

# Early childhood development services in South Africa: What are the next steps?

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A nation that invests in its youngest citizens shows wisdom and foresight, and can therefore be assured of a promising future.<sup>1</sup> This essay argues for investment in essential services that support and promote young children's development and the realisation of their full potential. It describes pertinent conceptual shifts and related actions needed to improve and extend current service delivery, and considers strategies to ensure that early childhood development (ECD) interventions are implemented effectively at community level.

The essay answers the following questions:

- Investing in ECD interventions – what difference will it make?
- From concepts to action – how do we move ECD services forward?
- Making ECD services work – how do we apply an ecological approach?

## Investing in ECD interventions – what difference will it make?

Global evidence is increasingly demonstrating that quality ECD interventions provide both immediate and long-term benefits for children and communities, and this strengthens the rationale for effective and sustained investment. Investing in ECD yields tangible returns, especially for young children living in poverty. As such ECD serves as an effective equaliser in the long-term, and a more concerted investment in ECD would have contributed towards the attainment of the Millennium Development Goals by 2015.

ECD interventions have the potential to, amongst others:

- reduce child mortality through the use of volunteer community health agents (as shown in Brazil's Pastoral da Criança<sup>1</sup> and Primeira Infância Melhor programmes<sup>2</sup>);
- build social capital<sup>iii</sup> as early interventions can enhance academic performance and strengthen community networks, social infrastructure and service delivery through community participation (as illustrated in Cuba's national ECD programme,<sup>3</sup> Nigeria's COLONISA<sup>4</sup> and South Africa's Impilo<sup>iii</sup> project);
- lessen the drain on national resources by reducing school grade repetition and social welfare expenditure (as demonstrated in Brazil's Pastoral da Criança programme);
- prevent developmental delay through intensive early

intervention and responsive community-based programmes (as shown in the Chicago longitudinal study<sup>5</sup> and Brazil's Pastoral da Criança programme); and

- improve gender relations by promoting better socialisation (as illustrated in Malawi<sup>6</sup>).

An estimated 58% of children in South Africa live in poverty (with a per capita income of less than R604/month)<sup>7</sup> and glaring racial and geographic disparities persist – 66% of African children continue to live in poverty compared to Coloured (30%), Indian (8%) and White (2%) children. Child neglect and malnourishment is a serious consequence of poverty. ECD interventions therefore play a critical role in identifying and responding to children who are most vulnerable<sup>8</sup>, and have the potential to break intergenerational cycles of poverty.

South Africa therefore needs political commitment and sustained investment in effective ECD programmes and services. As was articulated in the Diagnostic Review on ECD,<sup>9</sup> these interventions need to be comprehensive, with an emphasis on addressing the continuum of early development across health, cognitive development and social well-being. The review asserts that without prevention and prompt intervention, disadvantages will accumulate and create passages for failure and exclusion, contributing to widening social and achievement gaps.

It is not possible to specify the government's total investment in ECD interventions. The Department of Basic Education, primarily responsible for training ECD practitioners in ECD centres, spends less than 1% of the total basic education budget<sup>10</sup> on learning opportunities for children 0 – 4 years of age – pointing to the need to revisit current roles and responsibilities. The Department of Social Development's current expenditure on ECD centres is progressive<sup>11</sup> as subsidies are well-targeted to children in the poorest quintiles<sup>iv</sup>.

However, more than 80% of children aged 0 – 4 years in the poorest 40% of the population are entirely excluded from registered ECD programmes and thus do not feature in national budget calculations. To forgo greater investment in ECD interventions means compromising the well-being of South Africa's communities, perpetuating cycles of poverty, poor educational attainment, ill health, inequality and socio-economic challenges.

i Programme foci include stimulation and cognitive development, adequate nutrition education, parenting skills, compliance with immunisation and school readiness.

ii Social capital can be defined as the links, shared values and understandings in society that enable individuals and groups to trust each other and so work together.

iii Impilo is a network of caregivers who are the backbone of the *Sizabantwana* – Caring for Children project. Impilo caregivers care for especially vulnerable children with no caregivers; they feed them and interact with them. They act as foster parents for the children and earn a stipend of R250 a month. See [www.sizabantwana.org](http://www.sizabantwana.org).

iv With a concentration coefficient of -0.219.

## From concepts to actions – how do we move ECD services forward?

Services for young children in South Africa are on the brink of transformation as the country is developing its first national ECD policy and strengthening its ECD policy and legislative framework. The essays in this issue of the *South African Child Gauge* have outlined critical conceptual shifts that should inform short- to medium-term planning. This should result in significant improvements in the delivery of an essential package of ECD services<sup>v</sup> to a large number of young children who are currently not receiving support (see the essay by Berry, Dawes and Biersteker on pp. 26 – 33). The following conceptual shifts and actions are critical to improve service delivery.

### 1. Provide a package of essential services and support

Young children’s developmental needs are multi-faceted and interdependent. Berry, Dawes and Biersteker (pp. 26 – 33) describe an array of essential services to support children’s development which should be provided with equal attention given to health, nutrition, early learning, caregiver support and social services. Multiple actors and sectors are needed to deliver this range of services, and roles and responsibilities of various state and non-state actors must be clearly delineated to ensure harmonious and efficient service delivery. Programme content and resources must be described, costing undertaken, and population-based planning performed to determine needs at local level.

