A Critical Review of Research on Skills Development and Labour Market Demand in the Early Childhood Development Sector (0–4 years)

Shirin Motala
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Date: June 2012
Preface

One of the gravest economic challenges facing South Africa is high unemployment, but at the same time, a skills mismatch. The market demand for skilled labour is greater than the number of individuals completing post-school education and training. Prospective employers often complain that the education system does not give individuals the necessary skills to be productive in the workplace, or to start their own enterprises.

Government acknowledges that the unemployment crisis is a systematic problem and cannot be addressed by ad hoc interventions scattered across line departments. With this ‘big picture’ thinking in mind, DHET aims to create broad and equitable access to a full spectrum of post-school opportunities and lifelong learning encompassing adult education and training, workplace training, the FET college system, artisan and technical training, higher education and innovation.

DHET’s ability to create these learning opportunities requires a network of partners to gather and maintain a labour market intelligence system. Such a system can provide analytical insights to support policies and intervention programmes.

In February 2012, therefore, DHET commissioned a HSRC led research consortium to support its capacity to create and maintain a labour market information system, guided by the national Delivery Agreement 5. The primary focus is the development of a ‘strategic intelligence capability’ towards the establishment of ‘a credible institutional mechanism for skills planning’. The HSRC coordinated research project is organised in terms of six interlocking research themes, two which focus on labour market information and four which focus on labour market intelligence:

- Theme 1. Establishing a foundation for labour market information systems in South Africa
- Theme 2. Skills forecasting: the supply and demand model (a Wits EPU project)
- Theme 3. Studies of selected priority sectors
- Theme 4. Reconfiguring the post-schooling sector
- Theme 5. Pathways through education and training and into the workplace
- Theme 6. Understanding changing artisanal occupational milieus and identities

The consortium made a strategic decision that their research must not duplicate or repeat existing research about the challenges facing South Africa’s education and training system and labour markets. Their research must address gaps, promote synergies and explore complementarities.

Hence, as a first step, working papers were commissioned to inform the research agenda for each theme. Although the working papers cover different issues, each has four common dimensions: policy challenges to institutionalise and build a post-school education and training system in South Africa, lessons from seminal national and international research, conceptual frameworks, methodological issues and data challenges raised by this research, and potential research gaps.

One of the HSRC led consortium’s goals is to create a living community of practice that researches and debates education, skills and labour market issues. These working papers were presented at a conference in May 2012 to start building such a research network.

The dissemination of these working papers is intended to encourage more individuals to join the research community. We look forward to individuals’ comments. They can be emailed to agoldstuck@hsrc.za.za. Welcome to the research community!
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<td>ABET</td>
<td>Adult Basic Education and Training</td>
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<td>DBE</td>
<td>Department of Basic Education</td>
</tr>
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<td>DHET</td>
<td>Department of Higher Education and Training</td>
</tr>
<tr>
<td>DoE</td>
<td>Department of Education</td>
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<tr>
<td>DoH</td>
<td>Department of Health</td>
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<tr>
<td>DoHA</td>
<td>Department of Home Affairs</td>
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<td>DoSD</td>
<td>Department of Social Development</td>
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<td>DPW</td>
<td>Department of Public Works</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EPWP</td>
<td>Expanded Public Works Programme</td>
</tr>
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<td>ETDP SETA</td>
<td>Education, Training and Development Sector Education and Training Authority</td>
</tr>
<tr>
<td>FET</td>
<td>Further Education and Training</td>
</tr>
<tr>
<td>HCBC</td>
<td>Home and Community Based Care</td>
</tr>
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<td>H &amp; W SETA</td>
<td>Health and Welfare Sector Education and Training Authority</td>
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<td>NIPECD</td>
<td>National Integrated Plan for ECD</td>
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<td>NGO</td>
<td>Non-Governmental Organisations</td>
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<td>NQF</td>
<td>National Qualifications Framework</td>
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<td>SAQA</td>
<td>South African Qualifications Authority</td>
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INTRODUCTION

BACKGROUND

This paper contextualises training and skills development needs for Early Childhood Development (ECD) in South Africa with a particular focus on children between the ages of 0 and 4 years. It attempts to review and synthesise existing research on skills supply and demand in respect of the ECD sector for children in the 0-4 year age cohort.

The focus on ECD as a priority sector for research into skills and training needs is informed by the strategic prioritisation of ECD in national plans and which has found expression in various policies and plans articulated by government.

Scaling up access to and quality of ECD particularly for very young children has been identified as a strategic priority for the 2009 – 2014 administration as reflected in several of the 12 agreed outcomes namely

Outcome 1: Improved quality of Basic Education,

- Outcome 2: Long and healthy life for all SA,
- Outcome 4: Decent employment through inclusive growth, and
- Outcome 5: A skilled and capable workforce to support an inclusive growth path.

The Human Resource Development Strategy for South Africa 2010-2030 (DoE 2009) more specifically identified as its Strategic Priority One, to ensure universal access to quality early childhood development. To give effect to this strategic priority it outlined its intention to expand age appropriate participation in ECD programmes and to enable unemployed adults, particularly women to access skills designed to promote employment and income generation.

