

REPORT ON
NATIONAL ECD POLICIES AND PROGRAMMES

May2001

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ABBREVIATIONS

ABET	Adult Basic Education and Training
ARI	Acute Respiratory Infection
CBO	Community-Based Organisation
CCECD	Co-ordinating Committee for Early Childhood Development
CPU	Child Protection Unit
DiCAG	Disabled Children's Action Group
ECD	Early Childhood Development
EPI	Expanded Programme of Immunisation
ETQA	Education and Training Quality Assurance Body
EU	European Union
HST	Health Systems Trust
IAC	Interim Accreditation Committee
IDC/INDEC	Interdepartmental Committee
IMC	Interministerial Committee
INP	Integrated Nutrition Programme
MCWH	Maternal, Child and Women's Health
NGO	Non-Governmental Organisation
NNSDP	National Nutrition and Social Development Programme
NPA	National Programme of Action for Children
NQF	National Qualifications Framework
NSB	National Standards Body
PEM	Protein Energy Malnutrition
PHC	Primary Health Care
PPA	Provincial Programme of Action
PSNP	Primary School Nutrition Programme
RDP	Reconstruction and Development Programme
SACE	South African Council for Educators
SANGALA	South African Games and Leisure Association
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SGB	Standards Generating Body
VEP	Victim Empowerment Programme

1 PRE-WORKSHOP PHASE - CONTEXT OF THE AUDIT AND POLICY IDENTIFICATION

1.1 Background Information

The White Paper on Education and Training (March 1995) stated the Government's commitment to provisioning for ECD and emphasised an holistic approach with a focus on the wider environment that includes the family, community support systems and government policies. The White Paper proposed the establishment of a formal interdepartmental committee.

As a first step towards interdepartmental collaboration, the Departments of Health, Welfare and Labour were invited to attend the inaugural meeting of the Co-ordinating Committee for ECD (CCECD) in October 1995.

The Interim Policy for Early Childhood Development was released in September 1996. It relates to children aged 0 - 9 years and promotes the holistic development of the child, emphasising interdepartmental collaboration. Similarly the Implementation Plan of the National Pilot Project for ECD stresses the advice and assistance to be given at national and provincial levels by interdepartmental committees.

In October 1996 the inaugural meeting of the National Interdepartmental Committee (IDC) was held and recommended that an interdepartmental workshop and ECD policy audit be conducted. This recommendation was subsequently endorsed by a joint meeting of the CCECD and IDC in April 1997.

In March 1998 the Early Learning Resource Unit was awarded a contract under a European Union funding agreement to audit ECD policies, facilitate one interdepartmental workshop and to develop a process document on networking and essential linkages to implement delivery of ECD policies.

The original brief was to include the departments most involved in ECD - Education, Welfare and Health but in discussion with the Department of Education the brief was widened to include other national departments with an interest in children aged 0 - 9 years.

The focus of the audit covered children for the full ECD phase:

- 0 - 5 years;
- 5/6 years (National ECD Pilot Project); and
- 6 - 9 years.

1.2 Identification of Policies and Potential Workshop Participants

The first phase of the study was to identify which national departments had programmes and policies relating to children aged 0 - 9 years and the persons responsible for the implementation of these policies and programmes. The National Programme of Action for Children Co-ordinator in the Office of the Deputy President was also interviewed. Where policies and programmes were documented, copies were obtained and in other cases interviews took place. Table 1 indicates the Departments with which contact was made.

Table 1: National Department Contacts

DEPARTMENT	CONTACT	NATURE OF INFORMATION
Education	Ms S. Hendricks Dr B. Kramer Ms N. Ngobeni Ms M. Samuels	Steered the process and supplied recent policy documents
Health	Ms E. de Klerk	Supplied written information about the policies affecting young children and EPI documents
Welfare	Ms S. Grobbelaar	Survey document and recent policy documents
Public Works	Mr B. More	Telephone interview
Agriculture	Ms D. Callear	Telephone interview
Labour	Dr C. Olivier	Supplied written information on subsidised training programmes in educare
Sport and Recreation	Ms N. Mene Ms M. van Oerle	Information on SANGALA Movers in Action Project Information on National Sports Council Superkidz Programme
Correctional Services	Ms J. Matshego	Supplied statistics on children in prison with their mothers and draft policy document
Justice	Ms O. Sewpaul	Telephone interview and draft Victim Empowerment Programme document
Water Affairs and Forestry	Ms S. Noemdoe	Interview re childcare provisioning for the Working for Water Project
Office of the Deputy President	Ms T. Mkhwanazi-Xaluva	Telephone interview re National Programme of Action for Children

Although the study brief focused on the role of national departments, implementation of policies takes place at provincial level and interviews were also undertaken with all provincial education departments to ascertain whether, and on what issues there was interdepartmental collaboration. Certain key areas for interdepartmental collaboration emerge across several provinces. Of interest too was where, because of the different national/provincial competencies for different departments, a provincial department might be more active in relation to ECD than at national level e.g. Agriculture and Public Works in the Eastern Cape.

Table 2: Provincial Contacts who Supplied Information on Interdepartmental Collaboration

PROVINCE	CONTACT	NATURE OF INFORMATION
Northern Province	Ms M. Malele Ms M. Farisani	Background information by telephone interview Minutes of IDC meetings
North West	Ms S. Kgobokoe Ms C. Theron – Assistant Director Child and Family Welfare and NW Province representative at the NPA Committee	Background information on interdepartmental issues by telephone
Gauteng	Ms N. Rudolph	Interview to discuss documents relating to Gauteng interdepartmental ECD process
Mpumalanga	Ms D. Bezuidenhout	Information on steps towards interdepartmental collaboration by telephone
KwaZulu-Natal	Ms J. Sachs	Interview supplying information on the interdepartmental process
Free State	Mr G. de Villiers	Information on interdepartmental collaboration by telephone
Northern Cape	Ms T. Jonas	Interview supplying information on interdepartmental collaboration
Western Cape	Ms F. Johnson	Interview on the INDEC process and discussion document
Eastern Cape	Ms N. Barry	Interview on the process and minutes of first IDC meeting giving terms of reference

Interdepartmental collaboration mechanisms and issues in the provinces are summarised in Part 3.3. Local government also has responsibility for ECD provisioning and a summary of how the Durban Metropolitan Council is approaching this as an interdepartmental issue is given as an example (Annexure B).

2 THE INTERDEPARTMENTAL WORKSHOP

2.1 Envisaged Outcomes

The outcomes envisaged for the workshop were to develop:

- A cohesive understanding of existing policies and programmes.
- Proposals on a strategy for interdepartmental collaboration.
- In-principle agreement on each department's responsibility in respect of:
 - Provisioning.
 - Policy.
 - Legislation.

2.2 Participants

The Department of Education invited representatives from Health, Welfare, Sport and Recreation, Correctional Services, Labour, Safety and Security, Agriculture, Public Works, Justice, Water Affairs and Forestry, the NPA Desk in the Deputy President's office, members of the Co-ordinating Committee for ECD and a representative of local government - Durban Metropolitan Council to a one day workshop on the 2nd September 1998.

Sixteen persons attended the workshop. National Departments represented included Education, Health and Welfare who have primary responsibility for ECD, as well as Sport and Recreation and the NPA co-ordinator.

2.3 Workshop Programme

The programme focused on the following:

- Contextualising the need for interdepartmental collaboration in order for policies to become operationalised.
- Reflection on intersectoral experiences in other countries and areas of service delivery.
- Sharing of different departmental policies relating to ECD.
- Developing recommendations on a process/mechanisms to take forward interdepartmental collaboration.
- Recommendations for initial 'do-able' areas for collaboration.

Opening address

Ms Hendricks opened the workshop with an emphasis on the importance of ECD in terms of nation building. It was widely acknowledged that excellent policies had been developed since 1994, within the framework of the Constitution and Convention on the Rights of the Child, but the demands and challenges currently lay with the operationalisation and implementation of the policies. At national level, legislation had to be given life through policies and budgets. Interdepartmental collaboration at both national and provincial level was crucial for implementation at local level. An overarching vision and strategy for intersectoral collaboration had to include realistic benchmarks.

Report on initial research

The consultant, Ms Biersteker, reported on international and local experience with regard to the rationale for, and development of, an intersectoral approach as well as common barriers to intersectoral collaboration.

Participant presentations

The consultant had prepared a table, which was sent with the invitation, summarising policies of different departments that are relevant to the ECD sector. During this part of the workshop participants presented their departmental policies and programmes as they related to ECD noting any additional policies that should be taken into account. There was also an attempt to clarify how departments were already working together, and what the vision of each was for ECD.

Recommendations

In this part of the workshop, mechanisms and a process for taking forward interdepartmental collaboration were explored. There was a particular focus on identifying small "do-able" steps as the building blocks of collaboration.

Evaluation

The workshop was not formally evaluated. Several participants commented that the sharing of information and process of developing recommendations for the way forward had been valuable and contributed to a very positive climate for intersectoral collaboration and development of a sector plan for ECD.

3 FINDINGS AND RECOMMENDATIONS

3.1 Developing an Intersectoral Approach

What is an intersectoral approach?

It is generally appreciated how ineffective it can be to deliver services in a fragmented problem-orientated fashion. Consequently, in South Africa and internationally, there has been a policy emphasis on integrative, intersectoral approaches to many issues.

Such an approach can be followed in differing degrees, for example:

Intersectoral collaboration is about different sectors working together in order to achieve a certain development goal. It can involve institutions that are dependent on others for the realisation of their own objectives or those that are mutually dependent on each other for the achievement of common objectives. Achieving equity and reaching vulnerable groups are critical aspects of planning for intersectoral collaboration. Vishal Ramduny (1998).

Integration is more than just working together; it depends on mutual acceptance and is expressed in unity of purpose and organisation. Robert Myers (1992).

While intersectoral collaboration may not result in service integration, it requires many of the same conditions to be successful.

Reasons for an intersectoral approach

Three common reasons for approaching service delivery intersectorally are:

- To be able to deliver more services.
- To cut costs by sharing resources and not duplicating.
- To deliver services more quickly with less difficulty for the client.

All of these have considerable relevance for delivering ECD services in South Africa.

Barriers to intersectoral collaboration

As with the operationalisation of excellent policies, so the notions of integration and intersectoral collaboration can be elusive when one moves to implementation.

The departmental participants at the workshop identified many of the barriers noted in this section. They resonate with, and add to, international and other local experience. Barriers include:

- Professional training and orientation which leads to the lack of a common language and focus.
- Administrative procedures - the difficulties of protocol and bureaucracy and the desirability of the location of a project on "not too many desks" were raised.
- Categorical funding so that while joint planning may effect overall savings it has implementation costs which may not be covered in a particular departmental budget.
- The present budgetary process (undergoing reform) which leads to competition for funding at a provincial and departmental level.
- Particular services or sectors tending to take the lead in implementation of intersectoral programmes, with other partners playing less important roles or being marginalised.
- Different departments having different rules as to who is eligible for a service.
- Lack of data.
- A limited concept of ECD - intersectoral work would become easier if we saw ECD as involving adults and communities as well as little children.
- The (in)compatibility of policy with reality.
- Old policies, which still exist and conflict - especially at the by-law level.
- The absence of an effective way of disseminating information.

