NATION BUILDING FROM THE START

Early Childhood Development

Knowledge Building Seminar 24 to 25 November 2008

Co-hosted by Inter-departmental Committee for ECD, UNICEF and the ECD Technical Committee of the KwaZulu-Natal Provincial Advisory Council for Children
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- Each individual speaker for their willingness to participate in the third Early Childhood Development Knowledge Building Seminar.
- All the participants from the South African Early Childhood Development community who participated in this seminar.

Report compiled by
André Viviers and Junko Mabuchi (UNICEF South Africa)
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Enquiries
André Viviers
Education Specialist
(Early Childhood Development and Child Friendly Schools)
UNICEF, PO Box 4884, Pretoria, 0001, South Africa
Tel: +27 12 3548201
Email: aviviers@unicef.org

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Introduction

The Early Childhood Knowledge Building Seminar has been an annual event since 2006, and is organised by UNICEF and the National Inter-departmental Committee for Early Childhood Development. The purpose of the annual Early Childhood Knowledge Building Seminar is to create a national platform and forum to share new knowledge on research and innovative developments for young children in the country.

In 2008, the Early Childhood Knowledge Building Seminar was co-hosted by the KwaZulu-Natal Provincial Advisory Council for Children’s ECD Technical Committee and was held in Durban.

This report contains the key papers delivered, as well as information on the two policy dialogues that took place during the Early Childhood Knowledge Building Seminar.
GOOD MORNING LADIES AND GENTLEMEN

Thank you for providing me with the opportunity to deliver the opening address at this Knowledge Building Seminar in KwaZulu-Natal. On behalf of the Inter-departmental Committee for Early Childhood Development, UNICEF and the ECD Technical Committee of KwaZulu-Natal Provincial Advisory Council for Children, I wish to say that it is a pleasure to see so many persons here today.

We know that you are all interested in children and keeping the best interests of children near to your heart. Early Childhood Development (ECD) is one of the main areas that is of particular importance to all of us.

Early childhood development is an APEX priority for the government of South Africa and one of the key deliverables. Early childhood development is more than a service; it is a very important investment. Experts who have studied high quality early childhood development programmes have universal agreement on this.

There is ample evidence worldwide on how quality early childhood development services make a difference in the child’s life, but also to society, and there is agreement that quality integrated ECD programmes have substantial payoffs for the child and society as a whole.

These early childhood development programmes may vary in whom they serve and in the services they provide, but most effective ECD programmes offer wide-ranging education services as well as health services (such as immunisations and health screenings) and nutrition services, typically for children younger than six. The majority also provide adult education and parenting classes for the parents of young children.

Follow-up studies on poor children who have participated in these programmes have found solid evidence of markedly better academic performance, decreased rates of criminal conduct, and higher adult earnings, than among their non-participating peers.

South Africa is confronted with many challenges such as poverty and unacceptable high crime rates. Dr Zola Skweyiya, Minister for Social Development, in the foreword to the Department of Social Development’s Guidelines for Early Childhood Development Services, states: “In the human life cycle the early childhood phase from birth to nine years is considered the most important phase for every human being. Giving children the best start in life means ensuring them good health, proper nutrition and early learning”.

The South African government realises the importance of ECD as an investment and turn-around strategy for the second economy:

- It is firmly located within the government’s plan of action.
- The Expanded Public Works Programme recognises the investment potential of early childhood development programmes to change, over time, the landscape of service delivery in South Africa, while at the same time dealing with challenges such as poverty, unemployment and economic development.
The National Integrated Plan for Early Childhood Development has been hailed internationally as solid and with the potential to render an integrated package of quality services for children under five in South Africa.

The Integrated Plan on ECD is guided at the international level by numerous conventions, declarations and human rights treaties on the protection and development of children. On the national level they are:

- The Constitution
- The National Plan for the Promotion and Protection of Human Rights
- The National Plan of Action for Children, which forms the basis of the Integrated Plan for ECD.

The approach to ECD involves:

- Delivering services to children
- Training caregivers and educating parents
- Promoting community development
- Strengthening institutional resources and capacity building
- Raising public awareness and enhancing demand.

The term “integration” in the Integrated Plan refers to the approach in ECD where services and programmes are provided in a comprehensive and interwoven manner, with the aim of ensuring the holistic development of children. In this sense, the integrated approach entails providing children with access to birth registration, health, nutrition, water and sanitation, psychosocial care, early learning and protection, through the strengthening of the capacity of communities and improving access to basic services at the local level. An effective mechanism for integration will specify what happens at the various levels and how the integration will be accomplished.

The Integrated Plan for ECD is supported by the Tshwaragano ka Bana programme, a model for integration. Tshwaragano ka Bana is a Sotho phrase which means “Working together for Children”.

The primary components of the plan are located in various selected sites and places where children live and are cared for, such as households, formal ECD centres, community child care centres, informal ECD settings, prisons, child and youth care centres. According to the plan, poor and vulnerable children from birth to four in all provinces are targeted. Age-appropriate services are provided to the targeted children.

In order to ensure successful implementation, human resource development, infrastructure development, research, monitoring and evaluation are prioritised.

The Tshwaragano Ka Bana programme assists government to put in place systems, mechanisms and policies for institutionalising the Integrated ECD Plan in the country. The programme has the same components as the Integrated Plan and is managed by formalised inter-departmental mechanisms at a national, provincial and municipal level to facilitate inter-sectoral work required for successful implementation.

Inter-sectoral collaboration and integrated service delivery requires commitment to achieve the best possible service for the young child and his/her family by departments, non-governmental organisations, community-based organisations, faith-based organisations and other key services providers. It is important that this collaboration is achieved at national, provincial, district and local levels.

Various non-governmental organisations (NGOs), community-based organisations (CBOs) and faith-based organisations (FBOs) play different roles in the provisioning of early childhood development services, which include parenting capacity development programmes, parent support groups, formal protection intervention services, childminding, early childhood care programmes, day care centres, playgroups and many more.

We acknowledge that the well-being of the child is inter-related with the well-being of the ECD practitioner. This is why we have included ECD in the Expanded Public Works Programme, in order for practitioners to be trained to better their lives and to provide a solid early childhood development programme to those in their care.

We know that the sector is facing many challenges, of which I will highlight a few:

- The increasing number of unregistered ECD sites and people not understanding that they have to register to comply with the Act.
- The need for practitioner training and committee training in terms of governance, management training for the principals, nutrition training; and
compliance in respect of registration as a non-profit organisation, Child Care Act and municipal by-laws.

- Inadequate infrastructure where the buildings, sanitation and water supply is not adequately provided.
- The need for age-appropriate equipment for indoor and outdoor use, the need for learner support material.
- Disparity amongst provinces pertaining to the varying amounts paid to poor children in ECD sites and low salaries for ECD practitioners.
- Strengthening of the national Integrated Plan for ECD.
- Implementation of the Children’s Act No 38 of 2005, as amended, where partial care facilities are required to register their facilities and the ECD programme.

However, we are confident that as a collective, we could improve the service delivery in the ECD sector, if we are all willing to work together.

Progress to date is that both the budgets for the Departments of Social Development and Education have increased to improve service delivery. The budget for the Department of Social Development increased from R396 074 000 in 2004/5 to R767 119 000 in 2008/9. This indicates a 194% increase in Rand value.

Registration of ECD sites increased from 8 111 in 2004/5 to 12 927 to date, which means an increase of 4 816 registered ECD sites. Increasing the number of children from 270 096 to 458 886 children means an increase of 188 790 children.

This number includes children in centre-based ECD sites and those in communities benefiting from ECD outreach programmes.

The Department of Education is training practitioners from registered ECD sites at the Department of Social Development, and there were 7 371 practitioners and support staff for 2007/8, while for 2008/9 there were 18 759 practitioners, 640 cooks and 700 gardeners. The cooks and gardeners were trained by the Department of Labour.

The Department of Education, in consultation with provinces, reviewed the ECD qualifications and Unit Standards. The ECD Qualification (FETC) and 14 Unit Standards were approved for registration by the South African Qualification Authority (SAQA) Executive Committee (EXCO) on 18 October 2007.

Further to this, the following key milestones have been achieved by the Departments of Social Development, Education and Health:

- The number of registered ECD sites has increased to 12 927, benefiting 458 886 children (this number includes children in centre-based ECD sites and those in communities benefiting from ECD outreach programmes).
- All provinces are at a minimum of R9.00 per child per day as the phasing-in process proceeds to increase the subsidy amount through the bid to National Treasury.
- The Inter-departmental Committee for ECD meetings are taking place regularly.
- The Development of the Parenting Programme for parents and caregivers of children from birth to five years: three training sessions for master trainers to do capacity-building training for parents and caregivers of children between the ages 0-5 years have been done by the national Department of Social Development, training 66 master trainers (2008), while the provinces trained 120 people.
- The partnership with the National Religious Leaders Forum (NRLF) has been strengthened.
- Dialogue and partnership is ongoing with NGOs such as ACCESS and the South African Congress for ECD.
- Visits to the provinces to offer support and strengthening of the implementation of the National Integrated Plan for Early Childhood Development are continuing.
- Payment of stipend is at least R500 for Level 1 training, R1 000 for Level 4 training and R500 for cooks and gardeners, by June 2008.
South Africa certified as polio-free by World Health Organisation (WHO) in 2007.
Moved from 86% to 96% coverage regarding immunisation.

The following constraints in the ECD sector have been identified:
- Standardisation of stipends for caregivers and practitioners within the ECD training sector across all provinces.
- Budgetary constraints for the ECD programme to ensure provision/maintenance of stipends for practitioners who have obtained some qualifications.
- Strengthening of the implementation of the National Integrated Plan for Early Childhood Development at provincial and local levels.
- Participation of local municipalities in ECD programmes.
- Adequate capacity for the expansion of ECD services at national, provincial and local level.
- Inter-sectoral collaboration.

It is acknowledged that ECD services are rendered in a variety of contexts and settings. The Inter-departmental Committee is therefore preparing now to put in a bid next year to the National Treasury to obtain funding to support differentiated models for ECD provisioning. A rapid assessment and analysis of innovative and home-based childminding and ECD programmes in support of poor and vulnerable babies and young children in South Africa has been made. The plan is to determine the cost connected to this kind of provisioning and to develop a business case for the National Treasury.

This is also showing the importance and value of research in the ECD sector, as research is providing evidence-based facts that provide us information and direction in planning, policy formulation and implementation.

On this note I want to say that we are looking forward to what the presenters are going to present here today, and the findings will definitely influence policy implementation and practice. I wish you fruitful deliberations and am looking forward to the recommendations regarding ECD research needs in South Africa.
ABSTRACT: Childminding services in South Africa are largely unregulated. This presentation will look at the concerns raised by the move to develop a childminding policy. The concerns are those of the people caring for these small groups of children, the parents making use of the services, the officials who will be responsible for registration, support and monitoring, and those who uphold the rights of children. How these concerns have been accommodated in the draft policy and the accompanying guidelines will be presented, and there will be an opportunity to discuss these and offer suggestions based on experience in the early years sector.

INTRODUCTION
The following points are taken from the terms of reference provided to guide the development of national policy and practice guidelines for childminding in South Africa:

- The South African government has prioritised early childhood development as one of the key deliverables, and the achievement of this will be through the National Integrated Plan for Early Childhood Development.
- Early childhood development services are provided in a range of settings. One of these is through childminding, i.e. where an adult caregiver takes care of six or fewer children in her own home (excluding her own children) at a small cost to the parents.
- A major gap identified in the childminding field is the lack of regulation, the lack of formalised training, the lack of support from government and the lack of public funding, mainly due to the absence of clear policies and guidelines.
- Childminders are not obliged to register unless a municipality has a policy that requires this.

In the light of these points, there are clear reasons to commission the development of policy and practice guidelines. By doing this, the profile of childminders will be raised and the rights of children to proper care and stimulation when in the care of childminders will be highlighted. It is the implementation of the policy that has raised concerns.

DEVELOPING THE POLICY FOR CHILDMINDING SERVICES
The following steps were followed:

1. Chapter headings for a policy were listed by UNICEF and the Department of Social Development.

2. These were circulated to early childhood development and health specialists, non-government and government staff, as well as academics.
3. Based on comments received, the outline was amended to:
   - Foreword
   - Acknowledgements
   - Glossary
   - Executive Summary
   - Introduction
   - Definition of Childminding
   - Principles
   - Training for Childminders
   - Registration Requirements
   - Legislation
   - Statutory Responsibilities
   - Civil Society
   - Funding of Childminding Services
   - Conclusion

4. A meeting was held with officers from eThekwini Municipality, and the registration requirements received from them were used in the development of the draft policy.

5. The draft policy was the focus of a national workshop held in Gauteng. Comments from the national workshop were:

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<td><strong>Children</strong></td>
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<td>- Happy/to have fun</td>
<td>- To be loved and cared for</td>
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<td>- Content and friendly</td>
<td>- To be protected</td>
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<td>- Well behaved/good/respect boundaries</td>
<td>- Safety</td>
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<td>- Able to share</td>
<td>- Comprehensive care</td>
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<td>- Free and open for development/make an effort to learn and socialise with others/be stimulated</td>
<td>- Balanced nutrition</td>
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<tr>
<td>- To be a child</td>
<td>- Fun</td>
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<td>- Communicate honestly</td>
<td>- Stimulation</td>
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<td>- To attend</td>
<td>- Acceptance</td>
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<tr>
<td><strong>Childminder</strong></td>
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<tr>
<td>- Have a clean environment</td>
<td>- Time out</td>
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<td>- Protect children</td>
<td>- Know about available resources</td>
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<td>- Nutrition</td>
<td>- Necessary resources</td>
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<td>- Safe and secure place</td>
<td>- Develop relationships with stakeholders in community</td>
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<td>- Provision for ill children</td>
<td>- Healthy and clean</td>
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<td>- Accept children as they are/relate to children</td>
<td>- Be compassionate</td>
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<td>- Capable, responsible</td>
<td>- Information and education in regard to legislation</td>
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<tr>
<td>- Willing to be trained</td>
<td>- Support from parents, government and community</td>
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<tr>
<td>- Provide stimulation</td>
<td>- Equipment – blankets, nappies, toilets, etc.</td>
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<td>- Keep records</td>
<td>- Training: L 1, first aid, management, models of care</td>
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<td>- Provide quality programme</td>
<td>- Childminders forum</td>
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<td>- Observe children’s rights</td>
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<td>RESPONSIBILITIES</td>
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<tr>
<td>Parents/family</td>
<td>Choose the right/capable childminder</td>
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<td>Ensure personalities of childminder and parents are compatible</td>
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<td>Check you have the same values</td>
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<td>Clean, fed and clothed child</td>
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<td>Primary caregiver</td>
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<td>Ensure safety</td>
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<td>Assist in developing the childminding programme</td>
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<td>Offer emotional support</td>
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<td>Pay fees on time and provide anything specially needed by your child</td>
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<td>On-going communication and honesty between you and the childminder</td>
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<td>Prepare the child</td>
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<td>Monitor nutritional and healthy food</td>
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<td>Collect and deliver child on time</td>
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<td>Support the childminder</td>
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<td>Provide medical needs and treatment</td>
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<td>Where the child is/safety</td>
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<td>Do your job</td>
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<td>Interact and get involved</td>
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<td>Strengthen bond between parent and child (quality time)</td>
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<tr>
<td>Childminder’s family</td>
<td>Take care of child</td>
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<td>Respect children and give space required</td>
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<td>Support childminder</td>
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<td>Know about children’s rights and responsibilities</td>
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<td>Help with funding for the children by referring to employers</td>
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<td>Community/neighbours</td>
<td>Support</td>
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<td>Resource</td>
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<td>Safety net for the child</td>
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<td>Report signs of abuse to relevant authorities</td>
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<td>Look after children from a distance</td>
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<td>Donate what is needed</td>
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<td>Volunteering</td>
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<td>Keep the childminder’s place clean</td>
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<td>Support staff</td>
<td>Be aware of safety/hygiene</td>
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<td>Basic knowledge of first aid</td>
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<td>Cater for children’s needs</td>
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<td>Drivers</td>
<td>Safety</td>
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<td>Childminding association</td>
<td>Provide training</td>
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<td>Offer protection for childminders</td>
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<td>Regulate quality</td>
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<td>Provide support</td>
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<td><strong>NGOs, social workers, community development workers, volunteers</strong></td>
<td>• Provide support /mentoring/guidance</td>
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<td>• Volunteer</td>
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<td>• Share information</td>
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<td>• Facilitate inter-sectoral collaboration</td>
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<td><strong>ECD providers</strong></td>
<td>• Networking</td>
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<td>• Transfer skills</td>
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<td>• Provide mutual support</td>
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<td><strong>Department of Social Development</strong></td>
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<td>• Support</td>
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<td>• Link with resources</td>
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<td>• Link to other government departments</td>
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<td>• Build capacity</td>
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<td>• Educate childminders on guidelines</td>
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<td>• Investigations and ministerial enquiries</td>
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<td>• Monitor</td>
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<td>• Registration</td>
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<td>• General oversight</td>
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<td>• Ensure adherence to policies, e.g. child protection</td>
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<td>• Develop programmes</td>
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<td><strong>Municipalities, e.g. library, social workers, ECD centres</strong></td>
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<td>• Environmental checks</td>
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<td>• Links with councillors</td>
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<td>• Ensure integration of services</td>
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<td>• Provide support/guidance</td>
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<td>• Ensure service is offered</td>
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<td>• Provide workshops</td>
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<td>• Funding/resources</td>
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<td>• Ensure policies are in place</td>
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<td>• Knowledge of/establish by-laws and legislation</td>
</tr>
<tr>
<td></td>
<td>• Dedicated and informed staff</td>
</tr>
<tr>
<td></td>
<td>• Be friendly and approachable/know the childminders</td>
</tr>
<tr>
<td></td>
<td>• Understand child development</td>
</tr>
<tr>
<td></td>
<td>• Establish data base of childminding services</td>
</tr>
<tr>
<td><strong>Office of Rights of the Child</strong></td>
<td>• Oversee monitoring and protection of children</td>
</tr>
<tr>
<td></td>
<td>• To be trained in childminding services</td>
</tr>
<tr>
<td></td>
<td>• Need funds</td>
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<tr>
<td></td>
<td>• Need to know their roles</td>
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<tr>
<td></td>
<td>• Provide orientation training</td>
</tr>
</tbody>
</table>
6. The comments from the workshop were used to re-draft the policy document before it was sent to the Department of Social Development and UNICEF staff for scrutiny.

**DEVELOPING PRACTICE GUIDELINES FOR CHILDMINDING SERVICES**

1. The registration requirements detailed in the draft policy document were used to shape the practice guidelines.
2. Some information from childminding material from England was incorporated into the document.
3. Health professionals were consulted on feeding of young babies.
4. The first draft was sent to UNICEF and the national Department of Social Development.
5. A meeting with eThekwini Municipality officials was held.
6. Childminders (current and those who now run crèches) were phoned and visited to test draft guideline material and collect advice for new and existing childminders.
7. Comments were incorporated into the draft guidelines.
8. Draft guidelines sent to a senior health official for final comments on nutrition and health issues.
9. Draft guidelines sent to UNICEF and Department of Social Development.

CONCERNS
In the national workshop, meetings, email consultations and visits the following concerns were raised:
➢ If a policy comes into effect, will those providing childminding services have to stop their work until they have been registered?
➢ Will the provincial Departments of Social Development and local municipalities have the experienced staff needed to screen, register, train, support and monitor childminders?
➢ Will parents understand the need for childminders to be registered and no longer place their children with unregistered childminders? (This would only apply to those municipalities that currently require childminders to be registered.)
➢ Childminding is not a lucrative enterprise and many women who start out as childminders soon move to establish crèches as they can then take in more children. This means fewer small, family-group type care environments which suit some children more than larger crèches.
➢ Who will develop training material for childminders? Training was recommended by many of those consulted.
➢ Who will offer and fund any training courses that are available?
➢ How can a childminder become registered as a non-profit organisation and access funds?

CONCLUSION
Despite the various concerns, many people do think that guidelines will be helpful for those currently providing childminding services. Childminders who were consulted said they would have appreciated some guidance on setting up their service.
A policy and a set of practice guidelines on childminding services will highlight this important early childhood development service. Childminders offer a valuable service to parents, allowing them to work or take up educational opportunities. Children with responsible childminders experience a safe, secure and family-type provision.
A policy document, together with practice guidelines, will be a statement of the rights of all children to the best possible care in a health-promoting environment.
ABSTRACT: In March 2008, a brief situational and gap analysis on Foetal Alcohol Spectrum Disorders (FASD) in South Africa was commissioned by UNICEF. This range of birth defects is caused by alcohol intake in pregnancy and is completely preventable. Those affected have permanent impairments which can affect learning ability, social behaviour and physical growth. Some areas of South Africa have very high rates of people with FASD. The presentation will summarise the findings of this study, and make recommendations that are relevant to the prevention of FASD, and the management of children with FASD.

INTRODUCTION
In March 2008, UNICEF South Africa commissioned a group of researchers to do a rapid situational analysis of FASD in South Africa, and make recommendations for prevention and support services. A report was written based mainly on a literature review and a few key informant interviews, and can be found on the UNICEF website: http://www.unicef.org/southafrica/SAF_resources_fas.pdf

This paper aims to inform the ECD Knowledge Building Seminar participants of the nature and prevalence of FASD in South Africa, and the implications in general. It makes proposals about what should be done in the ECD sector to accommodate the children affected by FASD, especially in high risk areas.

BACKGROUND TO FASD
The concept and use of the term of FASD was developed in 2004 (CDC 2005). FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioural and/ or learning disabilities, with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis. It encompasses the full continuum of structural anomalies, and neurocognitive and behavioural deficits from mild to severe. In decreasing order of severity, the diagnoses defined within the continuum are FAS, partial FAS (PFAS), alcohol-related birth defects (ARBD) and alcohol-related neurodevelopmental disorder (ARND). While FAS is the most physically recognisable of the conditions, the milder conditions are likely to be more prevalent in the general population, thus an understanding and use of the term FASD ensures that there is recognition and quantification of all of the harmful effects of alcohol in pregnancy. All of the FASD conditions would be completely prevented by abstention from alcohol at the time of conception and in pregnancy.

Without sufficient specialised intervention and a supportive home environment, secondary disabilities in adolescence and adulthood occur, leading to mental health problems, inappropriate intimate relationships, unemployment and possible criminal behaviour.

The diagnosis of any of the FASD conditions should be made by a specialised multi-disciplinary team. However, the availability of such teams is very limited across the country. Since diagnostic and support services are very limited in South Africa, it is unknown how many children and adults who utilise various
services, such as mental health services, or who are found in correctional services facilities, are in fact people with FASD. The needs of children with FASD are most noticeable in the schools where the teachers are ill-equipped to adapt their teaching and classroom environment to cater for the learning difficulties of FASD children.

Prevalence studies in high risk areas of South Africa have shown that some of these areas have the highest rate of FASD in the world – up to 119/1 000 in one high risk area (May, 2007). Since there is no surveillance system to collect information on the number of cases diagnosed across the country, the prevalence in the general population is unknown. Based on burden of disease estimates, it is estimated that the prevalence of FAS in South Africa could be 14/1 000.

Due to the use of alcohol by the mother, and the cognitive damage of her offspring, both are at a higher risk of abuse and of HIV infection than the average person in their specific community.

FINDINGS OF THE SITUATIONAL ANALYSIS

There is limited awareness amongst professionals and lay people about FASD, making it difficult to assess the needs of people with FASD and evaluate the extent to which services are meeting their needs. The prevention of FASD requires a thorough understanding of childbearing-age women, and their alcohol and contraceptive use patterns and norms. While the profile of the typical woman at risk of an Alcohol Exposed Pregnancy (AEP) in the high risk areas has been extracted from the prevalence studies (Viljoen, 2002), this may not hold true across the country. There is limited screening for AEPs in primary health care clinics, and health service providers lack the skills to carry out brief interventions where indicated. There are very few alcohol rehabilitation programmes in the country and those that exist are inaccessible to most women. There are currently a number of internationally funded prevention studies taking place, predominantly in the Western Cape.

The common factors that lead to FASD and the resulting intergenerational effects for the family and society are illustrated in the diagram. It is possible to mediate the extent of the risk of drinking in pregnancy through improving nutrition. Research is underway to assess if there is a genetic link to the metabolism of alcohol in some women. It is also possible to mediate the functional abilities of a child born with FASD by diagnosing their condition early, providing a supportive environment free from substance abuse, and adequate adapted learning opportunities.

GENERAL RECOMMENDATIONS

There is a need for research and service development to prevent FASD, but also to improve the detection of children with FASD, and to ensure that they are supported to reach their potential in life through multi-sectoral service provision, and with adequate protection from negative environmental factors.

The process should begin with the strengthening of the national FAS Task Team, led by the Department of Health, the provincial Task Teams that exist, and the establishment of new Task Teams in other provinces. This should be followed by a series of studies that contribute to better understanding the levels of risk of AEPs and underlying factors across the country, and to identifying the needs of children and adults with FASD, and their families.

As the biological mother of a child with FAS is at a high risk of a future AEP, early identification of the index child also enables interventions to be directed towards the mother to reduce the risk of her having further children with FASD. Early identification for an individual may also reduce the economic impact of FASD, for example by averting costs of negative behavioural outcomes such as criminality, and enabling people to live more productive lives, thereby contributing economically both to their families and broader society.

Simultaneously, service provision capacity should be improved, especially in the education, health and social services sectors, so that the complex needs of the many people with FASD can be addressed as a matter of urgency. Raising the general level of awareness of the public of the needs of people with FASD, at the same time as challenging the stigma that people with FASD experience, would improve the integration of adults with FASD into general society and the workplace.

