

EARLY CHILDHOOD DEVELOPMENT



NATIONAL ECD PROGRAMME



SHORT REPORT

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Outline and structure of the National Early Child Development (ECD) Programme Report

- The background analysis and the compilation of the National ECD Programme is a complex undertaking, as are the strategies suggested for its implementation. The reasons are:
 - Early child development is multi-dimensional and multi-sectoral services are required to promote and protect ECD
 - The science in this field, including implementation experience, is developing extremely rapidly
 - In the last 15 years, more than 120 policy, programme, costing and evaluation documents on, or relevant to, ECD have been produced in South Africa; some 15 in the last two years, and several more are in progress
- For this reason, we have designed the report as a series of “layers” of increasing detail
- The report consists of:
 - A **Summary** indicating the current situation, priorities and how they might be implemented, and recommendations
 - A **Short Report** laid out in terms of the headings of the assignment and summarising the main points of the Full Report
 - A **Full Report** which includes 18 Appendices, is preceded by Definitions of Terms and Abbreviations, and is closely referenced with Endnotes.
- The assumptions underlying estimates of goals, coverage targets, duration and dosage of services, as well as staff and salaries have been made explicit in order to calculate human and infrastructural resource needs and costs. These can be changed and recalculated, depending on contingencies of which we are not aware.
- Nutrition and disabilities are both identified as priorities for ECD and are dealt with accordingly in the report. However, an extensive and in depth analysis of the broader issues involved in a national nutrition and a national disability strategy is beyond the scope of this assignment.
- The report on the National ECD Programme is to be read in conjunction with the report on the ECD Policy, written by the same team.

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NATIONAL EARLY CHILDHOOD DEVELOPMENT PROGRAMME

SHORT REPORT

1.0 Assignment and methodology

1.1 Objectives

The objectives of the assignment are to outline a comprehensive ECD Programme and to describe a universally available non-negotiable Essential Package.

An age-appropriate approach was requested that addresses the holistic needs of children from conception to five years (or the age at which the child enters Grade R), covering two developmental stages:

- The first 1,000 days, comprising conception, pregnancy and delivery, and birth to two years. The stipulation is that the package for this period should build on existing public health services and emphasise the '*what*' and '*how*' of providing adequate nutrition, care stimulation and safety at scale, starting with the most deprived children.
- Children between two and five years of age (or the age at which the child enters Grade R), building on the ECD per child subsidy and emphasise the '*what*' and '*how*' of providing adequate nutrition, care stimulation and safety at scale, starting with the most deprived children.

The National ECD Programme must describe:

- Specific services to fill gaps in delivery of nutrition, health, protection and early learning
- Feasible delivery mechanisms that are in line with good practices nationally and internationally
- Capacity and human resources development
- Infrastructure considerations
- Roles and responsibilities of all levels of government, civil society and the private sector
- Oversight and quality assurance arrangements within a monitoring and evaluation framework that builds on existing management information systems
- Expected costs and financing for the Programme as outlined in a three-year operational plan.

1.2 Methodology

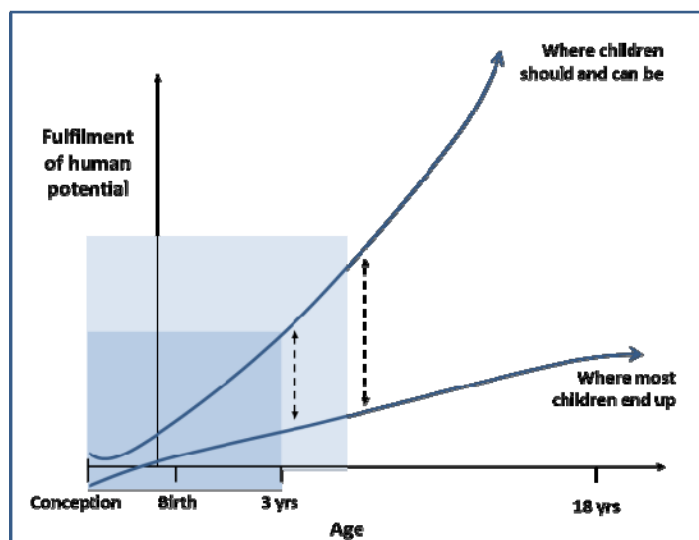
- The ECD Programme report is based on work done for the Diagnostic Review of Early Child Development, complemented by:
 - Analyses of developments in South Africa since the Diagnostic Review was completed
 - Reviews of international experiences in taking ECD programs to scale.
- Four 'expert' consultations were convened to help the team reflect on scaling up, media and communication, nutrition, and developmental difficulties.
- The approach to developing the Programme was presented to a wide range of participants in nine provincial consultations and a national consultation, and the feedback incorporated.

2.0 Starting points

- The development of a National ECD Policy and ECD Programme – and the intention to make an Essential Package of services universally available to all children – **is not business as usual**.

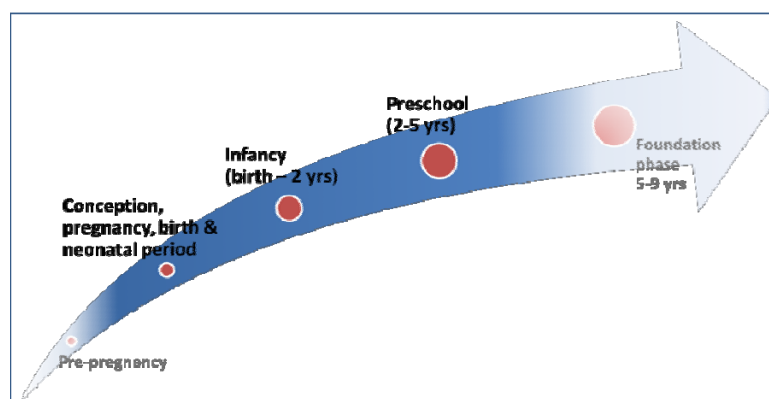
- A National ECD Policy and Programme is urgently needed because most South African children begin life at a lower level of capacity than they should, and they fall increasingly behind during the most formative period of their life.

- As illustrated, this means that children are not able to take full advantage of schooling and they are less equipped to get on well with others. This contributes to educational under-achievement, high rates of personal and social problems, and poor prospects for national growth, prosperity and social stability.



- The goals of the National ECD Programme are to achieve:
 - Individual identity and citizenship for all South African children
 - Healthy babies and healthy children
 - Zero-stunting and zero children who are moderately or severely malnourished as a result of insufficient food
 - Parents who are empowered with knowledge, skills and the assistance they need to fully support their children's development
 - Social protection for the families of all children who need it
 - Universal availability of quality early learning opportunities, with State support to ensure that no eligible child is excluded
 - A public informed of the importance of ECD, motivated and enabled to protect and promote early child development.
- The development of a national ECD Policy and Programme is an opportunity for government to:
 - Take leadership and forge alliances across society
 - Give substance in a decisive way to a long history of good intentions to improve the early development of children.