Making links for effecting an intersectoral approach

Experience in the youth development sector in the United States (Resnick, Burt, Newmark and Reilly, 1992) and early childhood sector internationally (Myers, 1992) suggests that the following are essential processes in realising an effective intersectoral approach:

- Building political will.
- Stressing convergence - it may be difficult to achieve integrated administration but if services converge (e.g. on physical or social target) the results may be integrated even if administration is not.
- Seeking agreement on the target of the services.
- Planning collaboratively - and define common goals and objectives.

- Finding ways to minimise turf battles and forge common purpose.
- Creating interorganisational activities e.g. training, materials.
- Focusing efforts initially and then add on according to a stepwise plan.
- Each department should made a budgetary commitment to the task in hand to give them a stake in its success.

Lessons learnt locally

Lessons learnt by the health sector as they implement the new district health system with its intersectoral vision and approach include the following (HST Update, March 1998):

- National leadership, co-ordination and vision are required to set a more holistic context.
- There needs to be a mechanism for functional co-ordination with other sectors at all levels of governance - national, provincial, and local/district.
- All sectors have a role in ensuring progress.
- Intersectoral committees can provide mechanisms for co-ordinating collaborative activities at each level of governance and help bridge communication gaps between sectors.

3.2 National Policies and Programme Interventions relating to the ECD Sector

The key government policies, legislation and programmes pertaining to the ECD Sector are outlined in Table 3. Some of these are general policies affecting children 0 - 18 rather than specific to ECD.

Table 3: Policies/Programme Interventions relating to the ECD Sector

SECTOR	POLICY FRAMEWORK	KEY PROVISIONS AND RELATED PROGRAMMES
All	Constitution of RSA (Act 108 of 1996)	<p>Bill of Rights especially 2.28 which provides for the right to. Nutrition, shelter, basic health care and social services. Family care or parental care, or to appropriate alternate care. Protection from maltreatment, abuse or degradation and, 2.29 which provides for the right to. Basic Education (from Grade 1).</p>
Intersectoral	<p>National Programme of Action for Children (NPA) (1996)</p> <p>National Child Protection Strategy (Proposed)</p> <p>Review of the Child Care Act - First Issue Paper (1998)</p> <p>White Paper on Disability (1997)</p>	<p>Policy priorities include:</p> <ul style="list-style-type: none"> - Nutrition - Child and maternal health - Water and sanitation - ECD and basic education - Social welfare development - Leisure and cultural activities - Child protection measures <p>The NPA integrates Government and NGO policies and plans within these areas.</p> <p>Policy proposals around the management of child abuse - no specific ECD focus. This has been piloted in Gauteng and the Western Cape.</p> <p>Project 110 of the SA Law Commission seeks to develop proposals for new, appropriate child legislation for South Africa. Though this is very broad, the provision of ECD services is touched on.</p> <p>Focus on very young children with disabilities.</p>

Welfare	White Paper for Social Welfare (1996)	<p>Prioritises disadvantaged children under five years and especially children under three. Commitment to subsidising a range of programme options to help meet varied ECD needs of families.</p> <p>Focus in Flagship Programme on intersecting needs of women and children. Developmental programmes for unemployed women with children under five years.</p>
	<p>Child Support Grant (1997)</p> <p>Interim Policy Recommendations of the Interministerial Committee on Young People at Risk</p> <p>Minimum Standards of the South African Child and Youth Care System (May 1998)</p> <p>Draft Issue Paper on the Transformation of the ECD System in South Africa (1998)</p>	<p>In terms of the Welfare Laws Amendment Act 107 of 1997 a child support grant is payable for needy children under 7 years.</p> <p>Integrated framework for the child and youth care system emphasising prevention to promote resilience and early intervention. Principles include family preservation, exposure to activities and opportunities, which promote normal development. Welfare is the lead department of this intersectoral initiative.</p> <p>Addresses strategies for implementing the Welfare White Paper in relation to ECD. There is a strong intersectoral focus.</p>
Education	White Paper on Education and Training (1995)	<p>Defines the Department's role in developing policy for children 0 - 9 Initial focus on 5-year-olds and phasing in Reception Year.</p> <p>Commitment to interdepartmental committees and partnerships with NGOs, ECD practitioner groups and private sector.</p>

	<p>Interim ECD Policy (1996)</p> <p>SA Schools Act (1996)</p> <p>Admission Policy for Ordinary Public Schools and Age Requirements for Admission to an Ordinary Public School (1998)</p> <p>Foundation Phase Policy Document (1997)</p> <p>Assessment Policy in the General Education and Training Phase Grade R to 9 and ABET (1998)</p> <p>Language-in-Education Policy</p> <p>Quality Education for All: Overcoming Barriers to learning and development. National Commission on Special Needs in Education and Training and National Committee on Education Support Services (1997)</p>	<p>National Pilot Project to test a low cost model and curriculum for implementation of Reception Year in partnership with NGO's and community based ECD service providers.</p> <p>National ECD Pilot Project Interim Unit Standards recorded with SAQA in 1998.</p> <p>Compulsory education from 7 years.</p> <p>No admission tests, learners with special education needs to be admitted where reasonably practical, general principle of progression with age cohort. Learner may be admitted to Grade 1 if s/he turns seven and to Grade R if s/he turns six in that calendar year.</p> <p>Outlines Curriculum 2005 process and the Foundation Phase Learning Programmes (literacy, numeracy and life skills) through which the curriculum is implemented. Gives the 6 phase organisers used in the Foundation Phase to facilitate planning, organisation and assessment.</p> <p>Provides for internal continuous and formative assessment in Foundation Phase (R - 3) moderated externally by the provincial education departments. At Grade 3 there will be sample external summative assessment as part of national systemic evaluation.</p> <p>Policy uses an additive multilingualism approach and aims to promote and develop all the official languages. All learners offer at least one approved language as a subject in Grades 1 and 2 and from Grade 3 onwards their language of learning and teaching and at least one additional approved language as subjects.</p> <p>Focus in this Report on early identification, assessment and intervention with learners likely to experience barriers to learning. Particular emphasis in pre-formal schooling on intersectoral collaboration with Health and Welfare.</p>
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	<p>Employment of Educators Bill (1998)</p> <p>Norms and Standards for Educators (1998)</p>	<p>Provides for the employment of educators by the State, regulation of conditions of service, disciplinary issues, retirement, discharge and registration with the SA Council for Educators (SACE). This covers educators at public schools, further education and training institutions, departmental offices and adult basic education centres.</p> <p>Focuses on qualifications for school and department based educators, how these relate to occupational criteria for employment by the Department of Education, registration by SACE and standards for qualifications to be registered on the NQF. Quality assurance mechanisms for training providers are suggested.</p>
<p>Health</p>	<p>White Paper on Health (1997)</p> <p>Free Health Care Policy (1994)</p> <p>Maternal, Child and Women's Health Policy (Draft February 1995)</p> <p>Integrated Nutrition Strategy (Draft January 1998)</p> <p>Technical Guidelines on Immunisation in South Africa (1995)</p>	<p>Free maternal and child health, integrated nutrition strategy.</p> <p>Environmental health - safe water and sanitation, communicable disease control.</p> <p>Free health care for children under 6 years.</p> <p>MCWH is prioritised in the RDP and the National Health Plan. Key programmes include free health care, immunisation, reduction of mortality and morbidity from common diseases, improved nutrition, health education for priority issues and redirected training and education for health workers.</p> <p>Intersectoral focus with development committees to facilitate administration. Will work closely with education, welfare, law, labour, sport and recreation, educare.</p> <p>Children under 5 years are a prioritised target for nutritional intervention. The programme includes education, food supplementation, micronutrient supplementation and education.</p>
<p>Local Government</p>	<p>White Paper on Local Government (1998)</p>	<p>Local Government can promote social development through the provision of recreational and community facilities, and delivery aspects of social welfare services. Municipalities have the constitutional power to provide child care facilities and may provide grants to associations for this in terms of the Child Care Act, 1983.</p>

Water Affairs and Forestry		Working for Water Project has subsidised the care of workers' pre-school age children either through subsidisation of their attendance in a community facility or in some cases the creation of a crèche.
Justice Sport and Recreation		Victim Empowerment Programme inclusive of but not specific to ECD (Draft). SANGALA Movers in Action Pilot Project aimed at 3 - 6 year olds Developed in consultation with Health, Welfare and Education The National Sports Council has developed its Superkidz Programme for children 0 – 7 years in collaboration with Education Departments and ECD NGOs.
Labour	Manpower Training Act (1981) Basic Conditions of Employment Act (1997) Labour Relations Act (1995) and Labour Relations Amendment Act (1996) The Manpower Training Act provides for the training of unemployed persons and childcare worker training is subsidised.	The Basic Conditions of Employment Act regulates service conditions and would apply to ECD practitioners not in the employ of national or provincial government. Some provisions of broader relevance for the ECD sector include provision for maternity leave, protection for pregnant or nursing employees and family responsibility leave. The Labour Relations Act governs the right of employees to join a trade union or workplace forum and provides for the resolution of labour disputes.
Correctional Services	Departmental Order 11 Babies/Young Children (Draft)	Females and Youth Unit of Prison Services has developed a draft policy on pregnant women in prison and children under five years in prison with their mothers.

Brief summaries of programmes and/or policies per department can be found in Annexure A.

General observations on these policies/programmes

In a paper discussing policy creation for early childhood care and development Judith Evans (1997) notes the following common problems that policies:

- can be restrictive not facilitative e.g. unrealistic regulations;
- can be contradictory;
- can have unintended consequences; and
- may not be implemented.

The South African government policies and programmes relating to ECD are facilitative and have been framed to take account of the existing situation for young children. Because they have been based on the Constitution, the Convention on the Rights of the Child, RDP principles as well as other broad policy frameworks, there does not appear to be any serious contradiction in the policies in Table 3. Contradictory policy is more likely to be found at provincial level and in local by-laws where old legislation has not yet been amended and this was identified as a difficulty by some provinces. Neither did the workshop participants comment on any unintended consequences of policies. However, operationalising the policies and programmes has been difficult for various reasons. Many of these relate to the lack of resources, fiscal constraints, downsizing the public service, inadequate data and the need for capacity building of personnel.

With regard to intersectoral collaboration, many of the policies and or programmes explicitly require such collaboration and name the relevant departments. Several of the policies were developed intersectorally. This, together with the common principles on which the policies rest, is helpful for collaborative working. However, most of the policies, which call for an intersectoral approach, were developed by particular departments and reflect their particular vision and mission. This can mean, and the difficulties in operationalising the NPA provide examples, that while a department is supportive of an intersectoral approach, its major energies will focus on other priorities which it sees as more pressing.

Other departments interviewed who are not presently engaged in ECD

The Department of Public Works has no national policy position with regard to the provision of ECD facilities, though there are obvious interfaces e.g. in utilisation of community facilities.

The Department of Agriculture has representation on the NPA committee but when interviewed commented that the responsibility at national level is mostly policy, norms and standards, trade, pesticides etc. Most powers vest in the provinces and so any collaborative efforts will be at that level. National has two concerns - child labour on farms and child nutrition issues for which both income and early warning systems are important. They participate in a working committee with the Department of Health on Food Security.

