EARLY CHILDHOOD DEVELOPMENT

Rapid Assessment and Analysis of Innovative Community and Home Based Childminding and Early Childhood Development Programmes in Support of Poor and Vulnerable Babies and Young Children in South Africa

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30 April 2007

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LIST OF ACRONYMS

Providers and government departments

ACESS	The Alliance for Children's Entitlement to Social Security
AFSA	AIDS Foundation of South Africa
ALLSA	Active Learning Libraries of South Africa
AsgiSA	Accelerated and Shared Growth Initiative for South Africa
BAC	Bethesda Arts Centre
CECD	Centre for Early Childhood Development
CSD	Centre for Social Development
CWD	Catholic Welfare and Development
CWSA	Child Welfare South Africa
DCS	Department of Correctional Services
DEDI	Diketso Eseng Dipuo Community Development Trust
DHA	Department of Home Affairs
DoA	Department of Agriculture
DoE	Department of Education
DoH	Department of Health
DoL	Department of Labour
DSD	Department of Social Development
ELRU	Early Learning Resource Unit
FCW	Foundation for Community Work
FIF	Family in Focus
FLP	Family Literacy Programme
FMSL	Family Maths, Science, Literacy and Lifeskills
HIPPY	Home Instruction for Parents of Pre-school Youngsters
ITEC	Institute for Training and Education for Capacity Building
KELRU	Katlehong Early Learning Resource Unit
LETCEE	Little Elephant Training Centre for Early Education
NACM	National Association for Child Minders
NICRO	National Institute for Crime Prevention and the Reintegration of Offenders
ORC	Office of the Rights of the Child
RAPCAN	Resources Aimed at the Prevention of Child Abuse and Neglect
SANCA	South African National Council on Alcoholism and Drug Dependence
SANGOCO	South African Non Governmental Organization Coalition
SAPS	South African Police Services
SAQA	South African Qualification Authority
SEP	Sekhukune Educare Project
SHAWCO	Students' Health and Welfare Centres Organisation
TREE	Training and Resources in Early Education
TVT	The Valley Trust
VDP	Valley Development Project

Other

ARV	antiretroviral
CBO	community based organisation
CCCC	community child care committee
CCF	child care forum
CDFSP	community development and family support programme
CDP	community development practitioner
CDW	Community Development Worker
CHW	community health worker
CIMCI	Community Integrated Management of Childhood Illnesses
CPU	Child Protection Unit
CSG	child support grant
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
ETDP	Education, Training and Development Practices
FBO	faith based organisation
FCM	family and community motivator
FETC	Further Education and Training Certificate
FF	family field worker
FOW	family outreach worker
FSP	family support programme
HBC	home based care
HRAP	human rights approach to programming
HV	home visitor
IECD	Integrated Early Childhood Development
IGP	income generating programme
IMCI	Integrated Management of Childhood Illnesses
LACC	local area coordinating committee
MSF	multi-sectoral stakeholders forum
NGO	non-governmental organisation
NIP	National Integrated Plan
NQF	National Qualifications Framework
NPO	non-profit organisation
OT	occupational therapist
OVC	orphans and vulnerable children
PMTCT	prevention of mother-to-child transmission
PRA	Participatory Rapid (or Rural) Appraisal
PSS	psychosocial support
RTO	resource and training organisation forum
SDW	Support and development workers
SETA	Skills Education Training Authority
SHG	self-help group
TOT	training of trainers
VCT	voluntary counselling and testing
WSS	women's savings societies

EXECUTIVE SUMMARY

PURPOSE OF AND APPROACH TO THE RAPID ASSESSMENT AND ANALYSIS

This rapid assessment and analysis provides information on home and community-based ECD programmes in support of poor and vulnerable babies and young children in South Africa. Its purpose is to contribute to the implementation of the National Integrated Plan for ECD, the ECD aspects of the Expanded Public Works Programme, and the Massification of ECD services.

The age range to be covered is birth to four years. Of the 5.16 million children in this age group those who are poor, have disabilities and are infected or affected by HIV and AIDS are the priority target for government services. Fifty-five percent of this child population is ultra-poor, an estimated 200 000 have disabilities and 3.6% are HIV positive. Many more have parents and caregivers who are infected (see Section 1.2).

The rapid assessment and analysis is informed by a concise summary of demographic information on children in this age range and a brief analysis of how current policies, legislation and departmental programmes are supportive of innovative community and home-based childminding and ECD programmes, and also the policy gaps where additional support is needed.

DEPARTMENTAL POLICIES AND PROGRAMMES (Section 2 and Appendix 1)

The legislative framework and specific departmental policies and plans broadly recognise the public sector obligation to ensure that young children's rights are met, that their parents and caregivers have a major role in this, and that the state is obligated to help them fulfil this role or to arrange alternative care if the family is unable to undertake this responsibility. Recent inter-sectoral ECD plans and concepts such as the National Integrated Plan for ECD, the Massification of ECD Concept Document and ECD Centres as the Resource for Care and Support for Poor and Vulnerable Children and their Families concept document, move towards greater specificity about the programme goals and the need for integrated servicing at household and community level, as well as in formal ECD institutions. However, there are major issues and gaps to be resolved to mainstream home- and community-based ECD programmes.

- There is no specific mention of these types of programmes in the Children's Amendment Bill or ECD guidelines which privilege the ECD centre model.
- There is no regulatory and support framework for these types of programmes and current funding norms for the Department of Social Development do not provide for these initiatives.
- These policies require a high level of integration within and across departments and levels of government, as well as with civil society role players, and integration mechanisms are not yet provided for.
- Proposals for new categories of ECD jobs and training for workers need to be concretised.

THE SURVEY OF PROVIDERS (Section 3)

Based on the policy and programme goals, an interview schedule was developed. Using existing ECD provider networks and lists, suggestions from the departmental Reference Group, the internet and snowball sampling, 35 providers of innovative home-based and community ECD programmes for vulnerable babies and young children were contacted and they completed the survey, mostly electronically but some by interview.

FINDINGS (Section 4)

Province, urban/rural location and length of operation (Sections 4.1–4.3)

Programmes of this type operate in every province but most are in the Western Cape (17), Eastern Cape (12) and Gauteng (12). There is a fairly even spread across urban, rural and informal settlement contexts, but only two providers are working on farms. Most of the programmes are a fairly recent service response for young children, three quarters starting in the last six years and one quarter in the last two years.

Programme approaches, intervention focus targets, service goals and numbers reached (Sections 4.4–4.7)

Most of the programmes have multiple elements and those that are more overarching encompass several in their basket of services. A broad categorisation according to key focus identified the following types:

- Location-based integrated ECD strategies
- Community child protection strategies
- Use of ECD centres as supports for outreach work
- Service hub
- Parent education courses
- Playgroups
- Home visiting
- Toy libraries
- Support to child minders
- Care and support for HIV-infected and affected children.

The intervention focus of these programmes includes young children and their families, community leadership and ECD stakeholders, orphans and vulnerable children of all ages, and child minders. Services tended to be targeted to the poorest of the poor, those in difficult circumstances, those in need of care and protection, those HIV affected or infected, or those with disabilities.

The service goals given by providers can be broadly categorised into helping young children access their rights using ECD sites as resources for care and support in the community, testing models for integrated approaches, early intervention for children with disabilities, child protection, household support, early learning/stimulation, and support for OVC and child minders.

The unit of reach varied depending on the programme and included villages, districts, caregivers trained, households and children. In the absence of information on the outcomes of the programme, this measure is helpful only because it indicates that the total reach of all these programmes is infinitesimal in relation to the number of vulnerable babies and young children in South Africa.

Programme elements (Section 4.8)

These community and home-based ECD programmes are flexible to the needs of their target populations. Most include multiple elements and have a broad approach to meeting the needs of the young child in the context of the family. Over two thirds of the programmes facilitate access of families to documents and grants, food parcels, referrals to health and social services, and about half include money management/income generation/savings groups/self-help groups or improve food security through gardens.

Some programmes, especially those dealing with high-risk parenting situations, have a greater focus on psychosocial aspects of development than on cognitive development. A limited number of programmes focus entirely on preparation of capacities needed for schooling and helping families to understand these. However, several programmes include early learning activities within a broad approach.

Frequency and duration (Section 4.9)

Depending on the approach and service goals, frequency and duration of the programmes greatly vary. Those programmes offering a defined service (e.g. a capacity-building programme for parents) usually have a fixed number of sessions. Home visitors most often visit households once a week. In a community development approach, timing depends on the needs identified by the community and how rapidly they assume responsibility for the programme. Community development approaches which aim to facilitate services for young children, capacitate the community to deliver these and then withdraw, take a substantial time (respondents mentioned a minimum of two to five years). Household level programmes focused on immediate problems will usually be of a shorter duration than those which aim at capacitating the caregiver to stimulate the young child.

Resources and materials (Section 4.10)

Staffing is the largest input for all these programmes. Venues and transport are valuable resource inputs and refreshments were seen as important incentives to regular attendance in poor communities. Gear (e.g. caps, bags or T-shirts) was helpful to identify field workers, and toy and book kits were useful for stimulation programmes. Other equipment was needed for income generating and food gardens.

Providers have developed a range of leaflets, facilitator guides, training guides and activity guides for use in the field and in training the staff who are working in these programmes.

Records kept, monitoring and evaluation (Sections 4.11 and 4.18)

Programmes keep a very wide range of records, many starting with a baseline survey, community mapping or a profiling exercise. Apart from records which monitor project activities, many providers track individual children or households participating in the interventions.

The extensive records kept by most programmes are used in monitoring their progress. About a quarter have been externally evaluated and half do this internally. Case studies, focus groups, journals and interviews were used as sources of evidence of outcomes but "hard" evidence of child outcomes was generally lacking. The following are some of the changes which can be attributed to the interventions of projects: improvements in the living standards of households; better protection of children; improvements in caregivers' confidence and capacity; ECD sites giving stronger support to children in the community and direct benefits in child nutrition, health, play and confidence.

Programme links (Sections 4.12–4.13)

Most of the programmes had two kinds of links with different provincial and local government departments. Some received direct support in the form of funding, venues, specific professional services or direct aid such as food parcels, but most referred service users to government services, e.g. for grants, clinics, etc. Where there were NGOs in the area, programmes linked to them for specific services.

Project management, staffing and training (Sections 4.14–4.15)

Several of the programmes aim to leave community structures in control, but this is a longer term process and currently most of them employ paid area coordinators or community developers. Staffing usually includes middle management who supervise field staff. Depending on the size of the project, there may be two levels of middle management. Typically, in addition to supervision and monitoring of field staff, this manager/coordinator is responsible for local networking, some training, logistics and collating reports for the service provider.

Qualifications for field management jobs include community development experience and ECD experience (preferably Level 4 in ECD and community development practice). For more specialised interventions, training in delivering those programmes is required, e.g. occupational therapy assistants for children with disabilities and social workers for child protection programmes.

Almost all the projects make use of local community members either as salaried, stipendiary or unpaid volunteer service deliverers. The majority of these receive basic in-house training in the key aspects of the service, and this is topped up over time. Educational levels vary greatly depending on the area and other requirements.

There is a wide variation in the number of households field workers are expected to visit and in the number of parenting groups they are expected to run, and stipends also vary greatly. Low or no stipends are a factor in the high turnover of field staff; this disrupts the programme and is a loss to the initial training investment.

Community and home-based interventions have necessitated adaptations to conventional ECD training. For example, community facilitators require community development practice as well as ECD knowledge and experience; toy library assistants, field workers and child minders have different requirements, and some providers are working towards accredited training programmes for these.

Training costs vary depending on the length of training, the salaries of staff doing the training, how much field support is offered, whether materials are provided and whether or not training is residential.

Unit costs and funding sources (Sections 4.16 and 4.17)

Information about the costs of home and community-based ECD services was requested but comparisons were not possible due to different budgeting methods, varying personnel costs, intensity and duration of services. Many programmes were in the costly start-up phase. More significantly, unit costs only have meaning in relation to the outcomes the intervention produces over time. Work needs to be done to relate various inputs to outcomes for caregivers and children. In particular, research needs to be done on the value of these innovative models as an alternative to centre-based care.

The majority of these programmes were funded by local and international donors and public support was quite limited, except in the Western Cape where the Department of Social Development has funded several projects. Local government has funded aspects of certain programmes.

Successes and challenges (Section 4.19)

The following crosscutting themes were identified as helping projects of this type to work well:

* a responsive and participatory approach and a rights framework

- networking and partnerships
- monitoring and evaluation.

Similarly, there were several common challenges including sustainability, finding and retaining suitable staff, difficulties with venues, difficulties involving provincial and local government, broader contextual issues such as poverty and HIV, getting parents involved, and community governance. A number of concrete suggestions for improving programme effectiveness were given and general themes are built into the recommendations.

LINKS BETWEEN SURVEYED PROJECTS AND ECD POLICIES AND PLANS (Section 5)

The National Integrated Plan for ECD recognises multiple approaches to developing young children (i.e. direct services to them, household level training of caregivers and educating parents, promoting community development, building public awareness), all of which were identified in this rapid appraisal. Targets for the surveyed programmes cover the vulnerable groups identified in policy. Most programmes also offer multiple services, which echo the primary components of the NIP, and attempt to work holistically and in an integrated way. However, the effectiveness of integration has been limited in many cases by the lack of provincial and local government involvement.

In relation to development of ECD professional capacity programmes, there is strong support for all ECD practitioners needing a career path and a lobby for recognition of emerging jobs such an ECD Community Development Practitioner, auxiliary workers in ECD, toy library assistants, playgroup leaders, etc. In relation to the Expanded Public Works Programme (EPWP), currently the major vehicle and potential funding source for developing professional capacity (except for the Parents Informing Parents component, the status of which seems uncertain, there is little scope for capacitating of staff for ECD programmes beyond group-care situations). ECD qualifications currently registered are not well suited to emerging job responsibilities in ECD. The FETC in ECD would equip an outreach worker. However, for the manager of an ECD acting as a community ECD resource, the management elective may need revision. Integration of ECD components into the forthcoming Community Development qualification is essential for the ECD Community Development Practitioner.

The rapid assessment has also highlighted issues relating to the NIP secondary components of policy and regulation review, programme impact research and monitoring and evaluation.

RECOMMENDATIONS AND CONCLUSION (Section 6)

This rapid appraisal and analysis indicates that there is a range of ECD services at community and household level which have elements that support ECD policy goals for children from birth to four years. In order to expand and render a more effective service, the following is needed from government:

- Recognition, funding and regulation to bring these programmes into mainstream ECD services. Incorporating them into the regulations under the Children's Act is a mechanism by which this could be supported.
- Capacity building for a range of ECD jobs which cater to a variety of settings. Moves towards this are being made in the Further Education and Training Certificate in ECD and skills programmes at Levels 1, 2 and 3, and in the design of an ECD specialisation for a Community Development Qualification. Continued and greater public funding for capacity building at all levels will be necessary.

- Integration and partnerships across sectors and at all levels for better service planning and delivery. These aspects are continuing challenges. Concepts such as local government programmes and the use of nodes of support (such as ECD centres as mechanisms for integration) are emerging. Another aspect of partnership will be to find ways to share the wealth of materials developed for use in household and community ECD services.
- Research to determine whether ECD services are of sufficient quality and intensity to produce the needed improvements in child outcomes, and which of these possible improvements are most cost effective.

1 INTRODUCTION AND BACKGROUND

1.1 Purpose of the assessment

This rapid assessment is intended to provide information on non centre-based ECD programmes in support of poor and vulnerable babies and young children in South Africa. The information will contribute to the implementation of the National Integrated Plan for ECD (for which vulnerable young children are a priority target), the EPWP and, in particular, the massification of ECD services. The age range to be covered is birth to four years, though in practice older children who are not in Grade R classes for reasons of access, convenience or developmental age are also beneficiaries of programmes of this type. The assessment will indicate the nature and extent of support that the DoE, DSD and DoH should give to programmes of this type. In the following section, demographic information which suggests the scale of services needed for children birth to four years is given.

1.2 Information on children from birth to four years

An estimated 5.16 million children are aged between birth to four years: 86.1% are African, 7.8% Coloured, 1.7% Indian/Asian and 4.4% White. As can be seen in Table 1, the largest numbers of children live in KwaZulu-Natal, Gauteng and the Eastern Cape.

Table 1: The number and proportion of children 0–4 years living in South Africa by province

Province	Estimated population 0–4 years	% of 0–4 year population
Eastern Cape	781 700	15.13
Free State	298 600	5.78
Gauteng	944 200	18.28
KwaZulu-Natal	1 100 200	21.3
Limpopo	675 500	13.07
Mpumalanga	372 300	7.2
Northern Cape	95 500	1.84
North West	434 300	8.43
Western Cape	462 300	8.95
All provinces	**5 164 500**	**100**

Source: Statistics South Africa (2006)

Priority target groups for ECD services for children from birth to four years

While national policies provide for all children, the state has prioritised particularly vulnerable groups for services. These include those with disabilities, HIV affected or infected and the poor. In a paper on how child care and ECD programmes relate to poverty eradication, Penn (2004) points out that ECD programmes in very difficult circumstances are unlikely to have the striking long-term human capital development gains achieved by highly resourced ECD programmes, mostly in the United States, but that they have particular value in terms of "here-and-now support" for three groups of particularly vulnerable children: those whose parents are time poor and absolutely poor and do not have the resources to care for them, young children affected by HIV and AIDS, and those in situations of war and conflict. Interventions at this level can be seen as critical to the realisation of children's basic rights and wellbeing, as well as potentially contributing to their educational development.

Children living in poverty

A recent analysis of household earning data drawn from the General Household Survey 2005 (Leatt, 2006) indicates that 66% of children from birth to 18 years in South Africa live below the poverty line (less than R1 200 per month). A huge 55% of children live in "ultrapoor" households with earnings below R800 per month; government uses this earning level to denote indigent households. Table 2 gives the provincial proportion of children below these two poverty lines in 2005.

Table 2: Proportion of children 0–18 years living in poor and ultra-poor households by province

Province	Monthly household income < R800	Monthly household income < R1 200
Eastern Cape	73%	80.2 %
Free State	60%	65.5%
Gauteng	29%	43.0%
KwaZulu-Natal	60%	69.0%
Limpopo	74%	83.0%
Mpumalanga	57%	69.5%
Northern Cape	49%	59.6%
North West	58%	72.3%
Western Cape	18%	36.1%
All provinces	**55%**	**66.2%**

Source: Monson et al (2006)

Urbanised provinces had the lowest proportion of children living in such households, though a substantial proportion of children in these provinces are also living in very poor households.

One of the concrete measures of poverty is hunger, and the General Household Survey includes a question about children going hungry. Leatt (2006) notes the high rates of child hunger experienced in households with unemployment. The effects of undernutrition are shown in the 1999 National Food Consumption Survey (Labadarios, 1999) which found a national prevalence of 21.6% stunting, 10.3% underweight and 1.4 % severely underweight in children aged 1–9 years. Younger children aged 1–3 years were most severely affected, as well as those living on commercial farms (30.6%) and in tribal and rural areas.

Poverty also impacts negatively on child health. While HIV and AIDS was the leading cause of death for children under five and accounted for 40% of child deaths, a total of 27% were caused by diarrhoea, lower respiratory infections and low birth weight (Bradshaw et al, 2004). These three conditions are attributable to poor living conditions.

Children whose primary caregivers need a partial care service

Unemployment figures are important both because of their impact on income poverty but also because the demand for day care services is primarily from working women. In September 2005, the official expanded unemployment rate for women was 46.6% while for men it was 31.4%. Unemployment was highest in Limpopo at 53.4% followed by KwaZulu-Natal, Eastern Cape and North West at 43.3%, and Mpumalanga at 41.5% (Development Policy Research Unit, 2007).

Primary caregivers working on subsistence activities in the informal sector are also time-poor, and day care would be a valuable resource for babies and young children whose primary caregivers are not well enough to care for them, or who are child heads of households, or whose elderly caregivers need respite care.

There is no recent data on the numbers of children in this age group in organised ECD provision. In 2000, at the time of the Nationwide Audit of ECD, provisioning was estimated at 406 917 or 5% of children less than three years and 15% of children aged three and four years.

A large data gap, even for estimation purposes, is the number of child minders caring for up to six children in their homes. This form of provision is common in urban settings. It also tends to snowball into home-based crèches, many of which fail to register and which cannot meet adequate standards. The National Association for Child Minders has trained approximately 154 child minders in Soweto alone, 216 in Gauteng, but there are many others.

Children with disabilities

Early identification and intervention for children with disabilities is essential to prevent the development of secondary disabilities and to assist with overcoming barriers. Inclusion of children with disabilities at ECD level lays the foundation for social integration. An estimated 4% of the population are children with disabilities; this indicates that about 206 000 children are in need of special services.

Children from birth to four years who are HIV AND AIDS infected and affected

Children in the birth to five year age group have the highest risk of HIV infection. Estimates from the Actuarial Society of South Africa (ASSA) 2003 model show an increase from 2.2 % in 2000 to 3.6% prevalence in 2006. Provincial prevalence rates vary, reflecting overall provincial prevalence and the reach and efficacy of PMTCT programmes in the provinces. The National HIV and Syphilis Antenatal Seroprevalence Survey in 2005 (Department of Health, 2006) indicates the very high proportion of child-bearing women infected. Similarly, the South African National Prevalence of HIV (Shisana et al, 2005) found the highest prevalence in young females peaking at 33.3% in the 25–29 year age group.

Table 3: HIV prevalence in pregnant women and estimated prevalence for children from birth to four years

Province	HIV prevalence in pregnant women (%)	Prevalence projections aged 0–4 years 2007 (%)
Eastern Cape	39.1	3.7
Free State	30.3	4.4
Gauteng	32.4	4.3
KwaZulu-Natal	39.1	5.3
Limpopo	21.5	2.5
Mpumalanga	34.8	4.3
North West	31.8	2.3
Northern Cape	18.5	3.9
Western Cape	15.7	1.9
All provinces	**30.2**	**3.7**

Sources: DoH (2006), ASSA (2005)

These findings have implications for both the additional care and support needs of young children who are themselves infected, including indications of special learning needs and behavioural problems (Dunn, 2005; Sher, 2005), and for those whose mothers or caregivers are HIV positive and may require a range of material and psychosocial supports. Support is also needed in respect of young children requiring ARV therapy. The recent situation analysis (Michaels, Eley, Ndhlovu & Rutenberg, 2006) is heartening in that most children on ART are compliant with their dosing schedules. However, very few infants under one year are on the treatment. In many parts of the country, diagnosis at six weeks is not being accessed and "currently 85% with HIV are lost to follow up from the PMTCT programme and an estimated 40% of these infants die during the first year of life without treatment" (p 53). Awareness raising and support for caregivers for an early diagnosis is critical, as is assisting caregivers of HIV-positive children to access nutritional support for them and ensuring that the children are immunised.

2 POLICY ANALYSIS

This section provides a brief analysis of how current policies, legislation and departmental programmes are supportive of innovative community and home-based childminding and ECD programmes. It also identifies the gaps where additional support is needed. A list of relevant policy documents is included in Appendix 1, followed by a summary of the provisions of the key policy documents which have implications for these types of ECD programmes.

Legislative frameworks, policies, guidelines and departmental programmes contain numerous references which situate the home and family as the primary context for the growth and support of the young child, and indicate state responsibility to make appropriate interventions to ensure that this is supported.

At the broad level of the legislative framework, the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and other international commitments to which South Africa is a signatory, families are identified as needing the necessary protection to fully assume responsibility for the growth and wellbeing of children. This includes appropriate information, access to preventive health care and measures to assist them to provide children with a standard of living adequate for children's development, especially those in need of special protection. Parents and other caregivers are seen as responsible for children's development as well as their survival and protection.

In the current draft of the Children's Amendment Bill (2006), one of the objectives is to "promote the preservation and strengthening of families", and a second related objective is "to strengthen and develop community structures which can assist in providing care and protection for children". ECD issues are included in Chapters 5, 6 and 8 which cover partial care facilities, early childhood development programmes and also early prevention and intervention services, the category into which most innovative ECD programmes fall. These should ideally be integrated in order to provide a comprehensive ECD service. There are several provisions relating to support for the family as a preventive and early intervention strategy to protect children. These are currently phrased in such a way that they would apply mostly in cases of preventing serious harm and abuse to children rather than within the developmental service context. This is one of the issues that the Children's Sector submission on the Bill is attempting to address.

Health policy and interventions from all departments aimed at the support of HIV and AIDS-infected or affected children are clearly targeted at household and community interventions. Mention of the role of the parent or other primary caregiver is made in the majority of ECD-related policy documents either from Social Development or Education, but the clearest articulation of what this might entail is to be found in recent concepts and plans including the National Integrated Plan for ECD, the Concept Document ECD Centres as Resources for Care and Support for Poor and Vulnerable Children and their Families including OVCs, and the Massification of ECD Concept document. In response to these, new draft qualifications for FETC Early Childhood Development attempt to provide for the training of alternative ECD workers who would intervene at community and household level. Similarly, the DSD's Draft Framework of Indicators for Monitoring and Evaluating ECD contains many household and community level indicators and speaks to different categories of ECD worker.