- As indicated alongside, the ECD Programme covers the period from conception to when the child turns five. This period is continuous with pre-pregnancy parental health on the one end and foundation phase schooling on the other.



- A number of inputs are needed to promote and protect the development of young children, including good nutrition, loving and protective care, a stable family, opportunities to learn and encouragement to develop new skills. This means that multi-sectoral services are needed.
- Some ECD services are already provided in South Africa, and some of these services are performing well or are improving. Examples include aspects of maternal and child health, birth registration, social protection, and increased support for early learning centres.
- However, there are significant gaps in services and a need for stronger leadership.
- The gaps in services relate to age, target groups and types of services:
 - Age:
 - But for health, there are few services and early learning opportunities for children younger than two years of age. Yet, these first 1,000 days of life are the most important for maximising benefits and preventing or minimising difficulties in childhood and later in adolescence and adulthood.
 - Target groups:
 - There are large parts of the country, both rural and urban, where there are no early learning services for young children. The poorest children in the greatest need have limited access to services.
 - There are few services to prevent or identify childhood disabilities, and little to facilitate the inclusion of children with disabilities in ECD services.
 - Neglected services to be developed or enhanced are:
 - Social support for parents, caregivers and families
 - Nutrition support to prevent stunting and moderate or severe malnutrition
 - Support for child minding (of fewer than six children) to improve ECD for the youngest age group of children birth to two years
 - Increased public information about early child development.
- Leadership is needed in the following respects:
 - Government must take responsibility for ensuring that a package of essential ECD services is made available to all children 0-5 years. This includes the development, expansion, and resourcing of services, as well as monitoring implementation and ensuring quality and improvement where needed.

- Government must ensure leadership to coordinate and drive the multi-sectoral effort needed to make available a package of essential ECD services.
- Dynamic and effective leadership is needed to:
 - Work across government, with the private and non-profit sectors, the public, and international partners, to counter fragmentation and create a united vision and understanding of young children's development and what is needed from all stakeholders working together to protect and promote early child development.
 - Build a system for service delivery, comprising training, human resources, infrastructure, quality control and monitoring, with sustainable financing to make an Essential Package of ECD services available to all children.

3.0 The Essential Package for Early Child Development

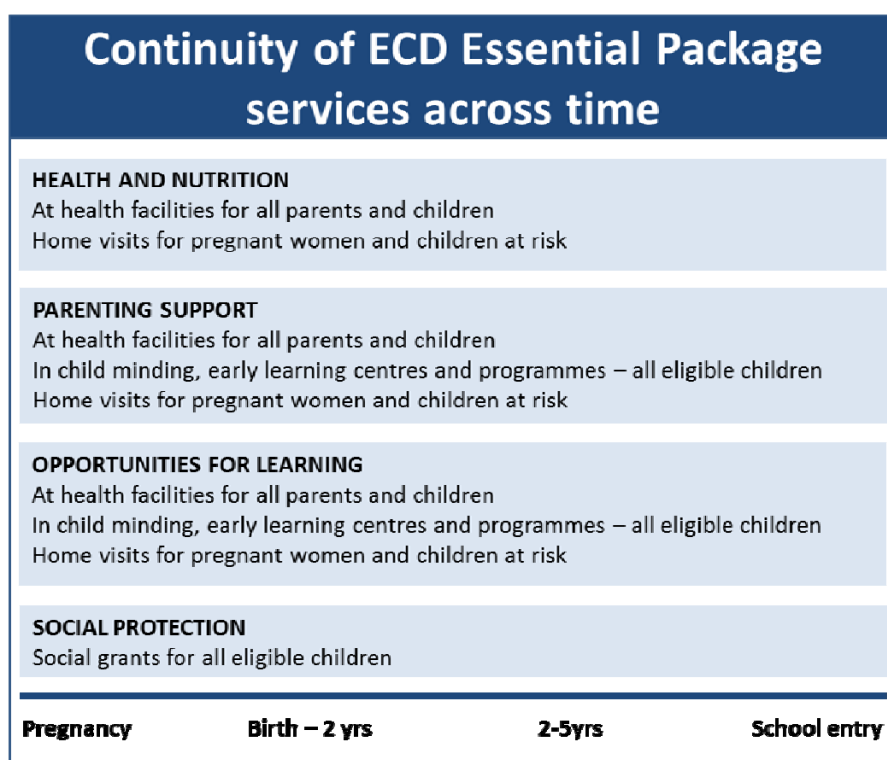
- The comprehensive programme is outlined in the ECD Policy report, and covers the enabling conditions for parental, family and community environments that promote and protect the development of young children. The comprehensive programme includes, amongst others, housing, water and sanitation.
- The proposed ECD Essential Package comprises those services required for the optimal development of children from conception until five years of age (when they enter Grade R or turn eight years of age in the case of children with developmental difficulties). The services include:
 - Citizenship, conferred through the child's birth registration
 - Health care for the mother and child throughout pregnancy, delivery and early childhood
 - Nutritional support for mother and child throughout pregnancy, delivery and early childhood
 - Social protection to enable parents and families to provide care and protection for their young child
 - Support for parents, the provision of information and help to deal with health, psychological and social issues that can hamper the care and protection of a young child
 - Developmentally appropriate opportunities for learning in the home, in child minding services, and in community- (non-centre) and centre-based programmes
 - Public information about early childhood development.
- The Essential Package proposed, and the mechanisms for its implementation: are
 - Based on scientific evidence of the critical inputs and supports needed by young children
 - Differentiated by age group and developmental needs
 - Intended to fill gaps in current services (age, target groups and types of services)
 - Built on existing services (health, education and social services provided by the state as well as by the for- and non-profit sectors)
 - Feasibly implemented to make services universally available
 - Designed to ensure equitable access.
- The Essential Package comprises five categories of services directed to three age groups:
 - Age groups: pregnancy, birth to two years, and two to five years
 - Services: health care and nutrition + birth registration + social protection + parent support + opportunities for learning

The table below shows the proposed Essential Package by age and stage, needed developmental inputs and services, and responsible government department.

