



# **Laying the foundation for success**

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LESSONS LEARNT FROM CSI -  
FUNDED ECD PROGRAMMES IN  
SOUTH AFRICA

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**FIRSTRAND**

## **EXECUTIVE SUMMARY**

**Laying the Foundation for Success is the fifth research paper commissioned by FirstRand Foundation as part of its communications campaign to document and share learnings under the theme: CSI that Works. The overall purpose of the campaign is to influence corporate social investment (CSI) in South Africa by encouraging knowledge sharing among corporates, civil society organisations, government and other social development actors.**

### **Research objectives**

The overall aim of this research is to highlight the lessons learnt from implementing CSI-funded early childhood development (ECD) interventions in South Africa. ECD refers to the provision of holistic policies and programmes encompassing the physical, emotional, cognitive, spiritual, moral and development of children aged between birth and nine years of age with the active participation of their parents and caregivers.<sup>1</sup> The research is premised on the universal evidence that investing in ECD provides greater returns to society than any other form of human capital investment.

The specific objectives of the research are to: contextualise the role and significance of ECD in influencing national development outcomes; critically analyse the challenges faced by children with a specific focus on ECD; review the effectiveness of interventions and responses to challenges in the ECD sector; and identify gaps in the provisioning of ECD and potential opportunities for high-impact CSI that delivers positive outcomes for children.

### **Research methods**

The research relied primarily on secondary data and information gathered through an extensive desktop study, interviews with Tshikululu Social Investments in-house practitioners working on ECD programmes and in-depth interviews with project managers in selected organisations implementing ECD interventions. The desktop study was conducted to provide the background and context of ECD interventions in South Africa. The literature review was based on current research publications, conference and workshop reports, government policy documents and CSI publications on ECD. The selected case studies were documented based on organisational reports such as annual reports, project reports and evaluation reports.

### **Research findings**

Inequality, unemployment and poverty remain the major obstacles to social and economic development in South Africa. Interestingly, research evidence indicates that targeted investment in ECD provisioning reduces social and economic inequality. The first 1000 days from conception until a child is two years old have also been demonstrated to be crucial, requiring adequate provision of health and nutrition support to guarantee positive social and economic outcomes later in life.

The South African government has reiterated its commitment to implement social development programmes sensitive to the needs of children. These programmes are coordinated through an interdepartmental committee comprising of the Departments of Basic Education, Department of Health and Social Development. The provision of early learning services within the ECD sector are predominantly provided by NGOs and community-based organisations delivering programmes supported by private sector funding. However, government has provided significant resources in expanding Grade R programmes. In the health and social protection space the Department of Health

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<sup>1</sup> Department of Education. (2001). The Nationwide Audit of ECD Provisioning in South Africa. Department of Education, Pretoria, South Africa.

provides the bulk of health services for children and women while the DSD has also made available significant resources to fund child support grants. Furthermore, government has recently commissioned the development of a national ECD policy. The policy was submitted to parliament for consideration in April 2014.

Although considerable effort and resources have been channelled towards the ECD sector and some improvement has been noted since 1994, the overall status of the majority of children remains dire. More than 50% of children live in poverty with inadequate access to health care, nutrition, education and social services. Access to ECD services remains far below national targets. Only 35% of all children between birth and four years of age are enrolled in an ECD facility. Access is severely limited for children with disabilities with only 1% enrolled in an ECD centre.

Provision of healthcare for women and children has improved significantly. More women are accessing antenatal care (97%); many more are delivering their babies at health facilities (91%); more births are registered (83%); and more children are being fully immunized (89%) than a decade ago. Although maternal and child mortality have decreased, there is still much work to be done.

Social security and child protection issues remain a challenge. Child support grants have made a significant contribution towards alleviating child hunger and suffering, especially in remote rural areas. However, other structural and systemic issues still remain that prevent fundamental change in the ECD sector.

Although ECD services are typically focused on the child, the family and community also require support to enable them to complement centre-based or community outreach services. Parenting programmes impart skills that enable families to manage social challenges and prevent malnutrition, drug and alcohol abuse by pregnant mothers. In order to be sustainable, parenting programmes should be prioritised and included in the government policy instruments on ECD.

