

# Strengthening ECD service delivery: Addressing systemic challenges

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Young children<sup>i</sup> need to be supported in various ways to ensure their well-being and development. Such support is encapsulated in rights guaranteed by the Constitution and international treaties that South Africa has agreed to.<sup>1</sup> The provision of early childhood development (ECD) services can be regarded as a public good, based on the recognition that ECD services not only contribute to the development and outcomes of the child, but also to the growth and development of society as a whole in the medium and long term.<sup>2</sup>

South African policies<sup>ii</sup> and the National Development Plan<sup>3</sup> (NDP) recognise the state's responsibility for children's development by emphasising the need for an effective and integrated system to ensure essential ECD services are accessible to all, especially those children whose development is most at risk. The Children's Act also requires the state to develop a "properly resourced, coordinated and managed early childhood development system".<sup>4</sup>

A window of opportunity to redefine ECD services in South Africa is currently open and calls for a model to be put forward that will take into account policy and legislative frameworks; recent

reviews and recommendations; and rigorous scientific evidence to ensure an integrated, transformed ECD system rooted in quality, scale, access and investment.

Currently there is a significant gap between the vision<sup>iii</sup> and policy and the realities of limited access and poor quality.<sup>5</sup> As South Africa is embarking on a strategic and targeted transformation of ECD service provision, the transformation agenda should be supported by a well-designed, funded and implemented system. This essay explores three questions:

- What is required for effective service delivery?
- What are the current obstacles to effective delivery?
- What systemic changes are needed to support effective service delivery?

## What is required for effective service delivery?

The Children's Act sets out that an ECD system must be properly resourced, coordinated and managed, and should include children with special needs, and be based on collaboration between the social development, basic education, health, provincial and local

**Table 3: Systemic barriers to effective ECD service delivery in South Africa**

<b>Policy and planning</b>	<ul style="list-style-type: none"> <li>• Limited integration across policies</li> <li>• Fragmented and uncoordinated planning for young children</li> <li>• No shared vision, goals and accountability</li> <li>• Uneven quality of information systems and data</li> <li>• A significant gap between policy and practice</li> <li>• Lack of planning based on population (age) and geographical coverage</li> </ul>
<b>Good governance</b>	<ul style="list-style-type: none"> <li>• Poor institutional arrangements, insufficient inter-sectoral collaboration, coordination and service integration</li> <li>• Limited accountability at all levels and across sectors</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• Inadequate funding and inappropriate funding models</li> <li>• Limited human resources</li> <li>• The absence of an integrated human resource policy and strategy across all sectors</li> <li>• Insufficient service infrastructure</li> </ul>
<b>Delivery</b>	<ul style="list-style-type: none"> <li>• Unequal access and quality of services within and across sectors (poor targeting mechanisms)</li> <li>• Limited monitoring and support to ensure quality</li> <li>• Delivery skewed towards urban and centre-based services</li> </ul>

**Sources:** National Planning Commission (2011) *Diagnostic Overview*. Pretoria: The Presidency; Richter L, Biersteker L, Burns L, Desmond C, Feza N, Harrison D, Martin P, Saloojee H & Slemming W (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: Department of Performance Monitoring and Evaluation & Inter-Departmental Steering Committee on ECD.

<sup>i</sup> The term "young children" refers to children from birth to nine years old.

<sup>ii</sup> Such as the White Paper on Education and Training (1995), the White Paper for Social Welfare (1997), the White Paper for the Transformation of the Health System in South Africa (1997), the Education White Paper 5 on Early Childhood Education (2001) and the National Integrated Plan for Early Childhood Development in South Africa 2005 – 2010 which was led by the then Department of Education and co-authored by the Departments of Social Development and Health to transform service delivery for young children based on an integrated, synergised and collaborative system.

<sup>iii</sup> The NDP sets "high-quality, universal early childhood education" as one of its targets. It perceives ECD as a comprehensive set of interventions, inclusive of health, nutrition, early learning and development, parenting support, social protection, amongst others. Similarly, the Minister of Social Development has stated the need to "provide transformed, integrated, accessible and quality partial care and ECD services..." (Department of Social Development (2012) *Keynote address by the Minister of Social Development, Ms Bathabile Dlamini, on the occasion of the Early Childhood Development Conference at the International Convention Centre, East London, 12 March 2012*. Pretoria: DSD). This is linked to the NDP's vision of a transformed, universal and comprehensive ECD system.

government, finance and transport sectors.<sup>6</sup> Such a system includes governance, provisioning, and capacity development for implementation and is linked to effective monitoring methods.<sup>7</sup> Hence, the coming together of core delivery systems (i.e. health, care and protection, education and governance) within government and at community level ensures accessible, quality and integrated services to all young children, with special provisions for those whose development is most at risk.