The National Integrated Plan for ECD clearly outlines commitment to supporting early childhood development for children from birth to four years through services targeted at household and community level, as well as through formal provision. For household level, the document provides for the development of ECD workers who can intervene at household and community level. The responsible

role players are given as government departments, municipalities, businesses, NGOs, CBOs and FBOs. These workers should be trained in the context of the EPWP according to the Massification of ECD concept document. The proposal for developing ECD sites as supports for vulnerable children and families is also explicit that outreach workers operate from the sites to extend the service net.

While the policy and plans send a clear message of support for home and community based interventions, there tend to be gaps which will need to be resolved in order to make implementation of these programmes a reality. These include:

- No specific mention of these types of programmes in the Children's Amendment Bill or ECD guidelines which still privilege the ECD centre model in its existing form.
- A regulatory and support framework for these types of programmes which are essential if a quality service is to be rendered.
- Funding norms for DSD do not currently provide for these initiatives.
- Proposals for new categories of ECD jobs and training for workers need to be concretised.
- These programmes, more even than ECD centre services, are dependent on integrating services from a range of departments and between provincial and local government levels. The NIP outlines required structures, but there will need to be careful elaboration of the integration mechanisms so that the integrated units work effectively and the numerous current problems are resolved.

3 METHODOLOGY

3.1 Development of the framework

A review of legislation, ECD and family policies, concept documents and wider materials and programmes from the Departments of Social Development, Education and Health was conducted to extract the implications for home-based childminding and community ECD programmes. Categories were extracted from the review as the basis for the programme survey, and an interview schedule was prepared and submitted to the Reference Group comprised of UNICEF and the Interdepartmental Committee for ECD for inputs and approval.

3.2 Identification of programmes

At an initiating meeting with Reference Group representatives, the parameters for innovative community and home-based projects were determined as being those aimed at forms of provision that are not required to register in terms of the Child Care Act of 1983. It would include family services, home visiting, informal playgroups, support to child minders caring for up to six children, etc. This did not however preclude programmes using ECD sites (registered as places of care) as a springboard or resource for a wider range of programmes. Further, because many family-based forms of provision are not limited to babies and young children only, some more general protection programmes which provide for vulnerable young children were included. This applies especially to programmes addressing disability, prevention of child abuse and children affected by HIV and AIDS. However, recent studies have indicated that while there are many HIV and AIDS interventions, very few take account of the particular needs of very young children (Biersteker & Rudolph, 2003; 2006). There has therefore been an attempt to concentrate on those with elements focusing on young children. Snowball sampling was used, starting with programmes known to the researcher and reference group. The internet and contacts with umbrella organisations such as provincial RTOs, Child Welfare South Africa and the AIDS Foundation of South Africa were also used. ALLSA contacted several of its member organisations.

Forty-five service providers were identified and contacted; five offered more than one programme aimed at home-based child minders and communities (TREE, ELRU, ALLSA, Parent Centre, Child Welfare South Africa National). Two other service providers do not yet offer services but are planning to do so. One service provider has not provided any information despite numerous contacts with them.

3.3 Interviews

Once a programme had been identified as meeting the criteria, the director was contacted telephonically with a follow-up email or fax which included a cover letter with background information about the Rapid Analysis and the interview schedule (see Appendix 2). The options were either to receive an interview (personal or telephonic, depending on where the programme was situated relative to the researcher) and to send information from which the interview schedule could be completed, or to complete it themselves. Respondents were encouraged to provide the fullest possible details of budgets and funding sources, but this was at their discretion and not all respondents elected to do so. Five programmes requested an interview, two sent information and the remainder completed schedules.

3.4 Limitations

The assessment is limited by a number of elements such as the short time frame and the shortage of relevant information in certain areas; the database and project description is therefore not comprehensive but rather a basis on which to build.

4 FINDINGS

A summary of the survey findings is presented in this section. Because there was a range of programme approaches and the contexts of delivery are so different, direct comparisons on costs and units of outreach are impossible. Criteria by which programmes measure their effectiveness vary considerably, as does what they consider to be their focus. More detail on individual programmes is given in Appendix 3. Summary tables are based on information provided on 45 programmes offered by 35 providers. Some of the toy library programmes gave very limited information on what they offer, but this has been included in the sections where it applies.

4.1 Programmes surveyed by provincial location

Forty-five programmes were surveyed from 35 service providers, several of which offer different services in different contexts. Several programmes operate in more than one province and are reflected in all the provinces where they have a presence. Providers and summary information on their programmes is provided in Appendix 3.

Table 4: Programmes by province

Province	Provider and area
Eastern Cape 12 providers	**Bethesda Arts Centre:** Nieu Bethesda **Child Welfare Asibavikele:** Humansdorp, Engocobo, Kenton-on-Sea **Child Welfare Isolabantwana:** Cradock, East London, Somerset East, Adelaide, Butterworth, Fort Beaufort, Grahamstown, King Williamstown, Kenton-on-Sea, Port Alfred, Graaf-Reniet, Humansdorp, Mthatha, *Aliwal North, Queenstown, Bedford, Tsolwana* **Cotlands:** East London **CSD:** Grahamstown and 100 km surrounds **ELRU:** Wakh Umtwana Mfinizweni district of Lusikisiki **FMSL:** (via PE ELC, CSD and Masikhule) **HIPPY:** Mpindweni and Tabase in Mthatha area **ITEC:** Nxarhuni Tsholomnqa **Khululeka:** Chris Hani Municipal District **Masikhule:** Maqhinebeni, Cezu, Mqanduli areas of Mthatha **National Association for Child Minders** **TREE:** Parenting areas adjacent to KwaZulu-Natal
Free State 7 providers	**Child Welfare Asibavikele:** Phuthaditjaba, Virginia **Child Welfare Isolabantwana:** Senekal, Warden, Koppies, Ficksburg, Thaba Nchu, Sasolburg, Goldfields, Bloemfontein, Kgotsong **FMSL:** (via Boitjorisong Teachers' Centre Sasolburg) **DEDI:** Motheo District municipality – Bloemfontein, Thaba Nchu, Wepener, Dewetsdorp Fezile Dabi District – Sasolburg, Koppies, Vredefort, Parys Xhariep District – Smithfield, Zastron, Rouxville, Trompsburg, Jagersfontein, Fauresmith, Philipolis, Koffiefontein, Jacobsdal, Petrusburg **Lesedi:** Bloemfontein, Botshabelo, Thaba Nchu **National Association for Child Minders** **Sunshine:** Phuthaditjaba

Province	Provider and area
Gauteng 12 providers	**ALLSA Come and Play:** Johannesburg Inner City, Hillbrow and surrounds, Greater Johannesburg Metro, Hillbrow Clinic and ARV clinic outreach **Child Welfare Asibavikele:** Actonville, Sharpville **Child Welfare Isolabantwana:** Tshwane, Midrand **Coronation Toy Library:** Westbury and surrounding areas **Cotlands:** Soweto, Alexandra, Tembisa **FMSL:** (via HIPPY, Woz'obona, Buyani Community School) **Friends for Life:** Alexandra **Hippy SA:** Orange Farm, Orlando East, Westbury, Wintervelt. Diepsloot**, Daveyton**, Etwatwa** and Vosloorus** **KELRU:** Ekuruleni **National Association for Child Minders:** Soweto and other areas **Sunshine:** Johannesburg – East Rand, Western Areas and Northern suburbs. **Salvokop Toy Library:** Pretoria
KwaZulu-Natal 9 providers	**Child Welfare Asibavikele:** Kwa-Nzimwake, Kwa-Xolo **Child Welfare Isolabantwana:** Durban South, Stanger **Cotlands:** Hlabisa **Family Literacy Project:** Southern Drakensberg area – 7 sites Kwasani, Ingwe municipalities **LETCEE:** Ilembe District Municipality (Ngcolosi ward, Ntunjambili, Kranskop) **TREE IECDI:** Nkandla – Ekukhanyeni and Ngono wards **TREE Izingane Zethu:** Centocow in Ingwe District **TREE Parenting:** Throughout KwaZulu-Natal **TREE Siyafundisana:** Greater Durban, Port Shepstone, Folweni/Desai South Coast, Bulwer and Bergville (Midlands)
Limpopo 7 providers	**FMSL:** (via Sekhukune Educare Project) **Golang Kulani:** Calia village Mopani District Tzaneen, Mokgologotho village Maruleng **National Association for Child Minders** **Sunshine** **Woz'obona:** Sekhukune District (11 villages) **Asibavikele:** Polokwane, Paramount **Isolabantwana:** Polokwane
Mpumalanga 3 providers	**Child Welfare Asibavikele:** Graskop, Middelburg Mhulzi area **Child Welfare Isolabantwana:** Middelburg, Sabie/White River, *Nelspruit* **Cotlands:** Lydenberg
North West* 5 providers	**A Re Direng:** Siyanda District **Child Welfare Asibavikele:** Vryberg/Pampierstad; Potchefstroom, Rustenberg, Orkney/Stilfontein/Klerksdorp **Child Welfare Isolabantwana:** Orkney, Potchefstroom, Pampierstad **FMSL:** (via Oukasi Development Trust) **National Association for Child Minders**

Province	Provider and area
Northern Cape 3 providers	**A Re Direng:** Kgalagadi District **Child Welfare Asibavikele:** Kimberley (Galeshewe, Colville, Vergenoeg, Chris Hani) **Child Welfare Isolabantwana:** Kimberley, Fraserburg, Calvinia, Douglas, Groblershoop, Delportshoop, Sutherland
Western Cape 17 providers	**Beaufort West Hospital Toy Library** **CECD/Ekuhlaleni/ELRU:** Enrichment Centres *** **Child Welfare Asibavikele:** Hermanus, Wellington, Plettenburg Bay **Child Welfare Isolabantwana:** Albertinia, Bredasdorp, Caledon, Cape Town, Grabouw, Hermanus, Heidelberg, Helderberg, Kleinmond, Knysna, Napier, Paarl, Laingsburg, Plettenburg Bay, Slangrivier, Stellenbosch, Wellington, *Lambertsbaai, Riversdale, Touws River, Worcester* **Cotlands:** Helderberg **Ekuhlaleni:** Nyanga, Guguletu, Philippi **ELRU Family and community motivators:** Weltevreden Valley **ELRU Integrated ECD Strategy:** Greater Philippi **ELRU Wakh Umtwana:** South Peninsula, Masiphumelele, Ocean View and Red Hill** **FCW Family In Focus:** Atlantis, Bokmakierie, Delft, Mitchells Plain, Khayelitsha, Franschoek, Klapmuts, Paarl, Drakenstein, Simondium, Oudtshoorn **Grassroots playgroups:** Robertson, Montagu, Worcester, Malmesbury, Vredendal, Langa, 209 people trained **Ikamva Labantu:** Centralised community service hubs (two in Greater Cape Town Metropolitan area with more planned) **Masiphumelele Library Outreach:** Masiphumelele **Oudtshoorn Hospital Toy Library:** Oudtshoorn, Calitzdorp, Zoar, Ladismith **Parent Centre:** Parent Infant Intervention Home Visiting: Hanover Park, Nyanga, Khayelitsha, Imizamo Yethu, Mitchells Plain **Parent Centre Teen Parenting:** Nyanga, Guguletu/Crossroads, Khayelitsha, Dunoon and Philippi **Valley Development Project:** Masiphumelele

* The Department of Sports, Arts and Culture, North West Province runs 39 toy libraries in the province but did not supply further information.

** Operated in 2005 but suspended in 2006 due to lack of funding.

***Tender ended in March 2006 and most of the outreach work is on hold due to a break in funding for this aspect of the work.

Projects in italics are in the start-up phase.

4.2 Geographical context

The majority of the programmes surveyed were developed in response to the lack of formal ECD services and are serving locations poor in infrastructure and resources. Toy libraries tend to be in urban centres. The table below shows that many of the approaches operate in a variety of contexts. Count/Woz'obona's Family Maths, Science Literacy and Lifeskills programme has been incorporated through other service providers in a range of provinces and settings. Similarly, several projects use some of the Family Literacy Programme activities.

Table 5: Number and names of service providers by type of area served

Type of area	Service providers
Rural (16 providers)	A Re Direng, Child Welfare, Cotlands, CSD, DEDI, ELRU Wakh Umtwana; Family Literacy Programme, Golang Kulani, HIPPY, Khululeka, LETCEE , Masikhule, TREE, Woz'obona SEP, ITEC
Farms (2 providers)	FCW, Grassroots
Peri-urban – smaller towns (7 providers)	Child Welfare, CSD, Bethesda Arts Centre, Beaufort West Hospital, FCW, Grassroots, Oudtshoorn Hospital
Informal settlements (13 providers)	Child Welfare, Cotlands, DEDI, Ekuhlaleni, ELRU, FCW, HIPPY, Ikamva Labantu, KELRU, Lesedi, Masiphumelele Library, National Association for Child Minders, VDP
Urban (19 providers)	ALLSA, CECD, Child Welfare, Cotlands, CSD, Coronation Toy Library, Ekuhlaleni, ELRU, FCW, Friends for Life Toy Library, Grassroots, HIPPY, Ikamva Labantu, Lesedi, National Association for Child Minders, Parent Centre, Salvokop Toy Library, TREE Parenting, Siyafundisana

4.3 Length of operation

The majority of the home-based and community ECD programmes identified were established quite recently, indicating a substantial shift of NGO sector interest towards approaches other than ECD centres to service children "out of the loop". This may be partly attributed to the changes that have occurred since government has developed ECD policy and taken responsibility for Grade R training; it has become highly regulated and donor agencies have begun to see training as a state responsibility. Furthermore, the formal sector has begun to compete for the training of ECD practitioners, traditionally an NGO role. However, NGOs have realised that their expectations that government would provide universal access to ECD services other than Grade R are unrealistic and the deteriorating situation for young children in the face of the AIDS pandemic calls for a range of different responses.

As can be seen from this table, a quarter of projects have been operating for less than two years, and nearly three quarters were started in the last six years.

Table 6: Length of operation

Period	Projects started
Up to 1990	5
1991–1999	7
2000–2004	21
2005–2006	11

4.4 Programme approaches

The programmes identified have multiple elements and overarching programmes often incorporate several of these interventions in their basket of services. So, for example, a programme with a home visiting approach might, as part of its service, include a playgroup or support group. For convenience, programmes have been categorised according to their distinctive focus:

- Location-based integrated ECD strategies
- Community child protection strategies
- Use of ECD centres as supports for outreach work
- Service hub

- Parent education courses
- Playgroups
- Home visiting
- Toy libraries
- Support to child minders
- Care and support for HIV-infected and affected children.

Table 7: Types of programme offered by service provider

Programme type	Service provider
Community child protection strategies/safety nets	Child Welfare SA Asibavikeli, Isolabantwana Woz'obona
Location-based integrated ECD strategies	ELRU Wakh' Umtwana, Philippi Integrated ECD Strategy Khululeka LETCEE/TREE Izingane Zethu
Use of ECD centres as supports for outreach work	CECD/Ekuhlaleni/ELRU: Enrichment Centres Centre for Social Development ITEC Lesedi TREE IECDI
Community service hub	Ikamva Labantu
Parent education groups	Bethesda Family Literacy Project Count KELRU Masiphumelele Library Parent Centre Teen Parenting Programme TREE Parenting Programme
Parent and child playgroups	Golang Kulani Grassroots TREE Siyafundisana
Home visiting	DEDI Ekuhlaleni Preschool Project ELRU Family Community Motivators FCW Family in Focus Family Literacy Project HIPPY South Africa Masikhule FCM Project Parent Centre: Parent Infant Intervention Sunshine Early Intervention Programmes Thusano: A Re Direng Valley Development Project: Khanya Kwezi
Toy libraries	ALLSA, Friends for Life, Salvokop, Hospital libraries: Beaufort West, Coronation, Oudtshoorn
Support to child minders	National Association for Child Minders
Care, training in support of HIV-affected/infected children	Cotlands

4.5 Focus of intervention and targets

The intervention focus differs from the target group in that the target specifies who is eligible for the service. Certain of the interventions focused on children only and some did include older children in the community. The largest number saw caregivers of young children as the intervention focus. While the majority included OVC in their target group, a few programmes specified these as their focus.

Table 8: Intervention focus by number of programmes

Intervention focus	Number
Young children and family (primary caregivers)	15
Community ECD stakeholders, households, services, leadership	6
Children with disabilities	3
Caregivers	3
OVC	4
Children and family	2
Children waiting at clinic	2
Children (all ages)	2
At risk pre- and post-natal women	1
Teen parents/caregivers	1
Child minders	2
One-stop service stop for children, youth and seniors	1

Table 9: Target group by number of programmes

Target group	Number
Poorest of poor, not in ECD , 0–6/0–9 years	7
Rural OVC 0–9 years	5
Children with disabilities (especially very young)	4
Whole ECD community	4
Young children/families in difficult circumstances (including OVC)	3
HIV and AIDS affected 0–18 years, OVC	2
HIV and AIDS affected six months to 15 years	1
HIV-positive children at ARV clinic	1
Children at clinic	1
All children in need of care and protection	2
Children all ages	1
Children 4–6 years in poor communities	1
Child minders	1
Children, women, youth, seniors especially HIV affected/infected	1
Children at the library	1
Child minders, parents in areas where need for infant and toddler care exists	1

The target groups for all of these programmes fit within the categories specified as vulnerable in departmental documents. Even those open to all children such as the Come and Play Toy Library, by virtue of their location, service poor children and those with special needs. None of the programmes specifically set up for purposes of support for children affected by HIV and AIDS are limited to very young children, though they may offer additional services to households with young children. The Cotlands programmes have certain services which focus on younger children including a nutrition intervention for children from birth to five years and their caregivers, and they have produced HIV-awareness and bereavement-support material for young children.

4.6 Service goals

While there are many similarities in overall programme elements, a categorisation suggests that these may be approached from different standpoints which indicate where the emphasis of the projects may differ. There is a distinction between an overall rights framework, which is necessarily more holistic, and those more tightly focused service goals such as promoting early learning or care and protection. In addition, it is clear that many of these innovative programmes are testing new models with a view to influencing policy implementation. The table below categorises the service goals of the programmes surveyed. Individual programme goals are given in the project summary in Appendix 3.

Table 10: Key service goals of different providers

Helping young children access their rights	
✻ Entrench holistic rights of young children. ✻ Help disadvantaged communities by bringing resources to them to educate and mobilise communities around child care and protection. ✻ Help ensure all children in district have best chance to improve life chances. ✻ Build safety net for vulnerable young children, entrench Child Rights approach through community education, develop community network of services which support children's rights capacity building. ✻ Realise a family and community environment that promotes and enhances the survival, development, care and protection of young children by empowering families and CBOs to act to address issues that impact on the child.	Grassroots, Ekuhlaleni, ITEC, ELRU, DEDI
Using ECD site as resource for care and support in the community	
✻ Train CDPs who are based at ECD sites and facilitate a holistic community development approach to ECD. ✻ Use ECD centres as resources for care and support in the community, build local capacity to address children's rights in area including strengthening families, mobilise and strengthen community-based responses through ECD sites, ensure access to services to OVC ensuring government protects most vulnerable children, raise awareness to create supportive environment for young children affected by HIV and AIDS. ✻ Offer integrated range of ECD services from six enrichment centres determined by local needs, including a programme focus on the most vulnerable children, i.e. children infected and affected by HIV and AIDS; children with disabilities; children at risk of abuse and neglect; children who do not have access to adequate health services and nutrition.	CECD/ Ekhuhlaleni/ELRU, CSD, Lesedi, TREE, IECDI
Testing models for integrated approaches	
✻ Test an integrated ECD approach at local level providing for better quality ECD sites, strengthening safety nets and deepening family and community awareness and support of ECD, including child minders. ✻ Test an integrated family-based model for ECD in the Kuruman/Kudumane regions, to increase children's and caregivers' access to ECD. ✻ Provide evidence that Family and Community Motivators are a vital asset to community mobilisation around ECD, advocate mindset change to ECD, review strategy to reach out to vulnerable children.	ELRU, IECD , A Re Direng, Masikhule

DISABILITY/EARLY INTERVENTION	
✻ Development and inclusion of children with disabilities and delays in partnership with families and communities. ✻ Support children with disabilities who are in therapy. ✻ Support children with special needs.	Sunshine, Hospital toy libraries
CHILD PROTECTION	
✻ Strengthen families to protect their children. ✻ Mobilise communities around child care and protection. ✻ Establish community coalitions to create holistic support for children and their families. ✻ Isolabantwana: empower communities to take responsibility for child protection and prevention of abuse, sensitise communities about child rights, provide 24-hour child protection service and easy access to help for children in crisis. ✻ Prevent child abuse and neglect by enhancing parents'/caregivers' capacity for early parenting. ✻ Help teen parents cope with parenting.	Ekuhlaleni, FCW, Child Welfare, Parent Centre
HOUSEHOLD SUPPORT	
✻ Assist households to be able to care for and develop their children. ✻ Nurture and support vulnerable young children in safe, healthy appropriate environments. ✻ Create linkages between home, school and ECD setting. ✻ Enhance nutrition and health status of families and especially vulnerable infants, toddlers and young children. ✻ Harness potential of parents and caregivers by supporting and extending their child-rearing skills, through child development knowledge and related health care information, including HIV. ✻ Improve lives of vulnerable young children by improving knowledge, values, skills and attitudes of caregivers. ✻ Assist caregivers to provide PSS to children in their households. ✻ Reach out to mothers, children not in ECD, OVC; assist parents/caregivers communities to engage in dialogue to bring forward issues of children in crisis to be addressed by community. ✻ Facilitate and develop a community-based response to the impact of HIV and AIDS on the lives of young people. ✻ Opportunities for children to develop through play and active learning. ✻ Build caregivers' confidence as primary caregivers and provide forums for them to discuss their experiences and concerns. ✻ Enhance capacity of local women to solicit support/resources from Education, Health and Welfare, local government and other organisations to assist action in area for holistic ECD. ✻ Ensure all vulnerable young children have access to early learning support system. ✻ Equip caregivers to take responsibility for young children's learning. ✻ Provide support to and promote learning for young children with information, PSS and increase access to resources.	Woz'obona, Khululeka, TREE Parenting and Siyafundisana, VDP, ELRU, FCM
EARLY LEARNING/STIMULATION	
✻ Empower parents/caregivers with low levels of education to strengthen bonds and prepare their own children for positive school experience. ✻ Help children to reach full potential by providing safe places to play, quality play materials to stimulate skills and allow emotional expression; monitor and assist play. ✻ Stimulate children, encourage parent/child interaction and encourage parents to bring children to Come and Play Library. ✻ Share information on ECD and IMCI, demonstrate and build skills for play and stimulation, link with other child health role players, add new households on ongoing basis. ✻ Help parents help children enjoy books and reading, prepare children for learning to read and write, and on ways to help children do better at school. ✻ Encourage primary adults in children's life to take on role of first teacher. ✻ Encourage loving, cooperative learning bond, prepare for formal learning. ✻ Improve adults own understanding of literacy, numeracy, lifeskills and science. ✻ Build links between adult and ECD centre or school and child. ✻ Help adults recognise learning opportunities in home and use them to develop maths, science, literacy and lifeskills.	HIPPY, ALLSA Come and Play, clinic outreach and ARV, FLP, Bethesda Arts Centre, FMSL, Masiphumelele Library Outreach, Salvokop Toy Library, Friends for Life

EARLY LEARNING/STIMULATION (CONT.)	
✻ Promote reading and a reading culture. ✻ Help disadvantaged pre- and primary school children develop language and maths skills, social skills, perception and coordination, and to have fun. ✻ Provide area for children to play while parents are receiving counselling or at meetings, provide practical framework for parents. ✻ Increase children's self confidence and assist in overcoming trauma.	
OVC	
✻ Facilitate establishment and strengthening of existing community-based structures for care and support of OVC affected by HIV and AIDS in under- or unserviced communities, using child welfare infrastructures. ✻ Care for children who are abandoned, orphaned, abused and children living with HIV and AIDS and other vulnerable children. ✻ Improve wellbeing of children (especially OVC) through families, ensuring access to essential services, mobilising a community-based response and creating a nurturing environment for all young children. ✻ Assist young children from birth to nine years outside ECD loop and help women start income generation to sustain families. ✻ Provide area for children to play while parents are receiving counselling or at meetings, provide practical framework for parents. ✻ Increase child's self confidence and assist in overcoming trauma. ✻ Provide social development support services. ✻ Identify vulnerability. ✻ Increase ability of community to provide a safety net. ✻ Facilitate capacity building and leadership. ✻ Work towards self-sustainability. ✻ Care for children who are abandoned, orphaned, abused or living with HIV and AIDS and other vulnerable children.	Child Welfare SA Asibavikele, TREE/ LETCEE Izingane Zethu, Golang Kulani, Friends for Life, Ikamva Labantu, Cotlands
CHILD MINDER SUPPORT PROJECTS	
✻ Train and skill partial care providers for up to six infants and toddlers. ✻ Coordinate existing partial care projects and facilitate establishment of new ones.	National Association for Child Minders (NACM)

4.7 Units reached

The number of beneficiaries reached in the different programmes depends on many factors including the approach, intensity of input, duration, population density, distances involved and, most of all, funding available. Where a primary caregiver is a target rather than a child, the outreach will often be to multiple children. Some programmes have cut back their operations since 2005 due to their inability to raise sufficient funding, and there were insufficient field staff in many others relative to the middle management supervisory capacity. For some of the location-based approaches which target a whole area, beneficiaries could not be counted. For example, several activities might reach the same beneficiary. The broad community meetings were impossible to count. Numbers reached unrelated to outcome measures are meaningless. Information presented below is simply to give an idea of the current scale of such programmes.