### 2. Prioritise maternal health and caregiver well-being

The health and well-being of the infant and young child are intrinsically linked to foetal development and maternal health before, during, and after pregnancy (see Slemming and Saloojee on pp. 50 – 55). The first 1,000 days provide the foundation for all aspects of human development, but particularly for healthy neurological and socio-emotional development.<sup>12</sup> It is therefore crucial to target pregnant women as early as possible through quality antenatal services, and to offer support to caregivers throughout the early years.

Caregiver health and well-being is considered to be “the single most important contributor” to children’s survival and development (see Tomlinson’s essay on pp. 56 – 61). Therefore, maternal health and nutrition, psycho-social support, social assistance and other forms of caregiver support require increased attention and prioritisation within existing programmes.

### 3. Maximise service delivery through multiple channels

Early childhood provision for early learning is not just about centre-based programmes. Interventions that support young children’s development should be delivered through a variety of channels that can reach young children and their families in different contexts. Planning of local service delivery should aim to make age-appropriate services as accessible as possible (see Berry, Dawes and

Biersteker’s essay on pp. 26 – 33). In South Africa, a small proportion of children younger than three years attend ECD centres,<sup>13</sup> while the majority are cared for at home. So greater emphasis on home- and community-based programmes (eg playgroups) is crucial to reach very young children. Careful consideration of how the state can execute a multi-pronged approach to local service delivery, with clear institutional arrangements and population-based planning, is key.

### 4. Create an enabling policy and programming environment

Several essays (see for example Viviers, Biersteker and Moruane on pp. 34 – 43) emphasise the importance of an enabling policy and programming environment to facilitate the delivery of quality ECD interventions to all children, especially those most vulnerable. Such an environment would ensure that the essential pillars of a responsive and equitable ECD system are in place, including adequate financial and human resourcing, state-led leadership, accountable and coordinated governance, and decentralised service delivery. A critical missing ingredient for the consolidation of an effective ECD system in South Africa is a national coordinating mechanism<sup>14</sup> with the ability and authority to oversee activities, foster collaboration and monitor implementation against set targets. The forthcoming policy must foreground these crucial elements of an effective system, and guide the establishment and operation of such a coordinating structure.

Attention must be given to addressing service gaps, improving the quality of existing services and reaching all young children, especially those most vulnerable. Table 9 summarises the main service gaps and priority groups, and identifies the most salient actions needed to improve service access and quality.

## Making ECD services work – how do we apply an ecological approach<sup>iv</sup>?

Policy-makers need to focus on how to invest in quality ECD interventions that provide social, economic and political benefits and reach mothers and children where they are located. The earlier interventions start, the greater the return on investment in the long run. Early childhood is the time when the brain develops most rapidly and it is a critical window of opportunity for establishing a child’s immunity and other health outcomes. It is the foundation of good health, education and optimal productivity for the future.<sup>15</sup>

The essays in this issue of the *South African Child Gauge* focus to a large extent on getting South Africa to increase investment in effective ECD programming by strengthening state service delivery systems and the capacity of families and community institutions to promote children’s survival, health and development, and therefore the socio-economic well-being of the nation.

It is common knowledge that the responsibility for ECD spans over many sectors, underpinning the fact that effective delivery is not just the forte of one sector.<sup>16</sup> Attention needs to be paid to institutional arrangements to ensure that convergence of services

v The delivery of an essential package of ECD services and support is considered to be a short-term priority, while provisioning for and implementation of a comprehensive set of services should be seen as a long-term objective.

vi An ecological approach refers to the multiple contexts that young children interact with, from their immediate family contexts to their local communities and the broader political sphere that impacts on their life space. Each context provides opportunities to shape and support the development of young children.

