



***TSHWARAGANO KA BANA***  
**AN INTEGRATED PLAN FOR EARLY CHILDHOOD DEVELOPMENT IN SOUTH  
AFRICA**

**DRAFT**

**2005 - 2010**

**PRETORIA**  
**Version 3: June 2005**

## **TABLE OF CONTENTS**

### **INTRODUCTION**

### **SECTION 1: APPROACHES TO DEVELOPING YOUNG CHILDREN**

### **SECTION 2: EARLY CHILDHOOD DEVELOPMENT IN SOUTH AFRICA SINCE 1994**

### **SECTION 3: THE VISION OF AN INTEGRATED ECD**

### **SECTION 4: PRIMARY COMPONENTS OF THE *TSHWARAGANO KA BANA* INTEGRATED ECD PLAN**

### **SECTION 5: SECONDARY COMPONENTS OF THE *TSHWARAGANO KA BANA* INTEGRATED ECD PLAN**

### **SECTION 6: INSTITUTIONAL ARRANGEMENTS FOR THE PLAN**

### **SECTION 7: IMPLEMENTATION TIMEFRAMES**

### **SECTION 8: RESOURCING**

## **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
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 *legotla* of the third democratic government in May 2004. The mandate was to develop an integrated plan for early childhood development and to present it to Cabinet for consideration.

A key aim of the integrated plan is to bring greater synergy and coordination to current government programmes undertaken by various departments in the area of early childhood development.

The integrated 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 early childhood development, 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 early childhood development; Section 2 looks at the implementation of ECD in our country over the past decade; Section 3 discusses the concepts of the new vision of integrated early childhood development; Section 4 spells out the primary components of the integrated plan, with the child as a unit of analysis; Section 5 spells out the secondary components without which the primary components are unlikely to succeed; Section 6 suggests political and operational arrangements required to ensure the implementation of the integrated plan; Section 7 gives a summary of the timeframes for implementation; and Section 8 gives an indication of the approach that will be used for budgeting and for costing elements of the plan.

## **SECTION 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 care-givers and educating parents, promoting community development, strengthening institutional resources and capacity, and building public awareness and enhancing demand (Mary Eming Young, 1997).

The delivery of services to children involves the Government providing a variety of early childhood development (ECD) services directly to children, in public centres, community centres, or even at home in some limited cases. The approach concentrates on addressing the immediate basic development needs of children.

The second approach – training care-givers and educating parents – is aimed at improving parents' and care-givers' knowledge and skills in interacting with young children. In this approach, the important role played by parents and care-givers, often in informal settings, is recognised. Training parents and care-givers as facilitators and mediators of early childhood development 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 early childhood development 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 as a 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 our country, 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 early childhood development sector to design models of provisioning that would cater for children's individual circumstances and those of their care givers. There is no single model or programme that is appropriate to meet the varied early childhood development needs of families. Therefore a range of options, such as home- 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 early childhood development. 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 early childhood development 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.

## **SECTION 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 of the legislation and policies developed in the previous five years, and on 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. 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 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 childcare-givers and social service professionals but also parents. The amended *Childcare 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*. (Need to highlight the policies that are in draft, awaiting approval)

For its part, the **Department of Education** prioritised early childhood development through the development and implementation of *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 ECD age cohort (0 - 9 years)

through various policies and programmes, which are not ECD-specific, but address general children's health needs. 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 (NIP)* 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 or 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. (same as Social Development)

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 children's needs are met.

### **The Non-profit Sector and Community Provision**

The non-profit sector plays a major role in early childhood development. Most of the places in early learning sites across South Africa have been initiated by the non-profit sector working with communities. ECD non-governmental organizations 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 to children. The Government sector will tap into this expertise in developing this integrated approach. Local and international evidence shows that early childhood development programmes and broader social and community development are strongly linked. Recognition of this can greatly enhance integrated early childhood development services directed at the developmental needs of young children, especially those in the great need.

### **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 interdepartmental / intersectoral collaboration to ensure adequate 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, co-ordination and vision are required to set a more holistic context.
- There needs to be a mechanism for functional co-ordination with other sectors at all levels of governance - national, provincial, and local/district.
- All sectors have a role in ensuring progress.
- Intersectoral committees can provide mechanisms for co-ordinating collaborative activities at each level of governance and help bridge the communication gaps between sectors (HST Update, March 1998).

### **SECTION 3: THE VISION OF AN INTEGRATED ECD PLAN**

The international evidence cited earlier in this document shows a need for a holistic 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.

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

#### *Early Childhood Development*

In South Africa, Early Childhood Development 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 the child's rights 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 this Integrated ECD Plan 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.**

#### *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 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

- Co-ordination and monitoring of the intersectoral comprehensive programme for children from birth to five
- 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 integrated intersectoral 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; and
- reduce the adverse developmental effects of poverty and other forms of deprivation on children from birth to five.

## Vision

The approach outlined above envisions a country where

**All Children** have access to a range of safe and 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.

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

**All Families** have access to early childhood development 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.

**All Communities** are accountable for the quality of early childhood programmes offered to all children, backed by the 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 early childhood programmes.
- **Access:** All families have the opportunity to participate in early childhood development 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 targeting 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 early childhood 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 early childhood development provision.