While different programmes measure their reach in different ways (i.e. village, district, caregiver trained, households visited, etc.), it is clear that the total outreach of these innovative programmes is small relative to the number of vulnerable babies and young children in South Africa and relative to the number of children who attend ECD sites.

Table 11: Scale of operation

Programme type	Units reached	Service provider	Province
Community Child Protection strategies/ safety nets	11 villages	Woz'obona	Limpopo
	21 Sites	Asibavikeli	All provinces
	62	Isolabantwana	All provinces
	2 000	Cotlands	Eastern Cape, Gauteng, KwaZulu-Natal, Mpumalanga, Western Cape
Location-based integrated ECD strategies	1 village; 1 urban district (60 families, 16 ECD sites, 8 safe houses)	ELRU	Eastern Cape, Western Cape
	500 children per community development facilitator per annum	Khululeka	Eastern Cape
	972 children in Centocow, 800 in Kranskop	LETCEE/TREE Izingane Zethu	KwaZulu-Natal
Use of ECD centres as supports for outreach work	3 418 families (home visits) and 2 229 (workshops) in five years	CECD/Ekuhlaleni/ ELRU (Masibambane Consortium)	Western Cape
	18 NGO staff in training	CSD	Eastern Cape
	8 ECD centres	ITEC	Eastern Cape
	300 to 450 families	LESEDI	Free State
	660 households, 18 ECD sites	TREE IECDI	KwaZulu-Natal
Community service hub	2 activity centres (more planned)	Ikamva Labantu	Western Cape
Parent education groups	25 caregivers	Bethesda Family Literacy	Eastern Cape
	150 parents per year	KELRU	Gauteng
	573 teen parents	Parent Centre	Western Cape
	1 030 caregivers	TREE Parenting	KwaZulu-Natal, Eastern Cape
	2 000 adults and 5 000 children over five years (cascade model through other projects)	FMSL	Eastern Cape, Free State, Gauteng, Limpopo, North West
Parent and child playgroups	209 playleaders	Grassroots	Western Cape
	60 children	Golang Kulani	Limpopo
	Estimated 2 500 children	TREE Siyafundisana	KwaZulu-Natal
Home visiting	599 mothers	Parent Centre Infant HV	Western Cape
	165 families a year	Masikhule	Eastern Cape
	217 caregivers, 12 women's savings societies	DEDI	Free State
	2 202 households	FCW	Western Cape
	200 households	Ekuhlaleni Preschool Project	Western Cape
	300 households	ELRU FCM	Western Cape
	94 volunteers	Family Literacy Project	KwaZulu-Natal
	300 families per year	HIPPY South Africa	Eastern Cape, Gauteng
	165 families per year	VDP	Western Cape
	300 families	A Re Direng	Northern Cape, North West
	500 families per year in all outreach activities	Sunshine	Gauteng

Programme type	Units reached	Service provider	Province
Toy libraries	5 500 visits	ALLSA	Gauteng
	30 children per week	Hillbrow Clinic	Gauteng
	20–30 children per week	ARV clinic	Gauteng
	80 per year	Salvokop	Gauteng
	About 80 per year	Coronation	Gauteng
	60 per year	Friends for Life	Gauteng
	66 per year	Oudtshoorn Hospital	Western Cape
Support for child minders	150 to 180 children for each group of 25–30 child minders trained or approximately 600 –720 per year	NACM	Gauteng mainly, but also trained child minders from other provinces

Note: units reached are the average per year unless otherwise indicated.

4.8 Programme elements

A feature of most of these communities and home-based ECD programmes is their flexibility towards the needs of their target populations. Most of the programmes have multiple elements and indicate a broad approach to meeting the needs of the young child in the context of the family. Over two thirds of the programmes are explicit about their role in facilitating families' access to documents and grants, food parcels, referrals to health and social services, and about half (20) have attempted to include elements for money management/income generation/savings groups/self-help groups or to improve food security through gardens.

When coming to the child's development needs, some of the programmes have a greater focus on psychosocial aspects of development than on cognitive development, usually those dealing with high-risk parenting situations, e.g. in HIV- and AIDS-affected situations, or new mothers at risk. Cotlands has a specialised focus on ART support as well as broader subsistence support and counselling services which focus on very young children. A few programmes focus entirely on preparation of capacities (cognitive and affective) that will be needed for schooling and helping families to understand these. These include the FMSL projects, toy libraries and the Masiphumelele Library Outreach in which adults from literacy classes participate in a lap reading programme for young children and daily activities and games are offered for young children. However, these programmes may be nested within broader approaches, e.g. a safety net programme or counselling and support programme. Appendix 3 gives a breakdown of programme elements for each programme surveyed.

The National Association for Child Minders offers training with follow-up support visits and enrichment workshops.

4.9 Frequency and duration

Many of the programmes, e.g. those using a community development approach to an area (i.e. Khululeka, ELRU Wakh'Umtwana) or those depending on community volunteers to take forward the initiative after a period of training, operate on a flexible, ongoing basis. The former depends on what capacity building and support needs are identified in the target community at a particular time. The latter depends on when volunteers and organising structures arrange activities.

Parent education programmes usually operate over a fixed number of sessions or workshops, though it is not clear what percentage attendance is achieved. In approaches employing home visitors, a weekly visit is most common (seven projects), with some projects doing this more often on the basis of need, and only one project doing fewer visits. Several home visiting approaches include group activities either taking children to the local ECD site, playgroup or workshop on a less frequent basis.

Duration of the services was also subject to a great deal of variation. For example, community development models are acutely aware of the need for intensive longer term work in order for the programme to be sustainable once the facilitating service provider exits. Periods of between two and five years were mentioned. In practice however, funding is seldom available for extended periods. One project aims to develop local CBOs spends the first year delivering services, the second aims at training and capacitating local service providers to deliver them and it exits in year three, but provides support.

Many programmes working at household level to solve immediate needs leave when the problem is solved, or rotate families when they are more sustainable.

For programmes there is a strong emphasis on helping caregivers in their role as educators of their young children (eighteen months to two years is the most common); others however offer shorter inputs because of pressure to reach more children. Highly targeted interventions, such as one for children with disabilities, cover a particular age period (from birth to three years) or for high risk mothers, pre-natal until the baby is six months old.

4.10 Resources and materials

While staffing and other human resources are the largest input per programme, respondents were asked what they needed in order to offer their service in terms of resources such as venues, refreshments, transport costs, etc. Administrative costs such as stationery, telephones, etc. are an element for all programmes. Some mentioned marketing the service they offered.

Modest refreshments are a great incentive to regular attendance at programmes in poor communities and were mentioned as essential by several providers. Venues were crucial, and in addition to using their own premises for training, several providers have been able to secure venues for training and meetings at no cost to local authorities, FBOs or other NPOs; homes are sometimes even used. For larger meetings, they often have to hire premises. This may include accommodation for training of field operatives.

For field workers, several projects supply identifying gear such as T-shirts, caps or bags; toy and/or book kits are common, as is waste material for making toys. Child Welfare supplies their volunteers with walking shoes and cellphones for community work. One project has accessed bicycles for the use of the field workers. Some projects mentioned accessing seeds, tools and insecticides from the local authority or Department of Agriculture. The NACM provides a starter kit of mats, blankets, toys and eating utensils when they can.

Vehicles and transport are crucial for service delivery even if it is for supervisory level workers. Transport may be needed to get children to ECD sites for drop-in programmes and for field workers/volunteers to come to meetings. Incentives are also important for the involvement of ECD sites in programmes either in the form of food support or gratuities. Toy libraries, HIPPY and literacy programmes have more substantial equipment, materials and stationery needs.

With regard to leaflets, facilitator guides, training guides and activity guides, most programmes used these. The following grid shows those with written materials and some indicated that they could be approached for their use. Several agencies already use or have adapted Masithethe materials, Family Literacy Programme guides, FMSL materials and CSD guides. Resources such as Department of Health IMCI materials are also used.

Table 12: Materials available from different service providers

Materials available	
✻ Website information on types of toy libraries, how to set up, plan, etc; will also mail this information on request ✻ Could do a list of play materials	ALLSA
✻ Training for Trainer Manual ✻ Volunteer Training Manual	Child Welfare SA
✻ Training manuals ✻ Colouring book on HIV and AIDS and interactive story book: "What is Death?" for 3–6 year-olds	Cotlands
✻ Community Development Approach to ECD training guides can be purchased at cost	CSD
✻ Masithethe series and parent leaflets, both available in a few languages; book on FCM approach available in June 2007	ELRU
✻ Activity file of 80 activities (20 each maths, science, literacy and lifeskills) readers and posters plus basic materials like glue, scissors, paper, etc.	FMSL
✻ IMCI books from DoH, IMCI games being developed by UNICEF	FLP
✻ Story books, activity packets copyright HIPPY	HIPPY
✻ Food gardening material, Soul City material	ITEC
✻ Curriculum materials, school pamphlet, resource packs – High Scope materials to go with Training of Trainers Programme	Khululeka
✻ Family Support Programme Manual copyright Bernard van Leer Foundation	Lesedi
✻ DVD describing the model	LETCEE
✻ Training materials	Sunshine
✻ Posters and leaflets with key messages on children's rights and needs (with pictures and in IsiZulu and English), Facilitator's Guide ✻ Siyafundisana Manual	TREE

4.11 Records kept

Records are essential for monitoring and evaluation purposes, as well as for day-to-day running of projects and tracking of individual children or households participating in the different activities. All of the programmes keep some records and for most of the programmes comprehensive records are kept, especially for those in a piloting phase. Many of the interventions start with a baseline survey, community mapping or a profiling exercise.

Challenges in regard to reporting by field workers with low formal education levels have been variously tackled. For example, the Family Literacy Programme has initiated books with simply written accounts because the facilitators are drawn from the literacy programme participants. Izingane Zethu field workers enter data onto a PDA (palm-held device for assessment). The data tool is loaded and the information is entered onto the screen of the device using an etching stick. This information is then downloaded directly onto the computer and analysed for reporting purposes.

Therapeutic and child protection interventions keep files on individual children or mothers, and many of the home visiting programmes collect general household information on their initial visit. One

home visiting project commented on the value of a developmental assessment form they use at the beginning and after a year to assess whether the child is ready to exit the programme.

Most projects gave examples of what they kept rather than an exhaustive list, but this table gives an indication of the active recording that takes place.

Table 13: Information recorded by service providers

Types of records kept	Number of programmes
Attendance records	17
Progress reports	13
Baseline survey	7
Case histories	7
Statistics, e.g. grants, documents, self-help groups, wills made, services accessed, referrals	9
Reports on visits	7
Evaluations	7
Community needs analysis	5
Individual files	6
Minutes	4
Database of families	4
Borrowed toys, books	3
Confidential register of OVCs	3
Recruitment forms	3
Reflective journals	2
Monitoring forms	2

4.12 Links to government

Because of the holistic goals of most of the programmes, organisations identified links with government departments in order to facilitate the access of their target groups to documents, grants and services as part of their strategy. In some cases, local authorities, or provincial health and social development had funded the service; in others they provided some other kind of support such as assisting with venues, recruitment or seeds. Social development, health and local authorities were most often reflected as providing support. In many cases, links were not working particularly well and where they were, providers had to link separately to different structures. Where there were forums or coordinating structures, not all departments were equally committed. In the table below, the second column indicates where a departmental link to the programme actually supports its operation, while the third column indicates that the service provider has made a link, e.g. referrals to service the needs of the target group.

Table 14: Support from and links with different government departments by number of programmes

Department	Direct support (x) indicates number	Link to services
Social development	(10) programmes Funding (5 in Western Cape; Isolabantwana in several provinces; 2 in Gauteng; 1 in Eastern Cape) Drop-in centre in Limpopo	Referrals/ grants 10
Health	Total 8 programmes (1) Contracted to run programmes for at-risk mothers, use of venues and is a referral source (1) HBC were trained (1) Supplied with IMCI booklets (3) Provincial hospitals run toy libraries (1) Venue offered for toy library sessions to two clinics (1) Occupational therapists assess children in home programmes	12
Education	(1) Programme run in some schools	5
Agriculture	(2) Supplied seeds, tools and insecticides	
Local authority	(1) Funds capacity building, food gardens (seeds) and library outreach (2) Food parcels (1) Burials (1) Stipends (2) Building (1) Facilities and coordinator (1) Library staff run outreach programme in partnership with NGO (1) Toy library equipment	2
Correctional services	(1) Programme for women and children in prison	
Home Affairs		7
Justice: child protection		1
Office of Rights of Child: provincial		1
Councillors		4
Traditional leadership		4
SAPS/CPUs		5
Labour		1
Road Accident Fund		1

4.13 NGO links

In the same way as projects linked as much as possible to government services and structures in order to offer a comprehensive service, NGOs and CBOs were also utilised for this purpose. Projects with a clearly defined educational or psychosocial support basis for example, made links with other services in order to address survival and protection issues for their beneficiaries, e.g. HIV groups, feeding services, employment projects, abuse projects and paralegal services. Most frequently mentioned were HIV- and AIDS-related providers and food projects, and projects providing support

in relation to abuse and protection of women and children. Some were managed by NPOs in their area, others brought in particular expertise they needed, e.g. livestock programme and literacy training; others mentioned receiving referrals from other NGOs for ECD-related needs.

Several of the initiatives interviewed (FMSL, CSD, DEDI, ELRU, FMSL and FLP) cascade their programmes or approaches through other NGOs and CBOs; capacitating them was a key strategy. In rural areas there were relatively few service providers with whom to link and local community members had to be capacitated to take on service delivery roles as part of exit strategies.

4.14 Project management and staffing

Depending on the size of the operation, most of the programmes require middle management to supervise field staff. While several of the programmes aim to leave community structures in control, this is a longer term process and at this point, most of them have paid area coordinators or community developers. The NACM includes child minders in its management structure.

Facilitation and capacitating of community management is an intensive process with some challenges (see challenges below). Depending on the size of the project, there may be two levels of middle management. Typically, in addition to supervision and monitoring of the "foot soldier" programme staffing, this manager/coordinator is responsible for local networking, some training, logistics and collating reports for the service provider.

Qualifications most often given for these jobs include community development experience and ECD experience (preferably Level 4 in ECD and community development practice). For the more specialised interventions such as HIPPY or FMSL, training in delivering those programmes is required. Occupational therapy assistants run the toy libraries for children with disabilities. Social workers oversee some of the preventive, child protection programmes such as the Parent Centre work and Child Welfare South Africa programmes.

Almost all the projects make use of local community members (preferably resident in the area) either as salaried, stipendiary or unpaid volunteer service deliverers. In many cases these volunteers are selected by community structures. The majority of these volunteers receive in-house training in the key aspects of the service as a minimum to be topped up over time, some with an ECD qualification, others with HIV, counselling, IMCI, etc. Educational levels vary greatly depending on the level in the area and other requirements. For example, in a deep rural area community members with standing, experience and capacity may be older but have lower formal education levels. This can affect reporting. Personal attributes are also important in the screening of staff, especially for services which are more closely allied to and overseen by professional social work services.

In some areas requirements for higher formal educational levels have led to the employment of younger field workers. This has advantages in that it can be seen as parenting training and is also likely to be the age group subsidised by government for social projects as part of youth employment and development programmes. A project manager from a rural area says that it can work quite well, but the monitoring and supervision by an older and respected community member is important. This group may also be more employable due to higher education levels and, as was found in another rural project, they are most likely to find other better paid work.

"Case loads" and remuneration

There is a large variation in the number of households field workers are expected to visit or parenting groups they are expected to run. This is partly to do with the hours for which each field worker is contracted. For example, a home visitor working in one project between 30 and 40 hours a month has to serve 15 families, while a field worker using a similar approach in another programme does double the time and families for the same stipend. In rural areas, stipends are often lower, e.g. R400 for between 10 and 15 households or R600 full time. The lack of standardisation is due to going rates in the area, limiting hours so that workers retain "volunteer" status and funding constraints. Use of community members as service deliverers is an excellent programming strategy but, where jobs are scarce, can lead to community tensions.

Low or no stipends are a factor in high turnover of field staff which disrupts the programme and is a loss to the initial training investment (which as can be seen in the following section, can be quite substantial). It was observed that where hours are longer and stipends higher, there was greater retention of field workers. In urban areas particularly, there tends otherwise to be a flow into permanent jobs, or the part-time field worker has other piece jobs which have to be balanced with her or his tasks.

This needs to be taken into account when considering recommended stipends in modelling exercises for low skill service providers generated both by the Health Systems Trust (2006) and DSD (undated). The DSD model has costed for attrition of home-based workers, but depending on training costs, this may not be desirable. There is, in addition, a lively debate about the extent of volunteerism (including very low stipends/honoraria) that can be expected from poor people.

4.15 Content of training programmes

This section refers to training for those involved in implementing the programme in the field rather than senior staff being responsible for curriculum and materials development, finances and overall direction of ECD NGOs. However, a substantial proportion of their time and expertise contributes to these innovative programmes.

Two different post levels are distinguished. For these programmes, there tends to be a field manager/facilitator (variously known as a support and development worker, community facilitator, village coordinator or community development facilitator) who will oversee the development of an ECD strategy in a particular location and the training (with mentoring and specialist training and curriculum support from the service provider), and field workers or community members who implement a service under supervision.

Field management posts

The Centre for Social Development which has been offering Community Development Practice qualifications, is offering training in a Community Development Approach to ECD (not accredited) which is a Level 1 Development Practice with practical assignments. Currently 11 ECD providers have enrolled staff on this course. Others have done Level 4 in Community Development Practice. Most community facilitators also have ECD experience and possibly an ECD qualification. Some have done Community Leadership in ECD courses by ELRU. Neither this nor the Community Development for ECD offered by CSD are accredited yet. There are similar requirements for supervisors of field workers for some of the programmes.

Apart from the Community ECD Facilitator and field workers, other ECD careers may be emerging. The FMSL programme is in the process of formalising their in-house training as a skills programme. ALLSA indicated that toy libraries are a new career and are attempting to develop a career path for this and have so far adapted the current ECD unit standards to toy library needs, e.g. the Level 3 elective on managing a small scale ECD service as applied to a toy library. The NACM is also working towards an accredited training programme.

Field worker training

Training for field workers working in holistic programmes tends to have a start-up period of between 10 and 15 days, with ongoing support and top-up courses. This typically includes child rights, health, nutrition, play, parenting, recording and working with communities, and toy making, as well as inputs on linking with resources. Additional training on HIV and AIDS and psychosocial support for caregivers and children, and facilitating self-help groups or gardening was mentioned. Some programmes do all of this in the start-up phase.

Child-minder training offered by NACM includes stimulation activities such as storytelling, singing, dancing, outings and health and nutrition (including menus). Enrichment workshops include other management and administration issues such as fees and budgeting.

For more specialised services such as Isolabantwana, training is targeted at dealing with child abuse and, in some settings, ECD training is being offered as a top-up to strengthen an area-based integrated ECD strategy. Training for Parent Centre programmes which includes lay counselling is also used for screening suitable field workers and is much longer – 39 days in all. Social work auxiliaries used by Sunshine have multiple elements to their training which takes place over two years. Services such as Cotlands make use of qualified child care workers and people trained in HBC as well as non-accredited programmes on bereavement counselling for children, parent training, etc.

The variation in training costs is substantial. This is dependent on the length of training, the salaries of staff doing the training, how much field support is offered, whether materials are provided, etc. A factor, especially in rural areas or where people from a scattered area are trained, is the additional cost of accommodation and transport. Training groups for larger numbers and which are site-based (e.g. Isolabantwana which works with 20 volunteers per site and Asibavikele with 30) can reduce costs. Accredited qualifications are substantially longer because they include literacy and mathematical components as well as occupationally linked knowledge and skills which require worksite assessment. These include Development Practice and Social Auxiliary training as well as ECD Qualifications (and cost between R7 000 and R10 000 per participant). Short in-house courses ranged from between R1 000 to R5 000 per participant, while the site-based training offered in the roll-out of national Child Welfare programmes was less expensive. This does suggest that the higher current costs of several of these programmes may relate to their small scale and there may well be savings in a roll-out phase.

4.16 Unit costs

Information about the costs of home and community-based ECD services would be critical in helping government decide on the implications of scaling up these models.

Though it is a sensitive issue, respondents were asked to include their costs and about half of them have provided some information. However, comparisons are not possible for a variety of reasons.

Firstly, organisations budget very differently. Some, for example, included organisational overheads and others costed only programme delivery costs. Secondly, personnel costs vary considerably depending on the categories of worker offering the service, regional variations in salary, etc., and the intensity and duration of the service. For example, parent education programmes delivered to groups for a fixed number of sessions tend to be cheaper than home visiting programmes. Programmes using volunteers receiving a gratuity have a lower per unit cost than those using skilled counsellors paid as social auxiliary workers. Toy libraries which service a number of children are relatively inexpensive. Models involving mobilising and capacity building of a range of stakeholders in a community to support young children are much more expensive. Thirdly, many programmes were in the more costly start-up phases. Finally, and more significantly, unit costs only have meaning in relation to the outcomes the intervention produces over time, i.e. a whole community intervention may be self-sustaining after high initial costs, but a longer term household intervention may be more effective than a shorter one, or not. Much more work needs to be done relating various inputs (including service components, levels and costs of staffing, duration of service) to outcomes. In particular, research needs to be done on the value of these innovative models as an alternative to centre-based care. For example, the Consultative Group on Early Childhood Care and Education (1999) suggests that the following approaches, all of which have been identified in this rapid appraisal, are cost effective: working with parents (or older siblings who are often caregivers); training community-based traditional caregivers in quality child care practices; and adding additional components to ongoing community development or to a child-care setting, so creating an integrated programme that meets the holistic needs of the child.

Assuming that the unit cost is a child, as indicated in the table below, it can be observed that some of these models cost nearly as much as the recommended Department of Social Development annual per capita subsidy for children in ECD centres[1]. However, if one considers the broader family cost and keeping children out of the statutory child care system, then the investment is cost effective, provided that it produces a minimum level of child outcomes.

The following table gives a range of unit costs for purposes of comparison, but as raised above, the information provides no indication of the relative effectiveness of the different levels of input.

Table 15: Range of costs by programme type

Programme type	Number of costings given	Cost or range of costs
Parent education	3	R38, R183, R200 per person per session
Parent playgroups	1	R243 per child per annum (equipment and feeding extra)
Home visiting	6	R1 726, R2 125 (food extra R1 800), R2 500 (two providers), R2 820, R5 000 (inclusive of session at preschool centre once a week)
Whole community interventions	1	R300 000 per village per annum
ECD sites as resource	2	R422 , R700, R 1050 per household
Toy library	1	R4 per child per session R528 per year for approximately three times a week

1 R9 per child per day of attendance.

4.17 Funding sources

Most of these programmes tend to have only one or two donors. Two projects did not respond to the question about their sources of funding. Most had different sources of funding for different sites or parts of programmes. Not all of them specified the actual donors, but particular donors are making funding available for these types of programmes. In-kind donations such as venues are not reflected here, but local and provincial governments quite often provide these.

Table 16: Sources of funding

Source	Number of projects*	Comment
DSD	8	National Isolabantwana (15 sites) and provincial contribution Gauteng DSD partly funds (2) Western Cape DSD funds or part funds 5 service providers (3 programmes funded, 1 salary subsidised, 1 tender)
DoH	3	Hospital toy libraries Some Teen Parent courses for PMTCT clinic attendees (Western Cape)
Local authority	4	Partial contributions re staff, stipends for CDWs and capacity building funds
Local government SETA	1	Partial for CDP training
Local business	4	Completely (1), partial (3)
South African donors	23	National Lotteries (8) Nelson Mandela Children's Fund (5) Douglas Murray Trust (DGM) (2) Jim Joel (3) Greater Good (2) Unspecified Other
International donors	10	UNICEF (1) Bernard van Leer Foundation (5) Rockefeller Brothers Fund (3) USAID (United States Agency for International Development) PEPFAR (President's Emergency Plan for AIDS Relief) Firelight Foundation American Jewish World Services Other (4)
Service fee	2	For membership or training
Individuals	1	

* Because of multiple funding sources, this column may reflect several sources from a single programme.