3.3 Provincial Interdepartmental Collaboration on ECD Issues

All nine provinces are currently involved in some process of interdepartmental co-operation as required for ECD in the White Paper on Education and Training (March 1995). In most cases this was initiated by the section of the provincial education department responsible for ECD but sometimes the vehicle for co-operation has been the Provincial Programme of Action (e.g. KwaZulu-Natal, North West and Northern Cape).

The degree to which a co-operative/collaborative process has been established varies for different provinces but appears from minutes and interviews with provincial staff to be fairly well advanced in five provinces.

Points that emerge are:

- Health, education and welfare are the departments involved in all the provinces.
- Some provinces are exploring broadening their committees to include other related departments.
- In the Eastern Cape there is a fruitful partnership between health and welfare, education as well as public works, the RDP and agriculture who assist sites of learning with food gardens.
- In Gauteng there has been a strong thrust to take the collaborative process to local level. A difficulty encountered which also has arisen in other parts of South Africa in regard to the implementation of the district health system is that departmental and local government boundaries are not coterminous which is essential for joint planning.
- The major focus in some provinces is on children under 5. Older children are seen as the responsibility of the Department of Education. This suggests that different departments do not share a common definition of ECD.
- Different role players in different provinces chair interdepartmental processes and/or committees though education has taken the lead in most cases.

Issues commonly on the agenda for interdepartmental co-operation at provincial government level include:

- A common system for registration.
- A coherent and targeted subsidisation policy - this may mean that education and welfare fund different age children within a single ECD site.
- Steps towards a shared database of facilities.

Some provinces are attempting to share staff and transport resources - for example for monitoring and support visits to centres/sites.

3.4 Recommendations on Mechanisms/a Process for Interdepartmental Collaboration for ECD

The Interdepartmental Workshop was part of an ongoing process of collaboration for ECD. Interdepartmental processes have been established at national level and in accordance with policy, there are similar provincial processes, some formalised and others of a networking nature. The sharing of existing policies to come to a cohesive understanding of how different departments understand their roles in relation to ECD lays an essential foundation for developing a sector plan.

In planning for a way forward, the workshop had two tasks. Firstly, there was the need to identify an appropriate mechanism or process, and secondly to define issues for collaborative effort. The focus for these issues, drawing on intersectoral experience, was on specific 'do-able' tasks rather than general issues. These could be used as entry points for larger scale collaborative planning and programmes in future.

Mechanisms for effecting essential linkages for ECD service delivery

Workshop participants identified the following as helpful mechanisms for effecting linkages:

- A "culture of engaging" should be created through intersectoral sharing of policies for inputs.
- A framework for communication from national to provincial to local should be developed.
- The CCECD should be used as a mechanism for the process. This would involve widening representation to include additional departments and involvement of the NPA.
- As the CCECD has advisory functions only, the Interdepartmental Committee would be essential for planning and implementing joint projects. It should therefore start functioning again in order to effect these processes.
- Attention should be given to identification of the most appropriate role players in each department to be involved in the meetings.
- The longer-term outcomes of the interdepartmental process should be defined as there is a need for a Green and White Paper and legislation.
- The process of interdepartmental collaboration should also be further developed at provincial level. This might involve, inter alia, liaison between provincial MEC's and Chief Directors of different departments as well as lobbying provincial legislatures on the way forward and securing cabinet support for intersectoral initiatives.
- The ECD collaborative process should learn from the NPA process - what helped, what hindered. Linking this process to the NPA should be explored.

Factors that could be considered in taking forward the workshop suggestions include:

- As all departments are not as concerned with ECD as health, education and welfare, ways should be found to engage them without being burdensome. For example, they might be brought in on focused problems or areas of mutual interest. This might prevent the common situation that sectors with less of an interest simply drop out of joint processes.
- While there are interdepartmental processes at provincial level and the workshop has made suggestions for strengthening political will to support these, provinces should encourage local government structures to undertake the same task, as it is at the local level that many services are delivered. In provinces where the interdepartmental relationship is underdeveloped, a workshop process similar to the national workshop might be helpful.
- While the workshop provided an opportunity for each department to explain its goals and programmes, there needs to be agreement on common or compatible goals for interdepartmental initiatives. This could take place in the context of specific issues.
- The National ECD Pilot Project and Welfare Flagship Programme should be seen as providing opportunities to pilot co-operation on a small scale given their intersectoral focus.
- Departments should be encouraged to plan together and budget accordingly, in order to support interdepartmental efforts. This will ensure that each partner has an equal stake in assuring the success of the joint approach.
- Realistic and measurable outcomes should be set for any interdepartmental initiatives and there should be regular reporting to monitor progress both at provincial and national level.

3.5 Issues for Collaboration

Issues identified as points of entry for a collaborative process included:

- An intersectoral audit to include delivery of services (all providers), conditions of employment, what different departments fund, gaps and overlaps in services, which sites have water and sanitation, practitioner qualifications and experience.
- Criteria should be identified by the IDC, use should be made of existing information from different databases. Liaison with Statistics South Africa is recommended. This audit would be valuable in consolidating an interdepartmental approach in the provinces.
- Agreement on a joint definition of criteria for children at risk including special needs, HIV/Aids, children under 3. Criteria used by the Interministerial Committee on Children and Youth at Risk should be studied.
- There should be an audit of policies needing immediate change because they conflict with provisions of newer policies including lowest level by-laws. In this regard the Guidelines for Day-care should be jointly revised.

Many of these tasks fall within the strategies identified for the ECD sector in the NPA working document. The audit will inform the development of a sector plan and collective understanding of children at risk will help tighten target groups for interdepartmental service delivery.

Other issues arising from the policy audit and the ECD Pilot Project Baseline Study (Khulisa Management Services, 1998) should be considered as collaboration points. These include:

- Learners with special education needs.
- HIV/Aids education for practitioners and parents.
- Extension of nutritional supplementation to ECD services.
- Use of community and school based learning sites for health promotion, including growth monitoring.
- Education of parents and practitioners re child abuse.
- Different departmental inputs in support of babies and children in the care of correctional services.
- Water and sanitation at learning sites.
- Unit standards developed for the ECD pilot project to inform training programmes for childcare workers subsidised by the Department of Labour and training proposed in the Welfare Issue Paper on Transformation of ECD.

Conclusion

The challenge of delivering quality services for all our young children requires cohesive, holistic and integrated efforts. This is well understood at policy level and by many departmental staff who are attempting to implement service delivery. Bureaucratic departmental structures and budgeting processes are just beginning to accommodate an intersectoral approach and this does present barriers particularly at the service delivery interface. However, the workshop and preparation phase provided evidence of great willingness to tackle the issues collectively. Many practical ideas for effecting the linkages necessary for service delivery have been jointly developed. The bank of national policies and programme information begins to fill the information gap, which hampers interdepartmental collaboration. This can be built on and extended to all levels of government. The experience gained in jointly tackling some of the manageable issues identified will build towards an intersectoral approach to delivery of ECD services.

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ANNEXURE A

SUMMARY INFORMATION ON DEPARTMENTAL POLICIES, PROGRAMMES AND PROCESSES AS THEY AFFECT THE ECD SECTOR

1 OVERARCHING POLICIES

Constitution of the Republic of South Africa, (Act 108 of 1996)

Chapter 2, the Bill of Rights, contains special provisions relating to children and education. The following provisions are of particular relevance for children 0 - 9 years.

Children

- 28 (1) Every child has the right
- (a) To a name and a nationality from birth
 - (b) To family care or parental care or to appropriate alternative care when removed from the family environment
 - (c) To basic nutrition, shelter, basic health care services and social services
 - (d) To be protected from maltreatment, neglect, abuse or degradation
- (2) A child's best interests are of paramount importance in every matter concerning the child

Education

- 29 (1) Everyone has the right -
- (a) To a basic education...
- (2) Everyone has the right to receive education in the official language or languages of their choice in public educational institutions where that education is reasonably practicable.

2 INTERSECTORAL POLICIES/STRATEGIES AND ECD

National Programme of Action (NPA) for Children in South Africa: Working Document, (May 1996)

This framework is rooted in the Convention on the Rights of the Child - it is not a separate plan but an integration of all policies and plans developed by government and NGO's to promote the well being of children. A Cabinet-appointed InterMinisterial Steering Committee oversees the NPA co-ordination of which has recently moved from the Department of Health to the Office of the Deputy President. Provincial Plans of Action (PPA's) based on provincial needs and resources have also been developed in accordance with the framework.

Seven policy priority areas have been identified including child and maternal health, nutrition, water and sanitation, early childhood development and basic education, social welfare development, leisure and cultural activities and child protection measures. Within each of these special attention is given to children living in difficult circumstances.

The Working Document outlines goals, national strategies, role players and targets for each priority area. ECD specifically appears both in the ECD and Basic Education and Social Welfare

Development priority areas, while the other areas, in particular maternal and child health, impact on this age range.

Priority Area: ECD and Basic Education

Goal:

Expansion of activities that promote ECD including appropriate low cost and community-based interventions. Universal access to basic education, and achievement of primary education by at least 80% of primary school-age children through formal school or non-formal education of comparable learning standards.

Strategies for ECD:

- Expand state subsidies for educare programmes, especially in disadvantaged communities.
- Create a database with information about early childhood development programmes and services.
- Develop minimum standards for providing services to pre-school children (including those provided in child care centres).
- Establish a statutory advisory body that represents the ECD field to:
 - Co-ordinate the re-shaping of curriculum frameworks.
 - Develop standards and norms of teaching methodologies in early childhood.
 - Develop a public awareness and funding programme for a national ECD programme.
 - Develop standards for accreditation of nonformal ECD practitioners and training agencies.
- Develop a policy for introduction to the Reception Year in primary schools. Implement a national plan for registering and subsidising ECD programmes according to minimum standards.

Priority Area: Social Welfare Development

The goals are general but the following goal is especially relevant to the ECD sector.

Goal:

To facilitate the provision of appropriate developmental social welfare services to children, especially those living in poverty, those who are vulnerable and those who have special needs. These services should include preventive and protective services, facilities, social relief and social security programmes.

Strategies particular to ECD:

- Provide in-service training to care-givers, local authorities and other professionals involved with pre-school children on an ongoing basis.
- Develop a national database of information on pre-school children.
- Provide access to ECD programmes for all children including children with disabilities.
- Develop and expand after-care centres for school going children.

**First Issue Paper: Review of the Child Care Act
SA Law Commission Issue Paper 13, Project 110, (18 April 1998)**

At the request of the Minister for Welfare and Population Development, the SA Law Commission Project Committee on the Review of the Child Care Act was appointed. It is engaged in preparing recommendations for a new and comprehensive law for children in South Africa. This has been necessary because of the fragmented and inadequate state of current legislation on issues affecting children. The scope of the investigation is very broad covering all aspects of legislation affecting children and highlighting potential conflict and confusion between common law and statutory law.