Features of an effective system for ECD service delivery that will drive and sustain transformation include:

- an enabling and adequate<sup>8</sup> policy and legal framework, and planning for delivery at scale;
- institutional arrangements which allow for coordination within and across sectors, strong leadership and accountability, clearly defined roles and responsibilities of government and civil society partners at national, regional and local level;
- resourcing including financing, human resources, infrastructure, materials and support services; and
- integrated service delivery which achieves universal coverage (scale), with effective monitoring and quality assurance.

## What are the current obstacles to effective delivery?

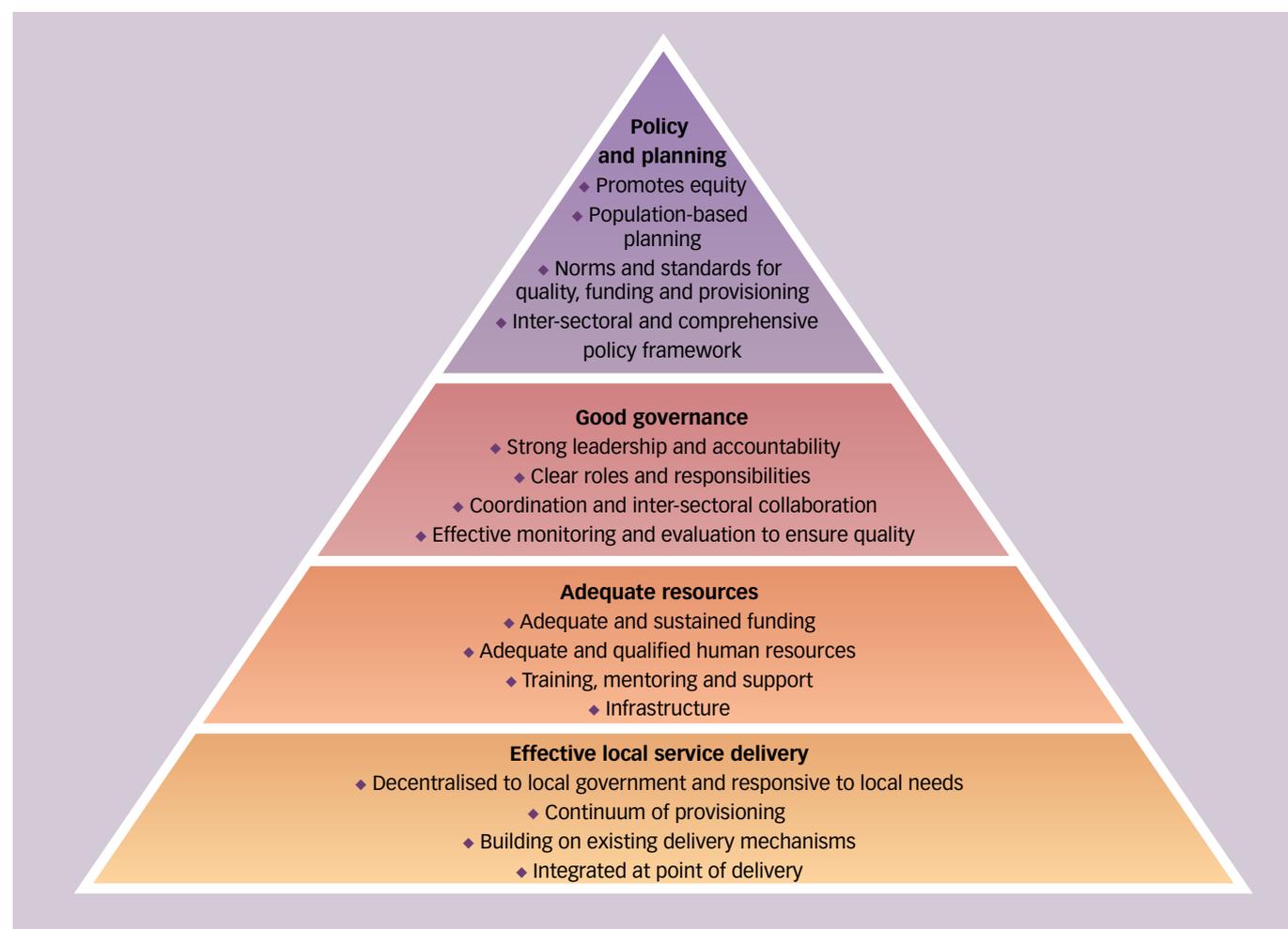
Scaling up essential services for children prior to school-going age is complex and involves different departments, all three spheres of government, and civil society. Also, services differ depending on children's needs and involve multiple delivery sites, as well as child and caregiver beneficiaries.<sup>9</sup>

Recent diagnostic reviews identify a series of systemic problems that hinder effective service delivery (collated in table 3). A 2011 National Planning Commission review<sup>10</sup> acknowledged that "implementation in the poorest communities lags behind" and that the sector is "underfunded" by government, while the 2012 ECD Diagnostic Review described how different sectors continue to work in isolation<sup>11</sup>.