#### **SECTION 4: PRIMARY COMPONENTS OF THE *TSHWARAGANO KA BANA* INTEGRATED ECD PLAN**

The *Tshwaragano ka Bana*<sup>1</sup> integrated ECD plan 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 years of age), 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 components of the *Tshwaragano ka Bana integrated plan* 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 the 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 diseases
- Immunisation
- Nutrition
- Referral services for health and Social Security grants
- Early learning stimulation
- Development and implementation of psychosocial programmes

---

<sup>1</sup> *Tshwaragano ka Bana* means 'Togetherness for Children'

The *Tshwaragano ka Bana* integrated ECD plan will target 2,5 million poor and vulnerable children. The first phase will involve targeting the 1 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 5 million children is targeted for 2010.

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;
- orphanages; and
- 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.

The following table gives a summary of the objectives of the primary components, selected strategies and the agencies leading the delivery of the services.

<b>Component</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>	
Ensure Universal birth registration.	Register all children at birth or at least within 1 month of the birth.  Strengthen mechanisms for late registrations.	Home Affairs	
Integrated management of childhood diseases	Prevention Treatment, care and support for children suffering with childhood illnesses including HIV and AIDS, communicable and non-communicable chronic conditions  Set up interdepartmental systems for 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 the 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	DoH, DoE, DoA and DoSD	

	nutrition.		
Referral services for health and Social services	<p>Ensure that all children are cared for and protected</p> <p>Ensure that all eligible children have access to the appropriate grant with accompanying service.</p>	<b>DoSD</b> , 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 early childhood development	<b>DoE</b> , DoSD, NGOs and CBOs	
Development and implementation of psychosocial programmes	Ensure development of social and emotional skills	<b>DoSD</b> , DoE, DoH, DPLG, and related organisations	

## **SECTION 5: SECONDARY COMPONENTS OF THE *TSHWARAGANO KA BANA* INTEGRATED ECD PLAN**

The primary components of the *Tshwaragano ka Bana* integrated ECD plan 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 care-giver training will assist parents and care-givers to be better equipped and to gain a better understanding of how to care and provide for their children's health and educational needs.

The 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.

<b>Component</b>	<b>Strategies</b>	<b>Lead Agencies</b>	
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, SETA's, SAQA	
Collaborate with NGOs actively as partners	Utilise skills, capacities and resources of the ECD non-profit sector in delivering ECD services and programmes	DoE, DoSD and NGO's	
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 (SETA's), South African Qualifications Authority (SAQA), DoSD, DoH	

#### *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.

<b>Component</b>	<b>Strategies</b>	<b>Lead Agencies</b>	
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 the 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	
--	---	--	--

### *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, among other things, on children's health, early learning, and their psychosocial development.

<b>Component</b>	<b>Strategies</b>	<b>Lead Agencies</b>	
Review and revise policy and regulations currently governing ECD to ensure coherence with the integrated plan	<p>Conduct a national audit of existing ECD services for children birth to 4 years of age</p> <p>Review, monitor and evaluate current policies and regulations.</p> <p>Identify areas to be revised</p> <p>Update, amend policies to address the integrated needs of children</p>	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 and report research	ORC, DoSD, DoH, DoE	

### *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.

<b>Component</b>	<b>Strategies</b>	<b>Lead Agencies</b>	
Set up a monitoring and evaluation system at all levels to ensure quality and effective	<p>Finalisation of agreed upon indicators</p> <p>Tracking of implementation</p>	ORC, and all departments involved in the implementation of the programme.	

services to children	against the agreed upon indicators		
	Compile regular reports		



## **SECTION 6: INSTITUTIONAL ARRANGEMENTS FOR THE PLAN**

The *Tshwaragano ka Bana* integrated 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 Core Group will be constituted by the Ministers of Health, Education, Social Development and the Minister in the Office of the President.

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 inter-departmental committees will be constituted by the line function departments at the two levels of Government.

Regular consultations 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.

## **SECTION 7: IMPLEMENTATION TIMEFRAMES**

The integrated plan would be for an initial period of five years, beginning in 2005 and ending in 2010. There will be short term and medium term strategies applied to reach all the targeted children, their parents and caregivers within the five year period.

Phase 1 (2005/6 – 2006/7): This phase will be dedicated to initial set-up processes, including audits of service delivery, needs analyses, the formulation of refined targets, the development of monitoring systems and indicators, the setting up of appropriate structures and initial MTEF budgeting.

The Phase will also involve a pilot project, which will be carried out in a selection of the rural nodes and one informal settlement. During the pilot, groups of women and care-givers will be trained in Adult Basic Education and Training (ABET) programmes, in collaboration with relevant non-governmental organisations. The training will empower the women and care-givers with the necessary knowledge and skills to meaningfully and effectively interact with children, thus facilitating cognitive and psychosocial development.

500 Community Development Workers will also be trained during the pilot, and facilitate the expansion of centres of integrated ECD delivery, including mobilising unemployed women to form informal childcare collectives using their own social networks, including *stokvels*, and *umanyano*.

The Community Development Workers will also be tasked with exploring the use of Multi-Purpose Community Centres, clinics, and places of worship and devotion as centres of integrated ECD delivery for the *Tshwaragano ka Bana* plan.

The pilot will explore the promise of the integrated plan, and inform further implementation when the project is taken to scale.

Phase 2: (2006/7 – 2009/10): This phase will see the progressive implementation of the plan, beginning with the initial target of 1 million children, and the step-wise escalation to the long-term target of 2,5 million poor and vulnerable children.

## **SECTION 8: 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.

<b>Category</b>	<b>Cost unit</b>
Nutrition	Cost per child
Integrated Management of Childhood Diseases	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 of 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.

## **CONCLUSION**

Early childhood development 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 early childhood programmes increase, the need increases 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 the 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 early childhood development.