Proposed Essential Package			
Developmental Stage/Age Group	Aspect of the Essential Package	Services	Responsible Department
PREGNANCY	Health and nutrition	> Family planning services	DOH provides
		> Antenatal care	DOH provides
		> HIV testing and PMTCT services	DOH provides
		> Micronutrient supplementation (iron, folic acid, calcium)	Enhance (DOH)
		> Self-care (rest, refraining from alcohol, cigarettes, etc.)	Not currently provided (DOH)
		> Screening, support and referral for maternal mental health, substance abuse, exposure to violence	Not currently provided (DOH)
	Parenting support	> Preparation for parenting	Not currently provided (DOH)
	Social protection	> Pre-registration for the CSG	Not currently provided (SASSA)
BIRTH TO 2 YEARS	Health and nutrition	> Well-baby care and immunization	DOH provides
		> HIV testing, treatment and care	DOH provides
		> Growth monitoring	Enhance (DOH)
		> Vitamin A supplementation	Enhance (DOH)
		> Responsive, complementary feeding	Enhance (DOH)
		> Nutrition counselling and supplementation for children showing poor growth	Enhance (DOH)
		> De-worming	Enhance (DOH)
		> Screening, support and referral for maternal mental health, substance abuse, exposure to violence	Not currently provided (DOH)
		> Screening, support and referral for children with developmental delays and disabilities	Enhance (DOH)
		> Screening, support and referral for child abuse and neglect	Not currently provided (DOH)
	Parenting support	> Parenting support and skill building	Not currently provided (DOH)

Proposed Essential Package			
Developmental Stage/Age Group	Aspect of the Essential Package	Services	Responsible Department
	Opportunities for learning	> Stimulation for children's learning and development in the home, in community-based programmes and in child minding services	Home visiting – not currently provided (DOH) Child minding – not currently provided (DSD) Enhance community-based programmes (DOH/DSD)
	Social protection	> Birth registration within 30 days of birth	Enhance (DHA)
		> Early access to the Child Support Grant and other social grants for which the child and family are eligible	Enhance (SASSA)
2 TO 5 YEARS	Health and nutrition	> Preventive and curative health care	DOH provides
		> HIV testing, treatment and care	DOH provides
		> De-worming	DOH provides
		> Vitamin A supplementation	Enhance (DOH)
		> Nutrition counselling and supplementation for children showing poor growth	Enhance (DOH)
		> Screening, support and referral for maternal mental health, substance abuse, exposure to violence	Not currently provided (DOH & DSD)
		> Screening, referral and support for children with developmental delays and disabilities	Enhance (DOH & DSD)
		> Screening, support and referral for child abuse and neglect	Not currently provided (DOH & DSD)
	Parenting support	> Parenting support and skill building	Not currently provided (DOH & DSD)
	Opportunities for learning	> Stimulation for children's learning and development in child minding facilities, community programmes and in early learning centres	Enhance (DSD & DBE)
	Social protection	> Access to the CSG and other social grants for which the child or family are eligible	Provided (SASSA)

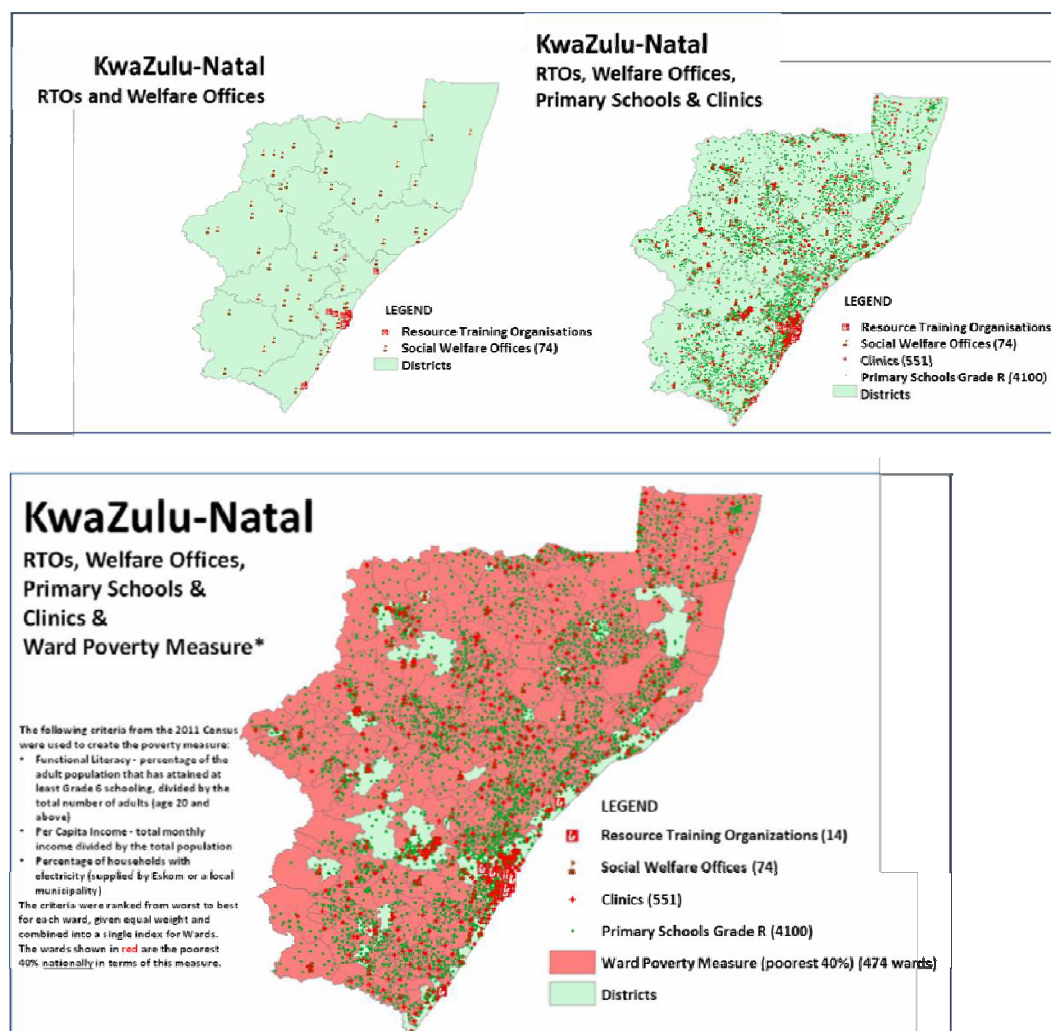
- The continuity of services from birth to age five are shown in the accompanying diagram.



- Underpinning the Essential Package is ongoing media and public communication on ECD that:
 - Reinforces the nature and critical window of opportunity of early child development
 - Emphasises the crucial positive role parents and families play in children's development
 - Conveys important messages to support early child development, including:
 - Nutrition and health care
 - Safety and protection, including alternatives to harsh punishment
 - Responsive and loving care
 - Early learning.