FASD IN THE ECD SECTOR

The infant affected by alcohol presents with the non-specific symptoms of a “fussy” child – feeding
problems, irritability, unpredictable patterns of sleeping and eating, and poor weight gain. The irritability and feeding difficulties make babies hard to care for and interfere with maternal bonding (Aase, 1994). The situation is aggravated if the mother and/or father are still using alcohol, resulting in a chaotic family environment with negative impacts on the child with FASD and other family members. The support of extended family is of great assistance.

The young child with FASD will often present with more specific signs, i.e. developmental delays (especially of speech), deficits in verbal learning, language, some aspects of visuo-spatial ability, as well as overall intellectual ability, and poor growth and behaviour abnormalities (Streissguth, 1997). Characteristic behaviour manifestations of FAS include hyperactivity, poor judgment, inability to appreciate consequences of actions, excessive friendliness, difficulty with sequencing, poor short-term memory and learning difficulties.

In general in South Africa, developmental delays in infants and young children are detected at clinics or crèches. Developmental screening should be done when children attend the clinics for immunisations. However, most clinics do not have staff such as therapists to perform rigorous screening, so nurses are
expected to identify problems and refer the children suspected of an underlying problem to a special clinic at a higher service level for further assessment. In the poorly resourced areas, access to specialist developmental assessment clinics is limited. In better resourced areas where a child may have a specialist assessment, the diagnosis of a FASD condition could still be missed since few doctors or therapists are sufficiently aware of the FASD features or trained to make the diagnosis.

Currently, the most common time for a child with FASD to be identified as having serious disabilities is in Grade 1. It may be that the class teacher observes the learning difficulties and behavioural problems and refers to the Educational Clinic. Again, due to poor resources, even if the psychologist, therapist or remedial teacher identifies the particular difficulties of the child, the ongoing remedial support required is not necessarily available unless the child is placed in a special school.

In general, children with FASD are best managed and supported in a similar way to other children with learning difficulties, but there are some characteristics that need to be taken into account. The main approach is not to change the child but to change the environment and the demands placed on the child, to achieve a “good fit” between the child and the environment. This may require a paradigm shift, and as Malbin (2002) says “try differently rather than trying harder”.

<table>
<thead>
<tr>
<th>COMMON FASD CHARACTERISTICS</th>
<th>PRINCIPLES OF ADAPTATION</th>
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<tbody>
<tr>
<td>Visual learning</td>
<td>Visual cues</td>
</tr>
<tr>
<td>Processes slower</td>
<td>Allow adequate time</td>
</tr>
<tr>
<td>Needs external support</td>
<td>Provide positive support</td>
</tr>
<tr>
<td>Difficulty organising</td>
<td>Provide routine and structure</td>
</tr>
<tr>
<td>Concrete thinking</td>
<td>Experiential learning</td>
</tr>
<tr>
<td>Some splinter skills</td>
<td>Build on strengths</td>
</tr>
<tr>
<td>Less mature than other children</td>
<td>Base expectations and activities on developmental level</td>
</tr>
</tbody>
</table>

PARENTING A CHILD WITH FASD

When one considers the primary and secondary disabilities that are the consequences of FASD, i.e. intellectual deficits and learning disabilities; hyperactivity; attention and/or memory deficits; inability to manage anger; difficulties with problem solving; and prenatal and postnatal growth deficiencies, it is easy to understand that parenting a child with FASD presents a significant set of challenges throughout the life cycle of the child. As parents age, they must ensure that their role is handed over to other capable adults.

The main principles that need to be conveyed to parents (and anyone else closely associated with a child with FAS) are:

➤ Establish a routine and stick to it, and keep the environment structured and consistent.
➤ Help the child to learn by giving short simple instructions, provide repetition, and demonstrate tasks.
➤ Help the child to form lasting friendships by helping them to read social situations better.
➤ Parents need support from others with similar experiences and challenges.
➤ Parents may need to take specific steps in self-care to avoid burnout: de-personalising the child’s behaviour, taking breaks away from the child, and connecting with community and parents who understand FASD.

With regard to schooling, there should be (a) re-evaluation of the resources allocated to training for children with special learning and support needs; (b) development of a standardised and accredited training programme for crèche and school teachers to address the needs of FASD children; and (c) development of a standardised training and support programme for parents of children with FASD, including parenting skills and behaviour management.

Further resources for supporting children with FASD and their parents can be found on numerous websites, most of which are based on work done in the USA and Canada.
Pebbles Project in Stellenbosch: www.pebbles-project.co.za
FASfacts in W Cape: www.fafacts.org.za
Canadian organisation: www.fasoutreach.ca
SAMHSA FASD Center for Excellence: www.fas-center.samhsa.gov
Centers for Disease Control and Prevention FAS Prevention Team: www.cdc.gov/ncbddd/fas
National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov
National Organisation on Foetal Alcohol Syndrome (NOFAS): www.nofas.org
National Clearinghouse for Alcohol and Drug Information: ncadi.samhsa.gov

CONCLUSION
The high prevalence of FASD in South Africa suggests that well developed strategies for prevention and support are needed. The review concluded that there is insufficient evidence on which to estimate the real impact that FASD is having on society, families and individuals. And, that there is a role for many government departments and the NGO sector to play in better understanding this devastating situation.

Within the ECD sector, it is important that more ECD workers are aware of FASD, how to recognise and understand the functional limitations of children with FASD, and how to accommodate their care and teaching accordingly. While separate or specialised programmes for children with FASD would not be in line with inclusive education, there is a need for parent and teacher capacity building, and additional resources, where FASD children are part of any ECD group. Supporting families where women are abusing alcohol is important in order to prevent further affected children being born.

Despite the evidence in favour of early diagnosis, active case ascertainment in the absence of support for families and educational assistance for children with FASD places families and children at risk of stigmatisation and may do more harm than good.

REFERENCES
ABSTRACT: For years, teachers have struggled with the management of sick children. Fear, stigma and lack of information have led to such children being marginalised. This long-awaited document provides easily accessible, relevant knowledge, practical strategies and management tips about specific diseases commonly found in learners in South Africa, as well as discussion of important new government legislation and policies; lists of useful contact numbers; and training and capacity-building activities and instruments. It promises to be a useful tool for all teachers in schools across the country.

PRESENTATION

Perhaps the impact that this document could have is best summed up by the words of one of the teachers in the pilot focus group interview, who said that it had changed her perception that learners who were ill or different were “untouchable and needed love and affirmation”. The honesty of this remark is laudable and probably does describe, to a large extent, what goes on in many South African schools.

For years, teachers have been struggling in the dark with regard to the management of sick children. Fear of illness, stigma and lack of information has led to such children being marginalised at schools and in communities. Myths and superstitions about many conditions abound and communication between teachers and parents is generally lacking. Illness in families is often hidden and many learners do not live with their parents.

The information found in this long-awaited document promotes understanding, educates teachers and enables them to become positive role models of healthy lifestyles and habits, both for the parents of their learners and for the learners themselves. The manual provides relevant knowledge, practical strategies and management tips about specific diseases commonly found in learners in South Africa, in an interesting, concise and easily accessible manner. The material has been presented simply and attractively so as to captivate teachers’ interest with coloured photographs of children from diverse backgrounds.

We conducted a focus group interview with 11 Foundation Phase teachers in order to pilot the effectiveness of the material. This happened in Sello Lower Primary School which accommodates learners from Grade R–Grade 4 in Makweng Village in the Zebediela Circuit of Limpopo Province, approximately 60 kilometres outside Polokwane. Remarks made by these teachers and various findings will be mentioned in this presentation where it is appropriate. In general, the response to the material was extremely positive and educators felt that the information was useful and empowering.

The relevance for teachers of important new government legislation and policies in both Health and Education is discussed in order to ensure that they understand that there is a strong relationship between children’s physical health and their growth, development and learning. A case study illustrates a way for teachers to practically implement policy and create health-promoting schools. Examples of the policies discussed in the manual are: the South African School Health Policy; the Draft Implementation Guidelines for Child Friendly Schools.
Supporting Grade R to Grade 3 Learners with Chronic Illnesses (CFS) in South Africa, developed by the Department of Education and UNICEF in 2007; the Education White Paper 6: Building an Inclusive Education and Training System, 2001; the National Policy on HIV and AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions.

General criteria for the development of health-promoting schools are described to help teachers create a healthy environment for boys’ and girls’ emotional, psychological and physical well-being, including school-based health and nutrition services, life-skills and provision of water and sanitation facilities. We found that Sello Lower Primary School has established a Health and Safety Committee, but this does not seem to be active.

The Case Study on Green Leaves Primary School in Guideline 3 was looked at as a way to practically implement policy and move towards a health-promoting school.

Support for both learners and teachers is emphasised throughout the document and specifically described within ten guiding principles and strategies. These principles show teachers how to help children cope positively with the challenge of living with a chronic illness and also how to enjoy more participation in activities. Teachers in the focus group interview felt that the material was grounded in reality and was practical. They particularly liked the fact that it focused on guiding principles and strategies that could be implemented. They felt they could “see more clearly” having read it.

The first guideline concentrates on the importance of making the classroom a safe place in which learners can grow and achieve physically and psycho-socially. Teachers are encouraged to be honest about how dealing with children fighting illness makes them feel. They are warned not to label sick children or to make assumptions about what they are capable of. The importance of confidentiality is stressed. This guideline shows teachers how they can adopt a proactive role in de-stigmatising diseases and be a role model by setting an excellent example of good hygiene and health practices.

Teachers are reassured that they are not alone in the management of sick children, but that they are part of a team. The role of the family is clearly outlined, as are supportive services to be found within the community. Examples of people and organisations that may join together to form a health team are described, for example:

- The school (SGB, principal, HODs, teachers, parents)
- The Department of Education (National, Provincial and Local levels)
- The Department of Health (National, Provincial and Local levels, especially the school health services division and personnel working at the clinic level)
- Relevant government departments (e.g. Department of Public Works)
- Relevant community organisations – health-related NGOs
- Community recreation facilities (sports grounds, libraries, etc.)
- Community and family members
- Traditional healers

Guidance in how to use the expertise/services of such stakeholders is given, pointing out that not everyone has to be involved all the time. However, within the school environment, school leadership is emphasised, indicating that the principal and staff will probably be responsible for implementing, administering and maintaining this initiative.

The focus group assured us that this material helped to dispel the fear of illness that a large proportion of teachers appear to feel. When asked how they had previously dealt with sick children, they replied that it was difficult as they lacked strategies and did not know what to do. An unwell child was “interviewed” and often sent home.

The following conditions are dealt with in the guidelines: malnutrition and undernutrition; HIV and AIDS; tuberculosis; allergies; asthma in particular; epilepsy; diabetes; cancer; chronic middle ear infection; hypertension; cardiomyopathy; mental health conditions; depression; anxiety disorders; ADHD; autism and other developmental disorders.

Each guideline gives a description of each illness, its symptoms and the teachers’ role in recognising some of the signs and symptoms of such an illness; suggestions on how to deal with the child; and advice on when to seek medical help. For example:
**DIABETES**

**Description:**
Diabetes causes high blood sugar levels because of too little of the hormone, insulin. Because of this, there is too much sugar in the blood stream and some of it is passed into the urine. Diabetic children are tired because the body does not have enough energy to function properly.

There are two types of diabetes. **Type 1 diabetes** is the more severe type. The sufferer will need insulin injections daily in order to manage the condition. **Type 2 diabetes** usually affects adults but more fat children are beginning to develop this type because of their unhealthy lifestyles and eating too much over-processed food. Type 2 can be managed through medicine and altering one’s lifestyle by eating healthily and exercising more.

There is no single cause of diabetes. Someone in the family or extended family will usually be a diabetic. Obesity is a major cause of diabetes. Stress has also been linked to causing diabetes.

**Symptoms:**
The child who has Type 1 diabetes will show the following signs:

- Listless and lack of energy
- Poor appetite
- Weight loss
- Extreme thirst – constantly drinking liquid
- Frequently passing urine
- Sugar in urine and high blood sugar (this needs to be tested)

**Teacher’s role:**
The child with Type 1 diabetes needs to have immediate treatment. If his/her blood sugar gets too high, the child can pass into a life-threatening diabetic coma.

The diabetic child should be carefully supervised. As the teacher, you need to ensure that the child has regular meals during the school day. This stops the blood sugar levels from sinking too low. The child must be encouraged to participate in all activities and to do sport. It is important to ensure that the child has approximately the same amount of exercise every day.

Work closely with the parents, caregivers, health personnel and members of the child’s health team. All relevant staff members need to know if a child is diabetic and, if necessary, what the appropriate interventions are. **Meals must be eaten at the same time every day.** If there is a delay, allow the diabetic child to have a snack. Make sure if there is a birthday party or baking activity in the classroom, that there is an alternative for the diabetic child. Life Orientation lessons are an important opportunity to discuss how choices and decisions can affect our behaviour and have negative health consequences.

Teachers in the focus group said this knowledge would enable them to cope in the classroom, relieve stress and enable them to be more “friendly”. One teacher had found the information on anxiety disorders interesting; she said that she feels that this disorder is common among learners.

The manual attempts to examine every aspect of the complex problem of childhood illnesses for teachers. For instance, teachers are given guidance on how to communicate appropriately with both parents and their children, as this can be a major problem. Apparently, parents, even when they had knowledge of their children’s conditions, did not generally share that information with the teachers. Illness in the village is often hidden and many learners do not live with their parents, according to the teachers we spoke to. The administration and storage of medication is explained in the manual and universal safety precautions are
Supporting Grade R to Grade 3 Learners with Chronic Illnesses

<table>
<thead>
<tr>
<th>Child’s name:</th>
<th>Medicine:</th>
</tr>
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<tbody>
<tr>
<td>Age:</td>
<td>Dose:</td>
</tr>
<tr>
<td>Name of teacher:</td>
<td>Time:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic illness:</th>
<th>Treatment for an attack at school:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of the disease (what to look for; how to recognise if the child is having an acute attack):</td>
<td>Medicine:</td>
</tr>
<tr>
<td>Classroom management:</td>
<td>Dose:</td>
</tr>
<tr>
<td>Possible side effects of the medication that might affect learning:</td>
<td>Frequency:</td>
</tr>
<tr>
<td></td>
<td>Additional medicine at school is kept at:</td>
</tr>
</tbody>
</table>

In the event of a serious attack/seizure the school will act as follows:

<table>
<thead>
<tr>
<th>Parent’s/caregiver’s name, address and contact numbers:</th>
<th>Medical aid details (if relevant):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home:</td>
<td>Name of medical aid:</td>
</tr>
<tr>
<td>Work:</td>
<td>Medical aid number:</td>
</tr>
<tr>
<td>Cell:</td>
<td>Family doctor/name of clinic/health personnel treating child:</td>
</tr>
<tr>
<td>In case of an emergency, please contact:</td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td>Telephone number:</td>
</tr>
</tbody>
</table>

If relevant, changes to teaching and learning programme:

<table>
<thead>
<tr>
<th>Parents’/guardian’s signature:</th>
<th>Date:</th>
</tr>
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</table>

Template for Individual Health Actions Plans

Described. A convenient template for Individual Health Action Plans has been included and should help make the situation easier to manage for both learners and teachers.

One educator said that she had seen the Health Action Plan and she felt that it could be introduced as a workable solution to encourage more honest communication with parents and that teachers could encourage parents to fill in the form with them.

Useful inclusive teaching approaches (e.g. co-operative learning, multi-level teaching techniques and ways of differentiating the curriculum) have been described in order to help teachers manage situations when children experience learning delays because of the challenges of their condition. Teachers are shown how knowledge is shared and peers can often help the learner who was absent catch up to some degree; children learn so much from each other. Problems are collaboratively solved, decisions made and tasks completed.

An obstacle to successful inclusion is the idea that learners of a particular age all have the same abilities. Consequently, teaching and learning strategies, and activities cater for one level only. Multi-level teaching is an approach that shows how only one lesson need be taught, but it looks at the strengths of individual learners, and includes everyone regardless of individual levels of skill. This section illustrates how important such approaches are in an inclusive, health-promoting classroom because they enable sick children to feel
included and they reduce the development of secondary disabilities that can be caused through feelings of failure. Very useful practical ideas are included, as well as descriptions of the different types of groups and the reasons for using them.

Reflective activities can be found throughout the document. These are intended to facilitate the teachers’ understanding of how to put this material to good use. Such knowledge should relieve the stress of ignorance and increase teachers’ capacity. For example, teachers are shown how their role in including children with chronic diseases will require care and compassion. They are warned about avoiding an over-protective attitude and encouraged to promote resilience.

The reflection activity for this section is as follows:

**REFLECTION ACTIVITY**

**Characteristics of a strong child**

In your work, you can probably remember some children that you have interacted with, who, despite dreadful experiences and trauma, remained strong. This activity aims to examine the characteristics of a resilient child. What makes one child able to cope better than another under similar circumstances?

1. Remember children who have managed to remain well-balanced despite the challenges they face. They have an inner strength.
2. Think about the characteristics of a strong child and write them down.

Additional links and contact numbers for resources are listed in the manual to enable teachers to gain advice quickly, to learn more about these illnesses and to get help on how best to support children who have to live with sickness. These range from the various relevant government departments, to help lines and specific organisations and NGOs working in the field of chronic illness in children.

Training and capacity-building activities and tools that can be used for integration in training programmes in a variety of contexts and which relate closely to the guidelines within the manual have been placed at the end of the document. The new responsible role that parents are now expected to carry makes it important to educate parents and the broader community. This guide could facilitate this process considerably, as well as provide material for teacher workshops. Two teachers in the focus group had already shared the document with a community health worker in a nearby village and a sister at the clinic. It was reported that there was an enthusiastic response to the material from these outsiders who said they would like to obtain a copy of the document. Additionally, the teachers pointed out that they felt aspects of the material could even be used in age-appropriate Life Orientation learning activities.

It appears that a variety of excellent programmes are in existence, but they are being used in isolation which seems a shame as the questions asked by the teachers in Polokwane and the advice they sought indicated that they sincerely wanted to be able to improve the quality of the learning experience in the classroom for all learners.

It is suggested that the distribution of this support guide, the Child Care Forum Training (completed by UNICEF and the Department of Social Development) and the National Parenting Programme be implemented in concentrated “nodes-of-need”, such as the Capricorn district of Limpopo, thus avoiding dilution of valuable interventions. In this way, we would be able to provide a full range of knowledge and skills that would enable professionals and communities to bring about lasting, positive social change. The teachers at Sello Lower Primary would benefit greatly from the formal partnerships forged by CCFs (such as those with the Child Protection Unit and government departments, for example). They would also be able to provide assistance and relief to orphans and other vulnerable children.

In conclusion, this learning material has the potential to be a useful tool for teachers of all levels and in all contexts across the country. The information it contains can change attitudes and sensitize teachers to the absolute necessity for the supportive accommodation of not only children who are ill, but also those that have difficulty learning for any reason. The information contained in this document should enable teachers to improve the quality of the learning experience in the classroom for all learners.
ABSTRACT: Case studies of 21 ECD centres in the Western Cape were performed to collect information on the costs of inputs into ECD care and innovative practices followed at ECD centres. The presentation gives an economist’s perspective on the lack of financial innovation at poor centres. The study concludes that cost structures in ECD centres must be understood in the context of weak organisational capacity in centres and the state, weak financial management capacity in centres, and the skills required to develop links with philanthropic sources of funding.

INTRODUCTION

In a study aimed at understanding the cost of providing centre-based early childhood development, the income and expenditure of 18 ECD centres in the Western Cape were reviewed. Additional salary information was drawn from a database of 149 centres receiving financial support from the Community Chest. The majority of these centres serve communities with high levels of poverty, and therefore the carers of most children attending these centres are receiving the child support grant.

Although the sample is not representative of the entire country, a range of different centres by size and location were visited. The type, nature and quality of service provided at the centres were intentionally diverse to ensure a wide set of issues was captured. Using a range of prices and quantities of inputs, and even extremely low salaries, a series of scenarios for the cost per child was calculated. This study, like others that have preceded it, has shown that current subsidy levels are not sufficient to cover the operational costs of an ECD centre. Therefore, these centres have to raise their own revenue through fees, fund-raising and donations.

SALARIES

Salaries are the largest single cost item at all centres and are likely to account for the variation in cost per child across centres. The variation in this cost item is caused by differing salary levels and by differing practitioner-to-child ratios. Actual salaries paid ranged from levels below minimum wages to, in very few and extreme cases, acceptable levels. The practitioner-to-child ratios also varied substantially, with very few centres meeting the required ratios as stipulated in government minimum norms and standards. The physical layout of the centre also affects what is an acceptable practitioner-to-child ratio. There is a great degree of variation in these three factors (salaries, ratios and layouts), and therefore generalising about acceptable salary costs per child is very difficult.

As the cost of staff is the largest item proportionally, the possibility of using volunteers to save costs may appear attractive. However, in the context of poverty and extreme need, pure volunteerism is actually very rare and should not be relied on.
More importantly, assuming or promoting volunteerism distracts attention away from the need to urgently develop expert practitioners by paying them well and retaining their experience in the sector.

**FOOD**

After salaries, the next largest expenditure item is food. Most centres spend about a third as much on food as they would on salaries, and often less. It was hoped that innovative food procurement practices would be found, however few practices worth reporting were found. Centres shop at large supermarkets and many are charged business rates for transport by small transport operations in their communities. Due to high levels of crime in these communities, transporting food in large volumes that would lead to cost savings is unsafe and therefore not viable. The number of meals offered by centres and the requirements they place on parents to provide snacks varies substantially. A significant proportion of centres were donated cooked breakfasts on a daily basis. With respect to understanding per unit costs, once regional differences in prices of food have been considered, a norm for the cost of food per child that can be linked to quality can be estimated. This is not the case with salaries.

**LEARNING MATERIALS**

Expenditure on learning materials should be much higher than was found in the financial statements, but these materials are often donated to centres so are not reflected in financial statements. Learning materials are obviously a critical input into any learning programme and the impact they achieve depends on the guidance by practitioners in their use. One must consider that the right package of learning materials is required to ensure that children are stimulated through variation and learning important sharing skills. Therefore, the cost of learning materials must be calculated on a group basis rather than an individual basis.

**OVERHEADS**

Other operational overheads such as rent, maintenance, water and electricity varied with the physical size of the centres rather than the number of children, therefore any calculations estimating these costs must consider the physical size of the centre and its location. Many centres in this study did not spend enough on general maintenance, including centres that appeared well managed, which means that high quality and healthy environments are not maintained. This is another indication that these centres need more financial support. Other operational costs that are difficult to estimate on a per child basis include transport, outings and auditing as the costs of these depend on a multitude of factors including location and relationships between particular centres and their wider communities.

**REGISTRATION AND RED TAPE**

For a centre to receive a subsidy, it must be registered as a partial care centre (to obtain health clearance certificates), its learning programme must be registered (Educare), and it must be a registered non-profit organisation (NPO). A few of the centres in this sample could not obtain health clearance certificates because they could not afford to upgrade their centres. Therefore, they cannot access subsidies to upgrade their centres. This creates an urgent need to find ways to subsidise capital improvements to centres. Given the fact that these improvements will be to private property in poor communities, there are a number of complicated and complex challenges around making such funds available, which further research should consider.

As has been found in numerous other studies, most centres struggle to obtain non-profit organisation (NPO) registration. This is clearly a result of weak state capacity in the NPO directorate and also of low literacy levels within the management of centres. The consequences of this lack of capacity, which can be overcome, is that some centres cannot receive subsidies (or donations) because of delays created by red tape and lack of capacity in the NPO directorate.
VOLATILE REVENUE
Given how the sample was selected, it is not surprising that there was substantial variation in fees charged. The highest fee charged to recipients of the child support grant was R120 per month. Most of the centres analysed for this study charged between R80 and R100 per month. Most – but not all – children that are subsidised in centres are also recipients of the child support grant. In this sample, most centres did not receive fee revenue for at least a month over December or January and a small portion of parents at most centres could not afford to pay fees every month. It appears that centres understand parents’ circumstances well enough to force them to pay when parents are able to, but the first priority is keeping the children in the centre and on the learning programme. It is also very evident that the child support grant is treated as income that must be used to pay fees.

FILLING THE REVENUE GAP
After receiving subsidies and fee revenue, the shortfall which centres face must be raised from fund-raising and/or donors. The experience of fund-raising in this sample was very mixed, and it appears that the Western Cape has more opportunities and success stories than centres in the rest of the country. The majority of centres would only fund raise to cover the cost of a specific event, but very few managed to raise significant funds this way and it is definitely not a reliable form of income for centres. Most of the poorest centres had given up fund-raising because of past failures. This economic reality must not be romanticised away under the illusion that people will gladly do things for free because it involves young children.

This and other studies have found that centres that are able to accurately record and report their expenditure and submit audited financial statements are more likely to attract donor funding than those who can not. Foreign donors are more inclined to cover capital expenditure as the impact of their donations is tangible, and South African donor agencies such as the Lottery and Community Chest provide financial support to centres to cover both their operational and establishment costs. These donors only fund organisations that are registered non-profit organisations and they require proof of audited financial statements. These are the indicators which they are entitled to use as proof that their money will be spent wisely. However, there is substantial variation in the sustainability of these sources of funds, whether local or foreign.

A very common complaint targeted at these donors is that applying for funds is too complicated. The majority of centres also complain about considerable time delays and difficulties in obtaining NPO registration. The only valid conclusion that can be made about accessing donor funding is that donors like to know their funds are being well spent, and therefore well managed centres are more likely to attract donor funding. Building the capacity to manage finances in centres and the capacity in the state to overcome bottlenecks in red tape should be an urgent priority. The impact of such investments will be substantial.

