THE ECDLC NEWSFLASH

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Welcome to the April 2013 issue of The ECDLC Newsflash.

This month we bring you news from a diverse range of sources, including the United Nation's Committee on the Rights of the Child, the health sector and the departments of Social Development and Basic Education.

This diversity highlights the fact that multiple sectors and role-players impact on the lives of infants and young children and that if they are not working together, it is unlikely we will see optimal outcomes.

So it is with great interest that we bring you news of the recently launched national ECD Community of Practice, which aims to facilitate more effective collaboration and coordination within the sector.

Please click here to view our featured article on the Community of Practice.

Best wishes,
Patricia Martin: Editor and researcher.

Contents

ECD Community of Practice launched to promote NDP goals 2
South African Health Review reveals progress – and pitfalls 3
District Health Barometer highlights inequities in health system 5
Changes made to national norms for school funding 7
Increase announced in monthly social grant amounts 8
Regulations issued for Substance Abuse Act 9
Policy on Education Districts is published 10
Protection from Harassment Act comes into effect 11
UN issues General Comment on protecting children from business activity 12
UN issues General Comment on children's right to health 13
UN comments on child's right to rest, leisure and play 15
SAQA publishes details of new and improved ECD qualification 16

ECD Community of Practice launched to promote NDP goals

In 2012 a number of concerned organisations started a conversation about how the ECD sector could use their collective knowledge and other resources more effectively to support the realisation of the National Development Plan's Early Childhood Development goals.

The organisations include a mix of civil society organisations, donors and development partners. Some of these are the Jim Joel Foundation, UNICEF South Africa, South African Congress for ECD, Deutsche Bank, Investec, TREE, Woz'Bona, the Ntataise Trust, the ECDLC Learning Community (represented by CDRA), and others. In addition, contacts have, and are, being established with the National Planning Commission and relevant government departments.

The group views itself as a national forum of stakeholders with a common interest in strengthening collaboration, collective planning and the use of resources to support the realisation of the national ECD goals set out in the National Development Plan (NDP).

The group spent some time considering the pros and cons of different structures for taking forward their shared objectives. At the end of the day, they agreed that the ideal structure to accommodate the broad needs and interests of the group is an ECD Community of Practice – this is also the name of the group.

The major objective of the ECD Community of Practice is to act as a collective think-tank of ECD thought leaders who will facilitate, distil and share their understanding of working practice in ECD in South Africa with the sector and the state, maximise resources, reduce duplication in the sector, and link practice and policy.

The think-tank will endeavour to bring the ECD knowledge-collective together to allow for a constructive sharing of sector information with the relevant state departments and agencies tasked with the realisation of the NDP ECD goals. The ECD Community of Practice is founded on the recognition of:

* the wealth of knowledge that already exists in the sector, as well as on the shared commitment to ensure that the way forward is shaped and enriched by the use thereof;

* the need to build on progress made to date; and,

* that lessons learned in the past can be acted on constructively to shape and influence the next generation of integrated quality ECD in South Africa.

The process forward will be facilitated by BRIDGE, an organisation which convenes and carries out knowledge management in relation to communities of practice in education. It will begin its work with an ECD stakeholder analysis (both of individuals and organisations).

The ECD Community of Practice will be led by a committee of five members who will lead the process towards building bridges with key ECD stakeholders – including government departments, funders, companies, NGOs and the media – that all aim at shaping progress within communities for ECD.

Should anyone be interested in learning more about the ECD Community of Practice and how they can participate in the process, please contact Ken Maxwell at kiwi@icon.co.za and/or Barbara Dale-Jones at barbara@bridge.org.za.

South African Health Review reveals progress – and pitfalls

The Health Systems Trust has published its 2012/13 South African Health Review (SAHR). It provides information on progress and gaps concerning the strengthening of health systems, the negotiated service delivery agreement, and the process of primary health care re-engineering in South Africa.

Some of the chapters of particular relevance to the ECD community include the following:

National Health Insurance (NHI) – The first 18 months

The SAHR notes that the attainment of the primary policy objective of the NHI – to ensure that everyone has access to appropriate, efficient and quality health services – requires a significant overhaul of existing service delivery structures and administrative and management systems.

The SAHR provides an overview of progress to date and future plans on issues such as management reform, hospital reimbursement reform, the establishment of the Office of Health Standards Compliance, the national health facility audit, quality improvement and certification, and the strengthening of district health services.

Some progress to date:

All 3880 public sector health facilities have been audited – including clinics, community health centres and district, regional and specialised tertiary hospitals – using standardised measurement tools.