In relation to ECD, mention is made of the lack of services for very young children and that early childhood is a time of special potential and particular vulnerability. The paper comments that a strong gender equality argument can be made for child care provision for working parents, especially mothers. A concern raised in the issue paper is the lack of minimum standards in the ECD phase.

**White Paper on an Integrated National Disability Strategy
Office of the Deputy President, (November 1997)**

The estimated prevalence of moderate to severe disability in South Africa is approximately 5 percent.

Aspects of the RDP relevant to the 0 - 9-year age group have not to date benefited children with disabilities very much:

- Free health care for children under 6 years has not always automatically been extended to include rehabilitation and provision of assistive devices.
- The Primary School Nutrition Programme has not reached the majority of disabled children as they are presently not in schools.
- Schools and classrooms built or renovated under the culture of learning programme are generally in contravention of the National Building Regulations of 1986 and therefore tend to be inaccessible to wheelchair users.

Education action areas:

- Curriculum development to ensure flexibility, adaptation and addition according to needs of individual learners.
- Pre-service and in-service teacher and support teacher training.
- Parent empowerment programmes to encourage parent involvement in assessment and decision-making concerning their children.

Provisions in relation to ECD:

Very young children with disabilities (pre-school) are among those targeted for prioritised intervention.

The majority of young children with disabilities in ECD centres, especially children with intellectual disabilities, are presently accommodated in informal community based day care centres run by parents of

disabled children. ECD and stimulation within an inclusive environment is the cornerstone for the development and successful outcome of an integrated society.

All ECD provisioning should therefore be multisectoral; community based and integrated to enable all young children to benefit from learning in an environment that acknowledge as and appreciates diversity.

Recommendation 9A Education: Early Childhood

It is recommended that the Department of Education in consultation with the Departments of Health and Welfare, DiCAG, the ECD sector and other stakeholders facilitate a process that will integrate the special needs of young children with disabilities within the formal and informal ECD sector.

This should include:

- Co-option of representatives of parents of children with disabilities onto all existing ECD policy making structures at all levels.
- The development of policy that will clearly highlight the respective responsibilities of all stakeholders i.e. relevant government departments, local governments, NGO's, parent organisations , the private sector and relevant others.
- The development of inclusive curricula and accreditation policies for ECD practitioners.
- The incorporation of informal community based day care centres into the formal ECD sector.

Provisions regarding General and Further Education

Free compulsory education should apply to all children of school going age equally. Where the general school system does not adequately meet their educational needs, students with severe disabilities should have access to special schools. Education in these schools should however always be aimed at preparing students for education in the general education system.

Recommendation 9 D Education: General and Further

The White Paper recommends that the Department of Education, in consultation with Labour, Health and Welfare and the SA Federal Council on Disability, teacher unions and other stakeholders, facilitate a process that will transform the education system to effectively accommodate the special education needs of learners with disabilities within the school system. This will involve among other issues the development of national guidelines for curriculum development, for the training and development of educators and other service providers, monitoring to eliminate discrimination.

**Proposed National Strategy on Child Abuse and Neglect
Institute of Child and Family Development, UWC, (1998)**

The Department of Welfare convened this committee which has made proposals for the management of child abuse. The proposed strategy is an intersectoral approach to prevention (key role players education, local government, health and media) and case management (social work, police, justice, health, correctional services). It recommends a National Child Protection Council with a properly resourced secretariat to be set up as a component of the broader NPA secretariat - this structure to be mirrored at provincial level related to PPA process and local provincial office level and local authority level is also recommended. No specific mention is made of ECD.

3 DEPARTMENTAL POLICIES

3.1 LOCAL GOVERNMENT POLICY AND ECD

Service delivery happens at the lowest level of government and the Initial Country Report on the NPA (November, 1997) specifically recommends that *"better provision for early childhood programmes needs to be made at local government level"* (p 88).

Local government policy is rather non-specific on the responsibility for ECD.

White Paper on Local Government (Government Gazette No 18739, March 1998)

The White Paper contains the following provision in relation to Child Care:

"Local Government can also promote social development through functions such as arts and culture, the provision of recreational and community facilities, and delivery of aspects of social welfare services. Municipalities have the constitutional power to provide child care facilities and may provide grants to associations for this in terms of the Child Care Act, 1983." (Page 39).

The focus on women as part of a poverty eradication strategy may bring in a focus on children also. *"Municipalities need to develop their capacity to understand the diverse needs of women in the community, and to address these needs in planning and delivery processes to enhance their impact on poverty eradication"* (page 41).

An example of a local government level initiative on collaborative ECD programming in the Durban Metropolitan Area is given in Annexure B.

3.2 WELFARE POLICIES/PROGRAMMES RELATING TO ECD

The Department of Welfare has key responsibility for ECD provision. As welfare is a concurrent function of central and provincial government, it is a shared responsibility. The Central State is responsible for policy development, planning and co-ordination, setting standards, norms, quality guidelines and information systems. Provinces are responsible for implementing policy, developing delivery systems and managing resources. Local authorities need to ensure that community centres and facilities are made available for ECD programmes.

An internal departmental survey of the provinces in May 1997 showed that 151635 children in crèches received a welfare subsidy, excluding Gauteng for which figures were not available. All provinces required health department approval before registration. The total budget allocation for provincial welfare subsidies for ECD facilities excluding Northern Province and Gauteng in 1996/7 was R 103 439,400 and R135 858,800 in 1997/8. Budgeted expenditure appears to have been far in excess of actual in 1996/7 when total social assistance expenditure on ECD in the provinces excluding North West Province (for which information was unavailable), was R 54 573 000 (Provincial Estimates of Expenditure, 1997).

The table below indicates the numbers and amounts per province as well as the daily subsidy rates. In some provinces a flat rate has been introduced. In others the staggered rate depending on the level of facility (level 1, 2 or 3) has been retained, though in many provinces the differential gap between

the levels has been reduced.

Number of Children receiving Provincial ECD subsidies in 1996/7

Province	Children Subsidised	Daily	Subsidy	Rate	Budget in R'000 1996/7	Budget in R'000 1997/8
		1	2	3		
KwaZulu-Natal	26335	2,45	4,28	6,37	7132,0	7132,0
Eastern Cape	65753	2,45	4,28	4,50	51855,4	70944,5
Northern Province	10800	4,28	?	?		
Mpumalanga	7891	2,48	4,00	4,00	3500,0	5552,3
Northern Cape	4236	2,50			1315,0	2717,0
Western Cape	12000	4,50			26187,0	30324,0
Free State	18503	6,37	4,50	4,50	7980,0	8559,0
North West	6117	2,45	4,28	2,45	5470,0	10630,0
Gauteng	?	2,60	3,50		?	?
Total	151635				103,439,4	135,858,8

The White Paper for Social Welfare (1997)

This overarching welfare policy document identifies principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa.

With regard to ECD it notes that the rendering of appropriate ECD services is a preventative strategy and a social investment in a healthy and able nation. Though ECD is seen as spanning the 0 - 9 year age group, the primary target for ECD services supported by the welfare department will be disadvantaged children under five years as they are the least serviced and most vulnerable group. Within this group urgent attention will be given to children birth to three years and disabled children.

The White Paper recognises that no single model or programme is appropriate to meet the varied ECD needs of families and a range of options will be made available including centre-based services, part day programmes and family programmes.

Welfare has committed itself to devising a national ECD strategy as part of an intersectoral programme in collaboration with other Government Departments, civil society and private sector. At national and provincial levels, intersectoral committees will be initiated to co-ordinate and implement such a strategy.

Welfare policy is reinforcing programmes offered by existing role players (government, local government, NGO's, CBO's and parents). In under-serviced areas ECD services will be initiated through community development interventions.

The Department of Welfare will ensure that conditions are created for the optimum development of all children and their families through the rendering of appropriate ECD services.

Training will be developed for all those engaged in ECD service delivery and all caregivers, parents and social service professionals. Use will be made of formal and nonformal training services, and all training will be integrated into the NQF.

ECD programmes will be registered and appropriate national standards developed, which will be flexible to allow for a wide range of circumstances.

The Department of Welfare will promote after-school child development programmes for school-going children in collaboration with the Department of Education.

Draft Issue Paper on the Transformation of the ECD System in South Africa, February 1998

This follows up and makes recommendations for operationalising the ECD aspects of the White Paper for Social Welfare.

It suggests strategies for the following:

- Establishing collaboration between government departments, civil society and the private sector.
- Establishing intersectoral committees at provincial level.
- Promoting subsidisation of varied ECD programmes: centre-, community- and home-based.
- Rooting ECD services within the community.
- Education programmes for parents as part of ECD programmes for children.
- Development of a developmental approach to ECD.
- Increasing access of young children to ECD programmes (through promotion of home based and community based facilities for day care, targeting at risk communities, sustaining programmes in communities that are remote and isolated).
- Subsidising children in the ECD system with means test as criteria.
- Targeting disadvantaged children in a variety of programmes.
- Establishing which ECD programmes are appropriate for specific children.
- Providing appropriate ECD programme options (day care, stimulation, health and nutrition programmes).
- Inclusion of children with special needs in the mainstream.
- Training of ECD workers.
- Promotion of appropriate legislation regarding ECD.

Several of these strategies are reliant on coherence and co-ordination especially between education, health and welfare.

These include:

- Regulations, personnel responsible for control, monitoring and support of ECD.
- Ensuring that key sectors affecting young children - health, education and welfare which fall under provincial control are implemented in each of the provinces.

- Ensuring that the formalisation of ECD and Junior Primary within the Department of Education does not lead to the downgrading of the importance of the early years.

Flagship Programme

Welfare is concerned with the intersecting needs of women and children. In order to demonstrate its move to new priorities in developmental social welfare, the National Department of Welfare and Population Development, Department of Social Services, has launched a Flagship Programme entitled "Developmental Programmes for Unemployed Women with Children Under Five years". The idea is to develop and/or support developmental programmes that create self-reliance. Objectives include building women's capacity for economic independence and empowerment, as well as providing developmentally appropriate education for children aged 0 - 5 years. Funding was made available for pilot programmes within each of the nine provinces that meet these criteria. These have included communal vegetable gardens, poultry farming, candle making, sewing and knitting, silk-screening, baking, house of meals, child minding recreation centre, car wash, weaving and leather works, cleaning of offal products, brick making, fence making, spaza post office, eco-tourism. 1448 women participate in the nine provinces. Numbers of children are only available for 7 provinces together coming to 1323 (Figures from Welfare Update, October 1998).

Child Support Grant

This came into being as part of the Welfare Laws Amendment Act 107 of 1997 that amends Sections 1 - 12 of the Social Assistance Act 59 of 1992. Regulations in Government Notice R 417 and R 418 Government Gazette 1877 31 March 1998 apply.

This legislation phases out the old child maintenance grant payable to poor single parent families in support of their children at 25% per year and introduces a child support grant. This is a flat rate of R 100 per child per month for a child under 7 years (or such age as the Minister may make by Government Notice) is introduced.

Application requirements include production of the caregiver's identity document and birth certificate for the child and proof that the child has been immunised. As the grant is means tested based on household income of the household of which the primary caregiver is a member proof of household income is required.

- The means test is R 9600 annual household income in urban areas or a house with walls made of brick, concrete or asbestos.
- Household incomes below R 13200 in a rural area or house without brick, concrete or asbestos wall qualify.

