



# HUMAN RESOURCES DEVELOPMENT STRATEGY FOR EARLY CHILDHOOD DEVELOPMENT

BASED ON THE NATIONAL INTEGRATED  
EARLY CHILDHOOD DEVELOPMENT POLICY



**basic education**

Department:  
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REPUBLIC OF SOUTH AFRICA



## **Human Resources Development Strategy for Early Childhood Development (based on the National Integrated Early Childhood Development Policy) (2018)**

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# **OUTLINE OF A HUMAN RESOURCES DEVELOPMENT STRATEGY FOR EARLY CHILDHOOD DEVELOPMENT**

**BASED ON THE NATIONAL INTEGRATED EARLY CHILDHOOD  
DEVELOPMENT POLICY**

**APRIL 2018**



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# INTRODUCTION

The *National Development Plan (NDP)* identifies Early Childhood Development (ECD) as a key instrument for achieving the development goals of the country. It sets as an objective, to: “[M]ake Early Childhood Development a key priority among the measures to improve the quality of education and long-term prospects of future generations.” The NDP, further, requires that “[D]edicated resources should be channelled towards ensuring that all children are well cared for from an early age and receive appropriate emotional, cognitive and physical development stimulation”.

In giving effect to the NDP, Government developed the *National Integrated Policy for Early Childhood Development* (hereafter referred to as the “NIECD Policy”) adopted by Cabinet in December 2015, which sets out the scope of a comprehensive early childhood programme and identifies the constituent parts of the comprehensive early childhood programme for the country.

The NIECD Policy recognises ECD as a fundamental right and a public good. It therefore calls for the public provisioning of ECD services and programmes to secure:

1. Universal availability of quality ECD services; and
2. Equitable access for children vulnerable to exclusion, including the youngest children (under 2 years), children living in poverty, children in under-served areas and children with disabilities.

This requires that government develop a comprehensive ECD system which can deliver the comprehensive package of quality ECD services. The system is envisaged as being built on the following platforms:

1. Services provided / appropriate platforms for delivery
2. Adequate financial resources
3. **Adequate human resources**
4. Adequate infrastructure, technologies and materials to support delivery
5. Information management and data systems for planning and quality control
6. Leadership, management and coordination of services
7. Enabling and regulatory policies, laws and procedures.

Pursuant to the above, the aim of the *ECD Human Resource Development (HRD) Strategy* is therefore to: “[D]evelop appropriate cadres of early childhood development practitioners, in sufficient numbers and with sufficient skills to support the implementation of the national integrated early childhood development policy and programme”.

The objectives of the Strategy are to:

- Ensure that sufficient number of appropriately qualified human resources are available to provide the services required in terms of the *National Integrated Policy for Early Childhood Development*.
- Ensure that the early childhood development workforce is adequately qualified and skilled to implement the provisions of the *National Integrated Policy for Early Childhood Development*.
- Conditions of services for all who work in early childhood development are consistent and equitable.

# METHODOLOGY AND LIMITATIONS

The methodology employed to generate this strategy involved the following:

- Literature review.
- Interviews with key stakeholders and implementing departments.
- Analyses of existing datasets.

Based on the above data sources, three papers were generated to inform the strategy:

- An overarching review and situational analysis of Human Resources in Early Childhood Development.
- An analysis on the size and shape of Pre-Grade R and Grade R provision in South Africa.
- A review of the training and skills of ECD practitioner in ECD centres.

The strategy was developed under the guidance of the Department of Basic Education and UNICEF.

The main limitations of the research that underpins this strategy are the following:

- Lack of clarity on policy options for key elements of the ECD programme.
- The Implementation Plan for the NIECD Policy was not yet finalized.

- Serious deficits or absence of credible data in most areas of ECD provision.
- Many implementing departments had not yet developed an official position and plan on the implementation implications of the NIECD Policy.

Given the above limitations, this strategy serves an important purpose of highlighting the critical next steps that need to be completed in order to proceed with the process of enumerating the human resources required for full implementation of the NIECD Policy by 2030.

## BACKGROUND AND PURPOSE OF THE ECD HRD STRATEGY

The ultimate goal of this ECD HRD Strategy is the establishment and institutionalization of an HRD system that enables successful delivery of the comprehensive ECD programme. The Strategy is therefore required to set out specific steps, based on an assessment of current conditions, to move the system toward a stage of full institutionalization.

The process of establishing the HRD system is comprised of a set of contingent steps, where each subsequent step is contingent on the completion of the previous step. To illustrate; in order to arrive at a credible determination of the number of ECD practitioners required, the following contingents step (or conditions) need to be in place:

- Policy which clearly defines what the service will constitute, how it will be delivered, by whom, what proportion of beneficiaries will receive the service, roles and competencies of practitioners who will deliver the service, the time intensity of delivering the service.
- Demographic analyses to determine the demand for the service.
- Policy decisions on the targeting and scope of coverage.
- HR policies on the training, conditions of service and performance management of practitioners.
- Budgeting and planning to define the size of the system.
- Training and development of prospective practitioners.
- HR system for the deployment, utilization and performance management of practitioners.

***The ECD HRD Strategy is therefore comprised of a collection of action strategies that are aimed at creating the conditions, within each area of work, to be able to move on to the next stage in a purposeful process designed to ensure a sufficient supply of adequately skilled human resources to effectively implement the Comprehensive ECD Programme; in accordance with the timeframes stipulated in the Implementation Plan.***

## INTENDED AUDIENCE

The primary stakeholder for this Strategy is the ECD Inter-Ministerial Committee (IMC) and implementing departments. In addition, the participation of the following stakeholders is critical to the success of this strategy and in the establishment and maintenance of an effective HRD system for ECD: Parents; Non-Governmental Organisations (NGOs); Trade Unions; Education and Training Institutions; Research Institutions; Rights Based Organisations; Religious Organisations, amongst others.

## POLICY IMPLICATIONS FOR ECD HRD

There is a global consensus on the critical role of ECD in improving lifelong health, well-being and economic outcomes for individuals and communities. In confirming the strong evidentiary foundation of early childhood development as a developmental imperative, the NIECD Policy states:

The centrality of early childhood development to the developmental initiatives to which the Government is a party (such as the Sustainable Development Goals [SDGs] and Education For All [EFAs] goals) is founded on an ever-growing body of evidence which confirms that a nation's development depends on the extent to which it can unlock the potential human capital inherent within its very youngest population.

Consequently, ECD is regarded as one of the most potent instruments in Government's policy arsenal to reduce income inequality by improving the human capital, and, therefore, the income potential of children from low income backgrounds. However, the evidence also shows that ECD provision will only make a positive impact on the reduction of inequality if the poor have access to ECD of good quality. Access to ECD services of poor or sub-optimal quality can in fact worsen inequality in society.

Adequate human resources are a critical systemic component of effective provision of comprehensive ECD services. The NIECD Policy commits government to secure universal availability of, and equitable access, to quality ECD services by scaling up provision of under-provided services.<sup>1</sup> Specifically, it commits to ensuring “sufficient qualified human resources to secure universal availability and equitable access to ECD services through the expansion of the size and diversity of the workforce to meet the assessed needs, ensuring the workforce is qualified and has the necessary skills and is adequately funded, for all publicly funded ECD programmes.

The NIECD Policy recognises that no one department or level of government is responsible, or can provide the essential or comprehensive package of ECD services. It recognises that effective “ECD programmes result from a series of mutually dependent partnerships of role players responsible for the well-being and development of children in South Africa. This includes different government departments, organisations, agencies and individuals. Many government departments within the three spheres of government bear responsibility for the specific services making up the national comprehensive early childhood development programme and services, and the identified essential components thereof.”<sup>2</sup>

By 2030, South Africa will require adequate human resources to deliver the following comprehensive package of services, through a diversified delivery platform, as contemplated in the NIECD Policy:

1. Home visiting programmes to be delivered by cadre of Community Health Workers (CHWs) who will be provided with training, skills, and competencies to provide a package of home-based ECD services
2. Parent group programmes in homes, clinics and communities to provide information about self-care, health and nutrition, early learning stimulation and service referrals
3. Child minders caring for up to 6 children offering good quality care, stimulation and early learning, referrals to other ECD programmes
4. Playgroups to provide learning activities and child socialization
  - a. 0 – 2
  - b. 2 – 3
  - c. 3 – 4
5. Toy libraries to provide access to developmentally appropriate educational play materials
6. Early learning programmes – centre and non-centre based
7. Mobile ECD programmes
8. Media.

The number, categories and competencies of human resources required to deliver the full breadth of services, listed above, must be determined by taking account of the responsibilities of each government entity. These responsibilities are spelt out in the NIECD Policy. In broad terms these can be summarized as follows<sup>3</sup>:

1. National departments are responsible for national planning and coordination; the development of national laws, policies and norms and standards; and the setting of high-level targets rests with the respective national departments (followed by aligned provincial and municipal target setting).
2. Provisioning of services (planning, funding, delivery, quality control and regulation, evaluation of compliance with standards, and impact, and reporting) is devolved to provinces.
3. In terms of the Constitution of the Republic of South Africa and the Municipal Systems Act No.32 of 2000 and the Children’s Act No. 38 of 2005, local government is responsible for:
  - a. Provision of basic services such as water and sanitation.
  - b. Contribution to constitutional rights such as health care, food and social security.
  - c. Development of policies and laws governing child care facilities, including child-minder services.
  - d. Municipal planning and spatial development, including providing land and regulating land use for child care facilities and for safe and adequate play and recreation facilities.
  - e. If the Department of Social Development (DSD) assigns partial care responsibilities in terms of the Children’s Act, they are responsible for provision of partial care services, including ECD programmes for 6 or more children, in terms of Section 88 of the Act (including registration, regulation, monitoring and evaluation of compliance with norms and standards).
  - f. Local governments must have 5-year ECD plans and review and revise their Integrated Development Plans (IDPs) and sectoral policies and plans to align with the Policy.

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1 Page 69

2 Chapter 6, page 65

3 Page 66

In addition to having enough practitioners that are required to deliver a service, each implementing entity will have to ensure that it has sufficient human resources and systems capacity to perform the following functions:

1. Co-ordination and management;
2. Population-based planning;
3. Funding;
4. Infrastructure;
5. Regulation of public/ private models;
6. Registration and regulation;
7. Monitoring and evaluation; and
8. Provision of services.

#### Implications for the ECD HRD Strategy

- Each department or entity, with assigned responsibility, in all three spheres of Government is required to “develop appropriate cadres of early childhood development practitioners, in sufficient numbers and with sufficient skills to support the implementation of the national early childhood development policy and programme”<sup>4</sup> pertaining to their respective mandate.
- In addition, over and above the HRD provisions made by individual entities, sufficient human resources and systems capacity is required to execute the planning, policy, leadership and management functions of the Comprehensive ECD Programme as a whole. The purpose of the ECD HRD Strategy is to ensure that this process is implemented in a coherent and coordinated manner; without divesting the power, authority and responsibilities of individual departments.

## PHASING OF THE ECD HRD STRATEGY

The NIECD Policy requires that HRD must be planned and prioritised to meet the goals, objectives and time lines of the policy, which are stated as follows:

1. **Support achievement of the short-term goal for 2017:** To have established the necessary legal frameworks, established the organisational structures and institutional arrangements, undertaken the planning, and put in place the financing mechanisms necessary to support and realise its commitments to ensure universal availability of, and equitable access to, early childhood development services.

**Implications for HRD:** This requires that the human resources necessary to put in place the systemic and institutional foundations of the integrated ECD system, envisaged by the policy, must be prioritised. Specifically, it entails developing the leadership, coordination, and management capacity to drive the policy development, planning, programme development management, information management systems development, and development of financing systems that are necessary to enable the multiple sectors / line departments to work effectively in realising the medium-term goal of universally available essential ECD services.

2. **Support the attainment of the medium-term goal:** By 2024, age and developmental stage appropriate essential components of the comprehensive ECD programme are available and accessible to young children and their caregivers, with further and specific priority given to provision of the following services and following vulnerable groups:
  1. Family and home-based support for pregnant women and children up to the age of 2 years
  2. Under-served areas, especially rural areas and informal urban areas
  3. Children living in poverty; and
  4. Children with disabilities.

**Implications for HRD:** This will require the availability of adequately competent cadres, in sufficient numbers, in the required categories, to deliver the breath of services contemplated in the medium-term goal. In the case of existing services, provision, will have to be made for an adequate supply of competent cadres to meet the expansion targets for these services. In the case of new services; the process will have to begin to establish the policy and legislative frameworks and ensure adequate supply of competent cadres to meet demand by the target date. If the target of 2024 is to be met, given the lead time to achieving the required outputs, it is necessary for the processes to begin at the commencement of the implementation of the ECD HRD Strategy.

3. **Support the attainment of the long-term goal:** By 2030, a fully comprehensive age and developmentally stage-appropriate quality early childhood programme is available and accessible to all infants and young children and their care givers.

**Implications for HRD:** By this stage, the comprehensive ECD programme needs to be supported by a fully functional and institutionalized HRD and HR Management System for ECD.

## PRIORITISATION

Implementation of the Comprehensive ECD Programme is undoubtedly a formidable enterprise. It requires a massive investment of planning, human and financial resources and institution building. Careful and prudent consideration needs to be given to what will be done and by when. In short, the need to prioritise is unavoidable. The decisions on prioritization of the roll out of the overall programme, as captured in the implementation plan, will determine how the implementation of the ECD HRD strategy is prioritized.

The NDP, advances the following prioritization:

1. Make 2 years of quality preschool enrolment for 4 and 5 year olds compulsory before Grade 1. All children should have at least 2 years of pre-school education.
2. The state is responsible for ensuring that all vulnerable families receive a comprehensive package of early childhood development services.
3. Home and community-based early childhood development interventions should be piloted in selected districts. Financing for this initiative could involve working closely with foreign donors and private sector funders.