Based on the research findings and case studies profiled as part of the research, several lessons have been learnt and the following recommendations are suggested for CSI donors supporting ECD interventions:

- support home-based ECD models which focus on holistic development for children from birth;
- design ECD outreach models that complement centre-based services;
- promote ECD practitioner training with coaching and mentorship programmes;
- promote ECD provisioning models that leverage on partnerships;
- support ECD infrastructure development;
- support maternal and child nutrition programmes; and
- promote research across the ECD spectrum.

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## ACRONYMS

CBO	Community-based organisation
CSI	Corporate Social Investment
DBE	Department of Basic Education
DET	Department of Education and Training
DoH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
EPI	Expanded Programme on Immunisation
INP	Integrated Nutrition Programme
MDG	Millennium Development Goals
NDP	National Development Plan
NSNP	National School Nutrition Programme
PHC	Primary Health Care
SANHANES-1	South African National Health and Nutrition Examination Survey

## 1. INTRODUCTION

It is acknowledged that investing in early childhood development (ECD) provides greater returns to society than any other form of human capital investment.<sup>2</sup> Empirical evidence shows that provision of quality ECD programmes provides positive educational and health outcomes for children both in the short and long term.<sup>3</sup> These children are also more likely to become functional and economically productive individuals as adults.<sup>4</sup>

There is currently great momentum in the ECD sector in South Africa. The government, NGOs, private sector and other stakeholders are increasingly aware that provision of integrated ECD services is essential for the achievement of national development goals. Since 1994, government has put in place various policy instruments to support the ECD sector. These include the Interim Policy for Early Childhood Development of 1996; the nationwide audit of the ECD sector of 2001; Children's Act of 2005; National Integrated Plan for ECD (2005-2010); and the National Development Plan 2030 launched in 2012. Recently, the government commissioned the development of a national ECD policy and programme, which was submitted to parliament for consideration in April 2014.

### 1.1 The challenge

The high levels of social and economic inequalities in South Africa have disproportionately entrenched childhood poverty among African children and prevented them from accessing adequate health care, education, social services and quality nutrition. Two decades after the demise of apartheid, more than half of South African children still live in poverty, making them vulnerable to neglect, isolation and discrimination.

About 27% of children under the age of five are stunted, 12% are underweight and 5% are wasted as a result of malnutrition.<sup>5</sup> About 17% of pre-school aged children are deficient in Vitamin A<sup>6</sup> and 24% are anaemic.<sup>7</sup> More than 80% of children aged between birth and four years in the poorest 40% of the population are entirely excluded from registered ECD programmes. Although 56% of children between the ages of three and four years have access to out-of-home care, only 18% of children younger than three, and less than 1% of children with disabilities, access such services.<sup>8</sup> Most of these children are less likely to enrol in school and more likely to drop out early, if they do enrol in school.

Although government has prioritised the provision of resources towards ECD in the last two decades, children still require more focused services to address their cognitive, emotional, social, and physical developmental needs.

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<sup>2</sup> James J Heckman, J.J., Moon, S.H., Pinto, R., Savelyev, P.A. & Yavitz, A. (2010). The Rate of Return to the High Scope Perry Preschool Program" *Journal of Public Economics* 94, nos. 1-2 (2010) 114-128

<sup>3</sup> DG Murray Trust, (2013). *Locating Early Childhood Investment in South Africa*

<sup>4</sup> Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M., Nelson, C. & Huffman, S. (2011). Inequality in early childhood: risk and protective factors for early childhood development. *The Lancet*. [http://www.ecdgroup.com/pdfs/Lancet%202011\\_papers%201%20and%202.pdf](http://www.ecdgroup.com/pdfs/Lancet%202011_papers%201%20and%202.pdf) [Retrieved March 2014]

<sup>5</sup> UNICEF. 2009. *State of the World's Children*. New York: UNICEF.

<sup>6</sup> WHO. 2009. *Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995-2005*. WHO Global Database on Vitamin A Deficiency

<sup>7</sup> WHO. 2008. *Worldwide Prevalence of Anaemia 1993-2005: WHO Global Database on Anaemia*.

<sup>8</sup> Statistics South Africa . (2012). *General Household Survey 2011*. Pretoria: Statistics South Africa.

## 1.2 Research objectives

The objectives of the research are to:

- contextualise the role and significance of ECD in influencing national development outcomes;
- critically analyse the challenges faced by children with a specific focus on ECD;
- review the effectiveness of interventions and responses to challenges in the ECD sector; and
- identify gaps in the provisioning of ECD and potential opportunities for high-impact CSI that delivers positive outcomes for children.

