



NATIONAL INTEGRATED PLAN FOR EARLY CHILDHOOD DEVELOPMENT IN SOUTH AFRICA 2005–2010

PRETORIA 2005



Table of Contents

| | | |
|---|---|-----------|
| ◆ | INTRODUCTION | 1 |
| ◆ | SECTION 1: CONCEPTUAL FRAMEWORK | 2 |
| | 1.1 Approaches to Developing Young Children | 2 |
| | 1.2 Early Childhood Development in South Africa since 1994 | 3 |
| | 1.3 The Current Situation | 5 |
| | 1.4 Definition of Relevant Terms | 6 |
| ◆ | SECTION 2: THE INTEGRATED ECD PLAN | 10 |
| | 2.1 Vision | 10 |
| | 2.2 Target | 11 |
| | 2.3 Components of the Plan | 12 |
| | 2.4 Institutional Arrangements | 13 |
| | 2.5 Resourcing | 14 |
| ◆ | SECTION 3: ROLES AND RESPONSIBILITIES OF GOVERNMENT DEPARTMENTS AND NON-GOVERNMENTAL ORGANISATIONS | 16 |
| | 3.1 Intersectoral Coordination Mechanism | 16 |
| | 3.2 Matrix of Roles and Responsibilities | 20 |
| ◆ | SECTION 4: TSHWARAGANO KA BANA INTEGRATED ECD PROGRAMME | 22 |
| | 4.1 Programme Description | 22 |
| | 4.2 Model of Implementation | 22 |
| | 4.3 Management Strategy of the Programme | 24 |
| ◆ | CONCLUSION | 27 |

List of Abbreviations

- ◆ **AIDS** Acquired Immunodeficiency Syndrome
- ◆ **CDW** Community Development Worker
- ◆ **DAC** Department of Arts and Culture
- ◆ **DoA** Department of Agriculture
- ◆ **DoE** Department of Education
- ◆ **DoH** Department of Health
- ◆ **DoSD** Department of Social Development
- ◆ **DoSS** Department of Safety and Security
- ◆ **DPLG** Department of Provincial and Local Government
- ◆ **DWAF** Department of Water Affairs and Forestry
- ◆ **ECD** Early Childhood Development
- ◆ **HIV** Human Immunodeficiency Virus
- ◆ **ISRDS** Integrated Sustainable Rural Development Strategy
- ◆ **NGO** Non-governmental Organisation
- ◆ **ORC** Office of the Rights of the Child
- ◆ **RDP** Reconstruction and Development Programme
- ◆ **SA** South Africa
- ◆ **SALGA** South African Local Government Association
- ◆ **SAQA** South African Qualifications Authority
- ◆ **SETA** Sector Education and Training Authority
- ◆ **UNICEF** United Nations Children's Fund

Introduction

This document flows from a mandate given to the Social Sector Cluster by the first Cabinet *lekgotla* of the third democratic Government in May 2004. The mandate was to develop an integrated plan for early childhood development (ECD) and to present it to Cabinet for consideration.

A key aim of the National Integrated Plan for ECD is to bring greater synergy and coordination to current government programmes undertaken by various departments in the area of ECD.

The plan is primarily aimed at giving the children of our country the best start in life by building a solid foundation of physical, emotional, psychosocial, cognitive, and healthy development.

The document reasserts the leading role of the Government in formulating, implementing and monitoring policies and programmes on ECD, whilst recognising the important role played by non-governmental and community-based organisations.

The document is organised according to the following structure: Section 1 briefly reviews approaches to ECD and the implementation of ECD in our country over the past decade. The section also briefly looks at some concepts in the context of integrated ECD. Section 2 discusses the vision of the National Integrated Plan for ECD in South Africa. It spells out the primary components of the integrated plan, with the child as a unit of analysis. Section 3 suggests political and operational arrangements required to ensure the implementation of the integrated plan. A matrix of roles and responsibilities is also included in this section. Section 4 outlines *Tshwaragano Ka Bana*, a programme model of integration. A summary of timeframes for implementation and a suggested indication of the approach that will be used for budgeting and for costing elements of the plan is also included.

The management plan of the programmes is illustrated indicating structural requirements for implementation.

Conceptual Framework for Integrated ECD

1.1 APPROACHES TO DEVELOPING YOUNG CHILDREN

In its book *Early Child Development: Investing in the Future*, the World Bank identifies five approaches to developing young children. These are delivering services to children, training caregivers and educating parents, promoting community development, strengthening institutional resources and capacity building, public awareness and enhancing demand (Mary Eming Young, 1997).

The delivery of services to children involves the Government providing a variety of ECD services directly to children in public centres, community centres and at a household level. The approach concentrates on addressing the immediate basic development needs of children.

The second approach - training caregivers and educating parents - is aimed at improving parental and caregiver knowledge and skills in interacting with young children. In this approach, the important role played by parents and caregivers, often in informal settings, is recognised. Training parents and caregivers as facilitators and mediators of ECD is crucial where large numbers of children do not have access to formal ECD centres.

The approach of promoting community development often requires close collaboration between the Government and non-governmental and community-based organisations. One of the key elements of this approach is the development of women, who are often the main players in ECD in their communities. This approach usually provides opportunities for women to earn a living by setting up childcare facilities in their immediate communities. This approach is consistent with some of the objectives of the Expanded Public Works Programme in our country.

The fourth approach - strengthening institutional resources and capacity - is aimed at improving the availability of resources (such as infrastructure and learning and teaching support materials) and the skills of those who are involved in public ECD centres.

The fifth approach - building public awareness - is primarily about disseminating information to parents and other members of the community, with the aim of increasing the demand for ECD services.

The approaches mentioned above are by no means mutually exclusive. In fact, experience throughout the world has taught us that these approaches achieve the best results when used in combination.

