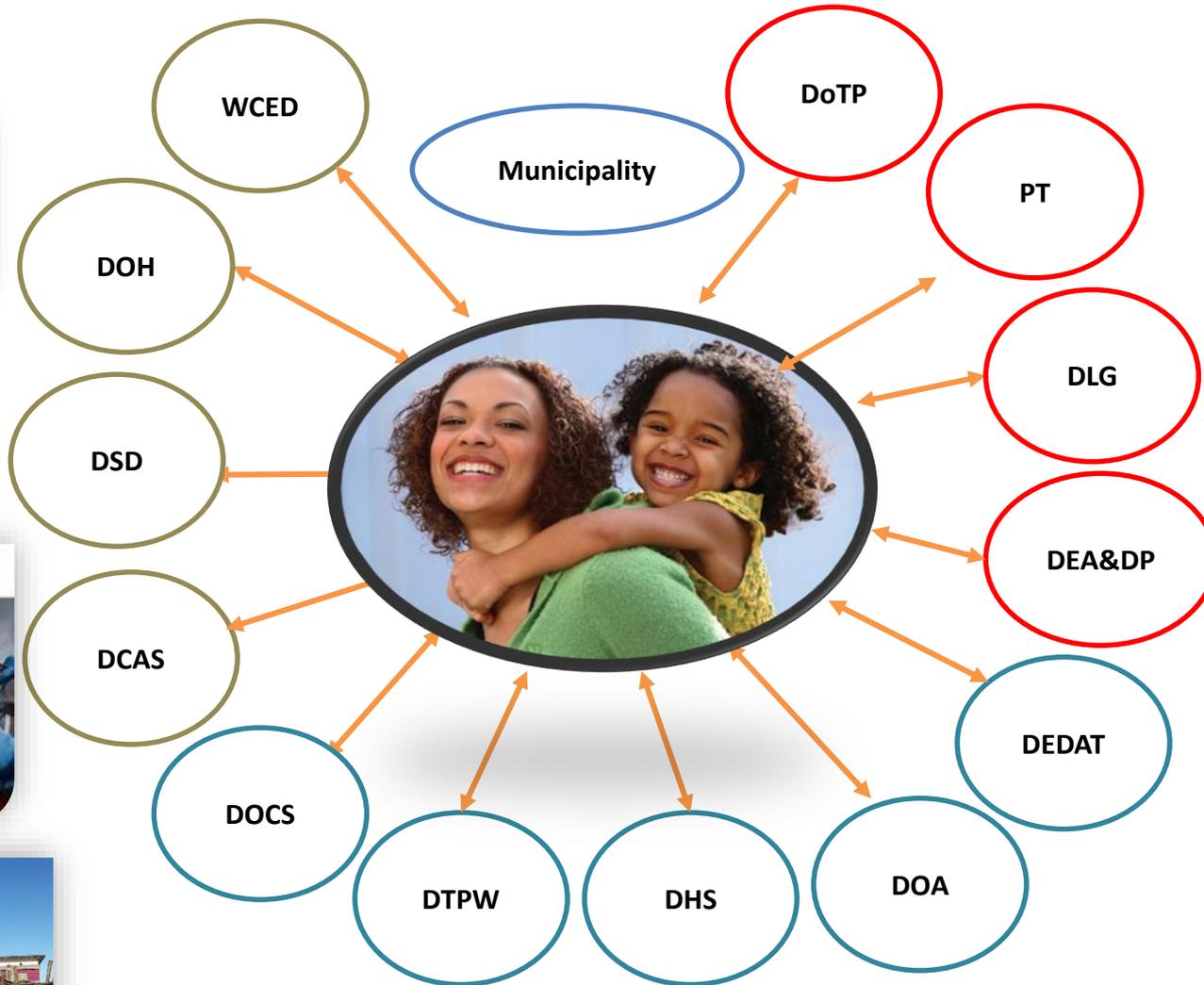
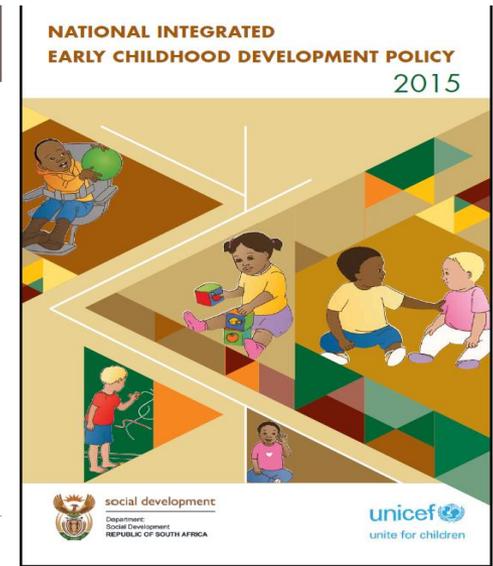
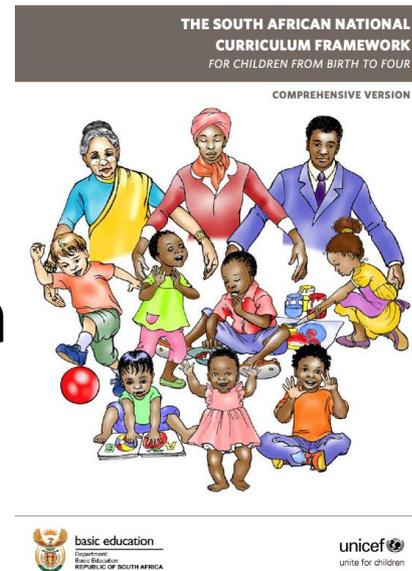


Whole of Society Approach Citizen Centric Govt



National Policy Integrated ECD & 0-4 National Curriculum Framework 6 domains



The Early Learning and Development Areas	8
Early Learning and Development Area One: <i>Well-being</i>	17
Early Learning and Development Area Two: <i>Identity and belonging</i>	32
Early Learning and Development Area Three: <i>Communication</i>	41
Early Learning and Development Area Four: <i>Exploring mathematics</i>	51
Early Learning and Development Area Five: <i>Creativity</i>	57
Early Learning and Development Area Six: <i>Knowledge and understanding of the world</i>	65
The child's voice	65

National Under 5 Side-by-Side campaign Caregiver pamphlet (11 languages) & new RTHB



How to raise a healthy and happy child



Road to Health

IMPORTANT: Always bring this book when you visit any clinic, doctor, or hospital.



