

EARLY CHILDHOOD DEVELOPMENT FOR CHILDREN 0- 5 IN SOUTH AFRICA.

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BACKGROUND

- ❑ Since 2007 the HSRC has been involved in research on ECD focusing on *children under 5 years*.
- ❑ The purpose of the project is to -:
 - Improving what is happening in the lives of children 0-5years
 - Improve and increase work opportunities for the women who who care for children

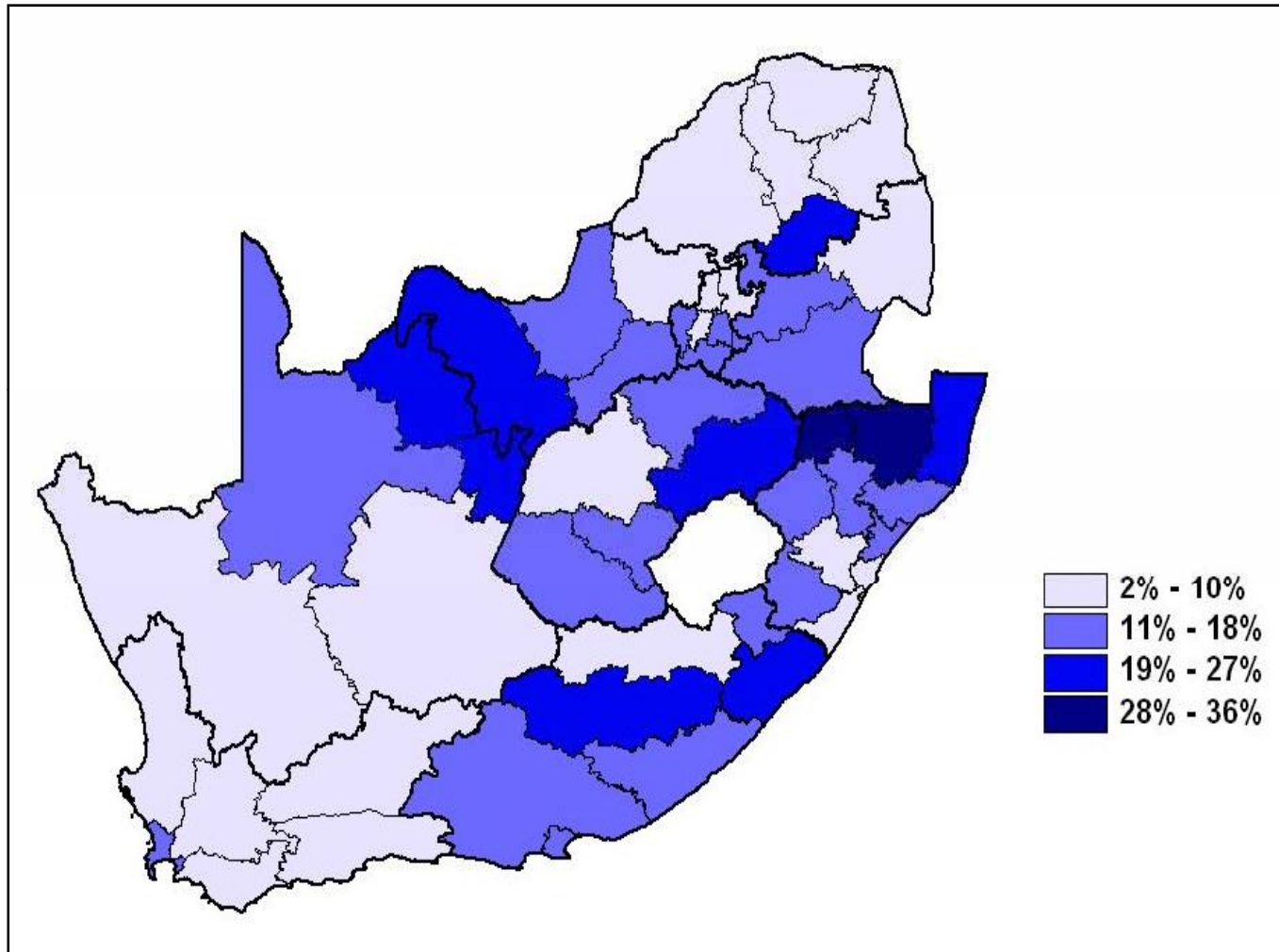


WHAT IS HAPPENING TO CHILDREN 0-5 YEARS

- 5,2 million children in SA – 0 to 5 years.
- Of every 5 children 3 (two thirds) live in extreme situations of vulnerability.
 - More than half live in poverty (65%).
 - African and Coloured children suffer the worst.
 - Children in KZN, EC and Limpopo suffer the most.
 - 200 000 live with a disability.
 - Just under 4% are chronically ill or infected with HIV/AIDS.
 - Very large number are now growing up without parents (orphans) and this number is increasing due to more mothers dying. 21% are orphans (27% for KZN).
 - 56, 539 children suffered from violence (48% were sexual abuse).