International experience has also shown that with limited financial resources, it always makes good sense to adopt targeting as an approach to the delivery of ECD services. In the first instance, a government could use income as a criterion for targeting. In the case of a

developing country like ours, prioritising the provision of access to quality ECD services to the poor and most vulnerable children is most justifiable.

In South Africa, where the effects of apartheid geography are still being felt ten years into freedom and democracy, targeting by income is often equivalent to targeting by geographic location. The targeting of twenty-one nodal areas in the Integrated Sustainable Rural Development Strategy (ISRDS) and the Urban Renewal Programme (URP) is a case in point.

It is also well recognised internationally that ECD programmes could use age as a criterion for targeting. Children in the age zero to three, the three to six and the six to nine cohorts often have differing needs. Therefore, ECD programmes for these different cohorts could show varied emphases.

The diverse social, historical and economic backgrounds and situations under which children are brought up increases the need for the ECD sector to design models of provisioning that would cater for children's individual circumstances and those of their caregivers. There is no single model or programme that is appropriate to meet the varied ECD needs of families. Therefore a range of options, such as home, community, and centre-based services, after-care for school-going children, stimulation programmes including part-day programmes, and family education, health and nutrition programmes could be explored.

There is enough evidence to suggest that, irrespective of the targeting criteria, the best way to give children the best start in life is through an integrated approach to ECD. It has been shown that focusing on a single aspect of child development does not yield sustainable results. The integrated approach includes programmes in health, nutrition, water and sanitation, early learning, and psychosocial care.

The evidence also suggests that coordination between and within the different tiers of Government and community organisations is one of the key factors for success in providing ECD services.

Having reflected on some of the approaches and lessons gained from developing young children internationally, we are now ready to review our own experiences in implementing ECD in the past decade.

1.2 EARLY CHILDHOOD DEVELOPMENT IN SOUTH AFRICA SINCE 1994

Children raised in ... poor families are most at risk for infant death, low birth weight, stunted growth, poor adjustment to school, increased repetition and drop-out rates (Education White Paper 5 on Early Childhood Development, 2001).

Existing programmes have attempted to address the basic needs and rights of children, such as safe and sufficient water, basic sanitation, growth monitoring, immunisation, nutrition, shelter, parental love and nurturing and cognitive stimulation.

Since 1994, various legislation, policies and programmes have been developed to address children's needs. These initiatives have been implemented across different departments. There has therefore been fragmented and uncoordinated service provision in the ECD sector, which has resulted in children's and family needs not being met efficiently.

Recognising the need for, and the benefits of, ECD for nation-building, reconstruction and development, the first democratically elected Government of South Africa committed itself to the expansion of ECD provisioning in the *White Paper on Education and Training* of 1995 and the 1997 *White Paper for Social Welfare*.

In 1996, the Department of Education released the Interim Policy for Early Childhood Development, and embarked on a National ECD Pilot Project, which was concluded in 1999. It was this pilot project that informed the model of provisioning for the Reception Year in our education system.

The focus since June 1999 has been on the implementation and the legislation of policies developed in the previous five years, and in collaborative service delivery with a view to improving the quality of life of all South African citizens.

It is widely recognised that young children are a particularly vulnerable section of our community, and that the early years are a period of great potential for human development.

The principles of redress and equity embodied in the *White Paper on Education and Training* (1995) and the Reconstruction and Development Programme (RDP) suggest a role for the Government to act as the key agent for "levelling the playing fields" for the historically disadvantaged majority of children. The challenge remains to level the playing fields by increasing access to ECD programmes for all children in general, and poor children in particular, and to improve the quality of such programmes as a matter of urgency.

The ECD policy situation in South Africa is complex with different departments having developed policies and legislation that speak to similar and to different sector-specific and age-specific issues on how to address children's needs. The three departments that have been core to the provision of ECD services have been the Departments of Social Development, Education and Health, with the Office of the Rights of the Child in the Presidency playing a monitoring role.

The Department of Social Development's *White Paper on Social Development* addresses the provisioning for children from birth to nine. It takes a developmental approach and focuses on how to address the needs of children according to their specific ages. It emphasises a family approach to childcare and targets not only child caregivers and social service professionals but also parents. The amended *Child Care Act* provides for the regulation of day-care facilities for children and the payment of subsidies to day-care facilities. The *Children's Bill* will be the overarching legislation that will provide guidelines and a regulatory framework on the rights and protection of children and their families. The Department of Social Development is also the lead department in dealing with orphaned and vulnerable children as indicated in the national *Integrated Plan for Children Affected and Infected by HIV and AIDS*.

For its part, the Department of Education prioritised ECD through the development and implementation of the *White Paper 5 on Early Childhood Development* (2001). The policy focuses on the birth to 6 years age cohort, with an emphasis on educational provisioning for Grade R. The purpose and major thrust of the policy is to ensure the phasing in of Grade R

as part of the schooling system. In relation to the birth to 4 years age cohort, the policy advocates a system of intersectoral collaboration in provisioning.

The Department of Health provides for children in the age cohort 0–9 years through various policies and programmes, which are not ECD-specific, but address the general health needs of children. The *Health Sector Strategic Framework 1999–2004 (10 point plan)* aims to improve access to health care for all, reduce inequities in health care and improve the quality of care at all levels of the health care system. *The Strategic Plan for HIV and AIDS 2000–2005* prioritises prevention, treatment, care and support, research, and human and legal rights. The National Integrated Plan for ECD has as one of its aims to ensure access to an appropriate and effective integrated system of prevention, care and support services for children infected and affected by HIV and AIDS. *The Comprehensive Primary Health Care Package*, together with its accompanying *Norms and Standards*, indicates the range of services that should be delivered at primary health care level for pregnant women and children under five.

The above policy and legislative frameworks illustrate the complex nature of provisioning in the ECD sector, in terms of identifying children's needs and ensuring that these needs are met.