Nutrition



Love



Protection



Healthcare



Extra Care



Child's name:

Date of birth:

Gender:

THE 5 THEMES OF THE ROAD TO HEALTH BOOK ARE WHAT CHILDREN NEED TO DEVELOP



NUTRITION Good nutrition is important for you and your child to grow and be healthy. It starts with breastfeeding.



LOVE Your child learns from looking at you when you hold them close to you and love, play and talk to them.



PROTECTION Your child can be protected from disease and injury by getting immunised and by playing in safe places.



HEALTHCARE Your child needs help from you or a health worker when they are sick or injured.



EXTRA CARE Your child may need special care or support and knowing what to do and where to go will help both of you.

Entry point redesign: antenatal care record

Psychosocial Risk assessment & Parental Preparedness

MEDICAL & GENERAL HISTORY

Hypertension
 Epilepsy
 Diabetes
 Cardiac
 TB
 HIV
 Psych

Other (specify) _____

If yes to any of the above give further details, e.g. duration:

Medication: _____

Operations: _____

Allergies: _____

TB symptom screen: _____

Psycho-social risk factors:
 Yes
 No
 Tobacco
 Alcohol
 Substances

Referral: _____

Single
 Married
 Stable relationship

Family History:
 Twins
 Diabetes
 TB
 Congenital
 Other

Details: _____

Estimated date of delivery

d d m m y y
 According to

COUNSELLING

	Date 1	Date 2
Labour companion		
Infant feeding		
Parental preparedness		
Nutrition		
HIV		
Mental health		
Alcohol/ substances/ tobacco		
Domestic violence		

FUTURE CONTRACEPTION (provide dual protection)

Booking visit and assessment of risk done by:

Name & Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Health services are organized like the circulatory system



Partnering with NGO's & ECD Services



LOVEPLAYTALK IN THE FIRST 1000 DAYS

Me And My Baby In Pregnancy

- You are important.
- Talking about support.
- Emotions and Pregnancy.

LOVEPLAYTALK IN THE FIRST 1000 DAYS

Our First 6 Months

- Our relationship.
- Love, Play, Talk.
- Emotions, soothing and coping

LOVEPLAYTALK IN THE FIRST 1000 DAYS

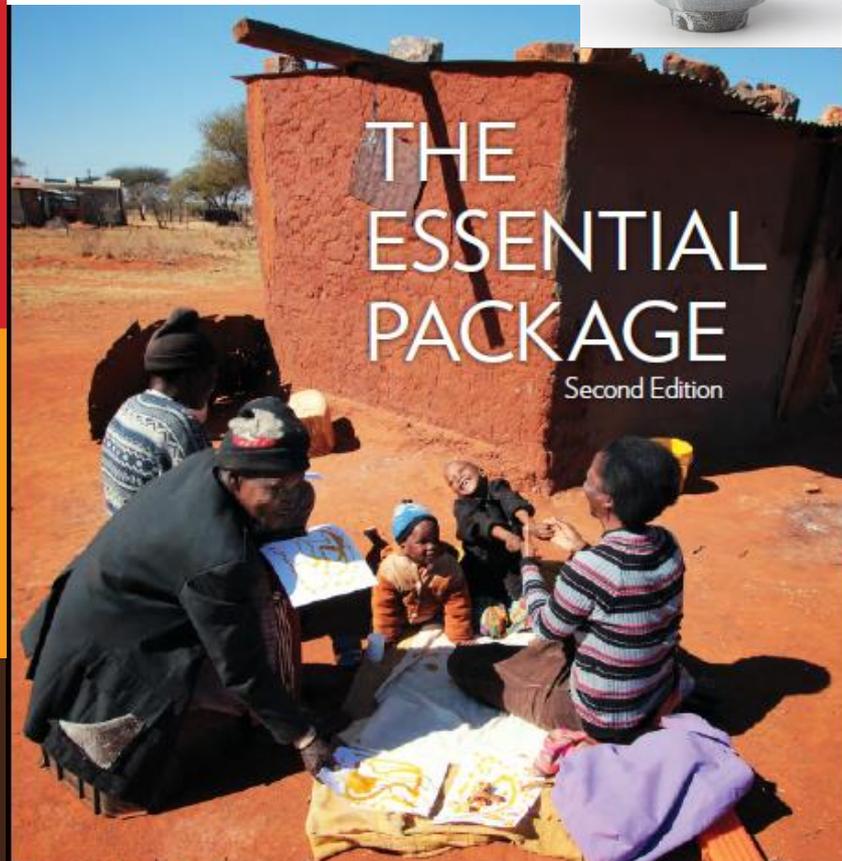
Supporting my baby's growing independence: 12-24 months

- The adventure of learning.
- Learning in the home and everywhere.
- Our journey over the first 1000 days.

LOVEPLAYTALK IN THE FIRST 1000 DAYS

Our Circle of Support: 6-12 Months

- Making toys.
- Play and safety.
- Our first year together.