Facility improvement teams have been established, trained in quality improvement, and commenced strengthening of services in the NHI pilot districts.

Strengthening of Primary Health Care (PHC) through District Clinic Specialist Teams, which will focus on improving the quality of health care and health outcomes for mothers, newborns, and children, has moved forward, with 43% of positions having been filled by December 2012. The goal is that in every district, there will be a dedicated senior obstetrician/gynaecologist, paediatrician, family doctor, midwife, and a paediatric and PHC nurse.

Each municipal ward will have one or more PHC outreach teams made up of a nurse, environmental health and health promotion practitioners, as well as Community Health Workers. The teams' main function will be to promote good health and prevent ill-health; 25% of 40,000 CHWs have been trained in the new national approach to community-centred PHC. This will be at the centre of the future PHC system.

School-based PHC services have been initiated. The Integrated School Health Policy was launched in October 2012. Since then a database of school nurses has been established. Give the equity focus of the programme, nurses will be deployed to the most disadvantaged schools first. They will be supported by mobile clinics to provide preventative and promotive services, reduce health barriers to teaching and learning, and facilitate access to health and other services. In 2012, an additional 30 mobile clinics were deployed.

In addition, progress has been made in securing the employment of more doctors and nurses, improving facility infrastructure, and strengthening management capacity and systems.

Maternal, newborn and child health

The chapter dealing with the health dimensions of ECD notes that, for the first time in decades, there is consensus on the methodology to be used in calculating the estimated maternal and child mortality rates.

The under-five and infant-mortality rates have shown positive signs of reduction. They peaked in 2010 at 53 and 37 per 1000 live births, respectively, dropping to 42 and 30 in 2011. However, the

situation is not as positive in the case of the neonatal mortality rates. The number of newborns who die has remained static, at 14 per 1000 live births between 2009 and 2011.

The chapter provides an overview of innovations, developments and commitments made by the state to improve infant, child and maternal well-being in South Africa.

The package of relevant health services available in South Africa, as outlined in the Maternal, Newborn, Child and Women's Health Strategic Plan, is in line with interventions that have been identified globally as the most likely to save lives. However, weaknesses and inefficiencies in the health system will need to be addressed if current gains are to be maintained and accelerated. The author concludes that issues relating to equity must be dealt with, specifically by ensuring the reach of quality and effective health services in the most disadvantaged communities. The chapter offers guidance on the priority areas of intervention that need attention in moving forward. These include ensuring the availability of adequate numbers of well-trained health-care workers at facility and community levels.

Other relevant chapters in the review include those dealing with developments in health policy and legislation, HIV treatment in South Africa, mainstreaming the social determinants of health, and the link between violence, alcohol abuse and the adequacy of mental health services.

WEB LINKS FOR THIS ARTICLE

* Click here to view the 2012/13 South African Health Review.

District Health Barometer highlights inequities in health system

The Health Systems Trust has published its annual District Health Barometer. It provides an overview of the delivery of Primary Health Care (PHC) in the public health sector across the full range of provinces and districts in South Africa. The Barometer highlights inequities in health outcomes, resource allocation and delivery, and tracks the efficiency of health processes, with the emphasis falling on disadvantaged rural and urban districts.

The Barometer provides a comparative overview of:

Financing of the PHC system

For example, it provides information on the proportion of expenditure per district spent on PHC. The national average is 55,4%. A number of provinces, namely Limpopo, Mpumalanga, Eastern Cape and Kwazulu-Natal, spent less than the national average, ranging between 43 and 54%. By contrast, the Western Cape, North West, Northern Cape, Free State and Gauteng spent more, ranging between 60 and 71%. In addition to these inter-provincial variations, the report indicates substantial intra-provincial variation between districts within the same provinces.

Management

Management levels and efficiency are indicated by reference to the utilisation rate of the PHC system of children under the age of 5 years. This refers to the average number of PHC visits per child under the age of 5 years in a year to a public PHC facility.

The national average is 4.7 visits. This falls below the national goal of 5, 5 visits per year. However, it is not true for all provinces, some of which (Limpopo, for example) exceeded the national goal, with 6.2 visits per year.

Child health

Child health is measured through a number of indicators, including:

Vitamin A coverage

In 2011/12, 43,4% of children between the ages of 0 and 18 months received their full quota of two Vitamin A doses per year. Whilst this exceeds the national target of 40%, there are significant district variations. Twenty-two districts failed to meet the national target, with the Northern Cape noted as representing particularly low rates. The report observes that in Limpopo and the Western Cape, focused campaigns in 2008/9 improved coverage substantially, but these gains dropped off in subsequent years. The authors say this “raises concerns regarding the value of once-off campaigns and supports the national Department of Health’s plans to consider annual plans”.