The Non-Profit Sector and Community Provision

The non-profit sector plays a major role in ECD. Most of the places in early learning sites and programmes across South Africa have been initiated by the non-profit sector working with communities. ECD non-governmental organisations in South Africa have accumulated expertise in the ECD field, giving them a rich legacy of innovative and creative experience with regard to ECD services. The Government sector will tap into this expertise in developing and implementing this integrated approach. Local and international evidence shows that ECD programmes and broader social and community development are strongly linked. Recognition of this can greatly enhance integrated ECD services directed at the developmental needs of young children, especially the deprived and vulnerable.

1.3 THE CURRENT SITUATION

A critical analysis of the current nature, context and status of ECD provisioning in South Africa reveals the following challenges that would have to be addressed if we are to optimise the results of our efforts in this area:

- ◆ A fragmented legislative and policy framework for ECD, resulting in uncoordinated service delivery,
- ◆ Limited access to ECD services,
- ◆ Inequities in existing ECD provisioning,
- ◆ Variable quality of ECD services,
- ◆ Lack of adequate human and financial resources for the high demand of the ECD sector, both at national provincial and local/district levels,
- ◆ Limited inter-departmental/intersectoral collaboration to ensure adequate, efficient and quality provisioning for children, and

- ◆ Different geographical boundaries that determine where staff of the different departments can provide their services.

These challenges notwithstanding, the district health system adopted by the Department of Health provides some useful lessons for an intersectoral vision and approach, including the following:

- ◆ National leadership, coordination and vision are required to set a more holistic context.
- ◆ There needs to be a mechanism for functional coordination with other sectors at all levels of governance - national, provincial and local/district.
- ◆ All sectors have a role in ensuring progress.
- ◆ Intersectoral committees can provide mechanisms for coordinating collaborative activities at each level of governance and help bridge the communication gaps between sectors (HST Update, March 1998).

The international evidence cited earlier in this document shows a need for a holistic and integrated approach that takes into account all aspects of child growth and development. No single department is able to provide services to children that cover all aspects of children's needs. An integrated ECD approach is critical to the provision of coherent and coordinated programmes for developing our young children.

1.4 DEFINITION OF RELEVANT TERMS

In order to develop clarity about the use of concepts in this document, three core terms are described below - ECD, integration and intersectoral collaboration.

Early Childhood Development

In South Africa, ECD refers to a comprehensive approach to policies and programmes for children from birth to 9 years of age, with the active participation of their parents and caregivers. Its purpose is to protect a child's right to develop his or her full cognitive, emotional, social and physical potential. This definition can be found in many of the policies and programmes of both the Government and non-governmental organisations.

However, the specific focus of the National Integrated Plan for ECD is on the birth to four age cohort. This is in line with the international experience of targeting, in this case by age, as a key mechanism for dealing with the challenge of scarce resources.

Birth to Four

In South Africa, departments plan their policies, and programmes according to the different age ranges that they are mandated to work with. In the National Integrated Plan for ECD, the ages zero (prenatal period) to four will be the age cohort that will be catered for. This is in order to ensure that the age ranges that each department is dealing within the context of the plan is reflected:

- ◆ Social Development provides services for children birth to four
- ◆ Health provides services for children birth to four
- ◆ Education provides services for children birth to four

Integration

Integration is a method of networking in order to improve the use of resources, to provide effective services and to reduce costs. The term 'integration' in this document 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. In this integrated ECD plan, "an effective mechanism for integration will specify what happens at the various levels, who does what and how the integration will be accomplished" (Integrated Sustainable Rural Development Strategy (ISRDS), 2000, p.23).

The major outcome of the integrated approach is to create an environment where children can grow, thrive and be able to be better prepared for their future roles and responsibilities in society.

Intersectoral Collaboration

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

As Henry Labouisse argues, *"the needs of a child ought not to be compartmentalised in accordance with the concerns of one ministry or another, of one agency or another, or that project. The purpose (of an intersectoral approach) is bringing together knowledge and skills from different professions and disciplines, and to provide services, which are mutually reinforcing in their long term effects"* (UNICEF, 1968).

In this plan, the term integration is used to describe the relationships and links that are developing across government departments, non-government organisations and communities in order to provide comprehensive ECD programmes to the children of South Africa.

It is in this context that this plan sets the following as mechanisms for advancing towards an integrated approach to ECD services:

- ◆ Intersectoral collaborative planning and service delivery for ECD.
- ◆ Seeking agreement on the target of the services.
- ◆ Creating inter-organisational activities, e.g. training and materials development.
- ◆ Ensuring that each department (national and provincial) makes a budgetary commitment to the task at hand to give them a stake in its success.
- ◆ Coordination and monitoring of the intersectoral comprehensive programme for children from birth to four.
- ◆ Development of ECD management systems and processes across government and non-government structures to ensure effective and efficient provisioning.

This will result in:

- ◆ An ability to expand service delivery,
- ◆ Cost cutting through sharing resources instead of duplicating,
- ◆ A more efficient and speedy delivery of services.

Ultimately, the National Integrated Plan for ECD should:

- ◆ Create environments and situations in which children, particularly vulnerable children, can learn, grow and thrive socially, emotionally, physically and cognitively.
- ◆ Increase the opportunities for young children to enter formal schooling in a state of better preparedness.
- ◆ Provide support to adults who care for young children and the communities in which they live, in order to enhance their abilities to care for and educate these children.
- ◆ Reduce the adverse developmental effects of poverty and other forms of deprivation on children from birth to four.



The major outcome of the integrated approach is to create an environment where children can grow, thrive and be able to be better prepared for their future roles and responsibilities in society.

The National Integrated Plan for ECD

The above framework sets the scene for the development of the National Integrated Plan for ECD in South Africa. The aim of the plan is to articulate Government's intentions to ensure that a viable integrated system and mechanisms of service delivery to young children, particularly the vulnerable, is created and implemented at national, provincial, and municipality levels. Through the plan, the Government will provide strategic leadership for young children's services through the key Departments of Health, Social Development and Education, and the Presidency.