The primary caregiver must prove that efforts have been made to secure employment or to join a development programme.

Special conditions relating to the grant include the Director-General having reasonable access to the child and dwelling where the child resides. The mother must ensure that the child is adequately fed and clothed.

**Discussion Document for the Transformation of the South African Child and Youth Care System,
Second draft, (October 1996)**

and

**Minimum Standards: South African Child and Youth Care System, the Interministerial Committee on
Young People at Risk (May 1998)**

The IMC was set up in 1995 to manage crisis intervention and the transformation of the Child and Youth Care System. Chaired by welfare it consisted of the Ministries of Welfare, Justice, Safety and Security, Correctional Services, Education, Health and the RDP as well as some national NGO's. The focus was children at risk of removal from their homes and those already in various facilities offering care and protection, education and treatment or secure accommodation and detention.

These standards which are in draft form are to be considered as official for the Welfare Sector and the Minister has instructed that within the constraints of present legislation they should as far as possible be implemented. They encompass the entire child and youth care system and so apply to the ECD sector.

The definition of at risk refers to young people who have their normal healthy development placed at risk because their circumstances and/or behaviour make them vulnerable to having to live away from their community and/or family on the streets or under statutory care, or they may be living in statutory care. Most of the provisions relate to behaviourally troubled young people or young people in conflict with the law. The integrated framework has a strong emphasis on prevention and early intervention that are the first choice of intervention if appropriate.

Four levels of intervention are referred to:

- *Level 1: Prevention*
 - Young people and their families receive services and/or have access to resources which maximise existing strengths and develop new capacities that will promote resilience and increase their ability to benefit from developmental opportunities.
- *Level 2: Early Intervention*
 - Children and young people receive support, which maximises their potential to remain within their family and/or community.
- *Level 3: Statutory Process*
 - In the event of statutory intervention young people receive effective developmental assessment/referral which leads to an appropriate placement and /or sentence and/or programme.
- *Level 4: Continuum of Care*
 - Minimum standards are given for foster and residential care.

Some strategies at the level of prevention with relevance to the ECD sector include:

- Formal education which is accessible to all young people, is appropriate to the needs of the child and is rooted in learning environments rather than achievement orientated/control environments.
- School based development programmes which include social skills training, emotional and self-development programmes, life-skills training, parenting awareness etc.
- A range of early childhood care and development programmes in each community.
- Parent education and support.
- Sufficient day care, after school care, etc.

Other aspects of the framework are the reliance for effective implementation on a multi-disciplinary team approach.

3.3 EDUCATION POLICIES/PROGRAMMES RELATING TO ECD

White Paper on Education and Training (1995)

Provisions relating to ECD include:

- Its holistic definition as applying to processes by which the birth to nine year old grows and thrives physically, mentally, emotionally, morally and socially.
- The need for a variety of strategies and wide range of services to help families and communities to meet these needs.
- The need for establishing formal interdepartmental ECD committees, nationally and provincially, with counterparts in health, welfare and population development and linking with the RDP human resource development planning.
- The scope of ECD policy should cover the full phase from birth in collaboration with other state departments responsible for this area.
- Provision for a Directorate of ECD and Lower Primary at national level and recommendation that this also be instituted in the provinces.
- Department of Education responsibility for developing national policy frameworks for the education of the young child, including the structure of provisioning, determination of financial responsibilities, and establishing of national norms and standards for ECD curricula and training.
- The need for an inclusive statutory consultative body fully representative of all sectors in the ECD field to advise the Department of Education on national policy frameworks.
- The need to promote continuity between home, pre-school and early years of schooling.

- The need for reshaping the curriculum frameworks and teaching methodology for early childhood for the purpose of setting national norms and standards.
- The Department of Education's responsibility in partnership with stakeholders to develop national educational policy for ECD, including the reception year. Major responsibility for provision will lie with CBO's, NGO's, private providers and resource and training agencies operating within national and provincial guidelines.

In relation to the Reception Year within the General Education Cycle:

- The General Education Level within the school system should include a reception year and nine school years from Grade 1 - 9. Implementation of the reception year will take place over a period of years with priority to under-resourced areas.
- Reception Year is state supported but not compulsory in the first phase.
- A variety of institutional forms of reception year provision to be supported.
- Available capacity should be fully employed and enhanced subject to a proper regulatory framework.
- Admission age must be rigorously enforced.
- Teachers for the reception skills to be equipped with specific skills. An accredited set of appropriate qualifications to be approved to allow accredited training agencies to enrol candidates for certificated courses.
- Support services for the Reception Year to include an appropriate curriculum, appropriately trained professional staff and appropriate learning and teaching materials.

Interim Policy for Early Childhood Development (1996)

This policy document provides an interim policy framework for the implementation of the ECD pilot and for policy on Early Childhood Development as a whole.

Given that "the care and development of young children must be the foundation of social relations and the starting point of human resource development strategies."(White Paper on Education and Training) the policy has to address the massive need for provision of ECD services. Historically provision has been fragmented, uncoordinated, unequal and generally lacking in educational value. The policy shares the vision of the Convention on the Rights of the Child, the World Conference on Education for All and the World Summit for Children.

Long-term Government ECD policy rests on the following pillars:

- Policy for ECD provision
- Policy for ECD curriculum
- Policy on accreditation
- Policy on training in ECD
- Policy on the employment of ECD practitioners
- Policy on the funding of ECD services

Policy in respect of Policy Development Structures

Children aged 0 - 9 years are provided for in the primary school system and outside of it in community based or private services. While at risk children 0 - 5 years as well as children over 6 outside the school system are a focus for targeted services, the immediate goal is the establishment of a Reception Year for 5/6 year olds.

A framework including a comprehensive programme covering the development of all children from birth to the end of the Foundation Phase will be developed. This will include programmes that: attend to children at home, centres and schools, support and education of ECD practitioners, promote change in the Junior Primary years of schooling and link the earlier and junior primary years. The strengthening of institutional resources and capacity and demand and awareness will be included.

A variety of forms for the Reception Programme will be supported such as playgroups, child minding, family-based programmes, alongside more institutional forms. Such provision could be located in schools, ECD/community centres and homes. Those offering such provision will have to be registered with the Department of Education and demonstrate that the programmes subscribe to the national curriculum and guidelines. Practitioners will need to be accredited. Community based ECD services participating in the pilot project will qualify for government subsidies.

To include service providers outside of the formal schooling system, who fall outside the scope of the Norms and Standards for Teacher Education, interim guidelines are proposed. Accreditation will be undertaken at two levels. Firstly, practitioners will be accredited for the interim period on the basis of required knowledge, skills and abilities. Secondly, training providers will be accredited considering the training programme, training staff, teaching methodology and access to and utilisation of resources.

Formal and NGO training capacity will be accessed in the interim period. NGO's will participate in the pilot project training and will have the opportunity for interim accreditation. Funding of ECD services will involve a partnership of national, provincial and local governments, the private sector, organised labour, community organisations, parents and donor agencies.

Policy development, refinement and consultation will be an ongoing process between the Department of Education and stakeholders in ECD. The White Paper on Education and Training instructs the establishment of an inclusive statutory body representative of all sectors in the ECD field. In the Interim, through HEDCOM, the Department has established an ad hoc Co-ordinating Committee for ECD (CCECD) as a vehicle for stakeholder consultation and advice on interim policy development.

The National ECD Pilot Project

The ECD Implementation Plan of the Education Department represents the first step towards implementing the compulsory Reception Year throughout South Africa. The three year pilot will last three years and make and test innovations in the field in standard setting and curriculum, building provincial government and NGO capacity and establishing sustainable subsidies for community-based ECD services.

The pilot, for which the Department approved R 50 million seed money, is geared towards developing ECD policy, contributing to the development of the NQF, creating a subsidy system, increasing systems capacity, developing provincial capacity and collecting and analysing data.

Aspects of the pilot include:

- An Information Campaign to inform ECD stakeholders of the interim ECD policy, procedures to obtain conditional accreditation, subsidies and NGO training contracts.
- Interim Accreditation for which purpose an Interim Accreditation Committee of ECD experts was appointed by the Minister. This committee is served by a Technical Secretariat. The IAC has developed a Draft Qualifications Framework and Interim Unit Standards for the pilot project in consultation with a wide range of stakeholders.
- Research to document the pilot and provide feedback on the efficacy of the interim policy.
- Subsidies to community based ECD sites participating in the pilot at a rate of R 2 per child (aged 5 - 6 years) per school day for running costs.
- NGO contracts: funds are allocated in each province to provide ECD training to practitioners in the community based sites participating in the pilot through ECD training institutions that have successfully tendered.

South African Schools Act, No 84 of 1996 (and Education Laws Amendment Act, No 100 of 1997)

This Act together with provincial education laws provides the legal framework for the provision of education to all learners, the protection of their rights in public and independent schools and focuses heavily on issues of governance and funding of schools.

Of particular significance for ECD is the provision for compulsory basic education for all learners from the age of 7 (or Grade 1) to 15 (or Grade 9).

The Schools Act bans unfair admission policies and discriminatory educational practices, though school governing bodies decide on admission policies and provides that learners with disabilities must, where reasonably practical, be admitted.

The Act also makes provision for norms and standards for language policy, freedom of religion, prohibition of corporal punishment. While parent bodies may determine fees, no learner may be excluded on the basis of non-payment of school fees.

Admission Policy for Ordinary Public Schools (Notice 2432 of 1998) and Age Requirements for Admission to an Ordinary Public School (Notice 2433 of 1998)

Notice 2432 of 1998 is a schedule in terms of section 3(4)(l) of the National Education Policy Act of 1996 and Notice 2433 of 1998 a schedule in terms of section 3 (4)(l) of the National Education Policy Act of 1996 and the South African Schools Act of 1996.

The **Admission Policy** does not allow for admission tests. The policy prescribes documents required

for admission including an official birth certificate and proof of immunisation. Provisions regarding learners with special education include the need to admit them where reasonably practical.

In general, learners should progress with their age cohort with a norm for repetition of one year per school phase if necessary. Multiple repetition in one grade is not permissible.

With regard to **Age Requirements for Admission** a learner may be admitted to Grade 1 if s/he turns seven and to Grade R if s/he turns six in that calendar year.

Foundation Phase (Grades R to 3) Policy Document (October 1997)

The overall goal of the curriculum is to provide children with opportunities to develop to their full potential as active, responsible and fulfilled citizens who can play a constructive role in a democratic non-racist and equitable society. The Foundation Phase Policy Document outlines the overall structure of the curriculum, process and terminology and the Foundation Phase Learning Programmes (literacy, numeracy and life skills) through which the new curriculum will be implemented. Six phase organisers used to facilitate planning organisation and assessment for the Foundation Phase include: Personal Development, Health and Safety, Environment, Society, The Learner as Entrepreneur and Communication in Our Lives. The policy document includes guidelines for assessment and principles for learning support materials, integration and planning grids.

The Department of Education has produced a Draft Illustrative Learning Programme for Grade R (Reception Year), August 1997.