## What systemic changes are needed to support effective service delivery?

Transforming the ECD sector from its current status to an adequately resourced, universally accessible and high quality system requires urgent and on-going attention to four key components: policy, governance, resourcing and service delivery, as illustrated in figure 4.

Figure 4: Core components of an effective ECD system



## Case 1: Kago Ya Bana – working with local government

André Viviers (UNICEF South Africa) and Ntjantja Ned (Hollard Foundation)

*Kago Ya Bana* (KYB) means “building together for our children” and is the name of a partnership formed in 2007 between the Hollard Foundation, the Midvaal Local Municipality and the Gauteng Departments of Social Development and Education with the shared goal of improving developmental outcomes of young children.

The partners identify problems or bottlenecks that prevent universal access to ECD services in the area and look for alternative, innovative ways of addressing them through practical action on the ground while working at a broader systemic level to bring about sustainable change.

KYB partners have identified five main reasons why services do not reach children in the municipality and the broader Sedibeng district:

- **Accountability:** Children are everybody’s responsibility – from caregivers to government – but no-one is held accountable. Local municipalities are the sphere of government closest to where children live, though they are least involved in supporting children’s early development.
- **Location:** Implementation of policies and legislation is uneven and often reflects the legacy of apartheid. Children living in poorer townships, informal settlements or in rural areas have poor access to ECD services and the services are of lower quality compared to those in the cities.
- **Integration:** Lack of integration and a misalignment of policies or by-laws within the system.
- **Planning:** Insufficient integrated planning and coordination between the province and local municipality result in contradictions and gaps in the implementation process.
- **Multiple factors:** These factors combine to create a system and practices that are dysfunctional at best and undermine the national agenda of making ECD services accessible to all children.

The KYB partnership identified eight key strategies for bringing about immediate improvement while aiming to make sustainable and systemic changes in the delivery system:

- **Building and formalising partnerships**, based on agreed roles and responsibilities, and establishing a governance structure.
- **Mobilising of communities** through dialogues to increase parental responsibilities and unlock community resources.
- **Collecting and consolidating data and auditing of existing services and gaps** to improve planning and budgeting, focusing on children in the system as well as children not included.

- **Building capacity**, mainly among ECD practitioners to enable them to meet the required norms and standards.
- **Mobilising human and financial resources**, including unlocking existing material resources within the respective government departments.
- **Learning by doing** by exploring a range of models to address the needs of young children, where they live; effectively using local resources such as day mothers, parental programmes or engagement; and creating a referral system for additional support.
- **Institutionalising responsibilities and processes** to ensure alignment of policies and by-laws. This included the development of protocols for the assignment of ECD functions as contemplated in the Children’s Act, and effectively getting ECD service provisioning included in the municipality’s Integrated Development Plan (IDP).
- **Monitoring and tracking progress** based on clearly defined indicators that track direct impact on children and system change such as the number of ECD programmes registered and the use of ECD policy by the municipality to guide services.

Through the KYB, 108 children who would otherwise not access ECD services are cared for by 18 day mothers who provide early stimulation, nutrition, and referrals to other services. A further 1,243 children receive the same package of services through 23 ECD centres. Eighteen of the ECD centres now meet the minimum requirements for registration as set by the Children’s Act. Of these, 12 are registered, 10 of which also receive subsidies from the provincial government. Children’s nutritional levels have improved from 47% in November 2012 to 98% in March 2013. The municipality has adopted the day mother model and its IDP includes a plan to scale up the model throughout its 14 wards.

The KYB’s ultimate goal is that local government takes full responsibility for ensuring access to ECD services for all children and that all partners contribute to creating a strong foundation for children to realise their full potential. This means a system that does not depend on the on-going support of the private sector. In the words of the chief executive officer of the Hollard Foundation: “We want to leave behind a municipality that is able to take care of its own children.”

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### Enabling policy and effective planning

An enabling policy should outline a long-term vision for ECD services that will give effect to children's rights and support the development of an ECD system that is responsive to the needs of young children. Such a policy should draw on a solid evidence base, and outline the resources, technical and implementation support necessary for effective and efficient delivery. It should accommodate the needs of diverse groups, and allow for a measure of flexibility in responding to local conditions.<sup>12</sup>

Post-1994 policies that promote the rights of young children span many government departments, particularly Basic Education, Social Development and Health. These policies and legislation create strong commitments within sectors but generally lack the ability to bring key issues for delivery together. The National Integrated Plan for ECD 2005 – 2010 intended to address uncoordinated service delivery by promoting multisectoral planning and delivery.<sup>13</sup> However, its life span was not adequate to facilitate the intended transformation of a very complex, fragmented and poorly-resourced sector. But, it did thoroughly embed and reflect the principles of integration, intersectoral collaboration, and the essential components of ECD services in South Africa's policy discourse. It also provided impetus for the development of good practices of integrated ECD programmes across the country.

