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Guideline for childcare facilities in the public service

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PURPOSE OF THE DOCUMENT

Title of the Document:

Guidelines for Child Care Facilities in the Public Service 2012.

Goal of this document:

To provide technical assistance to national and provincial departments on how to establish child care facilities for the benefit of Public Servants and their children. To improve the productivity and gender equality within the context of Employee Health and Wellness Strategic Framework and policies in the public service.

Overview

The concept of child care broadly defined, the term *childcare* includes all types of education and care provided for young children. The term is also used more specifically for the supplemental care of children from **birth to age eight years** by persons other than parents. Childcare is used for a variety of reasons, and programs vary by the number and age of children, the reason care is used, the preparation and status of caregivers, and the location of the care. (Katz 1999; Woodill, Bernhard, and Prochner 1992).

These guidelines specifically raise the concept of life cycle approach to child care starting from the 1000 days of development from the date of conception to when the child is 2 years of age, early childhood development, pre-adolescence, early adolescence, and late adolescence. The guidelines provide technical assistance on what needs to be done based on established needs, possible partnerships, services to be rendered in response to existing legislative and policy framework for child care.

Targeted Audience

The target is all National and Provincial Government Departments; their DGs, the human resources managers, managers of Employee Health and Wellness programmes, and any organisation providing technical guidance to national and provincial government departments on child care related matters.

Structure of this document:

This document comprises various distinct sections. Each section illuminates a key element of child care:

- Background to the establishment of child care facilities in the public service
 - Rationale,
 - Key findings of needs analysis on childcare facilities in the public service,
 - Note of terminology,
 - Guiding principles
 - Legal and Policy Framework,
- The concept of child care,
- Early Childhood Development
- Procedures to be followed when establishing child care facilities,
- Implementation of the guidelines.

Consultative process:

There has been an extensive consultative process leading up to the compilation of this document, from 2010-2011. This is not a static document it will be reviewed in line with future developments.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AU	African Union
BCEA	Basic Conditions of Employment Act
CAPIME	Capacity Building, Assessment, Planning, Implementation, Monitoring and Evaluation
CBOs	Community-Based Organisations
CRC	Convention on the Rights of the Child
DBE	Department of Basic Education
DOE	Department of Education
DOH	Department of Health
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
ECD	Early Childhood Development
EHW	Employee Health and wellness
GEMS	Government Employee Medical Scheme
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ILCA	International Lactation Consultant Association
ILO	International Labour Organisation
MDG	Millennium Development Goals
MPC	Maternity Protection Convention
MTCT	Mother to Child Transmission
M&E	Monitoring and Evaluation
NGOs	Non-Governmental Organisations
OVC	Orphans and Vulnerable Children
PALAMA	Public Administration Leadership and Management Academy
PSC	Public Service Commission
SADC	South African Development Community
UNAIDS	Joint United Nations Programme on HIV&AIDS
UN	United Nations
UNDP	United Nations Development Programme
SMT	Systems Monitoring Tool
WHA	World Health Assembly
WHO	World Health Organization

SECTION 1: BACKGROUND TO THE ESTABLISHMENT OF CHILD CARE FACILITIES IN THE PUBLIC SERVICE

1. RATIONALE

According to the January 2010 Cabinet Lekgotla the Ministry of Public Service and Administration's (MPSA) work will be informed by **Outcome 12**, namely "*An efficient, effective and development orientated Public Service and empowered, fair and inclusive citizenship*".

The **National Development Plan** recognizes **Early Childhood Development (ECD)** as crucial for the psychological wellbeing of young children. Other government policies like the provision of housing, social services and social security are crucial for the development of learners. A diagnostic review of Early Childhood Development has been commissioned by the Department of Monitoring Performance and Evaluation in the Presidency. The new Early Childhood Development Plan will include among others parenting, provision of new/safe and affordable child care for working parents.

The Department of Public Service and Administration (DPSA) developed and launched an **Employee Health and Wellness (EHW) Strategic Framework for the Public Service** in 2008. One of the four pillars linked to the Strategic Framework is the **Health and Productivity Management Policy for the Public Service**.

According to the first **Key Health trends Report** from GEMS published in 2007, 60% of all members are young women. One of the top ten cost drivers in terms of health care financing and clinical response is Obstetric Care. Taking also into account that the Employment Equity target was 50% of all female employees on Senior Management level by March 2009/2010, it is crucial that the Public service should look into a way to support the young female employees to balance their reproductive and productivity roles in the workplace.

The Public Service Commission (PSC) Report on Gender Mainstreaming Initiatives in the Public Service (2007) is a cross-sectional study to analyze among others the implementation of gender mainstreaming in the Public Service. Furthermore, the study sought to establish whether there are family-friendly policies, which take into account the social benefits of families, such as flexi time for men and women and childcare arrangements, which support equal family responsibility. With regards to these specific sub-objectives of this report, the following were the findings:

- At present the focus on employment equity targets is the only indicator for gender mainstreaming presents serious limitations to gender empowerment and gender equity.
- Although South Africa's National Gender Machinery is universally acknowledged to be a "best practice," the lack of skills, resources, and an integrated co-ordination framework with clear lines of communication and accountability has rendered it ineffectual.
- The only provision allowing for women's practical needs such as attending to a sick child is by taking Family Responsibility leave provided for in the Basic Conditions of Employment Act. Apart from this there are no family friendly policies.
- Flexi-time is not supported in most departments. However, individual managers use their prerogative in deciding who they allow to use flexi-time or who they allow to work from home.
- Whilst no departments reported that they had on-site child care or crèche facilities, the Department of Health had in the past provided subsidized child care facilities at hospitals.
- Many staff members who are parents stated that it would be beneficial for them to have such a facility at their place of work especially during school holidays or when a child was sick.
- Some departments were keen to pursue the issue of child care facilities but were **waiting for DPSA to provide guidelines** of how to go about doing this.

Based on the findings above, it was recommended that DPSA must put in place a national framework aimed at creating a more enabling environment and recognize the importance of providing social benefits to families. This framework should compel departments to provide for:

- **Breastfeeding facilities;**
- **Flexi-time** to accommodate child caring considerations; and
- Consideration to be given for **child care facilities.**

In May 2008, the then Public Service and Administration Minister Geraldine Fraser-Moleketi made a statement that **government could not reach its target of 50 percent of women in senior management positions because of the lack of breast-feeding facilities** in the workplace. The **Congress of South African Trade Unions (Cosatu)** agreed with Fraser-Moleketi saying child-care facilities in the workplace were very important because working mothers constantly worry about their babies and this has an adverse effect on the progress of the mother at work.

These guidelines seek to address challenges on implementation of gender mainstreaming as identified by the study. It also serves as an efficiency tool for supporting women to reach Employment Equity targets and to expand on the current state in terms of implementation of family friendly policies in the Public Service.

The **Constitution of South Africa** Chapter 10: Bill of Rights states that “Every person has the right to health services and a healthy and safe working environment”. Based on this clause the **Occupational Health and Safety Act (1996)** was developed and implemented. The Public Service should be a healthy and safe work environment that provides for the development of special facilities such as private rooms for breastfeeding. In South Africa there is no legal requirement regarding breastfeeding, but the case is made that government should be required to provide a safe and healthy environment for child care facilities to public service employees to accommodate child-care concerns such as breastfeeding.

In November 2008 at the Employee Health and Wellness (EHW) INDABA, a paper was presented by Professor Louise Wallace from the Coventry University, United Kingdom, on “**The role of employers in supporting Women who wish to breastfeed and work in their organisations**”. She has emphasized that the nutritional, immunological, psychological and economic benefits of breastfeeding to mothers and babies - or harm of formula feeding are well known. Another aspect that was highlighted was the on of HIV-infected mothers that want to breastfeed their babies but they are afraid of infecting their babies. UNICEF recommends that HIV positive mothers should be encouraged to breastfeeding for up to two years.

The World Health Organization (WHO) also recommends that the most appropriate infant feeding option for an HIV-infected mother should continue, depending on her individual circumstances, including her health status and the local situation. Exclusive breastfeeding is recommended for HIV-infected women for the first six months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe for them and their infants before that time. Exclusive breastfeeding promotes maturation of intestines, and microflora in the gut and protects against transmission. Exclusive breastfeeding benefits the mother by reducing breast inflammation, which reduce risks of infection. In South Africa, Zimbabwe and Ivory Coast, transmission rates reduced by 3-4 times when mothers exclusively breastfed compared to mixed feeding.

The introduction of workplace policies and provisions to support breastfeeding may positively influence new mothers’ workforce participation. It is generally recognised that organisations that recognise and support diversity, potentially benefit from a range of skills and experience. Breastfeeding is every mother and babies’ right and passport to health; the workplace can help or hinder this right

At the **second National Gender Indaba of 2009**, the issue of work-life balance was discussed. It became more and more evident that the recognition of the reproductive and productive roles of women calls for a departure from the non-flexible human resources practices, culture and

procedures that are currently being implemented. An environment should be created where both men and women are able to reconcile the public and the private activities as a necessary step for the transformation of the gender relations.

The International Lactation Consultant Association (ILCA) affirms that women have a human right to breastfeed and a human right to work, and that children's human rights include their rights to health, food, and care. Many governments have taken steps to assist childbearing women in combining breastfeeding with employment. **The WHO / UNICEF Global Strategy for Infant and Young Child Feeding** calls on every nation to develop a comprehensive national policy to include such support.

According to the **New Maternity Protection Convention 183 of 2000**, maternity protection provides the support women need to help them satisfactorily harmonize their productive and reproductive roles. The only way that women can be sure that they will not be penalized when they take time off work to give birth and nurture their infants, is if there is adequate national legislation to ensure employers give them necessary paid leave and job security.

Working women breastfeeding also benefits employers. A 1995 study compared absenteeism rates between mothers who breastfed and mothers who fed their infants formula. The study showed that women who breastfeed their babies are less likely to be absent from work because of baby-related illnesses and less likely to have long absences when they do miss work. Accommodating female employees who choose to breastfeed may also encourage more women to continue working after having children, which will reduce recruitment and turnover costs. It makes sense that providing more benefits to employees makes them happier and increases their loyalty to their employer.

When the high percentage of working women in reproductive years is considered it becomes extremely important for the Public Service to develop supporting facilities in the workplace to address their needs and to improve productivity. Breastfeeding is a need that deserves attention and development. Therefore, childcare facilities in the workplace seek to ensure that working women can breastfeed or extract breast milk in a healthy and safe working environment. Although it is a known fact that breast milk is the healthiest feeding option for infants from 0 – 6 months, the current South African legislation does not cover breastfeeding and despite of its value there are very few **de facto** accommodations made for it – especially for working women.

In the **human life cycle**, the early childhood phase - from birth to nine years - is considered the most important phase for every human being. Giving children the best start in life means ensuring them good health, proper nutrition and early learning. The wellbeing of children depends on the

ability of families to function effectively. Children need to grow up in a nurturing and secure family that can ensure their development, protection, survival and participation in family and social life. From an environmental perspective, it means safe water, basic sanitation, and protection from violence, abuse, exploitation and discrimination. Family and child welfare services aim to preserve and strengthen families so that they can provide a suitable environment for physical, emotional and social development for all and it is therefore important that the capacity of parents should be strengthened and supported to give their children the best possible start in life.

Early Childhood Development (ECD) services need to be holistic and should attend to the child's health, nutrition, development, psychosocial and other needs. Parents, communities, non-governmental organisations and government departments have a role to play to ensure integrated service to children. The Department of Social Development developed "***The Guidelines for Early Childhood Development Services***" in May 2006 and they identified a need to mainstream poverty, HIV and AIDS, disability and gender equity into these ECD guidelines. These Guidelines were developed to facilitate the Department of Social Development's mandate towards early childhood development in South Africa. They also refer to important core aspects in the early childhood phase of life such as nutrition, healthcare, environmental safety and early education and learning.

Children who receive early childhood services should be sufficiently stimulated to develop to their full potential. It is important that minimum standards are set which protect and enhance the development of children. **South Africa ratified the *Convention on the Rights of the Child*** on 16 June 1995 and the ***African Children's Charter*** on 7 January 2000. Due to these ratifications it became imperative that the ***Guidelines for Day Care*** needs to be revised to ensure those children's rights, as enshrined in the ***UN Convention on the Rights of the Child*** as well as the South African Constitution, are met.

The governing legislation for the protection of children is the ***Children's Act 2005, (Act 38 of 2005)***. The Departments of Social Development's ***Guidelines for Day Care*** were revised during the year 2000. In order to adhere to the recommendation for an integrated strategy for ECD as part of an inter-sectoral programme (White Paper for Social Development, 1997) to address the needs of **young children** holistically. The revision was done on a consultative basis with stakeholders from other Government Departments, civil society and the private sector.

Minimum standards for after school care centres are also covered in these guidelines as such centres also provide for the care of children apart from their parents after school hours. Early childhood services therefore play a very important role in protecting, educating and developing children. The nature and quality of the care and education a child receives during these early

years, is of crucial importance for the later development. There are several types of early childhood services, including home-based, community-based and centre-based facilities. Within each of these are playgroups, parent-child programmes, child orientated educare programmes and family education programmes.

A **family-friendly workplace** recognises that all employees have varying family responsibilities. It also acknowledges that family needs and expectations of people from different cultures and religions may vary. It recognises a broad definition of family including family as defined by various legislative and industrial instruments, people in same sex relationships and other close personal relationships. Through these guidelines, it is envisaged that the Public Service will be a family-friendly workplace.

The **South African Green Paper on Family** defines the family sociologically, ***as a group of interacting persons who recognise a relationship with each other, based on a common parentage, marriage and/or adoption.*** The functions of families vary between different societies and there is no central function that all societies grant to the family (Ross, 1968 cited in Turner, 1999). Families display four systematic features, namely: intimate interdependence, selective boundary maintenance, ability to adapt to change and maintain their identity over time and performance of family tasks (Mattessich and Hill, 1987).

The Green Paper on Family and the Tshwane Declaration focus on the re-socialization of the South African Nation with regards to the family systems and breastfeeding. Emphasis is on the Protection, Promotion and Support of both the family and breastfeeding as social phenomenon. The Tshwane Declaration promotes exclusive breastfeeding which have major economic benefits for the family. The declaration also calls for a paradigm shift of taking breastfeeding out of the hospital and home context and placing it as a workplace phenomenon as well.

2. KEY FINDINGS OF NEEDS ANALYSIS ON CHILDCARE FACILITIES IN THE PUBLIC SERVICE

After a thorough literature review, conferences, and meetings DPSA embarked on conducting a survey to determine the need for childcare facilities in the Public Service workplaces. The survey

was conducted in five prioritised departments, namely DPSA, Department of Social Development, Department for Women, Children and Persons with Disabilities, Department of Education and the Department of Health. The respondents completed a semi-structured questionnaire and the outcome of this analysis was used as a basis for the development of Guidelines on Child Care Facilities.

A total number of 282 respondents from Departments of Social Development and Health completed and submitted the questionnaire. The majority of respondents (25%) are on Level 7, followed by Level 8 (17%) and Level 6 (11%). The questionnaire was completed by both female (80%) and male (20%) employees. This result can be expected as the majority of employees in Departments of Social Development and Health are female.