EARLY CHILDHOOD SERVICES
AND SUPPORT FOR YOUNG
CHILDREN IN SOUTH AFRICA



#LOVEPLAYTALK
MY CHILD IS A SOMEBODY

Visit MyChildSA.mobi

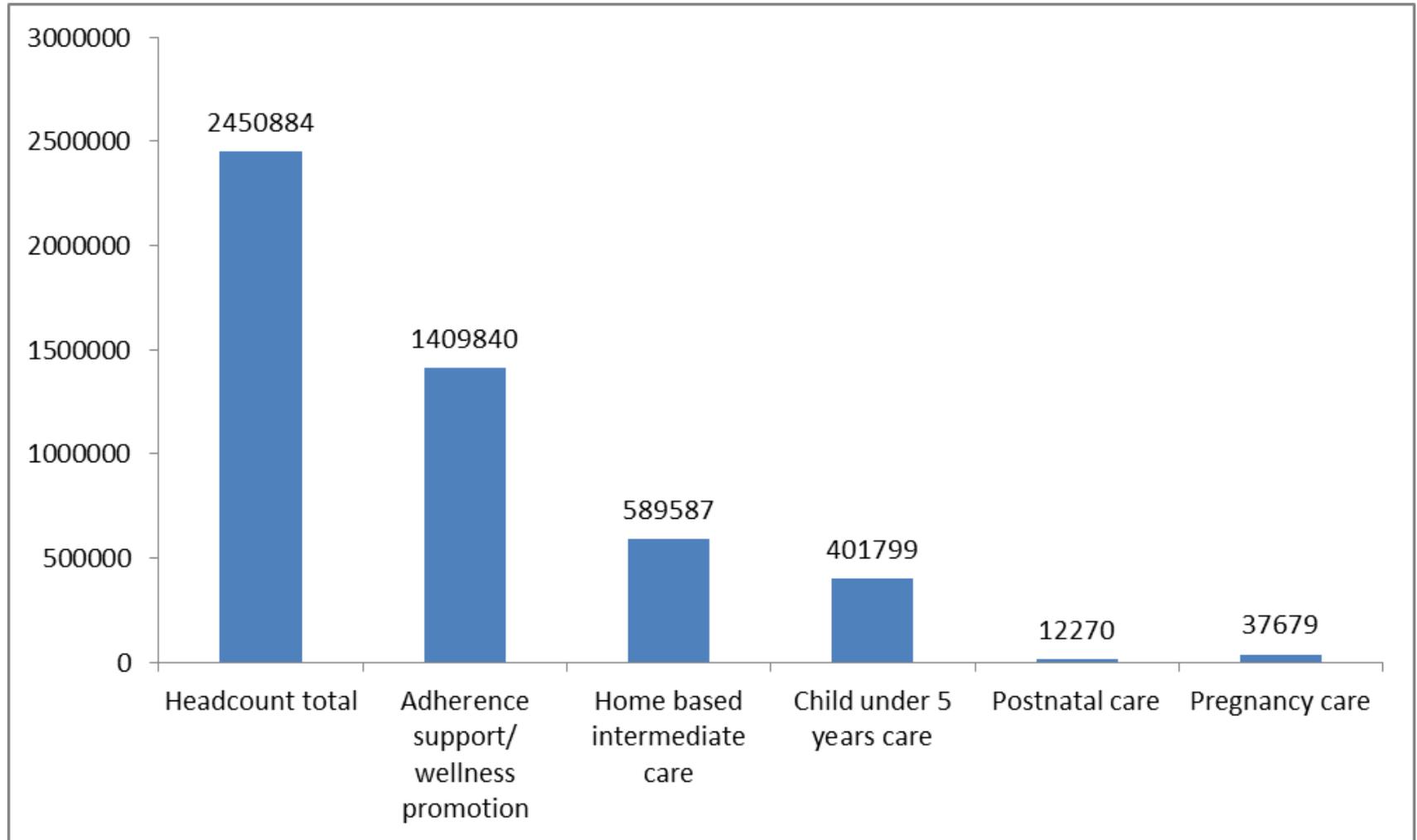
Supporting a child starts with supporting a Mother

Community health workers (Mentor Mothers) core to the Philani programme: Experts by Experience