The NIECD Policy indicates that priority must be given to the following programmes<sup>5</sup>:

1. Support for pregnant women, new mothers/fathers and children under 2 years of age
  - a. Through integrated care during ante- and post-natal visits (home and centre-based).
  - b. Through delivery of services in the Road to Health Booklet to assess and remedy health and development problems in young children.
  - c. Supportive home visits by CHWs to vulnerable mothers to provide a holistic and integrated package of essential ECD services.
  - d. Clinic- and community-based support groups for women and babies.
  - e. Provide systemic training and support for child minders who provide daily care for children under 2 years.
  - f. Facilitated pre-registration of pregnant women in the 3<sup>rd</sup> trimester for the Child Support Grant (CSG).
2. Development of a national food and nutrition strategy for children under the age of 5 years
3. Provision of universal, developmentally appropriate early learning opportunities through a diversified delivery platform, including:
  - a. Home-visiting and health-facility based programmes designed to stimulate the knowledge, capacity and provision of early learning support in parents and caregivers.
  - b. Early learning services through child-minding services.
  - c. Community-based early learning play groups for mothers and children 0-4.
  - d. Community-based structured early learning play groups for children 2 – 4 years.
  - e. Formal early learning and development programmes for six or more children (in centres and non-centre based).
  - f. Increased parental demand for early learning opportunities.

<sup>5</sup> Para 5.3, page 61 of the Policy

4. Inclusion and support for children with disabilities within all ECD programmes.
5. Public communication about the value of ECD and how to improve children's resourcefulness.

In addition, questions have to be answered as to whether the focus in the initial phase should be on expanding coverage or focusing on improving quality. Should coverage come first, and quality improvements follow? Depending on whether you focus on quality or coverage involves a trade-off between child-development outcomes and equity of access.

There are two main factors that will drive decisions on prioritisation and the sequencing of implementation. The first, relate to the fiscal capacity to fund the necessary material and human resources required to deliver specific services. The second factor relates to the lead time required to reach a stage of readiness for implementation. Assuming we lived in an ideal world and that all the money required is immediately available, then in terms of human resources development the lead time to reach a stage of full capacity for comprehensive coverage will be determined by the following:

- The time to complete the policy and statutory frameworks for competency frameworks; qualifications requirements; conditions of service (including remuneration policy); posts determination; allocation and utilization of practitioners; budgets;
- Time to implement the required institutional provisions, including things like the management and monitoring capacity;
- Recruitment of high quality entrants and training of human resources; and
- Training of existing practitioners and people in the service delivery chain who will be taking on additional and/or revised service delivery responsibilities.

This strategy has been compiled under circumstances of severe constraints on Government's spending capacity, which are expected to continue at least for the medium-term. The financial resources available for implementation of the comprehensive ECD strategy will be the outcome of competing priorities. The options available for prioritization necessitated by financial constraints are the following:

- Begin by delivering only the most critical services (defined as those services vital for early childhood development);
- Delivering these services to the most vulnerable and marginalized (shaped by poverty, disability, geographic location and family circumstances);
- Targeting certain geographic areas and then progressively expanding the scope of delivery to include wider coverage; and
- Calibrating the mix of government and NGO/private modalities in service delivery.

How these questions are ultimately answered will influence the national ECD HR requirements, and ultimately the implementation of the ECD HRD strategy.

## **HRD NEEDS AND STRATEGIES FOR PROGRAMME DELIVERY**

The following sections deal with individual sub-programmes or services. In each instance, the prerequisites for implementation are assessed against the scope of programme delivery. Where the relevant policies, data and other essential required information is available, an analysis is conducted to determine the workforce requirements to the extent that the existing information allows. In most instances, however, any effort to determine workforce requirements is premature and not possible because the basic policies and activities have yet to be developed and the necessary data still need to be generated. In such instances, the HRD Strategy identifies the first critical steps that must be executed in order to proceed to the stage of workforce determinations.

The approach adopted in each of the programme delivery areas is to begin with an analysis of the current status in the area, an overview of the numbers (where these are available), an analysis of HRD implications to the extent that available information allows and, finally, the elaboration of a set of action recommendations that will move the implementation of the ECD HRD Strategy progressively forward.

## Programmes prioritised in the NIECD Policy

This section provides an overview of a select number of the human resource requirements, availability, and gaps in relation to 2 of the 5 ECD programmes prioritised in the ECD Policy. These are:

1. Support for pregnant women, new mothers/fathers and children under 2 years of age
  1. Through integration of services in Antenatal Care (ANC) and Prenatal Care (PNC) services.
  2. Through supportive home visits by CHWs to vulnerable mothers to provide a holistic and integrated package of essential ECD services.
  3. Community-based playgroups.
  4. Through CSG pre-registration services.
2. Provision of universal, developmentally appropriate early learning opportunities through a diversified delivery platform, including:
  1. Home-visiting and health-facility based programmes designed to stimulate the knowledge, capacity and provision of early learning support in parents and caregivers
  2. Community-based early learning play groups for mothers and children 0-4
  3. Community-based structured early learning play groups for children 2 – 4 years
  4. Formal early learning and development programmes for six or more children (in centres and non-centre based)
  5. Increased parental demand for early learning opportunities.

**Implications for HRD:** It is not possible to cover the full range of services within these 2 programmes, as well as the remaining three priority programmes (Development of a national food and nutrition strategy for children under the age of 5 years; Inclusion and support for children with disabilities within all ECD programmes; and Public communication about the value of ECD and how to improve children's resourcefulness) because the necessary frameworks are not yet in place. The critical first step is therefore to establish the policy frameworks; data systems and analysis that are necessary to proceed with the determination of HRD requirements.

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

The ECD policy allocates primary responsibility for the provision of services under this programme to the Department of Health (DOH). The programme components can be broken down into three further sub-components (following the framework adopted in the ECD investment case (Desmond, et al., 2016). The framework breaks the package down according to the stage of development / age of the child at which services are provided, each of which have different HR needs and implications.

1. **Development and delivery of a package of nutrition interventions in pregnancy**
  - 1.1 Multiple micronutrients targeted at 65% of pregnant women
  - 1.2 Food supplementation for undernourished pregnant women (10%),
  - 1.3 Mass media and antenatal care-based education campaign targeted at 65% of women to encourage optimum nutrition during pregnancy; and
  - 1.4 Pre-registration for the CSG.

**The HR implications:** the need for additional personnel for the DOH will be minimal as services would be integrated into existing ANC services and under-5 communications campaign in development by the DOH (Desmond, et al., 2016). The shortfall will primarily be in HR training:

1. Health care workers will require in-service training on the CSG pre-registration benefits and system
2. South African Social Security Agency (SASSA) officials at application points would also have to be trained on the benefits of, and the application of the system.

2. **Home visits for at-risk mothers of children under 2 years.**

Community health workers conduct weekly one-hour sessions with the infant and caregiver providing educational and psychosocial support on how to engage in play and communication and responding to the needs of the infant.

The Policy envisages that the DOH would roll this out as it is the only government department with the infrastructure to support the programme.

**The HR implications for the health sector are significant.** To reach 30 % of the targeted population (high-risk parents and caregivers) would require:

1. 20 000 homebased care workers (mainly CHWs); and
2. 700 supervisors and managers would have to be employed / trained.

Existing CHWs could be trained – this requires significant investments in training and salaries. The service could be integrated into the existing cadre of CHWs (Desmond, et al., 2016).

### 3. Community-based playgroups for mothers and children (0-3)

- a. Bi-weekly 2-hour sessions;
- b. Targeted at 0-3-year olds;
- c. Requires over 30,000 staff to implement;
- d. Could be achieved by subsidies to NGOs as per the Chile model; and
- e. Supervision and monitoring staff would be required.

**The HR implications for the DOH are unclear,** as it is unclear which line department would be responsible

- Health has the infrastructure, but it's not clear if it falls within its mandate;
- DSD may consider it part of its mandate, but does not have the infrastructure or systems and the cost implications of this are high, as would be the staff required to oversee it (Desmond, et al., 2016); and
- Department of Basic Education (DBE) is responsible for the implementation of the learning programmes but does not have the staff required to manage.

### Where will the parenting workforce come from? Who will fund the workforce, train the workforce? DSD, DOH, DBE?

- a. The workforce for parenting programmes can come from either the Community Health Workers (CHWs) within the health system or could be rolled out through the Expanded Public Works Programme (EPWP) and NGOs contracted by DSD.
- b. There is currently no formal parenting programme in place.
- c. There is currently no formal training for parenting programme workforce.
- d. There is no career path for the parenting workforce.
- e. There is no recognised profession known as parenting support workforce.
- f. This leaves many questions that would have to be answered before an HR strategy can be developed to ensure an adequate supply of appropriately trained parenting professionals. Who are they; what are they; do they get registered, and with what structure?

**Implications for HRD:** The critical next step of clarifying the policies, modalities for delivery and roles and responsibilities needs to be completed in order for the HRD implications to be determined.

### Assessing the potential of using Community Health Workers to the deliver the programmes

The Policy identifies the DOH's CHWs as the primary vehicle for delivery of early childhood development services for 0-2s, including parent support, education, early learning and stimulation and health and nutrition.

Numerous studies show that CHWs hold significant potential to improve the health status of the population, including young children. However, to realise this potential requires adequate and equitable coverage and the provision of high quality services (Daviaud & Besada, 2017).

The availability and service delivery coverage of CHWs across provinces is explored in the tables below.

In 2017, there are 62,824 Outreach Household (OHH) CHWs supervised by a team leader.<sup>6</sup>

<b>KZN</b>	18,958
<b>Limpopo</b>	4,933
<b>Mpumalanga</b>	5,508
<b>Northern Cape</b>	838
<b>Gauteng</b>	8,082
<b>Free State</b>	1,639
<b>Eastern Cape</b>	13,944
<b>North West</b>	8,922
<b>Total</b>	62,824

The number of OHHs receiving pregnancy care in 2017 totaled 55,209.

<b>KZN</b>	20,173
<b>Limpopo</b>	6,012
<b>Mpumalanga</b>	1,968
<b>Northern Cape</b>	2,072
<b>Gauteng</b>	8,293
<b>Free State</b>	2,237
<b>Eastern Cape</b>	7,575
<b>North West</b>	6,879
<b>Total</b>	55,209

The number of OHHs receiving postnatal care in 2017 totaled 42,903.

<b>KZN</b>	17,181
<b>Limpopo</b>	5,221
<b>Mpumalanga</b>	1,791
<b>Northern Cape</b>	1,258
<b>Gauteng</b>	6,023
<b>Free State</b>	1,224
<b>Eastern Cape</b>	4,935
<b>North West</b>	5,270
<b>Total</b>	42,903

The number of OHHs receiving under-5 care in 2017 totaled more than half a million (599,557) and the number of OHHs with children under the age of 5 was close to 800,000.

<b>KZN</b>	195,895	268,299
<b>Limpopo</b>	79,677	97,089
<b>Mpumalanga</b>	23,170	27,862
<b>Northern Cape</b>	15,214	16,967
<b>Gauteng</b>	63,734	72,464

<sup>6</sup> Data provided by the DOH's, Maternal, Child and School Health Directorate, July 2017

<b>Free State</b>	20,792	33,965
<b>Eastern Cape</b>	96,623	130,965
<b>North West</b>	104,452	131,381
<b>Total</b>	599,557	779,092

The number of households receiving more frequent home-based intensive care (for bedridden patients) in 2017 was 75,678

<b>KZN</b>	21,789
<b>Limpopo</b>	21,181
<b>Mpumalanga</b>	1,142
<b>Northern Cape</b>	5,956
<b>Gauteng</b>	5,331
<b>Free State</b>	1,603
<b>Eastern Cape</b>	6,654
<b>North West</b>	12,022
<b>Total</b>	75,678

Based on the numerical spread and services already being offered, there are several in-built opportunities, benefits and strengths in using this existing CHW platform as a vehicle for driving the comprehensive under-2 ECD programme.

Strengths / synergies inherent in the CHW workforce, include the following (Saloojee, 2014) (Desmond, et al., 2016):

1. CHWs have an established footprint and infrastructure and systems to support rapid scale up of ECD services in communities and amongst, especially vulnerable, children and households targeted by the Policy.
2. CHWs are indeed mandated to identify and support vulnerable families in under-serviced areas. This reflects coverage and alignment of the CHW mandate and the ECD prioritisation of securing services for the most vulnerable children and families in under-serviced areas.
3. They are already integrated into the public health system platforms, including the human resourcing systems, budgets, and monitoring frameworks.
4. There is a strong synergy or alignment between the ECD package of services and the existing CHW and health system functions, especially the health and nutrition-related services.
5. The CHWs are part of the broader Primary Health Care (PHC) package which seeks to universalize access to promotive health services by vulnerable families. As such CHWs are envisaged to serve as the entry point to a much wider network of services and the system has an established system of referral mechanisms in place – a key requirement of effective access to comprehensive ECD services for the youngest children.
6. There is a formal CHW training programme in place that covers a number of ECD domains – especially child health and nutrition.
7. There are existing quality monitoring systems in place.

#### **Current challenges / weaknesses with the CHWs and supporting health systems**

Whilst the current health system and cadre of CHWs present significant opportunities for rolling out universal, quality ECD services for children aged 0-2 years, there are a number of equally significant challenges which would need to be addressed through a HR systems strengthening initiative to support the ECD Policy goals and attainment of the intended outcomes.

Based on numerous reviews, The DOH is constantly seeking to address and remediate the challenges and shortcomings pertaining to the efficacy of CHWs.

Of particular concern, in the context of the ECD HRD strategy is the need to address the apparent lack of clarity on whether the norms and standards in the Children’s Act governing ECD programmes apply to ECD practitioners and programmes in the health sector. The Act stipulates the number and qualifications of staff working in ECD programmes. It requires practitioners to:

- Have a formal qualification in ECD at National Qualifications Framework (NQF) Levels 1 – 6 or

- An appropriate ECD qualification; or
- A minimum of 3 years' experience in implementing ECD programmes; or
- Appropriate knowledge of ECD and various skills.