The Children's Act uses a broad definition of ECD and requires the Minister of Social Development to consult with ministers of other key departments to develop a comprehensive national strategy for a properly resourced, coordinated and managed ECD system. The Act calls for the prioritisation of services for vulnerable groups – children without basic necessities, and children with disabilities and chronic diseases. While the development of a national strategy is commendable and essential for the sector, these provisions have not been effected yet.

Norms and standards to guide the delivery of quality and adequately resourced services are important. These include norms and standards<sup>14</sup> that facilitate pro-poor funding support for the grade R system; the National Early Learning and Development Standards (NELDS) for children from birth to four years;<sup>15</sup> and the Children's Act norms and standards<sup>16</sup> that provide infrastructure and programme standards for ECD programmes. However, a key gap is the lack of norms and standards for funding and provisioning of ECD programmes for children prior to grade R.

The role of municipalities in delivering ECD services is key and is recognised in the Constitution and in early policy statements.<sup>17</sup> Some municipalities have started to play a stronger role in providing ECD programmes. The Children's Act outlines for the first time a clear role for local municipalities in the provision of ECD programmes specifically relating to the assignment of functions by the provincial government to local government. Since the Act came into force in 2010, no such functions have been assigned; however this is under discussion by the Department of Social Development (DSD) and local municipalities.<sup>iv</sup> There are also many municipalities

that are providing support to young children and their caregivers in addition to their role in the registration of ECD centres.<sup>18</sup> One such example is discussed in case 1 on the opposite page.

Health policies that provide for free health care services for pregnant and breastfeeding women and children younger than six years are a significant contribution to ECD.<sup>19</sup> The emphasis on population-based health services and outcomes as part of the current re-engineering of primary health care is a further opportunity for integrated ECD service delivery.

In order to strengthen the policy and legislative framework, a thorough review of South Africa's policies affecting young children is needed, focusing on:

- the rights of children;
- a national vision for ECD services and the inter-related nature of services for young children;
- ensuring equity;
- mechanisms for delivery;
- clear norms and standards on quality, provisioning (including targeting) and funding (emphasising state-led funding); and
- a human resource policy and strategy that responds to the system.

In addition to well coordinated policy, planning should be based on evidence and take into account the child population (age and geographical spread). This requires good quality child and service data that can be disaggregated to local level to identify service needs and gaps as well as effective interventions.

### Supporting good governance

Essential to good governance is leadership that clarifies the roles and responsibilities of government departments and the national, provincial and local spheres of government. It includes mechanisms for coordination and inter-sectoral collaboration, particularly at a national government level, to oversee policy; monitor quality, delivery and knowledge; and provides clear lines of accountability. An independent mechanism with high-level influence and authority, a clear and specific mandate and the required resources (human, financial and expertise) to oversee such coordination and collaboration has been proposed.<sup>20</sup> Options for integrated governance structures include an ECD council, institute or agency, and integrated ECD directorates or units within departments.<sup>21</sup>

There needs to be stronger accountability for the development and implementation of policies at all levels of government, as illustrated in case 2 on p. 38. This includes a well-resourced and developed monitoring, support and evaluation mechanism, which draws on input from beneficiaries, collects and analyses data, and initiates evaluations to assess the provision and impact of services.

Essential in good governance is the participation of all stakeholders, including the recipients of services, in the design, implementation and monitoring of the services. This does not only enhance governance, but also strengthens quality and accountability.<sup>22</sup>

<sup>iv</sup> The assignment of functions by the Children's Act in relation to ECD relates only to a more formal agreement on services. Local government, by virtue of its status as a sphere of the state, has an obligation and mandate to realise young children's rights. Thus, many municipalities have "ECD policies", provide services to young children and their families, contribute to the regulation of partial care facilities (ECD centres) through environmental health assessments, and regulate and support child-minding or day mothers who take care of less than six children.

## Case 2: An effective provincial coordinating structure

Linda Biersteker (Early Learning Resource Unit)

Strong leadership and coordination of essential ECD services are critical for effective delivery. The Western Cape government is using an innovative workstream mechanism to achieve transversal management. A number of workstream structures have been set up to deliver on the different strategic objectives of the provincial government.

The ECD workstream falls under the Provincial Strategic Objective 8: Promoting Social Inclusion and Reducing Poverty. Members include research and ECD programme staff from the Department of Social Development, policy staff from the Department of the Premier and representatives from Agriculture, Health, Education, Community Safety, Local Government, the City of Cape Town and two non-governmental organisations. The workstream is chaired by the provincial Department of Social Development, which is responsible for management, monitoring and evaluation.

In the first six months of its operation, an integrated ECD strategy was drafted and subsequently endorsed by the provincial cabinet, which allows for resource mobilisation. Key projects were prioritised to support effective implementation. Current efforts are focused on designing new models of ECD provision, programme registration, nutrition support, training, identifying centres of excellence in targeted areas, and developing an integrated management information system for

ECD services. For example, the Health Department is working with Social Development and Education to ensure that cooks are trained to prepare nutritious meals in ECD centres.