Diarrhoea incidence under 5 years

Diarrhoea is the leading cause of child mortality outside of the neonatal period across all provinces. Because it is closely associated with socioeconomic and environmental factors, household practices and access to services, it is a key indicator for monitoring child health. In 2011/12 there were 95,9 episodes per 1000 children, which marks a downward trend in comparison to previous years. But, once again, there are significant provincial variations, with a low of 40 in Mpumalanga and a high of 165 in Limpopo. The district variations are even more pronounced, with the highest recorded number of incidences in Vhembe (245), compared to a low of 32 in Ehlanzeni.

Immunisation coverage

South Africa has exceeded the national target of 90% with a national average of 95,2% coverage. District variations continue to be a problem, with a high of 125% in Johannesburg and a low of

55,2% in the Alfred Nzo district in the Eastern Cape, where the rate has decreased from 80% in 2009/2010.

HIV and AIDS

The national targets for early infant diagnosis (using a PCR test) and the initiation of babies less than 18 months on HAART are 100%. The proportion of infants receiving a PCR test under the age of 2 months was 62.3% in 2011. This ranged from 38% in the OR Tambo district to 99,2% in the Western Cape; 54,4% of babies less than 18 months were on HAART.

WEB LINKS FOR THIS ARTICLE

* Click here to view the 2011/12 District Barometer.

Changes made to national norms for school funding

The Department of Basic Education has published amended National Norms and Standards for School Funding in Government Gazette No. 36222 (8 March 2013).

With effect from 1 January 2013, the no-fee threshold per child is as follows:

2013: R926

2014: R1,059

2015: R1,108

This amount reflects the sum of money that should be allocated by provincial Departments of Basic Education to no-fee schools for each learner at the school.

The amended norms provide an updated National Poverty Distribution Table which is to be used for the division of educational resources as between schools falling into the different quintiles in 2013. These are as follows:

Quintile 1: 27,3%

Quintile 2: 24,7%

Quintile 3: 19,6%

Quintile 4: 17%

Quintile 5: 11,4%

The amended norms further provide that if funds are available, the PED may offer Quintile 4 and 5 schools voluntary no-fee status at least at the threshold level of R960.

WEB LINKS FOR THIS ARTICLE

* Click here to view the revised norms and standards.

Increase announced in monthly social grant amounts

As from 1 April 2013 all social grant monthly payments will increase to the following amounts:

Child Support Grant: R290 (from R280)

Older person 60 – 74: R1,260 (from R1 200)

Older person 75 and older: R1,260 plus R20

Care Dependency Grant : R1,260 (from R1,200)

Foster Child Grant: R800 (from R770)

Disability Grant: R1,260 (from R1,200).

WEB LINKS FOR THIS ARTICLE

* Click here to view Government Gazette No. 36292 (28 March 2013).

Regulations issued for Substance Abuse Act

The Department of Social Development has published the regulations to the Prevention and Treatment of Substance Abuse Act in Government Gazette No. 36305 (2 April 2013). This publication marks the coming into effect of the Act on 31 March 2013.

The Regulations cover definitions; objects; the regulation of the contractual relationship between the state and service providers and the associated criteria for receipt of funding; minimum norms and standards; national norms and standards for community-based services; guidelines for the management of community-based services; registration of treatment centres; integrated after-care and integration services; and the establishment of support groups.

For example, the norms and standards specify that programmes that give effect to prevention of substance abuse must: at all times be available and accessible to affected persons; link service users with resources; promote assessment of the prevalence of substance abuse; build capacity of persons likely to be affected by substance abuse; and promote healthy lifestyles.

The minimum norms and standards for community-based services, for instance, provide that community-based services must include after-care programmes; in turn, these must be available regularly, include family and support services, and have “motivational elements”.

WEB LINKS FOR THIS ARTICLE

* Click here to view the Regulations to the Substance Abuse Act.

Policy on Education Districts is published

The Department of Basic Education has published a new policy on the organisation, roles and responsibilities of Education Districts, in Government Gazette No: 36324 (3 April 2013).

The policy notes that district offices are the link between provincial departments, education institutions and the public, and are thus key to ensuring universal access to quality education.

In reality, there is significant variation in access to education and the quality of education, especially among rural districts falling into the former homelands. This inequity is matched by the prevailing inequity in the conditions of district offices across different regions. Some understand their role and perform at a high level of efficiency, whereas others do not.