4.0 Rapid expansion of the ECD Essential Package to ensure universal availability and equitable access

- As spelt out in the ECD Diagnostic Review, the ECD Policy and the Full ECD Programme report, priorities for the delivery of the Essential Package are:
 - Home-, community- and clinic-based support for pregnant women and children up to two years of age, as this is the period of life most susceptible to positive and negative environmental influences
 - Support for children's early learning from birth
 - Nutrition support to prevent stunting and moderate to severe malnutrition
 - The poorest 65% of children (those eligible for the Child Support Grant), as these are the most vulnerable as well as the group of children who will benefit most from the Essential Package
 - Areas without services, especially rural areas and informal urban areas, because the vulnerability of young children is compounded by the absence of services to moderate the effects of risk.
- Population-level planning and provisioning is needed, and an example below is provided from KwaZulu-Natal to facilitate such thinking. The figures illustrate potential resources for scaling up ECD services, including against a background of poverty at the ward level. This approach will enable government to prioritise very poor and under-served areas for immediate attention.



The infrastructural foundations that are available for the expansion of services are characterised by:

- The relatively good distribution of state-provided health and education services throughout the country
- Very limited on-the-ground DSD services, with ECD capacity largely at the provincial level
- The clustering of for- and non-profit ECD centres and programmes around cities and large towns
- Unknown, but potentially very extensive, distribution of child minding.
- There is great advantage in using existing systems to scale up ECD services, as has been found both in high-resource countries (Early Head Start in the USA, Sure Start in the UK and others) and in low- and middle-income countries (Latin America, Integrated Child Development Services in India, and Grade R in South Africa).
- For this reason, maximal use should be made of:
 - Health infrastructure and service delivery systems from which to deliver Essential Package services, especially during pregnancy and the first two years of life, when women and young children have more contact with health services than with any other State institutions
 - Primary school infrastructure and systems from which to deliver services, including opportunities for learning. Also under discussion is the phasing in of an additional pre-Grade R year for children turning four by the end of June in the year of admission
 - The constitutional and developmental responsibilities of municipalities for ECD services
 - The for- and non-profit organizations providing early learning programmes in centres and communities which, together with other non-governmental, municipal and traditional facilities, libraries and so on, can be used as bases for:
 - Mother support groups, parent/family support groups, mother-child and child only learning and play groups, mobile early learning programmes, and toy libraries
 - Training, mentoring, supervision and management of community-based (non-centre) and centre-based ECD practitioners and child minders.
 - An expanded ECD coordination function in DSD at the provincial level, with district and municipal staff to mentor, supervise and manage centre-based practitioners, community-based ECD practitioners and child minders.
- It is important that all barriers to access are removed by streamlining and simplifying eligibility criteria for registration and funding:
 - The current ECD registration system is cumbersome and excludes many early learning centres and programmes serving needy children. Barring those deemed hazardous to health and safety, all applicants should be given immediate conditional registration for a year to enable them to upgrade. Also, the processes and criteria for registration, including dual registration, must be urgently revised and simplified.

- Eligibility for receipt of the Child Support Grant should be used as the criterion for eligibility for ECD programme subsidy per child, replacing the current varying income eligibility criteria used by provinces and harmonising eligibility for state services.
- Government must immediately begin the 2-3 year process of preparing for national scale up of the Essential Package, learning from national programmes in other parts of the world. This involves preparation for all components required to make the Essential Package universally available; amongst others: multi-sectoral buy-in, training programmes, personnel requirements, roles and responsibilities, culturally relevant materials, funding and accountability systems, and pilot testing.
- As provinces, districts, municipalities and wards have different resources and capabilities for the ECD Essential Package, a one-size fits all approach is not recommended. Pilot tests and demonstration sites should be set up under varying organizational and service conditions to explore options for delivery of the Essential Package under different conditions.

5.0 Prioritization

- The ECD Essential Package is to be made universally available to all children. However, given that there are substantial gaps in provision, implementation should prioritise the following:
 - Pregnancy and children up to two years of age, as this is the period of life most susceptible to positive and negative environmental influences
 - Nutrition support
 - The poorest 65% of children, as these comprise the most vulnerable children as well as the children who will benefit most from the Essential Package
 - Areas without services, especially rural areas and informal urban areas, as the vulnerability of young children in these areas is compounded by the absence of services to moderate the effects of risk
 - The primary and secondary prevention of developmental difficulties and disabilities and the inclusion of children with disabilities.
- **Pregnancy and infancy (birth to two years):** Support must be provided to pregnant women and infants by:
 - Maximising opportunities during antenatal and postnatal clinic visits for well-baby care and immunization to counsel women regarding self-care and infant health, growth and learning
 - Providing supportive home visits to vulnerable mothers and families during pregnancy and infancy. Vulnerable mothers include teenage mothers, HIV-positive mothers and mothers with problems with mental health, substance use and/or domestic violence.
 - Conducting clinic- and community-based support groups for women and women+babies that address self-care and infant health, nutrition, growth and learning.

To help clinic staff and Community Health Workers fulfil these functions, we propose a 'specialised' Mother and Child Community Worker who is also trained in early child development and maternal wellbeing. This Mother and Child Community Worker could be drawn from any of the existing cadres of community workers and trained, or recruited through existing channels (such as the social sector Expanded Public Works Programme) or new channels.

- **Nutrition support:** The pillars of nutrition support for children younger than five years of age are:
 - Promotion and support of exclusive breastfeeding, starting before birth and sustained for six months
 - Counselling to support appropriate and responsive complementary feeding, including to prevent overweight
 - Growth monitoring, early identification of growth faltering and referral for investigation and follow-up for all children aged 0-2 years of age

- Food supplementation – both of micronutrients and basic foodstuffs for pregnant women and children who fail to thrive for reasons of poverty and associated social problems – made available through clinics, non-government organisations and social service centres.
- **Universally available opportunities for learning for children from birth to reach especially the poorest children and children in under-served areas.**

These can be achieved using the following strategies:

- In clinics during pregnancy and postnatal care: sensitising pregnant women to the hunger for learning children have from birth and throughout the early years, using tools such as the WHO/UNICEF Care for Child Development Package (aspects of which are already included in the Road to Health Booklet)
- Through home-visiting and community groups: sensitising vulnerable mothers to the importance of responsive interaction with her baby from birth and guiding her in stimulating her child's learning and development
- In child minding for children 0-2 years: sensitising and training child minders about the importance of early learning through responsive care, language stimulation, and structured activities using simple tools and materials
- Community-based learning and play groups for mothers and children 0-2 years
- Community- (non-centre), child minders and centre-based learning programmes for children 2-5 years
- A Pre-Grade R programme for children from 3.5 years, phased in over time, in collaboration with community-based early learning centres where they are available, and in primary schools with Grade R where community facilities are not available
- Increasing parental demand for early learning opportunities for their children through public communication about the importance of early child development for health, education and earnings across the lifecourse.

