunities for all children with developmental delays and/or disabilities;
- a strengthened programme of social security to 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; and
- the provision of adequate and appropriate financial, human and infrastructural resources to support the realisation of the vision of the national ECD Policy for all children with developmental delays and/or disabilities.

The development of the national multi-sectoral Inclusive ECD Disability Policy, supportive enabling laws and an Inclusive ECD Disability Programme will be assigned to the National ECD Agency to facilitate and complete by 2016.

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

Objectives:

- expanded opportunities 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.

By 2016:

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

No national surveys have been conducted to assess the public understanding of the value of early childhood development 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 early childhood development.¹⁶⁵

A coordinated national communications strategy should to be implemented by the national ECD Agency as part of a national branded programme. Mass communication should be centred on nutrition, health, child well-being and protection (including affection and prevention of harsh discipline) and early learning. Mass media should be used to headline the priority issues, to prompt discussion, and to point to local services; and the full range of community-based ECD services should be used to engage the communication in greater detail. There should be synergy and consistency across media platforms and in materials supporting the interpersonal communication.

Communication for children should be centred on storytelling and early language development. A multimedia strategy should be developed for parents, using mobile technology as the pivotal platform to enable information, social interaction and feedback. In addition, a responsive communication strategy aimed at leaders in Government, civil society, trade unions, business and the media, which draws on a central ECD information system, should increase knowledge of the value of, and commitment to, increased investments in effective ECD programmes in South Africa.

Therefore, a coordinated national ECD communication strategy will be developed and implemented by the national ECD Agency as part of a national branded programme. Mass communication and media should be used to headline priority ECD issues, to prompt discussion, support evidence-based policy and programme development and funding, and to point to local services.

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.

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

- Children – with an emphasis on storytelling and early language development using media platforms and a diversity of languages to reach especially vulnerable children;
- 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;
- 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 of the national multi-sectoral ECD Communication Strategy will be assigned to the National ECD Agency to facilitate and complete by 2016.

10. Management and coordination of the National ECD system

10.1 Leadership and coordination challenges

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’. In consequence 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’.¹⁶⁶

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 Department of Social Development. This structure was replicated at provincial and district-levels as the vehicle for coordination, monitoring and implementation of the NIPECD.

The provision of comprehensive ECD services requires an integrated, cross-sectoral approach and plan that draws in government departments, civil society organisations, the corporate sector, religious organisations, parents, children and adolescents. In addition, it requires strong leadership of the comprehensive national programme, as well as of the discreet sectoral programmes making up the comprehensive package of services.

Recent national ECD reviews concluded that current challenges, listed below, impeding the universalisation of essential ECD services are largely due to insufficient leadership and coordination, and more specifically, ineffective institutional arrangements and resources, insufficient expertise, inadequate inter-sectoral collaboration, coordination and service integration, and ineffective accountability mechanisms to hold role-players to account for delivery of specified aspects of the EP and the broader goals and objectives of the national ECD plan.

Challenges include:

- a lack of strong leadership to drive the national ECD vision;
- a fragmented legislative and policy framework resulting in uncoordinated service delivery; insufficient interdepartmental /intersectoral collaboration;
- limited leadership, low levels of expertise and capacity constraints in respect of especially under-provided services;
- inequitable access to ECD services for vulnerable children;
- inequities in ECD provisioning so as to perpetuate discriminatory patterns of exclusion; and
- variable quality of services with vulnerable children experiencing the lowest quality.¹⁶⁷

The realisation of the national ECD policy vision, goals and objectives requires the development of strong national leadership and centralised institutional mechanisms capable of addressing these challenges. These must provide:

1. Effective leadership and coordination across the departments and sectors responsible for the delivery of ECD services towards realisation of a common ECD vision.

2. Advocacy and support for enhancing existing ECD responsibilities of the respective government departments.
3. Advocacy and support for development, funding and implementation of additional and/or revised roles and responsibilities of the various government departments envisaged by this policy. This includes for example, the assignment of responsibility to the DOH for the development and implementation of a cadre of mother-and-child workers, these being community-health workers who support specifically 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.
4. Strong leadership of, and technical support for, the planning, resourcing, coordination, implementation and monitoring of the neglected aspects of ECD which offer significant opportunity for improving the capabilities and life prospects for children with disabilities, including parenting support, food and nutritional support and ECD provisioning.

10.2 Objectives of the ECD management and coordination policy

The objectives of the ECD management and coordination policy are to:

- strengthen departmental leadership of existing and new ECD responsibilities of respective government departments; and
- establish a coordinated national management and oversight system for early childhood development that focuses efforts and resources on neglected aspects of ECD that offer significant opportunity for improving the capabilities and life prospects of children.

By 2015, to have:

- established a national agency responsible for implementing a focused national programme for early childhood development;
- assigned to the Department of Health responsibility for the mother-and-child worker programme for children under 2 years of age;
- assigned to the Department of Social Development responsibility for the administration and oversight of community-based programmes (early learning playgroups, in addition to early learning centres), implemented by private (non-profit and for-profit) providers; and
- assigned to the Department of Basic Education responsibility for the management and implementation of a Pre-Grade R year, insofar as it will be implemented in schools, as well as early learning curriculum development and oversight.

10.3 What form should the agency take in order to best achieve its objectives?

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:¹⁶⁸

- 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 early childhood development 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 early childhood development. It will develop and support implementation of those elements of a national programme that strengthen and enhance the current scope of ECD, focusing on neglected activities and those likely to give highest returns.

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;
- provide guidance and oversight in the planning and realisation of universal availability of and equitable access to ECD services for vulnerable children;
- ensure curriculum consistency across sectors responsible for early learning;
- 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, implementation and evaluation of a national multi-sectoral nutrition strategy for pregnant women and young children;
- play a key role in the development, implementation and evaluation of a national multi-sectoral inclusive ECD Disability policy and programme; and
- lead development of the ECD programme for the universalisation of a comprehensive package of ECD services.

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 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.¹⁶⁹

An autonomous agency is a proven vehicle for reducing the cost of developing ECD policies and reaching consensus, of 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.¹⁷⁰

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 yield conflict and undermine collaboration, with departments not accepting the authority and hence not considering 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.¹⁷¹

10.4 The establishment of a national ECD agency

Thus, a national ECD Agency will be established which will enjoy high-level influence, an explicit ECD mandate, and the necessary resources including expertise, to drive and monitor realisation of 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.

10.5 Responsibilities of the agency

10.5.1 Plan, coordinate 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;
- map and regularly update the mapping of national provision of the EP of ECD services aimed at ensuring that every child in South Africa has the opportunity to participate in quality, age-appropriate programmes, especially early learning programmes, by 2022;
- working with the relevant government departments, plan for financial and human resources, new infrastructure and upgrading;
- 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 early childhood development in South Africa, disaggregated by province and district, and by vulnerable groups.

10.5.2 Support government departments responsible for key aspects of ECD

- work with relevant government departments and other implementing agencies and partners to identify key strategic priorities and strengths and weaknesses in the implementation of ECD services;
- work with the relevant government departments and other implementing agencies to strengthen implementation of existing services and to ensure the availability of and access to neglected or under-provided essential ECD services;

- develop a national ECD communication strategic plan, design and develop communication resources for parents, service providers and the general public, working with the GCIS to maximise reach and impact; and
- through the Social Cluster of Cabinet, ensure that government departments provide the essential indicators of ECD for which they are responsible.

10.5.3 Develop and support implementation of specific designated programme activities

The agency will facilitate the development of multi-sectoral strategies and provide technical support to responsible line departments for the implementation of those elements of a national programme that strengthen and enhance the current scope of ECD, focusing on neglected activities and those likely to give highest returns.

These include:

- **Nutrition support** aimed at meeting the national targets for reducing stunting, wasting and underweight described in clause 9 of the policy.
- **Parenting support** aimed at strengthening psychosocial support during pregnancy and the first two years of a child's life, encouraging greater participation by both mothers and fathers in their children's development, and expanding their understanding of the value of early learning programmes.
- **Including and enabling children with disability to reach their full potential** aimed at ensuring the universal availability and accessibility of integrated multi-sectoral programmes to ensure the development of all children with developmental difficulties and/or disabilities to their full potential across all ECD domains.
- **Supporting the development of early learning** through stories and language development; play, creativity, critical thinking and exploration; and stimulating the ability to read, write and grasp mathematical concepts.
- **Any other programme** consistent with the purpose of the agency assigned to it.

10.5.4 Establish high level targets and norms and standards

Together with implementing departments, the agency shall:

- set high-level targets for programme coverage, infrastructure and quality; and
- set norms and standards for human resource provision.