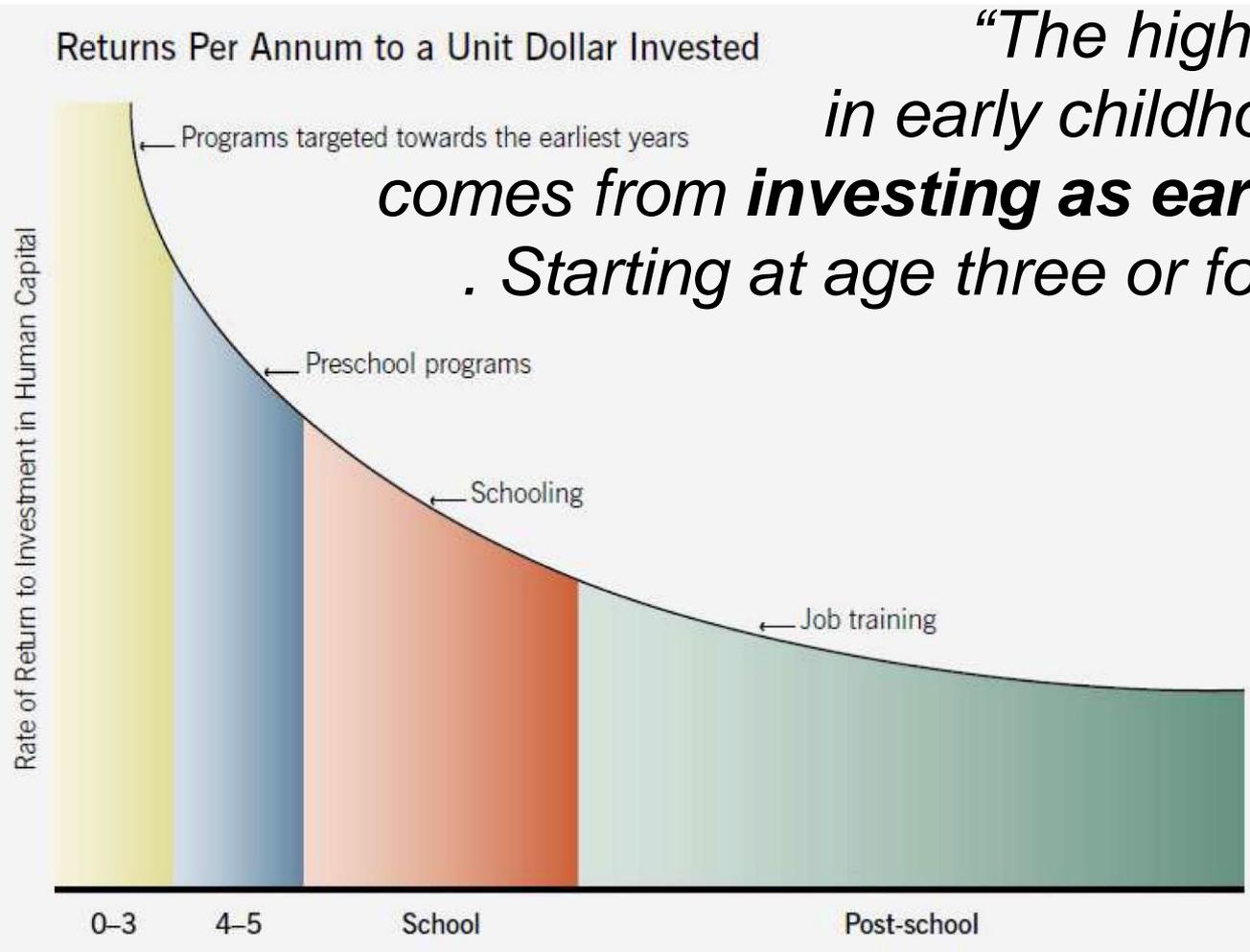


Community Health Worker Home visits

minimal pregnant women visits



Investing in the First 1000 Days: The Highest Rates of Return

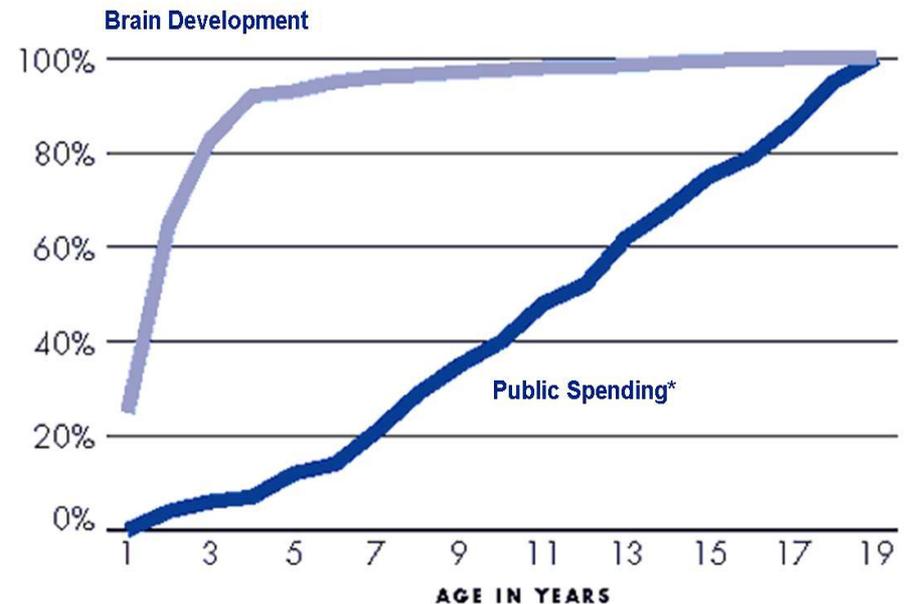


*“The highest rate of return in early childhood development comes from **investing as early as possible**. . . Starting at age three or four is too little too late.”*

- Dr. James J. Heckman



Disconnect between Timing of Public Spending and Peak Brain Development

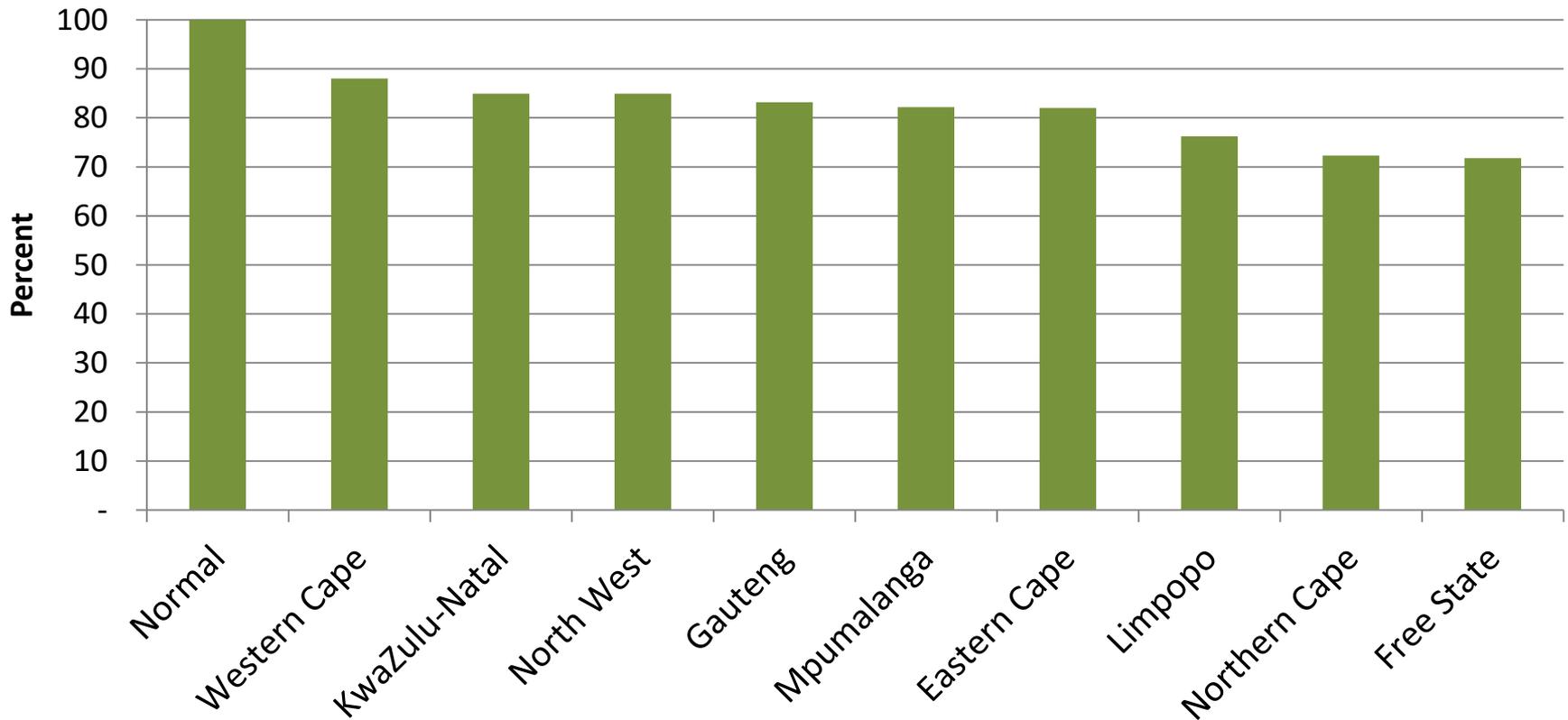


* Portion of total public investment in children being spent during indicated year in children's lives.