## 1.3 Scope of the research

It is evident that ECD is broad and covers a wide spectrum of services targeted at children. This research will attempt to present a comprehensive report, but will focus in greater detail on: quality of centre-based ECD programmes and services; home and community based models; parenting and child development; practitioner training; preventive and primary health care, social security and child protection services. The research will also identify good practice in the provisioning of ECD services and document lessons learnt for sharing with a wider audience.

# 2. THE CONTEXT AND ORGANISATION OF THE ECD SECTOR

## 2.1 Defining early childhood development

The government of South Africa has adopted the view that ECD is a multi-faceted mix of services targeted at the development of physical, emotional, cognitive, spiritual, moral aspects of children aged between birth and nine years with the active participation of their parents and caregivers.<sup>9</sup> The White Paper 1 on Education and Training (1995) and the Interim Policy for Early Childhood Development (1996) demonstrates government's early endorsement and support for the comprehensive provision of appropriate services for children.<sup>9</sup> Subsequent policies and strategies have further articulated government's commitment to protect and nurture South Africa's children.

ECD is both a human rights issue and development imperative. The rights of children to care, protection, health and nutrition should be at the centre of ECD provisioning. Furthermore, children should be exposed to relevant services to enhance their developmental processes. It should be acknowledged that ECD is a multi-faceted subsector whose servicing requires a multi-sectoral, coordinated, integrated and adequately resourced strategy in order to reach all children, including those living in poverty, in rural areas and with disabilities.<sup>10, 11</sup>

The definition of ECD implies provision of a wide range of services for children by a variety of stakeholders including parents, caregivers, government, and NGOs. The role of parents and caregivers is vital in the provision of these services, especially in the home. Support from government, NGOs and other stakeholders is also necessary for households, the community and ECD centres to ensure that no child is left behind. Given that South Africa does not yet have an official ECD policy and programme, there is no consensus on what a basic package of ECD services might contain. However, Ilifa Labantwana, a donor partner launched in 2009, has developed what it calls an 'essential package'. The FirstRand Foundation was one of the donors that led this initiative. Based on the essential package,

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<sup>9</sup> Department of Education. (2001). The Nationwide Audit of ECD Provisioning in South Africa. Department of Education, Pretoria, South Africa.

<sup>10</sup> Martin, P. (2012). The role of the State: Legal obligations to provide comprehensive early childhood development services. Background paper in Richter, L., Biersteker, L., Burns, P. J., Desmond, D. C., Feza, D. N., Harrison, D., Martin, P. Saloojee, H., & Slemming, W. Diagnostic Review of Early Childhood Development. Pretoria: Department of Performance, Monitoring and Evaluation & Inter-Departmental Steering Committee on Early Childhood Development.

<sup>11</sup> UN Committee on the Rights of the Child. (2006). CRC General Comment No. 7 (2005): Implementing Child Rights in Early Childhood. <http://www.unhcr.org/refworld/docid/460bc5a62.html>: CRC/C/GC/7/Rev.1 [Retrieved March 2014]

services and support for ECD consists of five basic components: nutritional support; primary level maternal and child health interventions; social services; support for primary caregivers; and stimulation for early learning.<sup>12</sup> Some of the vital ECD services for children from conception to age five are listed below:<sup>10,12</sup>

- family planning and preconception and prenatal education and care;
- nutritional support for pregnant and breastfeeding women, and young children;
- prevention of alcohol and substance abuse, and mental health services;
- preventive and primary health care;
- infant and young child nutrition education, supplementation, feeding and rehabilitation;
- birth registration, social security, subsidised housing, free and/or subsidised potable water, sanitation and hygiene, and other forms of social protection services for the poorest families;
- protection against abuse, neglect and exploitation;
- parent education and support to ensure optimal parenting, and infant and young child development;
- early childhood stimulation and education at home and through community and site-based programmes for children from birth; and
- community-based integrated ECD centres.