The Norms and Standards in the Children's Act set out staff ratios for ECD programmes:

- a. 1 – 18 months 1:6
- b. 18 months – 3 years 1:12; and
- c. Requires that all ECD programme staff must also be screened against the Sexual Offences Register.

For the purpose of informing important decisions that need to be made in the implementation of the ECD HRD Strategy, it is important to clarify if these requirements do, or should apply to health workers providing ECD programmes? Or will more appropriate ratios be applied? If so, a decision must be made as to what ratios will apply in the case of CHWs and supervisors for ECD home-visiting programmes and services?

**Implications for ECD HRD and recommended actions:**

1. The PHC re-engineering process, the Ward Based Outreach Team (WBOT) teams and supporting systems will have to be reviewed through an ECD lens and revised to ensure a match between supply and demand. In addition, decisions will have to be made as to whether these policies are subject to the Children's Act, and indeed whether the Children's Act provisions apply to all ECD programmes, including those provided by health, and the ensuing HR system will have to be tailored accordingly to make provision for issues such as staff ratios, qualifications and programme monitoring and registration.
2. A decision must be made about the relationship between ECD programmes provided by the DOH and the current regulatory framework in the Policy and Children's Act, and the Children's Act and DOH policies amended accordingly.
3. The National Health Insurance (NHI) Policy and PHC re-engineering policy should be revised to align with, and advance the realisation of the DOH's ECD responsibilities, specifically by ensuring that the HR platforms / key service delivery platforms have a strong ECD focus.
4. A CHW policy should be developed, as part of the WBOT Policy or as a standalone Policy, by the DOH and clarify and standardize the roles and responsibilities, training, basic conditions of employment, qualifications and remuneration of CHWs to align with the ECD policy and HR principles and requirements as articulated in the emerging ECD HR Development Strategy
5. The ratio of CHWs to households with young children under 2 should be revised. The ratio should be much lower than at present; rather than 1:250, it should be 1:20 (Saloojee, 2014). It should be even lower for the 30 percent of most vulnerable children under 2 years, who should, as in the case of bed-ridden patients, receive two weekly home visits from appropriately trained home-based carers.
6. CHW: Household ratios (HH) / norms should be lower in rural than in urban areas. Deep rural areas require 33% more CHWs than urban areas (Daviaud & Besada, 2017). Proposed norms are:
  - a. Urban 1:250
  - b. Rural: 1:169
  - c. Deep rural: 1:96
7. The package of services provided by the CHWs – their scope of work – should be reviewed and aligned with the ECD policy responsibilities.
8. The management and mentoring requirements of CHWs vis-à-vis their ECD responsibilities must be mapped out and the scope of work of professional nurses and the rest of the WBOTs aligned to meet these.
9. Job descriptions, job aids and tools, and Key Performance Areas (KPA) of WBOTs should be reviewed and aligned appropriately.
10. CHWs should be trained, supported and managed to use the RtHB, including the development screening components.
11. The CHW entry requirements, training package and competency assessments should be reviewed and aligned with the stated ECD requirements.
12. Training should be rolled out through more efficient mechanisms to speed up the roll out.
13. Employment status and quality control measures for CHWs must be reviewed and standardised across provinces to ensure consistency in coverage, accountability and quality of ECD services through the health system.

## Provision of universal, developmentally appropriate early learning opportunities through a diversified delivery platform

The policy prioritises the development and delivery of a suite of services across a diversity of delivery platforms to ensure availability of quality early learning opportunities from birth until the child enters formal schooling. The required platforms include:

1. Home-visiting and health-facility based programmes designed to stimulate the knowledge, capacity and provision of early learning support in parents and caregivers.
2. Early learning services through child-minding services.
3. Community-based early learning play groups for mothers and children 0-4.
4. Community-based structured early learning play groups for children 2 – 4 years.
5. Formal early learning and development programmes for six or more children (in centres and non-centre based).
6. Increased parental demand for early learning opportunities.

The home-visiting and health-facility early learning programmes and their HR implications have been discussed under the previous sub-heading. Any analysis or recommendations in respect of early learning services through child-minding services is challenging because the programme parameters have not yet been defined. The following sections therefore focus on the remaining programmes.

### Parent support programmes

Parent support programmes are required in terms of the policy. However, there is currently uncertainty as to which department is responsible for parenting programmes, and equally so, a lack of clarity on the cadre of workers that will roll out the programme.

The situational analysis on which this Strategy is based, confirmed that the parenting programme must be built from scratch. There is currently no parenting programme in the DOH and DSD has, with the support of UNICEF and NGOs in the National Early Childhood Development Alliance (NECDA), started building the foundations of a parenting programme. The parenting programme is therefore in its embryonic stages. A manual has been developed and training is being rolled out through a Train-The-Trainer model. The NECDA, Training and Resources in Early Education (TREE) and Cotlands will be doing the Training of Trainers. The goal is to train 17 000 trainers across the country. The project is a pilot and the lessons learned from it will be used to develop the national programme and workforce.<sup>7</sup>

There is therefore at this stage not a clear implementation plan, with coverage targets, or a plan as to where the cadre of workers will come from to meet the Policy requirements for parenting programmes. The policy requires universal availability and equitable access, and the DSD recognises that achieving this level of scale up will require an integrated workforce, drawn from DSD, NGOs and the DOH. Some discussions have started between DSD and DOH about the possibility of an integrated workforce<sup>8</sup>, but these initial discussions have not yet moved to concrete strategic planning stages. In addition, there are a number of other possible departments and workforces that could deliver parenting programmes, such as social services practitioners in KwaZulu-Natal (KZN) doing ward-based work, community development workers employed in terms of the EPWP and by local government. However, much still needs to be done to bring them together.<sup>9</sup>

#### HRD Implications and recommended actions:

1. Develop a national consolidated and integrated policy for parenting programmes, together with an implementation plan, co-developed by the DOH, DSD, and DBE, Co-operative Governance and Traditional Affairs (COGTA) and others.
2. The integrated plan should include coverage targets, as well as the framework for human resourcing which identifies the relevant cadre of workers, responsible line departments, staff or household ratios, salaries, working conditions, and registration requirements.

### Early learning through playgroups

In the case of playgroups, a similar scenario made it challenging to conduct a useful situational analysis in preparation for the development of an HR strategy to ensure universal availability of quality services, notably for vulnerable children.

<sup>7</sup> Interview, Chief Director, ECD Chief Directorate, DSD - Musa Mbere

<sup>8</sup> Musa Mbere has spoken to Dr Dhlamini

<sup>9</sup> Interviews, Musa Mbere and Lidia Pretorius, DSD

There is no finalized national playgroup programme / plan in place which provides coverage targets, goals and objectives; that identifies with certainty who or what the workforce is or should be; or which department will employ them as well as be responsible for training, quality monitoring and improvement; and what funding model will be used and the associated implications related to the role of NGOs as employers or partners.

The Policy envisages a split in responsibilities between the DOH and DSD. It assigns responsibility to the DOH for programmes, including playgroups for children aged 0-2. It further envisages that the DOH will deliver these services through a combination of CHWs and clinic-based playgroups. The Policy suggests that the programmes for older children aged 2 – 4 years, will be provided through playgroups and centres which are planned, registered and provided by the DSD. It further envisages that services will be provided by practitioners employed by the DSD or by NGOs contracted by the DSD to provide the services.

Biersteker (2014) suggests that for non-centre programmes or playgroups, the implementing workforce ratios, should be different for different age groups:

- Playgroups for mothers and children up to 30 months:
  - For supervisory coordinators: 1:25
- For groups for children 30 – 60 months:
  - For supervisory coordinators: 1:25
- Playgroup facilitators 1:20 play leaders (visit playgroups twice a month for oversight, documentation and support)
- Playgroup leader: 1 per 20 groups (would meet twice a week)
- Playgroup assistant: 1:20

#### **HRD implications and recommended actions:**

The actual numbers that will be required for full coverage of the target population will depend on the parameters of the programme which are yet to be defined. Thus, it is not possible to estimate the current availability and associated shortfall of implementing and supervisory practitioners for playgroups.

## **Provision of pre-Grade R and expansion of Grade R**

The NDP identifies the following as an explicit priority: “Make 2 years of quality preschool enrolment for 4 and 5 year olds compulsory before Grade 1. All children should have at least 2 years of pre-school education”.

Policies and delivery, in relation to Grade R and pre-Grade R provision, although not complete have been developing over the last few years. This, coupled with the available data, made it possible to do a fairly detailed analysis of demand and the possible workforce implications of expanding provision to pre-Grade R. The analysis which follows is based on a detailed paper prepared to inform the development of the ECD HRD Strategy.

Two policy pressures stand out. Firstly, the quality of Grade R, which around 72% of children now access through ordinary schools, needs to be strengthened. Secondly, all children should eventually have access to a year of education in the year preceding Grade R.

In the existing system, government funds ECD centres catering for around 685,000 children. Only around 240,000 of these children are in the pre-Grade R stage, meaning children who will enter Grade R in the next year. Most of the remaining 445,000 children are younger than this level. The 240,000 figure translates to 23% of an age cohort. Thus 77% of the target population for a year of pre-Grade R education are not funded by the state. About 26% of the target population are not enrolled anywhere, whilst 51% are enrolled but not funded by the state. These figures do not reveal how poverty correlate with these categories. More work on this question is needed but it can confidently be assumed that, in general, the poorer the household, the lower the access to an ECD service. It may even be that public funding systems fail to target the poorest.

If, as is contemplated in the NDP, a pre-Grade R year is prioritized in the early stages of the implementation of the ECD Policy goals, the main task would be to plan for an expansion of current funding and provision of pre-Grade R (the target population being approximately age 3.5 to 4.5 at the start of the school year). Removing the funding of younger children where this already exists may not be a feasible or defensible option.

### Implications for HRD

In moving forward, difficult choices will have to be made in relation to limiting unit cost increases and, probably, reducing class sizes, particularly in Grade R, by reducing child-to-teacher ratios.

In Grade R, each teacher costs around 40% of what a teacher in the other school grades costs. However, Grade R teachers are relatively unqualified. Roughly a third have not successfully completed Grade 12 and only around one-fifth hold a degree.

### Implications for HRD

Raising qualifications levels inevitably means the average cost of a Grade R teacher will increase over time. Better qualifications can improve the quality of teaching and learning, if the conditions in classrooms are right and adequate incentives exist for teachers to perform well.

At the pre-Grade R level the average cost of a teacher, or practitioner, is even lower, amounting to as little as one-tenth of the cost of a grades 1 to 12 teacher according to some sources. Yet the qualifications of these practitioners are not much lower than practitioners teaching Grade R in schools (as already mentioned, a third of the latter group has not completed Grade 12). The good story about pre-Grade R classes is that they are considerably smaller than Grade R classes, the average being 22. It is possible that learners in the year before Grade R (aged 3.5 to 4.5 at the start of the year) experience somewhat larger classes, but they would still be considerably smaller than Grade R classes. The planning dynamics for a year of education preceding Grade R are in some ways more straightforward than those governing Grade R in schools. Virtually all practitioners teaching this level are employed by ECD centres, which in turn may be funded through a public subsidy. In contrast, over two-thirds of Grade R teachers in schools are provincial employees (the exact percentage is not readily available), which implies far more centralised negotiation around salaries.

### Overview of the numbers

The following tables provide a synopsis of numbers pertaining to the size and shape of this area of provision

**Table 1: ECD enrolment by age and type (2015)**

	0	1	2	3	4
Grade R	0	1	1	2	8
Pre-school/nursery school/Grade 00/Grade 000	1	3	6	12	17
Creche/educare centre	4	12	22	31	36
Day-mother/gogo	18	17	14	8	9
Other	0	1	0	0	1
None	74	64	55	44	27
Do not know	0	0	0	0	0
Unspecified	2	2	2	2	3
	100	100	100	100	100

Source: Analysis by Martin Gustafsson of General Household Survey 2015 data, available at <https://www.datafirst.uct.ac.za>. Age is age on the survey day, which was in the middle of the year.

**Table 2: Enrolment numbers (thousands) and ratios**

ER	Number of learners in all ordinary schools 2016	Number of Grade R learners in independent ordinary schools 2016	DBE estimate of % of children going through Grade R (2015)	GHS % of children			ECD centre enrolments in 2013-14 audit	ECD centre enrolments in 2013-14 audit: age 3	ECD centre enrolments in 2013-14 audit: age 4	ECD centre enrolments in 2013-14 audit: age 5 and older
				enrolled age 3 in middle of year (2013-2015)	enrolled age 4 in middle of year (2013-2015)	enrolled age 5 in middle of year (2013-2015)				
	ER	EIR	EE	EG3	EG4	EG5	EA	EA3	EA4	EA5
EC	136	4	100	51	76	87	75	23	14	7
FS	38	1	96	66	82	90	100	25	25	15
GP	120	17	79	62	81	84	171	44	40	22
KN	192	5	90	55	72	85	109	34	25	9
LP	126	4	100	54	73	90	162	56	42	8
MP	65	2	95	47	67	86	94	28	24	12
NC	19	0	95	59	70	86	27	8	7	3
NW	51	2	88	46	65	84	47	14	12	7
WC	68	4	100	59	71	81	132	35	33	15
SA	813	39	96	56	74	85	917	267	222	99

**Table 3: Staff numbers in ECD centres (2013-14)**

	Principal or matron in 2013-14 ECD audit	Supervisor in 2013-14 ECD audit	Practitioner in 2013-14 ECD audit	Assistant practitioner in 2013-14 ECD audit	Support staff in 2013-14 ECD audit	Total staff in 2013-14 ECD audit
	SAM	SAS	SAP	SAA	SAX	SA
EC	605	347	1,339	308	1,018	3,616
FS	918	42	3,145	173	1,478	5,757
GP	1,539	153	6,363	554	2,258	10,868
KN	484	589	3,083	324	2,411	6,890
LP	2,229	277	4,010	290	4,062	10,867
MP	1,146	70	2,910	254	1,891	6,271
NC	287	121	754	105	541	1,807
NW	202	488	1,346	53	836	2,924
WC	1,702	173	4,414	965	1,392	8,646
SA	9,109	2,260	27,364	3,027	15,886	57,646

**Sizes of Grade R classes in schools.** Using the Annual Survey of Schools (ASS) data (for which the questionnaire is available on the DBE website<sup>10</sup>), the average was found to be 37 for Grade R, with the median being 34. For Grade 1, the ASS analysis produced a mean of 42 and a median of 40, so Grade R classes are smaller than Grade 1 classes by around five learners. The provincial values are given below.