Lastly, based on the sample, it appears that South African corporates do not make any significant financial donations to this sector. The business case is weak as the returns to ECD are very difficult for corporates to appropriate, however there are some avenues, such as enterprise development, that are worth exploring.
Stimulating Discussion and Learning About Child Health Issues Using Games and Puzzles

Presented by Chris Gibson and Florence Molefe – Family Literacy Project

ABSTRACT: The Family Literacy Project (FLP) in KwaZulu-Natal aims to promote early literacy and learning with families in the home. Activities involve setting up family literacy groups with adults and a home visiting programme where the group members visit households with vulnerable children. The focus of these visits is to promote early childhood development through play and stimulation and to disseminate child health messages, ensuring that while important information is shared, the interaction is enjoyable and fun for both children and their caretakers. The health messages emanate from the Household/Community Component of the Integrated Management of Childhood Illness (HH/CC IMCI), a national strategy to address mortality and morbidity in young children through the promotion of Key Family Practices (KFP) that will ensure child health and well-being. The group members learn about the KFPs and messages during their literacy sessions. Participatory tools and activities are used to stimulate discussion around these and traditional health practices and then to fill in gaps in knowledge and skills. An evaluation of the home visits undertaken in 2006-2007 showed that some messages were shared in a didactic style instead of the facilitative interaction FLP promotes. To address this, and to ensure that ECD activities continue, a series of games based on key health messages were developed. The games consist of puzzles, stories, board games and charts in both English and isiZulu.

INTRODUCTION
This paper explains the rationale for developing interactive games for the FLP facilitators to use with adults and children in order to share health messages based on the KFP key family practices of the household and community component of IMCI.

FLP is a non-government organisation working in the Sisonke district of KwaZulu-Natal to promote literacy as a shared pleasure and valuable skill in families. It was started out of the concern over the low levels of early literacy skills in young children. The method was developed to encourage parents and children to read and write together at home.

According to the SA Household Survey conducted by Stats SA, one million children live with parents who are not literate. Accurate figures on literacy are difficult to obtain, but an estimate is that between 7.4 and 8.5 million adults are functionally illiterate and that between 2.9 to 4.2 million people never attended school.

Although parents with few literacy skills can parent well, parenting becomes more effective with increased literacy levels. The FLP believes strongly in working with parents and caregivers, whether or not they are literate, to encourage them to talk and listen to their children and engage in playful activities that will help develop early literacy skills.
PROJECT AREA
The area in which FLP has sites is very beautiful and attracts many tourists interested in birds, trout fishing, rock art, wild flowers, hiking and mountain climbing. However, for most of the 300 000 people living in the deep rural areas, life is not easy.

The biggest challenges for families are unemployment, poverty, education and ECD facilities, HIV and AIDS and the lack of access to health services, and traditional beliefs and practices. The majority of people do not have access to electricity or proper sanitation and this has serious consequences in a district where it is estimated that 30% of the population is HIV positive.

FLP Programme Activities
The programme consists of teaching units that cover issues relevant to the group such as HIV and AIDS, child protection, health problems, money management, etc. Each teaching unit has six or seven sessions and participatory tools such as diagrams, maps and matrices are used to surface existing knowledge, analyse the situation and make plans to address the issue under discussion. This method is based on the REFLECT approach to literacy.

FLP group members are mainly made up of mothers and grandmothers who attend regular sessions run by an FLP trained facilitator. There are fourteen such groups meeting in the Sisonke district. The group members have learnt a lot about early childhood development including important health messages within the Integrated Management of Childhood Illness (IMCI) strategy. The group members expressed an interest in home visits to families who do not attend FLP groups so as to play and read with the children and share the health messages with them and their caregivers.

The health messages emanate from the Household/Community Component of the IMCI strategy which aims to address mortality and morbidity in young children, 0-5 years old, through the promotion of Key

TABLE 1: THE 16 KEY FAMILY PRACTICES

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<tr>
<th>Growth promotion and development</th>
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<tr>
<td>1. Breastfeed exclusively for six months</td>
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<td>2. Start adding complementary foods at six months</td>
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<td>3. Provide adequate amounts of micronutrients (including Vit A) in the diet</td>
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<td>4. Promote a child’s mental, social and physical development through</td>
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<tr>
<td>* Play and stimulation</td>
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<td>* Growth monitoring</td>
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<th>Disease prevention</th>
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<tr>
<td>5. Safe disposal of faeces, hand washing with soap</td>
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<tr>
<td>6. Malaria prevention <em>(not applicable in FLP project area)</em></td>
</tr>
<tr>
<td>7. Prevent child abuse/neglect</td>
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<tr>
<td>8. Adopt and sustain appropriate behaviours for HIV/AIDS prevention and care for sick and orphans</td>
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<th>Home management</th>
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<td>9. Continue to feed and give extra fluids during illness</td>
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<tr>
<td>10. Give children appropriate home treatment for illness</td>
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<tr>
<td>11. Prevent injuries and accidents in the home</td>
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<th>Care seeking and compliance</th>
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<tr>
<td>12. Immunisation</td>
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<tr>
<td>13. Recognise danger signs of illness</td>
</tr>
<tr>
<td>14. Follow recommendations in relation to treatment and referral</td>
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<tr>
<td>15. Care of pregnant mothers</td>
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<td>16. Participation of men</td>
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Family Practices (KFP) that will ensure child health and well-being.

The health messages are divided into four groups:
- Practices that promote physical growth and mental development
- Practices that prevent disease
- Practices that facilitate appropriate home care
- Practices that facilitate going out of the home to seek care
- Practices that facilitate care seeking behaviours

Home Visiting
The group members involved in the home visiting are encouraged to go to homes with vulnerable children and where young children do not attend a pre-school. To ensure quality in these visits, the facilitators came up with five criteria that need to be observed so that the interaction is meaningful. These criteria are that the home visitor makes sure she is well prepared, shows respect for the household, the message is relevant, the interaction is fun, and that both caregivers and children participate. A home visiting video stressing these points to be used in training was made with the FLP facilitators acting out the “good home visit”.

RATIONALE FOR DEVELOPING THE GAMES
An evaluation of the home visiting programme undertaken in 2006-2007 showed that some health messages were shared in a didactic style instead of the facilitative interaction FLP promotes. Reasons given for this were that some health messages were difficult to speak about, such as those around HIV and AIDS, while others “go against our culture”.

To avoid this and to encourage active participation in the visit by both the child and the caretaker, FLP developed games based on the KFPs known as the IMCI Activity Pack. The games consist of puzzles, stories, board games and charts both in English and isiZulu. They come with an instruction booklet and can be used in conjunction with the Facilitator’s Workshop Manual and Participant’s Workbook.

The games are used in the training of group members and also with children or adults to encourage discussion during home visits. These games need to be introduced through a workshop to ensure they are used in a participatory and playful way.

PILOTING OF GAMES
Once the games were produced, they were piloted in the project area with the groups to find out:
- How the games were received by adults
- How the games were received by children
- Whether the illustrations were clear and appropriate
- Whether the words were clear and appropriate enough to convey the messages

Feedback
Refining of the games involved incorporating suggestions from the field tests such as adding a doek to the woman’s head in an illustration to show she is a mother, changing some of the wording and translation into isiZulu where facilitators felt the “words were too strong for children”.

LIST OF GAMES
- Exclusive breastfeeding cube
- Complementary feeding chart puzzle
- Micronutrients
- Height chart
- Developmental milestones, hopscotch
- Hand washing, disposal of faeces, water purification puzzle
- Malaria prevention
- Child protection, shape puzzle
- HIV and AIDS board game
- Injuries and accidents in the home board game
- Immunisation chart
- Danger signs of illness puzzle
- Care of the pregnant mother, story board

Quotation from Client
I enjoyed that they visited us, they taught us about HIV/AIDS. They explain the way of transmission. She explained that you can’t get the virus by touching someone who has it. I get knowledge there. You can’t get it by inhaling. It is transmitted through fluid and blood. I like this part, because this virus is taking us easily. And they told us we should get tested. She encouraged that if you are a person you need to get tested. If you have the virus you should get treatment. If I test positive, it does not mean that I am dying, but I can get help. That’s what I enjoyed.
CONCLUSION
Since introducing the games in the last quarter of 2008, we have seen a shift in the manner in which the health messages are put across to both caregivers and children in the home. More interactive learning, discussion and relaxed participation are evident. Through the use of the games, everyone is having more fun learning together, as early learning activities and health information relevant to the household are combined.

ACKNOWLEDGEMENTS
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- Jim Joel Education and Training Fund
- Andrews Creative Design Studio
- Family Literacy Project Members
- Communities and households of Sisonke district, KZN

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Stats SA
The Sobambisana Project – Evaluating the Effect of Integrated ECD Programme Approaches

Presented by Lynn Campbell and Linda Biersteker

ABSTRACT: Responding to the issues of increasing access; improving quality; facilitating transition between ECD provision for 0–4 year-olds, Grade R and formal schooling, as well as integrating support to vulnerable young children. Two major grant makers, the HSRC, government officials and five RTOs have conceptualised innovative, integrated programmes which will be monitored over the next four years. Initial activities have included extensive community mapping exercises in selected geographic areas in four provinces, the design of measurement indicators and selection of measures for tracking programme quality, caregiver and child outcomes. A cohort of three- and four-year-olds will be tracked into the schooling system over this four-year project.

PURPOSE OF THIS PRESENTATION
This is the first opportunity to disseminate information about the Sobambisana Early Childhood Development Initiative but more particularly our presentation focuses on the learning journey that is being undertaken over the next four years by five Resource and Training Organisations (RTOs), two grant makers and a two-person research team. It has never been the intention to assemble an “elite” group of service providers, but up till now information about this initiative has been contained within this small group. The intention has always been to share lessons learned on this journey with the broader ECD field – so watch this space.

There are three major themes that can be identified even at the start of this journey. They are innovation, integration and the paucity of rigorous South African research on child development.

The theme of innovation was apparent from the very start of this journey – way back in 2006 Marianne MacRobert and I were tasked with preparing a position paper on ECD for the trustees of the D G Murray Trust (DGMT). The DGMT had previously funded RTOs but in a very reactive manner. We were asked to identify gaps in the field and to invite strategic RTOs to partner with us in a possibly longer-term, more integrated initiative. There was a great deal of anecdotal evidence of the efficacy of ECD programmes in South Africa but few rigorous, academic studies other than the work largely done by the HSRC. At that stage, even the audit was out of date.

BACKGROUND TO THE SOBAMBISANA EARLY CHILDHOOD DEVELOPMENT INITIATIVE
The areas/gaps that were identified were:

- Centre-based provision was not opening access to integrated ECD services for the majority of children – particularly the most vulnerable.
- The quality of many of the interventions was questionable and not sustainable.
- The focus of ECD provision was not entirely holistic and integrated.
- There was very little articulation between programmes for 0–4 year-olds (subsidised by the Department of Social Development), Grade R (funded by the Department of Education) and the Foundation Phase. It was very
apparent that the Department of Health could have been playing more of a major role despite key gains within this sphere.

The DGMT invited five RTOs whom they believed had the capacity to innovate, had adequate human and financial resources to sustain them through a longer piloting period, and who were known to be leaders in the ECD field to partner them in the initiative. The RTOs are the Centre for Early Childhood Development, ELRU, Khululeka, Ntataise and TREE. Two other grant makers, as well as an official from the Department of Social Development, attended a workshop where the RTOs presented their ideas. They were requested to present their dreams, i.e. ways of addressing the issues above in a way which was business “unusual”.

Although there were different conceptualisations and an acceptance that one size does not fit all, common themes were clearly identifiable in the five presentations. These included:

- Integrated ECD and a community development approach:
  - The need to change accepted mindsets and programme implementation within the sector from a focus on early childhood education only, to an integrated early childhood development approach where the focus would be on broad based developmental objectives using the child and their own level of specialisation in ECD as a focus area/entry point. The view was that the needs and rights of vulnerable small children would only be addressed in this broader context.
  - This approach would mean involving the whole community and presented models/frameworks differed from commitment to “working with” the community, to models where the community would “control” projects. In all the presentations, it was clear that there was a desire to implement outreach programmes beyond existing programmes and to reach beyond the traditional pre-school approach.

- Development and the capacity of organisations to implement a differentiated approach:
  - Broader community development approaches would necessitate the building of organisational capacity to enable the organisation to deal with front-line issues in the community. A facilitator or community development worker would need to be trained, appointed and paid to focus on the handling of these “bread and butter” needs, i.e. community audit, the building of relationships, access to social grants, nutrition, appropriate responses and support for HIV/AIDS related problems.
  - This evolving approach would entail the development of the organisation itself, either by increasing their own capacity or by forming alliances or broad-based relationships with similar organisations.
  - The need for a dedicated space/building/site to act as a “hub” (some frameworks placed more emphasis on this than others) from where organisations could deliver their programmes and interventions.
  - A clear understanding that pure volunteerism was inappropriate in a poverty-stricken environment and that such work needed to involve a stipend at minimum.
  - A strong awareness of the ageing leadership within the organisations (most of the directors have been with their organisations for between 15–20 years) and that transformation (which is already manifested) needs to be bolstered with support and mentoring.
  - Programmes should take into account the strengths of communities and the heritage and cultural context in which they function, and that Western concepts could sometimes be inappropriate.

- Government interaction:
  - The need to interact with government in a constructive and consultative manner at an earlier rather than later stage.
  - The initiative could be an important place for lobbying and advocacy with regard to policy, application, funding and the availability of resources.
  - There was concern regarding the changing legislative environment and the impact this has had on training organisations as well as on those people who have been in training and who have had to keep training due to changing course requirements.
  - Awareness that other RTOs in the sector needed
to be included in the learning journey that would follow and the processes that would be involved.

- Training would always be a component of their services, e.g. specialist courses, enrichment courses.
- A preference for long-term funding and the concomitant understanding for the need of development space and flexibility. The RTOs were aware of the risks involved, but felt that a sound partnership and trust could alleviate this.
- Research and recording of all the implementations was critical, and effectiveness and efficiency (including costs) would be requirements of all programmes. In this process, historical notions of quality would be vigorously interrogated to ensure that children received quality provision at all times.

In the light of the above, Lynn Campbell was tasked with inviting specialist monitoring and evaluation organisations to put in a brief for the work on this project. A comprehensive first stage brief was drawn up and eventually sent to 15 organisations. The brief was posted on the South African Monitoring and Evaluation Association network which allowed for very broad exposure. By the due time and date, four proposals were received.

- The five RTOs independently evaluated the monitoring and evaluation (M&E) proposals and unanimously agreed to recommend that the HSRC be used as the researchers for this project.

**Background to the M&E Component**

South Africa has very few studies on the impact of ECD services on child development – we lack an evidence base to inform the National Integrated Plan and there is a risk that the planned mass expansion of services may not be done to acceptable quality and may not draw on the best available evidence. This would be unlikely to have the expected impact and not the best use of resources.

So, the main objective of the results-based monitoring and evaluation is to begin to provide an evidence base to inform programming to improve the cognitive, language, numeracy and socio-emotional outcomes of vulnerable young children. A secondary objective is to encourage an evidence-based approach to ECD programming through capacitating community-based ECD management staff.

**COMMON INTERVENTIONS FOR ALL THE RTOS**

While each of the RTOs has developed an intervention specific to the context in which it is working, there are common outcome domains and inputs. All of the RTOs are concerned with:

- Improving the quality of centre-based ECD

Where is Sobambisana being implemented? Location of five participating ECD NPOs
The Sobambisana Project – Evaluating the Effect of Integrated ECD Programme Approaches

Interventions through training and support of different kinds through practitioner training.

- Interventions to support primary caregivers to better enable them to provide holistic care for their young children (e.g. home visiting, playgroups for primary caregivers of children not in ECD centres, or parent support for children who do attend ECD centres).
- Interventions to facilitate the accessing of services such as social security, health and social services.

Additionally, several NGOs are concerned with:

- Support for the quality of ECD centre services through governing body training.
- Development of community structures to advocate for and support holistic and integrated ECD strategies at local level (including child protection, safety nets).
- Interventions to motivate and strengthen local and provincial government to better support a broad range of ECD services to young children and their families.
- Interventions to facilitate transition to primary school.

The table above broadly illustrates the main inputs and measures that the five RTOs propose to undertake during the next four years.

**WHAT HAS BEEN DONE THUS FAR?**

Each RTO has done an intensive scoping exercise within the communities they operate. It is anticipated that the main activities will commence after base-line testing.

The HSRC team has worked with each RTO to jointly clarify their goals and the logic of their interventions, develop indicators, identify measures and construct a research design.

For common outcomes such as those above, common tools have been sourced or developed. Training has taken place on some of these. For local interventions, RTOs have been encouraged, where applicable, to build on tools and systems they have been using. The HSRC are providing input on this. The rationale was that it would be more effective to tweak what was already there, than to start from scratch and have to train their staff in new procedures.

**CHALLENGES ARISING FROM THE RESEARCH JOURNEY**

The following challenges were highlighted in the initial reports to the principal grant maker, the HSRC and a steering committee meeting held in October.

- The RTOs were under the impression that the monitoring and evaluation would be done by the small, two-person HSRC team. In terms of the contract with the researchers, the RTOs would be assisted to draw up measurable indicators. A set of common cross-cutting outcomes would also be drawn up.

Andy Dawes, member of the HSRC team, comments as follows:

<table>
<thead>
<tr>
<th>MAIN INPUTS AND MEASURES</th>
<th>TREE</th>
<th>KHULU</th>
<th>ELRU</th>
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<th>CECD</th>
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<tr>
<td>Centre-based training and enrichment to improve quality. <strong>ECERS and management functions</strong></td>
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<td>Advocacy with government to improve services. <strong>Service availability</strong></td>
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<tr>
<td>Home-based parent training to improve early learning environment. <strong>H.O.M.E. EC; ECD Knowledge Test (KT)</strong></td>
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<td>Community playgroups run by parents to improve stimulation for children not in ECD. <strong>H.O.M.E.; KT</strong></td>
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<tr>
<td>Home-based health, nutrition, safety and hygiene inputs. <strong>H&amp;H checklist; anthropometry.</strong></td>
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<td>Home centre-based parent information on accessing services. <strong>Uptake</strong></td>
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<td>Centre-based transitions to school ready schools assessment</td>
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</table>
It was and remains essential to respect the fact that each RTO has a long history of work in this field and that the evaluation process should strengthen what they are doing rather than over-burden them and divert them from their task in the field. That said, I believe that none of us actually was able to fully anticipate the monitoring and measurement burden that would fall on each RTO in the course of this project. Some are fortunate to be more capacitated than others. Clearly though for all this has been a challenging process. We must take our hats off to all the RTO staff who have taken the time to grapple with a very challenging process. Dawes, 2008

Sample size: The child and caregiver samples to be tested are small (n=30 each). This seems inevitable partly because of the burden of child assessment, both in terms of staff capacity and cost, as this was not anticipated in the budgets RTOs developed (the M&E component was contracted after the initial proposals were approved). The RTOs are not equipped for a major evaluation exercise, and we have had to tailor the designs with this in mind. The other challenge is whether or not sufficient numbers of children can be found in the 3–4 year age group. With small samples, attrition is a serious risk and with even smaller samples there will be a reduction in statistical power. Nevertheless, considered advice from local and international experts is, provided that we standardise delivery of the interventions as much as possible, monitoring dosage, fidelity and training those who are delivering them, a quasi-experimental design with comparison groups would be the best approach allowing us to track individual children over time. This would not preclude a post test comparing children who had various interventions or none, once they get to Grade R or 1.

Comparison groups: Setting up comparison groups for the quasi-experimental aspects of the designs which we regard as essential to testing some of the key outcomes has been difficult because of community expectation, logistics and discomfort among some of the RTOs about not giving the intervention they feel to be “best” to all children: this has been tricky. One RTO has abandoned the possibility of comparison groups, while others have given differing interventions to different groups, and one has opted for a waitlist control group.

Longer term follow up: Given the mobility of children and caregivers, our ability to follow the same children into the school grades may be seriously challenged. In the event that we cannot do this with sufficient numbers of children, the evaluation team will have to adapt the design at a later stage.

The problem of contamination of interventions by other interventions beyond the control of the RTOs.

Poor measurement of the outcomes occasioned by poor supervision, lack of experience, or the sheer challenge of this ambitious project.

The above challenges could possibly be partially averted if there were a richer climate of developmentally appropriate and integrated research happening throughout the ECD field.

CONCLUSION

Despite the challenges reported, the RTOs write in their first reports that a great deal has been learned on the research journey. There has been an opportunity to share processes and instruments across organisations.

There should now be a greater emphasis on programme monitoring and evaluation across the organisations. A knock-on effect in the sector is expected. The responsibility of the grant makers and the partners is thus to disseminate what has been learned to the rest of the field.

We believe that this initial study in results-based monitoring and evaluation could be the forerunner to further future research.

REFERENCES


ABSTRACT: Extraordinary work developing young children and protecting their rights is being done by many people and organisations. But beyond the sector, very little is understood about the needs of young children and even less about the social and economic impact on society of not meeting these needs. A group of NGOs have developed a document stating the case for investment in young children which brings together the collective wisdom and experience of the sector. It is hoped that this story will provide the focus and generate the energy needed to get young children onto everyone’s agenda.

PRESENTATION
The presentation of The ECD Story and “Peo” at the Knowledge Building Seminar was intended as a test of response to The Story and the “Peo” name and symbol. Many people at the seminar responded with great enthusiasm; some asked for copies of the presentation and some were a lot more cautious. In the spirit of how The ECD Story has evolved, we welcome all and any constructive contribution, however critical, which is intended to help to promote dissemination of the knowledge and wisdom of the early childhood sector for the benefit of young children. The Story is not finished, it is not static. Nobody owns The Story. Like any good story, it will grow and evolve and become richer with every development.

A group of ECD organisations funded by the Bernard van Leer Foundation meet regularly as the ECD Learning Community. Their purpose is to network, share knowledge and experiences and improve their practice. Out of this work it once again became clear that beyond the sector, very little is understood about the needs of young children and very little is known about the important work done by people in the sector. While this was not a new discovery, we were determined to do something about it. We felt that unless we make some important changes in how we communicate beyond the sector, very little will change: in ten years time we could still be wrestling with and debating the same issues. Accordingly, we started work to develop an advocacy process which would build on the achievements of the past.

Working on the assumption that business is very good at using marketing techniques to influence people’s opinions, we approached Yellowwood Brand Architects, a major player in Gauteng, and invited them to work with us to develop a process for the ECD sector. Through this work “The ECD Story” started to evolve.

The Story is an attempt to distil the collective wisdom and experience of the sector and state the case why
we need to “invest” in young children. The intention is that the ideas and material should be available to anyone who wishes to use them, provided that they use them in the best interests of children. No one “owns” The Story. Everyone is welcome to contribute to, adapt or nurture The Story.

The Story has already evolved through more than 14 versions, each one better than the last. We have shared The Story with people and organisations in Tzaneen, Umtata, Phuthaditjhaba, Tweespruit, Pretoria, Johannesburg, Durban and Cape Town. We have shared it with government departments, business, community people, NGO networks and academics. With every interaction, The Story improves.

The starting point for The Story is the statement: “It takes a country to raise a child – our country’s future depends on how our young children are raised now!” This is because early childhood is the most critical period of growth and development in a person’s life, and it is also a period of extreme vulnerability.

We wish to tell a story that will make clear sense to all those involved with children, especially those whose actions impact upon children. We have to find positive ways to influence people’s attitudes towards young children and get young children onto everyone’s agenda. We need to clarify information and thinking about young children, their importance to society and their specific needs. Our arguments must be so compelling that they carry weight and stand on their own. It is not enough that young children are “cute” and naturally have a strong emotional appeal – we need a solid, economics based, quality-of-life argument. We need to find ways to get people to understand that the quality of their lives is affected by how they treat, provide for and support young children. We need to further develop a commitment from everyone to meet the needs and rights of young children, raising awareness, interest and action on key issues.

Together we must create a world where young children experience:

- No violence and abuse
- Enough of the right kind of food
- Parents or caregivers who are not always stressed and distracted
- Mothers who take care of their pregnancies and births and register their children
- Living as part of a dependable family structure
- Being listened to by adults and taken seriously
- Enough play and the right stimulation
- A safe and hygienic environment
- Safe shelter, clean water, proper sanitation and health care
- Learning which prepares them for school
- Love and care.

When we have achieved this, we would have created the best possible environment in which children can grow up to be socially responsible, productive members of society. They will realise their potential, be creative, dynamic and active participants in the economy.

We have challenges in South Africa which affect all of us, including young children.

In our society there is:

- Poverty
- Malnutrition, TB and HIV/AIDS
- Poor education, illiteracy and many skills gaps
- Crime, substance abuse, violence, abuse, lack of safety and security
- Prejudice, racism, deteriorating values
- Damaged mindsets – victimhood, entitlement and arrogance
- Ignorance of and disrespect for the law.

Our natural resources:

- Natural resources are by definition scarce
- There is not enough money to do all the things that need to be done and we do not always use what we have without inefficiency, misuse and misallocation
Economic strain is being felt by more and more people every day. There is a lack of access to basic essential social and health services and early childhood development programmes.

We need to recognise that these issues affect our young children. They are not just the concerns of the adults in society and we need to protect our children from them.

A lack of appropriate care and education for young children creates and perpetuates a negative cycle. A lack of care and education leads to poor self-esteem which leads to poor learning, which in turn increases the school dropout rate and leads to low productivity and a gap in skills, which then leads to unemployment and poverty. A person in this predicament is likely to have a sense of alienation from themselves and others which can reduce their sense of moral responsibility which opens the door to delinquency, crime, violence and abuse, which again feeds into poor self-esteem, and so the cycle continues.

Young children are on the agenda at the highest political and government levels in South Africa. The 52nd National ANC Conference 2007 in Polokwane calls for a strengthening of childhood development centres and urges communities to understand and deal seriously with the rights of children, and calls for a comprehensive strategy on Early Childhood Development. The 2008 State of the Nation Address – Business Unusual, makes a commitment to ratchet up implementation of the ECD programme and the doubling of the number of sites and child beneficiaries by the end of 2009. This is a serious commitment to young children, but it is not enough. As important as these statements are, they will not in themselves lead to any meaningful change for young children until we develop and implement appropriate actions.