## 2.2 The rationale for ECD

South Africa is one of the most unequal societies in the world today. The legacy of apartheid engendered social and economic inequalities premised on race, gender and social class.<sup>13</sup> Undoubtedly, African children have disproportionately suffered due to lack of a nurturing, educative and supportive environment. Research on ECD has provided irrefutable evidence that shows that investing in the development of young people helps to reduce social and economic inequality by equalising education outcomes and post-school employment opportunities for all children, irrespective of race. Children born in poor families benefit the most from the provision of high-quality ECD services, with the ultimate possibility of breaking the cycle of intergenerational poverty.<sup>14,15</sup>

Research in neuroscience has also shown that the first 1 000 days from conception are critical for brain development, which continues rapidly until a child is two years old.<sup>14,16</sup> This is a critical period in the growth and development of a child requiring adequate provision of nutrition, health care, cognitive stimulation and supportive parenting. Early provision of ECD services helps to screen children for learning difficulties, social, behavioural and health problems.<sup>14</sup>

The provision of early health care, nutrition, learning and stimulation, protection and parenting services also impacts positively on children's education later in life through increased primary school enrolment, enhanced school performance, lower repetition and drop-out rates, and reduced remedial education costs. The social and economic benefits include the reduction in high risk behaviours like unsafe sex,

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<sup>12</sup> Ilifa Labantwana (2014). *The Essential Package: Early childhood services and support to young children in South Africa*. Second Edition. Cape Town

<sup>13</sup> Mannak, M. (2009). "Report: South Africa most unequal society", *Digital Journal*, 28 September, available at [www.digitaljournal.com/article/279796](http://www.digitaljournal.com/article/279796) [Accessed 15 March 2014]

<sup>14</sup> Biersteker, L. (2012). *Early childhood development services: Increasing access to benefit the most vulnerable children*. South African Child Gauge: 2012

<sup>15</sup> Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M., Nelson, C. & Huffman, S. (2011). Inequality in early childhood: risk and protective factors for early childhood development. *The Lancet*. [http://www.ecdgroup.com/pdfs/Lancet%202011\\_papers%201%20and%202.pdf](http://www.ecdgroup.com/pdfs/Lancet%202011_papers%201%20and%202.pdf) [Retrieved March 2014]

<sup>16</sup> Martin, P., Berry, L., Desmond, C., Harrison, D., Naicker, S., Richter, L., Saloojee, H. & Slemming, W. (2014). *Early Childhood Development: National ECD Policy*. Pretoria: HSRC.

substance abuse, and criminal and violent activity.<sup>17,18</sup> Research has shown that investment in ECD has far more benefits to society than any other form of human capital investment.<sup>19,20</sup>

In order to ensure that ECD yields the expected returns it is necessary that a high quality, comprehensive and integrated package of ECD services is developed and provided to both children and their families in the home, community and through ECD centres by a coordinated approach.<sup>21</sup>

### 2.3 The organisation of the ECD sector

In South Africa, the state has historically not been involved in the development of ECD centres but has often provided welfare subsidies, albeit along racial lines. Discriminatory policies during the apartheid era ensured that no subsidies were paid for African children resulting in most ECD centres for these children providing only custodial care. The reluctance by the state to actively participate in the provision of early learning services led to the proliferation of community-based organisations and NGOs focusing on this aspect of ECD. Although in the 1980s the state began to acknowledge the importance of early learning the Department of Education and Training (DET) lacked the resources to implement necessary programmes. Nevertheless, government interventions in the sector remained guided by policies of racial segregation.<sup>9</sup>

The current state of ECD in the country arises strongly from its history of marginalised, fragmented and inadequate support. NGOs and community-based organisations continue to dominate the early learning space in the ECD sector. Although government has committed to put children at the centre of social development programmes and prioritised ECD through policy, most early learning services and programmes continue to be delivered by NGOs with private sector funding.<sup>9</sup> However, for its part, government provides significant support in the provision of health services to children and women as well as Grade R programmes.

In post-apartheid South Africa a more holistic view of ECD has been adopted, thus necessitating the establishment of a formal interdepartmental committee, which includes the Departments of Basic Education (DBE), Health (DoH), Social Development (DSD) and Labour (DoL). While DSD is responsible for formulating ECD policy, DoE is responsible for facilitating the work of this collaborative body.<sup>22</sup> It is generally known and acknowledged that ECD cuts across various departments including Home Affairs. This adds to the complexity of implementing quality ECD services. The interdepartmental committee thus faces enormous challenges in its endeavour to address the needs of children across the country.

With regards to specific responsibilities, the DBE is responsible for the five to nine year old age cohort. The key priorities for the department include: infrastructure, learner support materials and equipment; integration of Grade R in ECD to facilitate transition to formal schooling; and standardisation of training, qualifications and remuneration of staff.<sup>23</sup>

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<sup>17</sup> Naudeau, S., Katoaka, N., Valerio, A., Neumann, M. & Elder, L. (2010). Investing in Young Children. Washington DC: The World Bank.