10.5.5 Strengthen alignment of budget bids with the national ECD Policy

The Agency shall review all line department bids related to implementation of their roles and responsibilities in terms of this policy and make recommendations for strengthening their alignment with realisation of its vision, goals and objectives.

10.6 Governance and accountability of the agency

10.6.1 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.

10.6.2 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 Chief Executive Officer (CEO) and holding the CEO to account.

10.6.3 Scope of decision-making

The Board of the Agency shall be responsible for decisions related the responsibilities of the agency (as described in Clause 10.5), 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 Chief Executive Officer.

11. 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 government departments, organisations, agencies and individuals. Whilst strong partnerships and synergy across 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 its young children in terms of this policy and realisation of associated goals and objectives. This means that government departments recognise and accept responsibility for 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 so as 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 will require that role-players work together at times to:¹⁷²

1. Network with each other: this involves the exchange of information for mutual benefit.
2. Coordinate their work with each other: this involves a process of information exchange as well as altering activities to achieve a common purpose.
3. Cooperate with each other: this involves the 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 with each other: this involves networking, coordination and co-operation as well as improving the capacity of the other partner for mutual benefit and a common purpose.

11.1 Responsibilities of government departments for the essential ECD package

Many government departments at the three levels of government bear responsibility for the discreet services making up the Essential Package of ECD services. Departments that are key to the realisation of the Essential Package and their responsibilities are described hereunder.

Office of the President: The Office of the President will house the national ECD Agency and will, through that structure, fulfil the role of overall planning, oversight and monitoring of implementation and evaluation of the Essential Package of services, and for developing a programme for the comprehensive package of ECD services.

Department of Social Development and 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, 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.

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

Department of Health: 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 through health facilities and home visits by mother and child workers for children at risk of poor development outcomes.

Department of Basic Education: The DOBE is responsible for development of the early learning (0 – 4 years) curriculum and continuity and synergy between the 0–4 and Grade R curriculum; the implementation of a pre-Grade R programme insofar as it will be implemented in schools; and the

integration of key health messages for a healthy pregnancy and young children into the school curriculum.

Department of Home Affairs: The DHA is responsible for birth registration and provision of identity documents.

Department of Higher Education: The DOHE is 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.

Department of Agriculture: The DOA is responsible for providing agricultural support for the production of food to households with pregnant women and young children.

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

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

Department of Arts and Culture: 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.

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

Department of Correctional Services: 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.

Municipalities: 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.

Cooperative Governance and Traditional Affairs: The DCOGTA 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 early child development.

Department of Finance: The DOF is responsible for planning, resourcing and monitoring of public expenditure of ECD.

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

Statistics South Africa: Stats SA is responsible for collecting, analysing and distributing census and community survey data of young children.

11.2 The role of non-government organisations

The GRSA recognises the critical role that both profit and non-profit non-government organisations (NGOs) have played in the development of capacity of the ECD sector as well as in the implementation of ECD services. It further recognises that to make the Essential Package universally available, government must draw and build on the capacity of, and collaborate with, the relatively well-developed for- 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, however, at all times be subject to the proviso that the government retains responsibility for ensuring that all services provided and actions taken by non-government organisations comply with the legal limits, obligations and responsibilities prescribed by law.

The Government will retain overall responsibility for the funding, regulation, capacitation and oversight of complementary partners within the national rights-based ECD limits of this policy.¹⁷³ This relationship will be underpinned by explicit expectations, secure contracting and performance requirements, quality control and accountability mechanisms.

To this end, the GRSA will:¹⁷⁴

- 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.

12. A national ECD communications and advocacy strategy

There are a number of preconditions for attainment of the national ECD policy vision, goals and objectives. These are:

- sustained political commitment to ECD;
- sustained financial investment in ECD;
- recognition of the value of ECD for children and the country as a whole;

- routine engagement by decision-makers and caregivers in behaviour promotive of early childhood development; and
- demand for, and use of, the EP of ECD services.

This requires critical behaviour, attitude and practice changes among parents, other caregivers, practitioners, communities, children and decision-makers.

Therefore, a coordinated multi-sectoral national communications strategy will be developed and implemented by the national ECD Agency as part of the national branded ECD programme.

12.1 The objectives of the national ECD communications strategy

The objective of the national ECD communications strategy is to ensure the development and implementation of coherent, sustained, well-resourced communications and advocacy interventions targeted at the full range of stakeholders so as to promote the behaviour, attitude and practice-changes necessary to realise the national ECD policy and programme objectives.

The specific objectives related to the three primary target groups are:

12.1.1 For children:

- to stimulate language development, imagination, curiosity and critical thinking, from birth onwards.

12.1.2 For parents:

- to enable parents to understand what they can do to improve their children's nutrition, health and well-being, early learning, and to protect their children;
- to enable parents to understand and demand quality early child care and education;
- to foster parent-child interaction; and
- to build understanding of the roles of mothers and fathers in early childhood development, specifically recognising the current high proportion of 'absent fathers' in the lives of their children.

12.1.3 For leaders in government, civil society, business, trade unions and the media:

- to engender a broad national understanding of the importance of early childhood development for redressing inequality, improving health, education, social development and economic growth; and
- to provide policy-makers and managers with information for planning, management and innovation, and to ensure strong accountability for effective implementation.

12.2 Strategic guidelines for the communications strategy

To achieve these objectives, and in line with the priorities described in the national ECD policy, the national ECD communication strategy should ensure:

- mass communication which centres on nutrition, health, child protection, positive discipline, early learning and inclusion of children with developmental delays or disabilities;

- the use of mass media to headline the priority issues, to prompt discussion, and to point to local services;
- synergy and consistency in messaging across media platforms, in materials and across role-players responsible for disseminating information;
- 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; radio should be prioritised in the medium term, given its reach and language diversity;
- the development of a multimedia strategy for parents, using mobile technology as the pivotal platform to enable information, social interaction, and feedback;
- 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.

12.3 Requisite outcomes of the national ECD communications strategy

The primary outcomes of a national communications strategy for early childhood development are:

- expansion of opportunities 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.

12. National ECD funding policy

Policies and programmes are effective only if funding is available. However, across the world, governments have not invested enough in early childhood development programmes to ensure universal availability, equitable access and adequate quality, all of which are necessary to realise potential developmental returns.¹⁷⁵

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.¹⁷⁶

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:

- ensure sufficient resourcing to ensure delivery of services, the provision of infrastructure and overall resources for early childhood development, especially for the most vulnerable children;¹⁷⁷
- develop diverse funding mechanisms which promote and are responsive to local ECD contexts, needs, risks and strengths; and
- 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.¹⁷⁸

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.¹⁷⁹

The GRSA recognises that meeting its international, regional and national ECD commitments requires the provision of adequate public funding to secure:^{180 and 181}

- universal availability of ECD services and programmes, especially in under-served 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.¹⁸²

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 is or 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:

<p>Health care for infants and young children and pregnant women and nutritional support and malnutrition treatment for infants and children</p>	<p>These services are fully funded for children aged 0 – 5 years and for pregnant women through the Department of Health’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, through, for example, the Primary Health Care Re-engineering strategy and the National Health Insurance scheme.</p>
<p>Social grants for children living in poverty and with a disability</p>	<p>Social grants for infants, young children, and children with disabilities are publicly funded through the Department of Social Development’s social security programme.</p> <p>The Child Support Grant is fully funded to ensure its availability for all income-eligible caregivers.</p>
<p>Birth registration</p>	<p>Birth registration is fully funded, with birth registration offered as a free service to all children.</p>

The funding allocated by the National Treasury and associated funding modalities for the preceding services are sufficient to secure universal availability and equitable access 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 nutrition, early childhood care and education (including parenting support) 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 R17 for children living in poverty attending a registered ECD facility paid to the facility directly) fails in a number of key respects.¹⁸³

1. Whilst there is some state-funding allocated to support Opportunities for Learning, the Government’s assumption of the responsibility to fund the services is discretionary. The legal foundation for the funding of early learning services is located in the Children’s Act 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 early learning implementation, supervision and monitoring 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 subsidy is dependent on a centre's registration, and this is in turn dependent on a centre's 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 in 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 parent's 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 takes 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.¹⁸⁴
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.¹⁸⁵
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.

The effect of the current funding model is that the availability of, access to, and the quality of early learning service is insufficient and much poorer for children and their caregivers living in poverty, the very youngest of children, children in rural and under-served 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).