A Total number of 37% of the respondents were between the age of 31 – 35 years, 25% over 40 years, 19% between 26 – 30 years, 17% between 36 – 40 years, 7% between 20 – 25 years and only 3% under the age of 20 years. These numbers correlate with the occupational levels as indicated above. As from level 7, employees can be described as Professionals who have engaged in studies for a few years and who are older (Levels 6-8).

On the question whether they would make use of a Child Care Facility at work, there was no significant difference between male and female respondents. A total of 217 (83.46%) respondents indicated that they would make use of such facilities in the workplace in comparison with 43 (16.54%) who indicated that they will not make use of the facilities. The white respondents, at 54%, were the least likely to want child care facilities.

For 74% of the respondents it was important to have full-day services available and another 21% indicated that after care was also a necessary service to provide. A minority of 3% needed half-day services and only 2% indicated other services which were not specified.

Two important indicators are that 45% (102) and 36% (81) of female respondents indicated that they definitely have a need to continue breastfeeding after maternity leave, whether it is by physically breastfeeding the infant or by expressing breast milk. The other indicators show that it is important for parents that their children develop in a learning conducive environment. Having flexible hours to enable employees to fit in child care was a very important factor. It is not only important for nursing mothers to be accommodated but also for parent with older children, be it change of shifts, flexi-time, breaks, etc.

68% of respondents felt that there is no support provided for breastfeeding mothers or to express breast milk in the workplace. There was also an indication by 16% that long working hours prevent them from continuing breastfeeding after maternity leave. This is also worsened by the fact that

there are no child care facilities available in the workplace. Breastfeeding mothers whose jobs require from them to travel or work overtime cannot continue breastfeeding as no provision is made to accommodate the infants.

To enable mothers to continue breastfeeding post maternity leave, 73% of the respondents indicated that the establishment of child care facilities in the workplace can assist as well as breastfeeding facilities where they can breastfeed or express breast milk (21%). Another possibility is to introduce flexible working hours, according to 15% of the respondents.

In the light of the above indicators, it is evident that there is an overwhelming need for child care facilities in the Public Service which will also accommodate nursing mothers. This will be an organisational support initiative that has multiple benefits to the Employer, the Employee as well as all children involved.

3. NOTE OF TERMINOLOGY

After-school centre

A place of care for school-going children, which operates in the afternoons during school terms. During the school holidays full-day care may be offered if the centre is registered appropriately.

Child

A person under the age of 18 years, in this document, children are categorized as follows:

- Infant (0-12 months)
- Under 5 Child
- Pre-Adolescence (6-9 years)
- Early Adolescence (10-14)
- Late Adolescence (15-19 years)

Child Care

Broadly defined, the term *childcare* includes all types of education and care provided for young children. The term is also used more specifically for the supplemental care of children from **birth to age eight years** by persons other than parents. Childcare is used for a variety of reasons, and programs vary by the number and age of children, the reason care is used, the preparation and status of caregivers, and the location of the care. **Terminology varies in different countries although there may be similar concerns of low pay and status, and insufficient training for teachers** (Katz 1999; Woodill, Bernhard, and Prochner 1992).

Child care worker

Any person concerned with the care of children. Child care workers are also called educarers, teachers, child minders, practitioners, and care givers amongst others.

Children with special needs

Includes children with special academic and learning problems, physical health problems, emotional concerns and particular social needs. The term “disabled learners” refers specifically to those learners with severe and chronic physical disabilities, moderate and severe mental handicaps as well as multiples of these conditions.

Day care

Care of children up to the age of 18 years away from their parents on a daily basis.

Day mother /child minder

A person who, whether for gain or free of charge, takes care of a maximum of six children away from their homes. Presently child minders are not obliged to register and are not subject to inspection. This matter will be addressed in the new comprehensive Child Care Act. Since a child minder is responsible for the care and development of children in her care, she must be familiar with basic safety measures and good child care practices

Early Childhood Development

Is an umbrella term which applies to the processes by which children from birth to at least 9 years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially.

Local authority

A city council, town council, rural council, health committee or board, as applicable, as specified in terms of any other Act.

Manual for Day Care

The Department of Social Development document containing the minimum standards with regard to day care.

Medical health officer

A health officer in the service of a provincial or local authority.

Place of care

Any building or premises which are maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents, but does not include a boarding school, hostel or institution that is maintained or used mainly for the teaching or training of children as is controlled or registered or approved by the State, including a provincial administration. Depending on its registration, a place of care can admit babies, toddlers, pre-school aged children and school-going children on a full-day or other basis. In cases where parents work night shift, children could be cared for at night.

Place of care cum/after-school centre

A place of care and after-school centre that can care for children of any age group and that has to register only with the Department of Social Development.

Play group

A service provided for children, usually for up to a maximum of four hours a day. The main purpose of a play group is socialisation.

Practitioner

The term refers to all ECD education and training development practitioners. This encompasses the whole spectrum of ECD educators, trainers, facilitators, lecturers, caregivers, development officers, etc, including those qualified by their experience, and who are involved in providing services in homes, centres and schools. In respect of educators and trainers the term includes

both formally and non-formally trained individuals providing an educational service in ECD. This would include persons currently covered by the Educators Employment Act (Act no. 768 of 1998).

Programme

Refers to any series of activities aimed at promoting the development of young children, either directly or indirectly. Programmes are compiled subject to the Interim Curriculum Framework and Accreditation Guidelines for ECD Provision. Programmes are divided into two broad categories for the purpose of this document: those offering ECD services directly to the **young child**, and related services that target other groups that can impact on the lives of young children, including programmes offered by service providers.

Subsidy

A financial payment made to an early childhood service, facility or programme, by a provincial welfare department.

The Act

For the purposes of these Guidelines it means the Child Care Act, 2005, (Act 38 of 2005).

Welfare organisation

An institution established by private initiative to render welfare services and which is registered in terms of section 13 of the National Welfare Act, 1978 (Act 100 of 1978) or in terms of the Community Welfare Act, House of Representatives, 1987 (Act 126 of 1987).

Gender

Gender refers to a set of characteristics, responsibilities, roles and behaviours that are assigned to women and men by society, based on their social and cultural values. These differ from one culture setting to another, and are dynamic.

Gender Roles

Gender roles define the ways in which women and men are expected to relate to one another. These roles are dictated by the society a person is living in and vary between different cultures, generations and over time due to societal changes. People's and communities' understanding of gender roles can and do change.

Gender Equity

This is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate historical and social disadvantages that prevent women and men from operating on a level playing field.

Gender Equality

This means that women and men enjoy the same status and have equal conditions for realising their full human rights and potential to contribute to national, political, economic, social and cultural development, and to benefit from the result.

Gender mainstreaming

Is a prospective and preventive logic, geared to ensuring that the principle of the equality of women and men is put into practice in a systematic manner (Institute for the equality of women and men).

"Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality" (United Nations Economic and Social Council (ECOSOC)).

Maternity Protection

Means protecting the jobs and welfare of working pregnant women, working mothers and their babies.

Family-Friendly Workplace

This recognises that all employees have varying family responsibilities. It recognises a broad definition of family including family as defined by various legislative and industrial instruments, people in same sex relationships and other close personal relationships.

4. GUIDING PRINCIPLES

Accountability

Everyone who intervenes in the lives of young children and their families should be held accountable for the delivery of an appropriate and quality service.

Empowerment

The resourcefulness of each young child and his/her family should be promoted by providing opportunities to use and build their own capacity and support networks and to act on their own choices and sense of responsibility.

Participation

Young children and their families should be actively involved in all the stages of the intervention process.

Family-Centred

Support and capacity building should be provided through regular developmental assessment and programmes which strengthen the families' development over time.

Continuum of Care

Children and their families should have access to a range of differentiated services on a continuum of care, ensuring access to the least restrictive and most empowering environment and/or programme/s appropriate to their individual developmental needs.

Integration

Services to young children and their families should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible.

Continuity of Care

The changing social, emotional, physical, cognitive and cultural needs of the young child and family should be recognised and addressed throughout the intervention process. Links with continuing support and resources, when necessary, should be encouraged after disengagement from the system.

Normalisation

Young children and their families should be exposed to normative challenges, activities and opportunities which promote participation and development.

Effective and Efficient

Service provision to young children and their families should be tendered in the most effective and efficient way possible.

Child Centred

Positive developmental experiences support and capacity building should be ensured through regular developmental assessment and programmes which strengthen the young child's development over time.

The Rights of Children

The rights of young children as established in the UN Convention, African Children's Charter and the South African Constitution shall be protected.

Appropriateness

All services to young children and their families should be the most appropriate services for the individual, the family and the community.

Family Preservation

All services should prioritise the goal to have young children remain within the family and/or community context wherever possible.

High Standards

The enjoyment of the highest attainable standard of health is a human right. To improve health outcomes is to provide quality and accessible health services and building healthy public police. This can be attained through:

- Improving social and physical environments;
- Developing supportive communities; and
- Developing peoples' personal skills and knowledge to support health

Improved Services and Policies

Services and policies can be improved by us in accurate information, research and evidence.

5. LEGAL AND POLICY FRAMEWORK

There are different levels of legal and policy instruments that can be used for promotion of breastfeeding and maternity protection at work. These are levels at which intervention can be made

in relation to international instruments, regional agreements, national laws and workplace policies and regulations.

Global Level

International instruments: These directly or indirectly support a woman's right to breastfeed. Some call for specific measures to safeguard breastfeeding in connection with employment. The following are some of these international instruments:

- Universal Declaration of Human Rights (UDHR), 1948
- International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966
- International Covenant on Civil and Political Rights (ICCPR), 1966
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979
- International Code of Marketing of Breast-milk Substitutes, 1981
- Subsequent relevant WHA resolutions, 1980, 1981, 1982, 1984, 1986, 1988, 1990, 1992, 1994, 1996, 2001, 2004, 2005, 2006 and 2008 including in 2002 the Global Strategy on Infant and Young Child Feeding
- Convention on the Rights of the Child (CRC), 1989
- Innocenti Declaration, 1990 and 2005
- Beijing Platform for Action, 1995.
- WHO guidelines on HIV and infant feeding (2010)

ILO Conventions and Recommendations:

Conventions set minimum labour standards. A country that ratifies a Convention is bound to follow it under international law. Recommendations give detailed guidelines or suggest higher standards.

Maternity Protection Conventions and Recommendations include the following:

- C3, 1919 • R95, 1952
- C183, 2000 • R191, 2000
- C103, 1952 (no longer open for ratification)

Regional Level

Regional directives and arrangements: In many parts of the world, nations have formed regional political and economic alliances or other forms of agreements. Both regional policies and trade

agreements influence, or in some cases determine, national rules for working conditions and treatment of workers, so they should be examined carefully, e.g. IBFAN Africa works with SADC Employment and Labour sector to improve maternity protection at that level.

- African Union (AU): Policy Framework for the Promotion of Sexual and Reproductive Health and Rights in Africa.
- Southern Africa Development Community (SADC): Gender Mainstreaming Framework

National Level

National laws and regulations: Maternity protection laws may be found under several pieces of legislation covering Labour, Women, Occupational Health or Gender Equity.

- Child Care Act
- Basic Conditions of Employment Act
- National level (Tshwane Declaration of August 2011 , Current Maternity leave dispensation
- District, province, (KZN Province preceded the Tshwane Declaration by adopting an exclusive breastfeeding policy and piloting policies for human breastmilk banks)
- Local, i.e. municipality, community (Yet to be developed in line with the Tshwane declaration)
- South African Green Paper on Family (Department of Social Services and Development)
- Gender Mainstreaming Framework
- National Development Plan
- Early Childhood Development Framework
- Code of Good Practice on the protection of employees during pregnancy and after the birth of a child
- Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices
- Code of Good Practice on Arrangement of Working Time

Local Level (Workplace)

- Employee Health and wellness Strategic Framework for the Public service
- Wellness Management Policy for the Public service
- Health and Productivity Management Policy for the Public Service

- SHERQ Management Policy for the Public Service
- HIV & AIDS Management Policy for the Public Service

South Africa is at various stages of implementation of these Global, regional, national, local intervention instruments and levels for maternity protection at work. At the time of development of these guidelines, some international instruments and minimum labour standards were yet to be ratified. This guidelines might need to be reviewed when these changes take place.

SECTION 2: THE CONCEPT OF CHILD CARE

This section focuses on the concept of **life cycle** approach to child care starting from the 1000 days of development from the date of conception to when the child is 2 years of age, early childhood development, pre-adolescence, early adolescence, and late adolescence. It describes the different types of child care services appropriate for each stage of the child's development.

Child Care, according to the **Children's Act 38 of 2005** means providing the child with living conditions that are conducive to the child's health, wellbeing and development. Safeguarding and protecting the child from maltreatment, abuse, neglect, degradation, discrimination, exploitation and any other physical, emotional or moral harm or hazards. Respecting, promoting, and securing the fulfilment of, and guarding against any infringement of the child's rights set out in the Bill of Rights. Guiding, directing and securing the child's education and upbringing, including religious and cultural education in a manner appropriate to the child's age, maturity and stage of development. Maintaining a sound relationship and accommodating any special needs that the child might have, and generally ensuring that the best interests of the child is the paramount concern in all matters affecting the child.

In the context of the workplace, child care means taking care of the child in the workplace while the parents are working. This is done through child care facilities in the workplace, which is the basis of these guidelines. Establishment of child care facilities in the Public Service seek to provide support to Public Servants and to address productivity issue within the Public Service. Such facilities may include; Breast feeding/ Breast milk expression facilities, Crèche and Aftercare centre. These facilities will provide care and support for children at different stages of childhood namely; Pregnancy, Infancy (0-12 months), under 5 children (1-5 years), pre-adolescence (6-9 years), Early Adolescence (10-14 years), and late adolescence (15-19).

It has been scientifically proven that the **1st 1000 days** of a child's life is very crucial not only as a child but also as a future adult. What ever happens during the 1st 1000 days, will determine the child's health and wellbeing in future. The 1000 days and beyond are categorized as follows:

- **Nine months of pregnancy:** Support for pregnant employees will be provided through GEMS maternity programme and other medical schemes.
- **365 days of year 1 after birth:** This stage is characterized by Exclusive Breastfeeding and employees will be supported through the administration of maternity leave.
- **Under 5 years:** This stage is characterized Early Childhood Development which will be provided at the workplace through child care facilities.
- **Pre-Adolescence** (6-9 years)
- **Early Adolescence** (10-14 years)
- **Late Adolescence** (15-19 years)

The table below summarizes types of services appropriate for each stage of development.