2.1 VISION The vision of the National Integrated Plan for ECD is to create an environment and opportunities where all children have access to a range of safe, accessible and high-quality ECD programmes that include a developmentally appropriate curriculum, knowledgeable and well-trained programme staff and educators and comprehensive services that support their health, nutrition, and social well-being in an environment that respects and supports diversity.

Some of the features of the plan will include ensuring that:

2.1.1 Vulnerable children are identified and their state of vulnerability is clearly specified and contextualised in the integrated services being offered. Vulnerable children in this plan are amongst others:

- ◆ Orphaned children
- ◆ Children with physical disabilities and incurable diseases
- ◆ Children affected and infected by HIV
- ◆ Children from dysfunctional families
- ◆ Children in homes headed by other children
- ◆ Children from poor households and communities

2.1.2 All ECD practitioners are supported as professionals with a career ladder, ongoing professional development opportunities, and compensation that will attract and retain high quality educators.

2.1.3 All families are recognised as the first and main providers of early childhood care and stimulation and have access to ECD programmes that are affordable and of high-quality, and are participants in the education and well-being of their children through family involvement in programmes and schools, as well as opportunities to increase their educational attainment.

2.1.4 All communities are accountable for the quality of ECD offered to all children, backed by local, provincial and national funding needed to deliver quality programmes and services.

To achieve these goals at the national, provincial and local levels, our policies and decisions will be guided by principles of excellence, access, equity, diversity and accountability and community-driven provision.

- ◆ **Excellence:** The design, funding, and implementation of systems necessary to support best practices in ECD.
- ◆ **Access:** All families have the opportunity to participate in ECD programmes that are not compromised by prohibitive financial costs or targeted eligibility requirements. Furthermore, no children are excluded, regardless of aptitudes, abilities, disabilities or geographic location. There are no barriers for children to attend high-quality programmes.
- ◆ **Equity:** Opportunities for all children, regardless of family status, income, disability, gender, national origin, ethnicity, religion, or race to attend high quality programmes, with an emphasis on targeted funding to ensure that those families with the fewest resources are served.
- ◆ **Diversity:** Flexibility in the ways in which programmes are provided and services are tailored to the needs of families and children. Responsive and supportive programmes that recognise and respect the whole child and family, their cultural backgrounds and the community's culture.
- ◆ **Accountability:** Clearly defined standards for programme quality and personnel, with input from ECD practitioners, families and communities, with ongoing planning and evaluation processes, to ensure positive educational, health and social outcomes for children.
- ◆ **Community-driven provision:** Communities are central to ECD provision.

2.2 TARGETS **The National Integrated Plan for ECD provides an integrated approach for converging basic services for improved childcare, early stimulation and learning, health and nutrition, water and sanitation - targeting young children (birth to four), expectant and nursing mothers and community groups.**

These target groups will be reached through 2,000 trained community development workers, professional staff of the different departments and community structures.

The plan will target 2.5 to 3 million poor and vulnerable children. The first phase will involve targeting the one million children in the existing services of the Department of Social Development and the Department of Education in order to consolidate the services. Through an annual cumulative targeted expansion process, universal coverage of approximately five million children is targeted for 2010.

2.3 COMPONENTS OF THE INTEGRATED PLAN

In order to prioritise children's needs and ensure synergy in the delivery process, the areas of service delivery have been categorised into two major components:

1. Primary Components of the Plan

The components of the National Integrated Plan for ECD have been conceptualised on the notion that an effective and efficient integrated ECD programme will yield dividends for the children, their families, caregivers, communities and South African society as a whole.

At the centre of the integrated plan are children and their diverse situations and needs. Taking into account basic children's needs and rights, which are food, shelter, care, protection, and education, the primary components of the plan are the following:

- ◆ Integrated Management of Childhood Illnesses
- ◆ Immunisation
- ◆ Nutrition
- ◆ Referral services for health and social security grants
- ◆ Early learning stimulation
- ◆ Development and implementation of psychosocial programmes

The primary components of the plan will be located in various selected sites and places where children live and are cared for, including:

- ◆ Homes
- ◆ Formal ECD centres
- ◆ Community childcare centres
- ◆ Informal ECD settings
- ◆ Prisons
- ◆ Child and youth care centres
- ◆ Places of safety

The primary components of the plan will target poor and vulnerable children from birth to four in all provinces. Age appropriate services will be provided to the targeted children.

2. Secondary Components of the National Integrated Plan for ECD

The primary components of the *Tshwaragano ka Bana* integrated plan for ECD are unlikely to succeed without the implementation of the following secondary components:

- ◆ Human resource development
- ◆ Infrastructure development
- ◆ Research
- ◆ Monitoring and evaluation

Human Resource Development

Human resource development entails the training of parents, caregivers and community development workers. Parental and caregiver training will assist parents and caregivers to be better equipped and to gain a better understanding of how to care and provide for their children's health and educational needs.

Community development workers will be in a position to understand and be informed about early childhood needs and resources. They will gain relevant knowledge and skills to lead and guide childcare and early learning in their communities.

Infrastructure Development

The development of infrastructure for integrated ECD service delivery include the building, upgrading and renovation of formal and informal ECD centres, and the improvement of the provision of water and sanitation.

Research

Over the five-year period, research will be conducted to inform and ascertain the effects of the above services on children's development. Specific research will be conducted on children's health, early learning and their psychosocial development, among other things.

Monitoring and Evaluation

Monitoring and evaluation will be conducted on a continuous basis to ensure that quality and effective interventions and services are being rendered to children and those that care for them.

2.4 INSTITUTIONAL ARRANGEMENTS

National Integrated Plan for ECD plan will be governed by both political and operational structures.

At a political level, a Core Group of Ministers will provide leadership to, and guidance on, the implementation of the integrated plan. The Ministers of Health, Education, Social Development and the Minister in the Office of the President will constitute the Core Group.