13.1 Objective of the ECD funding policy

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 Essential Package 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;
- focus on poorer and more vulnerable children; 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, non-profit organisations or private entities which can show that they:

- will contribute to improving availability of services in under-served areas;
- will provide an integrated Essential Package 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; and
- which comply with legally prescribed safety and quality-assurance norms and standards contemplated by this policy.

All funding bids will be submitted to the National ECD Agency for review for compliance with and advancement of the objectives of the national ECD policy.

13.2 The funding model

The national ECD funding model will cover the following costs:

- **Programme support** – transfer funding to the service provider based on proposal which comply with the funding criteria and norms contemplated by this policy. Programme support will include post costs and a per-child subsidy based on days of participation as well as direct service provision costs.
- **Infrastructure development** – for extension of public 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 management, supervision and oversight of programmes.**

- **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 to the:

- national ECD agency for their operating costs and to fulfil the functions described in this policy, including implementation of the national media 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 and implementation functions.

13.2.1 Programme implementation costs

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

- Home-visiting costs will be paid through an increased budget allocation for the Department of Health.
- 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 subsidies for early learning play groups and centres will be paid through an increased budget allocation the DSD.
- Child minding per-child subsidies will be paid through the DSD.

13.2.2 Eligibility for and calculation of staffing and per-child subsidies budget

Eligibility criteria for receipt of the per-child subsidy will be simplified and aligned to eligibility for the Child Support Grant. All children aged 0-5 who qualify for the CSG will qualify for a per-child subsidy to cover the cost of their participation in an early learning programme (community or centre-based).

The cost of children's participation in all forms of early learning programmes will be covered by a fixed per-child subsidy for all models of delivery – early learning play group, centres and child minding. Resource allocation will be based on Government assuming responsibility for subsidising 65% of children aged 0-5. The per-child subsidy amount will be calculated to cover four hours per day per child for a set number of days per programme as specified below. Any additional time, if required and provided, will be covered through the payment of fees by parents and caregivers.

- Income eligible children between the ages of 0-2 will also be subsidised to make use of early learning playgroups twice a week / 8 hours (they will also benefit from investment in home-visiting);

- Income eligible children aged 0-2 years in registered child-minding facilities will be entitled to the same early learning playgroup subsidy calculated at the agreed rate for a period of 4 hours per day, twice a week.
- Income eligible children over the age of 2 years participating in all early-learning programmes, including play groups and centres will be subsidised for five days per week / 20 hours per week.

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.

13.2.3 Funding for infrastructure development (physical infrastructure)

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.

Alternatively, the Department of COGTA 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).

13.2.4 Funding the training of the workforce for ECD

Funding will be directed through:

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

13.2.5 National and provincial departmental management and supervision of programmes

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

13.2.6 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.

13.3 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 38 of 2005 of programmes qualifying for funding in terms of the criteria set in this policy and 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.

13.4 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 fulfil this obligation, it will increase the allocation of public funds through Treasury. It will, in addition, mobilise and coordinate funding from additional 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 mobilised resources towards implementation of the 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.

14. National ECD infrastructure policy

The GRSA recognises that realisation of the goals of universal availability of, and equitable access to quality early childhood development services for all children in South Africa requires a sufficient quantity of functional ECD facilities and programmes which are appropriately spread so as to be within safe and reasonable physical reach.¹⁸⁶ In summary, an adequate and accessible physical environment and infrastructure is required to support scaled up and effective delivery of 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.¹⁸⁷

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, 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 which are large enough to accommodate all children making use of the programme, and using equipment and materials necessary to deliver the programme activities.¹⁸⁸

14.1 Types of infrastructure required for early learning 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.

14.2 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 Essential Package, 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 access gains. Between 2002 and 2011 the percentage of children living far from their closest health facility (travel more than 30 minutes) dropped by 12, 5 percentage points from 36, 4% to 23,9%. It is however 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.¹⁸⁹ In addition, the quality of infrastructure at public health facilities is inadequate and uneven across the provinces and districts.¹⁹⁰

Social security: The South African Social Security Agency (SASSA) also initiated a multi-faceted expansion initiative to ensure a more universally and equitably accessible number of 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.¹⁹¹

Birth registration: The DOHA's National Population and Registration Campaign which aimed to massively increase the rate of early birth registrations was accompanied by a focussed expansion of

its delivery footprint to improve availability and accessibility to the services in question. 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.”¹⁹² The expansion plan was preceded by a mapping exercise to determine the scale of shape of service delivery gaps, and then based on a distance-norm to guide its expansion, the DOHA 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.

14.3 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 for 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 non-government organisations;
5. Onerous, and at times inappropriate infrastructure norms and standards prevent the registration of ECD programmes such as playgroups and centres that do not meet the prescribed standards. This in turn prevents access to subsidy funding which is a necessary, and often the 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;
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.¹⁹³

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.

For both registered and unregistered centres serving poor communities the net result is wide-spread poor quality, and at time unsafe infrastructure. In under-serviced 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.

14.4 Government commitment to secure adequate infrastructure

To rapidly scale up the universal availability of, equitable access to and the quality of parent support and early learning services (both community and centre-based) requires a massive Government-driven expansion of infrastructure. 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 the 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-serviced areas, and to ensure that infrastructure is safe and provides an enabling early learning environment that supports quality early learning and development.¹⁹⁴

14.5 Objective of the national 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; and
- Is adequately and appropriately designed to ensure that access barriers for vulnerable children are addressed; 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.

14.6 Expansion of service provision infrastructure

The remediation of the current infrastructural inadequacies depends on the GRSA, acting through the DSD, municipalities and the national ECD Agency, 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. To secure this development, these three agencies, acting in concert, will:

1. Develop norms and standards to determine what is a reasonable distance between services and communities / young children to ensure universal availability. The norms must choose between either time travelled or physical distance travelled as the criteria;
2. Based on the prescribed norms, an assessment will be made of the adequacy of available infrastructure;
3. Infrastructure gaps will be addressed through the development and implementation by Government, acting through the 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. Increases the number of registered non-government programmes and centres in under-served areas through a registration drive;
 - f. 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;
 - g. 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 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;
 - h. 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 buildings for the establishment of New built Early Learning Centres in under-served areas. A planning process 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.
 - i. The provision of water, sanitation and electricity to government-owned Early Learning Centres must be included in the expansion programme.

- j. The establishment of government-owned facilities are also to include sufficient learning and teaching support materials and equipment to support quality early learning and parent support programmes and services.

14.7 Expansion of management infrastructure

There is very little management infrastructure supporting parenting support and opportunities for learning. The Department of Social Development has ECD Coordinators at the provincial level, as well as Family Coordinators. There are close to 100 RTOs and organizations with training and management capacity.

The Department of Social Development will address this inadequacy and establish, by 2016, management structures at the district, and sub-district levels to manage, oversee and coordinate the delivery of early learning services and parenting support as components of the Essential Package of 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.

15. National ECD Human Resources policy

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.¹⁹⁵

Not only is the availability of services dependent on adequate human resources; so too is 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.¹⁹⁶

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 a service quality indicator¹⁹⁷. However, qualifications alone do not necessarily make a difference¹⁹⁸; oversight and support from relevant departments and facility managers is central to quality improvement and successful programme delivery.¹⁹⁹

Currently there is a shortage of sufficient numbers of trained and capacitated staff including practitioners, departmental officials and managers to support existing opportunities for early learning of all kinds and even more will be needed to achieve population coverage²⁰⁰. There is also an undersupply of training providers and financial support to address this need.

There is wide recognition that professionalisation, continuing professional development, career pathing, post provisioning and adequate conditions of service and a conducive working environment are critical elements of an effective national ECD human resources strategy^{201 202} – all of which are currently not a part of the national ECD system. Poor working conditions for ECD practitioners, the lack of sustainable jobs and opportunities for progression are critical to ensuring the professionalisation and retention of trained ECD practitioners of different kinds in the sector.²⁰³

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.²⁰⁴ 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 – 2016).

15.1 Objective of the national ECD human resources policy

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

15.2 Categories of ECD workers

A number of categories of ECD workers are required for the provision of, notably the early learning and parenting support components of the EP of ECD services, including:

- Mother and child ECD workers for the provision of home visiting support to pregnant women and very young children,
- Facilitators for early-learning playgroups (which will include participating child-minders, mother-child support groups and child-only early learning playgroups)
- Practitioners for early learning centres and as learn-playgroup supervisors,
- ECD coordinators / supervisors to provide oversight and support help with planning and in service training of ECD centre practitioners, playgroup facilitators and child-minders or ECD centres, and
- Cooks for full-day programmes that provide food, and
- Toy librarians and assistants.

15.3 Norms for the provision of human resources

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

Proposed human resource norms and their underlying rationale are documented in Table 2 in policy annexure B at the end of this policy document.