Developmental Stage	Type of Service	Responsibility
Nine months of pregnancy	Notification of pregnancy..... Identification of potential risks..... Risk Assessment..... Adjustment of working conditions..... Flexi time for antenatal clinic..... Maternity leave management..... Maternity Programme.....	Employee Manager Manager Manager HR HR GEMS/ other schemes
365 days of year 1 after birth	Maternity leave management..... Notification of breastfeeding..... Breastfeeding Breaks..... Exclusive Breastfeeding Room..... Day care/Crèche..... Flexi time for post-natal clinic.....	HR Employee Manager Employer Employer HR
Under 5 Child Care	Early Childhood Development..... Day care/Crèche..... Financial support for travelling with children (under 2 years).....	DSD/DoBE Employer Employer
Pre-Adolescence (6-9 years)	Early Childhood Development..... Aftercare Services.....	DSD/DoBE Employer
Early Adolescence (10-14 years)	Aftercare Services.....	Employer
Late Adolescence (15-19 years)	Aftercare Services.....	Employer

STAGE 1: NINE MONTHS OF PREGNANCY

During this stage, support for pregnant employees will be provided through GEMS maternity programme and other medical schemes. The GEMS Maternity Programme has been introduced to ensure that expectant mothers receive high-quality care during their pregnancies, and to help reduce the risk of possible complications. This programme is specifically designed to provide pregnant members with support, education and advice through all stages of pregnancy, confinement and postnatal (after birth) period. Members on the programme have access to a team of experienced midwives for assistance with general health and pregnancy-related questions.

South Africa's labour laws protect women employees when they become pregnant and ensure that they receive maternity leave. The **Department of Labour** has issued a ***Code of Good Practice on the protection of employees during pregnancy and after the birth of a child***. The Code is issued in terms of section 87(1) (b) of the **Basic Conditions of Employment Act (BCEA)** 75 of 1997. Section 26(1) of the BCEA prohibits employers from requiring or permitting a pregnant employee or an employee who is breast-feeding to perform work that is hazardous to the health of the employee or the health of her child. This requires employers who employ women of childbearing age to assess and control risks to the health of pregnant or breast-feeding employees and that of the foetus or child.

The Code is aimed at protecting pregnant and post-pregnant employees as well as at protecting the employee's newborn child as follows:

Employers should identify record and regularly review potential risks to pregnant or breast-feeding employees within the workplace; and put protective measures and adjustments to working arrangements for pregnant or breast-feeding employees.

Where appropriate, employers should also maintain a list of employment positions not involving risk to which pregnant or breast-feeding employees could be transferred. DPSA and other relevant organization will provide the list.

Employers should offer suitable alternative employment to an employee during pregnancy if her work poses a danger to her health or safety or that of her child or if the employee is engaged in night work (between 18:00 and 06:00, unless it is not practicable to do so. Alternative employment must be on terms that are no less favourable than the employee's ordinary terms and conditions of employment.

Employers should inform employees about hazards to pregnant and breast feeding employees and of the importance of immediate notification of pregnancy and breastfeeding.

Workplace policies should encourage women employees to inform employers of their pregnancy or breastfeeding as early as possible to ensure that the employer is able to identify and assess risks and take appropriate preventive measures. The employer should keep a record of every notification of pregnancy or breastfeeding. When an employee notifies an employer that she is pregnant her situation in the workplace should be evaluated.

The evaluation should include an examination of the employee's physical condition by a qualified medical professional; the employee's job; and workplace practices and potential workplace exposures that may affect the employee.

If the evaluation reveals that there is a risk to the health or safety of the pregnant employee or the foetus, the employer must inform the employee of the risk; after consulting the employee and her representative, if any, determine what steps should be taken to prevent the exposure of the employee to the risk by adjusting the employee's working conditions.

The employee should be given appropriate training in the hazards and the preventive measures taken.

If there is any uncertainty or concern about whether an employee's workstation or working conditions should be adjusted, it may be appropriate in certain circumstances to consult an occupational health practitioner. If appropriate adjustments cannot be made, the employee should be transferred to an alternative position in accordance with section.

Employers must keep the risk assessment for expectant or new mothers under regular review. The possibility of damage to the health of the foetus may vary during the different stages of pregnancy. There are also different risks to consider for workers who are breast-feeding.

Arrangements should be made for pregnant and breast-feeding employees to be able to attend antenatal and postnatal clinics as required during pregnancy and after birth.

Arrangements should be made for employees who are breast-feeding to have breaks of 30 minutes twice per day for breast-feeding or expressing milk each working day for the first six months of the child's life.

Where there is an occupational health service at a workplace, appropriate records should be kept of pregnancies and the outcome of pregnancies, including any complications in the condition of the employee or child.

The table below is the generic HR planning template in relation to hazards and risks in the workplace in relation to pregnant and breastfeeding mothers

Type of Hazards	Risk Factors	Employment Type	Possible Position
Physical hazards	Exposure to noise, vibration, radiation, electric and electromagnetic fields and radioactive substances. Work in extreme environments; control of the thermal environment (heating and air conditioning).	Construction Workers (Public Works)	Administrative work
Ergonomic hazards	Heavy physical work; static work posture ; frequent bending and twisting; lifting heavy objects and movements requiring force; repetitive work; awkward postures; no rest; standing or sitting for long periods.	Farm Workers Office Workers	Administrative work
Chemical hazards	Exposure to chemicals such as lead, which can be inhaled, swallowed or absorbed through the skin.	Factory Workers	Administrative work
Biological hazards	Exposure to agents such as bacteria and viruses. Biological agents may also be transferred through breast-feeding or by direct physical contact between mother and baby.	Health workers , including service workers in health-care facilities (DoH) Employees looking after animals or dealing with animal products (Agriculture) Employees who have close contact with young children are at increased risk of exposure to German measles and chicken pox (DoBE)	Administrative work

Maternity protection provides the support women need to help them satisfactorily harmonize their productive and reproductive roles. The only way that women can be sure that they will not be penalized when they take time off work to give birth and nurture infants, is if there is adequate national legislation to ensure employers give them necessary paid leave and job security.

STAGE 2: 365 DAYS OF YEAR 1 AFTER BIRTH

This stage is characterized by Exclusive Breastfeeding and administration of maternity leave. Employees will be supported through provision of breast feeding/ breast milk expression facilities and a crèche. The **ILO's Maternity Protection Convention (MPC) 183** stipulates that pregnant and breastfeeding workers should receive health protection, job protection and non-discrimination. They should also have at least 14 weeks of paid maternity leave; and one or more paid breastfeeding breaks daily or daily reduction of working hours to enable breastfeeding.

Exclusive Breastfeeding

Infant and child mortality rates in South Africa remain unacceptably high and the Millennium Development Goals (MDGs) target of reducing the rate of under five mortality by 2/3 may not be achieved. Breastfeeding rates in South Africa, and especially exclusive breastfeeding rates, remain very low. Breastfeeding practices have been undermined by aggressive promotion and marketing of formula feeds, social and cultural perceptions and the distribution of formula milk in the past to prevent Mother to Child Transmission (MTCT) of HIV. Majority of women in South Africa practice mixed feeding. The 2008, HSRC survey indicated that 51% of children 0-6 months were mixed fed. This increases the risk of death from diarrhea, pneumonia and malnutrition.

Exclusive Breastfeeding is the cornerstone for child survival, health and productive contribution to society for current and future generations. Well-nourished children perform better in school, grow into healthy adults, and in turn give their children a better start in life. Well-nourished women face fewer risks of death during pregnancy and childbirth, and their children set off on firmer developmental paths, both physically and mentally. The underlying causes of under-nutrition vary across the developing regions of the world.

Optimal infant and young child feeding means exclusive breastfeeding **for six months**, followed by timely and appropriate complementary feeding with continued breastfeeding for up to two years or beyond. Exclusive breastfeeding **for the first six months** was a resolution (Resolution 54.2/2001) that the World Health Assembly (WHA) formally adopted in May 2001. In 2002 the WHA also adopted a second resolution, Resolution 55.25 on the Global Strategy for Infant and Young Child Feeding. Later the UNICEF Executive Board also adopted these resolutions. In areas with high HIV prevalence there is evidence that exclusive breastfeeding is more protective than "mixed feeding" for risks of HIV transmission through breast milk. This provides the key block for child survival, growth and healthy development Millennium Development Goal 4). However, gender inequalities between men and women have affected child and maternal nutrition negatively as policy and programme priorities overlook these factors.

Tshwane Declaration

On August 22-23 2011, a National Breastfeeding Consultative Meeting concluded with the **Tshwane Declaration** which committed to and declared South Africa as a country that actively promotes, protects and supports exclusive breastfeeding as a public health intervention to optimize child survival, irrespective of the mother's HIV status. With ARVs, 98% of infants' breastfed by HIV infected mothers for 12 months are likely to be protected from HIV.

There is concern on the high infant and child mortality rates from diarrhea, pneumonia and malnutrition in South Africa. The prevalence of exclusive breastfeeding is very low, only at 8%.

Another concern noted is the effect of aggressive promotion and marketing of formula feeds, and the distribution of formula milk. The risk of sickness and death through formula feeding is understated and not communicated to mothers. Non-breastfeeding infants have an approximately 6 to 10 fold higher risk of dying during infancy compared to breastfed infants. The majority of women in South Africa practice mixed feeding. The 2008, HSRC survey indicated that 51% of children 0-6 months were mixed fed.

The **Tshwane Declaration** commits South Africa to adopt the 2010 WHO guidelines on HIV and infant feeding and recommends that all HIV infected mothers should breastfeed their infants and receive anti-retroviral drugs to prevent HIV transmission. Anti-retroviral drugs to prevent HIV through breastfeeding and to improve the health and survival of HIV infected mothers should be scaled up and sustained.

The Benefits of Exclusive Breastfeeding

Exclusive Breastfeeding benefits not only infants and mothers but also families, employers and society as a whole.

Benefits for Babies

- Provides total food security. Breastmilk is a hygienic source of food with the right amount of energy, protein, fat, vitamins, and other nutrients for infants in the first six months. Breastfeeding meets a baby's nutritional and emotional needs for the first six months, and continues to contribute to the baby's nutritional and emotional health into the second year and beyond.
- Breastfed babies have stronger immune systems and are healthier than those who receive breastmilk substitutes.
- Studies show that breastfeeding can save the lives of over one million babies who die every year from diarrhea and acute respiratory infections.

- Optimizes a child's physical and mental growth and development. Infants fed breastmilk show higher developmental scores as toddlers and higher IQs as children than those who are not fed breastmilk. Breastmilk supplies key nutrients that are critical for health, growth, and development.

Benefits for Women

- Breastfeeding encourages woman's confidence and self-reliance, as they are able to provide quality care for their children.
- Breastfeeding strengthens the bonding relationship between mother and child. This is particularly important for women whose work separates them from their children.
- Women who have breastfed are less likely to develop breast and ovarian cancers, and have less osteoporosis later in life.
- Breastfeeding helps mothers get back into shape faster.
- Facilitates the mother's postpartum recovery
- Reduces the incidence and severity of allergies and of ear and respiratory infections in infants, which translates into less time off and sick leave taken
- Provides the most complete, easily digested, convenient and economical source of nourishment for infants

Benefits for Families

- Breastfeeding mother are much less likely to become pregnant. The child spacing effect of breastfeeding is important for some women, particularly women for whom contraception is unavailable, unaffordable or unacceptable.
- Breastfeeding saves families time and money, the money saved can be spent on other family members, especially on food for older children.
- Breastfed babies have a lower risk of sickness, again saving money which might otherwise be spent on health care. Less time and worry spent on having to care for illnesses that could often be avoided.

Benefit for the Employer

- Companies that promote and support breastfeeding for their employees save money and increase productivity! Both employees and employers benefit from lactation programs in the

workplace. Employers who cover health care for employees' families have lower costs for doctor's visits, hospitalization, and medications when babies are optimally breastfed.

- When children are healthier, productivity goes up because parents miss fewer work days, worry less and concentrate more on their work.
- If a woman knows that her employer supports breastfeeding, she may come back sooner after maternity leave, thus reducing the employer's retraining and replacement costs.
- Workplace support for a woman's "mother-work" gives her a compelling reason for loyalty to her employer.
- Enhanced reputation as a company concerned for the welfare of its employees and their families.
- Adequate provision for breastfeeding is an investment in the health of the present and future workforce. Today's children are tomorrow's workers.

Benefits for the Society

- Breastfeeding makes economic sense because it is less costly to produce than formula. It also allows society to make considerable savings in health care costs.
- Breastfeeding helps to protect the environment, it is ecological in its production, consumption and disposal, and it is a natural and renewable resource.
- No industrial production, transportation, packaging, and disposal pollution; breastfeeding produces hardly any waste.
- Breastfeeding results in overall economic benefits, nations can save huge amounts on the purchase and distribution of commercial breastmilk substitutes.
- Each generation of breastfed children lays the foundation for a future generation of healthy and productive workers.

Public Health Benefits

- Reducing child mortality is a priority of the Government of South Africa;
- Promoting, protecting and supporting breastfeeding will reduce child mortality and improve the health and development of young children and their mothers;
- Overwhelming scientific evidence demonstrates the benefits of exclusive breastfeeding and continued breastfeeding for all children, including those that are HIV exposed and HIV positive;
- WHO and other international agencies acknowledge the research evidence that anti-retroviral drugs very significantly reduce the risk of HIV transmission through breastfeeding

and improve HIV free survival of HIV exposed infants. These data transform the landscape for decision making about infant feeding practices in the context of HIV;

- Promotion, protection and support of breastfeeding requires commitment and action from all stakeholders including government and legislators, community leaders, traditional leaders and traditional healers, civil society, health care workers and managers, researchers, private sector, employers, women’s sector the media and every citizen;

The risk of not breastfeeding

Non-breastfed infants have an approximately 6 to 10 fold higher risk of dying during infancy compared to breastfed infants. For infants, not being breastfed is associated with an increased incidence of infectious morbidity, including otitis media (**ear infection**), gastroenteritis (**inflammation of the stomach**), and pneumonia, as well as elevated risks of childhood obesity, type 1 and type 2 diabetes, leukemia (**cancer of the blood**), and sudden infant death syndrome. Among premature infants, not receiving breast milk is associated with an increased risk of **necrotizing enterocolitis (severe inflammation of the intestines)**.

For mothers, failure to breastfeed is associated with an increased incidence of **premenopausal breast cancer, ovarian cancer, retained gestational weight gain, type 2 diabetes, and the metabolic syndrome**

Maternity Protection

Maternity Protection provides the support women need in order to satisfactorily harmonize their productive and reproductive lives. Maternity protection addresses the health needs of women workers and their children, at the same time making it possible for women to remain in the workforce throughout their childbearing years. In June 2000, the ILO adopted a revised Convention 183 and Recommendation 191 on maternity protection.