Table xx: Priority service targets and expanding ECD service access and quality

Essential service	Priority groups and key service gaps	Actions to improve service delivery
Nutrition	<ul style="list-style-type: none"> <li>Extend nutritional support to pregnant women.</li> <li>Prioritise at-risk young children, especially those younger than three years.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritise delivery of key interventions (breastfeeding, complementary feeding, micronutrient supplementation, hygiene and maternal health and nutrition).</li> <li>Link the key interventions to existing services and use home visits, community-based services and health facilities to reach young children.</li> </ul>
Health	<ul style="list-style-type: none"> <li>Strengthen early identification and referral systems to support children at risk, especially those with disabilities.</li> <li>Strengthen health services for pregnant women and children in the first 1,000 days of life.</li> <li>Strengthen health care for 3 – 5-year-olds, especially those not in ECD centres.</li> </ul>	<ul style="list-style-type: none"> <li>Use primary health care re-engineering as an opportunity to promote the care and development of young children.</li> <li>Design effective linkages between services both within the health sector and between the health sector and external partners.</li> <li>Strengthen the delivery of community- and home-based programmes.</li> </ul>
Caregiver support	<ul style="list-style-type: none"> <li>Provide mental health and substance abuse screening and referral of pregnant women and mothers of young children.</li> <li>Provide safe child care options for caregivers who are occupied during the day (eg working or seeking work).</li> </ul>	<ul style="list-style-type: none"> <li>Utilise and extend the reach of home-visiting programmes to support vulnerable caregivers, including improving access to psycho-social and material support.</li> <li>Improve the capacity of health care and social service practitioners to recognise and respond to the signs of caregiver burden, including making appropriate referrals.</li> <li>Ensure the provision of staff to provide both basic counselling and specialised services, with strong links to existing services. Synergy with the primary health re-engineering strategy is a key opportunity.</li> </ul>
Parenting	<ul style="list-style-type: none"> <li>Strengthen parenting support services especially for the caregivers of children younger than three years.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct community needs assessments to determine the priorities for localised parenting programmes.</li> <li>Identify and implement parenting interventions likely to be effective, and consider ways of linking these with other ECD services.</li> <li>Establish the effectiveness and cost-effectiveness of parenting programmes.</li> </ul>
Early learning	<ul style="list-style-type: none"> <li>Extend access to young children not yet benefitting from early learning programmes</li> </ul>	<ul style="list-style-type: none"> <li>Improve access and quality of early learning programmes in an age-appropriate manner: <ul style="list-style-type: none"> <li>Home visiting is an effective way of supporting the early learning needs of children younger than three years.</li> <li>Older children (prior to grade R) benefit mostly from early learning group programmes.</li> <li>The quality of early learning programmes must be ensured through regular monitoring of programme effectiveness, staff training and supervision.</li> </ul> </li> </ul>
Early schooling	<ul style="list-style-type: none"> <li>Improve the quality of early schooling</li> </ul>	<ul style="list-style-type: none"> <li>The quality of children’s learning experiences in the foundation phase needs urgent attention. Specifically: <ul style="list-style-type: none"> <li>develop and support foundation phase teachers by improving their content knowledge and numeracy and literacy teaching strategies;</li> <li>clearly conceptualise the role of grade R and its relationship to prior early learning and formal education;</li> <li>increase attention to young children’s physical and psychological well-being by securing the nutrition, health, safe transport and after-school care of children in the foundation phase.</li> </ul> </li> </ul>

becomes a reality as outlined by Viviers, Biersteker and Moruane on pp. 34 – 43. As South Africa has a system of decentralised governance, it will be prudent to enable local government actors, service providers and community workers to work together and deliver, circumventing the entrenched bureaucracies in national and provincial capitals. Building the capacity of available local role-players is critical. Systems exist at municipal level through the Integrated Development Plans (IDPs), which need to be translated into action and monitored to ensure effective implementation and accountability.

Any failure by the designated state entities (in the case of South Africa, the leading departments would be Health, Social Development and Basic Education) to develop systems to enable the delivery of effective ECD services is tantamount to a lost opportunity which will contribute to the perpetuation of poverty and inequality, violence, ill health, and poor educational performance, among others. The government of South Africa is finalising a national ECD policy, which will enable effective local service delivery and create the space where families and communities can genuinely care for pregnant mothers and young children.

While the role of families and communities in caring for young children is central to the development of a national programme for ECD; the obligation to ensure the fulfilment of young children's rights extends beyond the family and community to all levels of government.

The development of the policy will be guided by a range of international rights instruments<sup>vii</sup> and local regulatory frameworks that enable and promote ECD programming. The policy will also define mechanisms for the adequate allocation of resources within the national budget. The policy is intended to, among others, facilitate greater multi-sectoral integration and programming.

Underpinning all of the above is the need to ensure essential services reach caregivers and young children where they are located. This requires the use of a variety of different platforms, including home visits, community-based informal and formal development and learning opportunities, home and day care facilities, ECD centres and schools (see Berry, Dawes and Biersteker's essay on pp. 26 – 33). Therefore the programming package must include accessible and responsive systems that reach out to and are inclusive of the most vulnerable children and families – and that mobilise families and communities to take action to ensure that the needs of young children are met satisfactorily.

## Conclusion

Prioritising essential services for young children benefits not only individual children and families, but also communities and the broader society. The National Development Plan recognises the value of investing in ECD interventions for the life-long development of children and society as a whole, and identifies the provision of

high quality, universally available ECD services as a key target for 2030, and as a state-led responsibility.

Strategies to expand and strengthen the quality of essential services must include delivery of population-based services through multiple delivery channels, especially home- and community-based programmes, and the development of strong linkages within and across existing services to optimise resources and efficiencies. The conceptualisation, management, monitoring and evaluation of ECD interventions also need strengthening to improve effectiveness. An effective ECD system depends on the allocation of sufficient resources, including appropriately trained and supervised staff and applicable funding mechanisms. Ultimately, ECD is everyone's business and all families, communities, government and civil society have a responsibility to act now to improve the lives of young children in South Africa.

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- See no. 6 above (UNICEF 2001).

vii The United Nations Convention on the Rights of the Child; the African Charter on the Rights and Welfare of the Child; the United Nations Convention on the Elimination of All Forms of Discrimination against Women; the United Nations Convention of the Rights of Persons with Disabilities.