15.4 Education and training

The shortage of adequately trained ECD practitioners is linked to, inter alia, the shortage of training personnel and the lack of capacity of Further Education and Training Colleges²⁰⁵ and accredited NPOs and Private Providers. Thus, to meet the proposed expansion of early learning opportunities necessitate a creative approach which will combine the provision of short courses to increase the skills and capacities of all ECD workers for all forms of delivery together with ongoing accredited training which will be available for all ECD practitioners staying in the sector in the medium-to-long long term so as to ensure that they are supported along a clear career path.

The availability and capacitation of ECD practitioners will be expanded through the following measures:

- Expansion of the community health worker programme within the Department of Health to include the mother & child worker category, trained through a specialised short course;
- Development of a national early learning playgroup facilitator programme, with standardised short-course training provided by Resource & Training Organisations in the short term. In the longer term they will be supported to participate in accredited training;
- Twinning of the 20 strongest Resource & Training Organisations with FET Colleges providing ECD-related training, to improve the quality of that training and to create a system of student and work placements;
- Development of national qualifications with respect to NQF Level 4 and Level 5 training aligned with EP requirements and offering specialisations for those working in centres or with parent/ child groups ;
- Articulation of the ECD NQF Level 4 and 5 qualifications to enable good students with occupational qualifications to progress to an ECD Level 6 qualification or a Bachelor's degree in Education.

In order to achieve rapid scale, but reduce the risk of job seekers who are not committed to early childhood development, 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.

15.5 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 twenty 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.

15.6 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 non-government organisations 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.

16. ECD monitoring, evaluation, quality control and improvement

UNESCO's World Conference on Early Childhood Care and Education concluded that globally, there is a grave risk 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 ECD objectives and goals, especially with regard to improving levels of access to and the quality of ECD services for especially vulnerable children, and ineffective / non-existent systems to feed results into ongoing systemic improvements.²⁰⁶

More recently, the UN's Special Rapporteur on education observed that the education agenda, including early childhood education, has, in its urgent bid to scale up availability, neglected quality. In addition, marginalised vulnerable children have been left behind. He has urged that national education, including national ECD policies more resolutely promote and monitor quality 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 mechanisms and tools which measure compliance with quality standards as well as equity and inclusive targets and indicators.²⁰⁷ Strong and appropriately constructed monitoring and evaluation tools constitute key accountability mechanisms, which are in turn required by the human rights approach to ECD.

Local studies have reflected on the poor quality of ECD centre services in South Africa.²⁰⁸ 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.²⁰⁹

Registration as a partial care facility and an ECD programme in accordance with the Children's Act 38 of 2005 is a necessary safeguard for young children and their families that basic/adequate standards have been met. However, existing norms and standards for registration are largely geared 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 is 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 to enable them to comply and the development of different and appropriate norms and standards for securing quality and minimum standards 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.²¹⁰ A holistic curriculum, active child play with concrete materials and sensitive, mediated caregiver/child interaction have been shown to contribute to better child outcomes.²¹¹

Qualifications requirements for staff delivering early learning services in South Africa are relatively low with 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 ECD²¹². Mentoring and support including training in activities and interactions to foster child cognitive development, in service training and ongoing supervision by curriculum experts have been shown to be effective in improving quality.²¹³ 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^{214 215} sometimes linked to incentive schemes. A professional registration body with continuing professional education could also contribute to improving teacher knowledge but seldom have the capacity for on-site verification which is a key aspect of accreditation systems.

16.1 Responsibility for ECD monitoring, quality control and improvement

The GRSA will, acting through the National ECD agency:

1. Develop a centralised national ECD monitoring and evaluation framework which will annually measure progress towards achievement of the national policy vision, goals and objectives,
2. Develop and implement a monitoring and evaluation framework to assess the ECD programmes for which it is directly responsible,
3. Develop 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. Will, in collaboration with the relevant line departments, develop 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 on 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 on the attainment of the objectives of the National ECD policy,

2. Develop indicators and disaggregate data so as 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,²¹⁶ 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 the routine and systematised 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 the various departmental M & E frameworks,
4. Develop indicators that not only measure ECD services, but also fulfilment of process and system's strengthening 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 ongoing improvement.
6. Establish procedures for annual reporting by line departments to the National ECD agency against the agreed indicators
7. Through collaborative agreements facilitated through 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 Essential Package will, working with the support of the national ECD agency, be responsible for implementation of the relevant monitoring and quality control and improvement systems, practices and interventions.

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

16.2.1 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. The Agency, working with the relevant 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.

16.2.2 Monitoring of the national ECD programme

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

- Track the 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
- 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.

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 & training

support material, and minimal infrastructure 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.

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).

District planning & management

Data from municipalities will be collated to provide a district picture to monitor the same factors (adequacy of provision, quality, and efficiency). These data will be combined with service data 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 National Monitoring System for ECD.

16.2.3 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,²¹⁷
- 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),²¹⁸
- 40% of centres wait more than two years to receive funding after becoming registered,²¹⁹
- 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 C: Strategies to improve registration and access to funding for ECD centres and programmes (at the end of the policy document).

Policy annexure A: Draft National ECD Policy Implementation Plan

Focus of policy objective	Key strategies	Activities for immediate to short-term implementation			
		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		Relevant line departments and local governments, coordinated and in collaboration with the national ECD agency	By 2015
	Recognition of ECD services as a public good by creating an enabling funding environment	<p>Re-align existing national and provincial budgeting for ECD to ensure standardisation, consistency and compliance with the national ECD policy</p> <p>Fund a new cadre of mother & child workers</p> <p>Extend the per capita subsidy for early learning to include non-centre based services and existing child-minding groups, and</p>		<p>National and provincial Treasury, relevant line departments, in collaboration with the National ECD agency</p> <p>DOH</p> <p>DSD</p>	By 2015

	<p>Fund non-centre based services through programme funding in the interim</p> <p>Fund the development of management and supervisory personnel</p> <p>Delineate and finance additional programme costs, including learning resources</p> <p>Establish a ring-fenced municipal infrastructure fund or an alternate grant that can be used for the development of municipal infrastructure for ECD services</p> <p>Children's Act No. 38 of 2005¹ to be amended to oblige MECs to fund early childhood development programmes</p>		<p>Provincial DSD</p> <p>DSD</p> <p>Relevant line departments, with the national ECD agency</p> <p>National ECD agency</p> <p>DSD</p>	<p>With immediate effect</p> <p>By 2015</p> <p>Anticipated date for completion of Children's Act amendment process is 2016</p>
Recognition of ECD services as a public good by utilising and expanding public infrastructure to enable service delivery		<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>DSD, DOH, DBE and local governments</p> <p>Local governments, provincial DSD and DBE, supported by the ECD agency</p>	<p>With immediate effect</p> <p>By 2016</p>

¹ The proposed ECD policy will have several implications for the Children's Act. This draft implementation plan identifies a few of the required amendments; however, the final implementation plan will provide the details of all recommended amendments.

	Utilisation of existing human resources effectively to improve the nutritional status of pregnant women and young children	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.		DOH	By 2015
	Enabling co-ordinated planning to improve the nutritional status of pregnant women and young children		Develop a national, multi-sectoral nutrition strategy for children younger than five years of age, based on the following programme pillars: <ul style="list-style-type: none"> • Breastfeeding promotion and support for mothers; • Growth monitoring, early identification of growth faltering and referral for investigation and follow-up; and • Micronutrient supplementation and food supplementation for underweight pregnant women and children who fail to thrive for reasons of poverty and associated social problems. • Nutrition support should be delivered in the home, backed up by health and social services. Home visitors should be enabled to deliver a package of nutrition support. 	National ECD agency to lead the development of the strategy	By 2016
	Utilisation of a range of early learning 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 prescribe specific and appropriate registration requirements, and norms and standards for the regulation of early learning modalities other than partial care		DSD	By 2016

	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 DOH, DSD, in collaboration with the Department of Labour	By 2017 By 2017
	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 2016 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 Inclusive ECD Policy for Children with Disabilities and ensure subsequent regulatory change		The national ECD agency will lead these activities	By 2016