Assessment Policy in the General Education and Training Phase, Grades R to 9 and ABET, August 1998

The Assessment Policy explains the paradigm shift needed for assessment in outcomes based education. The focus on outcomes requires that teaching practitioners assess individual learners' progress continually and use appropriate resources and strategies to improve the quality of each learner's learning. Outcomes have been benchmarked at key stages of which the first is Grade 3. Assessment criteria have been developed for each learning outcome and performance indicators break down the essential stages to reach in the process of achieving the outcome.

The policy makes use of continuous assessment that may refer to formative and summative assessment. Various assessment techniques are suitable for continuous assessment. Meticulous recording and reporting learner achievement is essential.

In the Foundation Phase, continuous and formative assessment will be internal, planned and assessed by the teacher and moderated externally within guidelines of the Provincial Education Departments. At Grade 3 sample summative assessment will be external, administered as part of the national systemic evaluation.

Progression in the General Education and Training Phase will, as a general rule, be with age cohort. Extra time needed by learners will not automatically be a whole year or could refer to certain aspects only. As a guideline no learner should stay in the same phase for more than four years.

Language-in-Education Policy, (14 July 1997)

The Minister of Education's policy for language in education follows an additive multilingualism approach and aims to promote and develop all the official languages, as well as supporting teaching and learning other languages required by learners or used by communities in South Africa.

Regarding language as subjects for the Foundation Phase, all learners shall offer at least one approved language as a subject in Grades 1 and 2 and from Grade 3 onwards all learners shall offer their language of learning and teaching and at least one additional approved language as subjects.

The Norms and Standards regarding Language Policy address the learner's language rights and means of communication in education in relation to cost-efficient and effective mechanisms of promotion of bi- or multilingualism and redress of historically disadvantaged languages in school education.

Report of the National Commission on Special Needs in Education and Training (NCSNET) and National Committee on Education Support Services (NCESS) Quality Education for All: Overcoming barriers to learning and development, (November 1997)

In relation to ECD this report notes the inadequate facilities for ECD and their traditional exclusion from co-ordinated Education Support Services. Early identification of at risk learners is critical to their development. Lack of early intervention services and facilities constitute the most severe barrier to learning and development but also poverty related problems such as poor nutrition undermine effective development.

Special needs and support services would be infused in the system of education at national and provincial level and each section would develop competency to respond to the diverse needs of the learner population.

Preventative and developmental approach to support:

In the 0 - 3 and 3 - 6 age groups a major focus would be on identifying and addressing medical, psychological and social problems. Learning difficulties experienced within ECD programmes (particularly 3 - 9 years) would also be identified and addressed.

Recommendation: 5.17 Early Identification, Assessment and Intervention:

The early identification and assessment of learners who are likely to experience barriers to learning and development, as well as early intervention should be a national priority. In the pre-formal schooling years barriers to learning and development such as severe disabilities most likely to be identified within the Health sector.

Funding: financing to address barriers to learning and development, as well as preventing learning breakdown, must be fully integrated into general financing planning and allocation directed at the levels of the education system including the ECD and General Education and Training levels.

In education planning the 0 - 5 group is often not adequately addressed and the link between the 6 - 9 phase and previous years is often not adequately noted and addressed. A focus on overcoming and preventing barriers - especially early identification, is pertinent to the full ECD range.

Policy implications for ECD

The implications for ECD policy are:

- The need to address the need for links between the 0 - 5 and 6 - 9 age range.
- All ECD initiatives spearheading transformation should include issues of diversity and address barriers to learning and development. The National ECD Pilot should be enriched and expanded to include ECD centres/informal day centres that have an inclusive approach.
- Centres of learning in the GET band should form links with community ECD centres to foster collaboration, especially in terms of the development of educational programmes and continuous assessment practices.
- Support should be infused throughout the system - both ECD sections of the departments of education should have dedicated competencies to address diverse needs and barriers to learning, and, there should be a high degree of community involvement. This includes volunteers, parents and guardians, community workers, traditional healers, specialist services, etc.
- The physical environment should be age and barrier free. New centres of learning in the GET phase should be built to ensure accessibility to all learners.
- Curriculum should include life-skills education relevant to particular developmental phase. For learners with disabilities this may require particular life-skills such as mobility training, and communication skills such as sign language.
- Educator/learner ratios should be such as to enable educators to respond to diversity in the classroom.
- Intersectoral collaboration is a particular challenge. The Departments of Health, Education and Welfare need to work co-operatively around this area. It is imperative that there be clarity about accountability and responsibility and therefore decisions about which department should be the lead department in terms of programmes and funding should be reached as soon as possible. It is assumed that Health and Welfare Departments would take responsibility for 0 - 3 year olds. While Education, Health and Welfare would need to collaborate to provide services for 3 - 6 year phase, it is recommended that Education be the lead department for this phase. The Education Department should assume responsibility for all education-related activities and programmes at ECD level - wherever they occur including home-based programmes for learners with disabilities. Provinces should include decisions around lead departments and supporting departments, responsibilities and accountability in the PPA and should allocate budgets accordingly.
- The community-based support system, which already exists in ECD, should be supported and further developed drawing on existing resources.
- Early identification, intervention and other forms of prevention should be a focus. Assessment, communication skills, mobility and general personal and social skills should be a major life-skills focus. Health promotion is very important.

- A percentage of the ECD budget should be targeted for addressing diversity and minimising, removing and preventing barriers to learning and development. In the GET phase, a portion of the budget allocation should be targeted at programmes and particular needs to ensure that barriers to learning and development are addressed.

Norms and Standards for Educators

Technical Committee on the Revision of Norms and Standards for Educators, (September 1998)

This final report of the Committee on Teacher Education Policy (COTEP) proposes policy for qualifications of educators and evaluation of these qualifications. Its focus is norms and standards for school and department based educators employed by the national and provincial departments of education.

The Department of Education needs norms and standards for teacher education:

- 1) to indicate norms and standards of competence that should be met by all teachers and educators; and
- 2) as a basis for the criteria by which it evaluates qualifications for employment in education.

Problems with existing norms and standards include:

- Incompatibility with SAQA and regulations in the Higher Education Act.
- Their inability to provide means of assuring the quality of providers programmes and learner achievements.
- The lack of articulation between academic, occupational and professional requirements.
- The strong boundary between teacher education and training of practitioners in ABET, ECD and workplace education (WE).

The General Education and Training rests on and overlaps with ECD which caters for children 0 - 9. The Education, Training and Development Sub-field for ECD practitioners working with children aged 0 - 9, for which the ministerially appointed Interim Accreditation Committee has responsibility in terms of developing norms and standards, overlaps with the schooling sub-field in the Foundation Phase.

The report assumes that qualifications for school-based practitioners will be generated by:

ECD and Schooling Standards Generating Bodies (SGB's) for qualifications in the ECD and foundation phase. Where these qualifications are offered by Higher Education Institutions, the Council for Higher Education (CHE) has responsibility for assuring quality of provision. In the overlap between the foundation phase of schooling and ECD, the two SGB's will have to engage in dialogue between themselves and the National Standards Body (NSB) to produce a clear division of responsibilities. Qualifications for practitioners practising in the FE Band will have to be the subject of agreement in a similar dialogue between the schooling, Workplace Education and ABET SGB's, the CHE and the NSB.

The report details qualifications in the schooling sub-field, the bulk of which will be at Level 5 or above and be provided by higher education institutions. Minimum **specialist** requirements are to be prescribed for specific phases. In accordance with the NOF fundamental learning, core or contextual learning and elective learnings are required for each qualification.

Evaluation of qualifications for employment as an educator:

To practise as an educator there are academic, professional and occupational (Department of Education and teacher unions) requirements. In evaluating qualifications for employment the Department of Education will recognise and evaluate qualifications that integrate academic, professional and occupational requirements deemed important by the Department of Education.

In its role as evaluator of qualifications for employment the Department of Education evaluates registered qualifications delivered by accredited providers and certified by a designated ETQA and judges whether they meet its requirements.

Section 10 of the report notes the work done by the IAC and includes the draft core unit standards for ECD being tested in the National ECD Pilot Project.

Employment of Educators Bill (1998)

This provides for the employment of educators by the State, regulation of conditions of service, disciplinary issues, retirement, discharge and registration with the SA Council for Educators (SACE). It covers educators at public schools, further education and training institutions, departmental offices and adult basic education centres.

3.4 HEALTH POLICIES AFFECTING YOUNG CHILDREN

White Paper for the Transformation of the Health System in South Africa (1997)

Aspects of the White Paper with particular relevance for ECD include the chapters on nutrition, maternal, child and women's health (MCWH) and infectious and communicable disease control. Areas such as environmental health, which aims to limit health risks from the physical and social environment, are significant for young children but not directly targeted towards them.

Nutrition:

Programmes should be integrated, sustainable, environmentally sound, people and community-driven, and should target the most vulnerable groups, especially women and children.

To deal with under nutrition, which manifests in infants and young children, pregnant and lactating women an integrated nutrition strategy is proposed. This will emphasise health facility based services, community based services and nutrition promotion services. Aspects will be intersectoral linkages, community participation, and advocacy.

The strategy will include:

Growth monitoring

- Nutrition education for caregivers of infants, young children and pregnant and lactating women, emphasising:
 - Promotion of breastfeeding and introduction of appropriate, locally complementary foods and child feeding practices during periods of diarrhoea, other infections and immunisations.
- Provision of food supplementation through:
 - The Protein-energy malnutrition scheme.
 - Reducing the number and types of food supplements available from clinics to reflect foods

forming the bulk of the normal diet within the community.

- Supplementation and fortification of staple foods with micronutrients and education to address micronutrient deficiencies.
- Ensuring appropriate nutritional management of diarrhoea and other infectious diseases.

Other aspects of the policy include links with the Department of Education to establish nutrition education in primary schools and links with the Department of Agriculture to promote household food security.

Maternal, child and women's health:

The White Paper indicates its move towards a more community oriented system of maternal, child and women's health (MCWH) based on primary health care principles, with emphasis being placed on improving the curative, preventative and promotive services for children and women. Within this group priority focus will be the urban and rural poor and farm workers. The responsibility for service delivery is entrusted to the district level. A communication strategy for raising awareness of health and health related issues will be developed and will involve the training of health workers.

Child health goals for the year 2000 include the reduction of infant and child mortality by 30%, reduction to 10 % of prevalence of low birth weights, reduction of mortality due to measles by 70%, diarrhoea by 50% and acute respiratory infection by 30%, and increase of immunisation coverage.

Infectious and communicable disease control:

Prevention, diagnosis and treatment of communicable diseases are essential components of comprehensive primary health care. Immunisation services should be available to all children and mothers on a daily basis at all clinics; community health centres and out-patient departments of hospitals. EPI (Expanded Programme of Immunisation) services should be available at every primary health care facility and be supported by mobile services.

Free Health Care Policy (Government Gazette, Notice 657 of 1994)

One of the barriers to access to health care services, which are sub-optimally utilised, is the inability to pay for health care.

The Government Gazette Notice 657 of 1994 provides that as from June 1994, free health services must be provided to:

- Pregnant women for the period from the time the pregnancy is diagnosed to 42 days after the pregnancy has terminated, or if a complication has developed as a result of the pregnancy, until the patient has been cured or condition stabilised.
- Children under the age of six years.