4.18 Monitoring and evaluation

The extensive records kept by the majority of these programmes are used in monitoring their progress. Nine programmes have had external evaluations as well as their internal processes; 19 do this internally. Three reported that they are designing evaluations at the moment. The balance did not respond. "Hard" evidence of child outcomes was lacking with the exception of evaluations of children's health status and monitoring to see if income generating was changing the socioeconomic status of families. Statistics reflected attendance at training or workshops, the numbers of children and families referred for assistance and given assistance to receive documents and grants, self-help groups and food gardens established, etc. Case studies, focus groups, journals and interviews were used as sources of evidence of outcomes. In response to the question on the changes programme staff have seen in parents/children/child minders they support, they report several positive outcomes related to the purpose of their interventions. For example:

Improvements in the living standards of households

"There are huge changes in families seen in our case studies – a move from at-risk to better health status, feeding and social security"
"Better access to documents, social security, food gardens, women's savings societies and income generation set-up"
"Productive food gardens, small income, improved stock rates"

Better protection of children

"Safe houses are now widely known in the community and cater mostly for younger children"
"Parents take action about dangers in the home"
"The protective net for children in communities has been broadened; social workers are assisted with their workloads and reach more children"
"Domestic violence has reduced"
"Children are properly supervised"

Improvements in caregivers' confidence and capacity

"Parents have been supported through suicidal feelings and pre-natal, post-natal depression reduced"
"Better relationships"
"Families are more interested and involved in rearing their children"
"Teen parents stay in school, pass matric and find jobs"
"Most carers have lost the apathy/futility syndrome, the homestead appearance has improved, children are cleaner, vegetable gardens have been started"
"Parents and community organisations are better at accessing services, unblocking difficulties in the system, knowledge and information has been very empowering"
"Families have gained knowledge of caring for their sick children"
"Families have been helped to disclose HIV status of their children at least to their next of kin"
"Many parents were keen to attend the parent programme"
"Unemployed parents who did the parent programme have got jobs as homecare nurses, in educare centres, etc."

ECD sites give stronger support for children in the community

"Stronger ECD site management and resources mobility"
"Outreach children attend ECD sites on open days and parents see benefits"
"Immunisations for community children at ECD sites"
"Increasing parent involvement in some centres"

Child benefits

"Children's nutritional status has improved"
"Improved emotional interaction between adults and children"
"Children with disabilities learn to walk, talk and feed themselves"
"Children are enthusiastic about reading, develop perceptual skills"
"Children show greater focus and attention"
"More talking and playing with children"
"Children are in supportive family style care"
"The health status of children has changed significantly"
"Increased play"

4.19 General

Respondents were asked to identify the enabling aspects of their programming, challenges, what would assist in making the programme more effective and what role (if any) government might play in improving effectiveness. Responses indicate clear areas where successful programme strategies are consonant with policy and guidelines of government and challenges that indicate that current government strategies are failing in local level implementation. A number of useful suggestions for assistance from government were given which are also consonant with several of the government strategies summarised in Section 2 of this report.

Table 17: Provider perspectives on aspects of programming that worked well

Responsive and participatory approach and rights framework
"Holistic model with communication, feedback and encouragement to initiate projects to take ownership of children's needs" "PRA community development approach." "Rights framework and appreciative inquiry" "Advocacy at all levels around children's rights and the importance of the early years and ECD" "Ground-up approach" "Participatory action and reflection adaptability – if we fail, we fail forward" "Enabling families to look after children, not giving goods and services" "Community-based response, volunteers trained and supported, recognised and respected" "Community involvement in child support groups" "Parent workshops address real needs" "Follow up by field workers on advice and guidance given"
Networking and partnerships
"Catalyst role of initiating organisation in bringing service providers together and heightening awareness of young children" "Linking community development practitioner to ECD sites" "Home visiting children attending group session at ECD sites" "Links to councillors and local resources" "Access to Home Affairs to help with grants" "Good relationship with clinic staff who provide space" "Social welfare gets foster parents to attend parenting groups" "Support groups started for HIV-positive parents" "Involvement of all stakeholders, especially leadership" "Commitment of municipality to a 'Municipality fit for children' in general and ECD in particular"
Helpful aspects of programme operation
"Facilitators/field workers live in the area are known and respected" "Going from door to door" "Family facilitators working at household level" "Practical support to child minders at their home" "Group support – social aspects of programme encourage parents, social connections at group meetings" "Food parcels ensure high attendance" "Refreshments important" "Involvement of buddies (older children) in the programme" "Having children with a child minder involves a whole family with them including older children, grandfathers, etc." "Involving self-help groups in the work of CDP" "Wide variety of toys at different levels means children can move up and down developmental scale" "Toy kits and toy making using waste materials" "Focal point of entry into community – best interests of the very young child" "Building capacity of ECD sites to become support structure for vulnerable children and families" "Integrated approach to ECD"
Monitoring and evaluation
"Baseline process and careful monitoring" "Monitoring and evaluation system is in place" "Assessing the child status and family situation in the beginning"

What works well?

Several programmes mentioned the advantages of a participatory, strengths-based community development approach, community ownership, reflection and a bottom-up approach. Other themes were networking and partnership, and monitoring and evaluation.

Programme aspects that worked well involved subsistence support, seeking out vulnerable families and children in a door-to-door approach, child-to-child work and the use of local people as implementers of the programme.

Challenges

The greatest and most frequently mentioned challenge was sustainability in terms of reliable funding and retaining field staff working as volunteers or on small stipends. A further concern was how sustainable initiatives would be in the absence of the initiating organisation. Some programmes indicated that community governing structures lacked the necessary commitment and capacity. The challenge mentioned second most frequently was that of securing the involvement of government departments, some of which were more accessible than others. Social Development was more often involved than the other departments, and particular challenges with Home Affairs and local government were frequently mentioned. The challenges of working with poor infrastructure, great poverty and the stresses of HIV and AIDS were also mentioned. In the table below, responses are grouped by key theme and multiple responses of the same kind are indicated in brackets.

Table 18: Provider perspectives on aspects of programming challenges

Sustainability	Lacking financial resources (11) Maintaining commitment of volunteers, low salaries affect whole programme, workers lost, etc. (4) Service gaps with stop-start funding, causes mistrust (2) Low salaries stress staff Volunteerism hard to motivate Long waits for donor funding and exclusion of organisations with head offices in other provinces from certain local funding, e.g. DSD Eastern Cape Building community ownership rather than dependency and reliance on external help Scaling-up to meet gigantic need
Human resources	Hard to find volunteers, loss of staff due to deaths/hard to find the right people (3) Requirement for Level 4 qualification for a paid CDP
Venue difficulties	No shelter/not private/difficulties in sharing clinic venues/ no venue /no suitable place to do administration (5)
Involving government (provincial and local)	Hard to involve certain government departments (10) Lack of consultation by government when designing interventions related to work for projects despite being well known and established (2) Integration into government service delivery Red tape in government institutions Government departments have no mechanism for inter-departmental or inter-sectoral approach to ECD to implement the NIP for ECD
Broader context	Hunger and deep poverty (i.e. ECD not a priority) (6) Community violence/political uncertainty, community crises (4) Distances and access/impassable roads (3) Transport difficulty Stigma in relation to HIV and AIDS
Governance	Forum not meeting/coordinating council not committed to solving problems/lack of capacity of project committee and high turnover (4)
Getting parents involved	Leave FFs/send children with siblings/motivating attendance at parent sessions/not compliant in returning toys or looking after them (4)

Factors that would facilitate programme implementation and make it more effective

Firstly, respondents were asked to consider what would make their programmes more effective and secondly, what role government might play in this. There was considerable overlap in the answers to those questions and they have been analysed together.

Table 19: Provider perspectives on what is needed to make programming more effective, including government's role

INCREASING EFFECTIVENESS: RESOURCE INPUTS
✻ Stipends for playgroup leaders, counsellors, home visitors, toy librarians, community development practitioners (8) ✻ Funding/more stable and consistent funding/longer term funding for projects (8) ✻ Vehicle, play bus (3) ✻ Feeding for playgroups (2) ✻ Funding for coordination and small start-up funds for different initiatives
What government could do
✻ Move facilitators into social service supported posts and increase their opportunities for employment (4) ✻ Premises (2) ✻ Training venues to be offered by education departments (2) ✻ FF's stipends to be provided in municipal budgets or DSD grants ✻ Social services or local government to pay for community development practitioners ✻ Make funding applications simpler, wait times shorter, reduce reporting formats ✻ Local government to provide toy libraries at local clinics, public libraries, peoples' centres or offer venues ✻ Offer library outreach and parent workshops ✻ Department of Agriculture to initiate and support programme for food growing at household level ✻ Reintroduce health monitoring at ECD sites and extend to all children in community
INCREASING EFFECTIVENESS: CAPACITY INPUTS
✻ More trained facilitators (3) ✻ More skilled volunteers to help with education-related issues ✻ Train field workers as auxiliary social workers ✻ Skilled and capacitated committee members ✻ Develop a governing body for project of community members as with ECD centres ✻ Community participation for planning, implementation and reviewing, and introduction of exit strategy at beginning
What government could do
✻ Pay for training of CDPs ✻ DSD to cover costs of training ECD practitioners and ECD site management ✻ Local government SETA and ETDP SETA to work together to promote links between CDW programme and CDPs ✻ Local municipality to assist CDPs to facilitate transformation of preschools into multipurpose centres ✻ Holding structure or person to keep CCF on track ✻ Give government officials, e.g. school principals, authority to complete Home Affairs forms relevant to children ✻ DSD staff responsible for ECD need extensive training on ECD and their roles and responsibilities ✻ Mobile clinics could come to area near child minders so children could be immunised; health workers could pop in to check health and safety (1) ✻ Competent and understanding government officials (1)
INCREASING EFFECTIVENESS: PARTNERSHIPS
✻ Better networking ✻ More cost effective opportunities to network with agencies doing similar work ✻ Better linkages to unlock resources (4) ✻ Develop interagency FBO, CBO, NGO and government partnerships ✻ More community members to help grannies with sick children

What government could do
✻ Easier access to appropriate people in government departments, especially at local government level (2) ✻ Work with service providers as partners (2) ✻ Departments to come on board ✻ Buy-in from local authorities, public works and social development ✻ Streamline application for birth and identity documents ✻ Better cooperation from DoH where programme is housed ✻ Recognise existing structures ✻ Partner with civil society initiatives ✻ Facilitate links between its services at provincial level ✻ Help create inter-sectoral partnerships across government where programmes can be used to support their respective goals ✻ Link agencies working in similar ways to support community and educational needs ✻ Help connect field workers to provincial DoE and ECD sites ✻ Run training at community venues (DoE) ✻ Provide social workers to deal with social issues ✻ DoA and DoL skills development for programmes ✻ Create links with community health workers, home-based care systems and drop-in centres ✻ Establish LACC and Children's Rights Desk at each municipality ✻ Multi-sectoral Stakeholders' Forums for children's issues at each municipality (LACC) ✻ Practical provincial plans for ECD in line with NIP for ECD ✻ Link parenting into DSD Granny Groups in KwaZulu-Natal
INCREASING EFFECTIVENESS: REGULATION, SUPPORT AND MONITORING
✻ Additional middle level workers for monitoring and support (2) ✻ Registration and monitoring of playgroups and home-based care ✻ Monitor and support small scale child minders ✻ More monitoring and support ✻ Consistent monitoring and evaluation at all levels ✻ Accountability to stakeholders ✻ Research to determine inputs needed to achieve impact ✻ Build capacity of child care forums to refer and monitor OVCs
What government could do
✻ Recognition of outreach services as mainstream ECD (3) ✻ Recognition of CDP role ✻ Acknowledge outreach workers as recognised auxiliary workers and standardise stipends in relation to job levels ✻ Support pilot programmes and fund research on education alternatives for adults and children whose access to formal education is limited or thwarted ✻ Clear guidelines for municipal roles and responsibility for ECD and resource allocation ✻ Municipal OVC register and referral system at each municipality (electronic)
INCREASING EFFECTIVENESS: DISSEMINATION/ADVOCACY
✻ Getting a national profile for the programme ✻ Marketing making surrounding community more aware of the resource ✻ Posters advertising times and type of service ✻ Parent awareness re different services and what they offer ✻ Booklet on value of early stimulation and how to facilitate it ✻ Wider understanding of approach and buy-in from all stakeholders (2) ✻ Community consultation to keep community informed of needs of young children
What government could do
✻ Government to play a role in disseminating information (4) ✻ DoE and DSD to encourage communities to use local toy libraries ✻ Ensure they are aware of all initiatives around children and play coordinating role in their area regarding OVC ✻ Western Cape Education Department (WCED) to give approval for parenting projects at schools so schools can budget and project can access more schools ✻ Better communication, e.g. what has happened to DSD draft parenting material in the last year? ✻ Local authority to compile register of child minders in the area
INCREASING EFFECTIVENESS: OTHER
✻ Longer project cycles: development of income generating component not possible in short time (2) ✻ More structured toy library programmes with observation and assessment of how children are doing

5 LINKS BETWEEN ACTIVITIES OF THESE INNOVATIVE PROGRAMMES AND ECD POLICY

The National Integrated Plan for ECD recognises multiple approaches to developing young children including direct services to them, household level training of caregivers and educating parents, promoting community development and building public awareness.

All of these approaches are to be found in the programmes identified in this rapid appraisal. The programmes surveyed target the categories of vulnerable children identified in the NIP (i.e. orphaned children, children with disabilities and incurable diseases, children affected and infected by HIV and AIDS, children from dysfunctional families, children in homes headed by other children and children from poor households and communities). With the exception of a few highly focused programmes, the programmes surveyed attempt to provide a holistic and integrated service either themselves or through networking with a range of other services. Where there are multiple programme elements, the range has usually developed organically in response to the needs of the household and community systems that support the young child. As noted above, there are constraints as to how effectively this integration can take place, many of them relating to the reported unavailability or inefficiency of provincial, district and local government services. This may often be attributed to lack of staffing and resource capacity of those services, and of functional mechanisms which enable inter-sectoral collaboration. NGO service providers in several of the surveyed programmes are the catalyst for integration of public services at local level.

The programme approaches are consonant with the vision of the NIP, especially in regard to their support of families as the first and main providers of early care and stimulation, involving communities in developing better ECD services and advocating for funding and resource backing from government so that these services and programmes are of the quality needed for positive child outcomes. Finally, there is strong support for all ECD practitioners needing a career path and a lobby for recognition of emerging jobs such an ECD Community Development Practitioner, auxiliary workers in ECD, toy library assistants, playgroupers, etc.

The EPWP is currently the major vehicle and potential funding source for developing professional capacity for the sector. With the exception of the Parents Informing Parents (PIP) component, the status of which seems uncertain, there is little current potential for capacitating of staff for ECD programmes beyond the scope of group-care situations. While child minders caring for small groups of children in their homes and playgroup leaders would undoubtedly benefit from a Level 1 qualification, the ECD qualifications currently registered are not well suited to emerging job responsibilities in ECD. These include:

1) Manager of an ECD site which is a resource of care and support for poor and vulnerable children and their families
2) ECD community development practitioner
3) An ECD outreach worker
4) A toy library manager

The draft FETC in ECD is intended to provide for different settings, and the elective "Work with families and communities to support early childhood development", together with basics on child care and development and HIV and AIDS, would equip an outreach worker. However, for the manager of an ECD centre acting as a resource for broader ECD support, the management elective may need revision. Integration of ECD components into the forthcoming Community Development Qualification is essential for the ECD Community Development Practitioner, and there is a proposal for an ECD specialisation for this qualification.

The NIP refers to developing a skills programme for a CDW who will refer children to resources. It is not clear if this role is the same as that in the Concept Document for Massification of ECD which refers to a child development worker whose responsibilities appear to include aspects of both job categories 2 and 3; responsibilities reflect both the area management and 'foot soldier' categories found in the current survey.

With regard to primary components of the ECD NIP, all components are covered by at least some of the programmes surveyed. Key survival and protection strategies are to arrange for birth registration, support health and nutrition targets, working with Community Health/IMCI workers in many cases, and improving household food security together with local government or Department of Agriculture. Support for maternal health is not explicit in many of the programme descriptions, but it may well be embedded; for example, VCT is encouraged. Income generating and money management schemes such as developing self-help groups and women's savings societies are a component which exceeds the NIP but supports its aims. The Department of Economic Development at local and provincial levels is a possible extension of the NIP partnership. Both children and families are commonly referred to health and social services. In addition, child protection services have been initiated and strengthened in several of the programmes through CCFs, safe houses, etc. PSS elements are a strong part of several of the programmes for both caregivers and children and include lifeskills, self esteem, assertiveness and bereavement counselling.

The survey has also highlighted issues relating to the NIP secondary components of policy and regulation review, programme impact research and monitoring, and evaluation. Current regulations do not take in these different services and there is no general recognition of them. Consequently, public funding is difficult to source.

While there is a great deal of monitoring and evaluation, it is not outcomes related and makes it difficult to assess the value of these programmes. Because of limited resources and the need to be accountable, there tends to be an overemphasis by funders, including government, on units reached rather than on the longer term sustainable development of children and families. There needs to be a careful balance of these factors and evaluation research is needed.

6 RECOMMENDATIONS

In this section, suggestions are made as to how the public sector might support and up-scale home-based and community ECD initiatives which are in support of the NIP and EPWP, with a view to both up-scaling and quality improvement. How they might relate to proposals for Child Development Workers (i.e. Massification of ECD proposal) as well as linking to other public sector initiatives is also discussed.

As reported above, government programmes and policies signal that government is committed to providing support for family and childminding programmes, but the policies and documents give few indications of mechanisms to translate this into practical support. For example:

- No specific mention is made of these types of programmes in the Children's Amendment Bill of 2006 or in the Guidelines to ECD services which still privilege the ECD centre model in its existing form.
- There is no regulatory and support framework for these types of programmes which is essential if a quality service is to be rendered.
- Funding norms for DSD do not currently provide for these initiatives.
- Proposals for new categories of ECD jobs and training for workers need to be concretised.

The kinds of services that target young children in the context of the family and community require integration between provincial and local government, different departments as well as NGOs and CBOs. While the NIP outlines required structures, the workings of these are not elaborated and some recent departmental documents suggest that while the social cluster is committed to the National Integrated Plan, responsibilities such as monitoring and evaluation are still being seen as relating to individual departments.

6.1 Recognition, regulation and funding

One of the most critical areas of support for these programmes which tend to serve the most vulnerable young children who are out of the service loop, is for them to receive the recognition that would make them eligible for subsidisation and support of different kinds. Foremost is the need for stipends or posts for this cadre of service provider supported either by social services or local government. Other types of support that could be offered on the wider scale that recognition would enable include government making available venues for meetings, including schools, clinics and municipal venues and referrals.

There are examples of government offering certain alternative programmes. For example, the City of Cape Town is developing toy libraries as part of the library services and the North West Department of Sport, Arts and Culture has set up a number of toy libraries in the province.

As this type of service provision increases, it becomes all the more important that it is properly regulated which can only happen once such programmes are recognised as part of the ECD 'continuum of services'. The need for registration, monitoring and support in some form for playgroups, home-based services and small scale child minders was raised by several providers. Local government should take the lead in supporting small scale child minders (i.e. group care with six children or less), as this was an area which emerged as one in which there is very little support and coordination from anyone. Only one NGO was focusing on this ECD service sector and they were not aware of others doing similar work. Outreach workers could be trained to include child minders in their work.

The form of regulation needs to be carefully considered so that it is practical, enabling and does not become the daunting and time consuming process for both provincial departments and service pro-

viders that registration as a partial-care facility is. In the same way, monitoring and support is something that current ECD provincial staff find difficult to do on a regular basis. The up-scaling of such services will also require the allocation of local government and possibly provincial staff to monitor and support them or the development of different models for doing this. The use of different worker categories, networks, franchising or association models, or outsourcing should be considered. For example, a suggestion from the NACM was that health workers from mobile clinics could drop in and check the health and safety of child minders in the area.

It is recommended that these types of home and community-based ECD models are integrated into the regulations to the Children's Bill as the mechanism for their recognition.

6.2 Different roles, types of ECD jobs and capacity building

In the NIP, EPWP Social Cluster Plan, Massification of ECD concept document and Concept of ECD centres as resources of care and support, government has signalled that it recognises the need for a range of new ECD jobs in order to effect the range of programmes suggested for children between birth and four years. The Community Development Worker is a key role and so is the family fieldworker. Several of the providers interviewed are experimenting with programmes which need both these types of posts and two distinct levels are emerging: a more highly skilled worker who requires in depth understanding of both ECD and community development principles, and the foot soldier. The former is to be found either in a catalyst community development role, organising the community around ECD issues, or organising and supporting a group of field workers, child minders, playgroups, Child Care Forums, etc. The field worker, who may be a community level parent educator, home visitor, etc. is a lower level of worker with a highly specified role. The principal of an ECD site, which is acting as a resource for ECD in the wider community, could potentially be the supporter of field workers if she or he is working as part of a network of sites in a broader programme, as for example in Nkandla. However, some sort of add-on training component (i.e. elective) would be crucial. It is recommended that government draw on current experience of these roles in developing skills programmes or qualifications for these. The revised ECD FETC (level 4) qualification and unit standards and forthcoming Community Development standards and qualifications provide opportunities for this. Links need to be established between the local government and ETDP SETAs in relation to Community Development Worker training. Certain of the programmes surveyed make use of staff trained as social work auxiliaries. This may be an alternative route for some workers. However, the Further Education and Training Certificate Social Auxiliary Work is only available as a full qualification, so there is at present no option to draw on particular aspects that may be useful in the ECD context.

Funding for capacity building for these categories of workers is a need with several suggestions from providers that government factor this into their capacity building programmes. It is also recommended that government officials responsible for ECD receive training about different types of ECD services and their roles and responsibilities in relation to these.

6.3 Materials bank

There are many tried and tested materials in use by providers of ECD services to households and community groups. Some of these are materials developed by government departments. Because the programmes surveyed here are contextually responsive, different presentations of key messages are necessary. Several providers were willing to share their materials or possibly to sell them

to other providers. It is recommended that a list of available resources be made available electronically to avoid unnecessary duplication. Clearly there will need to be sensitivity to branding. It may be possible to come up with models that allow for a selection of programme components to be adapted where necessary and merged into one to meet a specific focus.

6.4 Strengthening partnerships, integration and departmental involvement at provincial and local level

The value of partnerships, networks and integrating services by government and NPOs was a common theme. In particular, the fact that the integration key to government policy is not evident at local level was a difficulty many service providers reflected. It was common for one or two departments to be involved but the others were not. Access to the right people was not easy to find. There was concern that there are no clear guidelines for municipal roles and responsibilities in relation to ECD.

A suggestion was made that a Child Rights Desk at municipal level and a Local Authority Coordinating Committee (LACC) might facilitate integration. Experience in some programmes has shown that where all the partners are brought together, they start to see where they can offer some of their existing services to benefit the programmes.

Government might also play a useful role in bringing together NPOs serving young children in these alternative ways so that they can share ideas, problem solve around common difficulties and see where they might by partnering offer a more effective service. This would also raise awareness of government officials about what services were being offered and might contribute to referrals and suggestions as to who to approach for delivery of services. Government departments were also asked to play a role in disseminating information about different services available both from other departments but also from NPOs in the area. This could be disseminated via provincial and municipal offices, schools, clinics, etc.

Partnerships are difficult to sustain and there is much to be learned about facilitating this, finding ways of sharing programmes and materials and probably branding, i.e. making time to build the team and negotiate the parameters.

6.5 The need for research

As so many young children are out of the service loop and because of the very difficult circumstances in which many young children find themselves, a range of alternative programmes have developed. Government has committed itself to dealing with the majority of 0–4 year-olds at household level. At this time when there is strong political will for ECD services to scale-up, it is critical to look at the kinds of child and family outcomes that can reasonably be expected from these services and the kinds of inputs necessary to achieve these. This should include the type of programme inputs, type and level of staffing required, the appropriateness of programme materials used, the duration of particular services and the number of children who ultimately benefit. A first step would be to agree on the minimum child or family outcomes expected from a service for a particular category of children (taking cognisance that some groups will require additional services due to special needs). This should then enable the determination of cost effectiveness of different modes of delivering the service.

6.6 Conclusion

In conclusion, this rapid appraisal and analysis indicates that there is a range of ECD services at community and household level which have elements that support ECD policy goals for children aged from birth to four years. A strength of these innovative programmes is that they are contextually sensitive and the same type of approach will vary according to local needs and resources. They bear out the need for a range of programmes to suit different family circumstances. While there is a great deal of expertise, materials and training approaches, the scale of these programmes relative to the estimated needs is very small. Further, there is a great lack of programmes aimed at smaller informal day care services (child minders). The extent of such services is unknown as they tend to be invisible and fluctuating, but there is no doubt that very many young children find themselves in this kind of care which is unregulated and unsupported.

There is high consensus from providers that in order to render a more effective service and for expansion, the following is needed from government:

- Recognition, funding and regulation to bring these programmes into mainstream ECD services. Incorporating them into the regulations for the Children's Act is a mechanism by which this could be supported.
- Capacity building for a range of ECD jobs which cater to a variety of settings. Moves towards this are being made in the draft Further and Education Training Certificate in ECD and skills programmes at Levels 1, 2 and 3, and in the design of an ECD specialisation for a Community Development Qualification. Continued and greater public funding for capacity building at all levels will be necessary.
- Integration and partnerships across sectors and at all levels for better service planning and delivery is a continuing challenge. Concepts such as local government programmes and the use of nodes of support such as ECD centres as mechanisms for integration are emerging. Another aspect of partnership will be to find ways to share the wealth of materials developed for use in household and community ECD services.
- Research to determine whether ECD services are of sufficient quality and intensity to produce the needed improvements in child outcomes, and which do this most cost effectively.