A further imperative for focusing on ECD is its strategic and critical contribution to enabling the country to achieve three of its Millennium Development Goal (MDG) targets:-

- MDG 1: Eradicate extreme poverty and hunger;
- MDG 2: Achieving universal primary education; and

The South African Constitution defines children as being between 0 and 18 years. The South African population structure is strongly skewed towards children (18, 6 million), who constitute more than a third (37%) of our population. Nationally 64% of children live in poverty and for whom living conditions are harsh and precarious. The very young children bear the brunt of this poverty, disproportionally and its consequences extend into adulthood (SAHRC and UNICEF 2011).
The Government’s commitment to invest in human capital is central to eradicating intergenerational transmission of poverty. Despite the high level commitment to ECD in South Africa, delivery of ECD services in South Africa faces several challenges including limited access to ECD services by particularly poor and vulnerable households and poor quality of ECD service. In terms of targeting most of government support is provided to children in the 4-6 year age cohort and mainly to urban based children (Biersteker and Streak 2008). South Africa suffers from the twin scourges of high unemployment and a shortage of critical skills needed to drive economic growth and social development.

Expanding access and improving quality of ECD is dependent on increasing access to resources and a supply of capacitated and motivated ECD practitioners. Evidence suggests that having well trained ECD practitioners is an important factor in determining quality of early childhood development services (UNESCO 2007). To produce and retain competent staff there needs to be appropriate training, support and adequate working conditions and remuneration.

Biersteker and Motala (2011) note that the return on investments in ECD are well documented both locally and internationally in relation to school attendance, academic performance, decline in anti-social and at risk behaviours, higher rates of high school completion, increased agricultural production yields and even higher income earning potential.

**METHODOLOGY**

The methods used for this study incorporated a document scan and literature review of existing research on skills development and labour market demand in the early childhood and development sector. The starting point for this study was a scan of previous research undertaken by HSRC between 2007 and 2009 as part of its Scaling Up Early Childhood Development (0-4 Years) in South Africa Research Project which produced a series of papers supporting governments vision of expanding quality ECD services to poor and vulnerable children between 0-4 years.

In order to search for further material a document scan conducted in March 2012 involving a search of available databases with the aim of identifying published and peer reviewed literature, both qualitative and quantitative. Databases searched included HSRC Research Outputs Database, EBSCO Academic Search Complete, ProQUEST, Academic Complete, ProQuest Education, Taylor and Francis, Springer, SAGE, SABINET ePublications and ERIC.

The search strategy was constructed around the following key words (in combination): early childhood development, early childhood education, Educator challenges, Skill supply and demand, South Africa; Teacher education, ECD practitioners, EPWP Social Sector, Preschool Education and National Integrated Plan for ECD.

Literature was also sourced through members of an ECD Stakeholder Network, the KwaZulu-Natal ECD Technical Committee and through consulting sources which were referenced in some studies.

In the sections that follow in this report, the focus on ECD 0-4 years is defined and contextualised and issues relating to the demand and supply of ECD skills is elaborated on. Data limitations are identified in section five and the report concludes with identifying key challenges for training and skills development in respect of the ECD sector and in identifying further research areas.

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1KZN ECD Technical Committee is a multi-stakeholder forum of government and civil society stakeholders under the auspices of the Provincial Advisory Council for Children.
UNDERSTANDING EARLY CHILDHOOD DEVELOPMENT IN SA

DEFINING EARLY CHILDHOOD DEVELOPMENT (ECD) 0-4 YEARS

Early Childhood Development (ECD) is the term used in South Africa to refer to a comprehensive approach to policies and programmes provided to children from birth to nine years old with the active participation of their parents and caregivers. Its purpose is to protect and promote the child’s right to grow and develop their cognitive, communication, emotional, mental, moral, physical, sensory, spiritual, and social development (UNICEF 2010; DoE 2001; DSD Children’s Act 38 2005).

ECD covers the spectrum of children generally refers to children from 0-9 years and service delivery provisioning to children in this age group involves several different government departments including DoE (Education), DoH (Health) and DoSD (Social Development) and is distinguished by three different strata namely

- Services to children under the age of five (0-4 years) which includes home and community based care interventions and programmes;
- Services to children in year reception year (Grade R) which is just prior to formal schooling
- Services to children in their early schooling from Grade 1 for children aged 6 to 9 years, as the Foundation Phase of primary school

The focus of this study is on children in the 0-4 age cohort, that is until the child reaches their fifth birthday. Approximately 27% (5, 2 million) of all children can be found in the 0-4 years age cohort. A further 1 million are in the 5 year age cohort and annually about a 1 million children are born in South Africa (Stats SA 2009). Research suggests that (Biersteker 2008, Wright 2009, Jacobs 2011) the care and wellbeing of a large number of children in South Africa is compromised due to children living in poverty and exposed to conditions which threaten their development and that children 0-4 years are particularly vulnerable. According to Biersteker (2008) data on the status of very young children (0-4 years) reflects this vulnerability-:

- 66% of children under five live in households which are poor
- Infant mortality rate in South Africa is 45.7 deaths per 1000 births
- The mortality rate for children under 5 years is 68 per 1000
- Approximately 3.7 % of children in this age group are HIV positive, with limited access to Anti-Retroviral Therapy (ART)
- 2% of children in this age cohort are orphaned and a further 0.2% live in child headed households
- Children in this age group are severely nutritionally compromised with 23% being stunted and 11% being underweight

The 2007 Lancet Series highlighted the 1000 day window of opportunity from pregnancy to 23 months as a critical period in the development of the child and noted that failure to address the needs of children during this period have an irreversible impact on the child’s future wellbeing (Motala and Jacobs 2011).