Free health care will only be provided at

State health care facilities, including hospitals, community health care centres, clinics, mobile clinics, satellite clinics, and state-aided hospitals of which more than half their expenditure is subsidised by the state and by district surgeons.

Persons and their dependants on a medical scheme are excluded.

The **MCWH Policy Document** outlines the elements of the free package for children under 6 as follows:

- Immunisation - free at point of contact with health service
- Preventative services
- Health surveillance and screening
- Identification of children with special needs
- Basic elements of care and treatment for children with chronic illnesses.

Integrated Nutrition Programme for South Africa - Broad Guidelines for Implementation, Draft Document (5 January 1998)

This policy is of the greatest significance for the ECD sector with young children being a key target group both directly and indirectly through interventions aimed at pregnant and lactating women.

The Integrated Nutrition Programme (INP) is a programme aimed at specific target groups which combines some direct nutrition interventions with indirect nutrition interventions.

INP aims to facilitate a co-ordinated inter-sectional approach to solving nutritional problems in South Africa. The emphasis will be on building long term capacity of communities to be self-sufficient in terms of their food and nutrition needs while at the same time protecting and improving the health of the most vulnerable parts of the population, women and young children.

Inter-sectional collaboration and co-operation with other departments, other sectors within health the private sector, NGO's and CBO's will be required to make the programme a success.

INP provides the framework for the transformation of existing nutrition programmes namely the Protein Energy Malnutrition Scheme (PEM), National Nutrition and Social Development Programme (NNSDP) and Primary School Nutrition Programme (Primary School Nutrition Programme) which will be phased out over time and replaced with the programmes and services of the INP.

Situation analysis

An estimated 39% of the population is vulnerable to food insecurity. The nutritional situation has the following aspects:

- Low birth weight babies.
- Growth of young children commonly falters.
- Wasting is not common in SA.
- There is a wide range of under nutrition indicating pockets with more serious problems suggesting that intervention programmes will have to be need and area-based.
- Anaemia and marginal vitamin A status are widespread micronutrient deficiencies.
- A high prevalence of parasitic infections in some areas contributes to iron deficiency.

- Clinically iodine deficiency is not common except in isolated pockets in Mpumalanga, Northern Province, the Northern and Western Cape and KwaZulu-Natal.
- Dietary intake data support anthropometric and biochemical observations. Rural black children have low mean energy intakes and although total protein intakes seem adequate the quality of protein may be inadequate.
- Estimates suggest that at least 20% of primary school children are stunted.

Goals of the INP

- Enabling all women to breastfeed their children.
- Prevention of increase in mortality due to diseases of lifestyle.
- Promotion of health of women and in particular pregnant and lactating women.
- Reduction of prevalence of malnutrition.
- Ensuring optimal growth of infants and young children.
- Improved capacity at all levels to solve the problems of malnutrition and hunger.
- Improved intersectoral collaboration and community ownership of the programme and resources.

INP will require an integrated programme and service delivery process at operational level which will be organised around: Target groups, focus areas, interventions and different points of service delivery which will include health facilities, community structures, nutrition rehabilitation centres, care institutions, schools etc.

Target groups

INP will target nutritionally vulnerable communities and groups and will provide appropriate nutrition education and promotion to all people. Priority groups include:

- Children 0 - 24 months and 25 - 60 months; and
- primary school children from poor households.

Focus areas

- Disease specific nutrition support and counselling.
- Growth monitoring and promotion.
- Nutrition education.
- Follow-up and assessment visits by health staff.
- Provision of food supplementation to malnourished children, at risk pregnant women and lactating women.
- Addressing micro-nutrient deficiencies through education, micronutrient supplementation and fortification of staple foods.
- Ensuring appropriate nutrition management of diarrhoea and other infectious diseases.
- Food service administration in institutions.
- Community based nutrition development projects.
- Parasite control.
- School feeding.

Levels and types of interventions/services

- Primary and secondary nutrition interventions at health facilities.
- Food fortification.
- Food services administration in institutions such as children's homes, crèches, hospitals, homes for

aged, etc.

- Community based nutrition development projects.
- School feeding in primary schools serving children from poor households.
- School-based nutrition education.
- Parasite control.
- Community based nutrition education.
- Community based growth monitoring.
- Community based nutrition rehabilitation.

At national, provincial, regional, district levels there will be intersectoral committees as co-ordinating structures. Programmes and services at health facilities will be an integral part of the PHC service, especially the MCWH component of PHC. School based nutrition activities will be arranged through school governing bodies regardless of the implementing agency which could be a school nutrition project committee an NGO or CBO.

A framework for an effective referral system between the main health facility and community resources has been developed.

Funding for the INP will be from normal health budget allocations complemented by conditional grants and conditional funding where applicable.

Department of Health: Maternal, Child and Women's Health (MCWH) - (February 1995)

The policy is based on the assumption that equity is the first priority and the most vulnerable will be focused on first. Similarly, health problems that result in the highest morbidity and mortality must be tackled first and given financial resources.

MCWH is prioritised in the RDP and the National Health Plan. Key programmes include political support for international conventions, free health care (pregnant women and children under 6 years), immunisation, reduction of mortality and morbidity from common diseases, improved nutrition, health education for priority issues, increased and enhanced reproductive health services, development of a comprehensive women's health care services, effective measures against HIV/Aids and sexually transmitted diseases, protection against abuse and violence, enactment of appropriate legislation and redirected training and education for health workers.

The goal for children is:

To enable each child to reach his/her maximum potential within the resources available and to enable as many children as possible to reach adulthood with their potential uncompromised by illness, disability, environmental hazard or unhealthy lifestyle.

Clear objectives have been set to establish measurable health and development outcomes. For children the aim is to markedly lower neonatal, infant and under 5 mortality rates primarily through decreasing deaths and sickness from preventable disorders such as Acute Respiratory Infection (ARI), diarrhoea, malnutrition including micro-nutrient deficiencies, neonatal asphyxia-tetanus trauma and congenital syphilis, measles, pertussis, TB, malaria, Hepatitis B, and HIV. Poliomyelitis, severe malnutrition and rheumatic fever are also targeted for elimination. Drastic reduction in childhood injury, diminution in disability, handicap, child abuse, and ill health among school children are also objectives.

Delivery of services

The document proposes a balanced and integrated system of health facilities comprised of clinics, community health centres, and three levels of hospitals linked by referral patterns. These referrals generally match type, severity and prevention of disease and the need for health promotion and rehabilitation with the most suitable facility for service delivery and the most appropriately trained health personnel.

Services to home level are provided through outreach services, community based health care and self-care. Activities are to be undertaken to provide, promote and improve MCWH at home/community level. Staffing to include community members including teachers. Facilities at home level: use of community buildings as satellite clinics or health posts and these may include pre-school centres and schools.

Management

At each level from national to district there are interconnected administrative units with detailed functions for each. Intersectoral co-ordination through development committees will facilitate administration.

The functions of the MCWH Unit:

- Development of policy and co-ordination of all policies with other levels of the organisation and with other sectors.
- To work closely with education, welfare, law, labour, sport and recreation, educate.

EPI Technical Guidelines on Immunisation in South Africa, (September 1995)

The Expanded Programme of Immunisation in South Africa EPI (SA) is to prevent death and reduce suffering from diseases of childhood that can be prevented by immunisation of children and women. Immunisation against these diseases: measles, polio, diphtheria, whooping cough (pertussis), tetanus, hepatitis B and tuberculosis, remains the most cost effective health intervention presently known. EPI (SA) is a support programme which forms part of comprehensive Primary Health Care.

EPI targets for South Africa:

- 90% coverage for each EPI childhood vaccine by the year 2000;
- polio eradication by the year 1998;
- an average of fewer than 4 000 reported measles cases per year for a period of five consecutive years beginning in 1996; and
- reduction of neonatal tetanus to less than one case per 1000 live births in all health districts by 1997.

The Technical Guidelines outline the target diseases and vaccines. Basic immunisation schedules and strategies cover the routine immunisation of infants, age at initiating vaccination, intervals between multiple doses of the same antigen, simultaneous administration as well as contraindications.

In areas considered to be at high risk of neonatal tetanus, that is those that have reported a case in the last five years, a schedule for immunisation of pregnant women is given.

Strategies to increase coverage include:

- Increasing accessibility of services by a mix of fixed sites, outreach teams, mobile teams, immunisation teams in remote area.
- Identifying children who are behind on immunisation e.g. using community workers and/or volunteers and employing methods such as door to door visits to screen immunisation status.
- Involving service providers that do not currently vaccinate e.g. hospitals, private sector conducting health education and mobilisation for immunisation and preventive health care services.

Additional or booster doses may be given via routine childhood immunisation or in special delivery services such as nation-wide or localised campaigns.

In response to the detection of an outbreak of an EPI disease, rapid localised mass immunisation is conducted - outbreak response.

HIV Infection and Immunisation remove:

The guidelines include World Health Organisation/UNICEF recommendations for immunisation of HIV-infected children and women of childbearing age.

3.5 WATER AFFAIRS AND FORESTRY AND ECD

Working for Water Programme Annual Report (1996/7)

Water is a national competency and there are regional offices. The **Working for Water Programme** in 1996/7 provided 8300 jobs more than 53% of which, are held by women. The programme aims to contribute significantly to the development of community structures and a direct benefit is the support of crèches at virtually all of the existing projects. Projects provide equipment for crèches and subsidise the food costs, thus enhancing the nutrition of the children of the workers.

While the programme operates in catchment areas in all the provinces, it varies in size depending on the scale of the need. The Free State is the smallest and Northern Cape is also not very big. About half of all employees are in the Western Cape. The workers started as day labourers but are moving to a contractual basis. About 60% or more are women from female-headed households. In many communities 73% of employees are women. Local structures such as RDP forums, unemployment lists are used to assist recruitment. Wages vary from province to province.

Programmes fall under different structures depending on the project e.g. Nature Conservation in the Western Cape, Department of Water Affairs and Forestry in Mpumalanga, National Parks Board in other places.

Currently the Working for Water Programme is being moved from National Water Conservation into departmental structures where it will be overseen by an interdepartmental secretariat. The project hopes in 1998/9 to increase the number of jobs through funding from the Poverty Alleviation Fund. Seventy percent of the budget goes to implementation (mostly wages) and the rest to services human resources, equity, and training.

The policy is to assist community crèches and sometimes where there is no facility or no

accommodation in existing crèches to take a facilitative role in the establishment of a facility.

In the Western Cape there are 240 projects of which 150 or more involve crèches in some way. They provide a subsidy of between R 4 and R 6 per day. They are looking to a uniform standard of facility, access to crèches and sometimes where there is no accommodation at existing crèches take a facilitative role in the establishment of a facility. In the 1997/8 financial year approximately R 10 million went into child care subsidies in 94 creches, half of which were initiated by the Working for Water Project in KwaZulu-Natal alone. This is not scheduled expenditure.

While they pay a child care subsidy the Department of Water Affairs and Forestry does not see this as its responsibility. They are looking to local government to partner in this and for the RDP or Public Works to fund multi-purpose centres. Crèches get community water supply.