Africa	<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 	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.			
Empower parents to lead and participate in the development of their young children	Provision of family and home-based support, especially for pregnant women and children younger than 2 years of age	Social Assistance Act (2004) and its regulations to be amended to enable mothers to apply for the Child Support Grant during pregnancy	-	DSD	By 2015
	Promotion of public communication on the value of ECD and improving children's resourcefulness	-	<p>Develop and implement a coordinated national communications strategy centred on nutrition, health, child protection and early learning</p> <p>Mass media should headline the priority issues, prompt discussion, and point to local services</p> <p>A multi-media strategy should be developed for parents, using mobile technology as the pivotal platform to enable information, social interaction, and feedback.</p>	National ECD agency	By 2015
Ensure effective leadership,	Establishment of a coordinated national	Establishment of an ECD agency with defined roles &	<p>Establish a statutory, national ECD agency to:</p> <ul style="list-style-type: none"> • Plan, coordinate and monitor 	Social Cluster of Cabinet and the Minister in the	By 2015

coordinated planning, implementation, and monitoring	system for ECD in South Africa	responsibilities	implementation of the national programme of ECD; <ul style="list-style-type: none"> • Support specific Government departments that are responsible for key aspects of ECD; and • Develop and support implementation of specific designated programme activities; • Together with the respective implementing Departments, establish high-level targets and norms and standards. 	Office of the President	By 2015
	Monitoring implementation of ECD services to enable assessment of access, quality and adequacy of service provision	Assignment of specific responsibilities to the respective lead Departments	Establish a national monitoring system, using existing databases where possible to: <ul style="list-style-type: none"> • Integrate data across departments at district level and provincial levels • Integrate data across providers of different service modes monitored directly by the agency • Integrate child-specific data at local level (using identity numbers or proxy identifiers for non-citizens) 	National ECD agency	

Focus of policy objective	Key strategies	Activities for long-term implementation			
		Amendments to existing regulatory framework	Key actions to implement policy objective	Responsible actors	Proposed time-frame for completion
Ensure universal availability to comprehensive and quality ECD services and	Recognition of ECD services as a public good by prioritising service gaps		Deliver an essential package of quality services and address service delivery gaps. In particular prioritise: <ul style="list-style-type: none"> • family-and home-based support for 	Relevant line departments, coordinated and in collaboration with the national ECD agency	Ensure availability of the essential package of quality services and support by 2022

support			<p>children younger than 2 years,</p> <ul style="list-style-type: none"> • the development of a multi-sectoral national nutrition strategy for children under 5 years, • the universal availability of early learning opportunities, • inclusion and support for children with disability, and • a public information service on ECD 		Ensure availability of a comprehensive package of quality services and support by 2030
	Recognition of ECD services as a public good by utilising and expanding public infrastructure to ensure large-scale delivery		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	Local governments, in collaboration with respective line departments and the ECD agency	By 2018
	Enabling the development of human resources to ensure the universal availability of early learning opportunities	Establish and roll-out a national cadre of playgroup facilitators, with the necessary management supervision		DSD	By 2020
Empower parents to lead and participate in the development of their young children	Provision of family and home-based support, especially for pregnant women and children younger than 2 years of age	Establish and roll-out a cadre of community health workers focused on mothers and children, with the necessary management supervision	<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 information and advice about optimal child development, and referral where necessary; • Following birth, the households of vulnerable infants continue to be visited until six months of age; and • The most vulnerable children continued to be followed up through home visits until three years of age, if necessary. 	DOH	By 2020

Policy annexure B: Proposed human resource norms

Table 2 Proposed human resource norms

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

The norm of 1 playgroup facilitator per 75 children aged 0-2 years of age is based on the following assumptions:

- Each facilitator leads a playgroup for about 2-3 hours, and conducts two separate playgroups each day of the week;
- 15 children participate in a playgroup, and each child attends a playgroup twice a week.

Playgroups for 0-2 year olds will take the form of mother-and-child groups led by mother-and-child workers, and are supported by the home-visiting programme for especially vulnerable children.

The norm of 1 playgroup facilitator per 30 children aged 2 – 4.5 year of age is based on the following assumptions:

- Each facilitator leads a playgroup for about 2-3 hours, and conducts two separate playgroups a day;
- 15 children participate in a playgroup, and each child may attend a playgroup up to five times a week.

Provision is made for higher-frequency participation of older children as it is intended that, over time, the daily programme will allow the playgroup to become established as an early learning centre.

Policy annexure C: 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 Non-Profit Organisation 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 & programme registration	Dual registration is required of the partial care facility as well as the ECD programme, with duplication (or slight variation) of documents needed for submission	ECD centres and programmes 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	This should be simplified to two

COMPONENT	ISSUE	POLICY CHANGE
	cluster office level are required for registration.	management levels and financial management review.
Service level agreements (SLA's)	Initial SLA's 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. In year 3, service providers who wish to renew their SLA (maximum period of renewal is one 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.	SLA's should be valid for three 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 twenty documents are required for each service level agreement	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 two 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 requisitions' slip from the Department. In order to obtain the requisitions' slip, the governing committee of the ECD centre must hold a meeting to decide on the needs of the centre for the next month.	This requirement should be lifted.
	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.

¹ The methodology is in part driven by the need expressed by participants at the provincial consultations for insight into the rationale and evidence supporting the proposals being made.

² Jayaratne K, Kelaher M & Dunt D (2010) Child health partnerships: a review of programme characteristics, outcomes and their relationship. *BMC Health Services Research*, 10(172).

³ 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/>

⁴ 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.

⁵ Jayaratne et al (2010).

⁶ 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) (Kamerman, 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.

⁷ 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 six, whereas the education sector includes children up to the age of nine 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 nine, but prioritises services for children aged 0 – 4. The Children's Act adopts a different definition - 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 schoolgoing 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.'

⁸ Definition extrapolated from the definition of a child health partnership in Jayaratne K et al (2010) Child health partnerships: a review of program characteristics, outcomes and their relationship. *BMC Health Services Research*, 10(72).

⁹ 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.

¹⁰ DSD. 2012. Green Paper on Families

¹¹ DSD. 2012. Green Paper on Families

¹² 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.

¹³ UNICEF, 2002, Operational Guidance Note for IECD, Medium Term Strategic Plan (2002 – 2005)

-
- ¹⁴ K Jayaratne, M Kelaher, D Dunt (2010) Child health partnerships: a review of programme characteristics, outcomes and their relationship. *BMC Health Services Research*. 10:172
- ¹⁵ Definition provided in s1 of the Social Assistance Act as amended by s 3 of the Welfare Laws Amendment Act.
- ¹⁶ See Policy appendix 2 for a discussion on the concepts of universal access and availability
- ¹⁷ UN General Recommendation No. 7 and UNICEF. 2012. Inequities in Early Childhood Development. What the data say: Evidence from the Multiple Indicator Cluster Surveys
- ¹⁸ UN General Assembly Resolution S – 27/2
- ¹⁹ UNICEF and Bernard Van Leer Foundation (2006). A guide to General Comment 7: Implementing Child Rights in Early Childhood Education. The Hague
- ²⁰ UN General Assembly (2010). Report of the Secretary General: Status on the Convention of the Rights of the Child
- ²¹ (Section 92(1))
- ²² National Planning Commission (2011), National Development Plan: Vision 2030, Foreword
- ²³ 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.
- ²⁴ Engle et al, 2011; Walker et al, 2011 Inequality in early childhood: risk and protective factors for early childhood development. *The Lancet* 378: 1325 – 1328; doi: 10.1016/S0140-6736(11)60555-2
- ²⁵ 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
- ²⁶ Walker S et al. (2011). Inequality in early childhood: risk and protective factors for early childhood development. *The Lancet* 378: 1325 – 1328; doi: 10.1016/S0140-6736(11)60555-2
- ²⁷ Jack P Shonkoff. (2009). Investment in Early Childhood Development Lays the Foundation for a Prosperous and Sustainable Society. In the Encyclopaedia on Early Childhood Development. & Centre on the Developing Child. (2012) A Science-based Framework for Early Childhood Policy. Harvard University. & Wessels I et al. (2013). Preventing violence: Evaluating outcomes of parenting programmes. WHO. Geneva. & The quadruple burden of disease facing South Africa in 2013 is identified in a number of national policy and strategic documents, including the Policy Paper: National Health Insurance in South Africa (2012) and the Department of Health's Annual Performance Plan 2012/13 – 2014.
- ²⁸ Jack P Shonkoff. (2009). Investment in Early Childhood Development Lays the Foundation for a Prosperous and Sustainable Society. In the Encyclopaedia on Early Childhood Development. & Centre on the Developing Child. (2012) A Science-based Framework for Early Childhood Policy. Harvard University.
- ²⁹ 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* 378: 1339 – 1359
- ³⁰ Engle et al (2011)
- ³¹ Commission on Social Determinants of Health. (2008). The World Health Organisation. Geneva in Patrice L Engle 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.
- ³² Walker S et al. (2011). Inequality in early childhood: risk and protective factors for early childhood development. *The Lancet*, Volume 378, Issue 9799, pages 1325 - 1338
- ³³ Britto P et al. (2013) Handbook of Early Childhood Development Research and its Impact on Global Policy. Oxford University Press
- ³⁴ Moffitt T et al. (2010). 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
- ³⁵ Wessels I et al. (2013). Preventing violence: Evaluating outcomes of parenting programmes. WHO. Geneva. Switzerland. & 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
- ³⁶ The Science of Early Childhood Development. (2007). National Scientific Council on the Developing Child. <http://www.developingchild.net>