The focal point of the plan in Cabinet will be the Social Cluster. The cluster will ensure appropriate strategic and budget planning for the implementation of the plan across the relevant line function departments.

A similar arrangement will be required at provincial level.

At an operational level, the national and provincial line function departments, guided by the principles of cooperative governance, will be the leading agencies for delivery.

The relevant line function departments will adopt coordinated planning in line with best practice in integrated and intersectoral planning and delivery. However, each line function department will only be responsible for the budgeting and delivery of components that fall within its core functions.

To facilitate such coordinated planning, Inter-departmental Coordinating Committees will be set up at national and provincial levels. The line function departments at the two levels of Government will constitute the inter-departmental committees.

Partnerships with non-governmental organisations, faith-based organisations, business, donors, academic institutions, and community-based organisations could be arranged to develop common goals and programmes between the Government and civil society.

2.5 RESOURCING In order for the integrated programme to be effectively implemented, several types of resources are required:

- ◆ Financial resources
- ◆ Accredited providers
- ◆ Human resources to manage and implement day-to-day operations of the programme at national, provincial, district and community levels
- ◆ Infrastructure and equipment
- ◆ Transport

The complex nature of integrated ECD service provisioning makes it difficult to quantify the services into units and to therefore cost them in a linear way. In this plan, costing will be done through calculations for the five-year period, using categories derived from the primary ECD services being rendered, and the secondary components, including infrastructure development, human resource development, research, and the monitoring and evaluating of the programme.

The following categories are to be costed. Each programme will budget according to these categories and any further breakdown as required. Each lead department is responsible for ensuring that the budgets are either secured through accessing the Provincial Equitable Share, Conditional Grants, municipal budgets or donor funding.

| CATEGORY | COST UNIT |
|---|---|
| Nutrition | Cost per child |
| Integrated Management of Childhood Illnesses | Cost per child Cost of human resources Cost of other resources Cost of training |
| Immunisation | Cost per child Cost of human resources Cost of other resources |
| Referral services | Cost of human resources Cost of documentation and communication |
| Early learning stimulation | Learning resources per site/child Cost of training |
| Erection and upgrading of ECD centres | Cost per building |
| Water and sanitation | Cost per site/home |
| Training of parents, caregivers and community development workers | Cost of training per adult trainee Cost of stipend per trainee Cost of training resources |

As indicated earlier, costing will be born by each department that leads the specific aspect of the programme as integrated funding is not viable considering current funding mechanisms.



At the centre of the integrated plan are children and their diverse situations and needs.

Roles and Responsibilities of Government Departments and Non-Governmental Organisations

The National Integrated Plan for ECD requires an intersectoral and inter-departmental system and mechanism for it to be realised. This system and mechanism is discussed in the section that follows. A matrix is also provided to clarify the roles and responsibilities of the different stakeholders in this process.

3.1 INTERSECTORAL COORDINATION MECHANISM/MODEL

The intersectoral coordination mechanism of the integrated plan is the most critical aspect to the success of the implementation of the plan. The successful development of an intersectoral coordination structure and system will determine the extent to which the whole plan is implemented effectively and efficiently. Different countries deal with this challenge differently through formalised institutional arrangements that facilitate coordination, collaboration and synergy in implementation.

The National Integrated Plan will be managed by formalised inter-departmental mechanisms at a national, provincial and municipal level to facilitate the intersectoral work required for the successful implementation of the plan. Each department and participating non-governmental organisations will ensure that they plan and provide the integrated services required of them.

3.1.2 National

At the national level, a National Inter-department Structure/Unit on Early Childhood Care and Development will be established under the lead of the Department of Education, together with the Department of Social Development, Department of Health, the Office on the Rights of the Child in the Presidency as equal partners. Further to these core members, other national departments and institutions will be invited to participate in the National Inter-departmental Structure.

The core functions of the National Inter-department Structure on Early Childhood Care and Development will be as follows:

- ◆ Facilitate coordination, collaboration and synergy in the implementation of integrated services.
- ◆ Develop, where needed, and review all existing policies that impact on the development, care, education and well-being of young children.
- ◆ Ensure the availability of the required financial and human resources to oversee and implement the integrated plan for ECD.
- ◆ Guide and direct the process of ensuring that services get to the designated population of children, their families and communities.

- ◆ Establish relationships with other existing national coordinating structures on services to children.
- ◆ Consult and establish partnerships with a wide range of relevant service providers and stakeholders on integrated ECD.
- ◆ Facilitate the establishment of inter-departmental structures and/or mechanisms at a provincial and municipal level to ensure the implementation and monitor the National Integrated Plan on ECD based on provincial and local needs.
- ◆ Support, monitor and evaluate the implementation of the plan.

3.1.3 Provincial

At a provincial level, a Provincial Inter-departmental Structure/Unit on Early Childhood Care and Development will be established under the lead of the Department of Education, together with the Department of Social Development, Department of Health and the Office of the Premier as equal partners. Further to these core members, other provincial departments and institutions will be invited to participate in the Provincial Inter-departmental Structure.

The core functions of the Provincial Inter-department Structure on Early Childhood Care and Development will be as follows:

- ◆ Facilitate coordination, collaboration and synergy in the implementation of integrated services in the province.
- ◆ Develop a provincial integrated operational plan for the implementation of the National Integrated Plan for ECD in the province.
- ◆ Ensure the availability of the required financial and human resources to oversee and implement the plan.
- ◆ Establish linkages and integration of the National Integrated Plan on ECD into the Provincial Growth and Development Plan.
- ◆ Develop, where needed, and review all existing provincial policies that impact on the development, care, education and well-being of young children, in line with national policies and legislation.
- ◆ Guide and direct the process of ensuring that services get to the designated population of children, their families and communities.
- ◆ Establish relationships with other existing provincial structures on services to children.
- ◆ Consult and establish partnerships with a wide range of relevant service providers and stakeholders on integrated ECD.
- ◆ Facilitate the establishment of inter-departmental structures and/or mechanisms at a district and municipal level to ensure the implementation and monitoring of the National Integrated Plan for ECD based on provincial and local needs.
- ◆ Support, monitor and evaluate the implementation of the plan at a provincial level.