The challenges we face are in three main categories:

1. The importance of the first few years is not generally recognised. Many people think, believe and act as if young children are not important – “we don’t have to spend time and money on them, they need very little, they are after all still young”. How often do parents choose to spend money on themselves and their more demanding older children rather than pay for a good quality preschool? Few people are aware, for example, of research that has shown that the quality of nutrition, care and stimulation in the first few years has a direct impact on the physical development of the child’s brain. We need to build awareness at every level in society. It is not enough that our leadership is aware. To effectively implement their commitment, we need to build understanding at every level.

2. We cannot separate a child’s need for care, love, safety, nutrition and stimulation into different departments or responsibilities. Each need affects and is affected by the other needs, and we need to find ways to integrate the delivery of services to children and their caregivers. Many of the people providing services to young children do not have the knowledge and skills they need and many of them just don’t know about the relevant policies. Integrating service delivery is very difficult because it goes against the government model of allocating resources and responsibilities for activities to separate departments. Nevertheless, we have to find ways to integrate service delivery.

3. We have many world class policies and commitments in South Africa, but we are often too slow and not very good at implementing them. We have to find ways to turn political will into action. We have to implement Polokwane and APEX Project 11.

The way to do this is to get young children onto everyone’s agenda. We need people at every level and sector of society to use the knowledge of their resources and circumstances, to use their energy, commitment and creativity, and to be on continual look out for ways in which they can contribute to meeting the needs of young children. We need to get people in business, civil society and government to regularly ask themselves and each other: how will this action affect our young children?

As a country, in South Africa we have vast opportunities which could be harnessed to create change for our young children. We have a rising sense of social conscience, and we debate and argue about what is right and what is wrong. We have great diversity of talent, knowledge and experience. We have powerful
latent entrepreneurial spirit. There is a lot of goodwill in society towards each other, including children. We are one of the richest countries in Africa. We have not even begun to explore the opportunities for using information technology to improve service delivery to children. We have an extensive, rich and powerful body of knowledge, people and organisations working with young children. South Africa’s role in Africa is becoming more powerful every day. Young children are getting on the agenda – remember Polokwane and the APEX Priorities.

Finally, we need to build understanding and knowledge and thereby transform attitudes about the importance of the first few years in every child’s life, so as to urgently change priorities and actions that affect young children, to ensure that every child gets a good start in life, so as to realise the full potential of our people, improve the quality of life for all, reduce crime, poverty and unemployment and increase productivity, thus creating a cycle of prosperity.

Get young children onto everyone’s agenda!

FINDING A NAME AND A SYMBOL

One way to harness society to fight for the rights of young children is to connect The Story to a symbol which, if properly managed, could with time represent all the richness and diversity of our commitment to young children. Think of the AIDS Red Ribbon – think of how powerful and universal the Red Ribbon is in focusing and conveying the message for the fight against HIV and AIDS.

We need to do the same for the fight for the rights of young children.

So, how do we find a name and a symbol? What we did was work with experts – people who are not part of the ECD sector but who are specialists in finding names and symbols. The criteria used were that the name should be simple, easy to pronounce, have good potential for graphic representation and convey a sense of dynamic potential. Over 100 options were considered which were reduced to five and then tested with small groups of people. Out of this evolved the Sotho word peo which means “seed”. What is important is that the group searching for the word were not “hard core” ECD specialists. What we were looking for was a bridge between the ECD sector and the rest of society – those we need to convince, those we need to take up, tell and spread The Story.

Now that we had a name to work with, we went back to the experts and asked them to design a symbol to represent Peo. The criteria given were that the symbol should have an instinctive link with young children, appeal to people, convey a sense of urgency, and be simple and easy to replicate. Out of this came the child in the egg shape. The egg is standing on the sharp end to convey a sense of urgency and movement.

We needed to find ways to protect the symbol from being used for purposes which are not in the best interests of children. To do this, we needed to register the name and symbol as a trademark. A group of American artists developed the Red Ribbon to focus and attract energy to the fight against HIV and AIDS. They did not register the ribbon as a trademark in America and as a result it was used for commercial gain. In Germany, the Red Ribbon is registered and this has provided some protection.

We searched the internet for sites using the name “peo” and found that in many countries “peo” is already registered. Some of these registrations appear to have been taken up purely for the purpose of selling them to someone who was prepared to pay for the name. Luckily peo.org.za was still available and we grabbed that as quickly as possible.

CONTENTIOUS ISSUES

The Story and the symbol have generated a lot of energy and it would be misleading not to mention some of the issues raised.
Mandate
Who has the mandate to develop The Story, to select a name and a symbol? The Story evolved out of work done by the ECD Learning Community and individuals working for organisations within that community generated the ideas and much of the structure. But each organisation is different and has different processes that they need to work through to decide whether or not they will support The Story, Peo and the symbol. Out of respect for this process, no names of organisations were mentioned. It is up to them to associate themselves with The Story and Peo. Who had the mandate to start the AIDS Red Ribbon? The world would be a poorer place and many millions would be worse off today if that group of artists had not had the courage to take a stand and do something. The mandate belongs to those who are willing to take a stand for what they believe in.

Working with Business
We do not believe that all business methods and techniques are good. But equally, not all are bad. What we cannot dispute is the power of many business techniques. The challenge we are taking on is how to use the power of business marketing techniques for the benefit of young children. Yes, we have to be vigilant.

Ownership
Who owns The Story, Peo and the symbol? We all do. Who owns the AIDS Red Ribbon? We all do. So in a sense, if it belongs to everyone, no one “owns” it. But we are obliged to protect the name and symbol from being used for commercial gain or in a way that is not in the best interests of young children. To do this, we have registered the website and the name and symbol in the name of an individual who will hold it in trust until a more suitable legal entity can be found, negotiated and developed to take it over on behalf of the sector.

Who controls how Peo may be used?
The entity in whose name the Peo trademark is registered controls how it can be used. This is a terrible responsibility in such a robust and powerful sector. Accordingly, a draft memorandum of understanding to determine the criteria for how Peo should/could be used has been prepared. This document is an open document and is available to anyone who wishes to comment and make improvements.

The Peo buttons distributed at the seminar were funded by Mr Price and we are very grateful for their support. But this does not mean that Peo is a Mr Price/Red Cap Foundation initiative. They have, in good faith and without any expectation of “special treatment”, supported this process of getting something together to test with the delegates.

Our commitment is to talk to and work with anyone who wishes to fight for the best interests of young children. Let’s get young children onto everyone’s agenda.
National Early Learning and Development Standards

Presented by Marie-Louise Samuels, Gugu Bophela and Juliana Seleti – Department of Education

ABSTRACT: National Early Learning and Development Standards (NELDS) brings into the ECD arena a much needed tool to assist ECD trainers and early learning materials developers. It is therefore expected that NELDS will be used for a variety of purposes to improve children’s learning experiences in different environments where children are being cared for. Different resources will be developed, using NELDS, for parents, practitioners and teachers for enhancing, supporting and enriching children’s learning and development. It is envisaged that NELDS will help in improving children’s holistic development through development and implementation of creative approaches towards children’s learning, language, literacy and communication; cognition and general knowledge; physical and health well-being; as well as self-identity and awareness. NELDS contains important developmental indicators and ideas for appropriate activities that adults can initiate to promote these. NELDS will help to fill the gap that exists in the country with regard to the needs of children from birth to four. It has been developed in the knowledge that the growth and development of young children should be seen holistically and should include health, welfare, rights, and education, care and diversity issues.

INTRODUCTION

In South Africa, Early Childhood Development (ECD) is defined as “a comprehensive approach to policies and programmes for children from birth to nine years with active participation of practitioners, their parents and other caregivers” (White Paper Five, 2001. p 7.). The country’s vision for ECD is to protect children’s rights by providing environments and resources for the development of a child’s full potential in all aspects of growth and development: cognitive, emotional, social, physical and moral. Research has shown that quality care and education during early childhood are beneficial to children’s growth and development throughout life. Environments and programmes must provide varied and age-appropriate experiences for young children in the years before formal schooling. This will ensure that children grow up with the necessary skills and capabilities to cope with the expectations of childhood and later, with adulthood.

In South Africa, the provisioning and planning of services and programmes for children from birth to four are the responsibilities of several government departments. Integrated approaches to child care and education, as the best way to meet children’s needs holistically,
are fast becoming a critical aspect in ECD policy development and implementation.

NELDS promotes using an integrated perspective, reflecting the child care and education curricular visions of the different departments that handle and provide services for young children. With an integrated approach, the vision of holistic development in South African policies can be realised.

CONTEXT
A number of assessment studies in recent years has shown that the educational achievements of learners in South African schools are unacceptably poor. The Department of Education’s systemic evaluations, conducted in Grade 3 (in 2001) and Grade 6 (in 2004) show very low levels of literacy and numeracy among learners. Scores for the Grade 3 learners averaged 68% for listening comprehension but only 39% for reading, comprehension and writing, 30% for numeracy, and 54% for life skills (DoE 2003). The achievement rates of learners in the Grade 6 evaluation were even poorer. Learners averaged 38% for language (the language of learning and teaching), 27% for mathematics and 41% for natural sciences (DoE 2005a).

Four international studies confirm the poor performance of South African learners. These are the Monitoring Learning Achievement (MLA) Project, the Trends in International Mathematics and Science Study (TIMSS), the Southern Africa Consortium for Monitoring Educational Quality (SACMEQ) study, and the Progress in International Reading Literacy Study (PIRLS). All show South African learners having exceptionally low levels of basic literacy and numeracy skills compared to learners in the other countries that participated. In addition, the past three years have shown no improvement in the pass rate in the senior certificate examinations for secondary school leavers (although there has been an increase in the total number of learners passing). The PIRLS study also shows that the range on scores among South Africa’s children is far greater than the average, indicating high inequalities in learner performance.

These assessments on learning outcomes of children in South Africa reveal that the majority of children are not able to read, write or count at the required level. This phenomenon is not only reflective of the poor but also those from very well endowed families.

VISION
The vision for the Department of Education is that “All people have equal access to lifelong education and training opportunities that contribute towards improving the quality of life and building a peaceful, prosperous and democratic society”.

This vision articulates well with the vision that was developed when the National Integrated Plan (NIP) for ECD was finalised. The vision in the NIP is to “create an environment and opportunities where all children have access to a range of safe, accessible, high quality early childhood development programmes that include a developmentally appropriate curriculum, knowledgeable and well trained programme staff and educators, comprehensive services that support their health, nutrition, and social well-being in an environment that respects and supports diversity”.

The Department of Education has the primary responsibility for ensuring that there is a “developmentally appropriate curriculum” and “well trained staff”. This is the basis therefore for the finalisation of the National Early Learning and Development Standards.

NELDS has been designed as a support for those who want to provide young children with the best possible start in life. It is based on the understanding that there is rapid development in children from birth to four and that with a solid foundation they can grow into active and responsible citizens, well prepared to make the most of all opportunities and experiences.

NELDS
The guiding principles of NELDS are based on the South African Constitution (Act 108, 1996) that emphasises democratic values, social justice, improved quality of life for all, equality and protection of all citizens.

The principles are:
▶ Adults have the responsibility to ensure that the rights of children are protected and their growth and development promoted.
▶ Children need to develop a positive self-identity early in life. They need to understand their identity as South African citizens and aspire to contribute positively to, and benefit from, their community, their country and the rest of the world.
▶ Children need to develop skills, knowledge,
values and attitudes for living and coping with life and its challenges, as well as life-long learning experiences.

- An appreciation and understanding of inclusivity, equity and diversity needs to be fostered in early childhood through anti-bias curriculum practices.
- An integrated child-centred approach is critical in ensuring holistic growth and development of young children. This allows for a child’s freedom of expression and ability to explore their environment and experience healthy well-being.

**AGE CATEGORIES**

In NELDS, children are categorised into the following age groups on the understanding that there will be overlap between these. The differences in individual children’s developmental progress and pace are accommodated by using a broad range in the age categories. Smaller age ranges and the related developmental indicators and competencies could be dealt with in programmes that are designed using this document as a starting point.

The age categories are:

- Babies: 0–18 months
- Toddlers: 18–36 years
- Young children: 3–4 years

The age ranges are highly contested at the moment and there is a strong argument from some providers to break the age categories into smaller units, but the document has retained the three age categories as they are flexible enough not to put pressure on the children to meet the outcomes as outlined in the document.

**DESired RESULTS**

NELDS has adopted the term “desired results” to describe the broadly expected competences that children should acquire and develop, through planned and unplanned programmes and activities (both in the home and institutionalised care and education environments.

These desired results cut across the traditional domains of childhood development: physical, cognitive, social, emotional, language, perceptual, as well as moral and spiritual. Sometimes aesthetic development is also added to this list.

The desired results are aimed at:

- Helping to ensure that children learn in an integrated way.
- Enabling parents, practitioners and other caregivers to provide appropriate programmes and strategies to support children’s learning activities.
- Providing the basis for lifelong learning.

The desired results are:

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

**INdICATORS, COMPETENCIES AND ACTIVITIES**

Each desired result contains between two and four indicators. These indicators are further broken down to indicate the possible competencies of the children in each of the age categories. They provide possible activities that parents and caregivers can do to promote learning and development in that specific area.

Children are unique in every aspect such as how, what and when they learn. Therefore, the competencies are by no means prescriptive.

They are examples of what parents and educators should be observing and expecting of their children in order to eventually achieve the desired results. The competencies are also not all fixed in the age ranges indicated; some of them cut across the different age ranges depending on each child’s development and growth experiences.

**An extract from NELDS**

The following is an extract from NELDS that highlights one desired result and packages the competencies and activities for each of the age categories for one of the three indicators for the desired result.
**USES OF NELDS**
NELDS has multiple uses, for example:
- Monitoring national progress
- Developing curriculum
- Improving teacher preparation
- Improving parental support
- Evaluating programmes
- Developing of materials.

**CHALLENGES/OPPORTUNITIES**
Some of the challenges that exist include the following:
- NELDS must build on indigenous practices and knowledge systems.
- NELDS must reach parents and caregivers.

**CONCLUSION**
The NELDS was developed as a framework for the country. In all that we do, we need to ensure that we “do no harm”. To realise our vision, we need to ensure that the children of South Africa have the best start in life and we can do this together.

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<table>
<thead>
<tr>
<th>DESIRED RESULT 1</th>
<th>CHILDREN ARE LEARNING HOW TO THINK CRITICALLY, SOLVE PROBLEMS AND FORM CONCEPTS</th>
<th>DEVELOPMENT AREA: COGNITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>The ability to think critically, solve problems and form concepts cuts across all aspects of a child’s growth and development and helps a child to manage and learn from experiences and different situations.</td>
<td></td>
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<tr>
<td>Indicator 1</td>
<td>Children use all their senses to make links between themselves and the objects around them and learn that choices have consequences (cause and effect).</td>
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<tr>
<td>Age categories</td>
<td>Some competencies</td>
<td>Some examples of how adults can support the growth and development of babies and young children</td>
</tr>
</tbody>
</table>
| Babies: 0–18 months | • Uses their bodies to explore their environment.  
                      • Realises that actions produce results.  
                      • Watches people, objects and events.  
                      • Reaches for an object when it is offered.  
                      • Drops objects and watches them fall.  
                      • Copies holding two objects to bring them together to make a sound. | • Provide safe opportunities for touching, tasting, watching, sliding on stomach, crawling or toddling.  
                                                                                      • Give babies things that rattle so she learns, e.g. shaking a rattle produces a sound.  
                                                                                      • Respond to a baby smiling or crying to confirm that actions bring results.  
                                                                                      • Use words to describe the child’s actions.  
                                                                                      • Play games where the child copies what you do and encourage her by copying something she does. |
| Toddlers: 18–36 months | • Asks the names of things and people she sees.  
                             • Begins to use most objects for their intended purpose.  
                             • Begins to identify relationships, e.g. water and sand make mud.  
                             • Links sounds to objects or makes realistic guesses. | • Respond to your child and answer her questions.  
                                                                                      • Praise children when they attempt to help themselves.  
                                                                                      • Involve children in the kitchen when it is safe to do so, e.g. mixing juice, mixing dry and wet ingredients when preparing porridge or cakes.  
                                                                                      • Identify and talk about sounds and objects in the house or when walking outside. |
| Young children: 3–4 years | • Asks “why” questions about the effect of certain actions.  
                              • Begins to predict the effect of certain actions. | • Encourage children to speculate by asking “What if....?” and “What will happen next?” questions. |
Scaling Up ECD Services (0–4 Years): A Project to Inform the Expansion of Access to Quality Services While Creating Jobs

Presented by Linda Biersteker ELRU/HSRC and Shirin Motala

ABSTRACT: This presentation introduces a series of background studies undertaken to improve the evidence base supporting implementation of government’s vision of mass expansion of integrated services and creating jobs in the ECD sector, as set out in the National Integrated Plan and Expanded Public Works Programme Social Sector Plan. They cover the situation of ECD in South Africa (policy, service provision, targeting, monitoring, training, governance and budgeting), and review international practices, evidence and models which could inform innovations for the effective expansion of ECD services. The next project phase will involve the design and implementation of demonstration projects to test innovations.

PRESENTATION

Since 2001, government has made significant efforts to expand services for five-year-olds in the Reception Year of formal schooling. In 2005, the Social Sector Cluster of government produced the National Integrated Plan for ECD as part of its commitment to addressing the needs of children under five with a particular focus on poor and vulnerable children. Government’s Massification of ECD Concept Document signals their intention to rapidly expand these key services. Strong political commitment for this expansion has been demonstrated by increased budgetary provision and inclusion in high-profile programmes, such as the Expanded Public Works Programme, and as a current APEX priority, or special focus area, announced by the President in his State of the Nation address in February 2008.

In support of government’s ECD and job creation priorities, the Scaling Up ECD Services for Children Under 5 Years Research Project led by Dr Miriam Altman (Executive Director of CPEG) was developed. This had its origins in the 2004 Economic and Social cluster project Leveraging Services for Growth, Employment and Equity which identified a service delivery gap in child development, and recognised that ECD can play a role in improving child indicators while at the same time be an extremely large potential employer in a context of very high unemployment, especially among women.

A multi-disciplinary research team including Dr Altman, Professor Andy Dawes, Linda Biersteker and Judith Streak, undertook an investigation of the delivery of services for children under age five, with the aim of identifying blockages to scaling up quality ECD services (0–4 years) in South Africa, and informing innovative interventions to support expansion, which will involve employment opportunities particularly for poor women. This first phase of the project received funding from the Department of Education through the Social Cluster and was advised by its
National Interdepartmental Committee for ECD. The National Integrated Plan for ECD 0–4 years has been the frame of reference for a series of research papers, each identifying issues to be considered in the scaling up of provision to accepted levels of quality. These have included the following background papers:

1. Early Childhood Development policy and child profile (0–4 year-olds) in South Africa: a summary of policies and services

2. Review of current Early Childhood Development service delivery in South Africa
   2.1 Government indicators and monitoring systems review
   2.2 Review of education and training
   2.3 Review of on-the-ground delivery models (local case studies)
   2.4 Government budget allocations, processes and systems

3. Innovations to inform improved Early Childhood Development outcomes, scaling and job creation
   3.1 Specification of child and caregiver outcomes and measures
   3.2 Identification of inputs likely to lead to agreed levels of quality of ECD
   3.3 Review of existing and proposed job hierarchies
   3.4 Review of alternative on-the-ground delivery and supervisory models
   3.5 International case studies

4. Integrated finding of background studies

For purposes of the Knowledge Building Seminar, the focus is on one of the background papers which reviews the existing ECD job hierarchies in South Africa, puts forward a proposed hierarchy for discussion, and raises a number of issues around professionalisation, salaries and service conditions in the sector.

Towards a Job Hierarchy for ECD Provision and Supervision in South Africa, and the Fit of Low-Skill Service Providers

Background and Purpose

Any mass expansion of ECD jobs for service provision of a quality that will impact positively on outcomes for children requires that staffing is given serious consideration. Due to historical neglect, the ECD sector is faced with numerous challenges to quality, including an under-skilled workforce with low pay and poor conditions of service. If the sector is to grow and be upgraded, it will need to become more attractive as a career option, with incentives to improve qualifications.

White Paper Five: Early Childhood Development (Department of Education, 2001) attributes the variable quality of ECD services and programmes, among other things, to:

- Absence of a mechanism for the professional registration of ECD practitioners/educators and of the requirement that they be registered with the South African Council of Educators;
- Inequities in the qualifications of ECD practitioners/educators; and
- Absence of an accreditation system for trainers of ECD practitioners/educators (paragraph 2.2.6).

To address these problems, the Department of Education (DoE) “undertakes to expand, over the medium term, its work on practitioner development and career pathing for Reception Year practitioners and Pre-Reception Year practitioners (the target group for this research project). It undertakes to develop best practice models for the management and quality development of Pre-Reception Year programmes” (paragraph 5.3.4).

Similarly, the National Integrated Plan (NIP) for ECD services (0–4 years) has been the frame of reference for a series of research papers, each identifying issues to be considered in the scaling up of provision to accepted levels of quality. These have included the following background papers:

1. Early Childhood Development policy and child profile (0–4 year-olds) in South Africa: a summary of policies and services

2. Review of current Early Childhood Development service delivery in South Africa
   2.1 Government indicators and monitoring systems review
   2.2 Review of education and training
   2.3 Review of on-the-ground delivery models (local case studies)
   2.4 Government budget allocations, processes and systems

3. Innovations to inform improved Early Childhood Development outcomes, scaling and job creation
   3.1 Specification of child and caregiver outcomes and measures
   3.2 Identification of inputs likely to lead to agreed levels of quality of ECD
   3.3 Review of existing and proposed job hierarchies
   3.4 Review of alternative on-the-ground delivery and supervisory models
   3.5 International case studies

4. Integrated finding of background studies

The papers consider the implications for rolling out the National Integrated Plan for the current ECD situation in South Africa (policy, provisioning, service targeting, monitoring and evaluation, training, governance and budgeting) and international evidence which could inform innovations for the effective expansion of ECD services. They will soon be available on the HSRC website.
Scaling Up ECD Services (0–4 Years)

(Departments of Education, Health and Social Development, 2005) recognises that all ECD practitioners should be supported as professionals with a career path. This plan and other ECD programmes also point to new types of jobs for ECD workers at a variety of levels, for example, family support workers and child development workers. In addition, expansion of the system will create the need for more and different kinds of capacity building, supervisory, monitoring and support job opportunities.

The purpose of this paper is to:
- Identify the job hierarchies and career paths in ECD service provision and supervision needed to deliver access, quality and child outcomes;
- Relate these to the career opportunities for low- and semi-skilled workers and the use of the ECD service sector as a route to job creation and capacity building;
- Consider the location of certain of these jobs, for example, non-governmental organisations (NGOs), local government, district offices, community-based organisations (CBOs) and small private businesses;
- Review the range of pay scales and expectations, from volunteerism to pay according to a public works stipend, to aligning the service delivery agent to some extended pay scale (thereby seeing it as a proper job rather than a special "make-work" opportunity);
- Analyse the implications of these for Expanded Public Works Programme (EPWP) training and job hierarchies and the mass expansion of ECD, and how these align with requirements of the NIP; and
- Make recommendations to government with regard to developing the job hierarchy, service conditions and on how job creation initiatives could better address the current mass expansion programme and the NIP for ECD.

In view of the very broad service package proposed for 0–4 year-olds, many of the service providers will be health practitioners, but in keeping with the ECD job creation focus, this paper discusses the jobs which fall under the Department of Social Development (DoSD) and the DoE.

METHODS OF INVESTIGATION

The methods used for this study included a literature review and interviews with key informants. The literature scanned included information on South Africa’s social sector employment projects, including proposals for job creation, a review of the international ECD job hierarchy literature, information from local case studies (Ndingi, Biersteker & Schaffer, 2008) and South Africa’s ECD policy and programmes. Key informants from the public sector, NGOs and on-the-ground service providers (at national, provincial and local level) were interviewed.

POSSIBLE CAREER PATHS FOR ECD WORKERS IN SOUTH AFRICA

What are career paths and why is it important to map these for ECD in South Africa?

Mapping of possible jobs and career paths is important for:
- Providing a structure that can be taken into account in the development of common norms and standards for regulation (licensing);
- Indicating the possible horizontal and vertical progressions between these so that they can, as far as possible, be taken into account in the development of core qualifications and specialisations; and
- Helping to define the upward mobility or exit opportunities for those who enter low-wage ECD jobs and allow for a broader focus in social sector job creation programmes targeting this sector, and in the South African context may be used to motivate for additional public support for different kinds of jobs.

Job mappings may either follow a career ladder or career lattice approach. A ladder gives the jobs within a single professional setting and a lattice indicates possible horizontal as well as vertical progression opportunities. For this reason, a lattice is the recommendation for ECD jobs in South Africa, though there are certain articulation challenges to be addressed. A concern is whether the ECD employment structure could reasonably be expected to raise mobility rates substantially, as this will depend both on supply of better jobs and whether there is a qualifications “ceiling”
to be broken through to reach them. A well-organised sector to negotiate for institutional commitments to fill openings with people from lower down the ladder can facilitate mobility.

Types of ECD jobs and career paths in South Africa: what are the current opportunities?
Both the Interim Accreditation Committee for Early Childhood Development and the EPWP Social Sector ECD Plan have previously produced career maps for ECD, which are a useful basis for a recommended mapping that takes account of new policy directions in South Africa and changes to the qualifications framework for ECD.