<sup>18</sup> Engle, P., Fernald, L., Alderman, H., Behrman, J., O'Gara, C. & Yousafzai, A. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60889-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60889-1/abstract) [Retrieved March 2014]

<sup>19</sup> James J Heckman, J.J., Moon, S.H., Pinto, R., Savelyev, P.A. & Yavitz, A. (2010). The Rate of Return to the High Scope Perry Preschool Program" *Journal of Public Economics* 94, nos. 1-2 (2010) 114-128

<sup>20</sup> DG Murray Trust. (2013). Locating Early Childhood Investment in South Africa

<sup>21</sup> Cummings, W.K. & Williams. J.H. (Eds). (2008). *Policy-making for education reform in developing countries: policy, options, and strategy*. Lanham, Maryland, United States of America: Rowman & Littlefield Publishers, Inc.

<sup>22</sup> Department of Education. (2001). *Education White Paper 5 on Early Childhood Education*. Pretoria: Department of Education

<sup>23</sup> Richter, L., Biersteker, L., Burns, P. J., Desmond, D. C., Feza, D. N., Harrison, D., Martin, P. Saloojee, H., & Slemming, W. *Diagnostic Review of Early Childhood Development*. Pretoria: Department of Performance, Monitoring and Evaluation & Inter-

Based on government's focus on inclusive education, the DoE developed the National Strategy on Screening, Identification, Assessment and Support (2008). The relevance of this strategy to ECD derives from the need to ensure that all children have access to education and learn in the most appropriate manner that minimises barriers to learning. The strategy also recognises the role of parents and caregivers in nurturing children and makes provision for training them to identify and manage learning barriers when children are still young. The strategy further makes provision for the training and support of service providers and schools to manage children with special needs.

The DSD is focused on formulating policy for the ECD sector and setting the minimum standards for the provision of ECD services. The department provides services for children from birth to four years, with particular emphasis on children with disabilities. The DSD advocates for a collaborative approach to counter the lack of facilities for the early detection, management and intervention for children with disabilities.<sup>24</sup> Other key focus areas for DSD in relation to ECD provisioning include: parenting support; facilitating access to subsidies for children in ECD centres, particularly those in poverty stricken areas; providing funding support for home and community-based care; promotion of nutrition in all programmes reaching young children; and promoting ECD provisioning in poor and under-served communities.<sup>23</sup>

The DoH covers the birth to nine year old age cohort. The department is concerned with the provision of free, comprehensive and quality primary healthcare for children, particularly those under the age of six, all children with disabilities as well as pregnant and lactating mothers.<sup>25</sup> Thus, the department is particularly focused on maternal health and nutrition in the first 1000 days, provision of antenatal care, halting smoking and alcohol use during pregnancy; prevention of maternal mortality; and early identification of childhood disability; and promoting child development.<sup>23</sup>

## 2.4 The status of children in South Africa

The South African constitution and the Children's Act make direct and firm provisions for the protection of children and emphasise their right to basic education, and protection from neglect, abuse and exploitation. Despite the commitment to place children at the centre of national social and economic development, the majority of South Africa's children live in abject poverty<sup>26</sup> with inadequate access to health care, education, social services and quality nutrition.<sup>27,28,29</sup> Most of these children live in rural areas in child-headed households<sup>30</sup> and only 34% of children from birth to six years of age live with both their parents.<sup>31</sup> Thirty six per cent of children reside in households where no adults are employed.<sup>32</sup> Racial inequality is also strongly evident in child poverty statistics: 66% of African children live in poverty

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Departmental Steering Committee on Early Childhood Development. <http://www.thepresidency-dpme.gov.za/MediaLib//Home/KeyFocusAreas/ECD%20Diagnostic%20Report%20without%20BPs%204%20June.pdf> [Accessed March 2014]

<sup>24</sup> Department of Social Development & United Nations Children's Fund (UNICEF). (2006).

Guidelines for Early Childhood Development Services. South Africa.

<sup>25</sup> Free Health Care Policy (1994)

<sup>26</sup> Hall, K. (2011). Analysis of General Household Survey 2011, Children's Institute, UCT.