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APPENDIX 1

List of policy and related documents and summary with implications for home-based childminding and community ECD programmes

Sector	Document Name	Source
INTERNATIONAL		
All	Convention on the Rights of the Child (1989)	http://www.ohchr.org/english/law/crc.htm
All	Committee on the Rights of the Child General Comment Number 7 Implementing Child Rights in Early Childhood (2005)	http://www.ohchr.org/english/bodies/crc/docs/discussion/earlychildhood.pdf
All	African Charter on the Rights of the Child (1999)	http://www.africa-union.org/official_documents/Treaties_%20Conventions_%20Protocols/A.%20C.%20ON%20THE%20RIGHT%20AND%20WELF%20OF%20CHILD.pdf
All	Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	http://www.unhchr.ch/html/menu3/b/e1cedaw.htm
All	Millennium Development Goals	http://www.un.org/millenniumgoals/
All	NEPAD Goals	http://www.nepad.org/2005/files/inbrief.php
Education	Education For All Goals	http://portal.unesco.org/education/en/ev.php-URL_ID=43811&URL_DO=DO_TOPIC&URL_SECTION=201.html UNESCO (2000) Dakar Framework for Action: Education for All: Meeting Our Collective Commitments. UNESCO. Paris. 2000
Social Development	Malta Statement on the Family	http://www.un.org/ga/children/maltaE.htm
SOUTH AFRICAN LEGISLATION		
All	Constitution of Republic of South Africa (Act 108 of 1996)	http://www.acts.co.za/constitution/index.htm
Social Development	Children's Amendment Bill (2006)	http://www.info.gov.za/gazette/notices/2006/29150.pdf
NATIONAL POLICY AND RELATED DOCUMENTS		
Transversal	Accelerated and Shared Growth Initiative for South Africa (AsgiSA)	http://www.info.gov.za/asgisa/
Social Cluster	National Integrated Plan for Early Childhood Development in South Africa 2005–2010, Departments of Education, Health and Social Development (NIP)	Departmental Document
Social Cluster	Expanded Public Works Programme Social Sector Plan (2004/5–2008/9) Massification of ECD Report 7: Models to Expand Public Work and Skills Opportunities (Draft November 2006, HST)	http://search.freefind.com/siteindex.html?id=94481444&ltr=19456&fwr=320&pid=i&ics=1 Departmental Document Draft Departmental Document
DoE/SAQA/ DoL	FETC in ECD Level 4 (Draft 3, August 2006) Work with families and communities to support early childhood development	Draft SAQA Unit Standard (not yet available for public comment)
DoE/DSD	Draft Concept Document: ECD centres as resources of care and support for poor and vulnerable children and their families (including OVCs) (July 2006)	Departmental Document

Sector	Document Name	Source
Social Cluster	National Integrated Plan for Children Infected and Affected by HIV and AIDS (2000) HIV and AIDS/STD Strategic Plan (2000–2005)	Departmental Document http://www.doh.gov.za/docs/policy/aids-plan00-05.pdf
DEPARTMENTAL POLICIES AND RELATED PROGRAMME DOCUMENTS		
Education	White Paper on Education and Training (1995)	http://www.info.gov.za/whitepapers/1995/education1.htm
Education	White Paper 5: Early Childhood Education (2001)	http://www.info.gov.za/whitepapers/1995/education1.htm
Education	White Paper 6: Special Needs Education (2001)	http://www.info.gov.za/whitepapers/2001/educ6.pdf
Education	Draft National Strategy on Screening, Identification, Assessment and Support (May 2005)	http://www.education.gov.za/content/documents/784.pdf
Social Development	White Paper for Social Welfare (1997)	http://www.welfare.gov.za/Documents/1997/wp.htm
Social Development	Guidelines for Early Childhood Development Services (May 2006)	http://www.info.gov.za/otherdocs/2006/dsd_childhoodDevlpmentservices.pdf
Social Development	National Department of Social Development Strategic Plan (2002/2003 & 2005/2005–2009/10)	www.welfare.gov.za/Documents/2002/March/SPLAN.PDF www.socdev.gov.za/documents/2006/stratplan.pdf
Social Development	Integrated Service Delivery Model Department of Social Development (2006)	www.socdev.gov.za/documents/2006/sdm.doc
Social Development	National Family Policy (Final Draft, June 2006)	Draft Departmental Document
Social Development	Plan of Action for Families Department of Social Development (2004)	www.welfare.gov.za/documents/famplan.doc
Social Development	Five year HIV and AIDS Strategic Plan for Social Development (2003–2008)	Departmental Document
Social Development	National Guidelines for Social Services to Children Infected and Affected by HIV and AIDS, Department of Social Development (undated)	Departmental Document
Social Development	Policy Framework for Orphans and Other Children made Vulnerable by HIV and AIDS (South Africa) Department of Social Development (2005)	http://www.cindi.org.za/publications/Policy-Framework-for-OVC-Final.pdf
Health	White Paper on the Transformation of Health in South Africa (1997)	http://www.info.gov.za/whitepapers/1997/health.htm
Health	National Health Act of 2003	www.info.gov.za/gazette/acts/2003/a61-03.pdf
Health	Strategic Priorities for the National Health System (2004–2009)	http://www.doh.gov.za/docs/index.html
Health	Integrated Management of Childhood Illnesses (IMCI): Primary Health Care Package for South Africa – a set of norms and standards	www.doh.gov.za/docs/policy/norms/part1f.html
Correctional Services	White Paper on Corrections in South Africa (2005)	

1 LEGISLATIVE FRAMEWORK

Articles of the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (AC) and the South African Constitution (SAC) which most directly relate to parents or the family are indicated below. The CRC and AC address the same fundamental issues in the broad categories of protection, development, survival and participation.

1.1 Convention on the Rights of the Child (1989)

The CRC preamble notes that the family should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, one of which is the growth and well-being of children.

Article 5 indicates the imperative to respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present Convention.

Article 18 affirms that parents or legal guardians have the primary responsibility for promoting children's development and well-being and specifies that both parents have a common responsibility in this regard. It notes in 18(2) that "States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children". Children of working parents have the right to benefit from child care services and facilities for which they are eligible.

The right to health in Article 24 also reflects the need for appropriate measures to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents (e); to develop preventive health care, guidance for parents and family planning education and services (f); and for taking all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

Article 27 which concerns the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development indicates that States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

1.2 Committee on the Rights of the Child General Comment 7 (2005) *"Implementing Child Rights in Early Childhood"*

In September 2005, the United Nations Committee on the Rights of the Child adopted General Comment 7 which was aimed at supplying States Parties with more detailed information and guidance regarding the implementation of children's rights in early childhood. With regard to families, the following issues emerge:

- Develop rights-based, multi-dimensional and multi-sectoral strategies towards an integrated approach to ECD, taking into account children in different contexts, such as prisons, refugee children, HIV and AIDS, children of alcohol or drug-addicted parents;

- Increase human and financial resource allocations for ECD services and programmes through partnerships between government, public services, families and the private sector;
- Work with local communities in home- and community-based programmes in which parents' empowerment and education are main features.

With regard to education, Article 29, the committee interpreted the role of States Parties as providing programmes that complement the parents' role and are developed as far as possible in partnership with them, the importance of taking all appropriate measures to enhance parents' understanding of their role in their children's early education, encourage child-rearing practices which are child centred, encourage respect for the child's dignity and provide opportunities for developing understanding, self-esteem and self-confidence (p 47).

The General Comment draws attention to young children in need of special protection through poverty or circumstances when parents or other caregivers are unable to offer adequate protection whether due to illness or death, or disruption to families or communities. Support for parents of children with disabilities is also highlighted.

1.3 African Charter on the Rights and Welfare of the Child (1999)

The following articles in the AC address issues relating to the role of parents or the family in respect of the rights and welfare of the child.

Article 9: Relates to parents'/legal guardians' role in respect of guidance and direction in the exercise of these rights regarding freedom of thought, conscience and religion.

Article 12: Leisure, Recreation and Cultural Activities – free participation in play, rest, leisure and recreational activities appropriate to the age of the child would require input from the parent.

Article 14: Health and Health Services – right to physical, mental and spiritual health, includes (h) to ensure that all sectors of the society, in particular, parents, children, community leaders and community workers are informed and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents.

Article 18: Protection of the Family includes the equality of rights and responsibilities of spouses towards children.

Article 19: Parent Care and Protection – right of access to parents and a relationship with parents, even if separated from those parents.

Article 20: Parental Responsibilities – parental responsibilities in the best interests of the child, including development, discipline, material assistance, care services and facilities while parents are at work. There is an undertaking to give parents material assistance and support programmes, including child rearing, nutrition, health, education, clothing and housing, and to assist parents and others responsible for the child in the performance of child rearing. Responsibilities include ensuring that domestic discipline is administered with humanity and in a manner consistent with the inherent dignity of the child.

1.4 Other international commitments

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) ratified in 1981, has several provisions which apply to the state's role in respect of ECD. For example, in Article 5 it advocates family education which includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children. Article 10 (h) requires access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.

The Millennium Development Goals do not make explicit mention of the family though their achievement requires that interventions target families and communities in their strategies to eradicate extreme poverty and hunger, reduce child mortality, combat HIV and AIDS, malaria and other diseases, and achieve universal primary education.

The *Education for All (EFA)* goal of "Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children" has particular implications for extending interventions to those children not catered for in institutional programmes. "Improving all aspects of the quality of education and ensuring excellence of all so that recognised and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential lifeskills" can be seen as requiring family and community participation.

Government has endorsed the *Malta Statement* which flowed from the Malta World NGO Forum which launched the International Year of the Family in 1994. Views supporting the theme of promoting families for the well-being of individuals and societies were presented, among them recognition of the diversity of families; family needs and problems; the importance of the family; women's rights and the family; the role of the father; family poverty; family health and literacy; and parent-child relationships. Provisions of relevance for home- and community-based ECD included recognising the family as the main agent for protecting the rights of its members, answering their needs and promoting potential; educational complementarity between families and schools and a strengths-based approach to families is seen to be as important as identifying and finding the resources to offset deficits.

1.5 Constitution of South Africa (1996)

In Chapter 2, the Bill of Rights, confirms the basic needs of children such as nutrition, shelter, basic health care services and social services, as the right of every child. It also confirms the right of every child to be "protected from maltreatment, neglect, abuse or degradation". 28 1 b reflects the child's right to family care or parental care.

1.6 Children's Amendment Bill (2006)

In the current draft, one of the objectives is to "promote the preservation and strengthening of families" and a second related objective is "to strengthen and develop community structures which can assist in providing care and protection for children". ECD issues are included in Chapters 5, 6 and 8 which cover partial care (facilities), early childhood development programmes and early prevention and intervention services. These should ideally be integrated in order to provide a comprehensive ECD service. Chapter 6 defines ECD services as including those offered by someone other than the child's parent or caregiver. Chapter 8, however, has a number of provisions relating to families.

Article 144 specifies some focus areas for prevention and early intervention services or programmes including:

(b) developing appropriate parenting skills and the capacity of parents and caregivers to safeguard the well-being and best interests of their children; (c) establishing appropriate interpersonal relationships within the family; (d) promoting the well-being of children and the realisation of their full potential; (e) preventing the neglect, abuse or inadequate supervision of children and preventing other failures in the family environment to meet children's needs; (f) preventing the recurrence of problems in the family environment that may harm children or adversely affect their development; and (h) avoiding the removal of a child from the family environment. It also indicates that such services and programmes may include assisting families to obtain the basic necessities of life, empowering families to obtain such necessities for themselves. A participatory approach is required with families, parents, caregivers and children involved in identifying and resolving their problems.

2 DEPARTMENTAL POLICIES/PLANS AND GUIDELINES

2.1 Transversal

The National Integrated Plan for Early Childhood Development in South Africa 2005–2010 (NIP), substantially commits government to strengthening home- and community-based interventions for young children, while the Expanded Public Works Programme for the Social Cluster, AsgiSA and the proposal for the Massification of ECD have provisions which could be harnessed in support of this. The concept document: *ECD Centres as Resources of Care and Support for Poor and Vulnerable Children and Their Families*, presents one strategy for strengthening home and community interventions.

Components	Selected strategies with relevance for work with families and informal child minders with possible support activities (italics)
Ensure universal registration of births (note link to General comment)	✻ Register all children at birth or at least within one month of the birth. ✻ *Awareness campaign and outreach support via child minders and family programmes, accessibility of Home Affairs officials or delegated authorities.*
Integrated management of childhood diseases	✻ Prevention, treatment, care and support for children suffering from childhood illnesses, including HIV and AIDS, and communicable and non-communicable chronic conditions. ✻ *Awareness and outreach support via CIMCI component and linking family programmes/child minders to it.*
Promote healthy pregnancy, birth and infancy	✻ Strengthen access to quality antenatal care, advise on fair labour practices and child health care services. ✻ *Awareness campaign and outreach support, accessibility of health services including PMTCT.*
Immunisation	✻ Increase immunisation coverage in all provinces in order to decrease the morbidity and mortality rates. ✻ *Awareness campaign and outreach support, accessibility of health services.*
Nutrition	✻ Promote breastfeeding and supplementation in accordance with the breastfeeding policy. ✻ *Awareness campaign and nutrition education and outreach and clinic support to mothers.* ✻ Ensure that all children have access to daily balanced nutrition. ✻ *Nutrition education and outreach support re food security (Department of Agriculture, local authorities) vitamin A supplementation and emergency food parcels.*
Referral services for health and social services	✻ Ensure that all children are cared for and protected. ✻ *Information campaign and outreach support to families and safe houses.*
Development and implementation of psychosocial programmes	✻ Ensure development of social and emotional skills. ✻ *Supportive, informative programming on PSS needs and outreach, support and counselling.*
Develop the capacity of teachers, caregivers and practitioners to deliver integrated ECD programmes for children	✻ Provide appropriate skills programmes for parents and caregivers. ✻ *Educational programmes for parents and caregivers on key messages, provide for skilling of teachers and practitioners for working with primary caregivers and broader integrated role.*
Develop the capacity of CDWs to refer children to available resources	✻ Develop a skills development programme for CDWs. ✻ *Roles of CDW in relation to ECD and career path to be developed.*
Collaborate actively with NGOs as partners	✻ Utilise the skills capacity and resources of the ECD non-profit sector in delivering ECD services and programmes. ✻ *Find ways of capacitating, supporting, networking ECD NPOs with local and provincial departments for integrated locally based service and programmes.*

2.1.1 The National Integrated Plan for Early Childhood Development in South Africa 2005–2010

The NIP for ECD of the Departments of Education, Health and Social Development recognises multiple approaches to developing young children including direct services to them, training caregivers and educating parents, promoting community development and building public awareness. Targets include young children from birth to four years, expectant and nursing mothers and community groups. In poor communities, community development workers (CDWs) will reach these.

The NIP requires the identification and servicing of vulnerable children (including orphaned children, children with disabilities and incurable diseases, children affected and infected by HIV and AIDS, children from dysfunctional families, children in homes headed by other children and children from poor households and communities). It further notes that:

- all ECD practitioners should be supported as professionals with a career path.
- all families should be recognised as the first and main providers of early care and stimulation.
- all communities share responsibility for the quality of ECD programmes offered to children backed by the local, provincial and national funding needed to deliver quality programmes and services.

The summary of roles and responsibilities indicates multiple areas for support of families and community other than ECD sites, though possibly through them, as well as other available infrastructure.

2.1.2 Draft Concept Document: 'ECD Centres as Resources of Care and Support for Poor and Vulnerable Children and Their Families (including OVCs), July 2006'

This concept has been put forward by the Departments of Social Development and Education. Its objective is to provide an integrated community-based service package to poor and vulnerable children and their families at a household and community level through innovative and sustainable interventions towards child survival, protection and development. Interventions for young children affected by poverty and HIV and AIDS are located within the context of other interventions for OVCs in communities.

The plan is for ECD centres to be a resource for their immediate surrounding community young children and their families – reaching children at a household level rather than only at the centre, and acting as a facilitator for service delivery. In addition to day care, a number of other care and support services might be provided including:

- Outreach programmes through volunteers to poor and vulnerable households to assess needs and provide support.
- Parenting capacity development and training programmes for all parents in the community.
- Support groups for parents.
- Health promotion of the children in the centre as well as young children in the community.
- Care for young children from child-headed households.
- Support groups for child or adolescent households with young children.
- Assisting children to obtain birth certificates.
- Assisting young children and their families to obtain grants where they qualify.
- Ensuring that all young children have a Road to Health Card and assist parents/caregivers to monitor the immunisation, growth and general health of the child.
- Supporting HIV-positive caregivers and their children, especially on their psychosocial needs and ART adherence.
- Support to and integration of HIV-positive children.

- Assisting households to obtain food parcels while they await social grants.
- Assisting foster parents with young children through application of foster child grants and foster parent support groups.
- Support groups and respite day-care programmes for grandparents who look after young children.
- Integrating the Key Family Practices of the Community Component of Integrated Management of Child Illnesses into the centre programmes as well as the household programmes.
- Family Literacy Classes that will enhance the literacy skills of caregivers and further early childhood stimulation.
- Toy making workshops for parents and other care providers.
- Development of food gardens.
- Making the ECD centre available for community services and meetings (when children are not there).

In order to do this, there would be a need both for trained Family Support Workers and for capacitating ECD practitioners at the ECD centre so that they understand and can manage as well as facilitate the programme.

Policy challenges identified include the need for adjustments and reviews of ECD policies and guidelines in ECD to shift from a centre-based approach to a more community-based approach; and to align this with the National Integrated Plan for Early Childhood Development. This relates especially to DSD norms for funding ECD centres from the per capita formula to a programme-based integrated formula.

2.1.3 Social Sector EPWP Plan version 7 (16/03/04) and skills and qualification related plans and criteria

While most of the plan relates to improving the qualifications and skills of ECD practitioners and support staff at ECD sites, different work opportunities and exit points are sketched, e.g. an ECD Care Worker who might be a playgroup facilitator or child minder, or an ECD Practitioner who could be an au pair. Further work opportunities such as the Family Outreach Worker are emerging in relation to the NIP and ECD Centres as Resources for Care and Support which would require an expansion of ECD job types and training components.

Of particular relevance for family and community outreach programmes is the Parents Informing Parents (PIP) component, which is undeveloped and might be adjusted to meet emerging demands. The concept was a skills programme with two aspects:

1) NGOs/CBOs/local authorities would be supported to provide unemployed people with training in nutrition, healthcare and cognitive development to boost care of poor children outside ECD services. It is not clear if this would be directly with children or working with parents.

2) Parents would be trained in playgroup work, and once trained would either facilitate playgroups for children whose families cannot afford ECD services or educate other parents. An estimated 3 000 work opportunities would be created. A qualification framework was said to be in place, though what this refers to is unclear. The challenge was noted of ensuring demand for posts beyond EPWP and this was to be addressed prior to roll out. If this programme is still in the pipeline, it could partially address the training and deployment of outreach workers.

The *Accelerated and Shared Growth Initiative for South Africa (AsgiSA)* contains a plan as a measure to promote youth development in 2006/7, to enrol 5 000 volunteers as mentors to vulnerable children. This might be a potential source of ECD outreach workers.

A concept proposal for the ***Massification of ECD*** links to the NIP and EPWP in two ways. Firstly, it focuses on the improvement of quality in ECD sites through registration but, of significance for home-based childminding and community ECD programmes, it talks to a new category of Child Development Worker[2] to monitor the development of children ensuring that they are receiving the adequate package of services as given in the ECD NIP. Each is expected to monitor at least 200 children and report and plan. It uses the existing registered sites as "the central point of convergence".

Proposed duties of CDWs, of whom there could potentially be 6 000, include: creation of partnerships within government and NGOs; managing training of practitioners and support staff in the municipality; providing opportunities for families to meet and share information; identification of support for early stimulation; monitoring adherence to minimum standards and identification of possible funding opportunities in each area.

2.1.4 FETC in ECD Level 4 (Draft 3, August 2006)

In relation to training of ECD practitioners for different roles, the draft entry level qualification for ECD to be approved and registered by SAQA is intended to be responsive to the need to provide quality early childhood development services for children in a variety of contexts, including community-based services, ECD centres, at home and in institutions. This should, to some extent, provide for new and different emerging ECD career paths. The focus of this revised qualification differs from the previous version in that competence for working with babies and toddlers as well as young children is now mandatory. There is also a strengthened focus on supporting the family. The core unit standard at Level 3 "Work with families and communities to support early childhood development" will enable those credited with it to:

- Demonstrate understanding of key principles and values for working with adults, families and communities; and
- Assist families to provide an environment conducive for development of young children.

Unit standard work with families and communities to support ECD

COMPETENCIES TO BE ACHIEVED	IMPLICATIONS
SO 1: Demonstrate understanding of key principles and values for working with adults, families and communities. Principles and values described are in line with the principles and values associated with community development and adult learning. Ethics, behaviour and attitudes demonstrated are consistent with open, participatory, community development approaches. Principles and values described reflect the importance of accepting and inviting parents into the process of education and care for children, taking into account their indigenous and socio-cultural knowledge and practice.	Those working with families and communities will need to be sensitive to community development, approaches to working with adults and to indigenous and socio-cultural knowledge and practices around child care and education, as well as to different family structures.

2 Report 7: Models to Expand Public Work and Skills Opportunities: cost benefit analyses of some examples of different cadres in the social sector. (Draft November 2006, Health Systems Trust for DBSA Development Fund and EPWP Social Sector). This draft report does not provide a model for the categories "child care worker" or "community development worker", though these are mentioned. However, it provides useful general information on mentoring ratios, deployment by area based on deprivation indices or HIV prevalence, stipends, etc. Categories such as social security worker, food security workers and community health worker have strong links to the NIP for ECD.

COMPETENCIES TO BE ACHIEVED	IMPLICATIONS
SO 2: Assist families to provide an environment conducive for development of young children. Range: assistance through workshops, home visits, parent meetings, community meetings, consulting, newsletters, bulletin board, conferences. Assistance is guided by a participatory needs survey, including home visits. Family and community support networks are strengthened by providing assistance to access social services, health care and other resources in collaboration with social partners. Range: resources include people, organisations, legal advice, documents, grants, health issues; information on pressing issues such as TB, HIV, child abuse, family violence. Assistance creates awareness about child development and how to promote it, taking into account various child-rearing practices. Families are supported through a variety of strategies, including conversation, active listening, feedback and general capacity building activities. Support for adults is in line with adult education principles. Assistance raises awareness of needs and rights of young children and the role of families and the community in relation to child development and upholding children's rights. Range: awareness among families, fathers, men, mothers, women, grannies, grandpas, community, local government, business, committees, governing bodies.	Links need to be made with available services and agents working with families to facilitate family access to support networks.

2.1.5 Overarching HIV and AIDS related plans and strategies

These include the National Integrated Plan for Children and Youth infected and affected by HIV and AIDS 2000 (NIP) and HIV/AIDS Strategic Plan. These have several home- and community-based elements and need to be integrated with ECD service delivery.

The NIP was launched in 2000 to ensure that individuals, households and communities (especially the children affected by HIV and AIDS) have access to an appropriate and effective integrated system of prevention, care and support services at community level. Departments have different focal areas:

- Department of Health: Prevention, voluntary testing and counselling and home-based care.
- Department of Education: Lifeskills and HIV and AIDS education in primary and secondary schools.
- Department of Social Development: Community mobilisation and community-based care.

Programmes include the development of coordinating structures, income generating activities, specific prevention activities targeting children and youth, community-based care, capacity building, access to grants and placements, training of teachers, as well as voluntary counselling and testing.

The ***HIV, AIDS and STD Strategic Plan 2000–2005*** was initiated by the Ministry of Health but developed with the Departments of Social Development and Education. It has four key programmes: prevention; treatment, care and support; research monitoring and surveillance; human and legal rights. Priority Area 2: Treatment, care and support, has key areas for ECD which are Goals 3, 8 and 9.

Goal 3 is to reduce mother-to-child HIV transmission. This will be done through improving access to testing and counselling in ante-natal clinics, family planning services to HIV-positive women and improving implementation of clinical guidelines to reduce transmission during labour and childbirth.

Goal 8 concerns are providing adequate treatment, care and support services in communities.

Strategies include using the media for more exposure to the issues of home-based care in communities and reducing the stigma of HIV and AIDS in communities, and developing IEC (Information, Education and Communication) materials targeted at communities.

Goal 9 is to develop and expand the provision of care to children and orphans including promoting advocacy of all relevant issues that affect children.