3.1.4 Municipality

At municipal level, a Structure/Unit on Early Childhood Care and Development will be established, consisting of the Departments of Education, Social Development and Health, and the Mayor's Office as equal partners. Further to these core members, other government service providers at a municipal level will be invited to participate.

The core functions will be:

- ◆ Develop an integrated local plan of action for the implementation of the National Integrated Plan for ECD and provincial operational plan on ECD.
- ◆ Ensure that an integrated local plan of action is integrated into the Integrated Development Plan (IDP) of the local municipality.
- ◆ Facilitate coordination, collaboration and synergy in the implementation of integrated services at the municipal level.
- ◆ Dedicate resources to the implementation activities of the integrated plan.
- ◆ Develop, where needed, and review all existing bylaws that impact on the development, care, education and well-being of young children, in line with national policies and legislation.
- ◆ Guide and direct the process of ensuring that services get to the designated population of children, their families and communities.
- ◆ Establish relationships with other existing local structures on services to children.
- ◆ Consult and establish partnerships with a wide range of relevant service providers and stakeholders on integrated ECD.
- ◆ Support, monitor and evaluate the implementation of the National Integrated Plan for ECD at a municipal level.

These inter-departmental structures have the primary aim to achieve inter-sectoral collaboration that will ensure an integrated service delivery to the young child in the household, the community and formal service provision institutions.

3.1.5 Non-Governmental Organisations and Partnerships

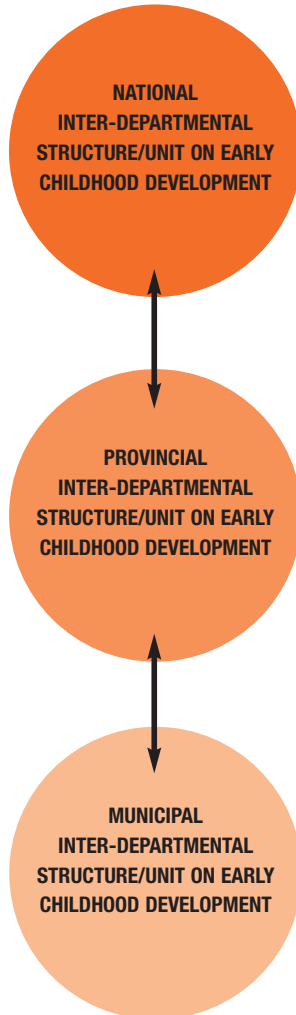
Non-governmental organisations have a major role to play as partners in the integrated ECD process. As indicated above they will be:

- ◆ Included in the various structures of the National Integrated Plan for ECD.
- ◆ Consulted on different aspects of the development and implementation process of the plan.
- ◆ Co-opted to participate in delivery processes, through appropriate legal procedures, to provide services such as training.

3.1.5 Partnerships

An integrated approach to ECD is strengthened through a variety of partnerships. As indicated in previous sections and paragraphs, partnerships will be sought with community-based organisations, non-governmental organisations, faith-based organisations, training institutions, research institutions, amongst others, to ensure an integrated approach that will reach the young child. These partnerships will be in accordance with government legislation and policies.

3.1.6 Schematic Indication Of Inter-Departmental Structures At All Three Tiers of Government



MATRIX FOR ROLES AND RESPONSIBILITIES

3.2 The following table gives a summary of the primary and secondary components, their selected strategies and the departments leading the delivery of the services.

| COMPONENTS | SELECTED STRATEGIES | LEAD DEPARTMENTS | FINANCIAL IMPLICATIONS |
|---|---|---|------------------------|
| Ensure universal birth registration | Register all children at birth or at least within one month of the birth. Strengthen mechanisms for late registrations. | Home Affairs | |
| Integrated Management of Childhood Illnesses | Prevention, treatment, care and support for children suffering with childhood illnesses including HIV and AIDS, communicable and non-communicable chronic conditions. Set up inter-departmental systems for the management of childhood illnesses. | DoH, DoSD, DoE, NGOs | |
| Promote healthy pregnancy, birth and infancy | Strengthen access to quality antenatal care, labour practices and child health care services. | DoH, local authorities. | |
| Immunisation | Increase immunisation coverage in all provinces in order to decrease morbidity and mortality rates. | DoH, DoSD, DoE and all related organisations | |
| Nutrition | Promote breastfeeding and supplementation within the Breast Feeding Policy Framework. Ensure that all children have access to a daily balanced nutrition. | DoH, DoE, DoA and DoSD | |
| Referral services for health and social services | Ensure that all children are cared for and protected. Ensure that all eligible children have access to the appropriate grant with accompanying services. | DoSD, DoE, DoH, DPLG, and related organisations | |
| Increase access to quality early learning programmes | Expand and strengthen programmes for children and their families ensuring that all children aged 0–4 years have access to quality ECD. | DoE, DoSD, NGOs and CBOs | |
| Development and implementation of psychosocial programmes | Ensure development of social and emotional skills. | DoSD, DoE, DoH, DPLG, and related organisations | |