Primary and secondary prevention of childhood disabilities

- Most early childhood disabilities result from complications of pregnancy and delivery, as well as accidents and injuries sustained in early childhood.
 - Pregnancy and birth complications can be reduced by improving the quality of antenatal and delivery care.
 - Many childhood injuries can be prevented through effective parenting and public safety information programmes, as well as safe product packaging and control (e.g. of poisons, paraffin, etc).
- Secondary prevention is important because – without timeous screening, support and referral – genetic abnormalities, pregnancy and birth complications, as well as early injuries and accidents can result in disabilities that seriously hamper a child being able to realise their human potential.
- Inclusion in early childhood development services helps to prevent further disadvantages faced by young children with disabilities and their families.

- In addition to addressing these challenges, policy and legislative changes are needed to support:
 - The development of an inclusive ECD disability strategy, making provision for, amongst others, prevention, early detection and intervention, as well as universal availability and equitable access to comprehensive quality ECD services
 - The development of a national strategy for community-based rehabilitation of children with developmental difficulties and disabilities
 - The Care Dependency Grant must be made accessible to the family of every income-eligible child with a moderate to severe disability.
- **Public communication about the importance of promoting and protecting early childhood development will help to:**
 - Garner support for the National ECD Programme among government and civil society, especially parents and families
 - Reinforce the importance of positive parenting and the early learning environment provided in the home
 - Emphasise the strong effect that simply talking and singing more to young children, telling them stories and reading to them has on children's language and cognitive development
 - Improve nutrition and children's eating patterns in the home
 - Promote norms against physical punishment and other forms of violence, and provide information about alternative forms of limit-setting
 - Value traditional practices that protect children and promote their development, such as carrying infants against the mother's body, breastfeeding on demand and co-sleeping
 - Increase home and community safety to protect young children.

6.0 Human resources for the provision of the services in the Essential Package

- Some services in the proposed Essential Package are already provided and the human resources, including the systems for training, management and supervision are in place; for example, the majority of the proposed health and nutrition services, birth registration and social grants.
- Some of these existing services need to be strengthened in terms of access and quality; for example, access to early learning programmes, and the quality of nutrition support provided in clinics and communities.
- New or expanded services need to be supplemented and/or developed. These include the human resources required to deliver the services and the supervisory structures, training and capacity development necessary to manage the services and ensure their quality.
- **HEALTH AND NUTRITION** support in pregnancy and during the first two years of life:

The Department of Health provides health care and nutrition in facilities and in home visits through Community Health Workers (CHWs).

 - We recommend that the current CHW workforce is supplemented by a category of Mother and Child Community Workers paid for through an allocation to the Department of Health. This will ensure that:
 - At-risk mothers receive two home visits during pregnancy. At-risk includes young primiparae, HIV-positive women and women facing mental health problems, substance use and violence. We assume that not all at-risk mothers need this service as they may attend antenatal services and can be supported individually and in groups at or through the facility
 - At-risk mothers and infants receive 2-weekly home visits for up to nine months of age (including children with developmental difficulties). We assume that not all at-risk mothers need this service as they attend postnatal services and can be supported individually and in groups at or through the facility.
 - The Maternal and Child Community Workers require training in early child development and maternal well-being, as they will also provide support for nutrition, parenting and early learning for individual mothers and in groups.
- **PARENTING SUPPORT** is differentiated by developmental stage:
 - Pregnancy
 - Through the DOH, Mother and Child Community Workers provide parenting support to vulnerable women in antenatal clinics and through home visits (2 visits) to at-risk women (overlapping with the health and nutrition visits described above).
 - Birth to two years
 - Through the DOH, Mother and Child Community Workers provide parenting support in or through postnatal clinics (individually and in groups) and through 2-weekly home visits to vulnerable and at risk women for up to nine months of child age (overlapping with the health and nutrition visits described above).

- Through DSD, ECD Practitioners provide support for parents through child minding services, in community- (non-centre) and centre-based programmes.
- Two to five years
 - Through DSD, ECD Practitioners provide support for parents through community group programmes (non-centre) and early learning centres.
- **OPPORTUNITIES FOR LEARNING** are also provided in an age-differentiated way:
 - Pregnancy
 - Through the DOH, Mother and Child Community Workers provide support for early child learning in antenatal clinics and through home visits (two visits) to at-risk women to prepare for parenting and provide information on children's learning capacities from birth (overlapping with the health, nutrition and parent support visits described above).
 - Birth to two years
 - Through the DOH, Mother and Child Community Workers provide support for early child learning in or through postnatal clinics (individually and in groups) and through 2-weekly home visits to at-risk and vulnerable women for up to nine months after birth (overlapping with the health, nutrition and parent support visits described above).
 - Through DSD, ECD practitioners provide support for early child learning through child minding services through per capita programme funding for two sessions a week per income eligible child.
 - Two to five years
 - Through DSD (with the support of DBE), ECD practitioners provide support for early child learning through community group programmes (non-centre) and early learning centres through per capita programme funding for five sessions a week per income-eligible child.
 - These services are developed in collaboration with the DBE, with due consideration for the proposal to introduce a second pre-school year (pre-Grade R), starting when children are 3.5 to 4 years old (four years old by end of June in the year of admission).
- Posts for these services to be funded by Cabinet allocations to:
 - The Department of Health for approximately 19,000 M&C CHWs to provide the services to the 65% poorest children under two years of age, assuming 80% uptake. About 760 supervisory staff (1:25) are needed to support the Mother and Child Community Workers.
 - The Department of Social Development to pay for ECD practitioners and supervisors, either appointed to DSD or through non-profit organizations with whom DSD contracts for the provision of the centre-, community- and child minder-based services. Approximately 38,000 full-time equivalent ECD practitioners are needed to provide early learning services through centre- and community- (non-centre) based programmes to the 65% poorest children between birth and five years of age, assuming 80% uptake and an average ratio of 1:20. Approximately 3,000 supervisory staff (1:25) are needed to support these ECD practitioners, not counting new sub-district, district and provincial management staff.

- Training requirements to ensure sufficient staff to achieve universal availability (100%, with 80% uptake) are considerably higher than the number of posts indicated above.
- Per capita programme support for early learning activities are to be provided for all income-eligible children, whether through centres, community-based (non-centre) programmes or child minding services.
 - Two sessions a week (8 hours) of early learning and parenting support to be State-funded for 48 weeks a year for all income-eligible children from birth to two years, through accredited child minders and registered centre- and community-based (non-centre) programmes
 - Five sessions a week (20 hours) of early learning and parenting support to be State-funded for 48 weeks a year for all income-eligible children two to five years through registered centre- and community-based (non-centre) programmes.
 - The number of State funded hours of early learning support is in line with international benchmarks. It is not intended to cover full-time child care.
- **NEW AND/OR EXPANDED SERVICE PROVIDERS:**

The proposed Essential Package makes recommendations for services that require new and/or expanded service providers.