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\(^2\) 0-4 years is used to refer to children under the age of 5 years.
Early and sustained investments in quality early childhood development (ECD) interventions have been shown to be critical to ensuring that young children reach their full potential (Biersteker 2008).

By the time young children reach five years of age they should be healthy and well nourished, physically fit, be able to communicate and interact positively with caregivers and other consistent adults in their lives. What is known is that where the environment is not conducive children may struggle to attain these developmental milestones (Biersteker 2008). There is recognition that well planned, age appropriate and targeted interventions in early childhood can thus offset negative trends.

The term ECD practitioner is widely used to describe the cadres of workers in the ECD field. Its use began in the mid 1990’s largely to prevent workers in ECD centres being referred to as caregivers while formally qualified workers were known as teachers. It is sometimes used interchangeably with the term “educator”, a term more commonly used by the Department of Basic Education in referring to professionally qualified workers while practitioner has tended to be used to refer to less qualified or unqualified centre staff (Irvine 2009).

**EARLY CHILDHOOD DEVELOPMENT POLICY IN SOUTH AFRICA**

As indicated earlier in this report ECD enjoys high priority in the national agenda. The National Integrated Plan for ECD (DSD 2006) prioritised ECD interventions for children 0 - 4 years and described a continuum of ECD services to be accessed by young children at home, in the community based home and through formal ECD facilities and services. (Refer to Annexure 1 for a detailed elaboration of this continuum.

A plethora of laws, policies, white papers and plans have been the drivers of change in the ECD sector and give effect to international, regional and constitutional obligations to young children. The most important include the Department of Education’s (now Department of Basic Education) White Paper 5: Meeting the Challenge of ECD in South Africa (2001); the National Integrated Plan for Early Childhood Development in South Africa (2005-2010); the Children’s Amendment Act (No 41 of 2007) and the corresponding regulations, norms and standards and the Norms and Standards for Grade R Funding (2008) in accordance with the South African Schools Act (1996).

ECD provisioning is informed by policy and legislative frameworks of several government departments including the Department of Basic Education (DBE), the Department of Health (DoH), the Department of Higher Education and Training (DHET), Department of Public Works (DPW) and Department of Social Development (DSD).

The National Integrated Plan (NIP) for ECD (2006) focused predominantly on responding to the needs of children 0- 4 years aligning with international experience of targeting by age in the context of scarce resources. The NIP provided a conceptual framework which extends well beyond centre based ECD services, for integrated and pro-poor service approaches to targeting quality ECD services to those children most in need. In particular the NIP recognised that the primary site of intervention is the home and that a range of programmes would be needed to reach all children especially the majority who are poor and vulnerable.

The NIP intended targeting between 2.6 and 3 million of children in the 0-4 years age cohort over a five year period 2006–2010. It estimated that the majority of ECD interventions would be accessed at household level targeting 50% of the 2.6 million children aged 0-4 years; a further 30% of children would be reached via community based services; and between 16-20% of children 0-4
years would be reached via formal ECD programmes. Evidence suggests that between 25% - 29% of children in the 0-4 age cohort access some type of ECD service outside the home, meaning that that over the 5 year period SA achieved less than half of the NIP target of 2,6 – 3 million children in the 0 – 4 age cohort and that those predominantly reached were in the 3-4 age cohort (GHS 2009, NIDS 2008).

ECD is traditionally associated with the provision of centre based ECD services such as preschools, crèches, day care and reception year programmes Grade R). This understanding excludes a wide range of activities which could broadly be categorised as being home and community based ECD services. Berg (2008) identifies four broad categories into which most home and community based ECD interventions could fall namely

- Home visiting undertaken by trained ECD practitioners through which support to children and their caregivers is provided;
- Caregiver capacity development interventions, aimed at enhancing the knowledge, skills and practice of caregivers to ensure they deliver a quality care programme;
- Interventions directed specifically to children such as playgroups and toy libraries among others;
- Community support structures and activities such as the child care forums.

The ECD sector itself is an employer especially of women and has been identified as an extremely large potential employer and provides an opportunity to create jobs and career paths for low skilled workers. Expansion of the sector could therefore address poverty in two complementary ways, by improving essential services for poor children and families and by expanding economic participation.

Drawing from the above the conclusion that can be drawn is South Africa has to increase both access to ECD and improve quality of services delivered. Quality is dependent on a supply of motivated and capacitated ECD practitioners. Given the multi-sectoral nature of ECD services involving many disciplines, coordinating planning across different stakeholders particularly with respect to training and skills development remains a challenge. An integrated an holistic human resource development strategy for ECD is urgently required and for that to be effective requires a solid evidence base to support such planning.

**ECD SKILLS DEMAND**

This section provides a snapshot of the demand for skills in the ECD sector focusing on the current employment trends and estimating future demand. As indicated earlier there are approximately 5,2 million children under 5 years old in South Africa, the vast majority of whom live in varying conditions of vulnerability. The NIP (2006) set out to target of 2,6 million children, deemed to be among the poorest and most vulnerable children in this age cohort by 2010.