ECD career paths: international comparisons
International evidence indicates that service integration, professionalisation, improving service conditions and linking to career paths are issues for ECD in many countries.
Those countries currently seriously tackling professionalisation and career opportunities tend to be higher income countries than South Africa. The qualification base from which they are working is also higher than South Africa’s where minimum standards call for a secondary level certificate in ECD as the basic supervisory qualification for an ECD centre and interim qualification for a Grade R teacher. Career lattices for jobs in a range of ECD settings have been developed by a number of states in the USA. Job roles to provide more integrated ECD opportunities are emerging. In Europe, social pedagogues are expected to include and support parents in a range of ways and work with other professional agencies, and in the UK a lead professional role has been introduced to support effective integrated service delivery. A lead professional is responsible for co-ordinating services for children and young people with additional needs and to act as a single contact point for the child and their family. In both cases, evidence is that co-ordinated service delivery has been difficult to achieve for a variety of reasons.

A recommended South African career lattice for ECD takes account of previous mappings in South Africa, international mappings (in particular, the career lattices used in the USA) and current jobs outlined in new ECD policies.

LINKING ECD JOBS TO PROFESSIONAL NORMS AND STANDARDS
Two possible routes for linking ECD jobs to norms and standards are in development in South Africa.

Registration with a professional body (professional licencing of individual practitioners)
The function of these bodies is to safeguard standards within the profession. It also raises the status of those working in the sector which may, but does not necessarily, improve salaries and service conditions. Only registered persons may practise in the sector and registration requires specified professional qualifications, continuing professional education and adherence to a code of conduct.
Currently ECD practitioners working in Grade R classes are required to register with the South African Council of Educators (SACE), and a possibility is that this could be extended to other practitioners working directly with children. An alternative route is the Social Services Professions Council. This is more aligned to community and outreach ECD service jobs, but could also apply to practitioners working in centres as new draft legislation is providing for a category of child and youth care worker.
Issues to be considered before going the professional registration route include the limited number of levels of registration. The lowest is National Qualifications Framework (NQF) Level 4 as an auxiliary social services professional or conditional registration as an educator. At this stage, many workers in the ECD sector are below this level and the professional registration process might become an exclusionary rather than an enabling mechanism. Registration fees are also a burden for low-paid practitioners. Finally, consideration needs to be given to the implications for job mobility of having more than one professional registration in the sector.

Regulations by government notice under relevant legislation
These regulations include, for example, the Children’s Act (licencing of ECD facilities and programmes which includes staffing determinations), and are the second possible route for linking ECD jobs to norms and standards. The specification of staff qualifications and
programme responsibilities by government notice as an aspect of broader requirements for registration of ECD services is an established practice and is a way that norms and standards are enforced. Whilst staffing information required for the quality assurance process is currently limited, it would be very simple to develop this. An advantage is that it is inclusive of all job levels.

A combination of the two routes is also a possibility and is the approach being introduced in some states in the USA particularly.

**THE ECD SECTOR AS A ROUTE FOR JOB CREATION, CAPACITY BUILDING AND CAREER OPPORTUNITIES FOR LOW- AND SEMI-SKILLED WORKERS**

**Job opportunities in the sector**

The EPWP ECD plan provides for a number of training opportunities at NQF Levels 1, 4 and 5, and it is well aligned to addressing training backlogs in the ECD sector and upgrading of existing provision. However, it is rolling out slowly and would not in its present form allow for significant expansion of the sector as a whole, as it is targeted to practitioners in existing employment.

To improve quality, some provinces are tracking the same participants through different training levels which reduces the number of beneficiaries, but it is realistic in terms of challenges to sustainable (paying) exit opportunities and serves the sector need for improved qualifications.

Certain job categories indicated in the Massification of ECD document and the NIP are not included in current EPWP plans, but they could be made possible by a further EPWP allocation for social sector job creation announced in President Thabo Mbeki’s 2008 State of the Nation address. These include child development workers and graduates to assist with registration, monitoring and support of centre facilities for young children.

Childminding (caring for six or fewer children in the home of the provider) is a potentially significant small business opportunity, particularly if it could be linked with supervisory support, and it should be further explored.

**Institutional locations for different ECD jobs**

A lack of clarity about institutional locations for certain categories of jobs, in particular those falling into the community- and home-based ECD servicing options, needs to be resolved. Currently these services are run by NGOs, although erratic funding streams are a problem. Significant scaling up would require the establishment of larger, more viable intermediary structures and/or expansion of government support or posts at provincial and especially local level.

**Determining minimum conditions of service/remuneration levels**

The issue of wage and service conditions for ECD practitioners of all kinds needs to be addressed. Local and international evidence is clear that reasonable wages and service conditions for those working with young children are essential to attracting and retaining good quality workers in the sector. In a sector that is largely private and informal, there should be immediate and concerted efforts to secure a sectoral determination of a minimum wage via the Department of Labour (DoL). The fact that such a process is under way for workers in the welfare sector suggests that this could be achieved. Concerns that going the route of a sectoral determination might affect mobility into the education sector must be addressed.

A clear distinction should be made between volunteerism, “make-work” opportunities and the need for salaried jobs. Volunteerism on an ad hoc basis in support of core ECD jobs should be encouraged. However, so-called “volunteers” tend to be performing too many core functions which should be paid and accountable. Staff and capacity-building investments are often lost due to ECD workers not being able to afford to continue in their low-paid jobs. In the context of the EPWP, practitioners who have received stipends while training are often required to return to salaries lower than these once they have qualified. Higher per capita ECD subsidies for qualifying children in subsidised ECD facilities are expected to ameliorate this, but subsidisation will not on its own address the needs. The possibility of establishment posts for ECD facilities similar to the option for Grade R classes provided for in the DoE’s Grade R funding norms should be investigated.
IMPLICATIONS FOR SCALING UP OF ECD SERVICES (0–4 YEARS) AND CREATING ECD JOBS

On the basis of this review, the following recommendations are made with regard to the ECD supervisory and job hierarchy needed for the mass expansion of ECD services for children aged 0–4 years through both formal and community – and home-based services.

There should be a consultation process with sectoral stakeholders to discuss and agree on a South African ECD career lattice. This would involve:

1. Agreeing on the different jobs and determining of experience levels as well as qualifications for the different jobs:
   - Resolving issues of horizontal as well as vertical progression, particularly where there is a cross-over of “education” and “social welfare” job functions.
   - Once career paths are established, stakeholder groups negotiating with relevant government departments about different institutional locations for core jobs, management and supervisory roles.
   - Putting measures in place to facilitate workers in lower job categories in different institutional settings to progress to higher-level jobs.

2. The implications of professional registration should be considered in terms of:
   - Possibilities of registration with SACE for those working directly with children and with the Council for Social Service Professionals for workers in community and outreach positions, and whether this would hinder horizontal mobility in the career lattice.
   - Where lower-skill levels will fit if a professional registration route is taken and whether this will unintentionally act as an exclusionary factor.
   - How professional councils would play an enabling role for ECD members in terms of professional development.
   - Whether the current mechanism of ensuring norms and standards by regulation under legislation is not a simpler route to quality assurance which could be developed to have a greater focus on staffing.

3. A sectoral determination for minimum service conditions, especially wage levels for ECD workers, should be explored by stakeholders with the DoL, and as part of this process clarity should be gained to ensure that this does not cut off professional opportunities, for example, through registration with the SACE or the Social Services Professions Council.

4. Job creation schemes should provide for additional job categories. These would include “registration assistants” and child development workers as outlined in the Massification of ECD Strategy, and childminder, playgroup leaders and parent educators as outlined in the NIP and EPWP. Childminding is a potentially significant area for developing of small businesses, provided that adequate support and supervision are available, and it should be considered for skills programmes.
### APPENDIX 1. RECOMMENDATIONS FOR A SOUTH AFRICAN ECD CAREER LATTICE

<table>
<thead>
<tr>
<th>NQF Level</th>
<th>HOME</th>
<th>FORMAL</th>
<th>OUTREACH</th>
<th>REGULATION, MONITORING, TRAINING AND CAPACITY BUILDING</th>
<th>SUPPORT SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In home care</td>
<td>Registered ECD programme 0–4 year-olds</td>
<td>Centre-based community services</td>
<td>State offices</td>
<td>Education and training institutions</td>
</tr>
<tr>
<td>Level 7/8</td>
<td>Teacher R–3 HOD</td>
<td>Director children’s centre</td>
<td>Manager of several outreach services</td>
<td>ECD director/ manager</td>
<td>Researcher</td>
</tr>
<tr>
<td></td>
<td>Au pair</td>
<td>Supervisor/ mentor</td>
<td>Project manager (outreach, childminder networks, IECD projects)</td>
<td>ECD director</td>
<td>Senior lecturer</td>
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<tr>
<td></td>
<td>Au pair</td>
<td>Lead teacher</td>
<td></td>
<td>Welfare planner (DoSD)</td>
<td>Dept head</td>
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<td></td>
<td></td>
<td>Director of several programmes</td>
<td></td>
<td>ECD unit co-ordinator</td>
<td>Materials developer</td>
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<td></td>
<td></td>
<td>Teacher R–3 HOD</td>
<td>Director of ECD service organisation</td>
<td>Curriculum advisor (DoE)</td>
<td>Curriculum specialist</td>
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<td></td>
<td></td>
<td>Lead teacher</td>
<td>Director of ECD service organisation</td>
<td>SETA verifier</td>
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<td></td>
<td></td>
<td>Teacher</td>
<td></td>
<td>M&amp;E directors</td>
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<td></td>
<td></td>
<td>Supervisor/ principal</td>
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<td>Municipal ECD manager</td>
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<td></td>
<td></td>
<td>Mentor for Level 4 ECD practitioner</td>
<td></td>
<td>Researcher</td>
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<td></td>
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<td>Grade R teacher</td>
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<td>Lecturer</td>
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<td></td>
<td></td>
<td>Outreach co-ordinator</td>
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<td>Research assistant</td>
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<td></td>
<td>Toy library manager</td>
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<td>Finance manager</td>
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<td>Toys librarian</td>
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<td>Office manager</td>
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<td></td>
<td>Programme developer</td>
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<td>Community development worker (ECD)</td>
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<td>Registrars</td>
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<td></td>
<td></td>
<td>FET College lecturer</td>
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<td>NCV lecturer</td>
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<td>Level 4 trainer</td>
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<td>Internal moderator</td>
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<td></td>
<td>Assessor</td>
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<td>Database administrator</td>
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<td></td>
<td></td>
<td>Bookkeeper</td>
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<td>Personal assistant</td>
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<td></td>
<td>Administrator</td>
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**Level 6/7 Degrees and professional qualifications (B Ed, B Soc Work; B Admin, etc.)**

- Au pair
- Supervisor/ mentor
- Lead teacher
- Director of several programmes
- Teacher R–3 HOD
- Toy library manager
- Director of ECD service organisation
- Project manager (outreach, childminder networks, IECD projects)
- ECD director
- Welfare planner (DoSD)
- ECD unit co-ordinator
- Curriculum advisor (DoE)
- SETA verifier
- SETA moderator
- Municipality ECD co-ordinator
- QAS officials
- Lecturer
- Research assistant
- Finance manager
- Office manager

**Level 5 Diplomas and certificates**

- Au pair
- Lead teacher
- Teacher
- Supervisor/ principal
- Mentor for Level 4 ECD practitioner
- Grade R teacher
- Outreach co-ordinator
- Toy library manager
- Toy librarian
- Project manager
- Programme developer
- Community development worker (ECD)
- Registrars
- FET College lecturer
- NCV lecturer
- Level 4 trainer
- Internal moderator
- Assessor
- Database administrator
- Bookkeeper
- Personal assistant
- Administrator
<table>
<thead>
<tr>
<th>HOME</th>
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<th>OUTREACH</th>
<th>REGULATION, MONITORING, TRAINING AND CAPACITY BUILDING</th>
<th>SUPPORT SERVICES</th>
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<tr>
<td><strong>Level 4</strong></td>
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<tr>
<td>Au pair</td>
<td>ECD practitioner</td>
<td>Grade R teacher assistant</td>
<td>Support and development worker/team leader</td>
<td>Receptionist</td>
</tr>
<tr>
<td>Childminder</td>
<td>Mentor for Level 1</td>
<td>Foundation Phase assistant</td>
<td>Community development worker (ECD spec)</td>
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</tr>
<tr>
<td>Babysitter</td>
<td></td>
<td>Toy librarian</td>
<td>Educational home visitors</td>
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<td></td>
<td></td>
<td>Parent Educator</td>
<td>Professional development officers (municipal)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Child and youth care worker</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Hospital child visitor</td>
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</table>

| **Level 3** | | | | |
| Development support worker (Comm Dev Level 3, ECD spec) | | | | |

| **Level 1** | | | | |
| Childminder | ECD care worker (EPWP term) | Playgroup assistant | | |
| Nanny/ domestic Babysitter | Assistant | Hospital visitor | | |

| **Skills Progs at Levels 1/2/3/4 plus at least Grade 7** | | | | |
| Childminder | Volunteer | Volunteer | Family Outreach worker (link to services) | Driver |
| Nanny/ domestic | | | Assistant home visitor | Gardener |
| Babysitter | | | Safe house mother | Caretaker |

| **ABET** | | | | |
| Childminder (under 7 children) | Volunteer | Volunteer | Volunteers | Cook |
| Parent | | | | |
Early Childhood Interventions as Resources for Poor and Vulnerable Children in Rural KwaZulu-Natal

Presented by Husina Ebrahim – University of KwaZulu-Natal

ABSTRACT: The aim of this paper is to present the practice of a community-based early childhood intervention which emerged from two projects undertaken by LETCEE – an ECD NGO in rural KwaZulu-Natal. Data for the study was gathered from multiple methods and sources. The principles, core interventions, methodologies, stakeholder network and funding are discussed in order to show the key elements which inform a community-based intervention for early childhood. These elements are summarised in a model. The paper concludes by examining issues raised for ECD policy.

There was a line between children who go to school and those who stay at home, the project has erased the line.

(Focus group: Sikhulakahle Intervention Committee, 2008)

INTRODUCTION

A plethora of factors contribute to the poverty and vulnerability of young children in South Africa. These include high rates of unemployment among caregivers; illness and mortality as a result of AIDS and other diseases leading to an estimated 1.2 million AIDS orphans in the country (UNICEF, 2006); lack of interest and support within families regarding children’s education; migrant labour that takes parents away from their children; failure to access government support grants; and the physical and sexual abuse of children in their communities. Children in rural black African families are a particular concern as they are likely to be “most at risk of infant death, low birth weight, stunted growth, poor adjustment to school, increased repetition and school drop-out” (Education White Paper 5 on Early Childhood Development, 2001). In addition, the quality of early childhood development services is uneven and not accessible to the poorest children in many areas. The following extracts from interviews and focus groups in the Matimatolo and Mbuba areas illustrate these issues:

Some parents go to the city and never come back. Most of the time they come back when they are sick; the grandmother is the one who does everything for that person.

(Project co-ordinator A, 2008)

The main thing that this community needs is education and there are so many guys here that do not work, they do not even finish Std 10, so they do not have an education. Many, many people here die of AIDS and so more children are not getting an education so things might get a lot worse.

(Clinic support officer, 2008)

Close to where I live there are children who head their own household. I usually go there to keep an eye on them. Most of the time there is no food. I help them with some food. I am unemployed. My husband passed away. Sometimes I also have a problem with food.

(Focus group: Caregivers A, 2008)
Early Childhood Interventions as Resources for Poor and Vulnerable Children in Rural KwaZulu-Natal

Table 1 Family-based and site-based models of Early Childhood Development

<table>
<thead>
<tr>
<th></th>
<th>FAMILY-BASED MODEL</th>
<th>SITE-BASED MODEL</th>
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</thead>
<tbody>
<tr>
<td><strong>Target group</strong></td>
<td>Young, poor and vulnerable children</td>
<td>Young children generally</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Home</td>
<td>School</td>
</tr>
<tr>
<td><strong>Age of participants</strong></td>
<td>Multiple ages</td>
<td>Age cohort</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Value-based: building relationships, creating resilience</td>
<td>Outcomes-based: acquiring and demonstrating knowledge, skills, attitudes</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Child development</td>
<td>School readiness</td>
</tr>
<tr>
<td><strong>Key relationships</strong></td>
<td>Child – Caregiver – CDF</td>
<td>Child – Educator</td>
</tr>
<tr>
<td><strong>Concerns</strong></td>
<td>Holistic: nutrition, clothing, protection, health, documentation, learning, play</td>
<td>Formal learning</td>
</tr>
<tr>
<td><strong>Key agents</strong></td>
<td>Caregiver, child development facilitator, co-ordinator</td>
<td>Educator</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td>Community committee</td>
<td>Principal, school governing body</td>
</tr>
</tbody>
</table>

My son made another girl pregnant and she dropped the child Amanda at my home. I can’t get a birth certificate and get a child support grant.

(Focus group: Caregivers B, 2008)

Some of the children are physically challenged, locked up inside for the whole day, do not even get any fresh air, don’t ever go outside for fresh air, the parents are embarrassed about their having disabled children.

(Focus group: Sikhulakahle Intervention Committee, 2008)

Given these contexts, it is important to examine models of early childhood development. Clearly the centre-based model is unable to meet the demands of young children who are poor and whose parents are unable to afford this type of provisioning. In rural and deep rural areas, young children have to walk long distances to access centre-based pre-school provisioning. A more concerted effort in taking ECD programmes to young children in the context of their families is required. Killian, Rule and Ebrahim (2008) draw a distinction that is helpful in understanding the difference between the two models.

The Siyabathanda Abantwana and Sikhulakahle Early Childhood Development interventions offer a family-based model in their deployment of community-based family facilitators (FFs) to support poor and vulnerable young children in the contexts of their families.

The aim of this paper is to present the practice of a community-based early childhood intervention which emerged from two projects undertaken by LETCEE – an ECD NGO in rural KwaZulu-Natal. The principles, core interventions, methodologies, stakeholder network, and funding are discussed in order to show the key elements which inform a community-based intervention for early childhood. These elements are summarised in a model. The paper concludes by examining issues raised for ECD policy.

**METHODOLOGY**

The data gathered for this study arises from several methods and sources. The research methods were participatory with an emphasis on recording the views and experiences of participants in the project. These methods included interviews with key stakeholders, analysis of project documentation, focus groups with participants including FFs, committee members, caregivers and children, and site visits to observe the project in practice.

Most of the data gathered was qualitative and took the form of transcripts from interviews and focus groups, notes from observations, and readings of key project documents such as funding proposals and reports from FFs, co-ordinators and project managers.

It is important to note that the Siyabathanda project, established in Matimatolo in 2007, and the Sikhulakahle project, started in Mbuba in 2008, are still in their infancy, although they are an adaptation of an existing
model developed elsewhere. It is thus very early in the life of these projects to draw definite conclusions. The findings in this paper should be tested by future research into the interventions at a more mature stage of their development.

The paper provides a brief background to the projects and their origins in order to establish a context for examining their practices.

BACKGROUND AND ORIGINS

The Siyabathanda Abantwana (We love the children) and Sikhulakahle (We are growing well) interventions are situated in the rural areas of Matimatolo and Mbuba respectively in the northern Midlands of KwaZulu-Natal (see Figure 1 below). They are initiatives of Little Elephant Training Centre for Early Childhood Development (LETCEE), a non-governmental organisation based in Greytown, KwaZulu-Natal, together with the local rural communities of Matimatolo and Mbuba.

LETCEE felt that the Izingane Zethu project was worth replicating in other communities but that some aspects of the approach could be improved. This recognition came from the experience of working with the community and reflecting on problems and achievements.

► They learnt that the approach had to be developmental rather than welfare oriented, while recognising that there were occasions when community members needed immediate relief such as food or blankets.

► ECD could not exist on its own, but must be linked to the wider life of the children in their families and communities, including aspects such as nutrition and bereavement. “If I didn’t root the children in their families I wasn’t achieving anything at all” (LETCEE Director, 2008).

► There was a need for a real rather than token partnership with the community which included decision-making. LETCEE realised from its experiences with Izingane Zethu that “NGOs and professionals don’t know it all and don’t know best…. We thought we knew how to do it. We made the decisions, e.g. budgeting. Now we take the operational side of the budget and discuss with the committee how to use the money best” (LETCEE Director, 2008).

► Right from the beginning, it was necessary to have a conflict policy in place so that the inevitable conflicts around the project could be dealt with as they arose. “If we have a problem we can deal with it right from the beginning” (LETCEE Director, 2008).

► A relationship of openness and honesty between
LETCEE and the community was of paramount importance.

Under the auspices of LETCEE, two community-based initiatives subsequently developed. The Siyabathanda Abantwana (We love the children) project began in March 2007 in the area of Matimatolo. LETCEE had a strong relationship with the Matimatolo community dating back to 1991. LETCEE felt that it was a rural community close to its base in Greytown where they could visit regularly and offer support from a close range. Matimatolo leaders “trusted us because they knew us” (LETCEE Director, 2008), and local community leaders interacted with LETCEE. When LETCEE decided to develop a community-based model of ECD that built upon their work in the Kran-skop area, they approached Matimatolo leaders about the idea of initiating it in Matimatolo. Once these leaders understood that the project would involve LETCEE and community people and that it would include a protection aspect for the children, they were very happy for LETCEE to come in.

Having heard about the work of the Siyabathanda, the community members of Mbuba, which neighbours Matimatolo, persisted in their efforts to get the attention of the Director of LETCEE to assist their community. A traditional leader from the Mbuba area approached LETCEE seeking support for children in the form of toys. He had already conducted a community survey enumerating households and their characteristics. A retired health care worker in the community also knew of LETCEE and approached them to work in the Mbuba area. The presence of strong “children’s champions” in the Mbuba area thus paved the way for LETCEE to develop a partnership with the local community.

As a result of this, another project was born – the Sikhulakahle intervention. LETCEE was able to raise funds from the Jim Joel Education Trust and Rand Merchant Bank to support these initiatives. These two interventions are at different stages in their own development and although both use the same basic driving principles, each has developed its own unique character. Since a basic principle of this community-based intervention is the need for community ownership and buy-in, the communities have had the opportunity to develop a situated approach to the way in which they implement the model. This provides an opportunity for a uniquely interesting method of comparing the way in which two communities can use and adapt the model to suit their own needs and priorities, and remain relatively true to the basic principles that have evolved over time through the experiences of those working at LETCEE.

PURPOSE AND PRINCIPLES

Purpose

- The overall purpose of the project is to provide poor and vulnerable young children with a springboard to education and development opportunities (LETCEE Director, 2008). This evolved from an initial purpose of taking ECD opportunities to vulnerable children in their communities to a more holistic conception of changing the lives of vulnerable children within those communities, including not only early education but also care, documentation, nutrition, health, protection and emotional well-being.
- The model fully appreciates the reality that a child is part of a larger system and if the family system is in distress or is rendered vulnerable due to a complex set of circumstances, real help to the child is only possible if the caregivers become more empowered, participate more and are supported and affirmed in their caregiving roles.
- Thus a key purpose of the project is to build resilience of poor and vulnerable young children by working to empower both them and their caregivers.

_to build resilience among children building on what they have, strengthening relationships in the home by being there and being available._

(LETCEE Director, 2008)

- A final purpose, arising from those above, is to mobilise the community for early childhood development and to develop the awareness of the community of children’s needs and rights.

Principles

The principles that inform the project are interrelated and arise from a holistic conception of early childhood development as crucially related to what happens in the family and the community more widely.
A child-centred approach that identifies the child as the entry point and reference point regarding education and development within the community.

The approach begins with the child as the central reference point and places the interests of the child first. This is premised on the recognition of the fundamental rights of the child to life, health, security, education and well-being (SA Constitution, 1996; Convention of the Rights of the Child, 1989). It is also premised on the assumption that communities hold dear the well-being and future prospects of their children and are prepared to work together to achieve this. As a pre-school principal said of the approach:
“LETCEE children – the best part is that they have someone interested in them”
(Pre-school Principal, 2008).

Respect for dignity and self-esteem of the family and caregivers.

The approach recognises the primacy of the role of caregivers in supporting the child. It sees the family as the basic unit to nurture children’s growth, development, learning and well-being, and respects the roles of caregivers, members of the extended family or community and local customs (Convention of the Rights of the Child, 1989). The approach does not seek to replace the family and caregivers but to strengthen and support them. Family preservation and empowerment are seen as critical for the future development of the individual child, the family and the community.

The importance of relationships and of relationship-building.

The importance of relationships lies at the heart of the approach. It is about building relationships, and about care and support within and around the family in order to build the child.

Caregivers spoke of their relationships with FFs in the following terms:
We have a very good relationship because they give us good advice. They tell us that it’s good to have our own vegetable garden. Whenever we have any problems we are free to talk to them because they are like part of the family. [NOTE: All the caregivers agreed with this]
(Focus group: Caregivers B, 2008)

An approach that is value-driven in that it is based on the values of respect, participation and partnership.

Values play a key role in driving the approach and inform not only the relationships between FFs, children and caregivers, but also the broader management and co-ordination of the project, and the development of support networks around the children.

A participatory approach that ensures the involvement of the community.

Following from the insight of Julius Nyerere that “Development of the people can only be effected by the people themselves”, the project ensures that all stakeholders participate at the appropriate level in discussion and decision-making. In particular, the community itself drives the project through a community committee that selects co-ordinators and FFs from the community to staff the project, identifies families with vulnerable children, monitors the implementation of the project and deals with problems as they arise.

An approach that sees the community as a resource.

As opposed to a model that imposes solutions on a community, the approach recognises that the community itself has resources that are critical to the support of poor and vulnerable young children. Thus the approach finds “children’s champions” within the community, whether these be local councillors, traditional leaders, caregivers or community workers, and brings them together to form a committee. The committee gathers data about poor and vulnerable young children within the community, which constitutes the baseline data for the project. It recognises the child-caring capacity within the community by recruiting FFs, using the mechanism of a community meeting to identify people who are respected by the community for their love of children, integrity and work ethic. The approach thus recognises that people in the community are the key resources to making the project work.

A situated approach that sees the child within the broader context of the family and the community.