-
- ³⁷ UN General Assembly Resolution S – 27/2
- ³⁸ Centre on the Developing Child. (2011). A Science-based Framework for Early Childhood Policy. Harvard University
- ³⁹ 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, Page 1339 - 1353
- ⁴⁰ Centre on the Developing Child. (2011).
- ⁴¹ Schoon et al, 2011
- ⁴² The World Bank , 2010
- ⁴³ Walker S et al. (2011)
- ⁴⁴ Adair et al., 2013
- ⁴⁵ Victora et al (2008).
- ⁴⁶ Centre on the Developing Child. (2011).
- ⁴⁷ Walker S et al. (2011). *The Lancet*
- ⁴⁸ Centre on the Developing Child. (2011).
- ⁴⁹ Centre on the Developing Child. (2011).
- ⁵⁰ Walker S et al. (2011). *The Lancet*
- ⁵¹ Walker S et al. (2011). *The Lancet*
- ⁵² Walker S et al. (2011). *The Lancet*
- ⁵³ UNICEF (2012).
- ⁵⁴ Walker S et al. (2011). *The Lancet*
- ⁵⁵ United Nations. (2010). Status on the Convention on the Rights of the Child: Report of the Secretary General.
- ⁵⁶ 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*.
- ⁵⁷ See Policy Appendix 1 for further detailed discussion of the legal and developmental foundation for prescribed ECD services
- ⁵⁸ 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*.
- ⁵⁹ See Policy Appendix 1 for further detailed discussion
- ⁶⁰ General Recommendation 7
- ⁶¹ Engle P et al (2011).
- ⁶² Centre on the Developing Child. (2007) Harvard University
- ⁶³ UN. General Recommendation No. 7
- ⁶⁴ UN. General Recommendation No. 7
- ⁶⁵ Article 25 of the CRC and s27(1)© of the Constitution of the RSA
- ⁶⁶ Taylor et al. Incomes and Outcomes.
- ⁶⁷ Heckman (2006) & Pia Rebello Britto., Patrice L Engle., Charles M Super. (2013) Handbook of Early Childhood Development Research and its Impact on Global Policy.
- ⁶⁸ Taylor et al. Heckman (2006). Brotto et al (2013). Naudeau. (2011).
- ⁶⁹ DSD, SASSA and UNICEF (2012). The South African Child Support Grant Impact Assessment: Evidence from a Survey of Children. Pretoria: UNICEF South Africa
- ⁷⁰ General Recommendation 7
- ⁷¹ General Recommendation 7
- ⁷² The World Bank (2010)
- ⁷³ Child Care Act of 1983
- ⁷⁴ 3838 CEDAW, Article 11(2)(c); ILO Convention (no 156) on Workers with Family Responsibilities (Article 5(b))
- ⁷⁵ Belsky, Vandell et al., (2007); Dawes, Biersteker, Hendricks & Tredoux, 2010
- ⁷⁶ Un General Recommendation 7.
- ⁷⁷ Aguilar & Tansini, 2011
- ⁷⁸ UN. General recommendation no 7

⁷⁹ The right to protection is guaranteed by the CRC, the ACRWC, the Constitution of the RSA and the Children's Act. General recommendation provides guidance on steps that ought to be taken to protect the young child from abuse and neglect.

⁸⁰ UN General Recommendation 7

⁸¹ UN General Recommendation 7; UN General Comment No.9: The Rights of Children with Disabilities; and the CRPD, articles 7 and 24

⁸² Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations

⁸³ These include, but are not limited to the White Paper on Education (1995), the Interim Policy for Early Childhood Development (1996), the National Programme of action for Children in South Africa (1996), the White Paper for Social Welfare (1997), the White Paper on Early Childhood Development (2001), the National Integrated Plan for Early Childhood Development 2005 – 2010, and the Children's Act No. 38 of 2005.

⁸⁴ 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 nine years, whereas the Children's Act NO 38 of 2005 defines ECD as ending when reaches school-going age.

⁸⁵ The Children's Act No 38 of 2005

⁸⁶ Please see Policy Appendix 3 for a more detailed discussion of the situation of young children's enjoyment of essential rights and services in South Africa

⁸⁷ Statistics South Africa (2013) South Africa's young children: their family and home environment, 2012. Pretoria

⁸⁸ Statistics South Africa (2004; 2012) General Household survey 2003 and 2011. Pretoria: Stats SA. Analysis by Katherine Hall, Children's Institute, UCT.

⁸⁹ Statistics South Africa (2013) South Africa's young children: their family and home environment, 2012. Pretoria

⁹⁰ Slemming W and Saloojee H Beyond survival: The role of health care in promoting ECD. 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.

⁹¹ Statistics South Africa (2013) South Africa's young children: their family and home environment, 2012. Pretoria

⁹² Department of Health (2012) *The National Antenatal Sentinel HIV and Syphilis Prevalence Survey, South Africa, 2011*. Pretoria: DOH; Bradshaw D, Dorrington RE, Laubscher R (2012) *Rapid Mortality Surveillance Report 2011*. Cape Town: Medical Research Council.

⁹³ Health Systems Trust (2011) Department of Health, District Health Information System database 2011 data. *Health indicators. Immunisation coverage of children <1 year (%)*. Accessed 23 August 2013: hst.org.za.

⁹⁴ 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.

⁹⁵ Department of Health, Medical Research Council & OrcMacro (2007) *South Africa Demographic and Health Survey 2003*. Pretoria: Department of Health.

⁹⁶ Department of Health (2012) District Health Information System, 2011 data. In: Bamford L (2013) Maternal, newborn and child health. In: Padarath A & English R (eds) *South African Health Review 2012/13*. Health Systems Trust.

⁹⁷ Hall K, Nannan N and Sambu W (2013) The infant mortality and under-five mortality rate. Child health and nutrition. 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.

⁹⁸ Department of Health (2012) District Health Information System. In: Bamford L (2013) Maternal, newborn and child health. In: Padarath A & English R (eds) (2013) *South African Health Review 2012/13*. Durban: Health Systems Trust.

⁹⁹ Hall K (2013) Children's access to basic services. 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.

¹⁰⁰ Statistics South Africa (2013) South Africa's young children: their family and home environment, 2012. Pretoria

¹⁰¹ Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Reddy P, Parker W, Hoosain E, Naidoo P, Hongoro C, Mchiza Z, Steyn NP, Dwane N, Makoae M, Maluleke T, Ramlagan S, Zungu N, Evans MG, Jacobs L, Faber M & the SANHANES-1 Team (2013) *South African National Health and Nutrition Examination Survey (SANHANES-1)*. Cape Town: HSRC Press.