2.2 Departmental policies and related programmes

2.2.1 Education

The ***White Paper on Education and Training (1995***) committed government to a broad holistic definition of ECD[3], and recognised that ECD programmes include a variety of strategies and a wide range of services directed at helping families and communities to meet the needs of children from birth to nine years. These include programmes to assist with the basic needs of families, primary health care, nutrition and employment. ECD is seen as both depending on and contributing to community development and linking with ABET. ECD programmes should help to empower parents with the knowledge and skills of effective parenting. The White Paper also introduced the interdepartmental committees on ECD, including local authorities at provincial level for effective integration and promotion of ECD services for young children and their families.

While the policy priority in ***White Paper 5 on Early Childhood Education, May 2001*** is the "establishment of a national system of provision of the Reception Year for children aged five years that combines a large public and smaller independent component", the paper refers to support to families throughout. For example, the definition notes that ECD refers to a comprehensive approach to policies and programmes … with the active participation of their parents and caregivers. The importance of an integrated approach within the context of family and community is noted (Section 1.3.3).

Section 5, which addresses expanding provision and building coherent and targeted inter-sectoral approaches for children from birth to four years, reflects the need for a variety of programmes across departments, levels of government, non-governmental organisations, community-based organisations, families, parents and children. In this, following UNICEF's State of the World's Children Report (2001), possible programmes are suggested that could be provided for children younger than five years. They include educating and empowering parents and caregivers, delivering services directly to children using home visits, home day care, integrated child development centres and formal and informal learning activities. The focus is on poor and HIV and AIDS infected and affected communities, and children with special learning needs.

For the Department of Education, the mechanism to establish this was within the context of the ECD priority group of the National Programme of Action for Children, with resource and training organisations in ECD to coordinate and support activities to develop national, provincial and local level strategies and services that are planned in an integrated and comprehensive manner. This has found expression in the NIP for ECD (see above).

3 Early Childhood Development (ECD) is an umbrella term which applies to the processes by which children from birth to nine years grow and thrive, physically, mentally, emotionally, morally and socially.

White Paper 6: Special Needs Education (2005) also recognises the central role of parents. It aims to provide expanded provision and access for children with special needs, and part of this entails public education to inform and educate parents. Community-based clinics are seen as key in initial assessment and planning for a suitable course of action in conjunction with parents, personnel and other social departments. The ***Draft National Strategy on Screening, Identification, Assessment and Support (Oct 2005)*** concretises the early identification and intervention aspects of White Paper 6.

The strategy outline for Early Childhood Development from birth to five years includes:

- Advocacy to parents and communities on rights within an inclusive system;
- Structuring support services for learners who have additional support needs within the broader framework of the Integrated National ECD Strategy; and
- Setting mechanisms in place to make identification and application for services obligatory as a measure of protection of rights of vulnerable children.

Guidelines are provided for early identification and early intervention (from birth to five years) including the different screenings offered (community clinics, Department of Social Development when applying for the Care Dependency Grant, etc).

Department of Education ECD and related priorities/strategies	Implications for departmental programmes
✻ Need for a variety of strategies to provide for families and communities to meet ECD needs. ✻ Support impoverished parents to meet the needs of young children including need for education of parents hand in hand with education of children – training in effective parenting. ✻ Promote continuity between home, preschool and early years of school. ✻ Develop an integrated approach within context of family and community. ✻ Educate and involve parents in early identification for children with additional support needs.	✻ Work with other departments and service providers and communities to develop and provide contextually appropriate and varied ECD services. ✻ Supportive and educative programming for parents and teachers about the relationship between school and home, and ways to provide for the needs of children in the classroom and in the home. ✻ Assist caregivers with early identification and intervention for children with additional support needs.

2.2.2 Social development

The ***White Paper for Social Welfare (1997)*** places early childhood development within the family environment, especially for those children under the age of five. As in Department of Education policy, it notes that no single model or programme is appropriate to meet the varied early childhood development needs of families, and a range of options will be made available, such as home and centre-based services; aftercare for school-going children; stimulation programmes including part-day programmes; and family, education, health and nutrition programmes. In order to meet the needs of young children, the White Paper calls for an inter-sectoral national Early Childhood Development Strategy bringing together other government departments, civil society and the private sector. Service delivery and training in early childhood development targeting all caregivers, parents and social service professionals is an emphasis.

Chapter 6, when discussing working with families, provides that "Primary caregivers such as parents (and other caregivers that fall within this definition) are the most critical providers of stimulation, care and support for their young children and should be enabled to provide their children with the best possible care and support as a first point of departure". Chapter 8, Strengthening of Family

Life (which draws on the Malta statement), describes the aim of family and child welfare services as preserving and strengthening families. A range of social services should be made available to all families in need and to promote and strengthen family life. Special attention must be given to families who are vulnerable and at risk, and who are poor and involved in child rearing and caring for their members at unacceptable social cost to themselves.

Those in need of special support are families with children, especially those who are under five years, single-parent families and families caring for children and members with disabilities and chronic illnesses. Families caring for the elderly should also be supported where necessary, as well as families in rural areas where there are limited economic opportunities and where there is no access to formal social support systems. For children and other dependants of people with AIDS, assessment of their needs and promotion of meeting these needs is the responsibility of the department. The capacity of a variety of mechanisms will be enhanced to meet the needs of children whose parents have AIDS and children who have been orphaned.

The *Guidelines for Early Childhood Development Services, (Department of Social Development, 2006)* mostly refer to ECD facilities, programming and regulations, but there are references to the family. IECD starts with the family. Family life will differ from one child to the next in terms of composition, values and roles. However, within each family, the young child and caregiver should be able to receive the necessary psychosocial support and care to promote learning and development. Chapter 8 of the Guidelines for ECD Services gives a simple Guideline for Family Care.

The *National Department of Social Development Strategic Plan 2002/2003 and 2005/2005-2009/10* is aimed at building a caring society and a better life for all, especially for children. Among other provisions, the following are extremely important as a safety net for vulnerable young children:

- a commitment to improved social grants administration;
- a strong focus on mitigating the impact of HIV and AIDS on poor communities;
- the Expanded Public Works Programme (EPWP) which has provisions for ECD and home/community-based care and support; and
- a new policy of financial support to NGOs and other civil society organisations serving the needy and vulnerable.

In order to better develop prevention and early intervention services and protection services, an *Integrated Service Delivery Model (Department of Social Development, 2006)* has been developed. It includes parenting skills programmes as a prevention service. A Participatory Learning and Action approach is recommended for working with community groups.

The final draft of *National Family Policy (June 2006)* identifies families with children under five and those with orphans as needing special support. Intervention strategies in caring for vulnerable members of the family include:

- Parenting programmes for first time and young parents.
- Accessible and quality ECD programmes such as crèches, preschools, day care mothers, toy libraries, playgroups.
- Programmes for young children in prisons with their mothers and reunification with the family.

The *Plan of Action for Families (Department of Social Development, 2004)* includes several objectives and key priority areas/fields which have implications for ECD programming.

Provisions with relevance for home and community-based ECD programmes include:

- Promoting the participation of parents in the issues related to the education of their children (as an activity in support of objective 2.1 (3) integration of social-cultural realities into education).
- Education and sensitisation of communities on the importance of the family (objective 5), including raising awareness of the role of the family and strengthening relationships within the family in order to reinforce its union and stability in assuming its function and information programmes (TV, radio, leaflets, etc.) about the adverse circumstances facing families in order to prevent the dislocation of the family.
- Provision of water and sanitation facilities and strengthening the measures to promote access to clean and safe water in every home. Promotion of health and hygiene education and promotion of communication for a change in behaviour and for the adoption of better food and nutrition practices at the level of vulnerable groups.

The Discussion Draft of the Department of Social Development's ***Early Childhood Development Monitoring and Evaluation, Framework of Indicators (December 2006)***, has a number of implications for home-based and community ECD programmes. An ecological approach has been used and this includes monitoring across the different contexts that impact on the development of children, including the status of family/primary caregivers/household, community support and care, and formal ECD service provision. Criteria within each of the contexts include:

- Accessibility and inclusivity of services to children from birth to nine years.
- Quality, effectiveness and range of services provided by DSD to support ECD providers in each component.
- Quality, effectiveness and range of services for care and protection provided by ECD providers in each component including the family.
- Integration, partnerships and collaboration with stakeholders supporting ECD services and providers.

Indicators for accessibility at household level include the number and proportion of children from birth to nine years reached through parenting programmes, and those identified as vulnerable reached through home-based services. The number and ratio of trained ECD facilitators, practitioners and workers available to support caregivers at household level in targeted areas and those for parent support programmes are related indicators.

At community level, community care and stimulation programmes to be monitored are defined as including childminding (defined as those looking after six or less children) and other programmes such as playgroups, stimulation groups, toy libraries, etc.

The qualification for ECD facilitators, practitioners and workers available to support caregivers at household level is defined as social auxiliary worker (Level 4), registered social worker (Level 7) registered educator or other ECD practitioner at Level 5 or above. For parent support programmes, the qualification required is stated as at least the minimum level in the area of parent support as certified by NQF. For playgroups, child minders and stimulation groups, NQF 1 or 2 is specified with an understanding of relevant minimum norms and standards.

SOCIAL DEVELOPMENT ECD AND FAMILY RELATED POLICIES AND STRATEGIES	IMPLICATIONS FOR DEPARTMENTAL PROGRAMMING RESPONSIBILITIES
✻ Grants administration. ✻ Expanded public works programme. ✻ Financial support to NPOs and civil society serving needy and vulnerable.	✻ Awareness. ✻ Home and community ECD programmes to be sustained by financial support.
✻ Parenting skills. ✻ Establishment, registration and monitoring and evaluation (M & E) of ECD facilities. ✻ M & E of household parenting support, community care and stimulation programmes for young children.	✻ Parent training. ✻ Monitoring and support for these and training of personnel who work in these capacities.
✻ Plan of action for families. ✻ Systems to improve literacy, education, promoting parent participation in education. ✻ Educate and sensitise communities on the importance of the family. ✻ Promotion of health and hygiene education and better food and nutrition practices.	✻ Programming to affirm parents, explain their educational role, suggest activities and parenting practices (sensitivity to cultural norms and indigenous child-rearing practice). ✻ Key health messages.

2.2.3 HIV and AIDS related plans and guidelines

The National Department of Social Development has developed plans and guidelines in relation to HIV and AIDS and OVCs. While they are not specifically ECD targeted, the extreme vulnerability of this age group makes them significant, particularly in relation to home- and community-based ECD services. The department's ***Five-year HIV and AIDS Strategic Plan for Social Development 2003–2008*** recognises its role in leading a strong inter-sectoral approach for dealing with vulnerable groups. The plan provides for poverty alleviation in relation to basic needs, sustainable development and income generating activities, recognises the needs of the most vulnerable, e.g. the disabled, older persons and children, and provides for capacity development of community-based organisations.

The ***National Guidelines for Social Services to Children Infected and Affected by HIV and AIDS, (Department of Social Development, undated***) were designed to assist organisations and persons programming for services to children infected and affected by HIV and AIDS, and to assure that the provision of community-based care and support takes into account community needs, cultural practices and protects the rights of children. For this, a participatory, contextualised approach is essential. Objectives include:

✻ To provide information on establishing and implementing special programmes, including home/community-based care and support.
✻ To provide clarity on the development of community-based structures to include child care forums/committees.
✻ Identify family, community and cultural strengths and resources.
✻ Help people through prevention programmes, and counselling and support to those traumatised.
✻ Assist children, families, communities and provinces to identify the most vulnerable, to help prioritise resources and to preserve family life.
✻ Support families, communities and other stakeholders to identify and implement strategies that promote children's well-being.
✻ Identify external support for communities and enable communities to build support networks.
✻ Establish and strengthen poverty alleviation programmes in affected areas.

- Develop training programmes for professionals, community workers, child and youth care workers, community leaders, families, NPOs and CBOs.
- Establish integrated institutional arrangements at local and community level for the implementation and monitoring of programmes.
- Make information available on welfare services and grants.

The *Policy Framework for Orphans and Other Children made Vulnerable by HIV and AIDS (South Africa) (Department of Social Development, 2005*) defines a vulnerable child as one whose survival, care, protection or development may be compromised, due to a particular condition, situation or circumstance, and which prevents the fulfilment of his or her rights. It identifies the DSD's responsibility to establish and strengthen ECD programmes that cater for the needs of orphans and other children made vulnerable by HIV and AIDS, and it has many strategies that relate to ECD in particular to home- and community-based interventions.

Strategies include:

- Strengthen and support the capacity of families to protect and care: early identification and enhancing the capacity of families and primary caregivers to provide protection, psychosocial support (PSS) and counselling to OVC, including very young children and those with special needs.
- Mobilise and strengthen community-based responses for the care, support and protection of orphans and other children made vulnerable by HIV and AIDS.
- Ensure access to essential services of orphans and other children made vulnerable by HIV and AIDS.
- Strengthen and increase access to ECD services.
- Raise awareness and advocacy.
- Facilitate campaigns and interventions that use the media, high profile and other influential role models who demonstrate positive practices in addressing and/or living with HIV and AIDS.

The *National Action Plan for Orphans and other Children made Vulnerable by HIV and AIDS (South Africa) (2006–2008)* has among its strategic priorities to:

- Strengthen and support the capacity of families to protect and care for OVC. This places the focus on expanding treatment for infected children and their families, ensuring sustainable food security systems for OVC and their families; ensuring succession planning for OVC; developing skills-training programmes for child-headed households; and ensuring that mechanisms are in place to provide psychosocial support to OVC and their families. (Training for child-headed households includes parenting skills, in addition to money management, legal rights, safer sex, etc.)
- Mobilise and strengthen community-based responses for the care, support and protection of OVC including early identification of OVC and good practice models.
- Develop and disseminate information, education and communication material to create awareness about OVC.
- Ensure access of OVC to essential services.
- Raise awareness and advocacy to create a supportive environment for OVC; place focus on developing a comprehensive stakeholder communication strategy; create general awareness of OVC at every level of society; and advocate for the rights of the child at every level of society.

SOCIAL DEVELOPMENT: HIV/AIDS/OVC RELATED PLANS AND GUIDELINES	IMPLICATIONS FOR DEPARTMENTAL PROGRAMMING
✻ Sustaining families – income generation, training caregivers especially child-headed households in parenting, money management, PSS for carers.	✻ Programmes regarding food security, income sources, budgeting, parenting skills and PSS needs of carers aimed at parents, caregivers, educators and broader community.
✻ Publicising OVC issues, identification, child rights, available services.	✻ Programming as above and including local information on service availability.

2.2.4 Health

Aspects of the ***White Paper for the Transformation of the Health System in South Africa (1997)*** with particular relevance for ECD include chapters on nutrition, maternal, child and women's health (MCWH), and infectious and communicable disease control. Areas such as environmental health which aim to limit health risks from the physical and social environment, are significant for young children but not directly targeted towards them.

The ***National Health Act 61 (2003***) covers the rights of children to basic nutrition and health services, and to an environment that is not harmful to health or well-being. This Act consolidates the principle of free health care in public health establishments for pregnant and lactating women and children under six years.

The ***Strategic Priorities for the National Health System (2004–2009)*** for children includes immunisation, implementation of IMCI, PMTCT, the integrated nutrition strategy including fortification of staple foods, promotion of breastfeeding, micro-nutrient supplementation, nutrition education, community growth monitoring, food gardens and a school health strategy.

The ***Integrated Management of Childhood Illnesses (IMCI): Primary Health Care Package for South Africa – a set of norms and standards*** explains this package of promotive, preventive (i.e. monitoring and promoting growth, immunisations, home-care counselling, deworming and promoting breastfeeding), curative (i.e. assessing, classifying and treating) and rehabilitative services given in accordance with provincial IMCI protocols at all times that the clinic is open.

Referrals include children with danger signs and/or severe disease. The mother or caregiver is counselled in accordance with the IMCI counselling guidelines. Key household practices to improve child health are promoted as described in the IMCI community component. The clinic works in close co-operation with community-based health programmes such as community health worker schemes or care groups. Clinic staff collaborate with social workers, NGOs, CBOs, crèches and other sectors to improve health and also to raise awareness on genetic disorders, birth defects and disabilities.

Department of Health programmes with implications for ECD	Implications for departmental programming
✻ Free health care. ✻ Prevention of mother-to-child transmission of HIV. ✻ Treatment care and support of infected children and orphans. ✻ Provision of care to children and orphans.	✻ Programming to raise awareness of available services and entitlement to these. ✻ Access PMTCT and support. ✻ ART provision for children and their caregivers. ✻ Programming to reduce stigma of HIV and AIDS and to communicate messages.
✻ Basic child health package (i.e. immunisation, developmental assessment, growth monitoring, deworming, breastfeeding).	✻ Programming to encourage parents to take children to the clinic regularly, explaining importance of preventive health care and reason for immunisation, screening. ✻ Accessibility of clinics.
✻ Nutrition (Integrated Nutrition Programme).	✻ Programming to encourage good nutrition practice, promote breastfeeding, food gardening, micronutrients.
✻ Curative health, IMCI.	✻ Programmes to raise awareness of key symptoms, how to treat at home and when to go to clinic urgently.

2.2.5 Correctional Services

The *White Paper on Corrections in South Africa (2005)* provides both for female offenders with children and incarcerated mothers whose small children are not in the correctional centre with them. For the former, the Department intends to set up ''Mother and child units'' within the correctional centre with separate sleeping accommodation for mothers and their children, as well as a crèche facility. The focus should be on the normalisation of the environment in order to promote the child's physical and emotional development and care. The interests of the child should be put at the forefront in any policy development regarding babies of offenders that are accommodated inside correctional facilities. The policy must also be flexible enough for adjustment on the basis of proper assessment of the particular family circumstances of the child outside of the correctional centre and alternative arrangements that could be made.

Small children, who are not in a correctional centre with their mothers, require particular access to their mothers as a necessary step to reduce the negative effect that may occur from the separation from the mother and to prepare for the eventual release of the mother. The provision of an appropriate environment for such visits to occur that will aid in fostering the mother-child relationship is important. Professional child-care workers and social workers must provide such services to mothers and children.

APPENDIX 2

INTERVIEW SCHEDULE

A: Identifying details

Name of project:	
Address:	
Telephone number:	Fax:
Cell:	Email:
Contact person:	Person interviewed:
Date:	

B: Description of service offered

1 Focus of intervention, e.g. parents/households/child minders/specify other.
2 Give the goals of the service.
3 Starting date of project.
4 Geographical areas served.
5a) Targeting: specify criteria for involvement in the project (e.g. income/special need/child minder/age range/OVC/not in ECD service/location, e.g. farm, rural, informal settlement/other). More than one could apply.
5b) Number of units reached (e.g. households, villages, children, etc).
6 Description of the service offered. (Please note all elements.)
7 Frequency of the service. (How often do the above take place?)
8 Duration of the service. (How long is the targeted participant in the programme?)
9 Resources used in delivering the service.
a) Describe what resources are needed to deliver the service including venues, guides, training materials as well as concrete materials used.
b) Would you be prepared to make any guidelines, reports or materials available to the department?
10 What records are kept?

11 Does the programme have links with any government departments or local authorities? Specify.

12 Does the project network with other non-government service providers? Specify and indicate type of service offered.

13 Who is involved in the project management?

14 Any other information. Feel free to attach any brochures, reports, etc. that you would like to share.

C: Service inputs

1 Staffing

What staff are needed in order to offer this service?

Staff category: (e.g. manager, outreach worker, mentors, coordinators)	Role:	Ratio served: (e.g. field worker to client, support worker to field workers)	Qualification or selection criteria:	Hours per month:	Stipend or salary:

2 Training and support

2.1 What initial training do you require for your field staff (i.e. those working with the families/child minders)? If this is an in-house programme rather than an accredited programme, please outline the length and content.

2.2 What is the cost of start-up training for a field worker?

2.3 Describe any ongoing support and training provided for field staff.

D: Budget and funding sources

1 Give an average for running costs per annum of the programme.

Salaries	
Training costs	
Programme costs	
Venues	
Transport	
Materials	
Refreshments	
Other, specify	
Administration	
Total	
Average cost per family/child minder	

2 Please list all sources of funding in the most recent financial year, i.e. departmental, self generated, NGO, Foreign Foundation, South African Corporate or Foundation, FBO, etc. (or supply a financial statement).

SOURCE	% OF INCOME

E. Monitoring and evaluation

1 How is project implementation monitored? Describe.

2 Does the project monitor its effects on the beneficiaries? If applicable, describe how.

3 What changes have you seen with regard to children and their child minders/children and their families?

F: General

1 What aspects of the programme work well?

2 What challenges do you experience?

3 What would be needed to make the project more effective?

4 Can you suggest different ways that different levels of government could assist a project like this one to be more effective?

APPENDIX 3

Summary of key features of innovative home-based child minding and community ECD programmes

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
COMMUNITY CHILD PROTECTION STRATEGIES/SAFETY NETS							
CHILD WELFARE SOUTH AFRICA Asibavikele (Let's Protect Them)	21 sites * Eastern Cape 3 Free State 2 KwaZulu-Natal 2 Gauteng 2 Limpopo 2 Mpumalanga 2 North West 4 Northern Cape 1 Western Cape 3 TARGET HIV and AIDS affected children, OVCs from birth to 18 years, caregivers of children. NUMBER REACHED Over 8 000 children within nine month period. *See full list in report.	Facilitate the establishment and strengthening of existing community-based structures for the care and support of OVCs affected by HIV and AIDS in under- or unserviced communities through the infrastructure of Child Welfare South Africa.	Community based and child centred. Equips community volunteers, through training materials and workshops, to intervene with OVCs in their local community. Volunteers receive support and guidance via strong infrastructures of CWSA and then are able to interact meaningfully with families.	Ongoing since July 2005, on a daily basis.	Close relationship with DSD, DHA, local clinics, schools. Work closely with other NPOs, home-based carers, hospice care organisations.	MANAGER Area managers who do implementation, training and support to CWSA member organisations, staff and volunteer and social worker supervision of volunteers. FIELD WORKERS Volunteers identification and service delivery to children. RATIO (middle manager to field workers) 1 : 30 HOURS 16–20 hours per week.	Initial ten-session training. All volunteers are required to pass a test (in-house). Bi-monthly training sessions, bi-weekly group supervision, individual supervision if needed.
CHILD WELFARE SOUTH AFRICA Isolabantwana (Eye on the Child)	67 sites * Eastern Cape 12 Free State 9 Gauteng 2 KwaZulu-Natal 2 Limpopo 1 Mpumalanga 2 North West 3 Northern Cape 7 Western Cape 29 TARGET Children in need of care and protection from birth to 18 years.	Assist social workers to combat child abuse and neglect. Empower communities to take responsibility for child protection and the prevention of abuse. Provide a 24-hour child protection service and easy access to help children in crisis. Sensitise communities to children's rights.	Advocates the collaboration of communities and formal resources when protecting children against abuse, neglect and exploitation. Educates and enlightens communities regarding social problems.	Run daily after hours (16h00) providing a 24-hour service all week on an on-going basis.	DSD and in some provinces financial support has been provided, SAPS, local magistrates/children's court local clinics, schools. Also work closely with other NPOs.	MANAGER Area managers who do implementation, training and support to CWSA member organisations, staff and volunteer and social worker supervision of volunteers. FIELD WORKERS Community volunteers who identify and provide service delivery to children in the community.	Initial ten-session training. All volunteers are required to pass a test (in-house). Bi-monthly training sessions, monthly group supervision, individual supervision if needed.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
CHILD WELFARE SOUTH AFRICA Isolabantwana (Eye on the Child)	NUMBER REACHED Estimated 6 000 children reached per year. * Full list in report.		Adult volunteers assist social workers in prevention and management of child abuse. Community-based 24-hour service to vulnerable children. Volunteers identify and support families.			RATIO (middle manager to field workers) 1 : 20 HOURS 16–20 hours per week.	
WOZ'OBONA Safety Nets for Children	LIMPOPO 11 villages in Sekhukhune District. TARGET All programmes are open to all but only OVCs receive home visits.	Assist households to care for and develop their children.	PSS training and support. Community Theatre in Jane Furse and training for other communities/ CBOs, child support groups. 1 pilot drop-in centre. Home visits for OVCs. Learner rights training and support. HIV and AIDS and children training. Management of child illnesses, grant access, small business skills, community gardens and poultry. CCF training/support.	Training takes place on an "as-needed" basis. All programmes directly benefiting children are run daily. Programme runs until child/household no longer vulnerable.	DoA – seeds tools, etc. DSD attends CCF meetings and assists with drop-in centre. Municipality refers cases. DoH offered HBC training. SAPS, DoE, Makhudu-thamaga Umbrella Group involved in CCF. Links with other Goelama partners, other Limpopo CBOs supported by CARE-SA.	MANAGER A Safety Net and Theatre Coordinator supports village coordinators one per village. FIELD WORKERS Volunteers visit homes, work with children in homes, report, participate in other safety net programmes. RATIO Not given. HOURS Not given.	PSS training (in-house) one week full time. Child development training (in-house) one day plus follow-up. Other training as needed. Monthly meetings of all volunteers, individual meetings for support. Currently developing an overall supervision and development programme.