| COMPONENTS | SELECTED STRATEGIES | LEAD DEPARTMENTS | FINANCIAL IMPLICATIONS |
|--|--|---|------------------------|
| Develop the capacity of teachers, caregivers and practitioners to deliver integrated ECD programmes for children | Upgrade and expand the levels of qualifications for ECD practitioners. Provide appropriate skills programmes for parents and caregivers. | DoE, SETAs, SAQA | |
| Actively collaborate with NGOs | Utilise skills, capacities and resources of the ECD non-profit sector in delivering ECD services and programmes. | DoE, DoSD and NGOs | |
| Develop the capacity of community development workers (CDWs) to refer children to the available resources | Develop a skills development programme for CDWs. | DoE, Sector Education and Training Agencies (SETAs), South African Qualifications Authority (SAQA), DoSD, DoH | |
| Upgrade ECD centres in order to offer an environment conducive for effective learning and care | Needs analysis conducted on all registered sites. Plans approved for upgrading. Upgrading centres in need. | Municipalities, DPW, DoSD, DoH, DWAF, all related service providers | |
| Build ECD centres in areas of most need | Needs analysis conducted in all municipalities. Plans approved for building of centres. Building new centres where needed. | Municipalities, DPW, DoSD, DoH, DWAF, all related service providers | |
| Provide sufficient water and sanitation to ECD sites | Analyse water and sanitation needs and provide such to most needy formal and informal centres. | DWAF, DPW, Municipalities, appropriate service providers | |
| Review and revise policy and regulations currently governing ECD to ensure coherence with the National Integrated Plan for ECD | Conduct a national audit of existing ECD services for children birth to 4 years of age. Review, monitor and evaluate current policies and regulations. Identify areas to be revised. Update and amend policies to address the integrated needs of children. | ORC, DoSD, DoH, DoE and all relevant departments and organisations. | |
| Conduct research on the impact of the programme on the child's health, early learning and psychosocial development | Commission a research report. | ORC, DoSD, DoH, DoE | |
| Set up a monitoring and evaluation system at all levels to ensure quality and effective services to children | Finalisation of agreed indicators. Tracking of implementation against the agreed indicators. Compile regular reports. | ORC and all departments involved in the implementation of the programme. | |

Tshwaragano Ka Bana Programme

The National Integrated Plan for ECD will be implemented through the development of intersectoral programmes with the support and guidance of Government. *Tshwaragano Ka Bana* is a Sotho phrase which means “working together for children”. This is an integrated ECD programme, which will assist Government to put in place systems, mechanisms and policies for institutionalising the plan in the country.

4.1 PROGRAMME DESCRIPTION The *Tshwaragano Ka Bana* programme is aimed at providing integrated services for children from zero to four in selected rural and urban nodes. The package of services to be provided will be:

- ◆ Integrated Management of Childhood Diseases
- ◆ Immunisation
- ◆ Nutrition
- ◆ Referral services for health and social security grants
- ◆ Early learning stimulation
- ◆ Development and implementation of psychosocial programmes

The programme will entail putting in place resources, structures and systems that will enable children’s access to the above services in a coordinated manner within a specified time frame. The setting up of resources, systems and structures will involve providing human resources, identification of sites, centres and homes. It will also include training at different levels, research, monitoring and evaluation.

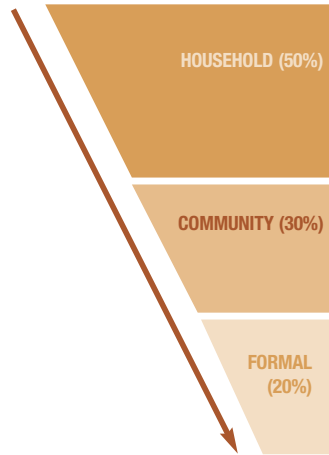
4.2 MODEL OF IMPLEMENTATION The model provision of early childhood care and development straddles a continuum of intervention of which the primary level of intervention for care and support is with the family at a household level. This includes quality care, nutrition, hygiene, safe shelter, water provision, primary health care and many other key care giving practices. The community where the young child grows up further contributes to this continuum of care and support to ensure that the young child survives and thrive. This includes access to services at clinics, community help groups and care centres, one-stop services, play groups, parent support programmes, community management of childhood illnesses, etc. At the end of the continuum is the provision of formal services such as crèches, day-care centres and pre-schools, which parents and other primary caregivers use as a resource in the provision of ECD.

It is anticipated that 50 percent of young children's early childhood care and development interventions takes place at household level through the intervention of parents, extended family members, older siblings and other caregivers. A further 30 percent access early childhood care and development interventions at community level through play groups, community centres, etc. It is known that about 16–20 percent of young children are catered for in the formal service provision by ECD centres, crèches and pre-schools.

| | HOUSEHOLD 50% | COMMUNITY 30% | FORMAL RESOURCES 16–20% |
|-------------|---|--|---|
| WHAT | <ul style="list-style-type: none"> • Psycho-social care & support • Adequate food/nutrition • Socialisation • Household food security • Breastfeeding • Safe housing • Safe water • Hygiene • Birth registration • Stimulation • Play • Parent support & capacity Development • HIV and AIDS • Orphans • Media • Protection | <ul style="list-style-type: none"> • Immunisation • Access grants • Primary healthcare • Growth monitoring • Integrated Management of Childhood Illnesses • Antenatal care • Nutrition supplementation • Parental education programmes • Information dissemination • Prevention of Mother to Child Transmission of HIV • ART for parents/children • Playgroups | <ul style="list-style-type: none"> • ECD Centres • Crèches • Pre-schools • Prisons • Child and Youth Care Centres |
| HOW | <ul style="list-style-type: none"> • Home visitations using an assessment and monitoring instrument. • Support of households through community infra-structures. • Referrals for services/ interventions as required. • Training | <ul style="list-style-type: none"> • Access to basic and development/care/education services through government and non-governmental service providers. • Advocacy for the rights and needs of young children. • Training | <ul style="list-style-type: none"> • Stimulation • Nutrition programmes • Quality early learning programmes • Practitioner training • Referral for services • Parent education & support • Subsidies |
| WHO | <ul style="list-style-type: none"> • Develop a cadre of ECD workers that will be able to assess, support, intervene, and refer families and children as needed | <ul style="list-style-type: none"> • Government departments • Municipalities • NGOs • CBOs • FBOs • Businesses | <ul style="list-style-type: none"> • ECD practitioners • Training providers • Government departments • NGOs • Municipalities |

The National Integrated Plan for ECD aims to address interventions at all three levels of this continuum. This model is flexible and adaptive to local needs, specific conditions and circumstances and provides opportunity for cost effective implementation.