**Table 4: Grades R and 1 class sizes in public schools (2013)**

	Grade R		Grade 1	
	Mean	Median	Mean	Median
EC	37	34	44	40
FS	33	34	39	40
GP	34	33	43	42
KN	35	33	41	40
LP	48	45	45	43
MP	34	31	42	41
NC	33	32	37	37
NW	40	40	42	41
WC	30	30	37	37
SA	37	34	42	40

10 <http://www.education.gov.za/Portals/0/Documents/Forms/ASS%20Ordinary%20Schools%202014.pdf?ver=2015-01-29-154614-403>

## Implications for HRD of expanding pre-Grade R and Grade R provision

Based on an analysis of available information current expenditure, using the numbers presented earlier, an estimation is presented on the financial implications of implementing full delivery of a pre-Grade R year and expansion of Grade R to reach full coverage<sup>11</sup>. The outcome of this analysis is presented in the table below.

Table 5: Synopsis of annual figures around 2016

	Pre-Grade R in ECD centres	Grade R in ECD centres	Grade R in schools
<i>E</i> (in thousand Rands)	1,056,991	123,880	3,119,866
<i>t</i> (teacher pay)	25,341	25,341	122,914
<i>C</i> (enrolled children)	2,424,000	181,817	813,496
<i>p</i> (percentage of above publicly funded)	28	80	95
<i>r</i> (child to teacher ratio)	22	30	37
<i>n</i> (percentage spending not for teachers)	53	36	20
<i>f</i> (percentage of revenue from fees)	37	37	3
Target <i>E</i> (thousand.)	2,285,000	196,000	3,558,000
Size of <i>E</i> under-estimate (%)	54	37	12
Maximum <i>t</i>	54,781	40,093	140,175
Number of funded children	685,511	145,454	774,561
Number of practitioners			
...in funded locations	31,160	4,931	20,934
...in all locations	110,185	6,163	21,986

- **Teacher pay *t*** for pre-Grade R is the R1,790 increased by an inflationary amount and multiplied by 12 months. The same value was used for Grade R in ECD centres as there was no clear evidence that these teachers would be paid differently.
- **Enrolment *C*** for pre-Grade R is from Table 2, for ages 3 and 4. For ages 0 to 2 a similar analysis was undertaken, and the overall total for ages 0 to 4 was then around 2.4 million enrolled children. The schools-based Grade R figure is from the two relevant columns in Table 2. The figure in the middle column (181,817) uses the 96% Grade R coverage statistic from Table 2, applies this to an age cohort of the population (assumed to be the average of the last two columns), and then subtracts schools-based Grade R enrolments.
- **The percentage publicly funded figure *p*** is, in the case of pre-Grade R, based on a figure of 685,511, said to be the number of funded ECD centre children, based on Department of Social Development data. This is from the 2015 ECD policy document<sup>12</sup>. A comparable figure, for an earlier year, is the 400,000 funded children mentioned in the National Development Plan<sup>13</sup>. The assumption was thus made that the DSD system only funds pre-Grade R children, and not Grade R learners in ECD centres. This is certainly the intention of the DSD system, which is said to target children aged 0 to 4. The 95% appearing in the third column is the percentage of schools-based Grade R in public, as opposed to independent, institutions. According to the policy, even public schools catering for better off communities receive some public funding for Grade R<sup>14</sup>. The 80% of the middle column is an informed guess.
- **The child-to-teacher ratio *r*** of 22 for pre-Grade R is from the discussion above. The value of 37 in the last column. The value of 30 in the middle column is the average between the other two figures.
- **The percentage *n* of all spending not devoted to teachers or practitioners** draws, in the case of pre-Grade R, from the 2013-14 audit, which says that 56% of spending goes to personnel<sup>15</sup>. In addition, the assumption was made that the ratio of support staff to education staff is as shown in Table 3 and that support staff earn half of what the education staff earn. The 20% for schools-based Grade R is an informed guess, and the third figure is the average across the other two.
- **The percentage of total funding (in the case of institutions receiving some public funding) covered by private fees, or *f***, uses, in the case of pre-Grade R, values from the 2013-14 audit, specifically, the median fee of R67 per month and the median public subsidy value of R114 per month<sup>16</sup>. The 3% value for schools-based Grade R draws from figures appearing in the 2009 UNICEF-funded review of school funding<sup>17</sup>. The fee situation for Grade R in ECD centres was assumed to be the same as the situation for other children in ECD centres.

**Target *E*** is what one might expect the result of the equation to be. The three figures are from the bottom line, using the assumption that three budget sub-programmes correspond neatly to the three services they describe.

11 See Gustafsson (2017) for a full explanation of the analyses and calculations.

12 Department of Social Development, 2015: 43.

13 National Planning Commission, 2012: 299.

14 Government Notice 26 of 2008.

15 Department of Social Development, 2014a: 72.

16 Department of Social Development, 2014a: 74-75.

17 Gustafsson, 2009: 73, 77.

# HRD NEEDS AND STRATEGIES FOR ECD LEADERSHIP, CO-ORDINATION AND MANAGEMENT

In the National Development Plan the recommendations for ECD included the following:

- “There should be a policy and programme shift to ensure that the DBE takes the core responsibility for the provision and monitoring of ECD. Other departments should continue to provide services in a supportive capacity. Resource allocation should gradually reflect the change in institutional responsibility for ECD.”
- “Make 2 years of quality preschool enrolment for 4 and 5 years olds compulsory before grade 1.”

In the State of the Nation Address (SoNA) on 07 February 2019 the President said “This year we will migrate the responsibility for ECD centres from the Department of Social Development to the Department of Basic Education and to proceed with the process towards two years of compulsory ECD for all children before they enter grade 1.”

This chapter will therefore be amended to clearly indicate which department will be responsible for overall leadership, coordination and management.

Chapter 7 of the ECD Policy (Leadership and coordination of the national integrated early childhood development system) recognises that achieving the levels of human resources required to deliver the defined package of services will require effective national leadership, management and coordination across, as well as within the various line departments. Some of the key functions in this regard include the following:

- Assessment of population-level needs for ECD services;
- Planning for the provisioning of ECD programmes and services to meet identified needs;
- Developing and implementing appropriate coverage targets;
- Monitoring compliance and support ongoing quality improvement; and
- Evaluating and reporting on progress.

The Policy has two specific objectives that are relevant. These are:

1. To strengthen departmental leadership, management and accountability in all spheres of government (national, provincial and local) to ensure fulfilment of the roles, responsibilities and delivery of early childhood development services for which the relevant departments are responsible; and
2. To establish a co-ordinated national management and oversight system for early childhood development, i.e. an Inter-Ministerial Committee (IMC) for Early Childhood Development to drive and lead the elevation of the National Integrated Early Development agenda at all levels of government and society, and to facilitate multi-sectoral co-ordination, planning and accountability to the national comprehensive Early Childhood Development vision.<sup>18</sup>

For this reason, the Policy establishes a number of co-ordination and leadership mechanisms from the highest political, down to local level, and commits to ensuring that these are adequately resourced to be effective vehicles of leadership, change and coordination. It establishes a National Inter-Ministerial Committee (IMC) on Early Childhood Development, and commits to building and assigning to the Departments of Health, Social Development, Basic Education, and local municipalities “the necessary leadership, management and implementation capacity and structures to” enable fulfilment of the respective line departments’ responsibilities in terms of the Policy.<sup>19</sup>

Based on the stated objectives of ECD management and coordination<sup>20</sup>, effective ECD co-ordination, leadership and management capacity requires a cadre of workers, supported by aligned Human Resource systems (in the way of posts, levels, job descriptions, Key Performance Areas (KPA), performance agreements etc.) that are sufficient in numbers, political and administrative authority and expertise, project and time management expertise, as well as technical / content expertise to secure and maintain collaborative working relationships, as well as advocate for, and drive development of new programmes, and monitor and hold role players to account for realisation of their respective roles and responsibilities.

A review of the current departmental organograms (to the extent that these were available to the research team) and supporting HR systems and budgets show significant gaps, in terms of numbers as well as the required range of management and leadership skills and competencies. Notably, different departments are at different levels in terms of the readiness of their leadership capacity.

Comparative studies confirm that the strength of the leadership and co-ordination of the national ECD system is pivotal to the success of an integrated Policy. Weak leadership and co-ordination is a structural barrier; conversely, strong leadership and co-ordination, preferably from within a non-service delivery government ministry, enables and sustains the required levels of

<sup>18</sup> Page 85

<sup>19</sup> Page 85

<sup>20</sup> Page 84 of the Policy

government-wide prioritisation of ECD, appropriate shifts in planning and allocation of resources to fulfil ECD responsibilities across all line departments and across all levels of government (Martin, P & Girdwood, E, 2016) (Villalobos, 2017).

Co-ordination structures require strong formalised secretariats which are systematised into the institutional anchor's human resourcing systems and budgets. The secretariat should be seen as a function rather than a person or as a mere administrative role with its own outcomes, human resourcing plan, and budget and performance management systems. It is a high-level function requiring sufficiently senior staff with the required skills, competencies and capacities, and whose training, performance agreements and key performance indicators should distinguish their co-ordination functions from any other functions they fulfil, and explicitly require the necessary work to be done, monitored and accounted for.

Effective leadership and co-ordination cannot, on its own, deliver the intended goals of the NIECD Policy, unless based on credible planning and budgeting. In fact, leadership and co-ordination (including advocacy, accountability, and monitoring and evaluation) are all primarily contingent on the existence of a credible, integrated and comprehensive plan for the entire ECD programme. Currently, planning and budgeting takes place within individual entities that are responsible for specific components of the comprehensive ECD programme. While this kind of decentralized planning will continue to be necessary, there is a critical need for a central planning capacity to produce a coherent plan, which is based on a coherent budget. Such a facility will also ensure consistency across separate data systems and establish data systems for those areas in which credible data is unavailable. Recommended actions are presented in the section *Importance of credible planning and budgeting*, which appears later in the strategy.

#### **Implications for HRD and recommended actions:**

- The HR Development Strategy should prioritise the strengthening of leadership, management and secretariat capacity within the ECD co-ordination structures established, as well as line departments and local governments.
- It should clearly define and distinguish the co-ordination and implementation roles of line departments, as well as distinguish between the roles of the IMC, the IDC and the DSD in its secretariat capacity.
- It should require every line department to review and revise its HR strategy against the ECD policy imperatives to ensure adequate human resources, in numbers, qualifications, skills and spread, to lead the development or strengthening of its own ECD systems to support implementation or services, as well as implement and monitor progress, and work collaboratively with other departments.
- Establish dedicated planning capacity to service the IMC ECD in fulfilling its mandate to oversee and ensure the successful delivery of a comprehensive and integrated ECD programme.
- Develop a standardised ECD leadership and co-ordination HR framework / system which:
  - Requires the establishment of an ECD-specific organisational structure / unit within all line departments with ECD provisioning responsibilities (DOH, DSD, DBE, COGTA etc.), and at all levels of government, from national, to provincial, district and local. It should further require that the structures are aligned across the different levels of government (and across provinces) in terms of scope, responsibilities and authority. For example, a Branch, Chief Directorate or Directorate.
  - Specifies norms regulating the required levels of authority, autonomy and convening power of the organisational structure within departments to fulfil the required levels of leadership and management (in terms of planning, co-ordination, resourcing, monitoring and reporting). The actual ratios and numbers will depend on the programmes that each department assumes responsibility for in terms of the ECD implementation plan, as well as the coverage and access targets specified in the plan.
  - Specifies the required posts, levels of employment and salary bands, qualifications, skills and competencies required to provide effective co-ordination and management of the IMC ECD (and supporting IDC ECD) and within line departments and local municipalities, and requires these to be integrated into HR systems (including in job descriptions, KPAs etc.).
  - Requires that each line department and every local government should have a dedicated ECD coordinator responsible for internal ECD co-ordination and representation on the national, provincial and local co-ordination structures, with appropriate skills and qualifications and level of seniority to fulfil assigned responsibilities. The strategy should provide a description of the roles and responsibilities of the line-department co-ordinators.
- Finalise policy to early define the co-ordination and capacity-building roles of COGTA and South African Local Government Association (SALGA), and ensure that these structures have appropriate human resources and structures in place to ensure that all local governments understand their roles and responsibilities and have the required human resources to lead and manage their ECD responsibilities through the IDP and local government planning and programming initiatives. ECD structures and dedicated staff must be appointed and mandated within COGTA and SALGA and their responsibilities integrated into the departmental human resource systems.

- The DBE, working in collaboration with Department of Higher Education and Training (DHET) DSD, DOH, COGTA, SALGA and the Department of Public Service and Administration (DPSA) should develop an ECD leadership and management course to be provided to all ECD managers and co-ordinators in all line departments at all levels of government, and provided through, for example, the National School of Government, COGTA, through Continuous Professional Development (CPD) courses run by line departments, as well as by being integrated into tertiary education programmes. This course could be used for Continuing Professional Credits (Biersteker & Picken, March 2016).
- Establish ECD as a Branch in DSD and review and revise the Branches' HR strategy to align with the DSD's defined responsibilities in terms of the ECD implementation plan and the current and revised policy provisions around co-ordination. Should the secretariat role remain with the DSD, the co-ordination role of the department and directorate and the responsible staff members should be clearly distinguished from the implementation role and responsibilities of the Chief Directorate. This may be achieved by building the co-ordination functions and responsibilities into the human resource management matrix of performance agreements, job descriptions and key performance areas (Martin, P & Girdwood, E, 2016). The HR strategy must define the secretariat's functions and distinguish these from the IMC and National Interdepartmental Committee (IDC), and articulate the former with reference to required competencies, skills, human, financial and related resources it will need as the institutional structure that implements the IDC work and logistics.
- The DBE's roles and responsibilities for early learning for the age group 0-4 should be clearly defined to include:
  - The development of a suite of standardised policies, regulations and norms and standards for implementation and oversight of the South African National Curriculum Framework for Children from Birth to 4 years (NCF), including standardised mechanisms and procedures for all provinces to ensure their implementation, support, oversight and monitoring. For example, national policy should direct (as in the case of White Paper 6 on Inclusive Education) that all provinces establish and resource District-Based Support Teams made up of a clusters of multi-sectoral experts which will support ECD centres; and Training of ECD practitioners in the NCF and Inclusive Early Education.