PROVIDER AND PROJECT NAME	GEOGRAPHICAL AREA AND TARGET GROUP	PROGRAMME DESCRIPTION	ELEMENTS	FREQUENCY AND DURATION OF SERVICE	LINKS TO GOVERNMENT/NGOS	STAFFING: MANAGER AND FIELD WORKERS	TRAINING AND SUPPORT FOR FIELD WORKERS
LOCATION-BASED INTEGRATED ECD STRATEGIES							
EARLY LEARNING RESOURCE UNIT Wakh'umtwana Wakh'isizwe	WESTERN CAPE *South Peninsula:* Masiphumelele Ocean View Red Hill EASTERN CAPE Mfinizweni TARGET Communities where young children are highly vulnerable.	Improve quality in ECD services. Train people working with young children using integrated approach. Entrench awareness of children's rights through education of community. Develop network of support. Facilitate ECD capacity building.	Identify and call stakeholders together, map resources and gaps, introduce HRAP and select capacity building needs. Capacity building, e.g. HIV programme, basic ECD, parenting and FCM training. Build up Child Care Forum/holding structure, leadership training, support and monitor initiatives; prepare for withdrawal. Consolidate and exit.	As needed, ideally until CCF is in a position to carry on by itself (funding permitting).	Use government: Health, social services, home affairs, local councillors/traditional leadership, community development officers. NGOs, CBOs, FBOs, etc. in area on an inclusive basis.	MANAGER Community development with local steering group. FIELD WORKERS Link existing networks and resources to support young children more effectively so there are no field staff.	Some capacity building to area stakeholders depending on needs. Support by calling together different public resources with community stakeholders.
EARLY LEARNING RESOURCE UNIT Philippi Integrated ECD Strategy	WESTERN CAPE Greater Philippi, Cape Town including Philippi Horticultural TARGET Babies and young children in district with focus on vulnerable children. NUMBER REACHED 16 ECD sites, 60 families, 93 caregivers in cluster workshops, 8 safe houses created.	Develop integrated approach at local level providing for better quality ECD sites and strengthening families. Develop capacity of local ECD projects to improve quality of services, access to resources and access to ECD-related state benefits in the area.	Registration campaign for ECD sites. Home visits to families with young children. Training for ECD practitioners and family workers programme management. Making resources. Health. Community awareness and involvement in care and protection of young children, safe houses, child abuse training.	Training, awareness and other events as necessary. Home visits every two weeks, cluster workshop monthly. Home visits for six months or more as needed.	DSD WC (funded and requested), local government and housing, CPU and SAPS, councillors. RAPCAN, Child Welfare, Red Cross, Beautiful Gate. Ikamva Labantu, The Parent Centre, Engender Health, ECD Forums.	MANAGER Community project manager with support and development workers. FIELD WORKERS Family outreach service FCM model in horticultural area. RATIO 1 SDW : 6 FCMs HOURS FCMs 24.	Basic child development course for foster parents, safe-house mothers, child minders (eight days), Children's Rights, health and nutrition, grants, documents, child development, playing and learning activities, discipline, working with parents, resources, plus HIV, PSS, child abuse, etc.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
KHULULEKA Integrated ECD Strategy	EASTERN CAPE Chris Hani Municipal District (northern Ciskei) TARGET Rural OVCs in poverty- and HIV-affected villages, age range from birth to six years and six to nine years. NUMBERS About 500 children per year.	Involve whole villages. Provide safe, healthy environments for young children. Link learning environments of home, ECD setting and primary school. Support and extend child-rearing skills and health care of parents and caregivers. Enhance nutritional and health status of families especially infants, toddlers and young children. Develop organisational structures and systems for effective, efficient service delivery.	Professional development programmes. Community parent support workshops. Organisation and management skills training. Rural economic development programmes. Infrastructural and resource development.	Intense two-year span with support thereafter.	Try to establish links, e.g. with civic organisations and DSD.	MANAGER One community facilitator per village. FIELD WORKERS n/a	ECD at Level 5, development practice at Level 4, staff development, conferences, seminars.
LETCEE (Little Elephant Centre for Early Education) Izingane Zethu	KWAZULU-NATAL Ngcolosi, Ntunjambili, Kranskop in the Ilembe district TARGET Children eligible for but not attending preschool, poorest families in community, children too ill to attend school/preschool.	Create a nurturing environment for all young children.	Help to access documentation. Visit children in homes to facilitate learning through play. Toys may be borrowed. Visit homes to support/educate families regarding disabilities. HBC help care for elderly and infirm.	Most families visited once per week. Visits to community ECD sites are determined by distance and infrastructure at the site.	Department of Social Welfare; links with principals in the area, home affairs officials, community health workers and with community and traditional leadership.	MANAGER Organisation heads, LETCEE has a full-time project coordinator. FIELD WORKERS Family facilitators exposed to toys and equipment and importance of play. Buddies have holiday camps. RATIO 1 FF : 8–10 families	FFs completed Level 1 and registered for electives: babies and toddlers. Training in using play skills for coping with bereavement and loss. All training except bereavement has been in-house.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
LOCATION-BASED INTEGRATED ECD STRATEGIES (CONT.)							
	NUMBER REACHED 20 family facilitators each work with 8–10 families (about 25 children).		FF facilitate parenting groups which also go to community-based site to promote social skills and use outdoor equipment. Buddy Programme: 9–12 year-olds play with children. Food gardens. Access to clean water. DramaAide programme.	Officially families remain in the programme while there are young children still not in schools. Many choose to remain in the programme with social rather than supportive visits.	Work with TREE; partnership with DramaAide, CINDI (Children in Distress), ACESS (The Alliance for Children's Entitlement to Social Security), Izandla, Zothando.	HOURS Not given.	FFs have debriefing and counselling, regular sharing sessions to support each other.
TREE (Training and Resources in Early Education) Izingane Zethu	KWAZULU-NATAL Centocow in Ingwe District TARGET Rural OVCs from birth to seven and over seven years living in poverty NUMBER REACHED 32 villages, 3 tribal authorities, 942 children (0–14 years) reached in a year.	Strengthen capacity of families to protect and care for OVCs. Facilitate access to essential services for OVCs. Provide supportive environment for families affected by HIV and AIDS. Raise awareness. Mobilise and support community. Improve policy and resources from government.	Locate family support and child stimulation in the home. Involve local leadership and community structures and build capacity. Access to basic social services, documents, grants, health care. PSS. Parenting Programmes. Access to play. Buddy Programme.	Monthly. Families rotate as life well-being changes. Duration about four years.	Provincial ORC, KwaZulu Provincial Action Committee for Children (KPACC). Report to municipality and Amakhosi. HSRC Fatherhood Project, TVT VCT Unit, CB – nutrition, Catholic Centre for Leadership Training and Gender, Zamane OVCs. AIDS projects, CINDI, ACESS, Izandla Zothando AIDS Project.	MANAGER ECD Coordinators, TREE/LETCEE coordinators, staff development structure. FIELD WORKERS 30 RATIO Not given. HOURS Not given.	PSS training, children's rights, counselling, legislation, gardens. Accredited ECD training at NQF Level 1. CIMCI. Parent Programme facilitator training. Sensitisation training for ECD practitioners.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
ECD CENTRES AS SUPPORTS FOR OUTREACH WORK							
CENTRE FOR EARLY CHILDHOOD DEVELOPMENT/ EKUHLALENI/ELRU ECD Enrichment Centres (Outreach Components)	WESTERN CAPE Southern Delft, Brown's Farm, Weltevreden Valley, Philippi East, Crossroads TARGET GROUP Vulnerable, low income/children with special needs/not in ECD service. NUMBER REACHED 3 418 families (home visits) and 2 229 (workshops) in five years.	Provide skills on how to stimulate the child from an ECD centre base. Link families to essential services to promote well-being of their children. Support home-based child minders to provide a quality service.	Toy library service for home-based child minders. Parent education workshops (either one-off or series). Home visits to families for purposes of stimulation of children, linking to services, e.g. social service referrals for abuse and neglect, disability, grants documents, food support, legal assistance, income generating opportunities (different partners focused on different aspects).	Workshops (monthly) or courses of ten sessions one day/week. Visits to households over approximately four-month period.	Links to DSD, DoE, DoH, local councillors, City of Cape Town. NGO links to local supports, e.g. paralegals, AIDS projects, SHAWCO, employment opportunities.	MANAGER Centre manager supporting ECD sites and outreach work. FIELD WORKERS Family outreach workers based in each of five areas visited households to provide support. RATIO Not given. HOURS Not given.	ELRU FCM training for some field workers, CECD training for others. Centre managers responsible for their support.
CENTRE FOR SOCIAL DEVELOPMENT	EASTERN CAPE Grahamstown and towns/rural areas within 100 km radius. TARGET GROUP ECD school community, including children, practitioners, governing bodies, parents, families and community members. NUMBER REACHED 18 NGO staff being trained to implement approach.[1]	ECD sites. Involve parents, family members and surrounding community. Train CDPs who are at ECD sites and facilitate a holistic community development approach to ECD.	Development. Level 1 training of CDPs, plus support. Developing capacity and supporting CDPs who have completed training.	This is an on-going project, lasting between two and three years.	Makana Municipality provides a stipend of R600 per month to four CDPs. CDPs are active in Child Welfare's Eye on the Child programme, self- help groups funded by Funding Development Services.	MANAGER Community Development Manager for supervision and guidance. Community development facilitator for training, monitoring, support. FIELD WORKERS CDPs 1 per site.	One year of training with practical assignments (are based at ECD sites). Monthly support visits and also supported by ECD site supervisor on a daily basis. Participate in specialised training, e.g. HIV and AIDS.

1 Most of the NGOs on this programme are already offering services and are included on this grid. Two others on the training. i.e. Peddie Development Centre and Greater Soweto Association for ECD will be introducing an outreach service in the future.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
ECD CENTRES AS SUPPORTS FOR OUTREACH WORK (CONT.)							
ITEC Abantwana Kuqala Children First	EASTERN CAPE Nxarhuni and Tsholomnaqa (rural villages) TARGET ECD centres, governing bodies, families/children outside ECD centres, rural and informal settlements, other role players, e.g. ward councillors. NUMBER REACHED 8 ECD Centres in two municipal wards.	ECD centres as points of entry to community. Ensure all children have the best opportunities to improve life chances. Advocate children's rights. Strengthen and support networks of care. Provide outreach programmes for children not in centres. Provide HIV and AIDS education to parents. Provide cost reduction strategies, e.g. food gardens.	Advocacy on children's rights' networking with grassroots organisations. Caregiver support groups in ECD centres. HIV and AIDS awareness. Care teams for referrals of OVCs. Food gardens. Workshops on child development. Workshops on developmental resources.	Weekly meetings in community, two-day workshops quarterly over a five-year period.	Support work of local municipal councillors, DoH, DoE, DSD, Police Services, Office of the Rights of the Child. Local development organisations; Soul City supplies materials.	MANAGER Manager of all ECD projects – plan and monitor implementation, advise field workers. FIELD WORKERS Field workers – build relationships, mentor, network, train where necessary. RATIO Two field workers work in a cluster. HOURS About 40 hours a month.	Have training and experience in ECD. Two receiving TOT Level 1 with CSD; one doing Level 5 training in Development Practice. Weekly monitoring and six monthly evaluations.
LESEDI EDUCARE ASSOCIATION Community Development and Family Support Programme (CDFSP)	FREE STATE Bloemfontein, Botshabelo, Thaba Nchu TARGET GROUP Young children and families living in difficult circumstances within the ECD centre environment and broader community. NUMBER REACHED Once operational, five CDPs in each of the three areas will each reach 20–30 families (total 300–450 at a time).	ECD centres as valuable resources of care and support. Address the needs of young children and families, particularly those most vulnerable, through a comprehensive, sustainable, community-owned and managed intervention.	Identify and respond to needs of children and families at risk. The CDP gives psycho-social support to parents in child rearing. Community development practitioners (CDP) who are attached to an ECD centre and work with ECD practitioner and community through community support structure.	Still in process of the pilot and training is in progress. Ongoing.	Establishing links: DSD, local government, various government departments. When needed: Child and Family Welfare, Hospices. NGOs offering support for OVCs, SANCA, NICRO, Women against Violence.	MANAGER Lesedi CDFSP facilitators to train, support and guide CDPs. FIELD WORKERS 15 CDPs trained by two facilitators to respond to the needs of vulnerable children and families. RATIO 20–30 families per CDP. HOURS At least 80 hours per month.	Basic Community Development Practice, Level 1 with CSD, Grahamstown Family Support Programme – six months in-house: Journey of Healing, Life's Challenges, strategies to manage more effectively, managing child-rearing. Weekly support and debriefing sessions.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
TREE IECDI (Integrated ECD Initiative) Nkandla	KWAZULU-NATAL Ekukhanyeni, Ngono wards of Nkandla Municipality TARGET Young children, especially OVCs in deep rural area close to epicentre of AIDS epidemic, at least one child under seven for FF household visits. NUMBER REACHED 660 households and 1 558 OVCs; 18 ECD sites.	Build local capacity/ partnerships to address young children's rights. Strengthen capacity of families. Mobilise community-based responses through ECD sites. Provide access to services for OVCs. Ensure government protects OVCs. Create supportive environment for young children affected/ infected by HIV and AIDS using local government, traditional leadership, etc.	Identify and support vulnerable households, e.g. grants, school fee exemptions, PSS. Develop ECD sites as centre of care and support. Develop Child Care Forums of FFs and ECD practitioners with support from local leadership. Parenting training. Links to provincial departments and services, municipal programmes. Access to play and early stimulation. CIMCI 16 key messages. OVC register, referral and follow up.	Weekly FF visits. IECDI children attend ECD sites two or three times per month.	GOVERNMENT LINKS: Nkandla Municipality, DHA, DSD, clinics, MSF, Nkandla Social Cluster. NGO LINKS: Media in Education Trust (MIET), TVT.	MANAGER Project manager monitoring and support of FFs, training of FFs, training of ECD site personnel. Nkandla Project Coordinators and CCCCs. FIELD WORKERS 21 FFs visit households, work with ECD sites, follow up on vulnerable families, collect information on vulnerable children, attend Nkandla Multisectoral Stakeholders Forum, ECD sites get small gratuity for their involvement. RATIO 10–15 households and one ECD site per FF. HOURS Not given.	Parent training, CIMCI, HIV and AIDS, TB, toy making. ECD sites: managing small ECD service elective, orientation to ECD, themes and learning aids. Regular meetings and ongoing training if needed, e.g. community development.
COMMUNITY SERVICE HUB							
IKAMVA LABANTU Activity Centres	WESTERN CAPE Guguletu, New Cross Roads, Philippi, Nyanga, Khayelitsha TARGET GROUP Communities in development with a need to centralise existing services leading to centralised community hubs (activity centres). NUMBER REACHED 2 centres so far.	Activity centre model: coordinate essential services and social development support. Identify vulnerability, capacity building, safety net provided by community, and leadership. Provide holistic community-based service including Senior Clubs.	Basis of activity centres: senior club facilities, crèche and aftercare, youth programmes, clinic and health care facilities, OVCs, psychosocial services, home-based care, capacity building and education, recreational facilities, lifeskills training, provision of transport, food gardens.	Ongoing.	DSD NGOs such as AJWS (American Jewish World Service), JDC (American Jewish Joint Distribution Committee), World Granny.	MANAGER Sector manager managing the process. Field manager who will manage activity centres and interdisciplinary team. FIELD WORKERS Currently field workers each support ten ECD sites.	Specialists such as occupational therapist. Social worker and access to physiotherapists to support centre staff.

PROVIDER AND PROJECT NAME	GEOGRAPHICAL AREA AND TARGET GROUP	PROGRAMME DESCRIPTION	ELEMENTS	FREQUENCY AND DURATION OF SERVICE	LINKS TO GOVERNMENT/NGOS	STAFFING: MANAGER AND FIELD WORKERS	TRAINING AND SUPPORT FOR FIELD WORKERS
PARENT EDUCATION GROUPS							
BETHESDA ARTS CENTRE (BAC) Family Literacy	EASTERN CAPE Nieu Bethesda TARGET Anybody who looks after children. NUMBER REACHED 25 women from the township.	Help caregivers help children to enjoy books and reading. Prepare their children for learning to read and write. Help their children to do better at school.	Trained family literacy facilitators.	Twelve sessions once a week with further courses planned.	No government links. Family Literacy Project in KwaZulu-Natal.	MANAGER Manager BAC. Four participants of Bethesda Arts Centre and one preprimary teacher trained as facilitator. FIELD WORKERS 25 women trained by facilitators.	Facilitators trained by director of FLP. Advanced training to be done by FLP.
COUNT/WOZ'OBONA Family, Maths, Science, Literacy and Lifeskills (FMSL)	All provinces except Western and Northern Cape. TARGET Adults caring for ECD child in informal settlements, townships, peri-urban and rural; includes OVCs, street and abandoned children, youth in prison, young mothers and babies in prison, refugee communities. NUMBER REACHED 2 000 adults 5 000 children over five years.	Primary adult is child's first teacher. Cooperative learning for adult and child. Prepare child for formal learning. Improve adult's understanding of FMSL. Cooperative links with adult/ECD centre or school/ child. Recognise opportunities for learning in the home, e.g. cooking, cleaning, etc. to develop child's awareness of embedded FMSL.	Training workshops for adults to run workshops for family groups covering FMSL. 2 field workers run workshops in communities. Create an environment of fun, interactive learning. Activities help critical thinking, language development, moving to more formal learning in school system.	Some groups run workshops (3-4 hours long) once a month, others run them every week. The service is ongoing.	DCS 21 NGOs including ECD training agencies and CBOs. Other services: HIV and AIDS centre, clinics, shelters for street children, Cotlands, SOS Children's Villages.	MANAGER Project manager supports provincial coordinators, develop training materials, curriculum development, etc. FMSL provincial coordinators do training, mentor field workers (one coordinator: 10–15 field workers). FIELD WORKERS Run FMSL workshops in their communities. RATIO 1 : 30 HOURS Part-time paid per workshop conducted.	An in-house programme being formalised as a skills development programme, ECD elective. Mentoring and on-site support and intensive training twice a year – four full-day workshops.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
KATLEHONG EARLY LEARNING RESOURCE UNIT (KELRU)	GAUTENG Ekuruleni TARGET Urban areas: children and parents. NUMBER REACHED About 150 parents per year.	Parent training. Reaching out to the young child. Making of resources.	Parenting skills. Community development.	One course quarterly. Community development ongoing.	DSD Ntataise CECD	MANAGER Training manager gives overall management. FIELD WORKERS Still in training for CDP approach.	Community Leadership Programme – CSD.
MASIPHUMELELE LIBRARY OUTREACH PROGRAMME	WESTERN CAPE Masiphumelele, Cape Town TARGET Children and parents. NUMBER REACHED Not given.	Promote reading and a reading culture along with associated benefits.	Afternoon activities at library for young children including games, puzzles, etc. Wordworks: course for mothers to prepare preschool child for school. Literacy classes for adults (and lap reading programme for their preschool children).	Activities daily. Wordworks is weekly for seven weeks. Literacy class is weekly.	Cape Town City Library in Fish Hoek. Masiphumelele Corporation supports financially, Wordworks (NGO).	MANAGER Library and service providers. FIELD WORKERS n/a	Wordworks trains volunteers to run the programmes.
THE PARENT CENTRE Teen Parenting Training	WESTERN CAPE Nyanga, Guguletu, Crossroads, Khayelitsha TARGET Teen parents at high school or those who have left for care-giving responsibilities; child heads of households; age range 13–22, years, average 15 –16 years. NUMBER REACHED Groups of 20 for twenty sessions in 2005/06, 573 parents, 609 children.	Help them to cope with challenge of being young parents. Address personal development. HIV and AIDS prevention and lifeskills. Links to income generation for those not in school.	Sessions offered at schools and in community venues for out-of-school teen parents. Focus on self-esteem, respect, rights. Responsibilities as parents, dealing with conflict, stages of development discipline, assertiveness, problem solving, Sex and HIV. Referrals to social and other services.	20 sessions once a week for 90 minutes over a six month period with an option of support group afterwards (some fortnightly, some weekly) depending on group. Facilitators attend, gradually phasing out.	Some government funding to social workers and auxiliaries. Links with Lifeline, RAPCAN, Wolanani and Child Welfare.	MANAGER Area coordinators who supervise facilitators. FIELD WORKERS Facilitators work on a sectional basis: three groups per area per term.	Facilitators selected from those who did Parent Centre parenting training course. Weekly supervision by coordinators.

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PARENT EDUCATION GROUPS (CONT.)							
TREE Parenting Programme	KWAZULU-NATAL and adjacent areas of Eastern Cape TARGET Child-headed households, teen parents, elderly caregivers, parents. NUMBER REACHED 1 030 caregivers via 60 facilitators.	Assist parents and other primary caregivers of young children, e.g. elderly or child head in context of HIV to provide PSS to children in their households.	Parenting programme facilitators run ten workshops for 15-20 parents in the community over one year. Content includes personal development, problem solving skills, C- IMCI 16 Key Family Practices, PSS, positive living, child development.	10 workshops in one year.	Community Health Workers, indunas, links to social services in the area. Valley Trust, Family Literacy Project, Curriculum Development Unit, University of KwaZulu-Natal (UKZN).	MANAGER Project manager monitors administration. Area managers monitor programme. FIELD WORKERS Parenting Programme facilitators run workshops. RATIO 1 : 20 HOURS 10 days per annum.	Twenty days of training on parenting and PSS for children. Monitoring by project and area manager, refresher training as needed to introduce new elements.
PARENT AND CHILD PLAYGROUPS							
GOLANG-KULANI EARLY LEARNING CENTRE	LIMPOPO Calais and Mokgolobotho villages in Tzaneen and Maruleng Municipalities TARGET Orphans and vulnerable children outside ECD loop; help for women to sustain their families. NUMBER REACHED Calais: 436 households Mokgolobotho: 689 households; 60 children per year in playgroups.	Reach out to young children from birth to nine years who are outside the ECD loop through playgroups and linking households to services. Help women to start an income generating project to sustain their families.	Accessing legal documents. Social grants assistance. Children's playgroups. Communal garden. ECD workshop. Family preservation. HIV and AIDS literacy.	As per need. For playgroup, two hours daily for both villages. Period: four years.	DSD, office of the Premier, local government, DHA, DoH, DoA. Care SA, Project Literacy AFSA, Nhlayiso (caregivers for HIV-positive people), FAMSA, Choice support groups Tlhavhama.	MANAGER Project coordinator, project facilitator who facilitates the progress and sustainability of the project. FIELD WORKERS Work with caregivers and children. RATIO Not given. HOURS Full time.	CDP training at CSD. Ongoing support and training in all the elements of the project.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
GRASSROOTS ADULT EDUCATION AND TRAINING TRUST	WESTERN CAPE Robertson, Montague, Worcester, Drakenstein, Wellington, Malmesbury, Vredendal, Langa TARGET Parents, households, communities; focus on playgroups. NUMBER REACHED 209	Rights of Children. Education, health, well-being of child. Advocate an holistic approach to ECD in poor families and provision of basic needs. Train about 25 mothers per group of whom ten are selected to work with ten children each (given small allowance for sundries for playgroup).	Community development – playgroup programme in non-formal sites including links to ECD centres, income generating activities for some groups and soup kitchens. ECD parent briefing sessions. Queue Education (planned).	Playgroup training six or seven days per week. Playgroup mothers run programme a few times a week. Queue Education three hours per day (not yet operational).	Referrals to NGOs regarding substance abuse, child and women abuse, foetal alcohol syndrome (FAS), violence against domestic workers. Links to ECD sites.	MANAGER Manager and project coordinator. FIELD WORKERS Community development workers – community development, advocacy, networking. RATIO: One community developer to 20 playgroups. HOURS 160–180 hours per month.	Community developers have adult education and social work background. Playgroups get field support after initial training.
TREE Siyafundisana Together We Learn	KWAZULU-NATAL South Coast: Port Shepstone, Folweni/Desai Natal Midlands: Bulwer, Bergville; Greater Durban TARGET Mothers and children who do not have access to ECD, OVCs in community. NUMBER REACHED Each Abaholokhazi runs two workshops a month, eight household visits. About 2 500 children per year.	Issues of children in crisis discussed. Develop community-based response to impact of HIV and AIDS on young children. Allow children to develop through play and active learning. Forum where parents can express themselves. Build parents' confidence. Build capacity. Self-help groups.	Works within established networks and with current leadership structures, both traditional and elected. Parents and caregivers play with their children overseen by practitioners and volunteers. Discuss current parenting practice and critical issues. Parents make and take waste materials to make toys in the home.	Workshops: two per month for as long as they wish.	Government links: social workers, councillors, traditional leaders, CHWs. NGO links: Cluster Housing Action Group and Port Shepstone Network Action Group.	MANAGER Community-based management developed via skills training and support. Community Child Care Committee. Siyafundisana project coordinator and area managers. FIELD WORKERS Abaholikhazi run workshops, support SHG, home visits, food gardens. RATIO Not given. HOURS Not given.	TREE parent programme facilitator course: 3 x 5 modules: Practical arrangements, record keeping, what is parenting, children's rights and development, supporting children affected/infected by HIV and AIDS, positive living, CIMCI training, toy making, HIV elective. Training as self-help group facilitators. Food security courses.