The key elements of **Convention 183** for breastfeeding women are described in the table below:

Key Element	Description
Non-discrimination	Maternity (including breastfeeding) should not constitute a source of discrimination in employment or in access to employment. The Convention makes it unlawful for an employer to fire a woman during

	pregnancy, maternity leave, or for a period following her return to work, except on grounds unrelated to maternity.
Employment Protection	A mother returning to work is entitled to the same job and salary as before her leave.
Maternity Leave	According to Section 25, of the Basic Conditions of Employment Act , female employees have a right to four months maternity leave. This leave can start four weeks before the expected date of birth and the employee cannot be forced to go back to work for six weeks after the birth of the child. The Tshwane Declaration calls for a new policy position to extend maternity leave from four to six months. For this to happen, the Department of Labour is yet to ratify the ILO Convention 183 and Recommendation 191 on maternity protection.
Paternity Leave	There is no statutory entitlement for paternity leave; fathers who wish to take leave at the time of the birth of their child can use their family responsibility leave. Such fathers include the biological, adoptive, foster, and step-father.
Breastfeeding/ Nursing Breaks	After maternity leave , women workers who are breastfeeding have the right to paid breastfeeding/ nursing breaks or a reduction of work hours . The Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child recommends that arrangements be made for employees who are breastfeeding to have breaks of 30 minutes twice a day to breast feed or express milk for the first six months of a child's life.
Reasonable Accommodation	The Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices adds that an employer should provide reasonable accommodation for pregnant women and parents with young children, including health and safety adjustments and ante-natal care leave.
Flexible Working Environment	The Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices requires employers to endeavour to provide "an accessible, supportive and flexible environment for employees with family responsibilities". This

	is specified to include “considering flexible working hours and granting sufficient family responsibility leave for both parents”.
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The **Code of Good Practice on Arrangement of Working Time** states that the design of shift rosters must be sensitive to the impact of these rosters on employees and their families and should take into consideration the childcare needs of the employees. It adds that arrangements should be considered to accommodate the special needs of employees such as pregnant and breast-feeding mothers and employees with family responsibilities.

The **ILO Recommendation 191** says that “where practicable, provision should be made for establishment of facilities for breastfeeding under adequate hygienic conditions at or near the workplace”. A **breastfeeding woman needs access to a small, clean space with room to sit down and a door, screen, or curtain for privacy, access to clean water, and a secure storage place for milk, such as a locker, or space for a container at her work station.**

Successfully combining breastfeeding and employment is a very attainable goal for women. A supportive workplace enables its employees to achieve a healthy work/life balance, the benefits of which are far reaching – for babies, mothers and employers (Middlesex-London Health Unit, 2003). There are three essential requirements to ensure that employees can successfully combine work and breastfeeding:

Time: Allow employees sufficient break time to pump, or provide flexible work hours.

Space: Have available comfortable, clean and private space for expression and storing breastmilk or provide nearby or on-site child care so that employees can breastfeed on break and lunch.

Support: Develop "mother-friendly" workplace policies; improve attitudes towards breastfeeding by educating workers and management about the benefits of breastfeeding.

Developing a Policy for Breastfeeding Support in the Workplace

- Departments need to consider adopting a breastfeeding policy that meets the needs of employees while also taking account of workplace conditions.
- This policy could be made available in the same way as other workplace policies, such as those concerning family-friendly provisions and sexual harassment.
- Human Resources personnel, managers and immediate supervisors need to be educated about and made aware of the policy.
- The policy can also be made available, along with general information about parental leave entitlements and other work-family balancing measures, to all employees announcing their pregnancy (rather than at commencement of maternity leave) so that they can plan accordingly.

- The policy may need to be tailored to meet the specific conditions of the workplace, but would, ideally, include appropriate provisions for the three essential components for breastfeeding support, namely time, space and support.
- Breastfeeding / breast milk expression breaks may need to be negotiated with regard to both their frequency and whether they are paid or not. This may require negotiations between the employer and an employee or their representative that takes account of both employee and organisational needs.
- Breastfeeding breaks (after 6 months maternity leave) are commonly for **30 minute twice daily or 20 minutes three times daily**. However, some employees may prefer to opt for a longer lunch break combined with another shorter break.
- The policy might also include various employment flexibility options to enable the employee to phase back to full-time work following leave, including part-time work, job sharing and/or flexi-time.

Implementation of Policy:

- As with any policy, mechanisms are required to ensure that it is implemented, as well as regularly monitored and evaluated so as to assess its use and effectiveness.
- Some of the biggest obstacles to implementation of the policy relate to negative attitudes about breastfeeding and lack of understanding about the necessary requirements to support it among key role players. In particular, emphasis needs to be placed on raising awareness of the needs and requirements of breastfeeding employees among HR personnel, supervisors and managers.
- Supervisors and Managers should be presented with a copy of the policy so they can offer breastfeeding employees the necessary support and also educate co-workers.

STAGE 3: UNDER 5 YEARS

Both stages are characterized by Early Childhood Development (covered in section 3). ECD services will be provided through a crèche in the workplace. Early Childhood Development is an “umbrella term” or a general classification that refers to the processes by which children from ages birth - 9 grow and flourish socially, physically, mentally, emotionally, spiritually and morally” (Department of Education). In South Africa, Early Childhood Development refers to a comprehensive approach to policies and programmes for children from birth to 9 years of age, with the active participation of their parents and caregivers. Its purpose is to protect the child’s rights to develop his or her full cognitive, emotional, social and physical potential. **(Tshwaragano Ka Bana: An Integrated Plan for Early Childhood Development in South Africa; Version 3: June 2005).**

STAGE 4: PRE-ADOLESCENCE (6-9 YEARS)

This stage is also characterized by Early Childhood Development (ECD). ECD services will be provided through an aftercare centre in the workplace (covered in section 3).

STAGE 5: EARLY ADOLESCENCE (10-14 YEARS)

Early adolescence might be broadly considered to stretch between the ages of 10 and 14. It is at this stage that physical changes generally commence, usually beginning with a growth spurt and soon followed by the development of the sex organs and secondary sexual characteristics. These external changes are often very obvious and can be a source of anxiety as well as excitement or pride for the individual whose body is undergoing the transformation. The internal changes in the individual, although less evident, are equally profound. Recent neuroscientific research indicates that in these early adolescent years the brain undergoes a spectacular burst of electrical and physiological development.

It is during early adolescence that girls and boys become more keenly aware of their gender than they were as younger children, and they may make adjustments to their behaviour or appearance in order to fit in with perceived norms. They may fall victim to, or participate in, bullying, and they may also feel confused about their own personal and sexual identity.

Early adolescence should be a time when children have a safe and clear space to come to terms with this cognitive, emotional, sexual and psychological transformation – unencumbered by engagement in adult roles and with the full support of nurturing adults at home, at school and in the community. Given the social taboos often surrounding puberty, it is particularly important to give early adolescents all the information they need to protect themselves against HIV, other sexually transmitted infections, early pregnancy, sexual violence and exploitation. For too many children, such knowledge becomes available too late, if at all, when the course of their lives has already been affected and their development and well-being undermined.

STAGE 6: LATE ADOLESCENCE (15–19 YEARS)

Late adolescence encompasses the latter part of the teenage years, broadly between the ages of 15 and 19. The major physical changes have usually occurred by now, although the body is still developing. The brain continues to develop and reorganize itself, and the capacity for analytical and reflective thought is greatly enhanced. Peer-group opinions still tend to be important at the

outset, but their hold diminishes as adolescents gain more clarity and confidence in their own identity and opinions.

Risk-taking is a common feature of early to middle adolescence, as individuals experiment with 'adult behaviour' – declines during late adolescence, as the ability to evaluate risk and make conscious decisions develops. Nevertheless, cigarette smoking and experimentation with drugs and alcohol are often embraced in the earlier risk-taking phase and then carried through into later adolescence and beyond into adulthood. For example, it is estimated that 1 in 5 adolescents aged 13–15 smokes, and around half of those who begin smoking in adolescence continue to do so for at least 15 years. The flip side of the explosive brain development that occurs during adolescence is that it can be seriously and permanently impaired by the excessive use of drugs and alcohol.

Girls in late adolescence tend to be at greater risk than boys of negative health outcomes, including depression, and these risks are often magnified by gender-based discrimination and abuse. Girls are particularly prone to eating disorders such as anorexia and bulimia; this vulnerability derives in part from profound anxieties over body image that is fuelled by cultural and media stereotypes of feminine beauty. These risks notwithstanding, late adolescence is a time of opportunity, idealism and promise. It is in these years that adolescents make their way into the world of work or further education, settle on their own identity and world view and start to engage actively in shaping the world around them.

There are 1.2 billion adolescents across the world; nine out of ten of these young people live in developing countries. Millions are denied their basic rights to quality education, health care, protection and exposed to abuse and exploitation. Recognizing the need to turn this vulnerable age into an age of opportunity, UNICEF has dedicated its flagship Publication ***State of the World's Children 2011*** to adolescents.

The imperative of investing in adolescence

The arguments for investing in adolescence are fivefold:

The first is that it is right in principle under existing human rights treaties including the Convention on the Rights of the Child, which applies to around 80 per cent of adolescents, and the Convention

on the Elimination of All Forms of discrimination against Women, which applies to all adolescent females.

Second, investing in adolescence is the most effective way to consolidate the historic global gains achieved in early and middle childhood since 1990. The 33 per cent reduction in the global under-five mortality rate, the near elimination of gender gaps in primary school enrolment in several developing regions and the considerable gains achieved in improving access to primary schooling, safe water and critical medicines such as routine immunizations and antiretroviral drugs – all are testament to the tremendous recent progress achieved for children in early and middle childhood.

Third, investing in adolescents can accelerate the fight against poverty, inequity and gender discrimination. Adolescence is the pivotal decade when poverty and inequity often pass to the next generation as poor adolescent girls give birth to impoverished children. This is particularly true among adolescents with low levels of education. Almost half the world's adolescents of the appropriate age do not attend secondary school. And when they do attend, many of them – particularly those from the poorest and most marginalized households and communities – fail to complete their studies or else finish with insufficient skills, especially in those high-level competencies increasingly required by the modern globalized economy.

This skills deficit is contributing to bleak youth employment trends. The global economic crisis has produced a large cohort of unemployed youth, which in 2009 stood at around 81 million worldwide. For those who are employed, **decent work is scarce**: In 2010, young people aged 15–24 formed around one quarter of the world's working poor.

Fourth, the **intergenerational transmission of poverty** is most apparent among adolescent girls. Educational disadvantage and gender discrimination are potent factors that force them into lives of exclusion and poverty, child marriage and domestic violence. Around one third of girls in the developing world, excluding China, are married before age 18; in a few countries, almost 30 per cent of girls under 15 are also married. The poorest adolescent girls are also those most likely to be married early, with rates of child marriage roughly three times higher than among their peers from the richest quintile of households.

The fifth and final argument for investing in adolescence relates to the way adolescents are portrayed. This quintile of the global populace is commonly referred to as the 'next generation' of adults, the 'future generation' or simply 'the future'. But adolescents are also firmly part of the present – living, working, contributing to households, communities, societies and economies.

Adopting a **life-cycle approach** to child development, with greater attention given to the care, empowerment and protection of adolescents, girls in particular, is the soundest way to break the intergenerational transmission of poverty. Time and again, evidence shows that educated girls are less likely to marry early, less likely to get pregnant as teenagers, more likely to have correct and comprehensive knowledge of HIV and AIDS and more likely to have healthy children when they eventually become mothers. When it is of good quality and relevant to children's lives, education empowers like nothing else, giving adolescents, both female and male, the knowledge, skills and confidence to meet the global challenges of our times.

The complexities of defining adolescence

Adolescence is difficult to define in precise terms, for several reasons. First, it is widely acknowledged that each individual experiences this period differently depending on her or his physical, emotional and cognitive maturation as well as other contingencies. Reference to the onset of puberty, which might be seen as a clear line of demarcation between childhood and adolescence, cannot resolve the difficulty of definition. Girls in particular, but also some boys, are reaching puberty and experiencing some of the key physiological and psychological changes associated with adolescence before they are considered adolescents by the United Nations (defined as individuals 10–19 years old).

The second factor that complicates any definition of adolescence is the wide variation in national laws setting minimum age thresholds for participation in activities considered the preserve of adults, including voting, marriage, military participation, property ownership and alcohol consumption. A related idea is that of the 'age of majority': the legal age at which an individual is recognized by a nation as an adult and is expected to meet all responsibilities attendant upon that status. Below the age of majority, an individual is still considered a 'minor'. In many countries, the age of majority is 18, which has the virtue of being consonant with the upper threshold of the age range for children under Article 1 of the Convention on the Rights of the Child.

SECTION 3: EARLY CHILDHOOD DEVELOPMENT (ECD)

This section focuses on Early Childhood Development services to be provided in the child care facilities. It also highlights challenges facing ECD that Departments have to be aware of and find means to deal with. The rights of children as stated in the United Nations convention on children's rights have to be respected in the facilities. The needs of children which need to be taken into consideration when establishing child care facilities are described in this section. The minimum standards will that enable Departments to recognise developmental tasks in ECD service delivery are also covered in this section.

“Early Childhood Development” (ECD) is an “umbrella term” or a general classification that refers to the processes by which children from ages birth - 9 grow and flourish socially, physically, mentally, emotionally, spiritually and morally” (Department of Education). In South Africa, Early Childhood Development refers to a comprehensive approach to policies and programmes for children from birth to 9 years of age, with the active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. **(Tshwaragano Ka Bana: An Integrated Plan for Early Childhood Development in South Africa; Version 3: June 2005).**

Chapter 6 of the Children's Amendment Act (2006) contains the regulations with respect to ECD in SA. The act clearly states that successful ECD is a joint effort between parents, the community and the government and to which many individuals in the community must contribute. ECD is a comprehensive approach to policies and programmes for children with the active participation of parents and caregivers. Its main purpose is to protect child rights.

Early childhood development services provide education and care to children in the temporary absence of their parents or adult caregivers. These services should be holistic and demonstrate the appreciation of the importance of considering the child's health, nutrition, education, psychosocial and other needs within the context of the family and the community.

The Child Care Act, 1983 makes provision for places of care that include the following:

- ECD Centres / Crèches,
- Playgroups,
- After-school centres,
- Or a combination of the three

The most important purpose of a place of care is to provide care to children in the temporary absence of their parents. A place of care has a responsibility to enhance the development of the child physically, mentally, psychologically, emotionally, morally, culturally and socially. The nature of the care and education received during the first seven years of life is of crucial importance for later development. For this reason it is imperative that the child should receive good quality care that meets all his/her needs.

Research in South Africa and internationally indicates that the early years are critical for development. From birth to seven years is a period of rapid physical, mental, emotional, social and moral growth and development. The early years of a child's life are a time when they acquire concepts, skills and attitudes that lay the foundation for lifelong learning. These include the acquisition of language, perceptual-motor skills required for learning to read and write, basic numeracy concepts and skills, problem solving skills, a love of learning and the establishment and maintenance of relationships.

In implementing the **Green Paper on promoting family life and strengthening families in South Africa**, the support for family life will be articulated via certain programmes such as "promoting and strengthening high-quality, comprehensive and holistic ECD in disadvantaged communities. The early years have been recognized as the ideal phase for the passing on values that are important for the building of a peaceful, prosperous and democratic society. These values include respect for human rights, appreciation of diversity, anti-bias, tolerance and justice.

It is important to identify and support "children at risk" early in their lives. If there is early and appropriate treatment and care, this can often reverse the effects of deprivation and support the development of innate potential. Early intervention and provisioning make it possible for children to grow and develop to their full potential, thus reducing the need for remedial services to address stunting, developmental lag and social problems later in life.

Quality provisioning will also increase educational efficiency, as children will acquire the basic concepts, skills and attitudes required for successful learning and development thus reducing their chances of failure. Increased, quality provisioning can free parents and other adult carers to take up opportunities for education and employment, which can dramatically improve the socio-economic status of impoverished families.

The care of school-going children in the afternoons and school holidays is equally important. It ensures a protected environment in which attention is given to homework and the child is encouraged to use free time constructively.