**ECD SECTOR DEMAND**

Historically employment in the ECD sector has been the preserve of women, like much of work in the care economy and was largely viewed as unpaid labour which was provided by women as part of their moral orientation towards values of love, commitment and interdependence (Williams 2010). Delivery of ECD services particularly for children 0-4 years involves human resources from across many disciplines including health, education and social development. The spectrum of practitioners
include among others, preschool, crèche and day care educators and carers, child minders, home visitors, playgroup facilitators, ECD centre educators and managers, community development workers, child care workers and parent educators. Health sector practitioners can involve nurses, occupational therapists, specialist educators, home based care workers, dieticians and nutritionists. Much neglected category of staff who work with and for children are support personnel such as cooks, gardeners, cleaners, drivers and administrators.

Several key factors have influenced the demand for skills in this sector including obligation to implement the recently promulgated Children’s Act No 38 of 2005 as amended, which requires suitably qualified staff to deliver services as well as the incrementally increasing budget allocations to ECD since 2006. The Department of Social Developments Workplace Skills Plan (cited in HWSETA 2010) confirms this demand in identifying child and youth care workers as a scarce occupation. Scarce skills refers to skills (HWSETA 2010) for which there is a scarcity of qualified or experienced people currently and/or projected into the future.

There is a lack of up to date information on ECD practitioners in South Africa. The most recent and comprehensive source of information is the 2000 nationwide audit of ECD provisioning (Department of Education, 2001) which found 54, 503 ECD Practitioners working in ECD centres (including those teaching in Grade R) across South Africa. The ECD practitioner profile which emerged from this audit showed that the largest number of ECD practitioners to be found in KwaZulu-Natal (19%), Gauteng (28%), Western Cape (16%) and Eastern Cape (12%). Overwhelmingly educators were women (99%) with a mean age of 38 years. Majority of the practitioners (68%) were African.

Table 1: ECD qualifications and population group

<table>
<thead>
<tr>
<th>Years</th>
<th>No training</th>
<th>NGO Training</th>
<th>Under-qualified</th>
<th>Qualified</th>
<th>Non-ECD qual.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>7,494 (69)</td>
<td>16,771 (82)</td>
<td>4,152 (56)</td>
<td>1,624 (29)</td>
<td>1,788 (50)</td>
<td>31,829 (66)</td>
</tr>
<tr>
<td>Coloured</td>
<td>1,465 (13)</td>
<td>2,405 (12)</td>
<td>1,045 (14)</td>
<td>403 (7)</td>
<td>334 (9)</td>
<td>5,652 (12)</td>
</tr>
<tr>
<td>Indian</td>
<td>117 (1)</td>
<td>290 (1)</td>
<td>264 (3)</td>
<td>145 (3)</td>
<td>148 (4)</td>
<td>964 (2)</td>
</tr>
<tr>
<td>White</td>
<td>1,855 (17)</td>
<td>946 (5)</td>
<td>2,001 (27)</td>
<td>3,303 (61)</td>
<td>1,302 (37)</td>
<td>9,487 (20)</td>
</tr>
<tr>
<td>Totals</td>
<td>10,931</td>
<td>20,412</td>
<td>7,462</td>
<td>5,555</td>
<td>3,572</td>
<td>47,932</td>
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</table>

Source: DoE National ECD Provisioning Audit 2001

More startlingly as the table above illustrates, the audit found that only 12% of practitioners had a relevant qualification, 23% had no training, 43% had received NGO training (not clear to what extent this was accredited), 15% were deemed to be under qualified and a further 7% had a non ECD qualification. According to Atmore (2001) NGO training had been mainly non accredited training. Not surprisingly the audit showed a strong negative relationship between educator qualification and the racial profile of educators, with only 5% of African educators having been trained compared with 35% of white educators and with more than 70% of African practitioners not having had any training. According to the audit salary levels also correlate strongly to qualifications with those not trained earning much less.

Despite the massive expansion of ECD training opportunities due to the roll out of the social sector Expanded Public Works Programme learnerships more recent research suggests that the expansion has not kept track with the backlogs as illustrated by the 2001 audit. A study in the Western Cape (Bierstecker, 2008) found there were more than 10 000 practitioners in that province alone with 57%
of practitioners not having accredited qualifications. Another study (Biersteker and Hendricks 2012) also found that more than 80% of those trained required skills upgrading.

Similarly an informal audit of ECD services in the Cato Manor region (Save the Children, KZN, 2010) found more than 124 ECD service providers in that area alone, with few having any formal qualifications. The Public Expenditure Tracking Study (van der Berg et al 2010) conducted in 3 provinces found that the situation had improved in that 14% of ECD practitioners in community based ECD facilities had received no training at all, reflecting an improvement from the 23% untrained in the 2000 DoE audit. Given that Western Cape and KwaZulu-Natal are provinces where access to ECD training providers is greater than many of the other provinces and rural areas this reflects a challenge in addressing the training backlog. DSD has indicated plans in place to undertake a second national ECD provisioning audit in 2012 (Minister Dlamini, opening address at ECD Conference, March 2012).

The expansion of the EPWP into the social sector and ECD in particular is a reflection of the increasing recognition of women’s unpaid care work and the need for financial and practical support for carers (Williams 2010). The ECD sector has been an important entry point into the labour market for large numbers of African and rural women, although the employment conditions are both low paying and precarious.