This policy provides: district norms and standards; norms for district and circuit sizes; a framework within which each provincial department can provide district offices with the necessary roles, delegated authority, functions, resources and skills to enable them to perform their core functions, with additional support for districts where educational needs are the greatest.

The policy describes the role of the district offices as follows:

District offices are local hubs of PEDs and provide vital lines of communication between the provincial head office and the education institutions in their care. Their task is to work collaboratively with principals and educators in schools, to improve educational access and retention, to give management and professional support, and to help schools achieve excellence in learning and teaching.

The district offices' roles include:

* planning – collecting and analysing school, circuit and district data to inform planning;

* support – providing targeted support to institutions to enable them to work in line with education laws and policies;

* oversight and accountability – especially in relation to school principals;

* public engagement – informing and consulting with the public in an open and transparent manner; and,

* upholding Batho Pele principles in all dealings with the public.

WEB LINKS FOR THIS ARTICLE

* Click here to view the policy on education districts.

Protection from Harassment Act comes into effect

The Protection from Harassment Act comes into effect on 27 April 2013.

WEB LINKS FOR THIS ARTICLE

* Click here to view Government Gazette No. 36 357 (12 April 2103).

UN issues General Comment on protecting children from business activity

On 15 March 2013 the Committee on the Rights of the Child published General Comment No. 16 (2013) on state obligations regarding the impact of the business sector on children's rights. The General Comment notes that while business can be a driver of children's rights, the protection and promotion of children's rights is not an automatic consequence of economic growth – business enterprises can impact negatively on children's rights.

However, states have obligations to ensure that business activities do not harm, and promote children's rights. This General Comment seeks to clarify these obligations, and outlines the measures that states should implement in fulfilment of their obligations.

The guidance provided by the General Comment includes the following:

States should have adequate legal and institutional frameworks in place to ensure, in the context of business activities, that children's rights are respected, protected and promoted and that remedies are provided in cases of violation. Specific rights mentioned include the rights to protection from violence, child labour, environmental hazards, information and participation in relation to laws governing business activities, as well as the right of meaningful access to justice for the protection and enforcement of their rights.

States must ensure that all legislation, policies and programmes dealing with business issues do not discriminate against children and that, where discrimination does take place, the state provides a remedy.

States must ensure that they allow for meaningful children's participation in the development of national and local laws relevant to business that may affect them.

An important duty raised by the General Comment is the duty of the state not to abdicate its responsibility for the provision of services to children to business enterprises and NGOs. The Comment recognises that these entities can and do play a key service-delivery role in respect of rights such as water, sanitation, education, transport, health, alternative care, security and detention facilities. However, where they fulfil this role, this does not exempt the state from its obligations under the CRC when they outsource or privatise services that impact on the fulfilment of children's rights. The Comment provides guidance on measures the state should take to secure its obligations in this regard.

WEB LINKS FOR THIS ARTICLE

* Click here to view the detailed provisions of General Comment No. 16.

UN issues General Comment on children's right to health

On 14 March 2013 the Committee on the Rights of the Child published General Comment No. 15 (2013): The right of the child to the enjoyment of the highest attainable standard of health. This General Comment was developed further to the objective of providing guidance and support to states and other duty bearers to enable them to respect, protect and fulfil children's right to the enjoyment of the highest attainable standard of health.

The right to health is viewed within a holistic context. It includes not only the rights to timely and appropriate prevention, health promotion, curative, rehabilitative and palliative services, but also the rights of all children to grow and develop to their full potential, and live in conditions that enable them to attain the highest standard of health through programmes that address the underlying determinants of health.

The General Comment is directed not only at the state but all stakeholders working in the field of children's rights and public health, including policy-makers, programme implementers and activists, as well as parents and children themselves.

All stakeholders are required, in fulfilment of their obligations to take into account a number of key principles, including:

* The indivisibility and interdependence of children's rights, meaning that achieving children's right to health is dependent on the realisation many other rights.

* The right to protection from discrimination. The state must take all necessary measures to ensure that children's health is not undermined as a result of discrimination. This is especially pertinent in South Africa's context, where children in different provinces, districts and belonging to certain race groups are less likely than their counterparts to enjoy good health.

* The best interests of the child must be considered and be paramount in all health-related decisions.

* Children have a right to be heard in all health-related decisions affecting them.

* All decisions must be made taking into account the evolving capacities and the life-course of the child.

The General Comment provides some of the following guidance as to the normative content of the right to health:

* The determination of what constitutes "the highest attainable standard of health" takes into account the child's preconditions as well as the state's available resources, supplemented by resources made available by other sources.