Disadvantaged children and **children with special needs** are often marginalized and their development ignored. These children should be targeted. Programmes should be in place to accommodate these children and address their specific needs.

Places of care have a responsibility to educate children about their rights and responsibilities as part of their developmental programmes. Children have the right to be listened to, respected, protected, educated and cared for. Children also have responsibilities towards others. They have to listen to others, care for and respect their peers, siblings, care givers, parents and other members of the community. This will ensure that the child develops into a confident, well balanced and secure person.

The place of care forms part of the community. Parents, families and communities have the responsibility to complement the services provided at care facilities. In order to address the child's needs holistically it is important that there should be close collaboration between the parent/s and the caregiver.

Child care is a specialised field; caregivers should understand that caring for a child could be demanding. Knowledge of and insight into child development is imperative. A caregiver should have a positive attitude towards caring for children and be child-friendly. She/he should be sensitive to the needs of children and therefore, needs specialised training. These training needs to be continuous and care givers must be prepared to expand their knowledge.

CHALLENGES FACING THE EARLY CHILDHOOD DEVELOPMENT SECTOR

There are many challenges facing young children, their families, practitioners, and the responsible government departments. These include poverty, HIV and AIDS, disability, gender equity and the challenges of inter-sectoral collaboration.

The table below highlights challenges facing the Early Childhood Development Sector:

Challenge	Description
Poverty	The majority of young children in South Africa do not have access to quality ECD services. The main reason for this is poverty. Many families cannot afford to pay for early childhood services for their children. For this reason, government departments responsible for provisions for young children must work together

	to support quality early childhood services that are accessible and affordable to all families.
HIV and AIDS	<p>Children in South Africa are affected by this pandemic in three phases: - illness (their own or family member), death and orphaning. All three phases have an economic as well as social and psychological impact on children. The stigma of HIV and AIDS also has a negative influence on children and their self-image. The challenges are faced by the children themselves, their families, educators and care providers as well as provincial and national departments. The primary care givers, whether parents or other family members, need skills and confidence to provide psychosocial and emotional support to children as well as financial assistance to ensure their physical well-being.</p> <p>Educators and care providers should develop and implement policies that do not discriminate against children affected or infected by HIV and AIDS and all children should be welcomed into all early childhood centres. The practitioners need to receive training and support to help build the self-confidence and coping strategies of all children and in particular those children who suffer discrimination and who have suffered from the illness or death of family members.</p> <p>Government departments must work together to provide an integrated ECD service to all children, in particular those children infected and affected by HIV and AIDS.</p>
Disability	<p>Children with disabilities often suffer discrimination and stigmatization from those who do not understand the nature of the disability or who are frightened by it. Children with disabilities should be mainstreamed into the existing early childhood development centres. When children with disabilities are admitted to early childhood development centres they must be helped to participate in or enjoy the activities provided. Because of their disabilities, children’s vulnerability is heightened; they are more likely to be abused and/or neglected. Some people see the disability as limiting the child’s ability to do anything at all and these children are seen as a burden. Support needs to be given to families to bring children with disabilities to early childhood centres. They need to be informed that these centres have admission policies that welcome and accommodate their children. Care givers should receive training</p>

	that will enable them to adapt centres and provide activities in ways that will allow children with disabilities to participate and develop their full potential. If a child cannot be accommodated in an early childhood centre, referral to an appropriate centre must be made.
Gender equity	Most families want their children to grow up strong and healthy. One way to achieve this is to make sure that boys and girls are treated equitably. Children have different learning styles and different approaches to communicating with others. Children should not be labeled nor should they be pressured to conform to a certain way of behaving. Children are socialized into gender roles in their families. Early childhood development services have to be sensitive to the beliefs and practices of families but at the same time must make sure that no child is treated unfairly because of gender.
Inter-sectoral collaboration	There are many groups involved in the development of young children: families, non-governmental and faith-based organisations, business, municipalities and government departments. Within each group, there are different groupings and it is a challenge to accommodate and include everyone at the same time. Government Departments can take a lead in ensuring that policies and practices complement one another and work together for the benefit of young children.

RIGHTS OF CHILDREN

The rights of children as stated in the united nations convention on children’s rights.

In 1989, many nations came together and adopted the United Nations Convention on the Rights of the Child. A convention is an international agreement which must be obeyed by all nations which accept/ratify it. In the Convention, a nation is called a “State”, which means the government of a country. South Africa accepted/ratified the Convention on 16 June, 1995.

The Convention tells us which basic rights children need in order to survive, be protected, develop and participate. The nations that agreed to the Convention believe that we need to show respect for the dignity, equality and rights of all people, including children, in order to have freedom, justice and peace.

Children need special protection and care. The laws of the State are required to protect children before and after they are born.

Children need to grow up in a family where there is happiness, love and understanding. Children need peace, dignity, acceptance, freedom, equality and support. All States that accepted the Convention must work together to protect children's rights around the world.

The Convention states that every child has fundamental and non-negotiable rights. All children have basic human rights and must not be discriminated against in any way. For example, all children deserve equal treatment and opportunities in life. All children deserve good education, health care and protection against abuse and neglect. It does not matter where children live, what colour they are, whether they are girls or boys, or whether their parents are married. All children deserve equal treatment and basic human rights.

The Convention also says that the State, the courts, parents and other adults must take into account the best interests of the child at all times. They must always consider what is best for the child.

The State must make sure that the basic human rights of all children are protected as much as possible. The State should spend as much money as possible on children to make sure that they are able to survive, are protected, develop and participate.

General rights of children

The right to life

Children have the right to life. The State must do everything in its power to make sure that every child has a chance to live and enjoy full development. Early Childhood Services will enhance the development of the child.

The right to health and health care

Children have the right to good health. They have the right to health care to prevent and treat sickness and to help them get better. Every child must have access to health care and should be immunised.

The right to social security

Children have the right to receive social grants if necessary to provide for their needs. A social grant is money which the State provides for basic needs in instances where a parent cannot

provide, such as food, clothing and housing. Funding for ECD programmes will ensure that young children have access to ECD services.

The right to family life

Parents and guardians are responsible for the upbringing and development of their children. Parents and guardians must provide their children with a safe home, food, clothing and protection. The State has an obligation to help where parents or guardians cannot meet the needs of the child.

If parents do not care for their children, the State has the right to force them to do so. For example, the court may take money from the parent's salary to pay for the child's food, housing and clothing. If the parents or guardian are too poor to care for the child, the State should assist. A Child Support Grant is given to a primary caregiver who cares for a child or children (up to a maximum of 6 children) who are under the age of 18.

Children and parents have a right to live together. The state only intervenes if it is in the best interest of the child that he/she be removed from the family. The child has the right to maintain contact with both parents and to be reunified with the family as soon as it is possible and in the best interests of the child.

The right to identity, nationality and refuge

Children have the right to an identity. They have the right to belong to a nation. They also have the right to a name at birth and to know and be cared for by their parents or guardians.

When a child is a refugee in another country and needs a safe place to stay, such as during times of war, the State must help and protect the child. Such a child has the right to ECD services.

The right to protection against abuse and neglect by parents and care-givers/child care workers

Parents, guardians and caregivers who care for children may not neglect children or treat them violently or cruelly.

The State must protect children from this abuse and neglect. The Child Care Act 74 of 1983 (The Act), stipulates that children should be protected against abuse, neglect and all forms of ill-treatment. Suspects of child abuse and neglect should be reported in term of the Act.

Protection against degrading punishment

Children have the right to be treated with respect. A child may not be tortured and should be reprimanded in an appropriate way. This principle also applies to ECD services.

Protection against all forms of sexual exploitation and sexual abuse

Children must be protected from all forms of abuse. It is illegal to use children in any sexual activity, such as rape, sex, prostitution or using children in pornographic performances and materials such as films or magazines. Children must not be stolen, abducted or sold for any reason whatsoever.

Caregivers have a responsibility to report any form of abuse or ill-treatment.

Protection against harmful substances and exploitation

Children may not be used to do things that will harm them. Children should be protected against drug abuse. The State must prevent and protect children from being used in drug trafficking.

The Right to Education

Education starts from the child's early years. The State should provide ECD services to all children without any discrimination.

Education must develop children's personalities and talents. It must also develop children's respect for human rights, their parents, their culture, language and beliefs, including respect for cultures that are different from their own. Respect for the natural environment is also important.

Education must prepare the child for lifelong learning in a spirit of understanding, peace, tolerance and equality amongst men and women.

The right to recreation

Children have the right to free time in which to play and take part in cultural life such as reading, story-telling, music, painting and carving. Children also have a right rest. ECD programmes should provide for these rights.

The rights of children with disabilities / special needs

Children with disabilities or special needs have the right to special care. Children with physical or mental difficulties have the right to live a full and decent life with dignity. ECD programmes should accommodate and make special provision for children with special needs to enable them to ultimately live independently and take part in community activities.

The right to privacy

The child has the right to privacy. All information with regard to the child should be dealt with in an honourable and responsible way in order to protect the child from people who try to interfere with this privacy in any wrong or unlawful way.

The right to freedom of expression, thought, conscience and religion

Children have the right to think freely and express their views. ECD programmes should accommodate, respect and develop the child's right to freedom of thought, conscience and religion. Parents and legal guardians have the right to guide their children and help them to make choices which are suitable for their age and level of development and which are in the children's best interests.

The right for association and peaceful assembly

Children have the right to meet with others, join or form associations and to speak out to voice their opinions in a constructive way.

Children should be protected from associations with people who could harm them or encourage them to destructive behaviour. For example, children do not have the right to damage school property or to mix with drug addicts or criminals.

Children have rights which must be promoted by the State as stated in the Convention on the Rights of the Child, African Charter on the Rights and Welfare of the Child and the Institute on SD. The State has the responsibility to submit reports to the United Nations on progress made regularly.

THE NEEDS OF CHILDREN

Activities at a place of care should be aimed at meeting the different needs of the child. In this section we look at essential needs that should be focused on.

Each individual including children with special needs, is a unique individual with special gifts and needs. Some basic needs can be distinguished. It is not easy to make distinctions, but for the purpose of these guidelines, needs of children can be described as follows:

Children's physical needs

Physical needs refer to the child's right to food, physical care and good health. The child should be protected against circumstances, situations and objects which can injure or cause harm. The environment should therefore, ensure the child's safety.

The child should participate in activities under suitable and healthy conditions and should get sufficient rest.

Close co-operation should be maintained with parents to see that the child receives the necessary immunisation, is not exposed to contagious diseases and that the circumstances under which the child is cared for, are as healthy as possible. If any physical problems are observed, they should be reported to the parents who should be encouraged to get specialised screening and assistance.

One of the most important elements of physical care is good nutrition. It is essential that the child care worker should be aware of the nutritional needs of the various age groups.

Providing for physical needs includes assisting the child to master certain skills. Here we include toilet training and the acquisition of acceptable standards with regard to hygiene including washing hands, caring for the teeth, hair, nails, etc.

Daily ECD programmes should also provide for physical activities. Play is a very important activity since it does not only contribute to the development of the child's senses, his/her body control, motor skills, co-ordination and muscle control, but also to his/her overall development. The space and equipment provided should be planned in such a way that, with the appropriate assistance from the staff, the child is given the opportunity to discover, explore and master his/her environment and physical abilities.

Adequate resting periods are also important and a balance should be maintained between play and rest. It must be ensured that the child does not become overtired. Sufficient sleep, particularly for babies, is important. It is necessary to bear this in mind when planning the daily programme.

Under no circumstances must children be physically punished, emotionally and/or verbally abused. Such acts are illegal and violate the child's rights.

Children's Social-Emotional Needs

As each child is unique with his/her own personality, each child should be treated as an individual and his/her social and emotional needs taken into account.

The child care worker/care giver/practitioner should be familiar with the various phases of development, child progresses and should always be aware that each child passes through these phases at his/her own pace. The development phases should serve merely as a guide.

When a child knows that the caregiver and other adults respect him/her as a unique human being he/she has a better self-image. It also gives the child an opportunity to get to know himself and to gradually become more confident, competent and independent.

The child's need for safety and security is met by the application of balanced discipline and control. This does not merely concern discipline within the structure and routine of the place of care, but also involves self-discipline. Through support and guidance, the caregiver must help the child to develop increasing control over emotions, feelings and desires.

The child should also be taught acceptable forms of behaviour that need to be adhered to. The routine of the daily programme offers the necessary structure within which the child can acquire this knowledge. The caregiver should help the child to interact with the other children and to co-operate as part of the group. In this way the child gets the opportunity to experience and deal with the emotions and behaviour of others and to learn about self-control and responsibility. This forms an important basis for his/her later functioning and outlook in life.

Children's Cognitive Needs

The cognitive development of the pre-school child is very closely connected to his/her environment. The opportunities provided to communicate, to learn, to explore, to make decisions and to use different kinds of equipment serve as an important basis for the development and extension of cognitive abilities. The child should be given a wide range of opportunities and experiences so that he/she can discover the world around him/her. Through encouraging children to explore and by making learning interesting, a basis for lifelong learning is established.

Play is an important factor in the cognitive and intellectual development of children. It contributes to the development of the child's ability to solve problems and make choices. It also promotes the ability to concentrate and to assert oneself. In the context of play the child learns how to co-operate, share, be patient and be disciplined. Play stimulates the child's thought processes, the ability to reason and creativity.

When children are exposed to a variety of apparatus and games they discover their world as they play.

Children with Disabilities / Special Needs

There are many children who have special needs. Some may have special needs at a particular time in their life, for example, when a new sibling arrives or parents separate. Some may have special needs because of abuse, neglect or illness. The term special needs is also used for children who have a permanent physical, mental, sensory or emotional impediment or disability.

A child with special needs has the right to special care, education and training to help him or her enjoy a full and decent life in dignity and achieve the greatest degree of self-reliance and social integration possible.

The place of care can play an important part in assisting children with special needs to develop to their full potential by providing access to early childhood development opportunities, in a safe physical environment that meet the special needs of these children. Practitioners can assist with identifying children with special needs or children who struggle to do things that other children of their age can do easily. Early identification of these needs and timely intervention strategies, are particularly important for optimal development of the child.

In the past children with special needs were accommodated in specialised centres. Due to the lack of these centres, only a small percentage of children were accommodated. However, many people doubt whether special centres are the best learning environment for children with special needs. Children are often the best teachers for other children and if those with disabilities are isolated they miss out on much of the stimulation and excitement of being together with other children. Also, children in the community will never learn to understand and appreciate children with disabilities if they do not have contact with them. Lack of opportunities for contact can lead to negative attitudes and fears.

Those who advocate inclusion of children with different needs in day care centres and schools, stress that the centre must be able to offer the child support to help overcome some of his or her barriers to learning. When there is an application for placement of a child with special needs, it is important for the centre to assess the nature of the child's needs and the situation of that individual child and his/her family. The availability of other options and the extent to which the centre will be able to support the needs of the child with disabilities must be considered. This information should be made available to the parents so that they can make a responsible decision about the best placement for their child.

Some of the important factors the centre must consider about and plan for are:

- the accessibility of the built environment inside and outside and; and
- whether the child will need adapted equipment or extra help during particular aspects of the daily programme for example, with meals, going to the toilet, during group times etc.