The approach recognises that the broader context of the child, including his/her family and community, plays a crucial role in his/her formation.
This context varies from one family and community to another, and interventions should be sensitive to contextual factors. A situated approach recognises the key factors that play a role in children’s lives in their particular situations and responds accordingly.

- A holistic approach that takes into account the various needs of children and their families including their emotional well-being, health, nutrition, documentation and education.

This approach to ECD sees education as one among a number of factors in the child’s development. Factors such as illness in the family and lack of documentation can impede a child’s educational development. A FF describes dealing with some of these factors in supporting a child in their first year at school:

*Before school opens if the caregiver asks for help we go and enroll the child. If the child does not have a birth certificate we explain to the principal. If the granny is not well then we do the registration. When school opens in Feb, we go and check if the child is coping. That is if he can write and follow instructions. In the second term onwards we check if the child is still coping.*

*(Family Facilitator A, 2008)*

- An approach that values inter-dependence and connection within communities.

The approach encourages relationships between families in order to foster mutual support. It also links families to other resources within the community such as clinics, schools and income-generating projects.

*My children now have a good relationship with children from other areas.*

*(Focus group: Caregivers B, 2008)*

- Accountability.

This is a key principle that informs the interventions. FFs are accountable to their co-ordinators, and both account to the community committees. FFs and co-ordinators also submit reports to LETCEE. LETCEE accounts to the local leadership and the committee. There is thus a network of accountability which promotes community ownership and responsibility, and joint problem-solving.

**STAKEHOLDER ANALYSIS**

**Primary stakeholders: participants**

The direct participants in the interventions are the primary stakeholders. They include the following:

- 200 families, 100 each from Matimatolo and Mbuba, including 341 children under the age of six (from both Matimatolo and Mbuba).
- Buddies who are older children trained to care for, play with and support the poor and vulnerable young children who are part of the intervention. The recruitment and training of buddies was still in its initial stages at Siyabathanda and Sikhulakhele, but the system was used successfully in the Izingane Zethu intervention.
- 20 FFs, ten each from Matimatolo and Mbuba.
- Two co-ordinators, one for each area.
- LETCEE trainers and co-ordinators.
- Community committees in each area, consisting of traditional leaders, councillors, ECD teachers, elected community representatives and those appointed by Izinduna, such that the geographical area being serviced and worked with is well represented.
- Funders such as the Jim Joel Education Trust and Rand Merchant Bank.
### Primary Stakeholders and Their Roles

<table>
<thead>
<tr>
<th>PRIMARY STAKEHOLDER</th>
<th>ROLE IN PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Participate in activities led by FFs such as praying, singing, literacy and numeracy games, skipping and ball games, drawing and painting, and listening to stories.</td>
</tr>
<tr>
<td>Families</td>
<td>Support FFs; make children available for activities; open homes to FFs.</td>
</tr>
<tr>
<td>Buddies</td>
<td>Support, care for and play with children.</td>
</tr>
<tr>
<td>Family facilitators</td>
<td>Support development of children in their homes; support caregivers in raising children; liaise with wider community resources; advocate children’s rights in community.</td>
</tr>
<tr>
<td>Project co-ordinators</td>
<td>Monitor and support family facilitators in their work; support families in accessing services and resources; liaise with community committee around project issues.</td>
</tr>
<tr>
<td>Community committees representing local community</td>
<td>Recruit FFs; identify vulnerable children; monitor and oversee implementation of project; deal with problems; represent community interests in the project.</td>
</tr>
<tr>
<td>LETCEE</td>
<td>Raise funds for project; employ and train co-ordinators and FFs; arrange services for children and their families in collaboration with co-coordinators and committee; monitor and evaluate project.</td>
</tr>
<tr>
<td>Funders</td>
<td>Fund project; evaluate project impact and progress.</td>
</tr>
</tbody>
</table>

**Figure 2. Primary stakeholders and their roles**

### Secondary Stakeholders

Secondary stakeholders include those agencies and departments that provide services to children and their families in the community.

<table>
<thead>
<tr>
<th>SECONDARY STAKEHOLDERS</th>
<th>ROLE IN PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial government departments: Education, Health, Social Development, Home Affairs, Public Works and Transport, and traditional government and leadership</td>
<td>Provide services to families and children; provide policy frameworks for project.</td>
</tr>
<tr>
<td>Local schools</td>
<td>Receive children into formal schooling from project</td>
</tr>
<tr>
<td>Local municipalities</td>
<td>Councillors participate in community committees, assist community in dealing with problems and needs.</td>
</tr>
<tr>
<td>Non-profit organisations</td>
<td>Share resources and ideas in support of project.</td>
</tr>
<tr>
<td>Police</td>
<td>Protect children; raise awareness of crime in schools.</td>
</tr>
<tr>
<td>Community development workers</td>
<td>Assist community members to obtain documents and to access government grants and services; work with income-generating projects in communities</td>
</tr>
</tbody>
</table>

**Figure 3. Secondary stakeholders**
Early Childhood Interventions as Resources for Poor and Vulnerable Children in Rural KwaZulu-Natal

**INTERVENTIONS**

The project set-up interventions are presented in a roughly sequential order, although a number of them occur simultaneously. The sequence of interventions could vary from one community to another, depending on the needs and resources within the community. For example, in the Mbuva community, a local traditional leader had already conducted a community survey to gather data that served as a baseline for the project. In Matimatolo, this was initiated by LETCEE in collaboration with the local committee.

**Project set-up interventions**

- Initial discussion with local community leaders about need for and feasibility of the project.
- Establishment of community committee to drive project.
- Conducting a community survey.
- At a meeting of community members, open discussion about the concepts, selection of committee members and FFs.
- Identification of 100 needy families by community committee.

**Family-centred interventions**

- Training of FFs in playing skills and relationship building.
- Visiting of families by FFs.
- Modelling child care in a supportive and non-judgemental way, e.g. cleaning child.
- Sharing information, knowledge and values with the family.
- Assisting caregivers to obtain official documentation (IDs, birth and death certificates).

The following mini-case study provides some insight into the daily activities of FFs and the kinds of interventions that they make in the lives of poor and vulnerable young children and their families. It was constructed from interviews and site visits with family facilitators and presents a composite picture from these sources.

**Logistical and moral support of families**

- Accompanying a family member on family business in response to request, e.g. taking child for x-ray, going for HIV testing, returning to Home Affairs to negotiate problems.

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**A day in the life of a family facilitator**

Margaret Cele* is 37 years old. She is married with three children of school-going age. Her husband is a policeman in Durban. She was selected by the community to be a family facilitator in Matimatolo for her section, Busane.

It is a very cold July day in Matimatolo. Margaret leaves her home at 9.30 a.m. and walks to neighbouring homesteads to collect the children in her group. She lives in a hilly area and walks some way down into the valley to the homesteads. These are poorer homesteads, far from the road.

She collects six children between the ages of two and six. Four of them are not wearing shoes. She takes them to a homestead that is fenced with wire where two more children join the group. These children are orphans who live with their grandparents. The elder of the two has not been sent to school because his ailing grandparents could not afford the money for a uniform at the beginning of the year. The entire family depends on the grandmother’s pension. Margaret approached LETCEE to help the grandmother get the documentation she needed to apply for a pension.

Margaret speaks to the grandfather. She asks him how his garden is developing. She encourages caregivers to grow food gardens so that they can supplement their diets and save money. He says he has some spinach that is ready and he has planted carrots.

Margaret takes the children to a space behind the house. She greets them and they sing. Then they pray. They recite a rhyme about a frog and jump around to get warm. They recite a number rhyme and count on their fingers. Margaret asks them what they do when they don’t come to play. One says he goes to church and Sunday School. Margaret takes a skipping rope out of her bag and the children skip, with Margaret reminding them about turning taking. They also play with a ball.

Margaret notices a sore on a child’s head. She calls the child and tells her to ask her aunt to take her to the clinic. The child then rejoins the game. Margaret allows the children to play freely. As they play, she notices a child with a burn on the face. She asks the child how she got burnt. The child replies – with plastic. Margaret tells her not to play with fire as it can hurt her.

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Margaret then calls the children together and they go into a small rondavel. Margaret takes sheets of paper and paints out of her bag. The children paint their houses. They are very pleased with their paintings, telling Margaret about who lives with them in their houses, and they take their paintings outside to dry, resting stones carefully on the corners to stop them blowing away.

Later, when the children have gone home, Margaret visits another homestead in the valley. There are dirty blankets and clothes lying on the grass. Three children around three and four years run around the house. They do not have jerseys and shoes. Margaret calls the children and takes them inside.

Their grandmother is inside the house. When she sees Margaret, she cries and says she is sick. She has no food and her pension is only due next week. Her eighteen-year-old daughter has taken a sick child to the clinic. Margaret comforts her. She dresses the children in warm clothes and arranges them around the fire, telling them not to touch and instructing the eldest child to watch them.

*Not her real name*
Health interventions
- Arranging palliative care for the ill and the elderly.
- Arranging for children to be vaccinated at the clinic.
- Arranging for community service therapists (physiotherapy, occupational, speech, clinical psychologist) to visit people in the area for a screening day.

Education interventions
- Negotiating around schooling and access to schooling.
- Facilitating the construction of a children’s playground.
- Organising the toy library.

Social welfare interventions
- Assisting caregivers with registration for social grants.
- Arranging for the provision of food, blankets, clothing and wheelchairs for families in greatest need.
- Arranging for social workers to visit families in order to document foster care and disability claims.
- Arranging for a paediatric physiotherapist to visit the area to train FFs in how to assist families with disabled children.
- Developing home programmes for families with disabled children who are sometimes hidden away and subject to abuse.

We removed a child who was chained up like a dog and left in the homestead. We got the police and Social Welfare involved. The child was returned to his mother and her family. Within about a month everything about him had changed. He didn’t look like the same child.
(LETCEE Director, 2008)

METHODOLOGIES

Surveying households in area
This is done in order to gather baseline data and to help the community decide which families and children are in need of support. In Matimatolo, the local traditional leader gave the go-ahead for the survey after LETCEE briefed him on its purpose. In Mbuba, the traditional councillor himself conducted a survey before the project began, using local school leavers to help him gather data on surnames, ownership, breadwinners and the number of children attending schools and their grades (Traditional Councillor, 2008).

Generating community participation
It is vital that the community participate actively in the project in order to secure ownership of the project and continue support. This is a key to the sustainability of the project. Participatory methods include community meetings and community workshops. This also helps people to articulate indigenous ways in which they think about raising their children.

LETCEE held a workshop in Mbuba attended by about fifty residents in which community members identified who moves forward and who gets left behind in community development. Very concrete participatory methods such as role play and group discussions were used to generate engagement with critical topics such as community participation and social exclusion.

Raising community awareness about children’s needs and rights
This is done through a variety of methods, including formal meetings and workshops such as the one described above, as well as through the FFs visits to families and engagement with caregivers on issues such as health, nutrition, documentation, schooling and bereavement.

LETCEE and the FFs also interact with the local clinic and local ECD centres in pursuing the interests of the children, as well as with local councillors and traditional leaders.

Engaging holistically with vulnerable children
FFs find out about and respond to children’s needs by engaging with the children and their caregivers through a whole range of activities that embrace not only the cognitive aspects of development, but also the emotional, physical and spiritual aspects. A co-ordinator described the FFs’ learning activities as follows:

Teach through play, using toys, playing indigenous games, reading stories, developing fine muscles,
Early Childhood Interventions as Resources for Poor and Vulnerable Children in Rural KwaZulu-Natal

playing around, drawing and playing, dancing, singing. 
(Project Co-coordinator A, 2008)

Child participation
Talking and listening to the children provides them with a space to share their problems and concerns. This happens during other activities such as painting and story time. FFs make a special effort to listen carefully to what children say and to respond to them individually. The inclusion of the buddies for child-to-child interactions shows commitment to child participation. This is consistent with Articles 12 and 13 of the UN Convention on the Rights of the Child (1989) which advocate children’s participatory rights in matters affecting their lives.

Parents have also noticed that older children benefit from the presence of the FF:

I as a parent cannot talk to my children about all their problems and they are free to speak to the Family Facilitator about their problems at different stages because she can understand and give advice because she is not that old and doesn’t stay with them. 
(Focus group: Caregivers B, 2008)

Engaging caregivers of vulnerable children
The relationship between FFs and caregivers is a crucial foundation stone of the project. Building a relationship of trust allows caregivers to share their concerns and to get support from the FF. This counters the sense of isolation and helplessness that caregivers might experience in contexts of poverty, discrimination and deprivation.

They give us advice as caregivers on how we should take care of children, what kind of food we should give our children. 
(Focus group: Caregivers A, 2008)

I discuss a lot of things with them. I encourage them to keep food gardens. Instead of buying their food they can get it from the garden. They only need a bit of oil and some mealie meal. I also talk a lot about health and cleanliness of themselves and the children. 
(Interview: Family Facilitator A, 2008)

COST DRIVERS
Cost of stipends for family facilitators
There is a tension in the programme between meeting the needs of poor and vulnerable young children in the community on the one hand, and creating the expectation of employment on the other. Although FFs and co-ordinators expressed commitment to the children, they also expressed unhappiness at the remuneration. Given the range of services that FFs provide and their importance to vulnerable children, it is important that mechanisms be found to remunerate them adequately.

Don’t enjoy – salary – not happy as there is so much work, also the FFs are always complaining about the salary, always complaining to me, they think I have to do something but I can’t. I’m also complaining. Especially the phone card – once I was given money for a phone card. But I have to phone the FF and tell them that I am coming to see them tomorrow so that I know in which home to find them, but I have to phone out of my own money. 
(Co-coordinator A, 2008)

We know that when we took this job we were asked to volunteer and I appreciate that we are given a job. We need more money. After bank charges we are left with nothing. 
(Family Facilitator A, 2008)

➢ Cost of project management 
➢ Cost of project co-ordination 
➢ Cost of project monitoring and evaluation 
➢ Cost of project materials: toy kits, books, etc. 
➢ Logistical costs: transport, telephone, subsistence, etc.

Towards a model of family-based ECD for poor and vulnerable young children
The section below attempts to crystallise the above discussion by presenting and describing a model arising from the research. There is always the danger that a model reduces the complexity and dynamism of an intervention as it happens on the ground. The model below attempts to capture the salient features of the interventions as an aid to critical interrogation and possible replication.
Figure 4. Family-based model of ECD
The CHILD is at the centre top in this model within the FAMILY. The child is the entry point for the engagement with the family and the reference point for assessing the efficacy of the approach. The model recognises that the key relationship is between the CHILD and his/her CAREGIVER/S. Optimally, this relationship provides nurture, care and support for the child and helps the child to develop emotionally, physically, spiritually, intellectually and socially. The BUDDIES are also located within the community and can assist in developing the child by helping the caregiver/s to look after the child through their companionship, play and role modelling.

The CDF (community development facilitator) supports the child and builds his/her resilience by engaging with the child in the context of the family. We use this term rather than FF because the focus is broader than just the family. The CDF acts as a mediator between the child and his/her family on the one hand, and the school and wider community on the other. The CDF plays with the child, cares for the child and facilitates the child’s learning. The CDF helps to build supportive relationships within the family by developing a relationship of trust and support with the caregiver/s and the buddies. The CDF does this by helping the caregiver to care for the child, by advising caregivers regarding nutrition, health, protection, official documentation and education, and accompanying caregivers, for example, in dealing with government departments or schools. The CDF helps the caregiver to engage with community structures such as pre-schools and clinics, and with civic organs such as government departments.

The CO-ORDINATOR supports the CDFs and the families by providing access to resources that are needed to strengthen the family and help the child to develop. The co-ordinator acts as a mediator between the CDFs and their families on the one hand, and the CIVIC REALM including government departments, the municipality, police and health services and non-governmental organisations on the other. For example, the co-ordinator might arrange for the Department of Home Affairs to bring a mobile unit to the area so that caregivers can apply for identity documents and birth or death certificates. The co-ordinator might arrange for children to visit pre-schools and experience combined play with pre-school children. She might liaise with NGOs to provide immediate relief in the form of blankets and food for desperate families, or to provide longer term training and support on income generation.

The COMMUNITY COMMITTEE plays a key role in initiating the project. It oversees a survey of community needs to identify vulnerable children. It facilitates a community meeting to identify CDFs. Once the project is up and running, the committee plays an overseeing role. It monitors the performance of the co-coordinators and CDFs. It addresses problems that the co-ordinator and CDFs bring to it. It discusses the allocation of the budget. It also creates links with the civic realm. It is the key community structure within the model. It includes a range of local stakeholders including the traditional leader, councillor, health worker, teacher, local NGO, etc.

The LOCAL AND GLOBAL ENVIRONMENT frames and informs the experiences of the child in his/her family, and the interaction of the CDF with them. This environment includes local economic factors such as the state of the local economy, rates of unemployment and sources of income; social factors such as the impact of migrant work, teenage pregnancy and HIV/AIDS on the family; cultural aspects such as language, age and gender roles, orality and literacy, and tradition; political configurations such as traditional and municipal leadership; policy frameworks that govern education, health, protection and social development; and ecological aspects such as food and water resources, and land availability and productivity. It is also important to recognise factors within the global environment that affect the child and her family, such as international trade relations and their impact on employment, fuel and food prices, technological developments and global consumer culture. This context could also include international declarations such as the UN Convention on the Rights of the Child (1989).

**EMERGING BENEFITS**

Although the interventions are still in their infancy and in need of research in a more mature stage, the following is emerging:

- The FFs are helping to bridge the gap between children in ECD centres and those at home.
- FFs, together with other structures in the community, are linking families/caregivers of young children to services.
There is a more focused response to young children in families and communities.
Children with special needs are beginning to experience integration.
FFs, community committee and “children’s champions” are raising awareness and mobilising action for children’s rights.

POLICY ISSUES
At present, the FFs (CDFs) need to be recognised as the new ECD worker that links with the ECD centres but mainly carries out duties in families and communities. Whilst there is recognition of a social service worker in the Children’s Amendment Act (2007), there is no reference to ECD in this respect. Furthermore, there is a bias towards ECD centre-based provisioning. In terms of qualification, the new ECD worker needs an integration of the FETC and Community Development Qualifications. This is necessary as the new ECD worker needs to function in communities but at the same time serve as a link to ECD centres as hubs of services. Given the link between funding and quality ECD services, there is an urgent need to develop a comprehensive funding model that is process orientated.

CONCLUSION
The LETCEE model of intervening in the lives of poor and vulnerable children in early childhood is a strong active statement for nation-building because it is paying attention to the now and future of children.
The focus on young children in the multiple contexts of families, communities and government structures shows the urgency to make ECD everyone’s business.

REFERENCES

Interviews
Clinic support officer (2008). Interviewed by Bev Killian, Matimatolo Clinic, 4.9.2008

Focus groups
Focus group: Sikhulakahle Intervention Committee (2008). Facilitated by Peter Rule, Mbuba, 15.7.2008

ABSTRACT: Sport for Development (SFD) often focuses on creating social change through sporting endeavours. However, in many cases programmes reach out to children who are already engaging in anti-social behaviour. Furthermore, with the advent of the 2010 FIFA World Cup™, there is such a strong focus on soccer development that many development programmes are being marginalised. This presentation will outline the importance of focusing on physical activity and the development of life skills through sport in early childhood, with particular reference to the UNICEF and South African Department of Education Sport for Development Programme. The intention is to highlight how vital it is to provide credible and researched physical activity programmes for children, as well as the significance of up-skilling educators to implement such programmes.

LET’S TALK SPORT FOR DEVELOPMENT – 1ST INNINGS
UNICEF recognises the critical role of sport and physical play in children’s lives.

1. Article 31 of the Convention on the Rights of the Child: States shall “recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts”.

2. There is consensus that regular physical activity is essential for the physical, mental, psychological and social development of children and adolescents. Involvement in sport can boost children’s health and improve academic performance.

3. According to Kofi Annan, former Secretary General of the UN, sport can play a role in improving the lives of individuals, and not only individuals, but whole communities. He says he is convinced that the time is right to build on that understanding, to encourage governments and develop agencies and communities to think how sport can be included more systematically in the plans to help children, particularly those living in the midst of poverty, disease, and conflict.

4. The current UN Secretary General, Ban Ki Moon, has emphatically stated that the role of sport is very important. Their office on Sport for Development is bringing together the power of sport with the creativity and enthusiasm of young people, to help achieve the Millennium Development Goals (MDGs). The hope is
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that through sport, as many countries as possible can be helped beyond 2015.

5. UNICEF believes that sport can be an effective programmatic tool to help achieve goals in health, education, gender equality, HIV/AIDS, child protection and child development.

6. That is the goal of Sport for Development – that sport is not just an end in itself, but also an effective tool to help improve the lives of children, families and communities.

7. Sport, recreation and play are a fun way to learn values and lessons that will last a lifetime because they promote friendship and fair play, teach teamwork, discipline, respect and the coping skills necessary to ensure that children develop into caring individuals. They help prepare young people to meet the challenges they will face and to take on leadership roles within their communities.

8. UNICEF supports programmes that use the power of sport to reach children and adolescents who are often excluded and discriminated against.

9. UNICEF is incorporating opportunities for sport, recreation and play into country programmes to reach children, families and communities around the world. These activities are being used to promote good health, encourage girls’ education, create child-friendly spaces and warn young people about the harmful effects of smoking, alcohol and drug abuse. These activities are also educating young people about the dangers of HIV/AIDS and empowering them with the life skills necessary to protect themselves.

10. Sport and recreation programmes are creating environments that are safe and promote stable relationships between children and adults, and among children themselves. They are providing children of all ages with opportunities to express themselves, to contribute their voices, opinions and ideas, and to become agents for change. They are helping to build communities and are contributing to a more just and peaceful society.

1ST SERVE – AND IT WHOOPS, IT’S A DOUBLE FAULT! WHAT’S HAPPENING CURRENTLY IN SOUTH AFRICA?

1. Following a round table discussion during the Salt Lake City Olympics in February 2002, the Secretary General called for an Inter-Agency Task Force on Sport for Development and Peace.

2. The mission of the Task Force was to encourage a more coherent approach to the use of sport-related initiatives in the pursuit of the United Nations development goals, particularly at the community level. The Task Force also aimed to promote the use of sport as a recognised tool in development policy.

3. At the end of March 2003, the report was submitted and it indicated that sport had the potential to contribute towards achieving the United Nations Millennium Development Goals. It also gave an overview of the growing role sport is playing in many United Nations programmes and crystallises the lessons learned.

4. According to this report, sport constitutes an innovative and highly effective instrument for promoting development because of its integral values of tolerance and respect, its benefits to health, education and psychological equilibrium, and its fundamental social links which make it possible to transcend ethnic divisions. The report concludes that for these reasons, sport should be better integrated into development programmes, particularly at the local level, by means of suitable partnerships.

1. What developments do we see in South Africa in 2008?
   a. Considerable focus on youth and adolescents.
   b. Sports programmes that mainly deal with anti-social behaviour:
      i. Grass Roots Soccer
      ii. Right To Play
      iii. 2010 Focus
         • Facilities and programmes
         • Twenty fields for 2010
   c. Basketball, boxing and cricket.
   d. Very little formal and consistent focus on ECD.
2. Dr Djibril Diallo is the Director of the United Nations New York Office of Sport for Development and Peace.

a. Currently, Dr Diallo is implementing a three-year Action Plan on Sport for Development and Peace, which was adopted by the General Assembly last November. He is also working with the United Nations economic commissions and regional associations from Africa, Asia and the Pacific, Europe, Latin America and the Caribbean to raise global awareness and promote the implementation of the Sport for Development and Peace programme.

b. In developing communities we are trying to use sport to help the United Nations reach the MDGs by 2015. For example, take goal one which relates to the fight against poverty: the best way to fight poverty is not only to provide food, shelter and clothing to beneficiaries, but to make sure they have healthy lifestyles.

c. In relation to 2010, the organising committee of the 2010 World Cup has invited us to advise on how Africa can benefit from the World Cup being organised on the African continent for the first time in its history. Between now and 2010, each country can discover how it can use sport to accelerate its own sustainable development. A workshop in South Africa has led to 15 points on how to achieve these goals and we continue to work with the United Nations in this regard.

LITTLE CHAMPS COMPONENT

Introduction

Little Champs Sports Academy is dedicated to developing and educating children through play and sport.

1. The Little Champs Sports Academy was founded in 1996 to teach gross-motor and life skills development to children between the ages of three and seven, through a holistic sport and lifestyle programme in a non-competitive, fun-filled environment.

2. The need for a programme of this nature became apparent when it was recognised that a large number of children were entering the competitive sporting arena without the necessary skills, and without deriving the benefit of the inherent social and team values that sport as a whole offers.

3. The Little Champs Programme was developed and is accredited by the Rand Afrikaans University (RAU), Wits Technikon and the Sports Science Institute of South Africa. Our goal is to educate children in a safe, caring and stimulating environment, and to equip them with the skills and mindset for success in all spheres of their lives.

4. Currently, more than 9 000 pre-school children benefit from funding into the programme. These children are provided with our progressive Sports Science Institute accredited physical activity programme, as well as our school readiness programme on a weekly basis.

5. In Alexandra, Soweto, Duduza, Kwa-Thema, Katlehong, Tzaneen and Guguletu, 39 staff have been employed to impart these essential tools of ECD to children and pre-school teachers.

6. It is an accredited training programme.

7. Little Champs integrates sport for pre-school children with an educational element, thus sport is used as a tool for social change amongst South Africa’s youngest citizens.

8. In addition to the Sports Academy, Little Champs has also developed the Train the Trainer methodology.

9. The intention is to make physical activity and play accessible to pre-school children throughout South Africa and Africa, and to deliver to communities with the assistance of sponsorship and partnerships.
LITTLE CHAMPS IMPLEMENTATION MODEL

1. For an hour a week, children attend our coaching sessions at venues where we provide our coaching expertise, equipment and the facilities.
2. In that hour, they are exposed to a training programme that is age specific and outcomes based.
3. The calendar year is divided into four 12-week coaching programmes.
   a. In each 12-week period, the academy focuses on the acquisition of a skill through fun activities that stimulate the child holistically.
   b. The lessons also include our school readiness programme which teaches phonics, associations and blend sounds, as well as numeric elements which are incorporated into the exercises.