## CATERING FOR CHILDREN WITH DISABILITIES AND DEVELOPMENT CHALLENGES

The NIECD Policy recognises ECD as a Fundamental Right and a Public Good. It sets as an explicit aim, the "[E]quitable access for children vulnerable to exclusion, including the youngest children (under 2 years), children living in poverty, children in under-serviced areas and children with disabilities".

The findings contained in various studies suggest that children with development delays or disabilities are not being identified early (or at least in the early development stages), and where they are identified, are not accessing the therapeutic services they need, or the early education and stimulation services they need because:

1. The health facilities are not conducting routine development screening largely because staff are not trained or compelled to do so in terms of the current Road to Health (RtHB) Booklet and supporting systems (Martin & Philpott, 2016)
2. When they are identified, they rarely access the therapeutic services and assistive devices they need because of a lack of human resources and budgets (DSD, DWCPD and UNICEF, 2012)
3. Parents of children with development delays and disabilities are not prepared or supported to understand the importance of early identification and treatment, or to understand the importance of early learning, how to do this at home, and the importance of enrolling their children in early learning centres before the start of formal schooling<sup>21</sup>
4. Children with disabilities are in most cases not enrolled in early learning centres. Parents keep them at home<sup>22</sup> (DSD, DWCPD and UNICEF, 2012)
5. When they are enrolled in early learning centres, the programmes, infrastructure and human resources are inadequate to meet their needs.<sup>23</sup>

As a result, children with developmental delays or disabilities are at multiple disadvantages, when they start formal schooling, thus undermining the possibility of meaningful inclusive schooling and limiting their educational potential.<sup>24</sup> Much needs to be done if we are to succeed in delivering an ECD Programme that is truly inclusive.

<sup>21</sup> Interview, Lidia Pretorius, DSD, Chief Director: Advocacy and Mainstreaming Rights of Persons with Disabilities

<sup>22</sup> Interview, Lidia Pretorius, DSD, Chief Director: Advocacy and Mainstreaming Rights of Persons with Disabilities

<sup>23</sup> Interview, Lidia Pretorius, DSD, Chief Director: Advocacy and Mainstreaming Rights of Persons with Disabilities

<sup>24</sup> Interview, Lidia Pretorius, DSD, Chief Director: Advocacy and Mainstreaming Rights of Persons with Disabilities

### Implications for HRD and recommended actions:

- There is a duty to upscale from a near non-existent base line to ensure universal availability of inclusive ECD services for children with development delays and disabilities.
- Clarify policy and implementation choices pertaining to inclusion across all delivery platforms within the Comprehensive ECD Programme.
- A choice must be made between providing specialised services for special needs children and parents, or ensuring the integration of inclusive principles and practices into scaled up existing programmes that reach all children.

## TRAINING AND DEVELOPMENT OF ECD CADRES

When considering the stated goals of the NIECD Policy, against the background of where we are in the sector, it becomes clear that there needs to be a dramatic increase in the **number and quality** of ECD practitioners across the full range of service delivery platforms. Critically they should be skilled and competent to provide a comprehensive suite of services, not just early learning programmes, in both centre and non-centre based programmes. Action strategies for the training and development of ECD cadres is therefore a vital part of the ECD HRD Strategy.

### Profiles of ECD Practitioners: Who are our ECD Practitioners?

In the 2013 ECD Audit dataset, 27 360 individuals responded being ECD practitioners, 3 024 responded that they are assistant practitioners, and 11 380 responded that they hold the position as either a principal or a supervisor.

Early Childhood Development is traditionally a highly feminised sector and in South Africa 99% of all ECD practitioners<sup>25</sup> are women. The racial distribution of ECD practitioners also reflects the racial distribution of South Africa, with the largest majority (80%) of practitioners being Black, 12% Coloured and the final 8% constitute White, Indian and Asian practitioners. There has been some integration of race groups in teaching positions, with 31% White and 63% Indian practitioners teaching in ECD centres where the majority of the learners are black. However, Black and Coloured practitioners are more likely to teach children of the same race.

**Table 6: Practitioner Race by the Majority Race Group of Learners**

		Practitioner Race:			
		<i>Black</i>	<i>Coloured</i>	<i>Indian</i>	<i>White</i>
Majority Learners:	<i>Black</i>	96%	14%	63%	31%
	<i>Coloured</i>	1%	72%	5%	8%
	<i>Indian</i>	0%	0%	20%	1%
	<i>White</i>	1%	6%	6%	51%
	<i>Foreign</i>	0%	0%	3%	0%
	<i>Missing</i>	2%	7%	4%	9%
Total:		100%	100%	100%	100%

**Source:** 2013 ECD Audit data. **Notes:** ECD Centres were classified according to the race group to which the largest proportion of students belong.

### Practitioner qualifications and specialisations

An ECD practitioner can either be employed as an assistant practitioner, a practitioner, or as the principal or matron of an ECD centre. Table 3 summarises the qualifications and specialisations of ECD practitioners by the different positions that they hold. Only about 12% of practitioners and assistant practitioners have any qualification above that of a Grade 12, which is to be expected given that the Grade 12 requirements were only set in 2013. Principals and supervisors are less likely to have a qualification below Grade 12, however, almost 80% still do not have any qualification above that of Grade 12. When looking at the number of practitioners with qualifications specialising in ECD, however, it is evident that the minimum Norms and Standards do not apply in practice. Where one would expect to see the majority of practitioners to have at least the NQF Basic Certificate, it is shown that 87% of assistant practitioners and 74% of practitioners do not have any qualification in Early

<sup>25</sup> For the purposes of this report, ECD practitioner will encompass all teaching staff members – that is Practitioners, Assistant Practitioners, Principals and Supervisors.

Childhood Development. Once again, Principals and Supervisors seem to have received slightly more training, with at least 34% of Principals and 40% of Supervisors having at least a Certificate in ECD.

**Table 7: ECD Practitioner Qualifications and Specialisations**

		<b>Assistant Practitioner</b>	<b>Practitioner</b>	<b>Principal/Matron</b>
<b>Qualifications:</b>	<i>&lt; Grade 12</i>	48%	45%	36%
	<i>Grade 12</i>	39%	42%	43%
	<i>ABET 1 - 4</i>	6%	7%	9%
	<i>Post-matric diploma</i>	2%	2%	5%
	<i>Degree</i>	0%	1%	2%
	<i>Other</i>	4%	3%	5%
	<i>Total</i>	100%	100%	100%
<b>Specialisations:</b>	<i>None</i>	82%	66%	46%
	<i>Certificate</i>	11%	21%	31%
	<i>Diploma</i>	1%	3%	8%
	<i>Degree</i>	0%	0%	1%
	<i>Total</i>	94%	90%	86%

**Data Source:** Kotzé, 2015. **Notes:** The sample is not necessarily nationally representative, but rather representative of all teachers who participated in the national audit. The category Principal/ Matron also includes all individuals who reported being the Supervisor of a centre.

Some of the main challenges include:

- At present, there is a significant imbalance between the demand for qualified practitioners and supply. In the case of some line departments, such as in the health and local government sectors, the work to produce an ECD-qualified workforce has yet to start.
- There is no universal programme and supporting workforce in place for parenting programmes. The human resource system and foundations for parenting programmes, including the inclusive elements of it, needs to be built from the bottom up.<sup>26</sup>
- Clarification and policy development is required for the following: where the parenting workforce will come from? Who will fund and train the workforce? Development of comprehensive human resources policies and regulations pertaining to this cadre of practitioners.
- Similarly, a national programme and supporting HR system for non-centre based early learning and care practitioners, for example, those running playgroups still needs to be developed.
- While there is a system in place for early learning practitioners in centres, it is not sufficient to provide universal availability and equitable access to qualified practitioners.
- The training supply is limited. In the case of early learning practitioners there are not enough training providers to ensure the intake and graduation of the numbers of early learning practitioners needed. Available public funds go to Technical Vocational Education and Training (TVET) colleges as ECD training providers. Their capacity for training is limited and unevenly spread across the country (Murray & Biersteker, 2014). There is limited partnering of TVET colleges and NGOs providing training.
- The quality of ECD training is limited because many instructors at TVET colleges are not trained in ECD themselves. The resolution of this problem is aggravated by the lack of reliable funding.
- There is a distinction, and varying degrees of systematisation and consistency in the provision of accredited, versus short-course for CPD ECD training. Short-course training is not adequately planned or funded, and is not adequately comprehensive in terms of reach, targeted beneficiaries or audience.
- The range of qualifications offered by TVET colleges are not aligned to the policy and do not offer training in the provision of comprehensive ECD for all potential entrants.

26 Interview, Lidia Peterson, DSD

## Opportunities:

Progress is being made in the development of the qualifications for ECD. The QCTO started a process for the development of two new ECD qualifications for the occupational profiles: Child Care Worker (Level 1) and ECD practitioner (Level 4). It has appointed the ETDP SETA to facilitate the development of the Level 4 which will replace the current FET Certificate: ECD. They both make provision for practitioners in both centre and non-center base settings (Murray & Biersteker, 2014).

The ECD sector itself is potentially a large employer of particularly women and provides a career path for low skilled workers in especially the rural areas. Expansion of the sector therefore has the ability to address poverty in two complementary ways, firstly by improving essential services for poor children and families and secondly by expanding economic participation (Motala, 2012). The training of ECD practitioners is therefore critically important as these practitioners have the potential to provide the children in their care with the necessary skills and competencies to enable all their future learning.

### Implications for HRD

Increased training of ECD practitioners will inevitably lead to a demand for increased remuneration, however, given that ECD centres are largely dependent on school fees, this demand will not be met through the current funding structures.

## The current funding sources for training and development

One of the biggest constraints, in respect of training and development, relates to funding. As things stand, funding for training of the large quantity and breadth of expertise required will have to be catered for within the Higher Education budgetary allocation. Allocations for public funding of higher education is under severe stress; within an extremely adverse fiscal context.

- The DHET funds public TVET colleges to provide the National Certificate and Report 191 NATED programmes for unemployed youth. The DHET provides 80% of each TVET's projected programme delivery cost, with students having to make up the balance of 20%. Many students cannot afford to do so, and DHET has made the National Student Financial Aid Service (NSFAS) bursaries available for qualifying students (Murray & Biersteker, 2014).
- State-funded ECD Learnership Training are provided by the Provincial Education Departments (PEDs), primarily through the Expanded Public Works Programme (EPWP), but also Incentive Grants, the ETDP SETA, Health and Welfare Sector Education and Training Authority SETA (HWSETA), National Skills Fund (NSF) and, on a limited basis, the National Rural Youth Service Corps. The learnerships pay fees as well as offer a stipend for those in training (Murray & Biersteker, 2014).
- The funding by the PEDs using EPWP funds is targeted at upskilling or job creation for ECD practitioners in registered centres. The PEDs, based on lists of practitioners provided by provincial DSDs, contract with TVET colleges and pay them for the training of the practitioners and the learners get a stipend of approximately R 1 500 per month for the duration of the training (Murray & Biersteker, 2014).
- The HWSETA has funded a negligible number of ECD learnerships (33 Level 4 in 2013 and 174 in level 5 in 2014). The limited funding is attributable to their view that "Early Childhood Education is not their core responsibility" (Murray & Biersteker, 2014).
- The Education, Training and Development Practices SETA (ETDP SETA) makes an annual budget allocation for practitioner training as ECD is a priority area for the ETDP SETA.
- The National Skills Fund (NSF) also makes funding available to TVET colleges for some ECD programmes.

### Implications for HRD

Arising from the above, there are clearly multiple sources of funding for the training and development of ECD cadres. However, many sources are discretionary and appear arbitrary, lack a clear ECD focus or direction, vary in scope and application across provinces, and together do not make up a sufficient pool to fund the numbers of practitioners that must be funded to make up the current shortfall. Steps need to be taken to increase the allocations and consolidate resources to meet the demand for ECD HRD training and development needs.