Rand Corporation

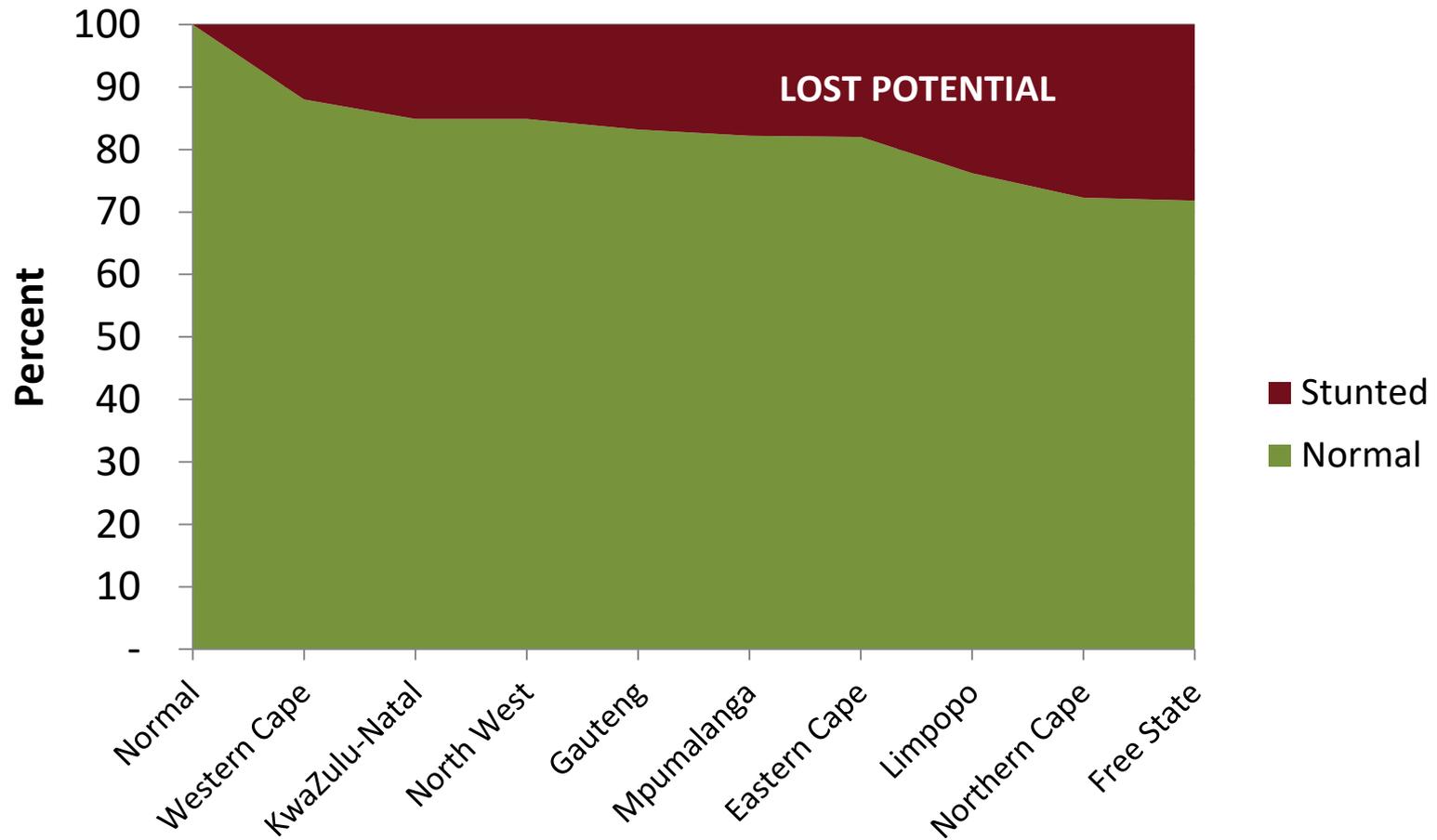
Proportion of 1-9 year olds of normal height (+-2SD) in South Africa

25% of our children are stunted = 25% lost potential



Source: Kruger HS, Swart, R, Labadarios, D, Dannhauser A & Nel JH (2007) Anthropometric status. In: Labadarios D (ed). (2007) The National Food Consumption Survey – Fortification Baseline (NFCS-FB): The knowledge, attitude, behaviour and procurement regarding fortified foods, a measure of hunger and the anthropometric and selected micronutrient status of children aged 1 – 9 years and women of child bearing age: South Africa, 2005. Pretoria: Directorate: Nutrition, Department of Health.

Lost potential among 1-9 year olds = poor cognition = school drop-out

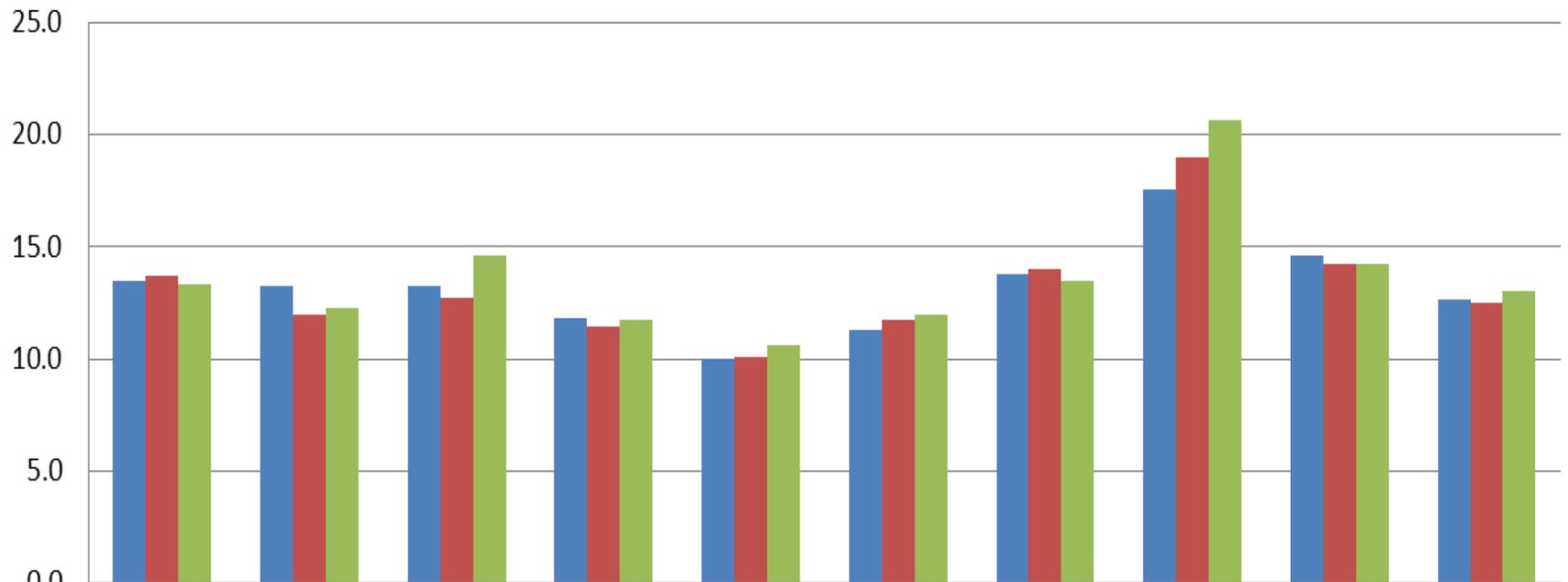


Source: Kruger HS, Swart, R, Labadarios, D, Dannhauser A & Nel JH (2007) Anthropometric status. In: Labadarios D (ed). (2007) The National Food Consumption Survey – Fortification Baseline (NFCS-FB): The knowledge, attitude, behaviour and procurement regarding fortified foods, a measure of hunger and the anthropometric and selected micronutrient status of children aged 1 – 9 years and women of child bearing age: South Africa, 2005. Pretoria: Directorate: Nutrition, Department of Health.