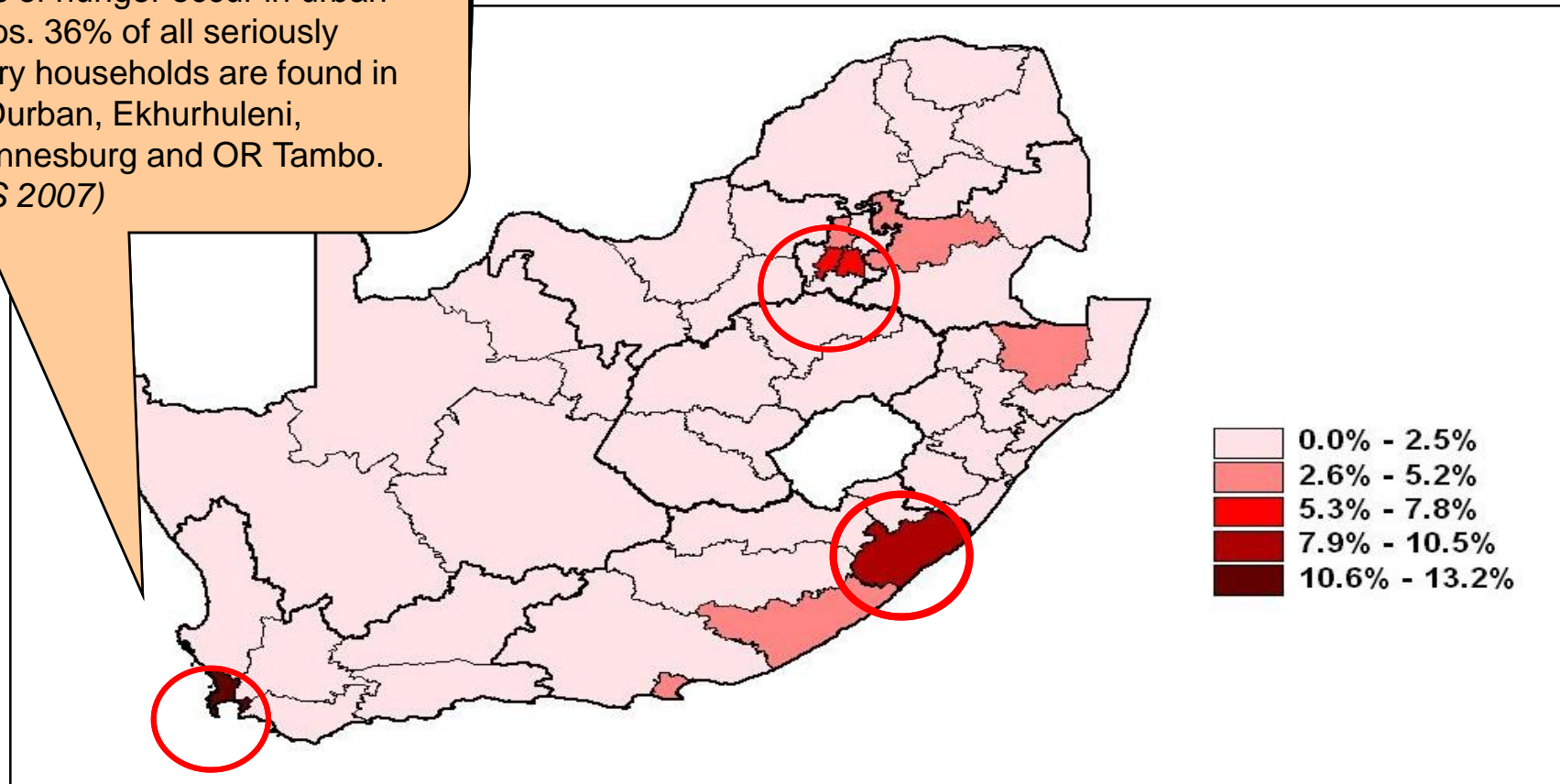


HUNGER IN SOUTH AFRICA

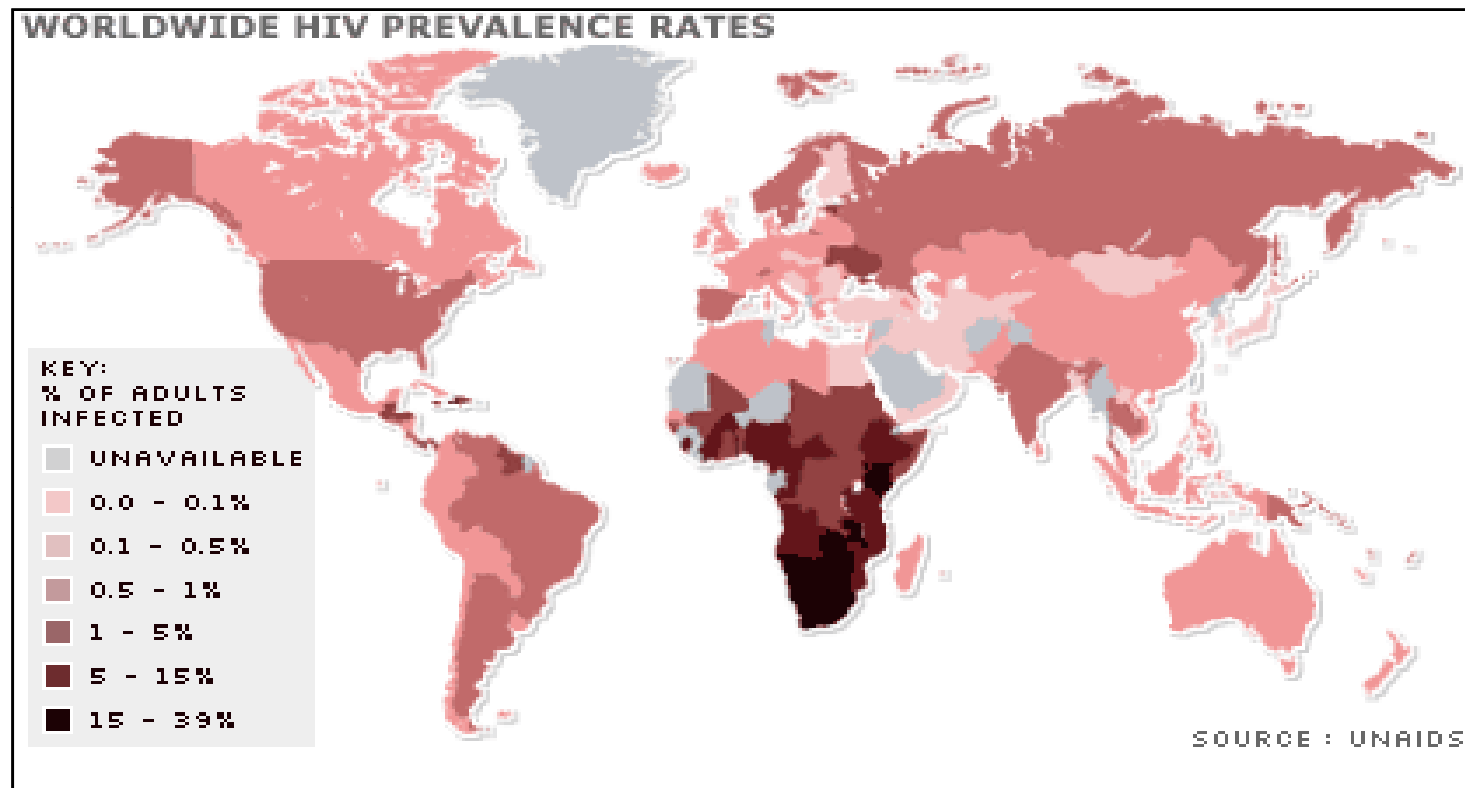


HUNGER IN THE METRO'S

Highest share of hungry households and most extreme levels of hunger occur in urban metros. 36% of all seriously hungry households are found in CT, Durban, Ekurhuleni, Johannesburg and OR Tambo. (GHS 2007)



HIV/AIDS IN THE WORLD



WHAT DOES THIS MEAN FOR YOUNG CHILDREN ..

- Children are DYING: Many children in SA don't live beyond their 1st (43 children per 1000 or their 5th birthday (62 children per 1000).
- Children are stunted or underweight (1 in every 4 children) (89% of children have not enough Vitamin A)
- Orphans: Large numbers of children are living without both or even 1 parent.