- ¹⁰² Stephen CR, Bamford LJ, Patrick ME, Wittenberg DF (2011) (eds) *Saving Children 2009: Five Years of Data. A Sixth Survey of Child Healthcare in South Africa*. Pretoria: Tshepesa Press, Medical Research Council & Centres for Disease Control and Prevention.
- ¹⁰³ Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Reddy P, Parker W, Hoosain E, Naidoo P, Hongoro C, Mchiza Z, Steyn NP, Dwane N, Makoe M, Maluleke T, Ramlagan S, Zungu N, Evans MG, Jacobs L, Faber M & the SANHANES-1 Team (2013) *South African National Health and Nutrition Examination Survey (SANHANES-1)*. Cape Town: HSRC Press.
- ¹⁰⁴ South African District Health Information System (DHIS) data, 2012.
- ¹⁰⁵ Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Reddy P, Parker W, Hoosain E, Naidoo P, Hongoro C, Mchiza Z, Steyn NP, Dwane N, Makoe M, Maluleke T, Ramlagan S, Zungu N, Evans MG, Jacobs L, Faber M & the SANHANES-1 Team (2013) *South African National Health and Nutrition Examination Survey (SANHANES-1)*. Cape Town: HSRC Press.
- ¹⁰⁶ Chopra M (2003) Risk factors for undernutrition of young children in a rural area of South Africa. *Public Health Nutrition*, 6(7):645-652; Perez EM, Hendricks MK, Beard JL, Murray-Kolb LE, Berg A, Tomlinson M, Irlam J, Isaacs W, Njengele T, Sive A & Vernon-Feagans L (2005) Mother-infant interactions and infant development are altered by maternal iron deficiency anemia. *Journal of Nutrition*, 135(4): 850-855.
- ¹⁰⁷ Hendricks M, Goeiman H & Hawkridge A (2013) Promoting healthy growth: Strengthening nutritional support for mothers, infants and children. 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.
- ¹⁰⁸ Statistics South Africa (2013) *South Africa's young children: their family and home environment, 2012*. Pretoria
- ¹⁰⁹ Agüero JM, Carter MR & Woolard I (2010) *The Impact of Unconditional Cash Transfers on Nutrition: The South African Child Support Grant*. Cape Town: Southern Africa Labour and Development Research Unit, UCT; Samson M, Lee U, Ndlebe A, Mac Quene K, Van Niekerk I, Ghandi V, Harigaya T & Abrahams C (2004) *The Social and Economic Impact of South Africa's Social Security System*. Commissioned by the Department of Social Development. Cape Town: Economic Policy Research Institute.
- ¹¹⁰ Hall K (2013) The number and proportion of children receiving the Child Support Grant. Income poverty, unemployment and social grants. 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.
- ¹¹¹ SASSA and UNICEF (2013). *Preventing Exclusion from the Child Support Grant: A study of Exclusion Errors in Accessing CSG Benefits*. Pretoria. UNICEF South Africa
- ¹¹² SASSA and UNICEF (2013). *Preventing Exclusion from the Child Support Grant: A study of Exclusion Errors in Accessing CSG Benefits*. Pretoria. UNICEF South Africa SASSA and UNICEF (2013) SASSA and UNICEF (2013)
- ¹¹³ SASSA and UNICEF (2013). *Preventing Exclusion from the Child Support Grant: A study of Exclusion Errors in Accessing CSG Benefits*. Pretoria. UNICEF South Africa
- ¹¹⁴ Department of Home Affairs (2012) In: Department of Women, Children and Persons with Disabilities (2012) *The UN Convention on the Rights of the Child. South Africa's combined Second, Third and Fourth Periodic State Party Report to the Committee on the Rights of the Child. Draft report*. Pretoria: DWCPD.
- ¹¹⁵ Hall, K (2010) Analysis of the *National Income Dynamics Study 2008, Wave 1*, Children's Institute, UCT.
- ¹¹⁶ Wessels, I (2012) Parenting Programmes in South Africa: Investigating Design and Evaluation Practices. In Ward C and Wessels I (2013) *Rising to the challenge: Towards effective parenting programmes*. 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.
- ¹¹⁷ Ward, C and Wessels, I (2013) *Rising to the challenge: Towards effective parenting programmes*. 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.
- ¹¹⁸ Barberton C (2013) Government funding of centre- and community-based early childhood programmes prior to grade R. 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. (case); Giese S, Budlender D, Berry L, Motlatla S & Zide H (2011) *Government Funding for Early Childhood Development: Can Those Who Need It Get It?* Cape Town: Ilifa Labantwana.
- ¹¹⁹ Department of Social development data, 2012.
- ¹²⁰ Barberton C (2013) Government funding of centre- and community-based early childhood programmes prior to grade R. 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. (case).
- ¹²¹ Hall, K (2010) Analysis of General Household Survey 2011, Children's Institute, UCT.

- ¹²² Richter L, Biersteker L, Burns J, Desmond C, Feza N, Harrison D, Martin P, Saloojee H & Slemming W (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: Department of Performance, Monitoring and Evaluation & Inter-Departmental Steering Committee on ECD.
- ¹²³ Biersteker L (2012) Early childhood development services: Increasing access to benefit the most vulnerable children. In Hall K, Woolard I, Lake I & Smith C (eds) *South African Child Gauge 2012*. Cape Town: Children's Institute, UCT.
- ¹²⁴ Richter et al (2012)
- ¹²⁵ See Policy appendix 3 and 4 for a comprehensive review of the situation of children with disabilities in South Africa
- ¹²⁶ Using 2011 Mid-year Population Estimates, the child population has grown by 9.2% from 17.3 million in 2001 to 18.9 million in 2011 (Stats SA (2011) Mid-year Population Estimates. Pretoria: Stats SA.)
- ¹²⁷ South Africa does not yet have a standard/nationally accepted measuring tool for child disability. Estimates of child disability prevalence generated from various sources are therefore not directly comparable because of different definitions of disability and methods of data collection. Measuring child disability is inherently much more difficult than measuring disability in adults. Census data is argued to be the most reliable to use for child disability at this time (DSD, DWCPD and UNICEF, 2012).
- ¹²⁸ DFID – Department for International Development (2000). *Disability, Poverty and Development*. DFID: UK.
- ¹²⁹ Michelson, Adnams, & Shung-King, 2003
- ¹³⁰ Health Systems Trust (2012) National Health Care Facilities Baseline Audit: Summary Report. In: Slemming W (2013) Background paper for ECD programme development; Ebrahim H, Seleti J & Dawes A (2013) Learning begins at birth: Improving access to early learning. 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.
- ¹³¹ De Koker, C., de Waal, L., & Voster, J. (2006). A profile of social security beneficiaries in South Africa. Datadesk. Department of Sociology and Social Anthropology: Stellenbosch University.
- ¹³² Ebrahim H, Seleti J & Dawes A (2013) Learning begins at birth: Improving access to early learning. 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.
- ¹³³ Western Cape Department of Social Development (2010) *Western Cape Department of Social Development 2009 Audit of Early Childhood Development Facility Quality*. Cape Town: WC DSD.
- ¹³⁴ Berry L. & Smit A. (2011) *Social Assistance Needs of Children with Chronic Health Conditions: A Comparative Study of International and South African Eligibility Assessment Instruments*, *Social Work in Public Health*, 26:7, 635-650.
- ¹³⁵ Krashen, S. 1993. *The Power of Reading* Englewood, Colorado: Libraries Unlimited, Inc.
- ¹³⁶ O'Carroll S, Hickman R (2012) Narrowing the literacy gap. Strengthening language and literacy development between birth and six years for children in South Africa. Monograph
- ¹³⁷ See Viviers A, Biersteker L & Mouane S (2013) Strengthening ECD service delivery: Addressing systemic challenges. 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.
- ¹³⁸ Richter L, Biersteker L, Burns J, Desmond C, Feza N, Harrison D, Martin P, Saloojee H & Slemming W (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: Department of Performance, Monitoring and Evaluation & Inter-Departmental Steering Committee on ECD.
- ¹³⁹ Ebrahim H, Seleti J & Dawes A (2013) Learning begins at birth: Improving access to early learning. 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.
- ¹⁴⁰ UN General Assembly Resolution s-27/2 and UN General Assembly (2010). Report of the Secretary general on the Rights of the Child
- ¹⁴¹ UN CRC and General Recommendation 7. Un General Assembly (2013) Report of the special rapporteur on the right to education, 9 August 2013
- ¹⁴² UN General Assembly (2010) Status on the Convention on the Rights of the Child: Report of the Secretary General
- ¹⁴³ United Nations, General Recommendation 7; Moscow World Conference, United Nations, Status on the Convention on the Rights of the Child: Report of the Secretary General (2010)
- ¹⁴⁴ Department of Education, Education White Paper 5 (2001)
- ¹⁴⁵ Section 28 (2) of the Constitution of the RSA
- ¹⁴⁶ General recommendation 7
- ¹⁴⁷ General recommendation 7