It is not intended that all children will or should be in a centre-based ECD and based on crude estimates of training as currently provided to approximately 30% of the 1,5 million children under 5 years it can be projected that between 75 000 to 100,000 practitioners will require training or skills upgrading (ETDP SETA, 2011a). This estimate is based on ratios of child to practitioners of 20:1 for children 3 years and over as outlined in the ECD norms and standards outlined in respect of the Children’s Act no 38 of 2005 (Carter 2009). With the child to practitioner ratios for children under 3 being higher at 6:1 for children 0-18 months and 12:1 for children between 18 months and 3 years it can be safely estimated that these training estimates are conservative. A 2005 HSRC study of employment opportunities for the ECD sector estimated that the sector had the potential to create up to 345,000 jobs in ECD (Altman, 2005).

The draft National Development Plan 2011 proposal of a minimum of two years of pre-grade one, will if adopted also increase pressure for expanding ECD capacity.

**RETA I NING C APACITY**

The development and retention of sufficient trained personnel to provide oversight, training and support services as well as direct services to young children and their primary caregivers is essential for expansion of access and quality.

The ECD Costing Study undertaken with ECD centres in the Western Cape found that salaries paid to ECD practitioners “ranged from levels below minimum wages, to in very few and extreme cases acceptable levels” (Carter 2009: P80). The DoE Audit (2001) found that approximately half of all educators (trained and untrained) received salary of less than R 500 per month. There is generally consensus (Carter 2009, Streak and Norushe 2008 and Biersteker 2008) that wage levels and conditions of employment have to improve as these are critical factors in attracting and retaining skilled personnel in the 0-4 age ECD sector, particularly younger people. Biersteker (2008) notes that this problem is not unique to South Africa and that Canada had adopted a strategy of improving wage and employment conditions as one of several strategies for enhancing quality in ECD.

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4 Cato Manor is a suburb in Durban, Ethekwini Municipality
September (2005) however raised the challenge of “ensuring good jobs for fewer participants or more jobs but inadequately paying ones for a greater number of people”.

Substantial investments in ECD capacity building have often been lost mainly due to the funding challenges experienced by the ECD sector (Ndini et al 2008). HSRC research (Biersteker 2008) found that once the learnership training came to an end and the payment of stipends had terminated, trained practitioners found themselves earning less than they did when unqualified. In response they either moved out of the sector completely or engaged in “learnership hopping” to retain the stipend or migrated towards Grade R teaching which has been scaling up rapidly over the past few years and for which they could expect to receive better wages. A Western Cape ECD study found that “people move around where the stipends are, even moving from level 4 back to level 1” (Biersteker 2011).

Another factor which will impact on retention, while not fully researched, is the impact of illness and death on attrition levels of ECD practitioners. This is particularly relevant in the context of the HIV/AIDS pandemic in South Africa.

**CONCLUSION**

The overarching conclusion to be drawn from the above is that training backlogs are massive for both existing personnel in the sector as well as in terms of the planned expansion of centre and home based ECD. This is exacerbated by high attrition rates in the sector as a result of age, better income prospects in Grade R employment and due to poor employment conditions in the sector generally.

**EARLY CHILDHOOD DEVELOPMENT SKILLS SUPPLY**

This section discusses the supply of education and training available from institutions operating in the education and training system (i.e. SETA’s, FET’s and HEI’s) as well as non-formal training provision and all internal or workplace training provision for workers such as learnerships, internships and bursaries in the ECD sector as a whole.

A supply of relevant and accessible training opportunities is critical to scale up quality ECD. While the prevailing evidence (Biersteker & Kvalsvig 2007; Dlamini, Ebrahim, Ntshingila-Khosa & Soobrayan, 1996) suggests that practitioner qualifications can contribute to improved child outcomes there are arguments that (Dawes et al 2010) that training on its own is not sufficient for achieving classroom quality. It requires a range of professional development interventions together with ongoing mentoring and support as well as conducive employment conditions.

**QUALIFICATIONS AND SKILLS DEVELOPMENT PROGRAMMES AVAILABLE FOR ECD**

There are various programmes in ECD, some formal, non-formal and informal. The formal programmes comprise qualifications and skills programmes registered against unit standards with South African Qualifications Authority SAQA. SAQA has also outlined a career progression for ECD practitioners working in public and private sector programmes for children and their families (Irvine 2009).
This includes-:

- a. Skills programmes at level 1 (equivalent to the ninth year of public schooling). These programmes do not result, however, in a qualification.
- b. A Further Education and Training Certificate (FET Certificate) at level 4 (equivalent to the twelfth year of public schooling)
- c. A National Diploma in Early Childhood Development (NDECD) at level 5 (equivalent to two years of post-schooling teacher education).
- d. New Level 4 unit standards for ECD practitioner education were registered in 2006, leading to an FET Certificate described as an entry level qualification for those wanting to enter the field of early childhood development field.