Areas for pilot projects are identified based on multiple criteria including school results, nutritional status and poverty data. Different departments are responsible for different projects, jointly or singly, but they all report regularly to the workstream whose leader in turn reports monthly to the chair of all the Provincial Strategic Objective 8 workstreams on what has been jointly achieved. From here reports go to the Human Development Strategy Sector provincial cabinet cluster.

A range of factors can be cited for the success of this approach. One is having the right stakeholders involved. This means not only that they cover key services, are committed and see the value of working in a coordinated way, but also that they are senior enough to take or support decisions. Strong leadership and accountability mechanisms also contribute to the success of this approach. The Premier's advisor, who chairs all the strategic objective workstreams, has the power and authority to hold all members and departments to account. ECD services are also included on the Premier's electronic dashboard which monitors performance against targets on a regular basis, an indication of strong political support.

### Improving resource allocations

ECD programmes and services can be an avenue for achieving equity, but this requires access to services of sufficient quality to promote positive outcomes for children.<sup>23</sup> While ECD policy, legislation and the NDP prioritise ECD services for the most vulnerable, there are age, spatial, racial and income disparities both in service access and quality.<sup>24</sup>

For example, access to formal schooling, including grade R, is high across all income groups, but poor schooling outcomes in poorer schools<sup>25</sup> are a stark indication of quality challenges. Similarly, most ECD funding from the DSD is directed to poor children in ECD centres, yet access and service quality tend to be worse for younger and poorer children.<sup>26</sup> Current resourcing is not only insufficient to meet the needs of the poorest children but is not directed to key programming areas such as support for caregivers of very young children.<sup>27</sup>

### Funding

The Child Support Grant, which impacts positively on nutritional status, preschool and school enrolment<sup>28</sup> is the most widespread protective measure for young children living in poverty. It is accessed by 6.6 million 0 – 9-year-olds, although take-up is still low in the first two years.<sup>29</sup>

Health budgets do not separate out spending on pregnant women and young children, though these groupings benefit from free public health services. While 85% of children depend on the under-resourced public health system, a privileged few have access to private health insurance which accounts for 44% of total health care spending.<sup>30</sup> The proposed National Health Insurance aims to extend financial risk protection to poorer households and provide for a more equitable distribution of resources between the public and private health care system, in the long term.

Public funding for ECD services has increased significantly over time. Provincial budgets for grade R increased from R1 billion in 2008/9 to R3.5 billion for 2014/15<sup>31</sup> and are based on pro-poor funding norms. DSD funding for ECD care and stimulation services for younger children is the area which needs most attention. There is no clear legal obligation for the funding of ECD programmes for children pre-grade R. While subsidies for poor children attending registered non-profit ECD centres increased from approximately R422 million in 2007/8<sup>32</sup> to R1.6 billion in 2013/14, this does not adequately reach the poorest and youngest children who mostly do not access registered centres (see case 3 on pp. 41). Many centres lack the necessary resources to offer a basic learning programme and food.<sup>33</sup> Alternative models for funding non-centre-based programmes are also needed to support very young children and their caregivers.

## Infrastructure

Greater attention needs to be paid to infrastructure to facilitate access to services, particularly in the traditional rural areas where only 35% of children have access to adequate water and sanitation,<sup>34</sup> and informal settlements where children are often exposed to danger due to unsafe play spaces, shack fires and floods, paraffin use and other environmental risks.

Poor infrastructure prevents many ECD facilities from getting registered and accessing the DSD subsidy, and a lack of funding for infrastructure and start-up costs hampers the establishment of ECD programmes in poor communities. ECD infrastructure development could be funded by local government through the Municipal Infrastructure Grant but this remains a challenge given competing demands for basic services and because local government is not obliged by law to build ECD infrastructure in areas of greatest need. Infrastructure gaps highlight the need to prioritise funding of infrastructure for children in under-serviced areas and to make better use of available infrastructure such as clinics, libraries and Thusong centres<sup>v</sup> to provide multiple points for delivery of different services for young children. Within education there is also a need for additional classrooms and safe, secure accommodation for grade R learners, with play areas separated from older children, small toilets and sufficient indoor play space.<sup>35</sup>

## Human resources

ECD services depend on human resources from a number of sectors (mainly health, education and social services). There is a general shortage of appropriately trained staff for direct service delivery as well as insufficient staff for effective supervision, oversight and management. For example, the poor progress with registration of ECD programmes can partly be attributed to insufficient numbers of social service professionals and local government officials.<sup>36</sup> Similarly, the poor quality of services illustrates a lack of regular mentoring and quality assurance from understaffed district staff in Health, Education and Social Development.<sup>37</sup> The establishment of government posts for ECD services has been identified as a priority for 2014.<sup>38</sup>

Sectors have their own staffing structures but insufficient numbers of trained and capacitated staff pose problems across them all. Health and Education fund posts for the delivery of services and, while DSD funds posts for the general delivery of social welfare services, it does not fund posts for the delivery of ECD programmes.