This project operates interdepartmentally including employment generation, links with reproductive health, nutrition, local government, etc.

3.6 SPORT AND RECREATION AND ECD

The Department directly funds the SANGALA (SA Games and Leisure Activities) **Movers in Action** pilot for 3 to 6-year-olds and indirectly funds the **Superkidz** programme through the National Sports Council which caters for children younger than 5 years.

The Movers in Action Pilot Programme will focus on formal and informal pre-schools in five provinces. Caregivers are equipped to present activities. The focus is on physical development, fun and aspects of wellness(health education including stranger danger). A resource kit bag including a loose leafed manual and wall chart for a 40 week programme has been developed. Equipment includes hula hoops, bean bags, balls, skipping ropes etc. The project budget is R 350 000 and so far it has been piloted in Eastern Cape with 30 educare workers identified by the Eastern Cape Regional Educare Trust and Northern Province where the Department of Sport and Recreation identified teachers and they have yet to complete the 30. After monitoring it will extend to the other provinces. The development of this project has involved inputs from Recreation South Africa (RECSA) Departments of Education, Health and Welfare, SA Heart Foundation and SA Association of Biokinetics (SAAB).

Superkidz is a Protea Sport Programme developed by the National Sports Council for children from 0 - 7 years. It is designed to help adults assist young children to enhance their self-image by achieving competence in basic movement and sport-related skills. A manual has been drawn up and teachers/caregivers trained in the different provinces.

3.7 LABOUR AND THE ECD SECTOR

Basic Conditions of Employment Act, No 75 of 1997

The Basic Conditions of Employment Act regulates service conditions and would apply to ECD practitioners not in the employ of national or provincial government. Some provisions of broader relevance for the ECD sector include provision for maternity leave, protection for pregnant or nursing employees and family responsibility leave.

Labour Relations Act, No 66 of 1995 and Labour Relations Amendment Act, No 42 of 1996

The Labour Relations Act governs the right of employees (any person who works for another person or the State and receives or is entitled to receive remuneration) to

- exercise labour rights without unfair discrimination or victimisation;
- join a trade union or workplace forum; and
- provides for the resolution of labour disputes.

Manpower Training Act (1981)

The Human Resource Development Sub-directorate: Special Employment Services connects with the ECD sector through its subsidisation of child care training programmes. In terms of the Manpower Training Act of 1981, Training of Unemployed Persons is subsidised by the Department of Labour. In the 1997/8 financial year, training in child care was offered to a total of 2849 persons. The outcome of the training is that given the relevant equipment, material and training the trainee will be able to administer and run a child day care centre effectively. The minimum entry requirement is Std 8. Outcomes and training duration are laid down with Child Care Level 1 and Level 11 being 40 days each. In 1997/8 training contacts amounted to R 3,304575.

3.8 SAFETY AND SECURITY AND THE ECD SECTOR

The national Department of Safety and Security sets the policy guidelines but crime is dealt with provincially by provincial commissioners. There is no specific programme/policy for ECD but all children fall within the ambit of the Child Protection Unit (CPU) which has both proactive (preventive) and reactive activities. The CPU is being transformed into a Family Violence, Child Protection and Sexual Offences Unit.

The national Department is responsible for the Child Protection Training Courses, which would include both training for preventive education programmes (public speaking) and for dealing with child victims. Proactive programmes take place at local level and talks are given to pre-school staff and parents.

3.9 JUSTICE AND ECD

Within the Department of Justice, the contact person for children was responsible for Victim Protection and Empowerment and the implementation of the NPA. Little attention has yet been given to the differing needs of children at different ages, the department dealing with children up to 18 as statutorily defined.

The National Child Protection Register is currently being developed. The Clerk of Court must furnish statistics to the Director General of Welfare, which will give information on the number of children in the ECD age range who are in contact with the criminal justice system.

Draft Victim Empowerment Programme (VEP)

The VEP is incorporated within the National Crime Prevention Strategy. Justice Vision 2000 acknowledges Victim Empowerment and Support and commits the department to the establishment of a policy and legal framework to address the needs and concerns of victims of crime without compromising the rights of the accused. This is to lessen the cyclical nature of violence and crime. Victims of past or current criminal activity if untreated frequently become perpetrators of retributive violence or violence displaced in the social or domestic arena.

The programme aims to:

- Enhance the effectiveness of victim empowerment as a deterrent to crime and a source of relief to support victims.
- Improve access of disempowered groups to the criminal justice process, including women, children, the elderly, refugees and victims in general.
- Redesign the criminal justice process to reduce blockages, empower victims and reduce unnecessary time delays.
- Provide a greater and more meaningful role for victims in the criminal justice process.
- Improve the service delivered by the criminal justice process to victims through increasing accessibility and sensitivity to the needs of victims.
- Deal with the harm caused by criminal acts by providing remedial interventions for victims.

Specialised services peculiar to the needs of the person must be part and parcel of a network of general services to victims and survivors of crime. Aspects of this include Witness Friendly Courts with separate waiting rooms with a special focus on women and child witnesses. Other practices/facilities available at some courts include the use of female prosecutors for child victim cases, training for court officials in some areas, use of anatomical dolls to assist with evidence, closed circuit television so that victims do not have to face the perpetrator, etc.

3.10 CORRECTIONAL SERVICES AND ECD

The Females and Youth Unit of Prison Services has included in its responsibilities which also cover all juvenile offenders aged 7 - 20, developing a policy as to how infants of female prisoners must be cared for. In some areas female staff members have been trained in the stimulation of babies and in Gauteng they are exploring a programme where local pre-schools sponsor and take children from Pretoria Central.

There are also crèches within prisons where mothers share the care. Custodial staff implement the stimulation programmes but there are professional inputs from Social Welfare concerning the placement of children. They try to place children in family care of some kind rather than institutional care.

In June 1998 there were a total of 180 infants and young children in correctional institutions with their mothers. 82% of them were under two years.

	0-1 year	>1 - 2 years	> 2 -3years	>3 - 4 years	>4 years	all ages
Free State	7	2	1	0	0	10
Mpumalanga	7	5	2	1	0	15
KwaZulu-Natal	23	18	4	4	2	51
Eastern Cape	11	2	0	2	0	15
Western Cape	9	12	4	1	2	28
North West	3	3	3	0	0	9
Northern Cape	2	7	1	0	0	10
Northern Province	8	7	1	1	1	18
Gauteng	12	10	1	0	1	24
RSA	82	66	17	9	6	180

Draft Departmental Order 11: Babies and Young Children

This draft policy has been distributed to all provincial commissioners for comment.

It provides for babies breastfed or dependent on care of mother to approximately 1 year and toddlers and pre-school age children under the age of approximately 5 years who are solely dependent on their mothers' care on the latter's admission to a correctional centre.

The policy is based on the principles of child-centredness i.e. taking account of all needs and providing a positive developmental experience and mother-centredness - taking account of the needs of the mother, development of parenting skills and the mother/child relationship as well as involvement of the wider family. Other guiding principles include permanency planning, the need for normalisation and for continuity of care.

The policy provides in detail for the accommodation, clothing, nutrition and medical care of children as well as for developmental stimulation through exposure to varied experiences, outdoor and indoor and in the wider community. The principle of best interests of the child is followed but the role of caring of the child in the rehabilitation of the mother is recognised. Guidelines for the care of a pregnant mother are also provided.

Draft guidelines for the care of babies/young children during the day by selected prisoners and personnel include recommendations as to their qualities and the adult/child ratios. After birth mothers should be given the opportunity to care for the child full time for three months or longer if necessary to promote bonding. Fathers' needs to bond should also be addressed. Parenting programmes should be made available for mothers and expanded to fathers.

The role of the multi-disciplinary team is to develop a time-limited plan for the child providing for lifelong relationships in a family/community setting. This may have short and long term goals and is developed in consultation with the mother. Should the mother's length of sentence be so long as to mean an eventual separation from the child, the multi-disciplinary team must decide whether an immediate separation would be preferable.

Issues identified in the draft policy for intersectoral liaison and cooperation are as follows: Justice, SAPS and Welfare should assist with placements of children not defined as babies/young children and Health and Welfare should be consulted to ensure that the Department is at par regarding matters pertaining to babies and young children.

ANNEXURE B

A LOCAL GOVERNMENT INTERDEPARTMENTAL ECD INITIATIVE

The Durban Metropolitan Council and Local Councils initiative provides an example of a process in which Local Government Departments worked to clarify their joint role and responsibility in ECD.

At an initial workshop in August 1997 existing services and roles in relation to ECD were defined including library, health, recreation, physical infrastructure, funding, monitoring, co-ordination etc. Problems were also identified: lack of staff, lack of uniformity in different substructures, childminder legislation not being applicable in all areas of the metropol and there being very limited recreation facilities.

The following components were seen as ones in which local government has a role:

Provisioning:

- Programmes for out of school children;
- age-appropriate recreational and educational resources;
- premises and facilities (multipurpose);
- access to MCH facilities; and
- safe, secure environment.

Physical infrastructure:

- Water, sanitation, electricity, communication, housing, community facilities.

Funding:

- Access to funds, affordability, equitable distribution of funds.

Monitoring:

- Health services and welfare department.

Co-ordination:

- Intersectoral collaboration, safe and secure community.

Public Education and Training

Policy and Planning:

- Setting standards, equitable development of services, effective planning.

Affordability:

- Review policy on support of community initiatives focus on playgroups.

From this workshop process a Discussion Document on the Role of Local Government in ECD was developed (Sherin Ahmed, Community Social Work Section, North/South Central Health Dept, Durban, April 1998).

The Discussion Document is located within an introduction to importance of ECD, the KwaZulu-Natal situation and national and local policy frameworks relating to young children.

Key issues identified included the Infant Mortality Rate, vulnerability, women and children, disability, the absence of data, devolution of responsibility to local level, and that "*Fragmentation and lack of co-ordination of services within and between municipal departments leads to wasteful and expensive overlap and isolated developmental initiatives*" (p 15).

Strategies needed:

Access to infrastructure, child protection (including labour, abuse, environmental pollutants), a supportive environment, communication, reduction in vulnerability (thorough safety nets, access to shelter, finance, infrastructure, decision making), security of tenure, special protection for special needs, strategic planning, decentralisation of funding, enhancement of women's status, recognition of role of municipalities, role of families, sustained economic development, training and retraining, information and communication systems, play and recreation facilities, partnerships, review of legislation, focus on poorest 40%.

Recommendations:

- Reprioritisation of budgetary allocations with a minimum permissible share of municipal budget allocated for child development purposes.
 - Co-ordinating mechanism.
 - Partnerships.
 - Innovative responses.
 - Consolidation of legal and philosophical framework.
 - Situational analysis.
 - Development of indicators.
 - Norms and standards.
 - Gender-sensitive programmes.
 - Political commitment.
 - DMC must become a child-friendly city.

Finally, there is a breakdown of specific minimum actions that can be implemented by local government to contribute and promote the holistic development of young children. Some services exist in certain local councils currently. It is seen that the individual and collective responsibility of the various council departments in partnership with politicians, other spheres of government, business, parents, NGOs and CBOs will realise the vision in the document.