CURRICULUM CONSISTS OF THREE CORE ELEMENTS:

1. The sports programme:
   - Developed by breaking down 12 sports into their most basic components.
   - All exercises are designed to enhance the following components and are age specific: eye-hand co-ordination, eye-foot co-ordination, balance, agility, spatial awareness and speed.
   - Each exercise also lays the foundation to achieve our end goal of “discovering” the skill and then “mastering” it.
   - Methods and exercises were developed in conjunction with Cora Burnett, Professor of Sport and Human Movement Studies at the Rand Afrikaans University.
   - Accreditation is from the Sports Science Institute of South Africa and Let’s Play.

2. School readiness programme:
   - The Ministry of Education has identified low literacy and numeracy levels amongst primary school children as priorities that need to be addressed.
   - The latest research suggests that most children starting primary school who come from PDC’s, previously disadvantaged communities, have literacy levels of a three-year-old. This is because pre-school educators are themselves often illiterate, and more than 10 000 pre-schools remain unregistered.

3. The cognitive and social programme:
   - Competitive sport has several positive themes and values.
   - We take these values and integrate them into exercises in a fun, non-competitive environment.
   - Specifically, the programme focuses on cognitive and social elements.
   - Cognitive development includes: self-awareness, self-esteem, communication, emotional intelligence, positive attitudes, affirmations, visualisation and creativity.
   - Social development topics that are addressed include: sportsmanship, social skills, inter-dependence, ubuntu, leadership and sharing.
   - These elements of the curriculum have been developed with social workers, occupational therapists and child psychologists.

WHAT IS THE IMPACT OF LITTLE CHAMPS?
The Little Champs Programme adheres to basic principles of:

- **Empowerment**: Community leaders and volunteers are trained to facilitate sessions. Train the Trainer allows for individuals to be trained on health and lifestyle guidelines for children.
- **Bettering lives**: Children experience the benefits and enjoyment of sport in a fun and non-competitive environment. This assists children’s school readiness in relation to social interaction, literacy, co-ordination and motor skills development.
- **Building sustainability**: Education and training builds capacity within the community particularly through the Train the Trainer’s Model.

1. The project is able to accommodate up to 1 000 children a year in each academy that is set up in a community.
2. Through community consultation and employing
members of the community, we are able to achieve an understanding of the community’s context, its needs and problems.

3. This allows us to cope better with social issues such as language barriers and financial constraints that could impact negatively upon the project.

Children experience a positive gain in three development areas:

- **Increased physical activity**: Children receive little or no formal physical education in their pre-school environment and their muscle development is thus substandard. Our curriculum actively impacts upon sedentary lifestyles.
- **Improved numeracy and literacy skills**: We provide an essential intervention that provides children from PDC’s access to essential school readiness skills.
- **Life skills**: Participants are taught positive life lessons in a sporting environment that positively impacts upon self-confidence, self-awareness and social interaction.

Children with disabilities are not excluded.

**EVALUATION PROCESS**

1. The project currently evaluates achievement on two levels: (1) the physical component, and (2) the literacy/numeracy component.

2. Existing research has been done with the Sports Science Institute, the University of Cape Town and Medical Research Council. In ECD, there are certain core physical competencies that children should be capable of at specific stages. We assess children twice a year to ensure they are progressing in line with norms that correspond to their age and developmental phase.

3. In terms of the school readiness evaluation, we apply the same principle, assessing children every six months by evaluating the child’s ability:
   - a. to identify letters and numbers.
   - b. to associate letters and numbers with objects.
   - c. to make the shape of the letter/number.

This programme is being constantly improved with the help of the Sports Science Institute of South Africa, as well as with other educational experts.

**WHAT DOES LITTLE CHAMPS DO?**

Sport, play and physical education need to be an important focus in human development. By their very nature, sport, play and physical education are about:

- Participation.
- Inclusion.
- A sense of belonging.
- Bringing individuals and communities together.

Sport, play and physical education provide a forum to:

- Learn skills such as discipline, confidence and leadership.
- Convey core principles that are important in a democracy, such as tolerance, co-operation and respect.
- Teach the fundamental value of effort and how to manage essential steps in life such as victory or defeat.

Grassroots sport-based initiatives receive little support from governments.

We increase the opportunities and choices available to all members of society.

Based on the principles of inclusion, equity and sustainability, emphasis is on the importance of increasing opportunities for the current generation as well as generations to come.

The basic human capabilities that are necessary to lead long and healthy lives are to be knowledgeable, to have access to the resources needed for a decent standard of living, and to be able to participate in the life of the community. **Little Champs directly helps to build these capabilities.**

**2003 UNITED NATIONS AGENCIES REPORT ON SPORT**

The 2003 report includes recommendations aimed at maximising and mainstreaming the use of sport.

Recommendations of the Task Force report were as follows:

1. Sport should be better integrated into the development agenda.
2. Sport should be incorporated as a useful tool in programmes for development and peace.
3. Sport-based initiatives should be included in the
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country programmes of United Nations agencies, where appropriate, and according to locally assessed needs.

4. Sport for development and peace programmes need greater attention and resources from governments and the United Nations system.

5. Communications-based activities using sport should focus on well-targeted advocacy and social mobilisation, particularly at national and local levels.

A final recommendation of the Task Force is that the most effective way to implement programmes that use sport for development and peace is through partnerships.

SPORT FOR DEVELOPMENT PROJECT CURRENTLY IN SOUTH AFRICA

Here is the replication framework programme:

Introduction

- The issue of safety and security in schools is receiving increasing attention in South Africa.
- Due to the recent spate of violence in schools, the Department of Education identified the 585 most vulnerable and/or troubled schools in the country.
- The purpose of the identification process was to design specific interventions that would reduce the social vulnerabilities of learners in these schools in relation to violence, drug abuse and gangsterism.
- The Department also endeavours to put in place specific interventions that would improve the learning conditions for young people in these schools and ultimately improve the quality of education in these schools, through innovative programming that can be scaled up to other schools experiencing similar problems.
- There is a lack of quantitative and qualitative data on the scope and nature of the problem in these schools and especially on the direct and indirect causes of specific issues in the schools that impact on the safety and well-being of learners and educators.
- Various studies and reports indicate widespread incidences of corporal punishment, bullying, intimidation, fist fights, knife fights, theft, shootings, interpersonal violence and rape.
- Human Rights Watch also highlights in a report the extent of sexual abuse and harassment experienced on a daily basis, particularly by girls. In the recent hearing of the South African Human Rights Commission on the Right to Basic Education (June 2006), among the nine key issues highlighted were the unacceptably high level of violence and abuse experienced generally by the society, which has spilled into schools.
- Sport for Development offers a unique opportunity to mitigate violence in schools. A variety of studies and reports, both locally and internationally, have indicated that using recreation, sports and play to engage young people offers viable alternatives to risky behaviour in young people. Sports and recreation have the ability to transform the lives of young people and their communities, and for this reason they will be implemented into nine school communities identified as those in most need by the Department of Education. It is envisioned that the programme will eventually be scaled up to all 585 schools and beyond.

Methodology and activities

The pilot must include the following:
- Implementation of recreational programmes that ensure children’s right to play in the identified school and community. A component should focus on in-school and another on out-of-school young people.
- Implementation of the UNICEF training programme “Coaching Boys to Men” through training a minimum of 50 out-of-school young people in the school community as coaches, including further training of existing coaches and educators.
- A register of learners that show talent who receive more specialised coaching in a specific sporting code.
Nine schools will be targeted, one in each province. We request the services of a consultancy/organisation in each province. Alternatively, consultancies or organisations may indicate if they have the capacity to work in more than one province.

Each one of the nine schools should be clustered with four surrounding schools to create opportunities for inter-school games and matches.

It is essential that partnerships are formed with local authorities, as well as with the school management teams and school governing bodies.

To quote Dr Diallo: “If partnerships are strategically sport-based those partnerships can go a long way to bring about peace and bring about development. Sport is a very cost effective means of achieving those two goals”.

I would also like to emphasise two further points: local sport programmes can offer employment and can also reduce social exclusion among the youth. In terms of youth employment, training is very important. And when you talk about training, skills are very important, and sport is one of the single most important contributors to building leadership skills among the youth. It empowers the youth because it gives them a healthy alternative to potentially dangerous, harmful ways of life.

**SPORT FOR DEVELOPMENT PROJECT**
**Replication Framework July 2008 – June 2009**

**EXECUTIVE SUMMARY**
It is envisioned that the programme will eventually be scaled-up to all 585 schools and beyond.

**Project scope**
The DoE, in partnership with UNICEF and SuperSport, will continue to implement the Sports for Development Project in 27 affected school communities in the nine provinces from July 2008 to June 2009. At the same time, the project will be a distribution platform for soccer balls collected through the 1 Million Soccer Balls initiative.

The service providers contracted to ensure implementation include: Sports Coaches OutReach (SCORE), Little Champs, Play Soccer South Africa and ActiveEducation.

**Objective**
The overall objective of the project is to increase school and community participation rates in sport and recreation, and to develop school and community capacity in sports leadership and sports administration.

**Specific outcomes**

1. Sporting outcomes
   a. Increased opportunities for children and youth to participate in sport.
   b. Increased leadership capacity in sport among children and youth.
   c. Increased sport leadership and administration capacity of hub co-ordinators.
   d. Coaches and community leaders provided with skills to address social issues.
   e. Increased partnerships and networks.
   f. Awareness building about using sport as a developmental tool.

2. Non-sporting - wider community outcomes
   a. Reduce the incidence of violence at school and community level.
   b. Reduce the incidence of drug abuse at school and community level.
   c. Increase partnerships at school community level for safety and security.
d. Train youth in organising and leading community sport activities.
e. Increase knowledge and awareness of HIV/AIDS and other related social issues in the broader community.
f. Increase the capacity of the community leadership.

Implementation strategies
There are four distinct phases in the Sport for Development implantation strategy:
- Stakeholder consultation
- Capacity building
- School and community sports programme
- Monitoring

Stakeholder consultation
1. The SFD project facilitates a process whereby the community gains a deeper understanding of their community needs.
2. Assists in prioritising these needs and developing action plans to address these needs.
3. Develops a result-based development plan by community leaders which includes the activities offered through the SFD project.
4. Devises a partnership strategy to identify partners who can assist with meeting the needs of the community.

This process is ongoing and will be facilitated periodically as part of the sixth monthly project evaluation workshops.

Capacity building
1. The SFD project builds the sport leadership capacity of community volunteers and learners.
2. As the capacity of individuals increases, the community-based sport structures will become stronger organisations resulting in sustainability.
3. The capacity-building courses begin with equipping community sport leaders with fundamental skills, such as strong life skills and basic sports administration, and leadership and generic coaching skills.
4. This will equip learners and community volunteers to facilitate community processes and to design and deliver appropriate responses to crime, violence, teenage pregnancies, HIV/AIDS, gangsterism and substance abuse, using sport as a vehicle.

5. It will also contribute positively to sport becoming more organised and structured at community level.
6. Forums are also established where target community representatives can meet regularly to share challenges and solutions with one another, as well as provide feedback to each other and the different service providers.
7. We are trying to develop a database of learners and community volunteers who have been part of the capacity-building process and provide new opportunities for learning and leadership to participants who show particular growth.

School and community sports programmes
1. Once the learners and community volunteers have these basic skills sets, they are able to organise sport activities in schools and communities.
2. The primary aim of community sports programmes is to expand opportunities for participation in sports for all members in the community.
3. The community sports programme may include a community league, community festivals and tournaments, specific coaching sessions for clubs, or the formation of clubs from teams.
4. Community sports programmes also create an opportunity for community sport leaders to practise their newly acquired skills and to internalise their learning through practice.

Monitoring
1. There is a lack of quantitative and qualitative data on the nature of the problem in these schools, and especially on the direct and indirect causes of specific issues in the schools that impact on the safety and well-being of learners and educators.
2. In the interests of evidence-based programming and monitoring and evaluation purposes, the hub co-ordinators use a systematic activity planning and reporting framework for each activity which includes the planned outcome, the planning steps, the intended number of participants, the proposed budget, and the details of the expected activity.
3. The same document is used to report actual
progress against planned activities. This document is also used along with a quantitative monitoring system which logs the number of participants, gender participation rates, etc.

4. This system is used to collect all quantitative data during the lifespan of the project. In addition, evaluation forms will be used for each training event/activity.

5. All these forms are anonymously filled in by participants and the results recorded in SCORE’s database. Evaluation forms include questions about the course content and facilitation, but also ask for the participant’s view on what they found most beneficial and what changes they recommend. Evaluation forms are tailored to different age groups.

6. In addition to activity reporting, hub co-ordinators, school principals and district Safe Schools co-ordinators are required to submit monthly progress reports. Project managers in turn will collate information and complete monthly reports for submission to SuperSport. The hub co-ordinators also facilitate quarterly stakeholder feedback meetings where project progress and any changes or systems can be discussed.

**Stakeholders and role players**

The primary stakeholders in the programme are the schools that have been identified by UNICEF and the Department of Education.

Other stakeholders include:

- UNICEF
- Department of Education (national, provincial and district level)
- SuperSport
- Schools
- Local municipalities
- Community-based organisations and community leadership structures
- Learners at schools
- Community youth and sports leaders
- Service providers.

**Achievements to date**

- 27 hub co-ordinators in 27 communities
- ECD staff sponsored by TOTAL

**Summary**

ECD physical activity needs:

- Attention
- Trained and accredited personnel
- An applied curriculum that fits in with the education curriculum
- Financial input
- Partnerships
- Ultimately, that we should focus on the cause and not the symptoms.

- Community events
- Weekly training with targets
- Currently over 21 000 children, teachers and community members have participated.
ABSTRACT: The Community Development Worker Programme was established by government to provide a two-way link between government and community people. This seems like an ideal structure through which to do advocacy work in communities for ECD. Data was collected from Community Development Workers (CDWs) in one district to get an overview of how they understood their role, their commitment to their communities, their aspirations and the joys and frustrations of their work. Based on these findings, recommendations are made for strategies for them to become advocates for ECD.

TERMS OF REFERENCE FOR THE PROJECT
Through this work we needed to:

- Understand the sector
- Provide information on ECD to CDWs
- Develop a profile of the CDWs
- Explore the practicalities of CDWs being advocates for ECD
- Make recommendations for CDWs to be advocates for ECD.

UNDERSTANDING THE CDW SECTOR
In his State of the Nation address in February 2003, President Thabo Mbeki announced the following:

The government will create a public service echelon of multi-skilled community development workers who will maintain direct contact with the people where these masses live. We are determined to ensure that government goes to the people so that we sharply improve the quality of the outcomes of public expenditures intended to raise the standard of living of our people.

It is wrong that government should oblige the people to come to the government even in circumstances in which the people do not know what services the government offers and have no means to pay for the transport to reach government offices.

It will be particularly important that we attract the right people into this cadre of community development workers, train them properly, and supervise them effectively. These development workers must truly be inspired by the letter and spirit of Batho Pele! Among other things, these workers will help to increase the effectiveness of our system of local government, strengthening its awareness of and capacity to respond to the needs of the people at the local level.

The deployment of CDWs is a strategic priority of government, and is primarily aimed at improving interaction between government and communities. The main objective is to bridge the gap between government’s service provision and community’s access to and utilisation of the services available.

South Africa has three levels of government – national, provincial and local. Local government is comprised of metro and district municipalities which have local municipalities reporting to them, and local municipalities which, in turn,
Community Development Workers and Advocacy for ECD

are comprised of a number of wards. Responsibility for service delivery is mainly at the local municipality level, though some services are provided by the provincial or national level. The main thrust of government in South Africa has been to ensure delivery through local municipalities. CDWs are generally located at ward level.

A comprehensive support structure for the project was proposed at national, provincial and local levels to develop the programme. This support structure includes:

- Department of Public Service and Administration (DPSA) responsible for chairing the process
- Department of Provincial and Local Government (DPLG)
- The Presidency
- Local Government SETA (LGSETA)
- South African Management and Development Institute (SAMDI)
- Government Communication and Information System (GIS)
- South African Local Government Association (SALGA)
- Provincial representatives.

This group comprises the National Task Team (NTT) which provides guidance for the programme. The DPSA and DPLG lead the NTT. The CDW programme is a national strategy, but local conditions and available resources of provinces are taken into consideration.

The implementation of the CDW programme was to be co-ordinated across all three levels of government (national, provincial and local) with the DPSA being responsible for the co-ordination, inception and incubation period.

The office of the mayor has political oversight over the CDWP, but this authority is often delegated to the office of the speaker within the municipality. In KwaZulu-Natal, the DPLG advises municipalities to place responsibility for the CDWP under the municipal manager in an attempt to de-politicise the role and position of the CDW.

According to the DPSA Handbook, CDWs report to community development supervisors based in their municipality who must provide mentorship and ensure that CDWs have the resources that they need to do their work. The CDW is also required to report to a provincial co-ordinator on a monthly basis. However, their employment contract is with the Provincial Department of Local Government and Housing. This arrangement, where CDWs report across departments and to local and provincial levels, is the cause of a great deal of tension within the CDWP.

All CDWs are required to complete a learnership programme to develop competencies such as project management and community development. They are paid a stipend of R900 per month during their learnership.

From the above objectives and the positioning of the CDWs, it is clear that they are well placed to do advocacy work for ECD within the communities they serve.

WHAT IS EXPECTED OF COMMUNITY DEVELOPMENT WORKERS?

CDWs are expected to:

- Disseminate government and other information to community members in a timely and equitable manner;
- Assist communities in understanding development and assist in submitting proposals for integrated development plans to municipalities and other spheres of government or donors;
- Co-ordinate inter-departmental programmes and encourage improved integration;
- Maintain ongoing liaison and collaboration with community-based organisations and other community-based workers;
- Promote the principles of Batho Pele and community participation;
- Alert government and other service providers to problems and delays in the delivery of basic services;
- Assist in the implementation of government programmes and projects;
- Liaise and advocate on behalf of communities with government, parastatals, NGOs and private sector donors;
- Monitor and evaluate the developmental impact

1 SAMDI 2005 Research Report, vi.
2 A Handbook for Community Development Workers.
3 Ibid. 46.
4 Discussions with Provincial CDW Co-ordinators, 10 September 2008, at DPLG offices, Durban.
5 Ibid. 45.
that government projects and programmes have on communities, and submit a report to the relevant structures of government in this regard; and

- Assist local communities in dealing with the HIV/AIDS pandemic by intensifying education and awareness on HIV-related matters.

This is an extensive list of expectations, placing a significant burden upon the CDWs. It also implies that the CDWs need to have a level of authority and a great deal of support from their supervisors, senior officials and government departments.

UNDERSTANDING THE POLITICAL STRUCTURE ATTITUDE TOWARD THE CDW

The key to the effectiveness of the CDW is the quality of their relationships with government and the community. The Foundation for Contemporary Research conducted a seminar in 2006 with three Western Cape municipalities to raise awareness of the role of the CDWs and to explore the existing relationships between CDWs, ward councillors, municipal officials, community-based organisations (CBOs) and the Western Cape Provincial Government.

The summary of this report indicates the percentage of stakeholders who perceived a negative relationship between CDWs and

- Councillors. 52%
- Municipal officials. 40%
- Ward council members. 44%
- CBOs. 38%
- The broader community. 38%
- 72% of CBOs felt that the community had to be informed about who the CDWs were and what role they have to play in community development.

Sisonke district municipality have been proactive and dealt with similar negative perceptions in its area by presenting a “road show” at local municipalities where they find this is a problem.

CDW KEY ACTIVITIES

The CDW job description was developed by the province of KwaZulu-Natal for its CDWs. There are five Key Result Areas, each with a number of key activities:

- Inform and assist communities with access to the services provided by government structures. 15%
- Determine the needs of communities and communicate these needs to the relevant government structures. 25%
- Promote networks and enhance the activities of existing local governance structures and other stakeholders (CBOs, NGOs, etc.) aimed at improved service delivery. 20%
- Compile reports and documents as required, on progress, issues attended to, actions taken and outcomes. 25%
- Keep records of all services rendered by government and the processes and mechanisms to access those services. 15%

Consideration of these Key Result Areas in the context of the December 2007 CDW Report to the Ingwe Municipal Manager (one of the local municipalities within Sisonke district), gives an indication of just how much is expected of the CDW. The December report on activities makes reference to:

- Facilitating access to grants, death certificates, birth certificates and identity documents.
- Holding weekly meetings with the district co-ordinator.
- Supporting Department of Home Affairs and Department of Health activities.
- Assisting community members to access government work and procurement programmes.
- Supporting the electricity awareness campaign.
- Encouraging small businesses.

This kind of work is very time consuming, especially when CDWs are placed in communities where the distances they have to travel in order to perform the above tasks are considerable. They also have to provide their own transport or use public transport. This point was clarified at the meeting of district co-ordinators. The official argument is that CDWs are placed within the communities where they work and are just like any other government employee, i.e. no costs are paid for travel from home to their places of

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6 Unpacking the relationships between Community Development Workers and municipal stakeholders in the Western Cape Province. CDW Summary Report.
work. While there is substance to this argument, the long distances and large populations with which the CDWs work are two realities that support the case for transport subsidies.

**TRAINING PROGRAMMES**

Government departments and many other organisations provide training opportunities for CDWs. A review of some of these programmes suggests a strong focus on community development and related skills, and little reference to the programmes and material that the CDWs must share with their communities.

The actual training material is voluminous and is commonly known by the CDWs as the “10 kilogram learning materials”.

**DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION**

The Ministry of Public Service and Administration has published a number of documents to assist CDWs and communities. These include:

- *A Handbook for Community Development Workers*
- *Grassroots Innovation – A guide for community development workers (2005)*
- *Grassroots Innovation – A guide for communities about community development workers (2007)*

The Grassroots Innovation material is excellent; it encourages reflection and is easy to read, providing many lessons for effective CDW work. However, of the 49 case studies, five deal with children, and of the five, only two deal specifically with very young children. In the 2007 Grassroots Innovation material, of the 24 case studies, only three had direct relevance to children. Clearly children are not placed particularly high on the CDW training agenda, especially very young children.

**FOUNDATION FOR CONTEMPORARY RESEARCH**

This NGO has also developed *A Handbook on Community Development Workers in South Africa*. While this document provides a useful summary of the material available on the CDW programme and the role of the CDW, it does not deal with the specific content of the CDWs work.

**SIYAKHULA – PRACTICAL COMMUNITY FACILITATION PROGRAMME**

This organisation, with a strong environmental focus, advertised a training programme to be conducted in February 2008 to provide community development workers with information and skills to enable them to effectively facilitate and support community projects. The target group was LED officers, liaison officers, extension officers, social workers, field workers, mayors, speakers, councillors, health workers, caregivers, sports workers, CDWs and officers in national, provincial and municipal spheres of government, NPOs and CBOs. The programme was accredited by SETA.

The Centre for Community Development at Rhodes University was one of the first training providers for the CDWP and, because of their interest in ECD, they included training in ECD in their learnerships.

The Sisonke district co-ordinators indicated that CDWs are provided with exposure to policies and procedures by different government departments. While this is encouraged, there is concern that the CDW should not end up doing the work of different departments because they need to maintain their role as facilitators of access to services. It seems that the principle of getting materials and exposure from other sources is established and this opens the way for an ECD intervention. However, in this survey, in response to questions about what key documents the CDWs had, very few reported having copies of any of the documents relating to children’s issues.

**DPLG PROVINCIAL TRAINING**

It is interesting to note the differences between the comments by Sisonke CDWs about the lack of training after their learnership and the comments by the district co-ordinators about the considerable amount of training which was provided on an ongoing basis.

**CDW 2007 CONFERENCE**

In June 2007, the Department of Public Service and Administration held the first CDW conference. The conference was a high profile event attended by 600 delegates representing a wide range of stakeholders from all over South Africa. The purpose of the conference was to:

1. **Capture and disseminate ideas about the role and work of CDWs.**
2. **Highlight the strengths and opportunities that CDWs have.**
3. **Identify challenges and best practices.**
4. **Facilitate learning and networking among CDWs.**
5. **Provide a platform for stakeholders to engage with CDWs.**

The conference was an opportunity for CDWs to share their experiences, discuss their work, and exchange ideas with colleagues from different sectors. It was a platform for stakeholders to engage with CDWs and for CDWs to engage with each other and with other stakeholders.


8 **See Rhodes University website on “Education Building Societies through learning” at [http://oldwww.ru.ac.za/community/education_overview.htm](http://oldwww.ru.ac.za/community/education_overview.htm)**
The conference was “to review process and progress in the implementation of the (CDW) programme and to map a way forward”.9

The Acting Chief Director of the CDWP from the Ministry of Public Service and Administration, Florence Maleka, reported that the programme had (as of June 2007) recruited 3 500 CDWs across 2 000 wards across the country.10 As of July 2008, there are approximately 410 CDWs in the province of KwaZulu-Natal.

Ms Maleka listed the challenges for the CDW programme as follows:

- Lack of integrated planning
- Access to information on all economic development projects that address poverty
- Creating sustainable partnerships with departments and private sector stakeholders
- Access to resources to enhance development efforts
- Common understanding of roles and responsibilities of CDWs.11

She described the way forward for the CDWP:

- To look at the government’s 2014 vision and identify roles which the CDWs can play to ensure that government meets its targets, namely:
  - Eradicate the bucket system (sanitation)
  - Universal access to potable water
  - Universal access to decent sanitation
  - Universal access to electricity.
- To pay attention to the President’s areas of concern as raised in the State of the Nation Address of February 2007, namely to:
  - Clearly define the poverty matrix of the country
  - Develop a proper database of households living in poverty
  - Identify and implement specific interventions relevant to these households
  - Monitor progress in these households as the programme takes effect
  - Address all indigence, especially the high number of women affected
  - Co-ordinate and align anti-poverty programmes to maximise the impact and avoid duplication.