Staff shortages at primary health care facilities raise further concerns about the quality and scope of services. For example: most community health centres do not have access to rehabilitation services or social workers.<sup>39</sup> Inequities persist with only 12% of doctors and 19% of nurses working in rural areas<sup>40</sup> (which are home to 45% of young children).<sup>41</sup> Gaps in key skills, problems

with staff motivation and performance, fraud and corruption, and inadequate supervision and management have also been noted.<sup>42</sup> So it is vital to prioritise these areas. The re-engineering of primary health care will require a significant increase in the numbers of community health workers, nurses, pharmacists and specialists as well as reorientation of existing staff to enable a shift from the clinical hospital-based services to a primary health care approach.<sup>43</sup> Mentoring, support and quality assurance functions of the district support teams will be key (see the essay on pp. 50 – 55).

Grade R educators are not yet fully integrated into the education post and remuneration structure and many are undertrained.<sup>44</sup> The Department of Higher Education has introduced the National Diploma in Grade R as an interim upgrading measure and by 2020 all educators will need a professional qualification.

There is a need to upgrade the qualifications of existing staff for 0 – 4 years and grade R, and to train new practitioners for an expanding sector.<sup>45</sup> There are no recent national data on the qualifications of practitioners working with younger children but studies suggest that between 25 – 50% of ECD centre managers and larger numbers of practitioners have no ECD qualifications.<sup>46</sup> Substantial training opportunities for practitioners in ECD centres have been offered through the ETDP SETA, Education and Social Development Departments in the last few years; yet there is no career path framework providing for progression linked to qualifications. However, the Department of Basic Education is leading the development of an integrated professional registration system for ECD practitioners working with children from birth to pre-grade R.<sup>47</sup>

A serious gap is the lack of funded training opportunities for practitioners employed in out-of-centre programmes. A range of home- and community-based workers from different sectors reach young children and their families, including community development workers, community health workers, community caregivers and child and youth care workers. If their training included a core package of ECD messages, they could provide a significant human resource for young children. For example, Isibindi workers have received child stimulation training from the Early Learning Resource Unit in the Western Cape, and ward committee members and community development workers from Khululeka in the Eastern Cape.

## Ensuring effective local delivery

Service delivery must be state-led<sup>vi</sup> to ensure it is taken to scale and reaches poor, vulnerable and marginalised children in both urban and rural areas.<sup>48</sup> As was outlined in the previous essay, services also need to be available across a continuum of provisioning<sup>49</sup> from support for primary caregivers to health and nutrition interventions and early learning opportunities through home-, community- and/or facility-based programmes.

v Thusong centres are one-stop integrated service hubs driven by local government, predominantly in rural areas, which provide access to services such as the Departments of Home Affairs, Labour, Social Development, Health, the South African Social Security Agency, agricultural extension services, communication and education services such as adult basic education and training, libraries etc. Community development workers, non-governmental organisations and others also offer services through the centres. According to the Thusong website, there were 171 of these centres in March 2012. However, they are not all sufficiently close to needy communities and there are challenges with service quality (Department of Public Service Administration (2009) *Optimizing the Footprint of Thusong Service Centres in the Poverty Nodes*. Pretoria: DPSA).

vi This will require a shift from a service delivery model that relies heavily on non-governmental and private sector implementation with regulation by the state towards one that is based on partnership and close collaboration and where the state plays a more active and central role.

Much has been said about the importance of integration in ECD service delivery, both for efficiencies and for access. The NIP for ECD sees integration as providing services in a comprehensive and interwoven manner to ensure children's holistic development.<sup>50</sup> This package of ECD services should be easily accessible; provide consistent information; and providers from different sectors should be able to make referrals to services that they do not provide.<sup>51</sup> At a systemic level this implies joint planning, targeting, monitoring and coordination between government and non-profit service providers.

The Diagnostic Review<sup>52</sup> concentrates on integration at the point of delivery where several services are linked to take advantage of the synergies and efficiencies associated with inter-sectoral collaboration. Consistent with this approach is that existing delivery mechanisms (eg clinics, ECD centres, one-stop centres and municipal services) should be used for the delivery of a range of ECD services. For example, an ECD centre may serve as a base for other services for young children in the community, or any service that reaches into homes (eg via community development workers) could have an ECD element.

What seems most critical and achievable in our current context is to ensure that *each child* is linked to needed services, and as early as possible. This requires coordinated planning and monitoring which can be facilitated in different ways. For example, home-based workers can inform caregivers about how to access services, or the Thusong centres can provide a range of different services within a single multipurpose centre.

Service delivery must be responsive to local risk and protective factors.<sup>53</sup> This suggests that where there is adequate capacity, decentralisation to *local government* would enable better targeting of specific groups of children, including children who are poor and vulnerable, and children with disabilities. This would also allow for innovation and flexibility to suit local needs.<sup>54</sup> The Kago ya Bana

programme in the Midvaal is an example of how local government can be more proactive in delivering services to young children (see case 1 on page 36).