Low Birth Weight Rate- per province

2014-2016, DHIS

Low Birth Weight Rate 2014-2016 (as a percentage), DHIS data, per province



	E Cape	Free State	Gauteng	KZN	Limpopo	Mpumalanga	North West	N Cape	W Cape	SA
■ LBWR 2014	13.5	13.3	13.3	11.9	10.0	11.3	13.8	17.5	14.6	12.7
■ LBWR 2015	13.7	11.9	12.7	11.5	10.1	11.8	14.0	19.0	14.3	12.5
■ LBWR 2016	13.3	12.3	14.6	11.7	10.6	12.0	13.5	20.7	14.2	13.0

What do we know about child murders



of all child murders were due to child abuse and neglect.

Three children a day are murdered in South Africa



child murders under-5 years occurred in the home due to fatal child abuse



child abuse deaths are related to neglect with nearly all these cases under the age of 5 years

What needs to be done (1)

- **Long-term: Join the dots - Whole of Society, Life-course and Values-driven approach - COLLABORATE**
 - *revisit the 1st 1000 Days Theory of Change* -
link up 1st 1000 days (early childhood development) with stunting (lost potential) with violence prevention
- **Short-term: We need places of (emotional) safety** away from the institutional/service “burning platform”, and **so we need to burn fire-breaks** (even while the fire is raging)

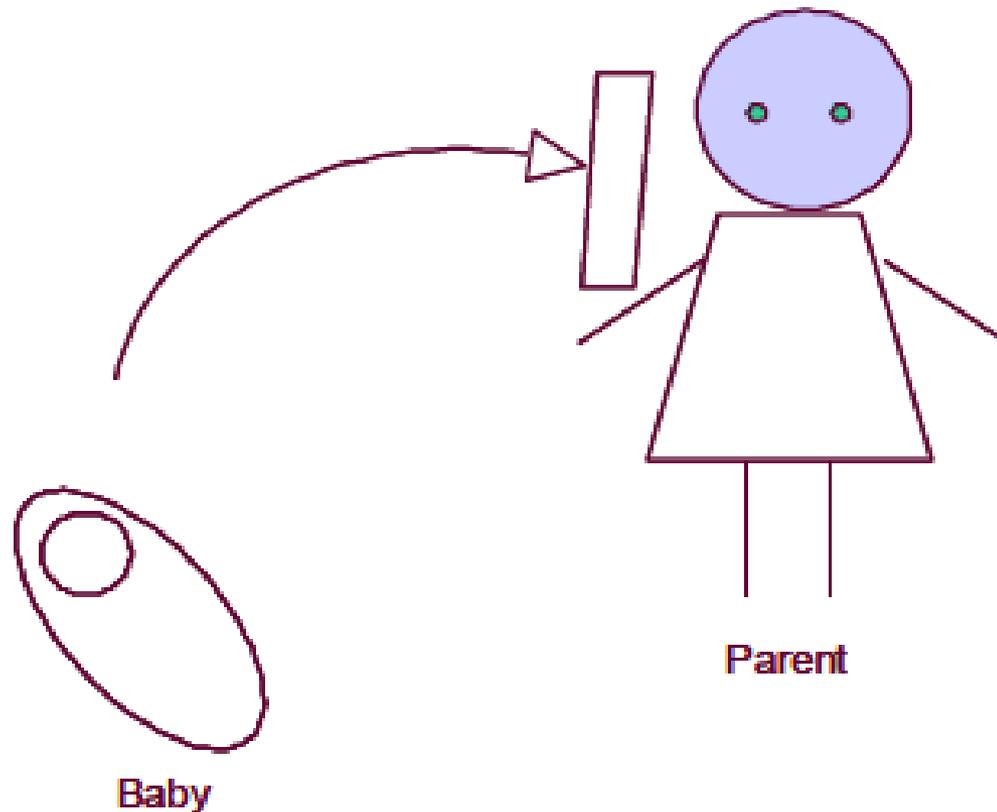
What needs to be done? (2)

- **Heal the workforce:** Create safe spaces for reflective supervision and reflective dialogue - *reflective supervision has to be experienced in order to create new procedural memories*
- **Self awareness** - *“Working with infants, children and families requires all individuals, organisations and system of care to reflect on our own culture, values and beliefs and on the impact that systems of oppression have had in our lives in order to provide diversity-informed, culturally attuned services”.*
 - WAIMH World Congress 2018

Containment and the brain



- Head full (stress; cortisol; fright, flight, freeze)