 - Mother and Child Community Workers are a new category of community worker and training will have to be designed. However, Mother and Child Community Workers would fit into current primary and district health care services in terms of supervision, mentorship, management and quality control.
 - The DSD must develop, employ, or provide for the employment of a new workforce of ECD practitioners to meet the needs to achieve universal availability of the community-, centre- and child minding-based *parenting support* and *opportunities for learning* components of the Essential Package.
 - Outside of social welfare services for identified families with problems, *parenting support* is currently provided only in a very limited way by faith-based and non-profit programmes. Opportunities for learning are currently only provided by the for- and non-profit sectors.
 - A large number of new ECD practitioners will have to be trained. Consideration should also be given to the possibility of expanding the available workforce by providing child and youth care workers and community development workers with training in early child development, as well as boosting the Expanded Public Works Programme social sector initiative for training and learnerships.
 - In the short- to medium-term, a large part of the expanded training must be done in collaboration with the nearly 100 Resource and Training Organizations (RTOs) who have, until recently, provided the majority of the training of ECD practitioners. This will enable rapid service expansion which is not possible with currently accredited training provision. Short courses must be designed to build towards qualifications through credit transfer or recognition of prior learning.
 - In the medium- and longer-term, NQF-accredited qualification training programmes are needed that provide for advancement.

- Training must also be harmonised through the Further Education and Training (FET) and the regulatory Quality Councils and Higher Education and Training systems.
- Greater coherence and standardisation needs to be brought about in the training, salary structure, employment status, versatility and career tracks of:
 - Current ECD practitioners, a group with very diverse training, some not accredited and some at the low end of qualifications. In addition, their career trajectories are unclear as they fall between the DBE and DSD
 - All community-based social service practitioners, as the need to expand services has to be balanced with aspirations for specialisation in activity areas (e.g. ECD practitioner, child and youth care worker, community development worker)
 - Staff who traverse between ECD practitioners, Grade R teachers and foundation phase educators.
- In addition to ECD Practitioners, supervision and management staff and structures must be developed at the provincial, district, municipal and ward levels to manage and provide these services at the required level of quality. For example, we estimate that some 600 supervisors will be required to oversee child minding services every second month at a ratio of 1 supervisor to 40 childminders. In doing so, again the State must draw on the long experience and deep expertise in the for- and non-profit sectors to expedite the service.
- Experience with the Expanded Public Works Programme (EPWP Social Sector) and the Community Work Programme must be built on to provide training and employment opportunities for young people in ECD that can simultaneously:
 - Address youth unemployment
 - Supplement the ECD workforce
 - Provide young people with meaningful knowledge and experiences that will help to equip them as parents and encourage socially beneficial activities.

7.0 Infrastructural considerations

- Two types of infrastructure are required to make the Essential Package universally available:
 - Physical infrastructure and services to deliver components of the Essential Package
 - Physical infrastructure and services for mentorship, supervision, management and continuous quality improvement of the services delivered.
- In the short- to medium-term, priority services must be provided through existing infrastructure – health and education facilities, municipal and traditional affairs buildings, the premises of non-profit organizations and other appropriate spaces.
- While building new infrastructure needs to be planned for the medium- to long-term, the delivery of the Essential Package should not be delayed until special purpose buildings are constructed.

7.1 Infrastructure for service delivery

- Both service and management infrastructure exists for the delivery of health, education, birth registration and social security payments. These services are generally accessible to all South Africans, and the services of both sectors contribute significantly to the well-being of children. These systems must be maximally used to deliver the Essential Package. Their expansion over the last 20 years also provides valuable learning opportunities for ECD.
 - Several components of the Essential Package can be delivered to pregnant women and to children birth to two years of age through health services, and by using health facilities as a base.
 - *Support for parenting* and community-based *Opportunities for learning* can be offered from Grade R facilities for children two to five years and their families in those areas without for- and non-profit ECD centres and programmes.
 - Schools providing Grade R will be the sites, together with capacitated early learning centres, for downward extension to a further preschool year, a pre-Grade R.
- Both service and management infrastructure also exists in the for- and non-profit ECD sector, although not widely available nor evenly distributed across the country. However, this infrastructure must also be maximally used to deliver services, for example:
 - Existing early learning centres can be used to deliver *Support for parenting* and community-based *Opportunities for learning* for children two to five years and their families.
 - Child-minders use their homes and these can also be used to deliver *Support for parenting* and community-based *Opportunities for learning* for children from birth to two years of age and their families.
- Provincial Departments of Social Development have built approximately 18 One-Stop Development (Thusong) Centres which are earmarked for, amongst other things, ECD activities and related services.

- Both local government and traditional affairs have buildings and grounds that can be made available for permanent early learning centres and/or for Essential Package activities.
- Many faith-based organizations make their facilities available to ECD programmes.
- The private sector is also likely to be able to make some buildings and/or spaces available for Essential Package activities, either through Corporate Responsibility initiatives, or efforts to provide care and early learning facilities for the young children of their staff.
- With time, a large number of new built early learning centres or facilities (venues for outreach activities) will be required, especially in under-served areas and those currently without for- or non-profit ECD programmes.
- However, the development of the national programme to make the Essential Package universally available should not be held up until such infrastructure is available. The programme can begin immediately by:
 - Using the health services and facilities to reach pregnant women and children from birth to two years
 - Working from other facilities to run programmes to *Support parenting* and for providing *Opportunities for learning* for children from birth to two years
 - Using un- or under-used community halls, libraries, other municipal facilities and traditional affairs offices, faith buildings, Grade R facilities, One-Stop Development Centres, and for- and non-profit early learning centres, and other facilities from which to provide services for children two to five years.
- New built early learning centres should be established by government in under-served areas, building on successful community-based efforts to provide components of the Essential Package to young children. For example, when community groups, a toy library or a mobile ECD programme have taken off, ECD practitioners have been trained, and demand created in the community.
- A planning process to establish new Early Learning Centres, preceded by community programmes, should begin immediately and must prioritise the poorest and most-underserved areas. This needs to be done in collaboration with the for- and non-profit ECD community, the private sector, donors, and local government, traditional authorities, communities and parents.
- The provision of water, sanitation and electricity to government-owned early learning centres must be included.
- Also to be included are equipment (for outdoor play) and materials for community-based Essential Package services, such as *Opportunities for learning* and *Parent support*

7.2 Management infrastructure

- There is very little management infrastructure for ECD outside of Health and Basic Education.
 - The Department of Social Development has ECD Coordinators at the provincial level, as well as Family Coordinators

- There are close to 100 RTOs and organizations with training and management capacity.
- A major task for Social Development over the next 2-3 years is to establish management structures at the district, and sub-district levels to manage, oversee and coordinate the delivery of the Essential Package services, as well as the continuous quality improvements.
- This management infrastructure comprises:
 - Staff trained and tasked to coordinate, manage and oversee service delivery, including ensuring the provision of materials to government-run or -supported programmes to support children's early learning
 - Office space from which this management staff will operate
 - Transport to enable them to visit sites and services
 - Running costs.
- While these management structures are being established, services should start to be provided under the aegis of Health, Basic Education and established for- and non-profit early learning centres and programmes.