## Conclusion

It is not an easy task to bring together an array of complex interventions, delivered through multiple agents (whether government, private sector or non-governmental sector), to ensure that the rights of all young children are fulfilled.<sup>55</sup> The recent reviews of the ECD sector also show that a national integrated model to deliver an essential package of ECD services in South Africa has not emerged as strongly as was envisaged by policy mandates since 1997, which leaves those children most in need and most vulnerable in dire straits.

It is evident that, while the ECD system is entering its most significant and exciting era of transformation, the immediate need is for effective and accountable governance. This includes strong government leadership to drive an agenda of change, and a state-led approach to resourcing the system to safeguard young children's rights to survival, healthy development and early learning. Integral to this is sufficient and sustained funding; uniform norms and standards; evidence- and population-based planning that prioritises children at risk, and adequate infrastructure and qualified human resources to improve access and quality.

It is, today more than ever before, essential that the ECD system delivers on its constitutional and legislative obligations to the country's youngest citizens and their caregivers. This can only happen with a clear conceptual understanding and model, as well as accountability for implementation. A strong policy at national level is essential, together with an even stronger service delivery system at a local level. This will necessitate an integrated and effective ECD system where, in the words of Aristotle, "the whole is greater than the sum of its parts".

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Access to educational resources in homes and early learning settings is vital.

### Case 3: Government funding of centre- and community-based early childhood programmes prior to grade R

Conrad Barberton, Cornerstone Economic Research

How much does government spend on early childhood development (ECD) services? This question is usually answered by referring to the amounts that provincial Social Development departments allocate to subsidise ECD centres, which in 2013/14 was R1.6 billion (see table 4). This excludes what government is already spending on other essential ECD services, such as free health care for pregnant women and children younger than six years, social welfare services for children, nutrition support, the Child Support Grant and the roll-out of grade R.

This case argues that government funding needs to be extended beyond subsidies to ECD centres to include home visiting, community playgroups and toy libraries.

The Children's Act requires each provincial Minister of Social Development to compile a provincial profile of ECD programme needs at prescribed intervals. The national Minister of Social Development must use this information to develop "a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed early childhood development system".<sup>56</sup> Provinces are also required to develop similar provincial strategies. The Act clearly anticipates that the ECD system should incorporate both ECD centres and community-based programmes.

Each province has the primary responsibility for funding ECD programmes through the provincial budget, from the province's equitable share.<sup>vii</sup> However, the Children's Act does not oblige provinces to fund ECD programmes.

#### Does national government allocate sufficient funding to provinces to fund these programmes adequately?

There is no evidence of funds being added to the provincial equitable share for the subsidy for ECD centres prior to the 2012 Budget when national government announced that it would add R650 million for ECD in 2013/14, and another R700 million in 2014/15. These amounts are intended to enable provinces to equalise the subsidies at R15 per child per day over 264 days per year in 2013/14. The subsidy is intended to cover food (50%), staff (25%) and other costs (25%).<sup>57</sup> However, national government has not explicitly added funding for non-centre-based ECD programmes to the provincial equitable share.

#### Do provinces prioritise these ECD services adequately in social development budgets?

Provinces structure their budgets according to provincial priorities, but in so doing they are required to provide for obligations set out in the Constitution and national legislation.

Table 4: Provincial funding of ECD centre subsidies in 2013/14 Budgets

PROVINCE	Number of children in poverty quintiles 1 and 2		2013/14 Budget for ECD subsidy (Rands)	Value of subsidy paid over 264 days in 2013/14 (Rands)	Number of children covered by R15 per day subsidy for 264 days	% of poor children covered by subsidy in 2013/14 if policy targets children	
	0 – 5-year-olds	3 – 5-year-olds				0 – 5-year-olds	3 – 5-year-olds
Eastern Cape	464,404	231,551	188,753,000	15	47,665	10	21
Free State	122,832	61,228	181,083,000	14	45,728	40	80
Gauteng	353,108	175,501	265,589,000	15	67,068	19	38
KwaZulu-Natal	634,193	315,607	211,333,000	15	53,367	8	17
Limpopo	396,094	194,453	252,000,000	15	63,636	16	33
Mpumalanga	249,502	123,453	188,000,000	15	47,475	19	38
Northern Cape	56,697	28,177	71,026,000	15	17,936	32	64
North West	212,682	105,684	64,586,000	15	16,310	8	15
Western Cape	139,536	69,735	210,872,000	15	53,251	38	76
<b>Total</b>	<b>2,629,048</b>	<b>1,305,390</b>	<b>1,633,242,000</b>	<b>15</b>	<b>412,435</b>	<b>16</b>	<b>32</b>

**Note:** Some provinces pay the subsidy for fewer than 264 days. This means they reach more children with a lower subsidy.  
**Sources:** Provincial 2013/14 Estimates of Revenue and Expenditure, National Treasury, Department of Social Development; Statistics South Africa (2012) *Census 2011*. Statistical release – P0301.4. Pretoria: Stats SA; Statistics South Africa (2010) *Income and Expenditure Survey 2010*. Pretoria: Stats SA.

vii In terms of the Constitution, a province is entitled to "an equitable share" of nationally collected revenues, which is determined each year by the annual Division of Revenue Act.