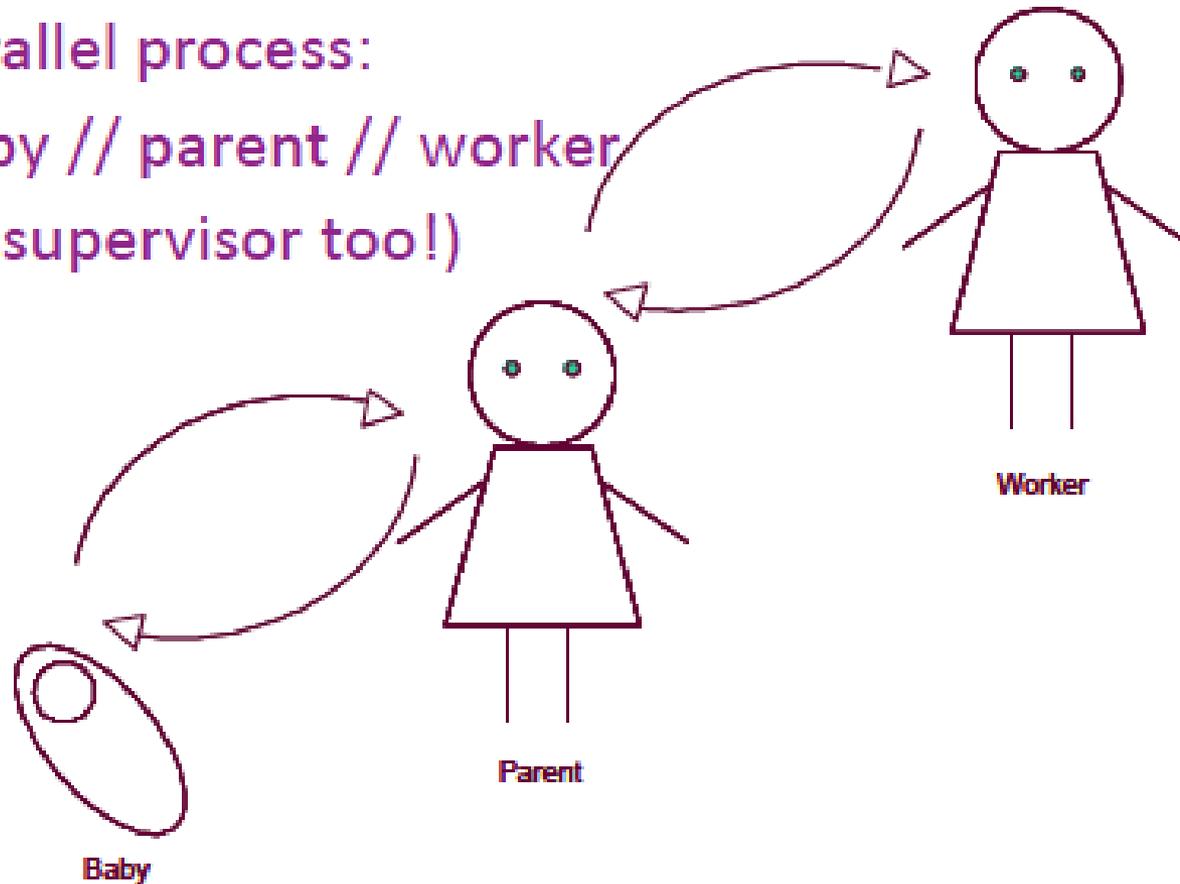


Containment and the brain



Parallel process:

Baby // parent // worker
(// supervisor too!)



What needs to be done (3)

Value and invest in providing practical relationship support for pregnant women and caregivers of young children

- Redesign the first antenatal visit across sectors
- Design around families, listen to their voices
- Fund 1st 1000 Days identified gaps - Invest in more home visitors, mental health training & services, social workers in vulnerable communities
- Value and respect CHW home visitors role wrt relationship support
- Shift the CSG to start during pregnancy, add support services & sustain
- Invest in reflective parenting interventions in FTD; fund partnerships to help implement parent preparedness and support starting in pregnancy and beyond.
- Measure what matters (= relationships, improved quality of **family life**)

What needs to be done (4)

STOP - REFLECT. Institute **time and opportunity for safe reflective dialogues on violence prevention and building respectful relationships at all levels**

- **Capacitate facilitators** to conduct dialogues, self-care (mindfulness)
- **prioritise formal time and space for reflective practice for workforce and opportunities to experience skilled reflective supervision**
- **Facilitate participatory community dialogues** on engagement and support for pregnant women and caregivers in the 1st 1000 days – collaborate intersectorally (and via WoSa) to incorporate violence prevention (1st 1000 Days) into community safety forums.
- **Listen to voices** of ex-offenders, ex-gangsters, youth, children and front-line service providers who work with them – as “experts by experience”.
- **Be kind** to pregnant women (incl pregnant workforce)

Way forward



What can families and communities do?



What can we as a collective do? (1)

- 1. Start with ourselves - reflect and take responsibility – from the inside*
- 2. Understand that stunting equates to lost brain potential***
- 3. Work towards rebuilding a culture of care and of respect for the pregnant and breastfeeding woman***
- 4. Government (Health, Social & Child protection services and Education) to commit to **invest, and strengthen services for pregnant women, caregivers and children** incl paid maternity leave, parental preparedness in schools, etc.*

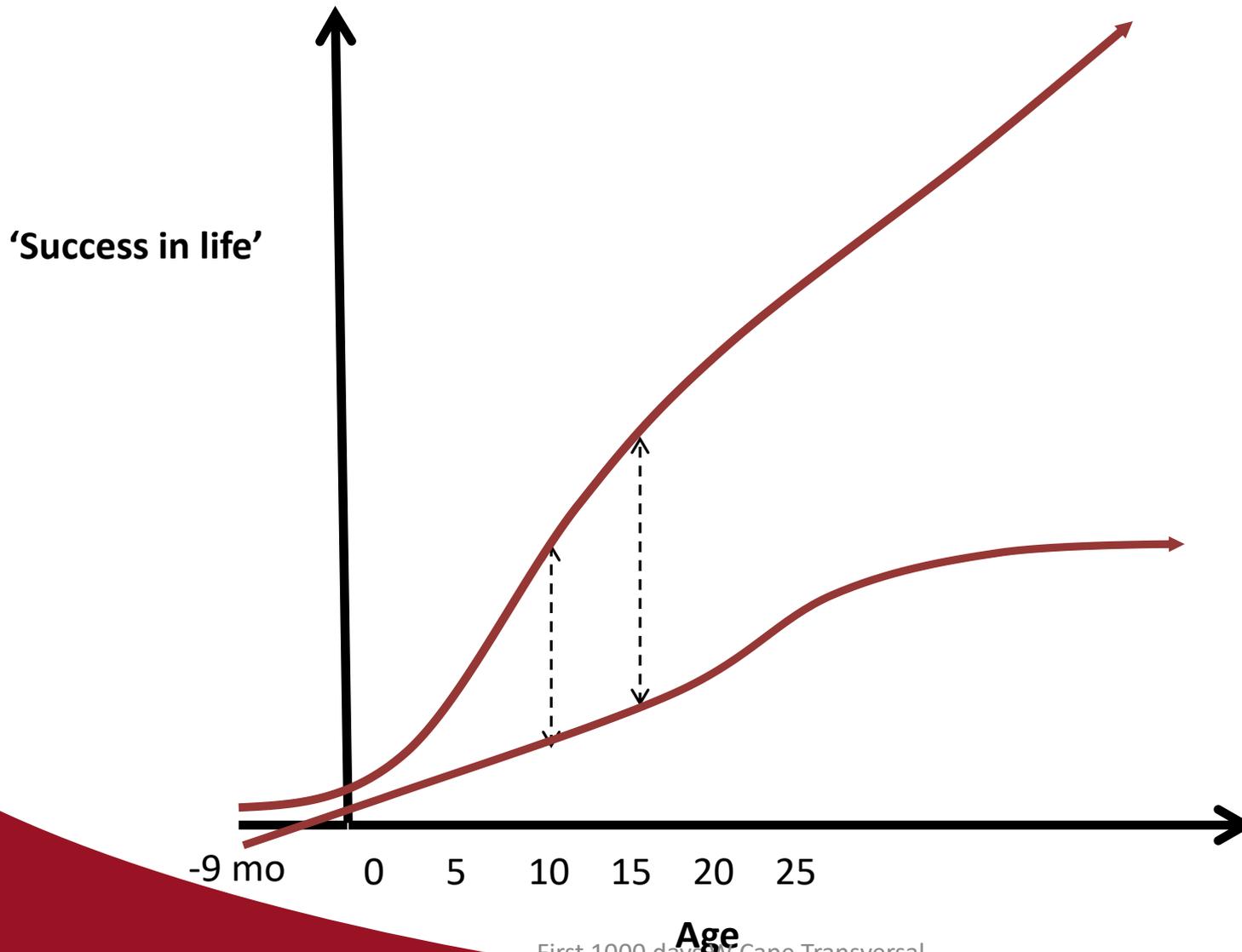
What can we as a collective do? (2)