8.0 Roles and responsibilities

- Roles and responsibilities for the National ECD Programme are fully described in the National ECD Policy. Main points are included here for completeness of the Programme report.

8.1 Government responsibility

- As laid out in the ECD Policy, government is responsible for the Essential Package, in particular for:
 - The universal availability of all components of the Essential Package, portions of which are already universally available, and the human and infrastructural resources to provide the services
 - Ensuring that *all* children have equal access to Essential Package services and that the services meet the quality standards laid down by government
 - Funding the Essential Package at the national, provincial and local level.
- Delivery of the Essential Package requires mechanisms to ensure cooperation amongst several government departments, effective at the national, provincial, district, municipal and ward levels.
- To make the Essential Package universally available, government must draw and build on, and collaborate with the relatively well-developed for- and non-profit ECD community. This must be underpinned by explicit expectations, secure contracting and performance requirements.
- To fund the rapid expansion of the Essential Package, government must:
 - Motivate for start-up funds and a larger allocation of the budget to the multi-sectoral provision of the national ECD programme
 - Draw donors and the private sector into the vision for universal availability of the Essential Package
 - Ensure that provincial allocations are protected and that funds are effectively spent on Essential Package services at the district, municipal and ward levels.

8.2 Leadership – An ECD Agency function

- A non-sectoral Agency structure for ECD is established urgently to begin the process of development of the national programme to make the Essential Package universally available.
- As is done in some countries that have successfully scaled up ECD, the Agency function should be established by statute and report to the highest authority.
- The Agency function should be adequately resourced and have a Board or other mechanism to represent the main stakeholders in ECD, including collaborating government departments and civil society. It must be staffed and financed to meet its mandate.

- The Agency function will be responsible for:
 - The preparatory processes needed to develop the national roll-out of the Essential Package
 - Communicating the vision, policies and strategies of the ECD programme and the Essential Package to government departments at all levels, the public, donors and implementing partners
 - Working with participating government departments to plan human, financial and other resources, training and capacity for service delivery, monitoring and reporting and to ensure collaboration
 - Harmonising policy and regulations affecting young children across departments to ensure there is clarity in roles and responsibilities for delivering the Essential Package.
- The Agency function will not be responsible for delivering services. Service delivery remains the responsibility of the departments providing substantial components of the Essential Package: Health, Social Development, Basic Education, SASSA, Department of Home Affairs, and COGTA.
- There must be ECD Agency function representation at the provincial level in the office of the Premier.

8.3 Preparatory processes – responsibility of the Agency function

- Lessons from other countries, particularly countries in Latin America that are successfully scaling up ECD, indicate that a national programme is only likely to succeed and be sustained if it is carefully prepared. In some countries, this process has taken 2-3 years. However, ECD programmes in many countries have failed, largely attributable to hasty attempts at scale up in which required components are not in place or are poorly developed.
- Amongst the processes to be prepared are:
 - Strong leadership, policy support and public support for the national ECD programme
 - Articulated personnel structures, training needs and supply
 - Targeting and scale up strategies
 - Quality control and monitoring strategies
 - Media and communications strategies
 - Community and parent participation.

9.0 Monitoring and evaluation

- ECD programmes only work if they are well designed and well-executed through quality management procedures.
- Monitoring is the ongoing collection of output, outcome, coverage and quality data, while evaluation involves the assessment of impacts.

9.1 Monitoring

- A standard log frame prescribes the collection of data on inputs (services provided), outputs (numbers reached) and outcomes (benefits to children and families).
- Monitoring data must be collected on the delivery of the Essential Package at a number of levels, domains, components, resources, quality control, and expenditure.
- Essentially, a monitoring system must be able to provide information on:
 - **Whether a child is receiving** all Essential Package services, who is providing them, where are they being provided, in what dose and duration, and whether the child is benefitting from the services in terms of health, growth and development
 - **How services are delivered**, including the numbers and work load of the staff, their performance quality, supervision received, materials available, and so on. Data on these elements must be collected at each level of service provision – clinic, centre, community programme, and child minding service.
 - **How the system is functioning** as expressed in the numbers of early learning centres and community programmes, toy libraries, child minders, services meeting norms and standards, ECD Practitioners and M&C CHWs, Essential Package Coordinators, staff qualifications, training capacity and trainees.
 - **What funding is received**, allocated and spent.
- Illustrative key monitoring indicators at a district level are shown below.

FUNCTION	CHILD DATA	SERVICE MODE DATA	HUMAN RESOURCES	IMPLEMENTERS	FINANCE
District planning and management	<ul style="list-style-type: none"> • No. of children by age in the district • % participating in ECD programmes (by mode) • % receiving per capita subsidy • % of children stunted or underweight-for-age • % attendance/enrolled by facility, ward, district 	<ul style="list-style-type: none"> • No. of programmes by type • Degree to which facilities meet norms & standards for conditional & full registration • Infrastructure data (facilities, vehicles, information & communication) 	<ul style="list-style-type: none"> • Skills/ qualifications & continuing education database • Ratio of community workers and practitioners per 100 children 	<ul style="list-style-type: none"> • Mapping of all ECD services and capacity in the district • No. of applications for registration (conditional/full) • No. registered (conditional/full) • Status of funding 	<ul style="list-style-type: none"> • Budget • Expenditure

FUNCTION	CHILD DATA	SERVICE MODE DATA	HUMAN RESOURCES	IMPLEMENTERS	FINANCE
Local programme management	<ul style="list-style-type: none"> • No. of children by age in each ward • % participating in ECD programmes (by mode) • % of children receiving per capita subsidy (by programme type) 	<ul style="list-style-type: none"> • Assessment of progress with quality improvement (baseline, annual review of adherence to norms and standards) 	<ul style="list-style-type: none"> • Number of community workers • Number of ECD practitioners in early learning centres • Number of ECD co-ordinators 	<ul style="list-style-type: none"> • Name • NPO registration • ECD programme/centre registration (full/conditional) • Key contact details • Bank account details 	<ul style="list-style-type: none"> • Budget • Expenditure • Requisitions • Payment
Child participation	<ul style="list-style-type: none"> • Enrolled in ECD programme • Attendance recorded (daily or sessionally) • Six monthly weight & height of each child 	<ul style="list-style-type: none"> • Norms & standards of provision of modes of delivery (measured as part of quality improvement process) 			
Citizenship, child recognition and social protection	<ul style="list-style-type: none"> • Identity number • (Or unique identifier for non-citizens and for unregistered children) 				

- Monitoring data must be collected on all components of the Essential Package. To minimise the burden of data collected on services, as far as possible routine data should be used as well as current monitoring data collected by Departments providing services.
- Monitoring systems will have to be designed from scratch for new services.
- Children reached by each component of the Essential Package must be tracked via their identity number. This must be linked to other databases to ensure that children are receiving all services to which they are entitled and to track the long-term impact of the Essential Package. For example:
 - SASSA's grant database
 - The Centralised Education Management Information System (CEMIS) to track progression of children into Grade R and the foundational phase of education.
- Pilot sites and demonstration projects, together with monitoring systems must be carefully assessed during the planning process. Pilot testing must include:
 - Data collection instruments at the child and service level
 - Aggregation and the decision tools needed to use and feedback data at each level collected
 - Support, supervision and re-training to respond to weaknesses in data collection and use

- Participation and incentives needed to sustain data collection for good quality monitoring.