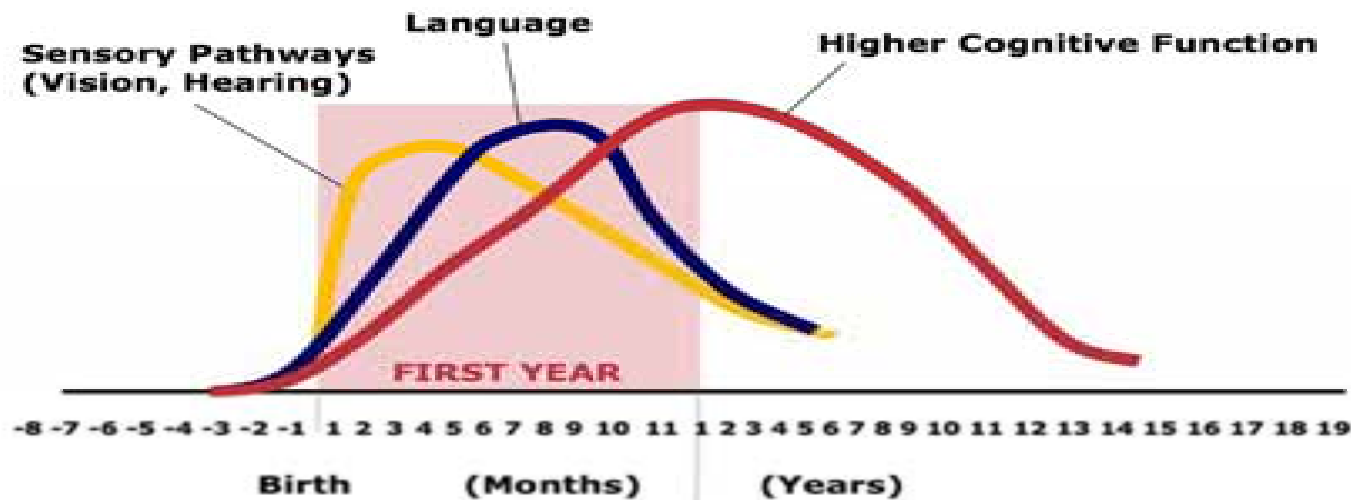
UNDERSTANDING CHILD DEVELOPMENT



Center on the Developing Child
HARVARD UNIVERSITY

Human Brain Development

Neural Connections for Different Functions Develop Sequentially



Source: C.A. Nelson (2000)



WHY IS ECD IMPORTANT FOR CHILDREN 0-5 YEARS

- ECD is concerned with child's whole development
- It is more than reading, writing, learning colours, being protected and getting a meal
- Good ECD focuses on addressing all aspects of a child's development
- A sick or hungry child cannot learn and grow properly
- A child without proper adult care is vulnerable to abuse and neglect
- **The many rights of the CHILD in our constitution cannot be enjoyed by these children.**



WHAT CAN BE DONE TO CHANGE THIS

There is a lot we can do as parents,
caregivers,

ECD workers, trainers, government officials

- Increase access of young children to a range of ECD services
- Improve the quality of ECD services available to children
- Improve the life chances of young children
 - to reduce child stunting, underdevelopment, illness and death of young children



STATUS OF ECD IN SOUTH AFRICA

- 1,3 m children (26%) are in
- ECD programmes (mainly centre based and reaching mainly 3-5 year olds)(NIDS 2008)
- 10 % of poor children accessing ECD subsidy... big provincial variations (E.C - 3% & W.C - 23%)



EXPAND ECD ACCESS FOR CHILDREN 0-5 YEARS

- ECD is not just preschools, Grade R or Creches and is not only focused on the child.
- **ECD interventions** – play groups, parent education, health interventions, grants, immunisation, home visiting, toy libraries, care and support for vulnerable children, referral for services, caregiver capacity building programmes
- **Focus of ECD** – young children and their families, child minders, orphans, vulnerable children, community leaders, teen moms; at risk mothers (pre and post natal), ECD stakeholders
- Goal of ECD – survival, early intervention, prevention and development



WHAT IS HOME AND COMMUNITY BASED ECD?

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



ACTIVITIES THAT COULD BE INCLUDED IN HCB ECD SERVICES

- **Home visiting:** initial needs assessment, stimulation interventions, counselling services, mobilisation of resources and support services, referral services, monitoring of treatment adherence, sharing of information and knowledge in relation to child wellbeing, nutrition, child rearing, care and development, developmental screening, training and mentoring, supervision and monitoring the well being of the child.
- **Care giver capacity development** included training, support groups, parent education and awareness raising sessions and mother and toddler groups.
- **Playgroup** activities included training and supervision of play facilitators, facilitating play sessions and provision of play resources such as toy libraries.
- **Strengthening community support structures:** Child care forums, community development structures, etc.



IMPROVE FOOD AND NUTRITION SECURITY FOR CHILDREN 0-5 YEARS

- Poor families struggle to feed their children sufficient and appropriate food.
- Encourage breastfeeding for young babies – it's the best for them
- Help mothers and caregivers access Grants. 51% of all *hungry* households in 2007 were eligible for grants but did not receive it. More than 600 000 maternal orphans (73%) do not receive any grant. (Woolard 2010). Many children 0-2 years not getting grants.
- Link with Food Banks
- Start Food gardens to feed children
- Encourage families to grow food
- Vitamin A and food fortification must be improved. All children under 6 and mothers are meant to receive Vitamin A tablets at cost of 3c each, but reaching only 20%



CONCLUSION

- Children have the right to live and develop to their full potential
- WE all can make a DIFFERENCE
- Lets start NOW