- ¹⁴⁸ J P Shonkoff (2009) Investment Early Childhood Development Lays the Foundation for a Prosperous and Sustainable Society. In the Encyclopaedia of Early Childhood Development. <http://www.child-encyclopedia.com/documents/ShonkoffANGxp.pdf>
- ¹⁴⁹ J P Shonkoff (2009)
- ¹⁵⁰ J P Shonkoff (2009)
- ¹⁵¹ General recommendation No 7; Centre on the Developing Child (2011) & Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations
- ¹⁵² Centre on the Developing Child. (2011)
- ¹⁵³ Engle P et al (2011). General Recommendation 7
- ¹⁵⁴ See policy appendices 5 and 6 for a detailed discussion of the vulnerabilities of these groups of children and the rationale for their prioritisation
- ¹⁵⁵ Nelson C (2000). From neurons to neighbourhood: the science of early childhood development. University of Minnesota. www.nap.edu/books/0309069882/html/
- ¹⁵⁶ Moffitt T, Arseneault L, Belsky D, Dickson N, Hancox R, Harrington H, Houts R, Poulton R, Roberts B, Ross S, Sears M, Thompson W, Caspi A (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
- ¹⁵⁷ Richter L, et al (2012). Diagnostic Review of Early Childhood Development. The Presidency, Republic of South Africa
- 158 Republic of South Africa (2008). National Income Dynamics Study
- ¹⁵⁹ See policy appendix 5 for a comprehensive overview of the status of early learning programmes in South Africa and the rationale for the national early learning programme proposed in this policy
- ¹⁶⁰ Wen, X, Leow, C et al (2012) Are two years better than one year? A propensity score analysis of Head Start program duration on children's school performance in kindergarten. *Early Childhood Research Quarterly*, 27, 684 – 694.
- ¹⁶¹ Southern and Eastern African Consortium for Monitoring Educational Quality (SACMEQ) (2011) Learner Preschool Exposure and Achievement in South Africa. Policy Brief no 4. Pretoria: Ministry of Basic Education.
- ¹⁶² UNESCO(2010) *Reaching the marginalized: EFA Global Monitoring Report 2010* (Paris). Available at: <http://unesdoc.unesco.org/images/0018/001866/186606e>.
- ¹⁶³ See policy appendix 4 for a detailed discussion of the policy gaps and proposals for the optimal early development of children with developmental delays and/or disabilities
- ¹⁶⁴ Richter, L. et al . (2012). *Diagnostic Review of Early Childhood Development*. Pretoria: The Presidency.
- ¹⁶⁵ Dawes A, Biersteker L (2012). Towards Integrated Early Childhood Development: An evaluation of the Sobambisana Initiative. Ilifa labantwana, Cape Town. <http://www.ilifalabantwana.co.za/files/2012/09/Sobambisana-report1.pdf>
- ¹⁶⁶ Education White Paper 5 (2001)
- ¹⁶⁷ Department of Social Development, 2013; Richter et al, 2012; National Planning Commission, 2011
- ¹⁶⁸ See Policy appendix 7 – Comparative overview of national ECD coordination and management structures
- ¹⁶⁹ See Policy appendix 7 for a detailed discussion of the comparative review and resultant recommendations
- ¹⁷⁰ See policy appendix 7 for a comprehensive comparative review of organisational options, pros and cons.
- ¹⁷¹ See policy appendix 7 for a more detailed discussion of the advantages of the proposed agency
- ¹⁷² Definitions derived from: Jayaratne et al (2010).
- ¹⁷³ UN. General Recommendation 7
- ¹⁷⁴ UN. General Recommendation 7
- ¹⁷⁵ 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, Page 1339 - 1353
- ¹⁷⁶ UN. General Recommendation NO. 7; UNESCO. (2010). Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations
- ¹⁷⁷ General Recommendation No. 7
- ¹⁷⁸ UNESCO. (2010). Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations
- ¹⁷⁹ See policy appendix 8 for a discussion on the cost-benefit of increased public funds in ECD service provision
- ¹⁸⁰ 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).

¹⁸¹ 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.

¹⁸² 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

¹⁸³ DPME. (2012). Diagnostic review of Early Childhood Development

¹⁸⁴ 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

¹⁸⁵ 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

¹⁸⁶ The scope of the state’s duty to provide infrastructure as defined is derived from the 4 A framework for basic education (which includes early childhood development) as described in detail in the United Nation’s Economic and Social Committee’s General Comment 13: Right to Basic Education (1999); paragraphs 6 (a) and (b) and the Children’s Act No 38 of 2005, section 77(2)(b); and UN Committee’s General Comment 14: The right to the highest attainable standard of health

¹⁸⁷ Atmore E, Van Niekerk L, Ashley-Cooper M. (2012). Challenges facing the early childhood development sector in South Africa. National Development Agency. Pretoria

DBE (2010) National Policy for an Equitable Provision of an Enabling School Physical Teaching and Learning Environment. Pretoria

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

¹⁸⁸ United Nation’s Economic and Social Committee’s General Comment 13: Right to Basic Education (1999);

¹⁸⁹ 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

¹⁹⁰ Health Systems Trust, 2012. *National Health Care Facilities Baseline Audit*, Durban: HST.

¹⁹¹ SASSA and UNICEF (2013). *Preventing Exclusion from the Child Support Grant: A study of Exclusion Errors in Accessing CSG Benefits*. Pretoria. UNICEF South Africa

¹⁹² DOHA Strategic Plan 2011 - 2014

¹⁹³ 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

¹⁹⁴ 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.

¹⁹⁵ UN General Recommendation 7

¹⁹⁶ Aguilar & Tansini, 2011 Centre on the Developing Child, Harvard University, 2007

¹⁹⁷ 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.

- ¹⁹⁸ Early, D. M., Maxwell, K. L., Burchinal, M., Alva, S., Bender, R. H., & Bryant, D. (2007). Teachers' education, classroom quality, and young children's academic skills: results from seven studies of preschool programs. *Child Development, 78*, 558-580.
- ¹⁹⁹ OECD 2007 Starting Strong II: Early childhood education and care. OECD, Paris.
- Britto, P, Yoshikawa, H & Boller K. (2010) Quality of Early Childhood Development Programs in Global Contexts Rationale for Investment, Conceptual Framework and Implications for Equity. Social Policy Report, Volume 25 Number 2.
- ²⁰⁰ ETDP SETA (2013)
- ²⁰¹ E.g 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
- ²⁰² Phillips, D., Mekod, D., Scarr, S., McCartney, K., & Abbott-Shim, M. (2000). Within and beyond the classroom door: Assessing quality in child care centers. *Early Childhood Research Quarterly, 15*(4), 475–496.
- Torquati, J.C.; Raikes, H. & Huddleston-Casas, C.A. (2007) Teacher education, motivation, compensation, workplace support, and links to quality of center-based child care and teachers' intention to stay in the early childhood profession. *Early Childhood Research Quarterly 22* (2), 261 – 275.
- ²⁰³ 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.
- ²⁰⁴ Media Statement Minister Dlamini 15 October 2013
- ²⁰⁵ 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 3 year National Certificate (Vocational) Education & Development (with a third year elective in ECD) and 7 264 students registered for the Diploma in Educare.
- ²⁰⁶ UNESCO. (2010). World Conference on Early Childhood Care and Education: Building the Wealth of Nations conference report.
- ²⁰⁷ UN General Assembly (2013)
- ²⁰⁸ Dawes et al, 2010; DBE, DSD & UNICEF, 2011, De Witt, 2009)
- ²⁰⁹ Dawes, A, Biersteker, L. & Hendricks, L (2011) The Sobambisana Initiative: Integrative evaluation report. Commissioned by Ilifa Labantwana. Cape Town.
- ²¹⁰ Myers, R. M. (2006). Quality in programmes of early childhood care and education (ECCE). Background paper prepared for the Education for All Global Monitoring Report 2007 Strong foundations: early childhood care and education. Paris: UNESCO.
- ²¹¹ Montie, J. E., Xiang, Z., & Schweinhart, L. J. (2006). Preschool experience in 10 countries: Cognitive and language performance at age 7. *Early Childhood Research Quarterly, 21*, 313–331
- Sylva, K., Taggart, B., Siraj-Blatchford, I., Totsika, V., Ereky-Steven, K., Gilden, R., & Bell, D. (2007). Curricular quality and day-to-day learning activities in preschool. *International Journal of Early Years Education, 15*(1), 49–65.
- ²¹² Evans D & Kosec, K (2012) Early childhood education: Making programs work for Brazil's most important generation. Washington DC, World Bank; UNESCO (2007)
- ²¹³ Schweinhart, LJ, Barnes, HV and Weikhart DP (2005). Significant Benefits: The High/Scope Perry Pre-school Study Through Age 27. In *Child Welfare: Major Themes in Health and Social Welfare*, by Nick Frost, 9–29. Abingdon, UK: Routledge
- ²¹⁴ Zellman, G & Perlman, M (2008) *Child-Care Quality Rating and Improvement Systems in Five Pioneer States*. Santa Monica, CA: RAND Corporation.
- ²¹⁵ Australian Children's Education and Care Authority (www.acecqa.gov.au) Child Development Associate Credential (www.cdacouncil.org)
- ²¹⁶ 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 equalizer – indicators must integrate considerations of equity.
- ²¹⁷ Richter, L. et al . (2012). Diagnostic Review of Early Childhood Development. Pretoria: The Presidency
- ²¹⁸ Richter, L. et al . (2012). Diagnostic Review of Early Childhood Development. Pretoria: The Presidency.
- ²¹⁹ 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