In addition there are non-formal skills programmes presented to staff to enhance competencies in specific areas including amongst others Financial Management, Governance and Leadership Training, HIV AIDS Awareness, Legalities and Childcare, Parental Training. Dawes (2010) indicates the significant role that leadership plays in ensuring quality of centre based provisioning. Cater et al. (2009) found that a lack of financial management skills compromised ECD centres resource management and mobilisation potentials. A donor funded national ECD capacity building initiative, Ililfalabantwana has recently funded leaders of resource training organisations to participate in a one-year leadership and management programme provided by Regenesys, as part of an effort to build the capacity of Resource and Training Organisations and ensure solid leadership succession planning. (Giese et al 2010)

The ETDP SETA has identified the need to pilot during the 2012/13 period an initiative around Recognition of Prior Learning for ECD level 1 qualifications in order to assist practitioners with long service and experience in the field who are unable to access accredited level 4 NQF training due to historical lack of access to education. (ETDP 2010)

A matter of concern has been the lack of opportunity for university qualifications in ECD except for Grade R, which comprises a small part of the Bachelor Of Education (B.Ed) Foundation Phase curriculum or specialised certificates and diplomas. There are however encouraging signs on the horizon with UNISA, University of Johannesburg, University of Free State and University of Witwatersrand reintroducing the ECD component as an optional three year sub-major for Foundation Phase B. Ed students in 2012, a post graduate diploma in 2013 as well as an Honours and Masters in Education in Early Childhood Education (Ebrahim 2010).

**Identification of Education, Training and Skills Required for ECD**

The Framework for the National Skills Development Strategy 2011/12 – 2015/16 (DHET 2010) is the overarching instrument for guiding the development of Sector skills plans across all sectors, including ECD. Priorities of the NSDS iii include enabling the economy to create decent work and sustainable livelihoods and improving the health profile of all South Africans. The development of sector plans is the responsibility of Sector Education and Training Authorities (SETAs). For the ECD sector two SETAs contribute directly to the shaping of the training landscape namely the Education, Training and Development Programme SETA (ETDP SETA), which plays the lead role and the Health and Welfare SETA (H & W SETA). Almost all ECD training falls under the ETDP SETA through ECD qualifications especially for those working in facility based ECD programmes or Community Development qualifications for those working in home and community based ECD programmes.


**ECD TRAINING PROVIDERS IN SOUTH AFRICA**

Historically most training for ECD was provided by the NGO sector, supported by donor funding (Short and Pillay 2002). The DoE ECD Audit undertaken in 2000 (2001) found 112 ECD educator training providers, of which NGO’s were the largest suppliers of ECD education training followed by Technical Colleges.

**Figure 1: Types of ECD Providers in 2000**

![Pie chart showing types of ECD providers in 2000](image)

Source: DoE ECD Audit 2001

As Figure 1 above indicates 4 (4%) university-based institutions, 2 (2%) Universities of technology, 14 (13%) Colleges of Education, 26 (25%) Technical colleges, 52 (49%) NGO organizations, 6 (6%) private sector institutions, and 1 (1%) community-based organization (DoE 2001) were found to be providing ECD education and training in South Africa.

The audit (ibid) found that just over a third (34%) of the training service providers had been accredited and that 57 % had applied for accreditation. Geographically, the majority of ECD Education and Training providers were located in the Gauteng (35%), KwaZulu-Natal (18%) and Western Cape (16%) (DoE 2001). The picture reflects an uneven distribution of training providers across South Africa which will and has impacted on the scale of expansion of ECD that is possible.

Evidence from the audit (ibid) suggested that it is predominantly the NGO service providers who were unaccredited as result of the due to the accreditation process and requirements being particularly onerous on NGO’s. For NGOs to provide accredited SETA programmes requires that they register as Private FETs with UMALUSI, that they provide proof of financial surety and provide details of staff qualifications. Much of the NGO training provided has been donor funded.

**RESOURCING FOR ECD TRAINING: EXPANDED PUBLIC WORKS PROGRAMME**

One of the important interventions from the South African government has been the Expanded Public Works Programme (EPWP) which has since 2004 provided funding for ECD training opportunities at levels 1, 4 and 5 on the NQF. The EPWP has been a key driver in the delivery of training and job creation in the ECD sector through the provision of learnerships and stipends and is also intended to address training backlogs as well as the upgrading of existing provisioning and has targeted unemployed and unskilled people.

The EPWP Social Sector Plan for 2009/10 to 2012/14 indicates a target of 80,000 ECD practitioners and Grade R educators who need to be trained at Levels 4 and 5. Information provided during the EPWP Summit on Social Sector Training in October 2011 indicated that between 2009 and 2011
approximately 26,000 learnerships had been provided as the table below indicates. Evidently much more will need to be done if that target is to be reached in the remaining period (DPW 2011).

### Table 2: EPWP ECD Training Opportunities 2009 – 2011

<table>
<thead>
<tr>
<th>Province</th>
<th>No of ECD Learnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>2,000</td>
</tr>
<tr>
<td>Gauteng</td>
<td>4,000</td>
</tr>
<tr>
<td>Limpopo</td>
<td>3,400</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>1,046</td>
</tr>
<tr>
<td>Western Cape</td>
<td>7,608</td>
</tr>
<tr>
<td>Free State</td>
<td>652</td>
</tr>
<tr>
<td>KZN</td>
<td>4,496</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>500</td>
</tr>
<tr>
<td>North West</td>
<td>1,970</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,032</strong></td>
</tr>
</tbody>
</table>

Source: Department of Public Works, 2011

Research undertaken by HSRC (2009) found that in the Western Cape 65% of ECD training opportunities at different NQF levels was provided to poor women through EPWP. This is significant in enabling access to skills development of particularly poor women, many of whom are rural based and would not otherwise have been able to access such training.