Equipment and support need not be expensive. Equipment can be improvised. Parents or volunteers can be utilised to provide additional help.

Caregivers are often worried about whether they will cope with children with special needs. All caregivers need training on inclusion of children with special needs and how to meet the needs of these children in a day care centre/ECD facility. Training should include guidelines on how to improvise and adapt the physical environment, equipment and activities so that children with special needs can participate; how to help other children in the class to understand the special needs of children with disabilities and how to optimally involve the parents of such children in the ECD programme.

Caregivers also need to be trained to identify possible problems in the development of children so that these children can be referred for assessment and early intervention. Centres must develop a list of services and resources in their area so that caregivers know where to refer children for certain services.

Fear and lack of awareness and knowledge and the acceptance of disabilities amongst parents and caregivers are a great barrier to the development of children with special needs. A positive attitude to people with special needs, respect for their human rights and dignity and a focus on their abilities rather than their disabilities is needed. Caregivers can play an important role in promoting positive attitudes as early childhood is the best time to learn positive attitudes. ECD facility can also provide support to parents of children with special needs, helping them overcome their concerns about their children's acceptance in the community by showing a positive attitude towards them.

MINIMUM STANDARDS FOR EARLY CHILDHOOD DEVELOPMENT

MINIMUM STANDARDS FOR EARLY CHILDHOOD DEVELOPMENT (ECD) SERVICES

Function of Minimum Standards

- The minimum standards will enable service providers to recognise developmental tasks in service delivery.
- The minimum standards will ensure that services are monitored effectively and in a manner which promotes and guides change and development.
- The minimum standards and practice guidelines will give specific direction to human resource development and service delivery.
- Since ECD is a multi-disciplinary field, minimum standards and guidelines will enhance collaboration between stakeholders, from different sectors, in providing effective ECD services to children.
- Early Childhood Development Centres that meet most of the minimum standards should receive conditional registration and be eligible for subsidies to enable them to reach at least the minimum standards.

- Early Childhood Development Centres must meet minimum standards of care. Practitioners and caregivers in early childhood development services should try to improve on these minimum standards.
- If minimum standards are kept and improved on, then parents and families will know that their children are being cared for in a safe place that helps them develop appropriate knowledge, skills and attitudes.

The table below is the Minimum Standard Statements for Early Childhood Development Services

Minimum Standard	Description
Premises and Equipment	<p>The buildings must be clean and safe for young children. Children must be protected from physical, social and emotional harm or threat of harm from themselves or others. All reasonable precautions must be taken to protect children and practitioners from the risk of fire, accidents and or other hazards.</p> <p>The inside and outside play areas must be clean and safe for young children. Each child must have enough space to move about freely, which means there should be 1,5 m² of indoor play space per child and 2 m² of outdoor play space per child.</p> <p>The premises should be disability friendly.</p> <p>Equipment must be clean and safe for young children. There should be enough equipment and resources that are developmentally appropriate for the number of children in the centre.</p>
Health, Safety and Nutrition	<p>Food must be provided for children at least once a day, either by parents or the centre.</p> <p>Children must be cared for in a responsible way when ill.</p> <p>The parent or responsible family member of a child with a disability must receive information on the services and treatment the child can access locally.</p>
Management	<p>Administrative systems and procedures must be in place to ensure the efficient management of the facility and its activities.</p>

	<p>The privacy of families and children must be respected and protected. There must be admission policies that provide for the children who are affected or infected by HIV and AIDS.</p> <p>Policies and procedures regarding reportable incidents or actions must be provided to families.</p> <p>Families must be given information and knowledge about child protection.</p>
Active Learning	<p>Children must be provided with appropriate developmental opportunities and effective programmes to help them to develop their full potential.</p> <p>Children must be cared for in a constructive manner, which gives them support security and ensures development of positive social behaviour.</p> <p>The culture, spirit, dignity, individuality, language and development of each child must be respected and nurtured.</p>
Practitioners	<p>All practitioners must be trained and must receive ongoing training in early childhood development and the management of programmes and facilities for young children.</p>
Working with Families	<p>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.</p> <p>Parents are the primary caregivers of their children and must be involved as much as possible in the functioning of the centre.</p> <p>Early childhood development services are part of the community and must make sure that there is a good relationship between them and families.</p> <p>Families and children must be free to express dissatisfaction with the service provided and their concerns and complaints must be addressed seriously.</p>

SECTION 4:
PROCEDURES TO BE FOLLOWED WHEN ESTABLISHING CHILD CARE
FACILITIES

This section provides Departments with guidance on how to go about establishing a child care facility. How to register the facility, how the buildings and structures should be like, and general requirements for a place of care. It provides guidance on the general administration of the facility and relevant programmes and activities for different age groups.

When intending to establish a place of care or when applying for changes to an existing registration certificate the following is of utmost importance:

- Any person, organisation or community which intends to initiate a place of care must contact the nearest office of the Department of Social Development.
- It is important to consult the local authority (municipality) as well with a view to obtaining the right of use and the necessary licence to run a place of care on a particular premise.
- The registration or re-registration of a place of care is considered by the Minister on the basis of a report and a recommendation by the Department of Social Development. A certificate from the local authority to the effect that such place of care complies with all the structural and health requirements of the local authority must accompany the report of the Department of Social Development.
- In cases where minimum standards are not met, the place of care has to meet requirements within a specific time frame in order to register. If conditions are not complied with, it may result in closure of the facility and/or service.
- A place of care is subject to inspection by the Department of Social Development at least once a year.
- All applicants must also contact the Departments of Education and Health to determine any requirements from these departments.

Registering a place of care

Step 1

A person intending to establish an ECD facility has to contact the social worker at the district office in their region to arrange for an interview. The following will be discussed:

- Registration requirements
- Child Care Act
- Registration procedures
- Minimum standards document
- Application form
- Subsidisation procedure

- Monitoring and evaluation

Step 2

The social worker will provide the applicant with an application form and any other relevant documents to use as guidelines. The following documents, attached to the application form has to be completed by the applicant:

- Menu
- Daily programme
- Needs assessment form

The applicant also has to submit a copy of:

- A lease agreement
- The staff recruitment criteria
- The grievance and disciplinary procedures to be implemented.
- No incomplete form will be accepted.

Step 3

Upon receipt of the properly completed application form and all relevant documents, the social worker does the following:

- Completes a checklist
- Visits the premises
- Completes the needs assessment form to determine the need in the community
- Informs the environmental health officer per letter
- Informs other relevant stakeholders per letter

Step 4

Upon receipt of the health clearance certificate and / or other reports, the social worker completes the checklist – if satisfactory, issues a provisional registration certificate (valid for 3 months). The following conditions need to be met:

- Administrative and financial management systems to be satisfactory
- Services provided to the children in terms of physical, emotional, intellectual and social care to be satisfactory
- The physical condition of the centre to be satisfactory
- The general functioning of the centre to be satisfactory.

If not satisfactory, the social worker will continue to consult, advise, empower, build capacity and review the facility.

Step 5

The social worker will monitor the centre for 3 months and does an assessment of the services offered by the centre, including:

- the general care of the children
- administrative systems
- financial systems

If satisfactory, a full registration certificate is issued (valid for 2 years). If not satisfactory, either extend provisional certificate or shut down. Application for subsidisation can now be made.

Step 6

The centre is monitored by the social worker for two years. A developmental quality assurance assessment is done and the registration certificate is renewed or withdrawn.

A centre has to re-register when an applicant **intends** to:

- move the centre to another building or premises
- extend or decrease the size of the existing structure
- increase the number of children enrolled
- sell the business
- change ownership.

The procedure for re-registration is the same as for registration.

Buildings and Equipments

Structure:

The structure must be safe, weatherproof and well ventilated. The floor should be covered with material which is suitable for children. The building must also be user-friendly for both children and parents with disabilities.

Office:

It should be large enough to be used as a sick bay. Where more than 50 children per unit are cared for, the office should be large enough to accommodate a sick bay for at least two children.

Staff room:

Provision should be made for an area where staff members are able to rest and to lock up their personal possessions. The office, staff room and sick room can be combined.

Kitchen:

Where food is prepared on the premises a food preparation, cooking and washing up area must be provided. When the kitchen is in the same area as the playroom it must be cornered off and safety aspects must be complied with. The kitchen should also comply with the following requirements:

- Have adequate storage space;
- Have adequate washing up facilities and clear drinkable water;
- Be safe & clean floor;
- Have adequate natural lighting and ventilation;
- If it has walls, wall surfaces should have a smooth finish and should be painted with a washable paint;
- Have a ceiling;
- All surfaces must be cleaned regularly;
- Cooling facilities for the storage of perishable food;
- An adequate number of waste bins with tightly fitting lids;
- An adequate supply of water and cleaning agents for the cleansing of equipment and eating utensils.

Play room, office and kitchen:

The same room may be used as a playroom, office and kitchen; however the areas must be demarcated. Separate provision must be made for taking care of sick children and for the hygienic preparation of food. Fresh drinking water should be available nearby. **Minimum floor space of 1.5m² per child must be available.**

If a garage or outbuilding is used a window must be available to provide sufficient light and cross-ventilation for the children.

Toilet facilities:

Toilet facilities which are safe for children must be available. In areas where sewerage facilities are not available, sufficient covered chambers (potties) must be available to the children. A hand-washing facility for children is required. Facilities for cleaning nappies and chambers must be provided. Toilet facilities must at all times be clean and safe. For infants and younger children, there must be one potty for every five children.

For older children (ages 3-6) one toilet and one hand washing facility must be provided for every twenty children, irrespective of gender.

A urinal (1 m wide) is equal to two toilets. Urinals should not replace more than 25% of the total toilet facilities. Facilities for the washing or bathing of children must be provided.

Separate toilet facilities must be provided for the staff in terms of the National Building Regulations.

Outdoor playing space:

2 m² outside playing space per child must be provided. This may consist of lawn, sand pits, shady areas and hard surfaces.

Bottle feeding (Breast milk):

Where children who are bottle-fed are cared for suitable facilities must be provided for cleaning the bottles. Formula feeding will be discouraged; all children should receive breast milk unless if the mother is mentally disabled and poses a threat to the baby; or the mother has died or the infant has been abandoned. Breast milk banks can be used to access breast milk for children whose mothers cannot express milk.

Furniture and equipment:

The holder of a registration certificate must ensure that all furniture and equipment comply with the following requirements:

- Seating and working surfaces must be available.
- Beds and mats for sleeping and resting purposes must be safe and clean.
- Waterproof sheets and blankets must be available.
- There must be sufficient and adequate age appropriate indoor as well as outdoor play equipment and toys, books and print material and other materials.
- Play apparatus must be safe so that children cannot be injured.
- Sufficient safe, clean and appropriate eating utensils must be provided.
- If there is a sandpit it should be covered overnight so that animals cannot soil it. Sprinkle it with coarse salt every six weeks or so and replace the sand at least once a year.

After-School Centre

Requirements for after-school centres not run at formal schools

- **Structure:** The structure must be safe, weatherproof and well ventilated. The floor should be covered with material which is suitable for children.

- **Office:** It must be large enough to be used as a sick bay.
- **Indoor floor play space** (for meals, rest and study): 1,5 m² per child.
- The room must be arranged in such a way that each child has a suitable place to eat, rest and study.
- **Kitchen:** If there is no kitchen, cooking facilities under a roof must be provided. The following will suffice: a nearby source of potable water, a tabletop, a basin and cleaning agents. The area for the preparation of food must be sheltered.
- **Toilet facilities:** Toilets and hand-washing facility close by for every 20 children, separate for the two sexes, including staff.
- **Outdoor playing space:** 2 m² per child is desirable.

GENERAL REQUIREMENTS

- The outdoor playing space must be effectively and safely closed off, particularly in areas where vehicles bring and fetch the children, and suitable gates must be installed so that the children cannot leave the premises on their own.
- The facility must have controlled access to protect children.
- If there is a swimming-pool on the premises the requirements of the local authority must be met. The swimming pool must be covered by a net and have a surrounding fence.
- All interior walls must have a durable finish that can be cleaned.
- Adequate storage space for the personal property of children and staff must be provided.
- Adequate storage space accessible to children must be provided for indoor and outdoor equipment.
- Waste bins with lids that fit tightly must be provided.
- A place of care must draw up action plans for specific emergency circumstances and ensure that the staff, children, parents, neighbours and the surrounding community are familiar with the plan.
- Measures must be taken for protection against and combating of fire.
- Apparatus and equipment used and any structures there may be on the premises must not endanger the children.

- Provision should be made for the safe storage of medicines, cleaning materials, cooking fluids (paraffin) and other harmful agents in such a way that they are out of the reach of children and are kept away from food.
- Provision should be made for the safe-keeping of first aid kit equipment and universal precautions kit.
- Personal toiletries such as a face cloth, soap, towels and toilet paper must be supplied and labelled.
- Where pets are kept on the premises they must be tame, clean, safe, healthy and cared for.
- Poisonous or noxious plants may not be grown on the premises.
- The provisions of the Health Act 63 of 1977 preventing children from attending school owing to contagious diseases is applicable to all places of care.
- All food, eating utensils and equipment used for the handling and serving of food must be free of dust, dirt, insects and insecticides.
- No poisonous substances may be used within the centre and/or near the children.
- Insects and vermin must be effectively combated.
- Alterations and additions, as well as new buildings, must comply with the National Building Safety Regulations.
- The physical needs of children must be considered in the design and construction of buildings. Especially the needs of physically disabled children must be catered for.

ADMINISTRATIVE INFORMATION

Administrative information at the place of care must be conveyed to the parent or guardian before the child is admitted. The rules and regulations should include the following:

- The days and hours during which the place of care operates;
- The age groups that are admitted to the place of care;
- Rules in connection with times of arrival and departure;
- Arrangements regarding the fetching and transport of the child;
- Procedures to be followed when planning an excursion;
- Steps to be taken in case of an injury or accident or if a child is taken ill while at the place of care;
- Admission of ill children/contagious diseases
- The feeding of the children;
- Clothing;
- Monthly fees payable;
- The forming of a parent committee to help with visits and activities etc.;
- Details and conditions for administering medicine to children.
- Notice of termination of attendance at the place of care.

- Policy with regard to HIV/AIDS infected and affected children.

The head of the place of care/supervisor must ensure that personal details are kept for each child. In addition to correspondence regarding the child the following forms must be kept on the child's file:

FORMS TO BE KEPT ON THE CHILD'S FILE:

- The child's **registration form**. This form should cover the following:
 - surname, full name, gender and date of birth;
 - the child's home language;
 - home address and telephone number of parents/guardians;
 - work address(es) and telephone number(s) of parents/guardians;
 - the income of parents/guardians (only in the case of subsidised places of care);
 - name, address and telephone number of another responsible person who can be contacted in an emergency;
 - name, address and telephone number of a person who has the parent or guardian's permission to fetch the child from the place or centre on their behalf;
 - name, address and telephone number of the child's family doctor, with permission to call him/her out if necessary.

A complete **medical history** of the child. This can form part of the registration form. (See medical history form Chapter IV)

The parent's **written permission that the child may be taken on an excursion** by the place of care. The date of the excursion and the destination must be entered on this permission form.