### Recommended actions:

- Develop a Training and Development Framework for ECD cadres that seeks to ensure that:
  - All ECD personnel should be adequately trained, including ECD managers, co-ordinators and leaders who should provide support of the highest professional standard which is validated by a qualification from a legitimate institution.
  - Initial education should be provided, and supplemented with ongoing CPD to ensure that all ECD practitioners in all sectors providing ECD services have correct and up-to-date knowledge of the subject matter and skills needed for their respective roles – as manager, leader, co-ordinator or ECD service provider. (In the South African context, this would be guided by the agreed statement of qualifications in the National Qualifications Framework legislation).
  - Training and education should be designed along a continuum which recognises and respects that ECD HR education is a continuum clearly linking initial training, induction and CPD through a practitioner’s career.
  - Training should include on-site training and mentoring.
  - Professional training should be linked to curricula and teaching methods set out in national policies and laws, including the framework.
  - Ensure that the principles are such that they will drive equity through HR development policies and practices.
- Establish a dedicated ECD accreditation and registration body within the existing Education Qualifications Authority (ILO, 2014).
- The Accreditation Authority, working in collaboration DBE’s inter-sectoral committee, should define a career pathway for all ECD practitioners and set standards by which competencies acquired outside of formal training, for example through parenting, informal education and care-based activities, or previous work experience, can be validated as prior learning and allow entry into formal training programmes (ILO, 2014).
- Establish an integrated multi-sectoral, centralised information management and reporting ECD practitioner system. The DBE’s inter-sectoral committee (tasked with co-ordination of relevant role players to work together to develop a differentiated and co-ordinated ECD training system) should work with the DSD, DOH, DHET, COGTA and Local Government to develop a standardised system identification, monitoring and reporting in an accessible data base of:
  - Registration of all ECD training programmes provided by, or through the different departments, including accredited and short course training;
  - Funding sources / streams for ECD training;
  - Registration of all ECD training providers for all programmes and training provided by them; and
  - Registration of all qualified practitioners, per qualification level and geographic location.
- The Accreditation Authority will establish a registration system and criteria, and all ECD practitioners are to register on the system with an indication of the sector they work in, the position held, their qualifications, geographic area where they work, and the ECD programme they work in.
- Establish a mechanism (under the leadership of the DBE’s inter-sectoral committee) for co-ordinated and centralised management of one consolidated funding source / stream for all ECD training. The total cost of funding the projected qualifications / training needs (accredited and short-course) should be determined and an annual budget, sources and systems for allocation developed and overseen by the mechanism / institution.
- The IMC ECD should engage the Department of Higher Education and Training to encourage greater accommodation of the ECD training and development priorities within Higher Education and SETA planning and financing. In the implementation of the new Policy on the Minimum Requirements for Programmes Leading to Qualifications in Higher Education for Early Childhood Development Educators, Higher Education Institutions need to ensure that:
  - The content should be appropriate to the population and context of the young children that practitioners will serve. In the South African context programmes should therefore enable educators to think creatively in resource poor environments. Furthermore, practitioners will have to be trained in how to identify and remediate any learning deficits that may already be at play.
  - Given the vast difference in the care and educational needs of learners in the different age groups between 0 – 4 years old, there will inevitably be a trade-off between the depth and breadth of the content covered in the learning programmes. Learning programmes will therefore have to ensure that teachers are adequately trained to responsibly and competently support the development of children at each development stage in the 0-4 age group.
  - Establish, and fund a range of vehicles and partnerships for on-site mentoring and /or support to assist TVET colleges to deliver a quality programme. For example, each college (Murray & Biersteker, 2014) could have a Coaching and Mentoring Unit to provide support to practitioners in the workplace, or partnerships with the ECD NPO sector to provide on-site mentoring.

# IMPORTANCE OF CREDIBLE PLANNING AND BUDGETING

The supply of adequately competent human resources, to implement the Comprehensive ECD Programme, depends very heavily on the credibility and effectiveness of planning to support it. While acknowledging that the task is complex and onerous, planning approaches and methodologies have matured significantly over the years and South Africa has accumulated a reasonable level of planning capacity to undertake this important task. However, the more immediate and complex challenge relates to the availability and utilization of sufficiently accurate data for the development of planning models.

Shortcomings in planning capacity of ECD:

- Perhaps one of the greatest planning challenges is the lack of credible and comprehensive data systems required to support effective planning. However, it should be emphasized that the situation is extremely uneven across different areas of delivery.
- Notwithstanding the shortcomings, there are good examples of valuable planning analyses that have been done using existing data sources. Clearly, more can be done with existing data systems. Further, establishing credible data systems involve onerous, complex and very expensive processes; given to long lead times.
- Government's system of budgeting makes it inevitable that each department will plan and budget separately for their respective ECD-related activities and programmes. This makes it very difficult to achieve coherent and credible planning and budgeting for the ECD programme as a whole. A further complication is that departments all respond to budget cuts by readjusting their budget allocations in accordance with their own strategic priorities. Recommendations are presented below to address these challenges through the establishment of dedicated planning capacity for implementation of the comprehensive ECD programme.
- The scope and importance of the comprehensive ECD programme will require a central institutional capacity that is commensurate with the planning demands of implementing the NIECD Policy.
- In the absence of a central, integrated and co-ordinated system for planning, it will be extremely difficult to determine the numbers of personnel required to effectively implement the policy.

## Recommended Actions:

- One option is to institutionalise an ECD budget, which will comprise of the total allocation for ECD services offered by all entities within government. The formulation, planning, motivation and expenditure tracking of this budget will be performed by the planning component within the ECD secretariat and will be voted for in the legislature. The methodology that will be applied is programme-based budgeting. Naturally, this budget will have to be allocated to a specific department in compliance with the legislation governing the budgeting process. This entity will then make transfers to implementing departments, as earmarked grants, for the delivery of a specific programme. Implementing departments will be responsible for expenditure management and will be held accountable against performance indicators and targets linked to in the programme. This is an option to address the centralized versus devolved approach to the planning, delivery and monitoring and evaluation of a comprehensive ECD programme in the country.
- Further mechanisms to ensure coherence within the ECD programme is to institutionalise the following: one comprehensive strategic plan for ECD programme (incorporating all sub-programmes); a comprehensive Annual Performance Plan; a common annual report. Integrated leadership will be vested with the IMC, with the support of the Secretariat. The responsibility of the Executing Authority of the total budget will be vested with the Political Head of the Department within which the Secretariat is located, but overall stewardship of the work of the Secretariat will be vested with the IMC, under the leadership of the Deputy President, in her/his capacity as chairperson. The planning component of the Secretariat will work with the planning components of implementing departments/entities within the framework of a formal protocol, which should clearly set out the goals, roles and responsibilities, expected outputs and standard operating procedures that are aimed at achieving credible and integrated planning for ECD. The Secretariat could be located on the physical premises of the department or elsewhere. It could enhance its capacity and agility by entering into formal cooperation agreements with relevant entities outside of Government that have cognate capacity (such as Higher Education Institutions, non-university based research organisations and non-government organisations)

To achieve the above, establish dedicated planning capacity to service the IMC ECD in fulfilling its mandate to oversee and ensure the successful delivery of a comprehensive and integrated ECD programme.

## LINKS WITH OTHER HRD STRATEGIES

The development of the ECD workforce to support implementation of the ECD policy is not an isolated initiative. It must be viewed within the broader global and national development context which has placed, not just ECD, but strong and capable government at the centre of sustainable, rights-based development. The SDGs, as well as the National Development Plan call for the strengthening of public systems, including the development of strong, efficient and effective human resources (alongside accountable and transparent institutions, inclusive governance structures, and strong public/ private partnerships), to support the realisation of development goals through effective planning, implementation and accountability for progress.

The system's strengthening developmental imperatives have catalysed several global, national, and provincial Human Resources Development Strategies that have a bearing on the ECD workforce required to implement the ECD policy, and as such, on the proposed national ECD HR Development Strategy.

The National ECD Human Resources Development Strategy therefore considers and seeks to contribute to the global and national vision of a capable state. It recognises the interrelationship with other global and national strategies, and indeed provides a unifying framework, impetus and mandate for strengthening national, sectoral or departmental strategies to ensure they are ECD-sensitive and support the strengthening of the ECD workforce that each is responsible for, in a manner that advance the country's broader national development priorities and objectives.

A range of global, national, sectoral and provincial development policies and strategies place ECD at the centre of sustainable development; equally so, they recognise lack of human resources or capacity for the public provision of quality and inclusive ECD services as a critical impediment to achieving and sustaining the country's development vision. They also therefore place ECD HR development at the heart of sustainable rights-based development.

#### **Key global, national and provincial policies and strategies:**

##### **The WHO's Guidelines for Countries in the WHO African Region: Policies and Plans for Human Resources for Health (2006):**

These guidelines provide direction to government on the development of human resources policies and strategies that are capable of realising the global, and associated, national health agenda priorities.

**The National Development Plan 2030:** The NDP places ECD at the centre of sustainable national development. It calls for national prioritisation of delivery of quality ECD services through a capable state. Through a public administration that is well-qualified and capable to develop, fund, deliver and account for efficient and effective delivery of ECD services.

**The Medium Term Strategic Framework (MTSF) and its supporting 14 Outcomes (and associated Negotiated Delivery Agreements):** The MTSF prioritises measures to build a capable state, as required by the NDP, and to this end, identifies, as a national priority, the strengthening of the skills and human resource base of government. Outcome 5 (of the 14 priority outcomes which the realisation of the NDP goals and MTSF imperatives depend) calls for national efforts to "ensure a skilled and capable workforce to support an inclusive growth path."

**Human Resources Development Strategy for South Africa (HRD-SA) 2010 – 2030:** This document is a comprehensive country-wide HR Development strategy to support the realisation of the country's development objectives. The strategy is "a call to action. Its primary purpose is to mobilise multi-stakeholder participation, and encourage individuals and organisations to take on the challenge of improving the human resource stock of our nation." Its primary goal is "to contribute to human development. The strategic priorities and interventions that make up the strategy are explicitly designed to respond to economic, social and wider development imperatives." In short, the strategy seeks to ensure alignment of HR development in the country with broader national development imperatives, and as such is of critical importance in the design and delivery of ECD human resource development strategies and initiatives. The national strategy identifies universal access to ECD from birth as the cornerstone of development. Similarly, the strategy calls for the prioritisation of initiatives to improve the skills of the workforce to provide universal services.

The import of the national strategy is that ECD HR development is a national priority, and further that the strategy advancing ECD HR development must provide a framework for the development of the ECD workforce in a manner that will, inter alia:

1. Reduce the scourges of poverty and unemployment in South Africa;
2. Promote justice and social cohesions through improved equity in the provision and outcomes of education and skills development programmes; and
3. Substantively improve national economic growth and development.

**Kwazulu-Natal's Provincial Human Resource Development Strategy (2018 – 2045)** provides an excellent example of a provincial strategy that recognises the critical importance of ECD to achieving national and provincial development goals, and which therefore prioritises investments in strengthening human resources supporting ECD. Notably, the Strategy references, and aligns itself with the National Integrated ECD Policy.

The KZN strategy identifies ECD as "the cradle of human development". It further recognises the lack of qualified and skilled ECD practitioners (including health practitioners, social workers and educators) as key to the persistent inequality and poverty the provincial development strategy seeks to address. As such, it identifies these as critical provincial skills and identifies, as a provincial HR development priority, the training of ECD practitioners.

**Further direction is provided through a sub-set of sector specific HR-related strategies on what the various mechanisms and institutional arrangements that may be covered in the ECD HR strategy should look like and achieve, to advance national HR priorities. These include for example:**

- **The National Skills Accord (2011):** Is a multi-sectoral and multi-party agreement concluded between the government, business, organised labour and the community constituency to improve job growth. The plan is premised on better

use of existing facilities, such as TVET colleges, and improved allocation of resources to increase the pool of qualified personnel to address skills gaps aligned to national priorities.

- **ETDP SETA Early Childhood Development Sector Skills Plan (2013/14 Update):** The ETDP Sector Skills Plan identifies scarce and critical skills in the ECD sector. These include qualified centre-based practitioners and centre managers, workplace mentoring and coaching, qualified trainers; and government administrators and officials with ECD knowledge and skills; assessors and moderators; and programme, curriculum and materials developers. The plan spells out the skills development priorities to address the scarcity of skills and the institutional strengthening measures that are necessary to sustain the implementation of the plan.

## ROLE OF THE THREE SPHERES OF GOVERNMENT

Paragraph 5.6 of the ECD Policy commits government to secure universal availability of, and equitable access quality ECD services by scaling up provision of under-provided services.<sup>27</sup> Specifically, it commits to ensuring “sufficient qualified human resources to secure universal availability and equitable access to ECD services through the expansion of the size and diversity of the workforce to meet the assessed needs, ensuring the workforce is qualified and has the necessary skills, and through public funding of ECD practitioner posts for all publicly funded ECD programmes.”

To ensure effective implementation of the policy according to the prescribed time lines, each of the departments at all levels of government must ensure sufficient human resources (systems, numbers and qualifications and skills and competencies) to support their relevant ECD roles and responsibilities.

The Human Resourcing responsibilities of government and departments are spelt out in the NIECD Policy. The objective is to “develop appropriate cadres of Early Childhood Development practitioners, in sufficient numbers and with sufficient skills to support the implementation of the national Early Childhood Development policy and programme”.<sup>28</sup>

**The policy requires that adequate human resources are provided at all three levels to comply with their respective responsibilities. It specifies that: “National, provincial and local spheres of government must ensure that their organisation structure provides for sufficient human resources to implement their respective responsibilities in relation to Early Childhood Development services, as indicated in this policy.”<sup>29</sup>**

The responsible spheres of government will have to engage in a process of internal review, reflection, and revision of their human resources strategies, platforms and supporting systems against the policy requirements and the guidelines provided in the ECD Human Resources Development Strategy. They will have to do so to identify and remedy any gaps and challenges in their current HR frameworks that prevent the realisation of the stated HR policy objective of securing “appropriate cadres of Early Childhood Development practitioners, in sufficient numbers and with sufficient skills to support the implementation of the national Early Childhood Development policy and programme”.<sup>30</sup>

Looking at the division of role in more detail, the following categories of responsibilities are assigned to the different levels of government, which in turn require the human resourcing capacity and skills as specified. Broad gaps in the current human resourcing foundations are identified.

### 1. **Co-ordination of ECD planning across, and within the many departments and role players responsible for ECD services.**

#### **At a national level:**

The Department of Social Development is the designated secretariat for the co-ordination structures created by the policy. These are the Inter-Ministerial Committee for ECD, the Inter-Departmental Committee for ECD and the ECD Intersectoral Forum.

#### **At a provincial level:**

In terms of the Policy, similar structures and responsibilities are to be established, and administered by the Departments of Social Development at a provincial level.

#### **At a local level:**

At a local level, district, local and metropolitan municipalities are required to establish and administer similar inter-sectoral structures to support the planning, co-ordination and monitoring of Early Childhood Development services and implementation of specific co-ordinated programmes. The Policy requires that the structures be administered through the Office of the Mayor, with the support of the Municipal Managers.

The human resources required within the DSD at national and provincial levels, as well as within the Office of the Mayor to fulfil this function include an adequate number of senior management staff with leadership, administrative, advocacy, communications, monitoring and evaluation, negotiation, and project management skills.