* The right embodies freedoms and entitlements. The freedoms include the right to control one's health and body, including the sexual and reproductive freedom to make responsible choices. Entitlements include access to facilities, goods and services and conditions that provide equality of opportunity for every child to enjoy the highest attainable standard of health.

* Article 24.1 obliges the state to ensure that health and related services are available and accessible, with special attention to be given to under-served areas and populations. It requires a comprehensive primary health care system, an adequate legal framework and sustained attention to the underlying determinants of health.

* Barriers to health services must be identified and addressed.

* Article 24(2)(a) obliges steps to diminish infant and child mortality. In this regard the Committee highlights the urgent need for measures to address neonatal mortality and the need to scale up simple, safe and inexpensive interventions that save lives.

* Other Articles in respect of which the General Comment provides guidance include: Article 24(2)(b) – to ensure the provision of medical assistance and health care to all children with an emphasis on the development of primary health care; Article 24(2)(c) – to combat disease and malnutrition; Article 24(2)(d) – to ensure appropriate pre-natal and post-natal health care for mothers; Article 24(2)(e) – to ensure that parents and children have access to health information and education, are supported in the use of basic knowledge of health and nutrition, the advantage of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; Article 24(2)(f) – to develop preventive health care, guidance for parents and family planning education and services.

WEB LINKS FOR THIS ARTICLE

* Click here to view the full text of General Comment No. 15.

UN comments on child's right to rest, leisure and play

On 18 March 2013 the Committee on the Rights of the Child published General Comment No. 17 (2013): The right of the child to rest, leisure, play, recreational activities, cultural life and the arts. The General Comment has been developed to address the Committee's concern with the apparent neglect of this right by many states.

On the basis of reviews of implementation of the rights in question, the Committee has observed poor state recognition of the rights and, consequently, weak or non-existent protective legislation and invisibility of children in national and local level planning. Moreover, the Committee is concerned with the inequitable exclusion of certain groups of children from enjoying these rights, especially girls, poor children, and children with disabilities.

This General Comment has thus been developed to address these and related concerns, "raise the profile, awareness and understanding among states as to the centrality of Article 31 rights in the life and development of every child, and to elaborate measures to ensure their implementation".

The point of departure for the General Comment (which should be the point of departure for all state action, especially at local government-level planning and budgeting) is that "play and recreation are essential to the health and the well-being of children and promote the development of creativity, imagination, self-confidence, self-efficacy, and physical, social cognitive and emotional strength and skills. They contribute to all aspects of learning."

Obligations on the State include the duties to, inter alia, ensure that an adequate legislative, policy, budgetary, environmental and service framework is in place to secure the necessary conditions to support universal enjoyment and equal opportunities for all, especially the most disadvantaged children, to enjoy the rights to rest, leisure and play; and protect the interrelated right to freedom of expression and freedom of association necessary to enable full enjoyment of the rights to rest, leisure and play.

The General Comment identifies challenges inhibiting the realisation of these rights that must be addressed. These challenges are particularly relevant to local government in South Africa.

Some of the challenges include: lack of awareness of the importance of play and recreation; poor and hazardous environments; resistance to children's use of public spaces; an imbalance between risk and safety; lack of access to nature; pressure for educational achievement; neglect of these rights in development programmes; lack of investment in cultural and artistic opportunities for children; the growing role of electronic media; and multiple barriers faced by children with disabilities.

In the analysis of The ECDLC Newsflash, the ECD sector should strive to address these challenges at local level by, inter alia, communicating the obligations documented in the General Comment to local authorities. These authorities should be given a clear indication of what it means for them and how the rights can be realised through local government processes such as the IDPs.

WEB LINKS FOR THIS ARTICLE

* Click here to view the full text of General Comment No. 17.

SAQA publishes details of new and improved ECD qualification

In January 2013 the South African Qualifications Authority published information about the new and revised Early Childhood Development National Certificate qualification. It is an entry-level qualification for those who want to enter the field of education, training and development, specifically within the sub-field of Early Childhood Development (ECD).

The qualification will "enable recipients of this Qualification to facilitate the all-round development of young children in a manner that is sensitive to culture and individual needs (including special needs), and enable them 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". In particular, recipients will be able to: plan and prepare for ECD; facilitate and monitor the development of babies, toddlers and young children; and provide care and support to babies, toddlers and young children.

What is critically important is that this qualification "will provide a means for formal recognition of those who are already practising in the field, but without qualifications, as well as for those who wish to enter the field".

WEB LINKS FOR THIS ARTICLE

* Click here to view SAQA's information sheet.