<sup>27</sup> United Nations Children's Fund (UNICEF). (2009). The State of the World's Children: Special Edition. New York: Brodock Press.

<sup>28</sup> Atmore, E. (2012). Challenges Facing the Early Childhood Development Sector in South Africa: A Comprehensive Research report on Early Childhood Development to the National Development Agency (NDA)

<sup>29</sup> Du Plessis, P. & Conley, L. (2007). Children and Poverty in South Africa: The Right to Social Security. Educational Research and Review Vol. 2 (4), pp. 049-059. University of Johannesburg: Johannesburg.

<sup>30</sup> Jamieson, L., Bray, R., Viviers, A., Lake, L., Pendlebury, S. & Smith, C. (Eds). (2011). South African Child Gauge 2010/2011. Cape Town: Children's Institute, University of Cape Town.

<sup>31</sup> Biersteker, L. & Streak, J. (2008). ECD (Age 0 – 4) in South Africa: Policy, demographics, child outcomes, service provision and targeting. Paper developed for the HSRC scaling Early Childhood Development (0–4 years) research project. Pretoria: HSRC.

<sup>32</sup> Statistics South Africa. (2010). General Household Survey 2009. Pretoria: StatsSA.

compared to 30% of Coloured, 8% of Indian and 2% of White children.<sup>33</sup> Poverty, coupled with the difficult social circumstances in which they live, render these children vulnerable to abuse and neglect.<sup>28</sup>

Government has a social responsibility to assist families who cannot meet their basic needs through social grants and other social welfare strategies. Although the contribution of grants to household basic needs remains marginal, these represent a vital and direct poverty alleviation programme among children in South Africa.<sup>34</sup> Still many more resources need to be channelled towards supporting children to alleviate hunger and poverty.

#### **2.4.1 Enrolment in ECD programmes**

The 2001 national audit on early learning services in South Africa was instrumental in highlighting the status, quality, challenges and gaps in ECD provisioning in the country. No such comprehensive data and information was available until then. The audit provided benchmarks for subsequent measurement of progress in the sector. The audit indicated that there were 23 482 ECD centres in the country and 16% of the child population under the age of six were enrolled in these sites. Only 1% of children with disabilities were enrolled in ECD centres.

ECD programmes are typically offered in (some) schools, within the community and private homes. Almost half of all ECD centres in South Africa are community-based. Children under the age of five years mostly receive ECD services in home-based sites; and five to seven year olds attend community-based or school-based sites. In 2012, only 35.7% of children in the birth to four years cohort attended an ECD centre. Enrolment statistics are much lower in rural than in urban areas.<sup>35</sup> Despite evidence that after the age of three accessing formal ECD programmes becomes important for developing social skills and learning readiness,<sup>36</sup> only 52% of three to four year olds have access to out-of-home care. There is further evidence to demonstrate that attendance at preschool has a positive impact on reading and mathematics tests in Grade 4,<sup>37</sup> hence the proposal by the National Development Plan for at least two years of preschool education.<sup>38</sup>

The government recognised early learning as a foundation on which children can transition to formal education with greater chances of success and started prioritising funding for Grade R. Enrolment of five-year olds in Grade R increased significantly from 156 292 in 1999 to 620 223 in 2009 and 734 654 in 2011. In the same year, Grade 1 enrolment figures showed that 83% of learners had attended a formal Grade R class.<sup>39</sup> Although the foregoing statistics are encouraging there is still need for significant effort before the target of a place in Grade R for every child before Grade 1 is reached. Meanwhile, the shortage of adequately qualified Grade R teachers remains a huge challenge.<sup>40</sup>

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<sup>33</sup> The Consultative group on Early Child Care and Development (2000). *A Transformative Solution: Reducing poverty and inequality through a Post-2015 Early Childhood Development Goal*. Toronto: CGECCD.

<sup>34</sup> Kibel, M., Lake, L., Pendlebury, S. & Smith, C. (eds). (2010). *South African Child Gauge 2009/2010*. Cape Town: Children's Institute, University of Cape Town

<sup>35</sup> Statistics South Africa . (2012). *General Household Survey 2011*. Pretoria: Statistics South Africa.

<sup>36</sup> Engle, P., Black, M., Behrman, J., De Mello, M., Gertler, P., Kapiri, L., Young, M. & the International Child Steering Group (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet*, 369 (9557): 229-242.