**Challenges in the Delivery of Training for ECD**

Several gaps exist in the delivery of ECD training including a focus on training for non centre based ECD practitioners and in responding to the integrated nature of ECD which are elaborated on below.

The pace at which training opportunities have been rolled out must be accelerated to achieve the expansion goals of the NIP for ECD. This will require that a larger number of training organizations are accredited to provide training and also that their capacity to deliver training particularly to rural areas is significantly scaled up to meet demands. It also means that more resources need to be made available via EPWP for training opportunities not only for accredited training but for skills programmes as well.

With most of the training of practitioners focussed on centre based ECD practitioners there is a critical need to extend training for practitioners working in the home and community based ECD services and programmes. A major gap in training is a lack of norms and standards for ECD practitioners working with children from birth to four years in home and community based programmes. In view of this component of ECD delivery being fairly new and largely unfunded there are relatively few ECD training providers who offer these qualifications. There is no simple model of provisioning (number of groups or households per worker) against which to estimate training needs. It is urgent to determine a basic range of programmes so that this can be done. Preliminary research work on developing a funding model for home and community based ECD programmes undertaken by HSRC provides a basis for further research on this (Budlender 2009, Motala 2010).

Another challenge in respect of the supply of ECD training is that most of the current qualifications and standards available do not recognise the integrated nature of ECD. It could be argued that the ETDP SETA-accredited Community Development qualifications could address this gap. The reality is
that a large number of workers such as community health workers, social auxiliary workers and community development workers interact with young children and their families in their daily work and they need to ensure that they have appropriate qualifications.

Participants at a National Training Forum workshop held in 2010 (SA Congress 2010) noted the need for development of trainers, moderators and assessors specifically for the ECD sector. Of concern was the use of individuals with higher qualifications to train practitioners, many of whom lack accreditation or training in the course material which could compromise quality.

**DATA CHALLENGES**

A requirement of the NIP (2006) was that all relevant government departments “set up a monitoring and evaluation system at all levels to ensure quality and effective services to children” (p.g.33)

Several studies have identified data challenges for skills development in respect of the ECD Sector. A few of these are discussed in this section. The HSRC study (Dawes 2008) and the ECD Diagnostic Review (2012) commissioned by the Department of Performance Monitoring and Evaluation in the Presidency both acknowledge the range of data available to monitor ECD delivery in South Africa. These include the General Household Survey (GHS), the Labour Force Study (LFS) and the National Income Dynamics Study (NIDS). A limitation of the above data is that it lacks age disaggregation especially in the early childhood period 0-2 and 3-4 year age cohorts. A further limitation of the GHS (ECD Diagnostic Review, 2012) data is that it provides ambiguous information on children’s participation in ECD programmes as a result of the framing of the question on participation which explores the “proportion of children in some form of out-of-home environment for an unknown proportion of the day”. The inadequacy of the GHS definition of ECD exposure results in failure to ascertain the nature of the ECD intervention and the environment within which the intervention is located. The Diagnostic Review (2012) also suggests that the NIDS data, in view of the manner in which questions are framed provides better differentiation of the exposure of young children to ECD.

Dawes (2008) notes that ECD relevant data for Western Cape was collected by 4 government departments namely DoE, DoH, DoHA and DSD with no evidence of integration of this data. Given the intersectoral nature of ECD this is problematic. This fragmentation of data systems is exacerbated in respect of information available in the public domain regarding ECD practitioner qualifications and training as this information has to be obtained from FET Colleges (public and private), SAQA National Learner Records Database, SETA’s, tertiary institutions, non profit organisations, provincial government departments and from government programmes such as the EPWP learnerships database. This makes it difficult to analyse trends across the sector. There is a need for a national ECD database which integrates data across government departments and functions.

Stakeholders attending the National Training Forum (2010) hosted by SA Congress for Early Education identified the need for a consolidated data base of public, non-profit and private for profit ECD sectors in terms of the population of trainers and the scale of formal, accredited and non-formal training undertaken. Such a database should also provide much needed information on the infrastructure and human resource capacity of suppliers of ECD educator qualifications. (National Training Forum Report 14-15 April 2010). A further challenge is the almost total lack of information available in respect of informal skills and training programmes (unaccredited) being provided.

Another data gap is that information is only collected for registered ECD facilities, services and programmes and would thus exclude information about children being cared for by child minders.
A Critical Review of Research on Skills Development and Labour Market Demand in the Early Childhood Development Sector (0-4 years)

who care for less than 6 children. These data limitations impact on the state’s ability to accurately estimate demand for ECD.

Important contributions to data collection are being made through nongovernmental projects including among others the Children’s Gauge, under the auspices of the Children’s Institute, UCT and the ACESS/ELRU ECD Scorecard Project. These can be drawn on to help strengthen national information systems in ECD.

Studies on sustainability of training for retaining ECD personnel and for enhancing quality of ECD are required.

The ECD Diagnostic Review (2012) proposes the need for an information hub to be established as a means of creating greater access to information particularly for planning, monitoring and evaluation of progress towards achieving goals. While it does not prescribe the institutional local for such a hub it does recommend that this is centrally located within one institution with the other departments feeding information into it. It also suggests that small changes to recurrent national survey instruments (GHS, LFS and Census) could yield important information for planning and budgeting.