Continuum of Integrated ECD Service Provision



Human Resources

This programme requires the development and expansion of a special cadre of workers with knowledge and skills in the provision of early childhood care and development at household, community and formal level.

Financial Resources

The programme model is based on the fact that intervention at a household and community level is not only empowering, but also more cost effective. The aim of the National Integrated Plan for ECD is to provide a cost effective implementable model of intervention.

4.3 MANAGEMENT STRATEGY OF THE PROGRAMME The implementation of the National Integrated Plan for ECD requires a clear management plan, which identifies relevant structures and units. Through them the plan will be executed and operationalised. The roles and responsibilities of the different staff and representatives in the structures and units should be delineated accordingly.

This management plan outlines the different structures and units, which were identified by the CCECD as critical to the effective implementation of the National Integrated Plan for ECD at national, provincial to municipality level.

Structures

Four major structures are critical in the implementation of the plan. They are:

- ◆ MECs Committees of the Social Cluster
- ◆ ECD Intersectoral Committees

- ◆ ECD inter-departmental Committees
- ◆ ECD Integrated Units

4.3.1 Composition and Roles and Responsibilities of the Structures

MECs Committees of the Social Cluster

All provinces already have sector specific MEC committees through which provincial programmes are discussed. The Social Sector MECs Committee will be the structure through which political leadership, guidance and support will be provided for the implementation process of the National Integrated Plan for ECD. Provincial ECD Integrated Plan Project Managers will report to this committee and obtain feedback and input from the ministers on the implementation process.

ECD Intersectoral Committees

The ECD Intersectoral Committee will be a component of the Presidency's National Advisory Council on Children's Rights (NACCR). This locates all matters relating to this committee in the Presidency at national level and the Premiers Office at provincial level. The committee membership will comprise of government and non-government representatives in the ECD sector. It will provide a forum where the following will happen:

- ◆ Information dissemination about the implementation plans and its progress.
- ◆ It will assist in strategising and creating partnerships with NGOs in the delivery of the integrated services.
- ◆ It will play a role in monitoring of the services by giving inputs relating to their direct or indirect observations of the experiences at local level.

ECD inter-departmental Committees

The ECD inter-departmental Committee will be a government structure for ECD. Members will be representatives of Government departments involved in ECD service delivery. The key departments will be Health, Social Development and Education and the Presidency. The role of the structure will be:

- ◆ To plan and initiate the development of programmes for the National Integrated Plan for ECD,
- ◆ Coordinate the implementation of the plan,
- ◆ Participate in and analyse monitoring processes, and
- ◆ Develop support strategies to deal with gaps and challenges in the implementation of programmes.

ECD Integrated Units

The ECD Integrated Units will be the dedicated sections of Government for the operational component of the National Integrated Plan for ECD. These units will consist of inter-departmental staff from Education, Social Development and Health. They will be located in the department that will be leading the coordination and management of the National Integrated Plan for ECD. These units will be established at national, provincial and municipality levels. The staff in these units will be seconded or employed by the respective key departments to ensure successful collaborative delivery of services to children according to specific requirements of the programmes being implemented.

4.3.2 Implementation Process

The National Integrated Plan for ECD consists of an inter-departmental integrated plan and an integrated implementation plan. The inter-departmental integrated plan is a collaborative strategy for meeting the needs and rights of children from birth to four. The implementation plan is a strategy of how the inter-departmental plan will be effected through providing access to integrated government services and resources. The implementation process will ensure that services and resources reach needy children, their parents and other caregivers in selected municipalities in nodal areas around the country. The implementation process will take on a phased in approach involving the following:

First Phase: 2006–2007 - Delivery of Primary Services

- ◆ Delivery of primary services at 5,000 currently registered ECD sites receiving subsidies, with at least two practitioners per site participating in the skills development programme.
- ◆ Delivery of services to parents and young children at household and community level.
- ◆ The primary services will include:
 - Integrated Management of Childhood Illnesses
 - Immunisation
 - Nutrition
 - Referral services for health and social security grants
 - Early learning stimulation
 - Development and implementation of psychosocial programmes

Second Phase: 2007–2008 - Extension of Primary Services

- ◆ The registration, subsidisation, and extension of primary services to an additional 5,400 currently unregistered ECD sites, at least two practitioners per site participating in the training programme.

Third Phase: 2008–2009 - Mother/Child Programme

- ◆ The establishment of a non-formal ECD mother/child programme with basic training opportunities and the provision of a stimulation “starter kit”. This will also entail supporting parents by providing training on childcare and referring them to relevant sources of further support and help where required, e.g. if a child has serious health problems requiring specialist care or how and where to register for child support grants.
- ◆ The mother/child support programmes will consist of home visits and workshops conducted in community centres such as clinics or libraries.

Fourth Phase: 2009–Onwards - Consolidation and Roll Out

- ◆ The first three phases of the implementation process will focus on establishing the delivery mechanisms and the structural systems required to enable effective and efficient delivery of children's services.
- ◆ The focus of phase four will be to ensure stability and strengthening of the programmes as well as institutional structures.
- ◆ A process of rolling out the programmes to all needy children will be set up using the existing models through provincial government systems. National Government will monitor and support the programmes.



Conclusion

ECD programmes have the potential for producing positive and lasting effects on children, but this potential will not be achieved unless more attention is paid to ensuring that all programmes meet the highest standards of quality. As the number and type of ECD programmes increase, the need arises for a shared national vision and agreed-upon standards of professional practice.

Making this vision a reality will require a commitment from, and a partnership among, national, provincial and local governments, business and labour, the non-profit ECD sector and the public. As we stand at the beginning of our second decade of democracy, we must join forces to advocate and implement the policies at the appropriate levels that will lead to excellence in early childhood education programmes and each child's right to quality ECD.

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