<sup>27</sup> Page 69

<sup>28</sup> page 93

<sup>29</sup> Page 66

<sup>30</sup> page 93

The current staff complement at national DSD is not adequate in terms of the stated criteria.<sup>31</sup> There are not enough staff, job descriptions do not make provision for dedicated co-ordination roles and capacity within the existing staff structure and complement is inadequate (Martin, P & Girdwood, E, 2016). It is unclear what the HR adequacy is at provincial and local levels, however given the limitations at national level where the roles have been in place for a longer period, it is likely that province and local human resources to support co-ordination are not well-developed.

## 2. Policy development, national planning, regulation and development of norms and standards for the provision of ECD services

Generally, national departments are responsible for ECD policy development, programme development, and national planning and the setting of norms and standards for ECD services, including policies, programmes and norms for inclusive services for children with disabilities and developmental delays.

However, local government has a critical role to ECD policy and programme development role to play. Every municipality must develop a consolidated 5-year plan on ECD to support implementation of the Policy, and all ECD services and programmes for which it is responsible must, along with budgets, be reflected in the local Integrated Development Plan (IDP). Similarly, all local level sectoral policies and by-laws should be reviewed and revised against the Policy. In addition, local government is also required to lead, and with the support of DSD, DOH, DBE and COGTA, develop a child-minder programme as part of the national programme of support for pregnant women, mothers and their children under the age of 2 years.

The fulfilment of these roles and responsibilities at national and local government level requires skills in evidence-based policy and programme development as well as technical and legal ECD capacity and knowledge, and expertise in inclusive ECD for children with development delays and disabilities.

Critically, the Department of Cooperative Governance and Traditional Affairs (COGTA) at national and provincial levels is obligated to support local governments with their high-level policy, programme development and planning responsibilities. This in turn requires specialised HR capacity and skills within COGTA to provide the required levels of coordinated technical advice, capacity-building and support. It is unclear if COGTA has this capacity as this department was unwilling to participate in the research processes informing the writing of this report.

Leadership and co-ordination at local government level is critical. There are close to 300 local governments that are responsible for delivery of a number of the essential services, as well as for providing support related to the registration of ECD centres and programmes. The Policy and the IDC for ECD has sought to drive the realisation of these responsibilities through integrated planning by local governments in their Integrated Development Plans (IDPs), as well as the development of local integrated ECD strategies. However, local governments lack leadership, management, and strategic capacity for ECD-focused planning, resourcing, implementation and monitoring – they do not have ECD expertise or structures and organograms in place.

There are significant gaps in ECD human resources in local government, especially at the strategic leadership and co-ordination level. The challenges are many, and include the fundamental lack of understanding at local government about the concept of ECD and the Policy more generally. There is a fundamental knowledge deficit which must be addressed urgently. However, as noted by the SALGA representative, “the task is mammoth because of the number of municipalities”. The diversity and number of local municipalities makes it impossible to engage with, or capacitate all local municipalities individually. This needs both co-ordination, as well as a standardized curriculum which is systematically provided to all relevant leaders in local government.<sup>32</sup>

What makes the challenge even more complex is that DSD and others do not know who in the municipalities are tasked with ECD-related responsibilities, and indeed the municipalities themselves do not know. There is no clear organogram or ECD-related posts at local government level. There is a need for an audit of local government capacity and structures to inform appropriate planning for human resources development at this level.<sup>33</sup>

The IDC ECD has sought to work collaboratively with COGTA, which is mandated in terms of the ECD Policy, to provide support and capacity building to local governments to enable their fulfilment of their ECD responsibilities, as well as facilitate coordinated planning and implementation of decisions taken at the level of the IDC ECD. It has also worked with the South African Local Government Association (SALGA) The challenge has been that COGTA and local governments have not participated in, or attended IDC ECD meetings, as well as collaborative meetings arranged by SALGA, or indeed send arbitrary people, because they themselves (local governments) do not know who is responsible for ECD at this level.<sup>34</sup> “COGTA is supposed to play a leading role. It is supposed to participate in the IDC ECD meetings and afterwards have meetings with local municipalities to transfer the knowledge and support application and implementation of decisions. COGTA has let them down.”<sup>35</sup> The challenge is that the leadership and management resources and capacity are absent at COGTA and the priority must be to get “the systems and high-level leadership at COGTA and local government in place.”<sup>36</sup>

31 Interview, Musa Mbere, DSD

32 Interview, Mandu Mallane, SALGA

33 Interview, Mandu Mallane, SALGA

34 Interviews, Mandu Mallane and Musa Mbere

35 Interview, Musa Mbere

36 Interview, Musa Mbere

## **Planning, funding and provision of services:**

Responsibility for planning, funding and provision of services is primarily vested in provincial departments, and to a lesser extent local government.

The provincial Departments of Health are responsible for planning and provision of all ECD services for children from conception until they reach the age of 2 years. The DOH is responsible for the provision of:

1. Health and nutrition programmes for pregnant women, infants and children.
2. For parenting support programmes.
3. Opportunities for learning and play for 0-2s through health facilities and CHW home visits for children at risk of poor development.

The provincial DSDs are responsible for ensuring the universal availability and adequate quality of, and equitable access to, inclusive learning opportunities for children 0–4 through the development, delivery, regulation, registration, quality monitoring, improvement and evaluation of ECD programmes.

1. DSD will, in collaboration with DBE, register all early learning programmes and ensure the regulation and provision of:
  - a. Community based playgroups for children 2 – 4 to foster early learning and socialization
  - b. Early learning and development programmes for children 3 and 4 years encouraging emotional and social development and preparation for schooling through play-based learning and exploration; and
  - c. Toy libraries.

Local government is responsible for planning and provision as follows:

1. Registering and funding child minding services.
2. Supporting child care facilities to meet minimum infrastructure and health and safety standards.
3. Supporting the development of new ECD infrastructure.
4. Auditing available infrastructure for ECD expansions.
5. Registering, regulating and delivering ECD programmes for 6 or more children where this responsibility is assigned by province (in terms of the Children's Act).
6. Providing play and recreation facilities.
7. Implementing water and sanitation policies to ensure realisation of young children's rights.

These functions will require a complement of management, planning, budgeting, delivery and oversight workers with appropriate ECD qualifications, expertise and skills, supported by adequate HR and related systems to ensure universal availability and equitable access to quality services.

A review of the current departmental organograms (to the extent that these were available to the research team) and supporting HR systems and budgets show significant gaps, in terms of numbers as well as the required range of management and leadership skills and competencies. Notably, different departments are at different levels in terms of the readiness of their leadership capacity.

## **Training, planning, development and provision**

A critical requirement of an adequate workforce is that all cadres of workers at all levels, from co-ordination, through to management and planning, funding, delivery and monitoring, should have appropriate qualifications and skills. This in turn requires the development and provision of appropriate training.

At a national level, the Departments of Basic Education, along with Higher Education and Training are responsible for the development, in collaboration with delivery departments such as DSD and DOH, to develop appropriate ECD training qualifications and curricula.

The National DBE plays a leading role in this arena, and is responsible for:

- Co-ordination of relevant role players to work together to develop a differentiated and coordinated ECD training system through an inter-sectoral committee.
- The development of the early learning curriculum (0-4) and continuity between it and the Grade R curricula.
- Development of an accredited short course for non-centre based practitioners.
- Development of training modules for inclusive early learning.

The provincial Departments are in turn responsible for:

- Support for, oversight and monitoring of implementation of the early learning curriculum.
- Budgeting and procurement of training for ECD practitioners.
- Integration of ECD messaging into the school curriculum.

The delivery of these services requires a complement of technically proficient planning, management, curriculum development, administrative and oversight staff, as well as budgets for the provision of training.

### Monitoring and evaluation

The Policy emphasises the need for evidence- and population-based planning, as well as ongoing assessment of progress and quality improvement. This requires a strong complement of human resources and systems to support effective and technically proficient monitoring and evaluation within each of the departments, as well as the overarching co-ordination structures at all levels of government, and critically within the Department of Planning, Monitoring and Evaluation.

## ROLE OF COMMUNITY, ORGANISED LABOUR, TRAINING INSTITUTIONS, UNIVERSITIES, PROFESSIONAL BODIES AND OTHER STAKEHOLDERS

The roles of the diversity of ECD role players responsible for the essential ECD package have historically differed depending on the service and/or sub-sector in question. The services making up the package have been provided through two very different service delivery or provisioning models which have different implications for the role of government and other role players.

On the one hand, health and nutrition services for pregnant women and young children have been provided through a public model of provisioning. The role of government has been far stronger, and the terrain and matrix of human relations more stringently regulated through laws of general application, such as labour laws and minimum wage regulations, and have been more extensively integrated into governing sectoral human resourcing systems.

Historically, early learning services (provided mostly through ECD centres), training of practitioners, and management and mentoring of services have been privately provided through small local businesses of service providers and the non-profit sector. Government, and the associated structures regulating public services, played a very limited role. Government's role was limited to quality control, funding of limited services through an ECD subsidy, and the funding of training of a number of practitioners as part of its job-creation strategy administered as part of the Expanded Public Works Programme. In addition, because of the predominantly private provisioning model, the organisation of the sector "through unions and membership bodies is not well developed" (ETDP SETA, 2014).

The policy brings about a fundamental and unifying change in the national ECD provisioning model. ECD is, in its entirety, recognised as a public good, and the policy adopts a unifying model of public provisioning of all ECD services. Government is responsible and accountable for universal provision of quality services across the comprehensive suite prescribed by the policy. At the same time, the policy recognises the valuable contribution made, and the foundations laid by civil society, including NPOs and the small business sector. In moving forward, Government will be responsible and accountable for achieving the policy goal of universal availability and equitable access to the package of services. However, in fulfilling this responsibility, the Policy allows for, and indeed requires Government to draw on the technical expertise, service provision footprint and resources developed and held by civil society and the private sector in fulfilling its responsibilities.

The policy provides a clear framework regulating permissible public / private partnerships within a public provisioning model. It is built upon a number of institutional arrangements which enable the continued use of the wealth of private resources and capacity residing within the non-government sector, but in a manner, that ensures government accountability. Government is required to "adopt a balanced approach which ensures that the role of non-government service providers (for-profit and non-profit) is recognised and utilized to complement fulfillment of its Early Childhood Development commitments. This will, however, be subjected at all times to the proviso that Government retains responsibility for ensuring that all services provided, and actions taken by NGOs comply with the limits, obligations and responsibilities prescribed by law."<sup>37</sup>

The Policy provides several mechanisms to facilitate the partnership within the public provisioning model. For example:

1. Government may choose to deliver services (and training) directly, or through a clearly defined agreement with a non-government partner that ensures compliance with government's responsibilities, by proxy. The implication is that Government may sub-contract its responsibilities, but remains accountable for delivery and quality of services provided, and the governing contractual arrangements must ensure the envisaged arrangements.<sup>38</sup>
2. The Policy mandates and obligates the establishment of a formal and permanent co-ordination mechanism for sustained and effective inter-sectoral collaboration with civil society.<sup>39</sup> The Minister is required to, and has set up an Inter-Sectoral Forum for Early Childhood Development. The forum provides an institutional platform for government and non-government role players to engage collaboratively on ECD service provision in South Africa.

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<sup>37</sup> Clause 6.3

<sup>38</sup> Clause 5.6.2

<sup>39</sup> Clause 7.3.3.5

- It is an inclusive structure with prescribed representation by national ECD NGOs, international development partners, public and private ECD training institutes, national research institutions, national government departments and agencies, and national ECD networks.

Within this regulated and defined public/ private framework, multiple role players play a diversity of roles in advancing the development of an adequate human resource platform of qualified, competent and skilled workers to implement the ECD policy. Some of the key role players and their supporting roles include the following:

1. **Communities and community-based organisations:**

- Community-based organisations and communities will continue to provide essential ECD services. However, their planning, provision and management of services have to comply with the Policy, and their human resource base will equally have to be developed to comply with the principles and requirements of the ECD policy and the support HR Development Strategy.

2. **ECD forums, networks and communities of practice:**

There is a vast network of ECD non-profit organisations, forums and communities of practice that have access to knowledge, skills and other resources essential to the continuing development of the human resource's foundations of the national ECD system. Structures such as community based Early Childhood Development forums which have been established across the country have, and should continue providing ongoing support for HR strengthening to advance the ECD HR Development Strategy goals and objectives. Services provided by forums include capacity building of ECD practitioners, showcasing best practices, facilitating and enabling collective action and advocacy, and generally enhancing the quality of service provision to children (HSRC, 2014). Various ECD communities of practice, such as the BRIDGE-led initiative have evolved over time, and provide an invaluable forum for knowledge sharing, capacity building, problem identification and resolution.

Similarly, structures such as the South African Congress for Early Childhood Development<sup>40</sup>, which is a representative, membership-based voluntary association of ECD organisations in the country, are an important HR development resource. Its aims and objectives include resource mobilisation, advocacy and lobbying, training and skills development, resource and information management and networking.

3. **Training institutions:**

- Scaling up the workforce across the multiple platforms and within the diversity of sectors responsible for ECD provisioning in South Africa requires a focused training massification initiative which will have to be driven and implemented by training institutions. As noted in the situational analysis, there are a number of limitation in the network of training institutions currently in place. To summaries, the content, capacity of institutions and resources to support the provision of quality and appropriate ECD training is limited.
- The training supply is limited. In the case of early learning practitioners there are not enough training providers to ensure the intake and graduation of the numbers of early learning practitioners needed (Murray & Biersteker, 2014). There is limited partnering of TVET colleges and NGOs providing training. All NGOs providing training must now register with the Department of Higher Education and Training (DHET). This is disincentivising training by NGOs and many are pulling out, which will aggravate the supply.<sup>41</sup>
- The quality of ECD training is limited because many instructors at TVET colleges are not trained in ECD themselves. The resolution of this problem is aggravated by the lack of reliable funding, because "colleges are unable to plan and unwilling to build capacity when there is no guarantee of regular funding" (Murray & Biersteker, 2014).