At the conference, the Gauteng MEC for Local Government noted12 that “Weekly meetings with the speakers have not been effective, mayors and municipal managers should be more involved”, and CDWs are not perceived as an integrated force to support the department’s programmes – they are perceived as “bad people”.

In the final session of the conference, it was stated:13 “It is perceived that CDWs interfere with the service delivery and that members of ward committees, in particular councillors, perceive CDWs as ‘spies’ or ‘bad people’”.

The Gauteng MEC also called for “better information technology (IT) infrastructure so that CDWs will be able to speed up their work and provide information to relevant decision makers on time”.

The priorities of the conference were reflected in the themes of the conference commissions:14

- Strengthening the integration and co-ordination of the CDW programme across government departments, agencies and different spheres of government.
- Stakeholder relations and the role of CDWs in the development agenda of the state.
- Implementing an effective monitoring and evaluation system and communication strategy.
- The role of the CDW in local economic development and poverty alleviation programmes.

Highlights of the plenary discussions are listed15 as:

- CDWs are not “spies”; their intention is progress.
- CDWP support and information should be mainstreamed in all government departments at all spheres of government.
- An independent impact study on the programme is needed.
- Continuous training and mentoring of CDWs to form part of programme regulations.
- Development of an M&E system with clearly formulated reporting formats.
- The tension that politics brings to the programme

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9 1st CDW Conference Report, June 2007, 7.

10 Ibid. 16.

11 Ibid. 17.

12 Ibid. 14.

13 Ibid. 54.

14 Ibid. Section 3. 29.

15 Ibid. 3.
Community Development Workers and Advocacy for ECD

is partly creative, partly challenging.

- The lack of agreement of the location of CDWs at the provincial and the municipal level.

The conference concluded with agreement on only one conclusion, i.e. that delegates would meet again next year and at that meeting they would expect CDWs to hold government accountable for all the undertakings discussed that day. This meeting is planned for November 24 and 25, 2008.

CDWP MASTERPLAN 2008–2014

This master plan has been produced after a Master Plan Indaba held in March 2008. The indaba was designed to create a “consultative space for all stakeholders” to be able to provide input into the plan.

The Master Plan is intended to be a starting point for the programme as it moves from incubation to consolidation.

The plan deals with the following five Key Focus Areas:

- CDW programme sustainability
  - Programme management
  - Policy framework
  - National Task Team
  - Developing a database of focal points for CDWs in national departments
  - Developing a district database of CDWs for programme managers
  - Knowledge and information portal for CDWs

- Stimulating local economic development (LED)
- Public participation for service delivery improvement
  - Community policing forums
  - Anti-corruption programmes

We are concerned that the plan does not seem to simplify and focus on the work of the CDW; rather it continues to maintain a very complex and overburdened environment within which too much is expected of the CDW.

The provinces are at present working out how they can implement this master plan.

INFORMATION ON ECD TO CDWS

In the preliminary meetings with the district CDW co-ordinators, IPEB introduced the project on the basis that they were seeking to understand the sector with the aim of looking for ways in which the CDWs could be advocates for ECD. This approach was carried through in discussions with the CDWs in their local municipalities.

We had the following dilemma: how do we get an indication of the CDWs’ understanding and attitudes towards ECD that would be useful in planning an advocacy intervention, but which was not unduly influenced by the CDWs desire to tell the researchers what they thought they wanted to hear? Accordingly, we tried to play down our particular interest without being dishonest about our motives.

Nevertheless, the sometimes confusing comments about ECD in the data collected suggest that the discussion about ECD had influenced some of the CDWs in how they responded to the questionnaire.

During the review process of the draft of this report, the district co-ordinators informed us that the CDWs were keen to find out about the ECD programme, and they wanted to know how we would be following up with them.

SISONKE DISTRICT

Sisonke is one of 11 district municipalities and comprises five local municipalities.
Thirty one of the 33 CDWs were interviewed.

The area covered by individual CDWs is considerable and ranges widely, from 163 square kilometres to 894 square kilometres.

The number of people serviced by individual CDWs is also considerable and varies from 5 000 to almost 19 000, with a mean of just under 14 000.

PROFILE OF THE CDW

The 31 CDWs in the municipal district of Sisonke were all visited in their municipal wards and asked to complete the questionnaire. The questionnaire was designed to gather data from which a profile could be drawn of them as a group of people.

CDWs are likely to be between the ages of 25 and 34, and could be either male or female.

They will have their Matric and will be keen to study further. They are very positive about the training during their learnership but are unlikely to have received much training beyond the initial learnership. Their interest will be in developing skills which enable them to do their job better – project management, computers, business and funding skills and communication.

They will have worked for only half the number years since they leaving school and this will have almost always have been in the development sector. They will have a significant commitment to serving their community and are likely to be active in community forums. They are likely to have worked as volunteers.

They will have a very clear understanding of their role in providing their communities with information about government services and taking information about their needs back to government. They will be very clear about how their communities benefit from their work. They like their job, hope to progress within the same sector and are likely to recommend being a CDW to a friend.

Their greatest frustration in serving their communities will be in dealing with government officials which they find lack a sense of urgency and commitment to the community. They will be frustrated by a lack of understanding about the role of the CDW, especially from councillors and politicians.

They are well paid relative to the community within which they work. They will have very little supervision and administrative support from the local municipality and are concerned that they pay much of the travel and communication expenses incurred in doing their jobs out of their salaries.

They will be under considerable pressure to attempt to provide a service to about 14 000 people spread over 300 square kilometres.

Their proudest achievements will relate to community service, especially when they are able to do something for their community and thus make a contribution to improving the quality of life of people in their community.

They will have had no exposure to early childhood development programmes or policy. They will have a basic idea of the importance of children to the community but at the same time, they are likely to have a limited understanding of the importance of the essential features of early childhood development. They may have seriously limited understanding about the development of very young children.

Nevertheless, they will be keen to participate in developing their understanding of early childhood development.

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<th>NUMBER OF CDWS</th>
<th>AREA SQ KM</th>
<th>SQ KM PER CDW</th>
<th>POPULATION</th>
<th>PEOPLE PER CDW</th>
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<td>455 693</td>
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</table>
PRACTICALITIES AND RECOMMENDATIONS

Role of the CDW as an Advocate for ECD
The CDW is well placed to do advocacy work within their community for early childhood development. Their job means they have constant contact with people in their community. They are responsible for informing communities about government policy and priorities and enabling them to access appropriate services.

ECD is at present a significant and growing priority within government as evidenced by Resolution 29 of the ANC’s annual conference in Polokwane and the State of the Nation Address by President Mbeki in which ECD is specified under APEX Priorities, Project 11.

The results of this survey indicate that the CDWs need to learn new concepts and unlearn some things about the role and importance of ECD. The positive indication from the survey is that they are likely to want to learn and since they are committed to development work and like their job, they are likely to be committed advocates of ECD.

The CDWs are familiar with project management issues and tend to see growing the ECD sector as a project which needs planning, implementation, monitoring and evaluation.

“We the CDWs are public servants of a special nature, because we spread across all spheres of government. We therefore need a policy that is going to articulate and explain this to our officials.”

Recommendation raised by participants at the 1st CDW Conference June 2007. Page 57

CONCERNS
The development of an effective education and awareness building process for ECD with CDWs will have to deal with the following issues:

- The uncertainty regarding the role and authority of the CDW and to whom they report, is acknowledged as a problem in virtually every document discussing the CDWP. The origins of this problem are probably in the complex inter-departmental structure of the programme. This is a huge issue that has to be resolved at national level. Nevertheless, any intervention that ignores this complication will be at risk.
- CDWs need more material and management support in order to work effectively. In spite of the high profile of the CDW programme, CDWs experience a lack of support from municipal officials and political leadership within municipalities.
- There is evidence of ongoing training or a professional development programme for CDWs provided/co-ordinated by DPLG. However, much of this is still at the skills level.
- Apart from the initial learnership programme and the 2007 CDW Conference, there appears to be no process in place which regularly brings together a number of CDWs. However, there are provincial meetings of district co-ordinators, and district and local municipalities have periodic meetings with the CDWs servicing their wards.
- The CDWs are thinly spread across vast rural areas and bringing them together is expensive.
- The average CDW has limited access to computers and communication systems which limits the potential of email and internet communication.
- CDWs are not able to easily and quickly move within their wards as they do not have government transport. They must fund their own vehicles and pay their own public transport costs.
- The area and number of people each CDW is expected to serve is large.
- The demands of the CDWs job description are considerable and any attempt to add to this load will be risky. It would be better if the strategy could find ways to enable the CDW to do their existing job better by including advocacy for ECD.

“Moving from one household to another means walking many kilometres . . . Ward offices are far from sources of intervention.”

Comment by Nhlanhla Sanga, top performing CDW in KwaZulu-Natal at the 1st CDW Conference June 2007
STRATEGY
Any future effective strategy to bring the CDWs on board for ECD advocacy will need to link into and, where possible, fill the gaps or benefit from the following issues:

▷ ECD is a growing current leadership, senior government priority.
▷ CDWs request more training and personal development.
▷ CDWs lack resources to do their job – transport, offices, supervision, communication facilities.
▷ It will be essential to support any training of CDWs on ECD advocacy with a process that also puts ECD on the agenda of municipal political and administrative leadership in a holistic way.
▷ It will be necessary to change how the CDWs are viewed by some government and municipal officials. CDWs need to be seen as valuable resources taking and bringing back important information from communities.
▷ It will be necessary to find ways to include children, especially very young children, within the learnership curriculum. This does not mean a new module in an already over-loaded curriculum, but rather embedding a children’s rights perspective into the curriculum. For example, the component on how a community survey is conducted also needs to look at children in more detail. The current approach of treating all children from birth to 18 as a single group is not acceptable.
▷ It will be necessary to find ways to provide ongoing information on policy, programmes and current thinking about children, especially the needs of very young children.

RECOMMENDATIONS
Background
It is impractical to plan externally initiated long-term, ongoing advocacy training for CDWs on ECD at ward level because there are too many wards spread over too great an area. The proposed strategies need to use existing structures.

The provincial Office of the Rights of the Child (ORC), based in the Office of the Premier, is responsible for monitoring and promoting children’s rights in the province. The ORC is specifically responsible for facilitating the establishment of Local Advisory Councils for Children within every municipality. The KZN ORC has been successful in establishing a routine of monthly meetings with representatives of municipalities. It is proposed that we use this structure to put children onto the agenda of the CDW. This will have to be done with caution as the ORC is viewed with some concern by the CDWs who feel they have not always been treated with respect by the ORC.

The officials who attend the monthly ORC municipal meetings are those responsible for children’s issues in their municipality. Unfortunately, children’s issues are generally included in the portfolio for Special Projects and thus compete for time and resources with youth (18 to 35-year-olds), the elderly, women and people with disabilities. The proposed strategy needs to claim more of this space for children by providing officials with an excellent service on children’s issues, i.e. information, updates, access to support networks and encouragement.

Strategies
We propose multiple strategies working at different levels to “get young children onto the CDWs and other key people’s agendas”.

▷ Local level. We need to work with the district coordinators in Sisonke and plan and implement a programme for the 31 Sisonke CDWs on developing their willingness and ability to do advocacy work for young children in their wards. This programme would include:
  • Conducting orientation sessions on ECD.
  • Developing a system of providing in an ongoing way, information and training on policy, regulations and research on children, and on ECD in particular.
  • Enhancing their networks with local officials from the Departments of Health, Education and Social Development on ECD.
  • Providing advocacy materials on ECD (The ECD Story, Peo, posters, etc.).
  • Obtaining feedback and reflecting on their successes and failures in promoting ECD.
  • Developing targets and criteria to measure progress in this advocacy work.
  • Working together to jointly develop problem solving strategies to deal with the problems of getting young children onto everyone’s agenda.

▷ Provincial level. Working with the KwaZulu-Natal provincial DPLG CDW co-ordinators, keeping them
abreast of the progress in Sisonke, and negotiating ways in which the advocacy programme could be rolled out into the other KwaZulu-Natal districts:

- Attend meetings to provide updates and get feedback on the project.
- Provide information on the case for ECD.
- Negotiate space for ECD specific content within their training programmes.
- Locate and provide appropriate resources for the delivery of ECD content in training courses.

District level. Working with the Sisonke district and local mayors, municipal managers and ward counsellors to develop their knowledge and understanding of early childhood and convince them of the important part that CDWs can play in this advocacy work:

- Do presentations on the case for ECD.
- Provide information on government policy and ECD.
- Highlight municipal responsibility for ECD.

Provincial level. Work with the Provincial Special Projects Municipal Officials’ monthly meetings facilitated by the ORC in order to do the following:

- Show the Special Projects officials how the CDWs can be a valuable resource to them in the performance of their duties.
- Develop their knowledge and understanding of the case for ECD.
- Encourage them to do advocacy work for young children.
- Include material on ECD and the role of CDWs in the KwaZulu-Natal ORC Handbook for Children.19

In this work, we need in particular to promote implementation of the government’s National Integrated Plan (NIP) for ECD as this is the plan which will be used to deliver on the APEX Project commitments.

Based on this work, we conclude that there is significant potential for CDWs to be advocates for young children in their wards. The CDWs in the Sisonke district are clearly highly committed to development work and serving their communities. They are very keen for further training and have indicated a lot of interest in the early childhood sector. Their district co-ordinators have also indicated support for the programme.

However, there are difficulties which need to be dealt with. CDWs are spread out over wide areas and are rarely brought together for meetings and training. The complexity of their reporting lines and the potential for conflict between different levels within government must be recognised. The lack of communication, information technology and transport resources affect their ability to do their work. In spite of the lack of resources, the demands placed upon the CDW to work with communities to assist and inform them and to bring their concerns back to government are considerable. In Sisonke, a CDW typically covers a 300 square kilometre area with a population of almost 14 000.

Our recommendations entail a multi-level approach to getting young children onto everyone’s agenda. Any proposal to work at only one level will fail because government officials are part of a hierarchical structure that depends on the level below and answers to the level above.

We recommend that an initial programme be run in the Sisonke district and that what is learned from that work be used to inform a process to take the programme to provincial level.

We recommend that in the five local wards of Sisonke, the CDWs be provided with training, materials and support. This will be supplemented by work with the two district CDW co-ordinators and the five local ward councillors. This in turn needs to be supported by work with their mayors and municipal managers. The special project officials in the municipality responsible for children will need to be part of the process. At provincial level, this work needs to be supported by the ORC.

ACKNOWLEDGEMENTS

While IPEB accepts responsibility for the accuracy of this report, we wish to thank and acknowledge the generosity of the CDWs we worked with, and particularly their district co-ordinators Vusi Sosibo and Vusi Gumede for sharing their knowledge and experiences so freely.

We thank the Provincial Programme Manager Mrs Mavundla and the provincial district co-ordinators for their valuable comments and input into the final draft of this report.

19 The handbook is a web-based source of information for municipal officials on children’s issues being developed by IPEB with the KwaZulu-Natal ORC and KPACC.
WHAT SHOULD THE RESEARCH AGENDA FOR ECD BE IN COMING YEARS?

Finance (costing, subsidies, salaries, etc.)
1. The local government must budget at their level for ECD.
2. Cost benefit analysis.
3. What does quality cost?
4. Subsidise ECD practice.
5. Subsidy; breakdown in terms of paying and non-paying children.
6. The role of salary for providers vs. quality of service provision.
7. Financial management and administration for subsidised ECDs.
8. Funding/resources for programmes.
10. Cost per child/family/community for programmes – a comparison between different models of ECD.

Training/Capacity building
1. Build capacity and resources to provide meaningful support to ECD and to monitor and evaluate the programmes.
2. Training of practitioners on dealing with disabled children.
3. How do we make training effective in ownership?
4. Well-trained practitioners have moved to Grade R and quality of ECD service becomes poor as the result of untrained practitioners.
5. Capacity building for practitioner.
6. Capacity building in government (committee, admin, finance, HR management, etc).
7. Training of caregivers.
8. Review/research training on the parenting programme in 2006-2008 in national and provincial DoSD.
9. Need to document the experiences of those who got training as master trainers.
10. How are they rolling out the training? What are the joys, challenges and constraints?

Disabilities/Vulnerable
1. No proper data on children with disabilities and those requiring access to education.
2. Cultural beliefs, social integration and transportation for children with disabilities.
4. Support for parents with learners with disabilities.
5. Admission of children with disabilities at ECD centres.
6. The role of ECD sites in the inclusion of learners with disabilities.
7. Survey of ECD sites to determine if they cater for children with special education needs (e.g. vulnerable children, chronic, HIV, disabilities).
8. For specific disabilities, e.g. FASD and autism, how the risk factors should be reduced.
9. How the community-based ECD site can best be supported to become a centre of care and support for vulnerable young children and their families – what services can they realistically offer and with what capacity/resources.

**Policy/Guideline/System**
1. There must be regulatory measures for the hiring and paying of childminders or principals.
2. Policy guidelines for payment, hiring and firing.
3. Policy and guidelines for ECD’s partnership with DoSD and DoE are not clear.
4. Synergising policies around funding of children by different departments.
5. Policies for standardised salaries for ECD practitioners.
6. Policy on the conditions of work.
7. Condition of employment.
8. Local authorities’ regulation and obligation to ECD activities.
9. Investigating the possibility of transferring the full ECD (0–4 years) function to one single department.

**Parenting/Family/Community**
1. a) Parents need to be educated; b) Children need more care; c) Parents are too busy – they don’t have time, especially to help with their children’s homework; d) Grandparents also need to help their grandchildren with their homework; e) Children are being abused.
2. Parental intervention in early skills development.
3. Role of parents in “confidence building” for children at an early age.
4. Role of parents in identifying disabilities in children at an early stage.
5. Impact of parents/community involvement in ECD.
6. How does child caring take place in families (not limited to poor and vulnerable children)?
7. Roles of different family members in care and development of young children (literacy, early learning, play, stimulation, etc.).

**Knowledge sharing/Local and indigenous knowledge**
1. Local and indigenous knowledge: how do we respect local knowledge?
2. Peer-to-peer knowledge sharing (small forums).
3. Identify agencies that are currently strong.
4. Identify best practices in training in the ECD/ECI field.
5. How best to integrate local and indigenous knowledge in ECD.

**Health/Nutrition**
1. Difference that food (or food subsidies) makes.
3. Emerging illness.

**Various forms of ECDs**
1. Formal programme in Grade R vs. informal, play-based pre-school experience, and the effect on Foundation Phase learning and beyond.
2. Experiences around various forms of ECD must be re-conceptualised into distinct models.
3. Compare effects of different forms of ECD.
4. Impact of ECD services on children exposed to ECD vs. those not exposed or exposed to other models of child-minding models.

**Infrastructure/Technology**
1. Infrastructure.
2. Resource base (website) that gives service providers in ECD a portal/hub from which to access relevant ECD legislation, document guidelines, etc.
3. A national transport policy must be developed that provides specific access to documents, grants, food, nutrition, education and heathcare, etc. for children and their caregivers.

**Standard/Standardisation**
1. How to standardise the ECD programmes in all the provinces.
2. Standardise measures of benefit, outcome and impact.
### Dialogue 1: Towards an Early Childhood Research Agenda; ECD as APEX Priority

#### Rural
1. Access of pre-grade R facilities in the deep rural areas.
2. Lack of resources for children in deep rural areas (no municipality support/structure; alienation from society).

#### Partnership/Inter-departmental
1. Need partnership with private and public sectors for success.
2. The traditional leaders must be involved in promoting ECD.

#### Language/Communication
1. Communication skills/language development.
2. Impact of mother tongue in learning and teaching.

#### Toys
1. Impact of toys (educational or otherwise) in the development of children.
2. Impact of toy library support for under-resourced ECD programmes.

#### M&E/Assessment
1. Systematic evaluation.
2. Screening of children by observing them playing, compared to formal assessment tools. (If informal screenings are proved to be reliable, they will really help identify children with needs and assist in implementing early intervention programmes.)

#### Curriculum
1. National Curriculum Statement on ECD from birth to five years is needed.

#### Substances abuse
1. Research impact of alcohol abuse on children between birth and three years in affluent communities, as has been done in rural communities and among the underprivileged.

#### Mortality
1. Child death at ECD.

#### HIV
1. HIV transmission amongst children (prevalence, incidence, etc.)

#### Miscellaneous/Further research needed
1. What constitutes child readiness in a South African context?
2. What does ECD have to do to make our children resilient?
3. There must be continuous research on ECD so that it becomes sustainable.
4. Stimulation programmes.
5. Gaps in research; review of research activities.
6. Need hard evidence to show those who need to be convinced that the early years are important.
7. Need to screen relevant information on all research that has been conducted.
8. Child-rearing practices in SA.
9. Early identification and intervention programmes for the 0-9 year-old age group.
10. The effect and impact of early identification of barriers to learning and development.
11. Learner autonomy (self-directed) in early years of learning.
12. In development work, we tend to use concepts with Euro-American bias. It would be good to examine how people know their realities and how they use this knowledge in their daily practices with young children.
13. Does the place in which we provide formal ECD promote or hinder quality of ECD?
**DISCUSSION**

**Critical research currently conducted**
- *University of Western Cape*: Literacy at community level in greater Cape Town using a graphic approach.
- *Foundation*: Local indigenous ideas for caring for children.
- *Limpopo*: Child-friendly environment – trying to find out about friendly schools. What do we do in the pre-grade R and foundation grade?
- *Research of DoSD, National Treasury, DoE; Public Expenditure Tracking Study*: How much of the money from National Treasury reaches the intended sites? (until July 2009)

**How can we pass on our critical research needs to the academic institutions?**
- Include academics in conferences like this.
- Approach university with hands-on research topics.
- Establish an academic department specifically for ECD – ECD needs more status and a theoretical base.
- UNICEF/Government to provide scholarship to institutions.
- Government units to link up with universities – universities cannot start research on their own.
- Need broad sharing so people know about the issues.

**Miscellaneous comments**
- Departments of Research and Science and Technology to be included in the discussion.
Dialogue 2: What are the Important Aspects of ECD as an APEX Priority?

**LEADERSHIP**

**Human resource management/Development**
1. How to instil and nurture a passion for young children rather than “just doing my job”.
2. How to find passionate people.
3. How are people selected and trained?
4. Nurture emerging leadership with a well-developed mentorship programme and capacity-building.
5. Training of staff.
6. Expert should be in place.
7. Identify people with passion for children.
8. Look for champions for ECD.
9. Practitioners should be given a living wage.
10. Insufficient training of practitioners at all grades.
11. Need someone who understands the ECD sector and child development.

**Collaboration/Sharing/Partnership**
1. Government, civil society and other stakeholders play a role in ECD.
2. Integrated development plans, local government, municipalities, etc.
3. Inter-departmental programmes.
4. Make all people responsible in their position for their communities.
5. Accountability among stakeholders.
6. Form forums and build capacities within them.
7. Form partnerships.
8. Partnership with all stakeholders.
9. DoH to be involved in immunisation.
10. Learn from what NGOs have done and take over responsibility.

**Policy/Legal level**
1. Need a legally constituted structure (i.e. watchdog).
2. DoE to take a firm stand on policy development in ECD.
3. Use contextual and integrated approaches.
4. Put the young child onto every agenda.
5. Political will that would be reflected in their budget to provide necessary resources.
6. DoSD, as the leading department, to ensure the participation of all the relevant stakeholders in the implementation plan.
7. DoE to be clear on policy of curriculum learning about ECD and Grade R.

**Other**
1. Academic bodies recognised as representing ECD.
2. Challenge and question existing programmes, i.e. EPWP.
3. Create structures for ECD in terms of how to access various resources/programmes (hub for info on policy, advocacy, organisations, research projects, etc).
Dialogue 2: What are the Important Aspects of ECD as an APEX Priority?

4. Have a strong voice.
5. Plans to be implemented effectively and efficiently.
6. Leadership should change attitude toward the ECD sector.
7. Monitoring and evaluation should be considered as important.
8. Lack of resources.

ADVOCACY

Collaboration/Sharing/Partnership
1. Framework for inter-departmental collaboration.
2. Develop a mechanism to share best practice models and research to provide the evidence that their models work.
3. Building on best practice models that are already available.
4. Integrating best practice models into government provision and taking them to scale.
5. Have a unified sector and speak with one voice.
6. Establish a unit for ECD.
7. Every sector/department to be involved and participate in events.
8. Form the agenda for different sectors dealing with children.
10. One country plan/one co-ordinating structure/one M&E framework.

Public awareness
1. Limited awareness about ECD.
2. Wider media coverage.
3. Reach out to community (radio station, etc).
4. Awareness of ECD sector at the local government level.
5. Establish strategic marketing plans.

Policy/Legal level
1. Develop obligation to influence policy makers.
2. Identify policy gaps to service delivery.
3. Salaries.
5. Need advocacy in Treasury at national, provincial and municipal levels.

Parents/Community
1. Advocate communities to send their children to community-based centres.
2. Encourage parental involvement by training them in governance of their sites.

Other
1. Getting, giving, gathering and accessing information related to ECD.
2. Who is considered to be the “National Association of ECD in SA”?
3. Financial management.
4. Sense of ownership coupled with on-going dialogue and consultation.
5. Conducive environment to be created.
6. Conduct surveys.
7. Make informed decision from the findings.
8. Accreditation of training.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADHD</td>
<td>Attention deficit hyperactivity disorder</td>
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<td>AEP</td>
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<td>ANC</td>
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<td>ARBD</td>
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<td>ARND</td>
<td>Alcohol-related neurodevelopmental disorder</td>
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<td>ART</td>
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<td>Household/Community Component of Integrated Management of Childhood Illnesses</td>
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<td>Institute for Partnerships between Education and Business</td>
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