9.2 Evaluation

- Evaluation is both ongoing and intermittent:
 - Ongoing: indicators of success (access, coverage, service quality) are made available by good quality monitoring data
 - Intermittent evaluations need to be designed to assess both impact of components of the Essential Package (such as nutrition support) and the Essential Package as a whole.
- Evaluation needs to be planned at the start of the roll out of the Essential Package, by collecting baseline data and by enrolling cohorts of children in several sites who can be followed up over time.
- User surveys, that is, the perspectives of families and communities on the services provided, should be conducted to periodically assess the acceptability, penetration and demand for Essential Package services.
- International experience suggests that between 5 and 10% of national investment in ECD should be devoted to evaluation research, monitoring, statistical reporting, and feedback systems.
- The ECD Agency must stimulate research to benefit the national ECD programme through the science, technology and higher education systems. This can be done by advertising research topics that are of value to improving the national ECD programme, by requesting that science and technology funds are assigned to research that benefits the national ECD programme, and so on.
- Both monitoring and evaluation data should be included in the public information campaign to build and maintain support for the national ECD Programme.

10.0 Funding and costing

- At this stage of the development of the national ECD Programme and the roll out of the Essential Package, it is more useful to give an indication of funding needed and range of potential costs, rather than detailed implementation budgets.
- We propose the following funding model:
 - Funds are currently allocated to SASSA, and the Departments of Home Affairs, Health, Basic Education, Social Development and others for functions and services that support the development of young children, including those proposed in the Essential Package.
 - In addition, Cabinet allocates additional funds to:
 - The national departments of Health, Social Development and Basic Education to cover national level management and support functions of new services in the Essential Package
 - The ECD Agency function for the planning process in preparation for the roll out of the Essential Package, as well as for Agency staff and ongoing support and monitoring functions, and the development and administration of a national media campaign
 - Provinces, whose funds are ring-fenced and allocated to Health, Basic Education, Social Development, and COGTA for:
 - Cost of departmental management and supervision of the Essential Package services
 - Cost of training the necessary work-force
 - Cost of infrastructure development (ring-fenced grants to municipalities through COGTA and/or maximal use of existing municipal infrastructure funds)
 - Cost of programme implementation.
 - Programme implementation costs include:
 - Home visiting costs paid through budget increases for the Department of Health for the new category of M&C CHWs
 - Any extension of schooling (Pre-Grade R) paid through budget increases to DBE
 - Staffing allocations for centre- and community-(non-centre) based parent and child learning groups paid through the DSD
 - Programme support for early learning activities conducted in registered centre or community (non-centre) programmes, and child minding paid through DSD.
 - Calculation of centre, community-based learning group (non-centre) and child minding funding is broken down into:
 - Staffing: staff posts are allocated on an *ECD Practitioner: Child* ratio, funds for which are paid to staff appointed to DSD at the provincial or district level or allocated to non-profit organizations through sub-contracting
 - Programme funding, based on a fixed per-child allocation, for all models of delivery – centre- or community-based learning groups (non-centre), and child minding.

- Parents and children 0-2 years of age funded to make use of parent support and child learning groups for two sessions (eight hours) a week for 48 weeks a year in any mode of delivery provided it is accredited
 - Children 2-5 years of age funded to attend five sessions (twenty hours) per week for 48 weeks a year in either centre- or community-(non-centre) based learning programmes. Additional time in the programme for child care is expected to be covered by user fees.
- Programme implementation costs entail post provisioning (to create a motivated, skilled and stable workforce), programme funding, supervision, departmental overheads, and ongoing training to a full total of R16.7 billion at full roll, which will be several years from now.
- High-level management (the Agency function) is calculated at R250 million a year, and the national media campaign at R60 million. Monitoring and evaluation is allocated 2% of direct implementation costs (posts and programme support).
- Infrastructure is costed at R1.8 billion a year, for 10 years to build the required stock
- However, a number of important changes could be made immediately at a cost of R1.7 billion a year. These include adjusting the per capita subsidy to R20 while the new programme funding model is developed, home visiting to 10% of pregnant women and 5% of women during the first nine months after birth, and mother-child support and learning groups for 10% of women. Supervision of this work is included.
- The major cost drivers are:
 - What is included in the R20 per capita programme funding allocation (food, support staff, office expenditure, water and electricity, rental, etc.) – which accounts for 50% of total implementation costs
 - Salary structure (currently based on R2,500 per month for Mother and Child Community Workers and an average of R4,500 for ECD practitioners)
 - The number of hours of programme support (8 hours a week for 0-2 years and 20 hours a week for 2-5 years).
- The estimates are based on new costs, except for the approximately R1.2 billion that DSD already allocates to subsidies and other ECD related expenditures.
- Scenarios for roll out are outlined in the Full Report.

11.0 Immediate next steps

- Establish the ECD Agency, and use the opportunity to launch a high-profile, well-designed communication strategy to inform government departments, the public and parents about the importance of early child development, why the State is committing to developing a national programme, and how it is envisaged to be done.
- As its first task, the ECD Agency must produce a plan for the development processes needed to roll out the Essential Package, including negotiations with the key departments.
- SASSA should immediately pre-register eligible pregnant women for the Child Support Grant. The CSG has been shown to have its greatest benefits when received early, but uptake is lowest in the first year of life and lowest amongst vulnerable teen mothers.
- DSD should immediately address the following issues:
 - Registration and subsidization:
 - Simplify the processes for determining the income eligibility of children and use eligibility for the CSG as the eligibility criterion to receive an ECD subsidy
 - Simplify the processes for registration of early learning centres as partial care centres and for subsidization
 - Provide funding for all eligible children in facilities that are already registered
 - Require provincial departments to make full use of the conditional registration provision in the Children's Act by identifying unregistered centres that can be conditionally registered for a year and to support them to undertake improvements towards registration.
 - Child minding:
 - Revitalise discussions on policy, training, accreditation and quality control processes for child minding.
 - Training:
 - In collaboration with DOH, DBE, Further Education and Training Colleges, Quality Councils and other stakeholders, bring clarity and standardisation to the training of ECD Practitioners.