Training institutions will play a critical role in strengthening the country's ECD HR foundations. However, it is clear that their ability to do so will require that they too engage in a process of review and revision of their policies, strategies and their own HR foundations, and engage in constructive partnerships to address the underlying content and capacity gaps in the national ECD HR foundations.

4. **Universities: Provide training but are also a wealth of evidence – for evidence-based planning and human resource innovations**

In addition to their role as ECD training providers, universities provide an invaluable source of research, evidence and innovation that is critical to improving the HR foundations of the national ECD system.

Universities have established partnerships with the ECD sector and government to drive evidence-based innovation, and the continuation of this role is critical to ongoing strengthening of the national HR foundations.

Two examples of the unique role played by universities in the area of ECD HR strengthening are:

<sup>40</sup> www.sacecd.co.za

<sup>41</sup> Interview, Linda Biersteker

1. The Project for Inclusive Early Childhood Care and Education (PIECCE) consortium under the leadership of the Department of Higher Education and Training's Teaching and Learning Development Capacity Improvement Programme. It is a "multi-sectoral teacher education project that will contribute to the professionalisation of the ECD sector through the development of a standardised framework for the training of practitioners working in Birth to Four". It is a collaboration led by key universities, UNISA, South African Institute for Distance Education (SAIDE), the Centre for Social Development at Rhodes University and BRIDGE. It includes a number of other partners, including Walter Sisulu University, the University of Pretoria, University of Fort Hare, the North West University, Cape Peninsula University of Technology, the University of the Witwatersrand and KwaZulu-Natal. The focus of the programme is the development of an evidence-based and tested Standardised Programme Framework and supporting materials for a Diploma in Early Childhood Care and Education (ECCE) at Level 6 and the B Ed in ECCE at Level 7.
  2. The University of Fort Hare's ECD Centre of Excellence has been established to support evidence-based improvements in provisioning of ECD to support realisation of the NDP's objectives. Key to achieving its vision is its research agenda, developed in partnership with the ECD sector and government, which, inter alia, stimulates and supports ECD teaching, learning, pedagogical innovations, advocacy, programme design and practices.<sup>42</sup>
5. **Professional bodies such as the South African Council of Educators (SACE) and the Social Services Professional Council**
- A key driver of professionalisation of the sector is professional registration. There are several bodies with which ECD practitioners may register, and these include the SACE and the Social Services Professional Council.
  - There are a few challenges with securing universal and standardised registration of ECD practitioners, and this may undermine the potential for registration to support strengthening the national ECD HR foundations. For example, early care and learning practitioners may currently register with either of the bodies, although only those with a formal teaching qualification may register with the SACE. This precludes most practitioners which only have a Level 4 qualification (NECDA, 2017).

## INSTITUTIONAL ARRANGEMENTS

There is a compelling need for effective ECD-sensitive leadership, co-ordination and collaboration within and across the many government and non-government role players to ensure that the ECD workforce required is indeed developed in line with, and guided by this strategy, and that technical support, progress monitoring and quality improvement of the national ECD workforce is collectively monitored and supported.

Given the multi-sectoral nature of ECD, the number and diversity of human resources required, the varying stages of readiness or capacity within the different departments and levels of government in terms of numbers and qualifications of the respective cadres of required to implement the national ECD Policy, and the varying levels of integration of the workforce into the systems of the different sectors, and the need to ensure synergy and comparability in alignment of the multiple HR planning processes with the Policy imperatives,

This requires the establishment of institutional arrangements that provide effective leadership and co-ordination of the national initiative (and provincial and local initiatives) that is appropriately inclusive of all relevant role, players, mandated, and resourced. To be effective, a national cross-sectoral structure is required, alongside, provincial and local government co-ordination structures, and intra-departmental HR structures. These should exhibit the following characteristics to ensure effectiveness:

- Facilitate professional collaboration and partnerships among the diversity of professionals working in different domains and sectors to support children's development and learning. No single professional can support children's development alone. Institutional space should enable professionals to learn from each other and forge collaborative and integrated relationships for collaborative planning of integrated and locally responsive services. It is essential, not just for the development and provision of effective programmes, but critically for the ongoing professional development and capacitation of ECD professionals and practitioners (Department of Education and Early Childhood Development. Melbourne Graduate Schools of Education, 2011). This is especially important for professionals and programmes for children with additional needs, such as children with disabilities and developmental delays and children who have experienced abuse or trauma. To enable professional collaboration and partnerships requires:
  - Common goals for learning and development
  - Inclusive of the diversity of expertise in the ECD sector cutting across the different domains and life stages of young children
  - Positive, routine and constructive communication of best practices and sectorally specific information
  - Institutional platforms for collaborative planning
  - Organisational support that affirms and encourages partnerships and provides technical support and resources to advance the development of collaborative or integrated programmes (Department of Education and Early Childhood Development. Melbourne Graduate Schools of Education, 2011)

42 [www.ufh.ac.za/faculties/edu/Early%20Childhood%20Development%20Centre](http://www.ufh.ac.za/faculties/edu/Early%20Childhood%20Development%20Centre)

## Current institutional arrangements

The ECD Policy makes provision for, and steps have been taken to establish the following co-ordination structures.

### **The Inter-Ministerial Committee for ECD (IMCECD), supported by a National Inter-Departmental Committee for Early Childhood Development (IDCECD)**

The IMC, established by Cabinet, and supported by the IDC, is a multi-departmental structure made up of core members, supported by co-opted members as required. The structure is responsible for:

- Planning, co-ordinating, overseeing and monitoring the implementation of the policy;
- Developing and overseeing implementation of a national strategy to meet its mandate; and
- Reporting annually to Cabinet on its work, implementation of plans, status of ECD services in the country, attendance of members, and other matters of importance.

### **South African Inter-Sectoral Forum for Early Childhood Development (ECD Forum)**

In addition, an ECD Forum has been established to serve as a national platform upon which the Government and non-government sector in involved in ECD can engage. It is described previously in this report. A number of sub-committees have been established within the forum, and these are:

1. National Training and Curriculum Sub-Committee
2. Policy and Legislation Sub-Committee
3. Infrastructure and Registration Sub-Committee
4. Monitoring and Evaluation Sub-Committee
5. Communication and Advocacy Sub-Committee
6. ECD Donor sub-committee.

In addition, the Department of Basic Education is required to establish an inter-sectoral committee for planning and oversight of HR for ECD. In terms of the Policy, its purpose is the co-ordination of relevant role players to work together to develop a differentiated and coordinated ECD training system.

**Despite the proliferation of co-ordination mechanisms and supporting institutional arrangements, the current collaborative framework is beset by several limits and challenges which have hampered the required levels of multi-sectoral engagement to co-develop an integrated HR ECD platform to support implementation of the national ECD Policy.**

**Essentially the current co-ordination arrangements are beset by capacity problems, and there is insufficient focus or dedicated coordinated platform with the participation of appropriate representatives from relevant departments and supporting role players to address ECD HR development holistically.**

Co-ordination structures require strong formalised secretariats which are systematised into the institutional anchor's human resourcing systems and budgets. The secretariat should be seen as a function rather than a person or as a mere administrative role with its own outcomes, human resourcing plan, and budget and performance management systems. It is a high-level function requiring sufficiently senior staff with the required skills, competencies and capacities, and whose training, performance agreements and key performance indicators should distinguish their co-ordination functions from any other functions they fulfil, and explicitly require the necessary work to be done, monitored and accounted for.

**A review of the current resources supporting ECD co-ordination, leadership and management in South Africa reveal key deficits and weaknesses.**

**In the DSD, whilst there has been a change and purported elevation in the national structure responsible for ECD from a directorate to a Chief Directorate (CD), this has not been accompanied by meaningful shifts in the allocation of human resources. The CD is chronically under-staffed to fulfil its leadership, management and co-ordination responsibilities.<sup>43</sup> The result is that there is very limited capacity, required levels of expertise and seniority within the ECD Chief Directorate to fulfill the advocacy, communications, monitoring and evaluation, organizational management, negotiations, project management and administrative responsibilities required of the national ECD co-ordination secretariat.**

**The DSD at a provincial and district level:** Similar patterns and trends in inadequate numbers of staff and a mismatch in skills and qualifications and responsibilities are the norm in the DSD provincial and district offices. Provinces generally have dedicated ECD staff, but they primarily focus on centre compliance and registration. Districts in, for example, the Eastern Cape, the Free State generally do not have dedicated ECD personnel, but use general social workers to perform oversight functions and provide support to centres – services requiring high levels of expertise that social workers do not have (Biersteker & Picken, March 2016). The critical point is that at both provincial and district level, there is a high level of variation because of the absence of standardised systems and human resourcing norms and standards (Biersteker & Picken, March 2016). Staff generally lack the

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43 Interview, Musa Mbere. Chief Director. ECD. DSD

required resources, skills and services for managing and overseeing availability and quality of programmes for children in out-of-centre programmes and in the 0-4 age group are lacking.

**At DBE level:** Within the DBE there are insufficient human resources at a national, provincial and district level, to provide the required levels of leadership, management, oversight and co-ordination of the early learning support and services it is required to provide for children aged 0-4 in terms of the Policy.

At national level, there are only 3 staff members employed to lead and manage ECD. However, the HR system in the national DBE has been revised and is aligned to the ECD Policy. The small national team within the ECD Directorate leading ECD are mandated and required, in terms of their job descriptions, to lead and manage ECD for children aged 0-4 years.

The implication of these deficits is that, at present, there is a fundamental systemic blockage in the lack of an integrated and comprehensive system to inform evidence-based assessments and projections of need, and identification of significant HR gaps; as well as the absence of an institutional convening or co-ordination space to plan, implement and use the results of the system for developing a long-term solution for the massive deficit in qualified and trained ECD practitioners across the service delivery spectrum. In consequence, a major gap which impedes population-based planning for the delivery of a suite of services, is “the lack of reliable and updated centralized data on ECD trainees and training providers from different departments and entities funding ECD training and data on the number and location of qualified practitioner hampers planning” (Murray & Biersteker, 2014).

The current institutional arrangements provide broad and strategic platforms for co-ordination and collaboration in designing the overarching multi-sectoral ECD programme. However, they have to date, not provided the required adequately inclusive and focused forum for collective and coordinated planning for ECD human resources provisioning and strengthening to ensure implementation of the plan. The HR development processes continue to be led, administered, implemented and funded by different sectors and departments, with little, if any co-ordination or alignment of the processes with each other. There is significant fragmentation in planning, needs assessments, provisioning, assessment, provisioning and funding of training development, resourcing of training, and making training opportunities available. The levels of fragmentation and lack of co-ordination became apparent in the research phase of this project. The representative from the many departments and role players responsible for ECD provisioning in South Africa were unaware of this initiative to develop a national ECD human resource development strategy.

The current inter-sectoral arrangements and structures should be strengthened, through the establishment of a fully capacitated Secretariat (as discussed early in this Strategy); with clearly defined scope of work that includes the functions described above. In addition, key implementing entities need to ensure that the ECD components have sufficient human resources capacity as discussed earlier in this Strategy.

## RISKS THAT COULD HINDER EFFECTIVE IMPLEMENTATION

A number of potential risks to effective implementation are discernable. Many of these risks are familiar and have been encountered in other Government endeavours to initiate new and large-scale programme development and implementation. However, efforts to mitigate these risks have not always been successful; often because of the challenges associated with delivering a programme that requires vertical and horizontal co-ordination across Government. It is therefore very important that due regard be given to the management and mitigation of these risks from the early stages of implementation. Some of the most important risks are the following:

1. Many of the policies and supporting data, on which the implementation of this strategy depends, is not currently in place.
2. Numerous challenges associated with co-ordination and integration are manifest.
3. There are serious capacity challenges in all of the entities that bear significant responsibilities in relation to the Strategy.
4. Much still needs to be done to complete the national ECD planning process and the implications of the outcomes of this process on the ECD HRD Strategy is uncertain.
5. The feasibility and acceptability of an HR strategy that impacts on, and will determine HR provisioning of line departments other than the department leading this process will raise legitimate concerns about autonomy and apprehension of unfunded mandates.
6. Poor planning capacity and deficits in the quality and scope of data.
7. Severe pressure on Government’s finances makes it highly unlikely that sufficient funding could be secured for new programmes.
8. A delay in clarifying the roles and responsibilities of all entities involved in implementation.
9. Several line departments are currently busy with their own HR strengthening processes but there is little evidence that due consideration is being given to how the entity needs to respond to the ECD policy implications.

10. When measured against the ECD policy requirements, different departments are at different levels of preparedness and engagement with their assigned responsibilities and the development of systems, including their HR systems to support these. This means that some departments are ready for more detailed direction on the further development of their HR systems and platforms, whereas others need more general guidance and direction to start building the conceptual foundations of their ECD HR systems. This creates some challenges for the development of one national strategy.
11. The two key instruments governing ECD in the country are the ECD Policy and the Children's Act No. 38 of 2005. However, some of the provisions appear to be inconsistent between these two instruments; giving rise to a lack of clarity in terms of roles and responsibilities for the various aspects of public provisioning of ECD. This in turn creates uncertainty about the HR requirements, gaps and solutions for implementing the ECD system.
12. State capacity tends to be weaker in those areas that cater for the poor. This militates against fulfilling the equity objectives of the policy in terms of outputs and, more significantly, in terms of the expected outcomes.

## CONCLUSION

Based on the situation analysis presented in this strategy, it is evident that there are massive human resourcing gaps for delivery of the ECD package of services required by the Policy. What is further evident is that the measures necessary to address the gaps will require significant policy decisions to be made, programme developments / innovations, policy alignment, budget shifts and increases, and ultimately, shifts in line department priorities to give a greater focus to ECD.

Further elaboration of this strategy will be necessary in response to further development of implementation plans and policies. The purpose of the Strategy is to serve as a reference point or tool for consideration by line departments when developing their own policies, strategies, legislation and systems, including collective bargaining agreements and sectoral determinations of Basic Conditions of Employment for the sector.\_

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