THE FOLLOWING REGISTERS SHOULD BE KEPT AT THE PLACE OF CARE

- The head of the place of care must keep an **admission and discharge register**. The date of admission and the date on which a child left the place of care must be entered in this register. This register may be combined with the daily attendance register.
- A daily **attendance register** in which each child's presence or absence is noted.

DAILY MENUS

A copy of the **daily menus** for the various age groups, giving all meals and refreshments, must be displayed in a prominent place. It should also be available to authorised persons.

TRANSPORT OF CHILDREN

If **transport** is provided for the children to and from the place of care, the **caregivers are responsible for the child for the period that she is transported until he/she is handed back to his parent or guardian or an authorised person (.Regulations on transportation of Children)** The rules with regard to the transportation of children according to the provincial traffic ordinances must also be adhered to. These rules include the following:

- In addition to the driver, there should be at least one other adult in the vehicle with the children.
- The vehicle has to be fitted with child locks.
- The driver must remain in the driving cabin of the vehicle. He may not assist in handing over the children.
- No children may be transported in the driving cabin.
- The driver of the vehicle should be in possession of a special licence to transport passengers.
- A baby in a carrycot may not be pushed in under the seats.
- The seating space for each child and the room for carrycots must comply with the prescribed requirements.

PROGRAMMES AND ACTIVITIES

PROGRAMMES AND ACTIVITIES

The Department of Education envisaged to develop appropriate curriculum for ECD programmes for children 0-5 years.

1. **PROGRAMMES**

When developing a programme the ages and the developmental needs of the children must be taken into consideration.

Activities for the day must be planned in accordance with a daily programme which indicates what must be done and when. Programmes should focus on the needs of the child. Each child should be provided with realistic challenges to reach her/his full potential.

Programmes to develop life skills should assist the child with:

- developing a love of learning,
- resilience,
- self-reliance,
- assertiveness,
- respect for self and others and the environment,
- responsibility,
- critical thinking,
- questioning skills,
- informed decision making abilities,
- problem solving abilities,
- co-operation,
- conflict resolution and negotiation skills and the creative use of leisure time.

2. **GENERAL INFORMATION WITH REGARD TO PROGRAMMES FOR THE VARIOUS AGE GROUPS**

Babies (0-18 months)

The programme should allow for learning, feeding and changing of nappies. The learning programme should include stimulating games. Language development especially should be focused on. It is desirable that each child should be fed at a fixed time. This will contribute to his feeling of security.

Sleeping times can be adapted to suit the baby, since the waking time increases as the baby gets older.

Suitable activities to be carried out daily include peeping games and the handling of colourful toys, as well as physical exercises such as rolling over, getting up and beginning to walk while holding onto equipment and furniture. It is important to allow time for cuddling and affection.

Toddlers (18-36 months)

The programme should include stimulating creative activities, problem solving opportunities, games using the imagination and language development. Food should be given at fixed times. Depending on the child's stage of development, time should also be allowed for toilet training and assistance in the use of the toilet. Rest or sleeping times may be determined according to need, but it is desirable that there should be a fixed time for rest.

These children are more active. Pulling, pushing and wheeled toys and climbing apparatus are ideal. The children can also start with simple drawing and painting activities, learn simple songs and rhymes and listen to stories.

Children (3-4 years)

The programme for this group may be more structured and should provide for a suitable variety of activities. Feeding and rest should take place at fixed times. Toilet turns may also become routine since this age group is better able to follow a toilet routine.

These children can play with more advanced apparatus, for example, more complicated puzzles and building blocks. The climbing apparatus and wheeled toys should present more of a challenge. Group activities such as drawing, painting, singing, learning rhymes and listening to stories are very popular. Provision should also be made for a variety of fantasy games, a book corner, a nature table and a dolls' corner. Culture-related activities should not be neglected.

There are key elements of child development in this age group that need to be fostered in an ECD programme. Most of the elements of growth and development required in this age range fall within the Life Skills Programme

1. The indoor and outdoor setting of the site should support appropriate learning experiences in this age group.
2. The programme should assist young children to acquire correct health care habits.
3. Activities in the site should promote skills such as:
 - Language stimulation
 - Motor development
 - Independent behaviour
 - Co-operation
 - Thinking skills
 - Pre math and reading skills

Programme for the Reception Year (Grade R) –6 year olds (year before formal schooling)

The Reception Year is part of the Foundation Phase in the General Education and Training Band on the National Qualifications Framework. The Department of Education has developed a curriculum framework, Curriculum 2005 and anyone offering a Reception Year programme (Grade R) should use this as their guideline.

These programmes meet the following criteria:

1. The programme should have an integrated approach with the aim of fostering holistic development in the learner.
2. It should enable the learner to grow and develop skills in all aspects of child development i.e. Cognitive, Social, Emotional, and Physical.
3. The following learning programmes should be used to assist the Grade R learner to acquire the necessary knowledge and skills:
 - Numeracy
 - Literacy
 - Life Skills

After-school pupils

Time should be allowed for meals, rest, study and recreation. The length of the study period will depend on the amount of homework and the school standard of the pupil. When an after-school centre offers care during school holidays, the programme should be re-divided so that more provision is made for recreation and creative activities.

Sufficient apparatus to play with should be available at after-school centres for use after study time. Desirable indoor apparatus includes books, puzzles, materials for drawing and painting, building toys and games. Outdoor apparatus which are popular include ball games with rackets and bats. This kind of apparatus is also useful if after-school pupils are taken care of during holidays.

The caregivers of the after-school centre assist with the child's homework. Any problems that the child may experience with his/her homework should be discussed with the parent, since the completion of the homework is done under the parent's supervision.

Any special assistance with studies or with particular study timetables for a child should also be discussed with the parents beforehand.

Parents should be requested to arrange, in advance, for when a child has to take part in outdoor activities such as sports and music or when he/she has to go to the dentist.

3. ACTIVITIES

Activities must be offered that stimulate the child's development. These activities should be varied to prevent the child losing interest. The caregiver should be equipped for this task. In planning activities the children's ages must be taken into account. A variety of child-friendly apparatus and material should therefore be available.

Organisation

It is important for the child to learn how to behave as an individual, within a group, and as a member of society. A daily programme for two weeks should therefore be worked out for each age group in advance. Since the caregiver forms an integral part of the child's environment in the place of care, the caregivers should also work as a team. Within a daily programme the children should move from one activity to the other in a logical manner.

Dealing with children

The process of dealing with the child should include encouragement, praise and discipline when necessary. Children with behavioural problems should be monitored, so that they may either be referred for special attention or dealt with in the correct way.

4. AREAS OF DEVELOPMENT

Development in the following areas is important:

Socio-emotional development

This involves acquiring the ability to share with others and to be considerate, dealing with the emotions, handling conflict, problem-solving skills, the development of a healthy self-image,

acceptance of discipline, etc. During play the child has the opportunity to learn these skills and to express these feelings.

Physical development

Play gives the child the opportunity to exercise his muscles and to practice balance and co-ordination. In this way his physical abilities are developed. Activities such as climbing, creeping, jumping, balancing, using scissors, riding a tricycle, etc. are important. Basic care of the body, teeth and hygiene must be included in the programme.

Cognitive development

The child's cognitive development is critical and cannot be over-emphasised. Through the use of suitable toys of various shapes, colours and textures, the child's ability to distinguish is developed. He/she also acquires an understanding of abstract concepts such as height, depth and number.

The purpose of this is to teach the child to make choices and to come to decisions. It also serves to promote the child's ability to concentrate and to make sense of the knowledge that he possesses. Construction activities (such as building with blocks) plays an important part in this respect.

Normative development

Normative development should be stimulated. The purpose of discipline is to help the child to identify with the demands of society. The child should be supported in such a way that he can act with increasing responsibility towards the demands that life makes on him. He must gradually learn that he is responsible for his own decisions. Among other things, he must learn to speak the truth, to be honourable and to respect others.

Language development

Language is a basic means of expressing emotion, and of communication. It is important for the child to learn to use simple, but correct words through conversation, singing, recitation, play acting, etc.

Communication between caregivers and children, even the very young, should take place regularly. Apart from being essential to the various developmental skills, this creates a relationship of trust and a feeling of security.

Development of creativity

- **Artistic skills**

A child learns to be creative when he is stimulated to create through the availability of a variety of materials. Children must be encouraged to express their creative talents. They should be encouraged to paint, to cut out and to paste, to draw, to colour in and to model with clay, dough, pulp, etc.

- **Music and movement**

Musical and movement activities. Children should be encouraged to sing individually and together, to dance, to perform rhythmic movements, to listen to music and to play music instruments.

- **Drama**

Children learn by imitation. They like to recite, act in plays, imitate grown-ups, wear grown-up clothes, etc. Children like to put on performances about greengrocers' shops, zoos, airports, etc. These activities must be encouraged.

- **Scientific development**

For a well-balanced development it is necessary to pay attention to this side of the child's knowledge as well. Children must get to know about animals, plants, insects, light, darkness and seasons of the year. Use suitable posters, e.g. featuring birds, animals, insects, reptiles and plants.

5. EXCURSIONS

The child's knowledge is increased and his development stimulated by excursions to places of interest, the countryside, sports meetings, concerts, etc.

SECTION 5: IMPLEMENTATION OF THE GUIDELINES

These guidelines will be implemented in conjunction with the four EHW Policies, specifically the Health and Productivity Management Policy. The guideline serves as one of the tools for implementation of the policy, over and above the Generic Implementation Guide, Systems Monitoring Tool, and Monitoring and Evaluation Plan. Implementation should follow steps based on the **CAPIME** (Capacity Building, Assessment, Planning, Implementation, Monitoring and Evaluation) Model and the Systems Monitoring Tool. Each step describes the **what, who, how**:

STEP BY STEP APPROACH

Step 1: Shared Goal and Commitment

Development of a shared goal and commitment towards the Employee Health and Wellness Strategic Framework for the Public Service is key. For change to happen **change agents or champions** are needed who believe in the cause and who can inspire others to become involved. Effective implementation of these guidelines requires that such commitment transcend the level of a few individuals to become an institutional commitment, shared by the department as a whole. At the same time, institutional commitment needs to become personal commitment for the programme managers tasked with the responsibility to execute its mission and mandate.

The goal and commitment process involves key persons within institutions reaching a common understanding of the overall challenge of productivity issues within each Department. The major objective is for the department to identify a set of common goals that reflect the Department's core mandates and responsibilities. These goals should indicate that the Department is prepared to make a serious commitment and actively in addressing productivity issues.

Step 2: Systematic Review

Conduct a Systematic Review of impacts and risks for productivity problems before strategic planning session for the workplace based on analysis of existing data and defined questions in light of the determinants of productivity problems and Systems Monitoring Tool report for state of organizational readiness.

When? The Systematic Review should happen at the time of strategic and operational planning sessions of the department, and when planning projects and programmes, during negotiations of service delivery agreements and during strategic planning with other departments and partners.

How? The Systematic review should be conducted as a workshop; analyzing and presentation of available studies/data and information about the impacts of not having child care facilities in the workplace.

Who Should Participate?

- Senior Manager and appointed EHW coordinator/ professional, Committee with representation from all levels and from trade unions, partners and stakeholders
- Gender Specialist
- HRM, Department of Education, Department of Social Development, Department of Labour, and other relevant stakeholders.

Step 3: Planning

Planning should be based on the outcomes of the Systematic Review, during regular annual planning and the outcome should be an operational plan, budget and M&E plan. Establishment of child care facilities can be a phased in approach based on the assessment of the Department, e.g start with breastfeeding facilities only, then move to other services. Detailed action planning for implementation can be undertaken based on priorities goals, and institutional commitment to respond to productivity problems in the workplace. The established profile, as well as opportunities and gaps identified during the previous steps may also inform more detailed planning. It is important that broader consensus and commitment is gained around the planned actions from the employees. This is so for obvious reasons:

- To ensure that all employees throughout the Department share the institutional commitment to tackling productivity problems and that there is a shared sense of ownership of the planned actions
- To ensure that the proposed actions are relevant and appropriate and to allow for flexible revision where necessary
- To get the highest level of 'buy-in' and encourage active participation of other stakeholders.

Costs for the establishment of child care facilities will be borne by the employer (department) as per the Employee Health and Wellness Strategic framework. Resources for the running and maintenance of child care facilities will be determined by the Departments.

Step 4: Implementation

Implementation should be Results-Based, with long-term (strategy) and short-term (workplan) plans with and agreed inputs (financial and human), clearly defined activities and roles, and measurable outputs. This should be done at a Departmental/ Project level to determine the efficiency of the programme immediately or between 6 months and one year period after implementation. The effectiveness of the programme at a national level will be determined through output, outcome (2-5 years) and impact (5years or more) indicators.

Departments should also identify and provide appropriate specialized human and technological skills (Capacity Building). Advocacy through a clear communication strategy is vital for the effective implementation of these guidelines.

Coordination and Collaborative partnerships

The needs of children and their families are complex and diverse and cannot be addressed by an organization or department working in isolation. Inter-sectoral collaboration and an integrated approach value the contribution and role different service providers' play in ensuring the well being

of children. A holistic approach places the child at the centre of a protective and enabling environment that brings together the elements needed for the full development of that child. Parents, or primary caregivers and the family, need access to basic social services such as primary health care, adequate nutrition, safe water, basic sanitation, birth registration, protection from abuse and violence, psychosocial support and early childhood care.

It is clear that early childhood development is a broad based concept and that all sectors and departments have a contribution to make. The three key departments that play an integral role in early childhood development, care and education are the **Departments of Social Development, Health, and Education**. These three provide a range of services from household level to school-based services for children from birth to nine years.

The table below summarizes the roles and responsibilities of different government departments in child care:

Department	Roles and Responsibilities
Social Development	Registration or re-registration of a place of care Regulation of early childhood facilities Payment of subsidies/grants to early childhood facilities Implementation of National ECD strategy Care and support to orphan and vulnerable children
Health	Implements a policy of free health care for pregnant women and children under six years; Immunization of children (and the Road to Health card); Integrated national nutrition programme; Primary health care programmes; Integrated Management of Childhood Illness (IMCI) Prevention of Mother to Child Transmission (PMTCT) Tshwane Declaration and regulation of milk banks

Education	Sets clear goals for a reception year (Grade R) Accreditation of early childhood development providers Inter-sectoral programmes for pre-Grade R provision Alignment of ECD services with the Integrated Strategy for School Health
Local Government and local authorities	Constitutional and legislative mandate towards service provision of ECD services; Gives approval of the establishment or continuation of ECD facilities; Regulate and monitor day-care facilities and child minding.
Home Affairs	Registration of births
Department of Housing	Provision of housing and shelter;
Water Affairs	Provision of safe water;
Safety and Security and Justice,	Together with the Department of Social Development, are responsible for the child protection system and services.
Public Works	Responsible for capital cost implications for infrastructure; Adapting buildings to accommodate childcare facilities; Ensure accessibility of buildings to children and people with disabilities.
Treasury	Responsible for looking at cost implications for childcare facilities in the Public Service.
GEMS	Key advocacy agency; provides Maternity and Disease Management programmes; GEMS will consider aligning with National Guidelines and stop the provision of formula milk in April 2012; Utilize wellness days to advocate for exclusive breastfeeding.