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HOME VISITING							
DIKETSO ESENG DIPUO COMMUNITY DEVELOPMENT TRUST (DEDI)	FREE STATE Motheo: Bloemfontein, Thaba Nchu, Wepener, Dewetsdorp Fezile Dabe: Sasolburg, Koppies, Parys, Vreedefort Xhariep: Zastron, Rouxville, Trompsburg, Jagersfontein, Fauresmith, Philipolis, Koffiefontein, Jacobsdal, Petrusburg TARGET Families in informal and rural areas, young children 0–6 years, children not in ECD loop, families with no income especially unemployed mothers, orphans 7–18 years. NUMBER REACHED Mohokare and Koponong Municipalities: Assisted 365 children with birth certificates to get CSGs; 217 caregivers trained in child care; 12 WSS established with 235 caregivers economically active.	Focus on parents, households, child minders. Develop a family and community environment that promotes the survival, development, care and protection of vulnerable children. Empower families and community organisations to act to address issues which impact on children.	Legal Support Services, e.g. ID documents. Access to services by helping children access ECD services, primary schools, clinics. Economic support. Food gardens, Women's Saving Society (WSS), help child-headed households to start an income-generating business. PSS Refer abused women. Counselling through life stories. Improved child care Train in child and family safety, nutrition, health. Sound family relationships, family money management.	Work in community for three years. Year 1 render services to families. Year 2 train and empower a CBO as support to families. Year 3 support the CBO taking over the work. DEDI exits in Year 3.	DHA, local government, clinics, social security agency, DSD. Community-based organisations and national NGO links.	MANAGER Director provides overall leadership. Programme coordinator supports field activities, training facilitators implements field activities. FIELD WORKERS Family Support Workers (volunteers) implement field activities with families and children. RATIO Not given. HOURS 80 hours per month.	Working with life story training, Family Support Programme training, legislation affecting children and families, empowering CBOs. Team meetings ECD. Menu of programme options, management and business activities.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
EKUHLALENI Ekuhlaleni Community Preschool Project	WESTERN CAPE Nyanga, Guguletu, Philippi TARGET Children 0–9 years not in ECD service; families with social grant problems and who are affected/ infected with HIV and AIDS. NUMBER REACHED 200 families per annum.	Looks at the family as a whole in disadvantaged communities. Brings resources to them, educates them and mobilises communities around child care and protection. Strengthens capacity of families to protect their children.	Organise social grants for the children. Refer the parents to workshops done by field workers. Refer HIV and AIDS affected/infected to clinics, counselling sessions.	Visit once a week per family or more if needed over between four and six months depending on the seriousness and difficulty of the problems.	DSD, DoL, DHA, health clinics and ECD centres, schools, etc. Road Accident Fund. Paralegal advice centres, SHAWCO, NICRO, CWD.	MANAGER Outreach coordinator arranges workshops and supervises visits. FIELD WORKERS Volunteers do field visits. RATIO 1 : 10 households. HOURS 40 per week.	Community development training, how to conduct baseline surveys. Hold weekly meetings to track progress and view challenges they face, arrange for development workshops with relevant stakeholders.
EARLY LEARNING RESOURCE UNIT Family Community Motivators (FCMs)	WESTERN CAPE Samora Machel, Philippi Horticultural, Brown's Farm, Dunoon TARGET Mostly informal settlements, very poor households where children are not attending preschool; households with youngest children prioritised. NUMBER REACHED Samora Machel 542 families; Browns Farm 509 (ended); Philippi 60.	Primary caregivers at household level. Provides support and promotes learning by young children and families by providing information, PSS, and assisting in identifying and increasing access to resources.	Home visits and cluster workshops. Support caregivers: information on health, play, toy making, food gardening, HIV, child abuse, etc. Facilitate caregivers accessing resources, e.g. documents, grants, getting older children to school, immunisation, etc. May be linked to a local preschool or run as a playgroup once caregivers are beyond the initial phase.	Visits every two weeks (more if necessary) over between four and six months and longer if needed. Monthly cluster workshop ongoing.	Local councillors, DSD (paid stipends), occupational therapists from the city, clinics, library. Local service providers are used whenever possible.	MANAGER Community manager does networking, monitoring, reporting to donors, designing. Support and development worker monitors, supports and trains field workers. FIELD WORKERS FCMs do home visits for at least one hour, run playgroups, run cluster workshops and support colleagues to do so. Weekly support meetings. RATIO 1 FCM : 10 families. HOURS 55 per month.	Ten days initial training including personal development, how to enter homes, child development, listening, appreciative inquiry approach, identifying resources, accessing grants and clinic cards, HIV, safety and health, nutrition, child abuse. Ongoing supervision weekly, monitoring of reports. Top-up workshops.

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HOME VISITING (CONT.)							
FOUNDATION FOR COMMUNITY WORK Family in Focus Programme	WESTERN CAPE Cape Flats: Atlantis, Bokmakierie, Delft, Mitchells Plain, Khayelitsha Rural: Klapmuts, Paarl, Drakenstein, Simondium, Franschoek Southern Cape: Oudtshoorn TARGET GROUP Support young children who are not in ECD centres, especially those living on farms. NUMBER REACHED 2 202 households Children 3 934	Home visiting. Holistic development of young children from birth to six years. Establish coalitions for holistic support for children and families. Strengthen capacity to stimulate children through parenting and support groups.	Mobilise communities around child care and protection. Home visiting programme: visiting caregivers in their homes and sharing ideas about ECD stimulation on a daily basis. Parenting workshops bi-monthly to address issues of concern. On-site monitoring and support. Community consultation to ensure understanding and buy-in.	Weekly home visits. Bi-monthly workshops. Weekly site visits. Monthly community meetings. Family visited for 12 to 18 months.	Oudtshoorn FIF programme supported by DSD. Each project networks with local organisations, e.g. Community Safety Forums, sports bodies, welfare organisations, HIV and AIDS organisations.	MANAGER Project coordinators support between three and five home visitors. FIELD WORKERS Home visitors support caregivers. RATIO They support 20–30 families and about 65 children each. HOURS 20 hours per week.	Four week Home Visitor's Programme: Understanding ECD. Parenting Health, safety and nutrition. Documentation. One week HIV and AIDS. One week PSS. One week child protection. After one year, field staff participate in additional training to improve capacity.
FAMILY LITERACY PROJECT	KWAZULU-NATAL Seven sites in KwaSani and Ingwe Municipalities (southern Drakensberg) TARGET Neighbouring families of members of the Family Literacy Project; household must have young children. NUMBER REACHED 94 volunteers visit homes.	Visit families in their homes. Share information/ messages with regard to ECD and IMCI through home visits. Demonstrate and build skills for play and stimulation during visits. Link with other role players for child health in the area. Add new households on an ongoing basis, especially those with vulnerable children.	Home visitor takes toys, puzzles or books into the home to model good practice and discuss ECD and IMCI messages/ information with the adults in the household.	About three visits per month.	Provincial DoH supplies IMCI booklets. Project does not network with NGOs.	MANAGER Director gives overall direction and the project development manager manages the team. FIELD WORKERS FLP members who are involved in home visiting are required to attend FLP sessions regularly, also the workshops on ECD and IMCI – ongoing. RATIO One visitor per household. HOURS Three visits per month, each about 20–30 minutes. Receive food vouchers for maximum of nine visits per quarter.	No specific training apart from sessions with the IMCI and ECD specialists. Attend weekly sessions giving information relevant to home visits.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
HIPPY SOUTH AFRICA Home Instruction for Parents of Preschool Youngsters	GAUTENG Orange Farm, Orlando East, Westbury, Winterveldt EASTERN CAPE Mpindweni, Tabase (two rural areas near Mthatha) TARGET Parents/caregivers of young children 4–6 years living in poor communities. NUMBER REACHED 700+ families when fully operational. Expect 300 families in 2007.	Empower parents with low levels of education, with the skills and confidence to prepare their own preschool children for a positive school experience and to strengthen parent/child bonds.	Individual training of parents/caregivers in their own homes, using internationally recognised HIPPY training materials and methodology. Parents replicate training when they teach their own children.	Home tutor trains the parent for one hour per week and parents teach their children for up to 30 minutes per day for five days per week. This takes place for 30 weeks per year for two years.	Johannesburg sites partially funded by DSD. FMSL	MANAGER Programme manager starts up new HIPPY sites, monitoring and assessing coordinators, training of HIPPY materials. FIELD WORKERS Home tutors are committed HIPPY parents who are willing to be trained to train other parents. RATIO 1 : 15 families. HOURS 30–40 per month.	One week induction, ongoing weekly materials and enrichment training at all levels.
MASIKHULE ECD CENTRE Masikhule Family Community Motivators Programme	EASTERN CAPE Mthatha: Maqhinebeni, Cezu, Mqanduli villages TARGET Rural areas caregivers and children. NUMBER REACHED Currently 230 households in 29 villages.	ECD family outreach programme to primary caregivers of children from birth to nine years in difficult circumstances in rural areas.	Work in with local stakeholders, NGOs to improve ECD service provision. Demonstrate learning activities for young children through home visits and workshops. Socio-emotional support to caregivers and children. Health and environmental education. Support with access to social grants, poverty alleviation projects (IGPs) including agriculture.	FCMs do three visits per day to each family for four days. Monthly workshop for family clusters of caregivers and children. Caregiver can stay in programme for three years to focus child for school entry but flexible for sick or disabled children.	Social Development, DHA, DoE, DoH, SAPS, local agricultural officers. Conduct campaigns jointly, e.g. Candle Light Memorial. Hope Worldwide – HIV and AIDS, Tembalitsha drug abuse, have integrated FMSL activities.	MANAGER Liaison officer supports two support and development workers who support and monitor FCMs, compile reports, networking and partnerships, liaise with community stakeholders, facilitate team meetings. FIELD WORKERS 22 FCMs who do home visits, liaising with local headmen and chiefs, facilitate workshops, compile reports. RATIO 1 FCM : 10–15 families in a cluster. HOURS 160 per month.	Basic training via ELRU. Four weeks full time – how children grow and develop, importance of play, age-directed activities for the home, making toys, community profiles, write reports, keep data, discussion groups and workshops. Team meetings, HIV workshops, child abuse, FMSL. SDWs do ECD Training at Level 4, Community Development.

PROVIDER AND PROJECT NAME	GEOGRAPHICAL AREA AND TARGET GROUP	PROGRAMME DESCRIPTION	ELEMENTS	FREQUENCY AND DURATION OF SERVICE	LINKS TO GOVERNMENT/NGOS	STAFFING: MANAGER AND FIELD WORKERS	TRAINING AND SUPPORT FOR FIELD WORKERS
HOME VISITING (CONT.)							
THE PARENT CENTRE Parent Infant Intervention Home Visiting Programme	WESTERN CAPE Nyanga (2 counsellors) Khayelitsha (2) Imizamo Yethu (2) Hanover Park (3) Mitchells Plain (1) TARGET At-risk new mothers, e.g. teen mothers, mothers without family support, mothers with history of psychiatric illness, domestic violence or abuse (referred by maternity units); some request service after talks at ante- and post-natal clinics. NUMBER REACHED 599 parents and 523 children by 10 counsellors (during 3,495 visits).	Parents at risk of abusing, abandoning, not forming attachments to infants. Prevention of child abuse and neglect by enhancing parent's capacity to cope with early parenting and teaching positive parenting practices.	Try to start when they are pregnant. Counsellor who lives in the community visits the mother to provide support and advice.	Five antenatal visits, from seven months once a week, post-natal at least 15 visits in six months: once a week in first and second months. Fortnightly, third and fourth months. Monthly fifth and sixth months. Each counsellor does 18 visits (four hours each) per week. Visiting until the baby is six months then support group for up to two years.	Antenatal clinics, links to DoH work group. Community action for safe environment in Hanover Park.	MANAGER Programme manager does training, networking, supervising, funding. Area supervisor supervises counsellors. FIELD WORKERS Counsellors do the home visiting. RATIO 1 : 25 or 30 hours full time.	Thirty-nine sessions of training. Screen people then short list. Training in self-awareness regarding pregnancy and birth, parenting skills, breast feeding, trauma counselling, post natal, HIV, infant massage. Re-screen at various stages. Weekly supervision and special workshops as needed.
MEMORIAL INSTITUTE FOR CHILD HEALTH AND DEVELOPMENT Sunshine Centre Association Outreach Component	LIMPOPO GAUTENG Johannesburg, east Rand, western areas, northern suburbs FREE STATE Phuthaditjaba TARGET Children with disabilities, other children and their families and communities. NUMBER REACHED 500 families per year in outreach activities.	Early intervention for inclusion of children with disabilities and delays, intellectual, developmental and physical in partnership with families and communities.	Toy library services, home-based stimulation programmes, weekly visits to families, income generation and parent support group. Training (START) for other professionals.	Weekly home visits for home-based programme. Weekly income generating activities. Monthly parent support group meetings. Home-based programme for birth to three years.	DSD, DoH, DoE SANGOCO	MANAGER Senior manager, project coordinators. FIELD WORKERS Work with families.	Lifeskills, literacy and numeracy training, social auxiliary training. Courses are external and run for two years.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
THUSANO A RE DIRENG	NORTH WEST PROVINCE AND NORTHERN CAPE Kgalagadi and Siyanda districts in Kuruman and Kudumane regions TARGET Families with no or small income who cannot afford to send children to preschool; families that do not access CSGs. NUMBER REACHED 300 families in seven communities.	Test an integrated family-based model for ECD which will increase knowledge of/access to young child's development in ECD through home and resource visits. Awareness of ECD principles, practices and benefits. Access for women to resources, information and materials.	Home visits to families. Once a week programme children visit preschool to interact with other children. Training in HIV and AIDS, health care, child development. Cluster workshops for families every two weeks act as information and support group for carers. Vegetable gardens. Accessing CSGs, etc.	Weekly home visit. Once a week visit to preschool. Two cluster workshops a month. Service lasts about two years or until the FF feels the caregiver can stimulate the child on her own.	Work with Chiefs in the different communities. Elect ECD committees to assist FFs. Member of SANGOCO which provides some capacity training. Member of ACESS.	MANAGER Support and development coordinators who supervise the FFs, assessment of community needs. FIELD WORKERS FFs assume the responsibility for recruitment, assessment and direct service provision to children and their families within the A Re Direng programme. RATIO 1 FF : 15 families. HOURS 140 per month.	Two week basic ECD training via ELRU (non-accredited); ideally do accredited ECD training. Bi-monthly workshops, topics identified by staff, some management training.
VALLEY DEVELOPMENT PROJECT Khanya Kwezi Outreach Programme	WESTERN CAPE Masiphumelele, Cape Town TARGET Children 0–7 years not in ECD service and their parents. NUMBER REACHED 165 per annum.	Helping primary caregivers in households where children not able to access ECD centre. Ensure all vulnerable children have access to early learning support system and that parents are equipped to take responsibility for young children's learning.	Help with accessing grants and services, home visits. Food parcels monthly. Food gardening.	Home visits twice a month with follow-ups if necessary for the period of one year unless the family is unable to sustain itself.	DSD, local clinics, Cape Town City – funding for capacity building, City ECD affiliates. Mosaic, Living Hope, VDP, Nceda Nani, Hokisa.	MANAGER Project manager supports and monitors FCMs, networks FIELD WORKERS FCMs visit families. RATIO 1:7 HOURS Four days from 09h00 to 15h00.	Via ELRU: How Children Develop and Learn, community development, baseline study, facilitation, reflection and implementation.

PROVIDER AND PROJECT NAME	GEOGRAPHICAL AREA AND TARGET GROUP	PROGRAMME DESCRIPTION	ELEMENTS	FREQUENCY AND DURATION OF SERVICE	LINKS TO GOVERNMENT/NGOS	STAFFING: MANAGER AND FIELD WORKERS	TRAINING AND SUPPORT FOR FIELD WORKERS
TOY LIBRARIES							
ALLSA Come and Play Toy Library	GAUTENG Johannesburg Inner City, Hillbrow area, Greater Johannesburg Metro TARGET Children from Children's Homes, primary school children after school, children from ECD sites, disabled children, etc. NUMBER REACHED Over 5 500 in 2005/06.	All children, many with their parents. Help children develop their full potential: provide a safe place to play, quality play materials, build skills and self-confidence.	Children come and play, toy librarian helps choose a toy, play observed and if there is difficulty then librarian makes suggestions, offers toys covering all the skill and knowledge areas; assesses the children's play to pinpoint action to be taken.	Toy library is open: Mondays 13h00–16h00 Tuesdays 08h30–16h00 Saturdays 09h00–13h00	No links with government. Network with other toy libraries.	Head Toy Librarian who oversees the project: manages the toys, plays with and monitors the children. RATIO One toy librarian to 10–15 children. HOURS Full time – 160 hours per month. RATIO One toy librarian to 10–15 children. HOURS Full-time–160 hours per month.	Current librarians have no previous training or experience but new junior toy librarian has ECD Level 4. A career path is being developed. ALLSA offers an introductory four-day course; adapted. Managing a small scale ECD service elective at Level 3.
ALLSA Hillbrow Clinic Play Outreach	GAUTENG Hillbrow, Johannesburg TARGET Children queuing at the Hillbrow Clinic with their parents. NUMBER REACHED 30 children per play session; space is limited so many children cannot be accommodated.	Stimulate children through play while ensuring they have fun. Encourage more parent-child interaction. Encourage parents to bring children to the Come and Play Toy Library.	Toys are put out and children invited to come and play. Toy librarians help children who don't know what to do or experience difficulty with toys.	Twice a week for three-hour sessions.	Invited by the Hillbrow Clinic to offer the service, DoH. No links with NGOs.	MANAGER/FIELD WORKERS Two toy librarians who manage the toys and monitor the children and offer short information sessions to the parents. RATIO One librarian to 10 –15 children. HOURS Sessions at clinic are part of toy librarian's full-time job.	ALLSA offers an introductory four-day course: Effective Use of Toys in Child Development (three days plus one day for information on planning and setting up the library).

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
ALLSA ARV Clinic Play Outreach	GAUTENG Johannesburg TARGET Children attending the ARV Clinic; most do not attend any form of preschool. NUMBER REACHED 20–30 children per play session.	Stimulate children through play while ensuring they have fun. Encourage the parents to be more involved with their children. Create awareness of the Come and Play Toy Library.	Toys are put out and children invited to come and play. Toy librarians help children who don't know what to do or experience difficulty with toys.	Every Friday for two hours.	DoH (invited by the Senior Sister at the ARV Clinic). No links with NGOs.	MANAGER/FIELD WORKERS Two toy librarians who manage the toys and monitor the children and offer short information sessions to the parents. RATIO One librarian to 10 –15 children. HOURS Part of toy librarian's full-time job.	ALLSA offers an introductory four-day course: Effective Use of Toys in Child Development (three days and then one day for information on planning and setting up the library).
FRIENDS FOR LIFE Toy Library	GAUTENG Alexandra, Johannesburg TARGET OVCs, child minders, children between six months and 15 years. NUMBER REACHED 125	Incorporate an area where children can play while their parents/foster parents receive counselling or attend meetings. Provide parents with a practical framework from which to work. Increase child's self-confidence and assist them to overcome trauma. Teach them to share.	Home visits. Run counselling sessions through a persona doll. Toy lending services on a weekly basis to OVCs being cared for by Friends for Life.	Monthly and weekly, ongoing.	Department of Social Services (DSS), DoE, DoH, DSD. Links with an early learning centre which refers children for counselling.	MANAGER Coordinator. FIELD WORKER n/a RATIO Not given. HOURS Full time–160 hours per month.	Toy library training involving the use of effective toys and between two and three days administration training. Counsellors.
TSHWANE LEADERSHIP FOUNDATION/ INKULULEKO DAY CARE CENTRE Salvokop Toy Library	GAUTENG Pretoria inner city TARGET Urban children living in the area (mostly low income). NUMBER REACHED About 80 children per annum.	Preschool and primary school children. Help disadvantaged children develop their language, maths skills, social skills, perception and coordination. Provide fun, enjoyment of life and beauty.	Weekly loan of dolls, cars and educational toys, plus books. Monthly Play Day in which children come to the community centre to play with toys too large to take home, group games.	Weekly loans. Monthly playgroups. The service is for as long as the child is at the Inkululeko Day Care Centre (three years) and thereafter during primary school (seven years).	No links to government departments. Tshwane Leadership Foundation (the umbrella body) which controls the project.	MANAGER Library manager runs the library and the Play Days (four-day training by ALLSA). FIELD WORKERS Volunteers help and assist the manager. RATIO 1 : 20 children. HOURS Not given.	Volunteers will have in-house training (to come). At present they learn on the job while helping library manager.

PROVIDER AND PROJECT NAME	GEOGRAPHICAL AREA AND TARGET GROUP	PROGRAMME DESCRIPTION	ELEMENTS	FREQUENCY AND DURATION OF SERVICE	LINKS TO GOVERNMENT/NGOS	STAFFING: MANAGER AND FIELD WORKERS	TRAINING AND SUPPORT FOR FIELD WORKERS
TOY LIBRARIES (CONT.)							
BEAUFORT WEST HOSPITAL Toy Library	WESTERN CAPE Beaufort West TARGET Children in the hospital and in therapy.	Not given.	Toy library.	Not given	DoH funds.	MANAGER Senior occupational therapist. FIELD WORKER Therapists.	Therapists gather monthly for accredited training by the OT.
CORONATIONVILLE HOSPITAL: OCCUPATIONAL THERAPY DEPT Coronation Toy Library	GAUTENG Westbury and surrounding areas in Johannesburg TARGET Special needs children and children in the surrounding area; children between 1–7 years. NUMBER REACHED 80+ per year.	Parents, caregivers and their children. Support service for children with special needs.	The issue of about three toys to the child accompanied by caregiver, and returned after one month to be issued with another three toys. All diagnoses are accepted. Caregiver pays R30 per annum.	Daily with several sessions occurring during the day. Running twice a week on Tuesdays and Thursdays for as long as required, e.g. throughout childhood, depending on each patient and their circumstances.	Developmental clinic and other allied departments within the hospital. ALLSA, Gifts and Comforts Committee (a charity organisation) donates toys and other goods.	MANAGER Occupational therapy assistant helps each child for 30 minutes. FIELD WORKERS None.	Not applicable.
OUDTSHOORN HOSPITAL Toy Library	WESTERN CAPE Oudtshoorn, Ladismith, Zoar, Calitzdorp TARGET All children in therapy. NUMBER REACHED 66	Mothers, caregivers and all children in therapy with developmental delays and all children with physical disabilities.	Borrows toys. Sessions with occupational therapist.	Once a week until the patient is discharged.	DOH Subscribe to ALLSA.	MANAGER Supervisor. FIELD WORKERS Occupational therapist assistant runs the toy library. RATIO Not given. HOURS 32 per month.	Support from occupational therapist.

Provider and project name	Geographical area and target group	Programme description	Elements	Frequency and duration of service	Links to government/NGOs	Staffing: manager and field workers	Training and support for field workers
CHILD MINDER SUPPORT							
NATIONAL ASSOCIATION FOR CHILD MINDERS	GAUTENG BASED but has trained in six other provinces TARGET Child minders, parents, communities in need request help. NUMBER REACHED 25–30 child minders trained per group, four per annum (about six children per child minder) or 600–720 children per year.	Train and skill Partial Care providers. Coordinate existing Partial Care projects and facilitate new ones. Participate in National Policy Development issues, e.g. rights of the child. Develop performance excellence.	Pre-training workshops. Intensive training including field work and certification. Follow-up support visits by the staff. Enrichment workshops follow up.	Depending on funding: four groups of 25-30 child minder trainees per annum.	Local clinics, hospitals, libraries, Child Protection Unit of SAPS. Faith-based organisations, local day care centres, Child Welfare.	MANAGER Coordinator trains trainers and field workers. FIELD WORKERS Monitor and support child minders, parents and children. RATIO Not given. HOURS 120 per month.	One month orientation and in-house programme NACM; working on accreditation. Workshops, seminars and exposure to ECD and other information.
CARE AND SUPPORT FOR HIV- INFECTED AND AFFECTED CHILDREN							
COTLANDS	PROVINCES: Gauteng 3 KwaZulu-Natal 1 Western Cape 1 Eastern Cape 1 Mpumalanga 1 TARGET GROUP Children all ages but strong focus on young children; OVCs, rural, informal settlements, ECD and malnourished children. NUMBER REACHED 2 000	Caring for children who are abandoned, orphaned, abused and children living with HIV and AIDS and other vulnerable children.	Palliative care, orphan care, nutritional rehabilitation, income- generating, counselling.	Everyday and income generation twice/ weekly for households. The duration varies from child to child.	Links with DoH, DSD. Many NGOs in the field of HIV and AIDS and other children's homes and orphanages.	MANAGER Executive director manages. FIELD WORKERS Child caregivers. RATIO In residential care 1 : 4. In outreach 1 : 20. HOURS Not given.	Accredited courses for child caregivers and for families (in-house programmes). There is a Child Care Worker diploma and degree, and a home-based care course.

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