*5. Civil society and media: **Raise awareness of the importance of stunting and the 1st 1000 days; work towards creating a culture of respect for pregnant and breastfeeding women***

*6. Business – to understand that **Relationships is the value currency** for optimizing child growth and development starting early (from conception) and to **invest where it really matters**, to adopt a long-term view*

*7. Work together and **optimize existing opportunities -Side by Side campaign, RTHB, ECD policy implementation, community safety forums***

Two children with the same potential born in Cape Town on 9 May 2014







Words of wisdom

*“...to put the nation in order, we must first put **the family** in order, to put the family in order, we must cultivate our **personal life**; we must first **set our hearts right**” – Confucius*

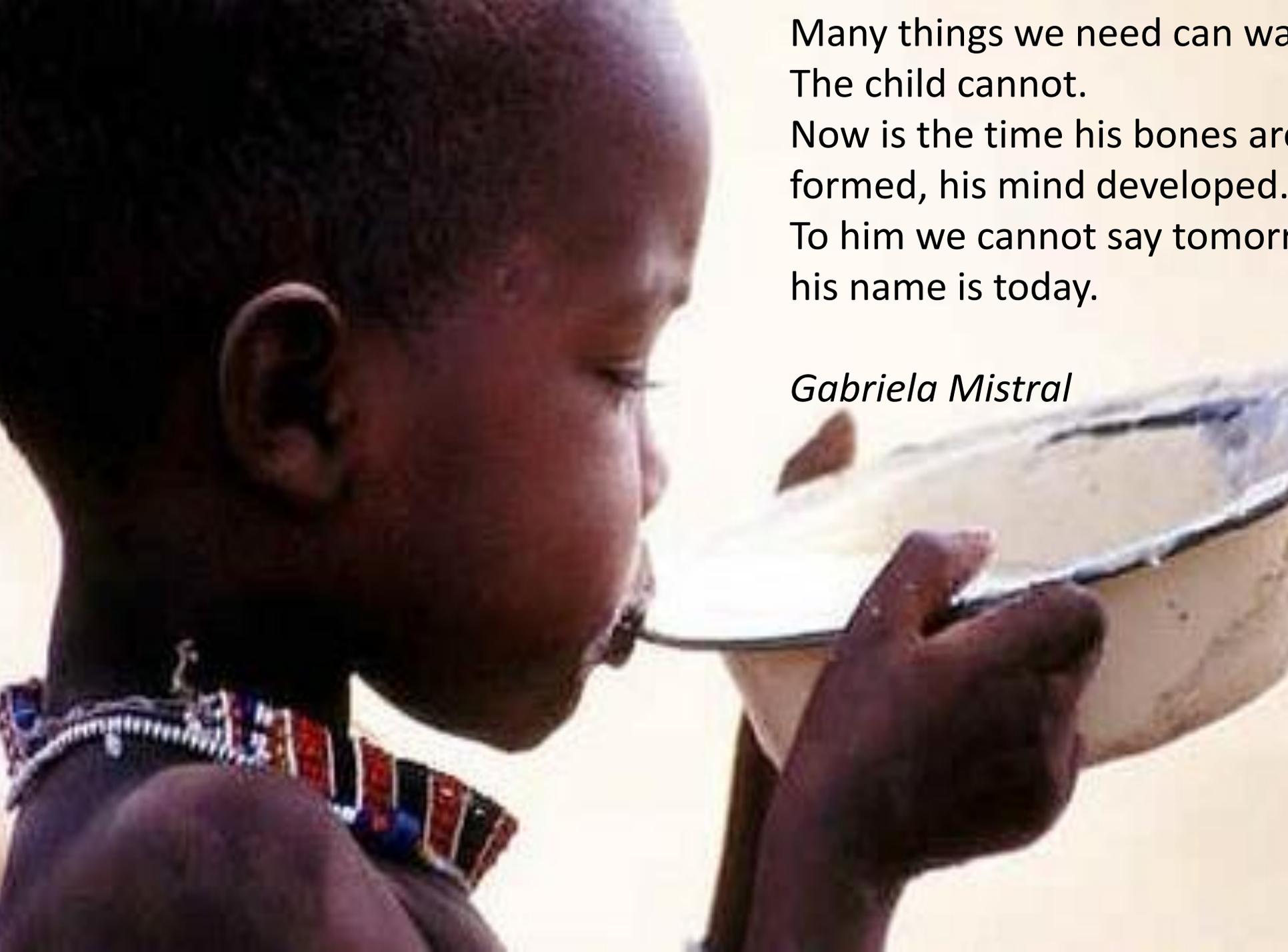
*“The best political, social, and spiritual work we can do is to withdraw the projection of **our shadow** onto others” – CG Jung*

*... on building safe communities
from the inside out ...*

*“We must start by **knowing ourselves**. Recognise and acknowledge our woundedness, admit our limitations. We must be **willing to learn and be open to safe partnerships, to relate, to hold hands with others** who are experts by experience. We need **safe spaces facilitated by safe people in order to stop and reflect and dialogue and co-create**. If we feel safe and held we can help others feel safe and held. Then we need not be afraid of our trauma and our wounds”.*

*– National Dialogue Forum on Violence Prevention,
October 2018*

- In this we are not unlike the infant -



Many things we need can wait.
The child cannot.
Now is the time his bones are
formed, his mind developed.
To him we cannot say tomorrow
his name is today.

Gabriela Mistral