One of the main policy documents influencing early childhood development is the Ministry for Social Development's **White Paper on Social Welfare, 1997**. This guides the ministry in terms of service provisions in the social development sector. Key points include:

- Provision for children zero to nine, with a special interest in the zero to three year old age group.

- Placing early childhood development within the family environment, especially for those children under the age of five years. There is recognition of single parent families and families caring for children in especially difficult circumstances.
- It calls for an inter-sectoral national ECD strategy, bringing together other government departments, civil society and the private sector.
- It emphasizes service delivery in early childhood development targeting all caregivers, parents and social service professionals.
- The registration of early childhood development services.

In addition, within the **Ministry for Social Development**, the *Child Care Act 1983, as amended*, provides for the regulation of early childhood facilities for children and the payment of subsidies/grants to early childhood facilities. These provisions are being reviewed within the new Children's Bill that is being developed under the auspices of the Department. The Department of Social Development is the main department responsible for the payment of the child support grant for young children in situations of extreme poverty. It is also assigned a key role in the care and support to orphan and vulnerable children in terms of the *National Integrated Plan for Children affected and infected by HIV and AIDS*.

Registration or re-registration of a place of care is considered by the Minister for Social Development and the child care facilities are subject to inspection by the Department of Social Development at least once a year.

The **Ministry for Education** through the implementation of *Education White Paper 5 on Early Childhood Development* prioritised early childhood development, particularly within the education sector. It sets clear goals for a reception year (Grade R) prior to the start of Grade 1; accreditation of early childhood development providers; and inter-sectoral programmes for pre-Grade R provision (0-4 year olds). It also recognises the need for national, provincial and local strategies for early childhood development in collaboration with other key departments and the National Programme of Action for Children Steering Committee. There should be alignment of ECD services with the Integrated Strategy for School Health (there should be the same package of ECD services).

The **Ministry for Health** implements a policy of free health care for pregnant women and children under six years; immunization of children (and the Road to Health card); the integrated national nutrition programme; primary health care programmes; Integrated Management of Childhood Illness (IMCI) and Prevention of Mother to Child Transmission (PMTCT). All of these contribute towards the healthy development and growth of young children. Furthermore, the Department of

Health is also responsible for the harmonization of policies and guidelines by ensuring that the Child Care Facilities are aligned to the Tshwane Declaration and regulation of milk banks.

The **Department of Local Government and local authorities** such as local municipalities have a clear constitutional and legislative mandate towards service provision of early childhood development services, especially as far as these facilities are concerned. The Regulations to the Child Care Act, 1983, requires the local municipality to be involved in the early childhood facilities and that it should give its approval of the establishment or continuation of an early childhood facility, as a condition of registration of such a facility. Many local municipalities also have bylaws that regulate and monitor day-care facilities and child minding (up to six children taken care of by a private person in an informal early childhood programme). The latter is part of the Schedule 4 (Part B) Constitutional Functions of local government, i.e. Child Care Facilities.

The **National Programme of Action for Children (2000 and Beyond)** sets early childhood development as one of the country's major priorities (under the priority area Education, although components of integrated early childhood development are covered in all other priority areas).

Other government programmes that impact on young children include the **Department of Home Affairs** with the registration of births; **Department of Housing** in the provision of housing and shelter; **Department of Water Affairs** in the provision of safe water and a certain amount of free water at household level via local municipalities. **Departments such as Safety and Security and Justice**, together with the Department of Social Development, are responsible for the child protection system and services. The Department of **Public Works** is responsible for capital cost implications for infrastructure and for adapting buildings to accommodate childcare facilities which are accessible to children and mothers with disabilities. The Department of **Treasury** is responsible for looking at cost implications for childcare facilities in the Public Service.

Government Employees Medical scheme (GEMS) is a key advocacy agency which provides Maternity and Disease Management programmes for Public Servants. GEMS will consider aligning with National Guidelines and stop the provision of formula milk in April 2012 and use wellness days to advocate for exclusive breastfeeding.

Step 5: M&E

Monitoring of Implementation Process should be done via Process Indicators. Shared goals have been developed, Review has been conducted, Outcome of Review has been documented, Documentation of Operational adaptations and adapted M&E System. Operational Plans should

be developed with an M&E Plan, and should be costed with a budget. Annual review and evaluation report reports should be submitted to DPSA.

The M&E system within a programme should be structured to ensure the most efficient use of resources to generate the data needed for decision-making. It guides data collection and analysis, increasing the consistency of the data and enabling managers to track trends over time.

EHW Process Pillars

The implementation of this guideline will also be carried out through the process pillars of the Employee Health and Wellness Strategic Framework for the Public Service:

Capacity Building

- There should be capacity development programmes for individuals: Mothers, Parents, EHW Coordinators, Managers.
- There should also be training programmes for the multidisciplinary team involved in the running of the Child Care facilities (Care-givers, Teachers, Nurses, Cleaners, etc).
- Curriculum Development will be facilitated by PALAMA

Organizational Support Initiatives

- **Maternity Protection:** provides the support women need in order to satisfactorily harmonize their productive and reproductive lives. Maternity protection addresses the health needs of women workers and their children, at the same time making it possible for women to remain in the workforce throughout their childbearing years. (Exclusive Breastfeeding calls for the extension of Maternity Leave from 4 to 6 months)
- **Systems Monitoring Tool:** Will assist Departments with putting systems in place for the effective management of childcare facilities.
- **Generic Implementation/Operational Plan** (Protection, Promotion, and Support): Will guide practitioners with effective implementation of childcare facilities.
- **Budget:** There should be sufficient budget for childcare facilities.

Governance

- The guideline serves as a one of the tools to implement existing EHW policies
- Models aligned with governance framework should be clear as to whether the facility is solely for breast feeding, breastfeeding and Crèche, or breastfeeding, crèche and Aftercare.
- Departments should determine an appropriate model (In-house or outsourced),

- Performance management (absenteeism, hours at work, staff satisfaction, stress audit) to determine the impact of childcare facilities on the individuals and the organization.
- Ethical consideration: financial support and donations from formula companies should not be accepted for the implementation of child care facilities in the Public Service.
- M&E Framework

ANNEXURES

SCHEDULE ONE

PHYSICAL HAZARDS

HAZARD	WHAT IS THE RISK	HOW TO AVOID THE RISK
Vibration and mechanical shocks	Long-term exposure to vibrations may increase the risk of miscarriage and stillbirth. Exposure to shocks or whole body vibrations in the later stages of pregnancy can result in premature labour.	<i>It is advised that pregnant workers and those that have recently given birth avoid work that is likely to involve uncomfortable, whole body vibrations, especially at low frequencies, or where the abdomen is exposed to shocks or jolts.</i>
Extreme heat	The exposure of pregnant and breast-feeding employees to extreme heat may lead to dizziness and faintness, particularly in the case of women performing standing work. Lactation may be impaired by heat dehydration.	<i>Employers should limit the exposure of pregnant and breast-feeding workers to extreme heat. Arrangements for access to rest facilities and refreshments should be made in conditions of extreme heat.</i>
Extreme cold	Work in extremely cold conditions such as cold storage rooms has been associated with problems in pregnancy.	<i>Employees must be supplied with thermal protective clothing and their exposure to cold limited in terms of regulation 2 of the Environmental Regulations for Workplaces, made under the Occupational Health and Safety Act (OHSA).</i>
Noise	Prolonged exposure to noise can elevate the blood pressure of pregnant women and lead to tiredness.	<i>Employers should ensure compliance with regulation 7 of the Environmental Regulations for Workplaces, OHSA.</i>

Ionising Radiation	Significant exposure to ionising radiation is known to be harmful to the foetus. Working with radioactive liquids or dusts can result in exposure of the foetus (through ingestion or via contamination of the mother's skin) or a breast-fed baby to ionising radiation .	<p><i>Work procedures should be designed to keep exposure of pregnant women as low as reasonably practicable and below the statutory dose limit for a pregnant woman.</i></p> <p><i>Pregnant women or breast-feeding mothers should not work where there is a risk of radioactive contamination.</i></p> <p><i>Employers of registered radiation workers, including radiographers, must comply with the regulations controlling the use of electronic products issued under the Nuclear Energy Act 131 of 1993.</i></p>
Non-ionising (electromagnetic) radiation	It has not been established that the levels of non-ionising electromagnetic radiation likely to be generated by video display units (VDU's) or other office equipment constitutes a risk to human reproductive health.	<p><i>Women who are pregnant or who are planning children and are worried about working with VDU's should discuss their concerns with an occupational health practitioner.</i></p> <p><i>The following practical measures can be adopted to limit exposure to electromagnetic fields in offices (emfs):</i></p> <ul style="list-style-type: none"> • <i>Workers should sit at arm's length from the computer (70cm) and about 120cm from the backs and sides of co-workers ' monitors.</i> • <i>Workers should have regular breaks from VDU work, as this reduces exposure time.</i> • <i>Radiation-reducing glare screens (or shields) can reduce the electrical component of the emfs. However, shields that distort the image on the monitor should not be used</i>
Work in compressed air and diving	People who work in compressed air are at risk of developing the bends. It is not clear whether pregnant women are more at risk of getting the bends but potentially the foetus could be seriously harmed by gas bubbles.	<i>Pregnant workers should not work in compressed air because of potential harm to the foetus from gas bubbles. For those who have recently given birth there is a small increase in the risk of the bends. The Diving Regulations, 1991, under OHSA, must be complied with.</i>
Physical and mental strain	Excessive physical or mental pressure may cause stress and give rise to anxiety and raised blood pressure during pregnancy.	<i>Employers should ensure that hours of work and the volume and pacing of work are not excessive and that, where practical, employees have some measure of control over how their work is organised. Seating should be available where appropriate. Longer or more frequent rest breaks will help to avoid or reduce fatigue.</i>
Physically strenuous work	Employees whose work is physically strenuous should be considered to be at increased risk of injury when pregnant or after the birth of a child.	<i>Heavy physical exertion, including the lifting or handling of heavy loads, should be avoided from early pregnancy onwards.</i>
Prolonged sitting and standing	Sitting or standing for long periods during pregnancy can have serious health consequences. Standing for long unbroken periods can result in complications during	<i>Workstations should be adjustable to allow for necessary changes in posture.</i>

	pregnancy such as deep vein thrombosis, varicose veins, premature labour and even miscarriage.	<p><i>Pregnant employees who sit for long periods should be provided with a proper chair with lumbar support rest to prevent lower back pain. A footrest could alleviate pain and discomfort in the case of both sitting and standing workers.</i></p> <p><i>Pregnant employees who work in a stationary position should be given frequent rest breaks. Mobility during breaks should be encouraged to help prevent swelling of the ankles and improve blood circulation.</i></p> <p><i>Where work organisation permits task rotation, this should be done to allow the worker to do tasks that involve standing, sitting and moving.</i></p>
Anaesthetic gasses	Exposure to anaesthetic gases during pregnancy can lead to miscarriage.	<i>Exposure to high concentrations of anaesthetic gases should be avoided during pregnancy.</i>
Carbon monoxide	Risks arise when engines or appliances using petrol, diesel and liquefied petroleum gas are operated in enclosed areas. Carbon monoxide can result in the foetus being starved of oxygen.	<i>Occupational exposure to carbon monoxide should be avoided during pregnancy and breast-feeding.</i>
Antimitotic (Cytotoxic) drugs	Exposure to antimitotic drugs, which are used for treating cancer, damages genetic information in human sperm and egg cells. Some of these drugs can cause cancer. Absorption is by inhalation or through the skin.	<i>Workers involved in the preparation and administration of antimitotic drugs should be afforded maximum protection. Direct skin contact can be avoided by wearing suitable gloves and gowns. Pregnant employees potentially exposed to cancer drugs should be offered the option of transfer to other duties.</i>
Ethylene oxide	Ethylene oxide is used mainly in sterilising procedures in hospital. Exposure may occur when sterilised goods are transferred to the aerator after the cycle is complete and when changing the gas tanks.	<i>Health risks can be minimised by reducing worker exposure during transfer when the steriliser door is opened. Pregnant employees exposed to ethylene oxide above the acceptable level should be transferred to other duties.</i>
Lead	Exposure of pregnant and breast-feeding employees to lead affects the nervous system of young children and is detrimental to child development.	<i>Contact with lead should be avoided during pregnancy and breast feeding. The Lead Regulations issued under OHS Act must be complied with. These Regulations specify levels at which employees must be withdrawn from exposure to lead.</i>
Mercury and mercury derivatives	Organic and inorganic mercury compounds can have adverse effects on the mother and foetus.	<i>Women of childbearing age should not be exposed to mercury compounds.</i>
Polychlorinated Biphenyls (PCBs)	PCBs can cause deformities in the child. Maternal exposure before conception can also affect foetal development as PCBs can be passed on to the foetus through the mother's blood.	<i>No pregnant women should be exposed to PCBs at work.</i>
Organic solvents	Exposure to organic solvents including aliphatic hydrocarbons, toluene and	<i>Pregnant women should be protected to exposure against these organic solvents.</i>

	tetrachloroethylene can lead to miscarriage and have a detrimental effect on the foetus.	
Pesticides and herbicides	Exposure to certain pesticides and herbicides is associated with an increased risk of miscarriage and can adversely affect the development of the child.	<i>Exposure to pesticides and herbicides should be avoided or minimised</i>
Alcohol	Foetal alcohol syndrome can lead to physical and mental abnormalities in children. Workers in the beverage, catering and associated industries, including wine farming, are particularly at risk.	<i>Where appropriate, employees should be informed of and counselled in the hazards associated with foetal alcohol syndrome.</i>
Tobacco smoke	Tobacco smoke contains carbon monoxide and carcinogenic and other harmful substances. Smoking and the inhalation of environmental smoke affects foetal blood supply and can lead to retarded growth and development and more early childhood diseases. Smoking carries an increased risk of cancer and cardiovascular disease.	<i>Care should be taken to ensure that women employees are able to work without being exposed to tobacco smoke.</i>

SCHEDULE FOUR

BIOLOGICAL HAZARDS

HAZARD	HOW TO AVOID RISK
Cytomegalovirus	Employees should be required to maintain high standards of personal hygiene, wash their hands after each patient contact and use gloves when handling potentially contaminated wastes in order to minimise the risk of infection.
Hepatitis	General precautions must be taken for all forms of hepatitis. Vaccination is the most effective means available of preventing hepatitis B. 1 Workers must take particular care to avoid mucous membranes and skin coming into contact with potentially contaminated blood or other secretions.
HIV	Universal precaution is important for workers potentially exposed to HIV. Health care workers should take precautions to prevent needless stick injuries and exercise care when handling the blood, tissues or mucosal areas of all patients.
Rubella (German measles)	Rubella vaccine is the most effective means of preventing the disease, and susceptible employees should be immunised. Pregnancy should be avoided for 3 months after vaccination.

Varicella (chicken pox)	It is advisable to identify employees who have not previously had chicken pox. Pregnant employees who are known not to be immune to chicken pox and who are exposed to an active case should report to a physician.
Toxoplasmosis gondii	Control measures against toxoplasmosis gondii for women of reproductive age include high standards of personal and environmental hygiene; the sanitary disposal of cat faeces and avoiding contamination by cat faeces of soil to be tilled for agriculture.

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