Biersteker (2008) proposes that information on ECD practitioner education and qualifications must be collected and regularly updated and that the type of information that is required should include the following -:

a. Number of learners completing different ECD qualifications annually
b. Numbers of accredited training providers offering these qualifications
c. Information on where practitioners are working in the sector

CONCLUSION AND RECOMMENDATIONS

CONCLUSION

In conclusion a few points can be made. Delivery of ECD services needs to be understood in a more holistic manner which encompasses age appropriate interventions for children across various disciplines. Skills and training for service delivery must take cognisance of its multidisciplinary nature and the complexities of coordinating across many different stakeholders.

The study has identified an imbalance in the supply and demand for training and skills development in the ECD sector. Although there has been substantial take up of training, largely as a result of EPWP learnership opportunities being made available the scale of training is not sufficient to meaningfully address backlogs in access to training.

The study finds that although there is a large number of training providers, including NGOs and FET colleges, accredited to offer ECD qualifications and standards these are concentrated in urban areas and in particular provinces. A second limitation is that there are fewer service providers offering NQF Level 5 training in ECD, although a need exists and there is almost a complete absence of Degree and Post Graduate training opportunities in ECD.

A National Human Resource Development Strategy for all forms of ECD provisioning needs to be developed and must include the mobilisation of resources to fund staff retention and enhancement of skills and qualifications.
RECOMMENDATIONS FOR FURTHER RESEARCH

A wealth of research has been generated on ECD in South Africa. However information systems across ECD are fragmented and uncoordinated and hence its not always possible to get a holistic.

It is more than 11 years since the ECD audit was undertaken by DoE (2001). A regular audit of ECD capacity, training needs and quality service is required. It must cover centre based and home and community based ECD services. Not enough is known about the training capacity of ECD service providers. If scaling up of training is to occur this gap in knowledge will need to be filled.

There is insufficient understanding and appreciation of the contribution of skills programme to enhancing quality ECD. The diversity of skills required needs to be investigated. A large category of ECD workers will continue to require such training and it is important that these are assessed for quality and efficacy.

Research is required on the sustainability of retaining trained ECD practitioners in provision of services to children in the 0-4 age cohort. Research is also required to identify models for ensuring access to training and mentoring for rural based communities.

There is a small but growing informal economy operating in the ECD sector. Although these are mainly survivalist in nature they are deemed private service providers and hence do not often benefit from access to training and support. Research is need to identify how best to provide training and support to this group.

Research on the nature, scale of reach and quality of informal skills programmes is also required.
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Annexure 1: Continuum of ECD Services

<table>
<thead>
<tr>
<th>HOUSEHOLD 50%</th>
<th>COMMUNITY 30%</th>
<th>FORMAL RESOURCES 16-20%</th>
</tr>
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<tbody>
<tr>
<td>What</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Psychosocial care and support</td>
<td>- Immunisation</td>
<td>- ECD centres</td>
</tr>
<tr>
<td>- Adequate food/ nutrition</td>
<td>- Access to grants</td>
<td>- Crèches</td>
</tr>
<tr>
<td>- Socialisation</td>
<td>- Primary health care</td>
<td>- Preschools</td>
</tr>
<tr>
<td>- Breastfeeding</td>
<td>- Growth monitoring</td>
<td>- Prisons</td>
</tr>
<tr>
<td>- Safe housing</td>
<td>- Integrated management of childhood diseases</td>
<td>- Child and youth care centres</td>
</tr>
<tr>
<td>- Safe water</td>
<td>- Antenatal care</td>
<td></td>
</tr>
<tr>
<td>- Hygiene</td>
<td>- Nutrition supplementation</td>
<td></td>
</tr>
<tr>
<td>- Registration of birth</td>
<td>- Parental education programmes</td>
<td></td>
</tr>
<tr>
<td>- Stimulation</td>
<td>- Information dissemination</td>
<td></td>
</tr>
<tr>
<td>- Play</td>
<td>- Prevention of mother-to-child transmission of HIV</td>
<td></td>
</tr>
<tr>
<td>- Parental support and capacity development</td>
<td>- ARV treatment for parents/children</td>
<td></td>
</tr>
<tr>
<td>- HIV and AIDS</td>
<td>- Playgroups</td>
<td></td>
</tr>
<tr>
<td>- Orphans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Media (e.g. radio, television, newspapers)</td>
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<td></td>
</tr>
<tr>
<td>- Protection</td>
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<table>
<thead>
<tr>
<th>How</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>- Home visits using an assessment and monitoring instrument</td>
<td>- Access to basic and development/care/education services through government and non-governmental service providers</td>
<td>- Stimulation</td>
</tr>
<tr>
<td>- Support of households through community infrastructures</td>
<td>- Advocacy for the rights and needs of young children</td>
<td>- Nutrition programmes</td>
</tr>
<tr>
<td>- Referrals for services/interventions as required</td>
<td>- Training</td>
<td>- Quality early learning programmes</td>
</tr>
<tr>
<td>- Training</td>
<td></td>
<td>- Practitioner training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Develop a cadre of ECD workers that will be able to assess, support, intervene, and refer families and children as needed</td>
<td>- Government departments</td>
<td>- ECD practitioners</td>
</tr>
<tr>
<td></td>
<td>- Municipalities</td>
<td>- Training providers</td>
</tr>
<tr>
<td></td>
<td>- NGOs</td>
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<td>- Businesses</td>
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