However, this does not guarantee that the funds allocated to ECD in the equitable share will reach ECD services in provincial budgets largely because there are no legislated funding norms for ECD services. Table 4 shows that access to the ECD subsidy is very unequal across provinces.

The Children's Act requires that funding of ECD programmes must prioritise poor families and children with disabilities. While access to the subsidy is subject to a means test, it is only available to children who attend registered ECD centres. Most children younger than three years do not attend centres, and so do not benefit from the subsidy.<sup>58</sup> Moreover, poor 3 – 5-year-old children living in rural and informal urban areas where there are few registered centres do not benefit from the subsidy either.<sup>59</sup> There is also nothing in the design of the subsidy that prioritises children with disabilities.

While the current budgets are sufficient to reach about 412,000 children with ECD subsidies, if all poor 3 – 5-year-old children were to attend an ECD centre, the total budget required for the subsidy would be in the region of R5.2 billion. More importantly, to move toward more equitable access, provinces would need to facilitate the establishment of ECD centres particularly in the poorest, rural areas. This will require capital funding for building and upgrading centres. Government should also consider funding the set-up furniture, playground and other equipment and educational toys for ECD centres serving poor communities.

The subsidy amount itself is arbitrary and insufficient to cover the full running costs of an ECD centre. It is assumed that the difference will be covered by parents paying fees, but this is not realistic where most or all of the children attending a centre come from poor families. In such circumstances additional support is needed. The Free State Department of Social Development has estimated that a subsidy of around R36 per day is required to fund an ECD centre catering for 60 children.<sup>viii</sup> This suggests that the subsidy design and amount need to be re-examined towards ensuring equitable coverage of poor children.

ECD centres are not the only approach to providing early learning opportunities for young children. Some provinces have already begun allocating limited funds to reach young children through home-visiting programmes, community playgroups and toy libraries. The extent of these budgets is not known, though coverage is poor. It is calculated that to operate 1,000 home-based visiting teams, 5,000 playgroup teams and 1,000 toy libraries will cost about R5 billion per year. This would enable 400,000 families to be part of a home-visiting programme and 625,000 children to attend playgroups once a week. The number of children that would benefit from the toy libraries is difficult to determine.<sup>60</sup> If provinces were to contract out these

services, they should ideally be funded on a programme basis, as opposed to using a subsidy approach.

### Are these funds available?

Given the current economic circumstances, government is probably not in a position to immediately fund the mentioned amounts. It would also not be wise to do so, given that provincial Social Development departments do not have the plans or the institutional capacity to manage a significant expansion of ECD services. The strategy therefore needs to be to keep ECD on the political agenda so that additional funds are made available as provinces develop the necessary plans and capacity to roll out additional ECD centres and non-centre-based programmes.

### Is it possible to ensure that provinces allocate additional funds to ECD services?

Two ideas are often put forward in this regard:

- The funding of these ECD services must be made mandatory when the Children's Act is reviewed (currently underway).<sup>ix</sup> Through this change Parliament would be signalling that the provision of ECD services must be prioritised when provinces prepare their budgets. However, none of the "must fund" services in the Act are being fully funded by government, and it remains to be seen to what extent such "must fund" provisions are enforceable through the courts.
- The allocations for ECD need to be ring-fenced. However, the Constitution does not allow portions of a province's equitable share to be ring-fenced, so the only other option would be to provide a national conditional grant. This would represent a departure from the current purposes for which national government uses conditional grants,<sup>x</sup> as it would mean ring-fencing funding for on-going operations. If government were to go down this route, it would raise questions as to why funding for other priority services should not be treated similarly, and ultimately why provinces should exist at all.

A far more certain approach to ensuring ECD services are properly funded by provinces is for the national Department of Social Development to regulate uniform norms and standards on the content and funding of the ECD centre subsidy and non-centre-based programmes. This would create specific, enforceable legislative obligations that provinces are required to implement, as opposed to the current ECD guidelines, which are not enforceable.

Ultimately, the most effective way of ensuring that provinces fund ECD services is through advocacy. Once policy-makers recognise the critical importance of early intervention, they can become champions to ensure that funds are made available to give every young child the best opportunity to grow and develop.

viii KPMG's *Social Welfare Service Costing and Allocation Model Report* (2012) estimated that the subsidy amount should be around R53 per day to make an ECD centre for 60 children sustainable.

ix This requires changing the "may fund" requirement in section 93 of the Children's Act to "must fund".

x National government generally only uses conditional grants to: fund cross-boundary spill-overs associated with some provincial services; facilitate the introduction of a new function or the shifting of a function away from provinces; fund infrastructure; and to address short-term priorities, such as capacity-building or incentivising job creation.

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