<sup>37</sup> Southern and Eastern African Consortium for Monitoring Educational Quality (2011). *Learner Preschool Exposure and Achievement in South Africa*. Policy brief no. 4. Pretoria: Department of Basic Education.

<sup>38</sup> National Planning Commission (2012) *National Development Plan 2030: Our Future – Make it Work*. Pretoria: The Presidency.

<sup>39</sup> Department of Basic Education (2012). Fourth quarterly report on performance of department in meeting its strategic objectives for 2011/12. Presentation to the Portfolio Community on Basic Education, Parliament, Cape Town, 12 June 2012.

<sup>40</sup> Albino, N. & Berry, L. (2013). Early childhood development services in South Africa: What are the next steps? *South African Child Gauge: 2013*

Although progress has been made in ECD provisioning, access and quality of services remain major challenges. Access is particularly limited for the most marginalised children living in poverty, the very young under the age of two, children in rural areas and those living with a disability. **Error! Bookmark not defined.**<sup>41</sup> Other pressing challenges faced by ECD centres and Grade R classrooms include shortage of learning materials and resources, minimal funding, lack of qualified teachers, inadequate security for children whilst at the ECD facility, and poor sanitation facilities.<sup>42</sup>

#### 2.4.2 Preventive and primary health care

Provision of comprehensive primary health care is crucial to the improvement in social and economic status of society. A healthy and progressive society begins with healthy children who have ready access to adequate preventive health care. Effective primary health care provided by trained and experienced personnel coupled with quality nutrition directly reduces infant mortality rates and results in future savings in health expenditure. Provision of holistic ECD services is also known to reduce child mortality through the use of volunteer community health workers.<sup>43</sup>

Government has shown commitment towards the improvement of child health through targeted policies such as the Free Health Care Policy (1994). This policy was specifically developed to increase access to public health services for children less than six years of age, all children with disabilities, and pregnant and lactating mothers. Other strategies have focused on developing and supporting interventions that improve the role of family practices in promoting child health.

Progress has been made in increasing access to healthcare, especially for women and children. For instance; 97% of pregnant women attend at least one antenatal class; 91% of women deliver their babies with the assistance of a professional attendant; 98% of health facilities offer the programme to prevent mother-to-child HIV transmission; 89% of children are fully immunised at one year of age<sup>44</sup>; and 83% of births are registered.<sup>45</sup>

Maternal and child mortality has been identified as one of the key primary health challenges in the country. Although maternal morbidity rate (MMR) has declined over the last decade, it is still high at 310 per 100 000 live births in 2011.<sup>46</sup> It is unlikely that the target of 270 per 100 000 live births will be met by end of 2014. Infant mortality rate has declined from 52 deaths per 1 000 live births in 2000 to 34 deaths per 1 000 live births in 2011. The target set under the Millennium Development Goals (MDG) to reduce infant mortality to 20 deaths per 1 000 live births by 2015 is unlikely to be reached.<sup>47</sup> Under-five mortality rate has also declined from 62 deaths per 1 000 live births in 1994 to 49 deaths per 1 000 live births in 2011. These figures indicate significant progress that has to be maintained in order to improve child survival and welfare.

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<sup>41</sup> UNICEF. (2011). South Africa's Children: A Review of Equity and Child Rights. UNICEF South Africa. [http://www.unicef.org/southafrica/resources\\_8101.html](http://www.unicef.org/southafrica/resources_8101.html) [Accessed March 2014]

<sup>42</sup> Department of Basic Education, Department of Social Development and UNICEF. (2010). Tracking public expenditure and assessing service quality in Early Childhood Development in South Africa. [http://www.unicef.org/southafrica/SAF\\_resources\\_pets.pdf](http://www.unicef.org/southafrica/SAF_resources_pets.pdf) [Retrieved August 2014]

<sup>43</sup> Biersteker, L., Dawes, A., Koller, S. & delos Angeles-Bautista, F. (2008). Scaling Up Early Childhood Development (ECD) (0-4 years) in South Africa: International Case Studies – ECD Services in Brazil and the Philippines. Pretoria: Human Sciences Research Council.

<sup>44</sup> Biersteker, L. (2007). Early Childhood Development: Rapid assessment and analysis of innovative community and home based childminding and Early Childhood Development programmes in support of poor and vulnerable babies and young children in South Africa. Cape Town: Early Learning Resource Unit.

<sup>45</sup> Berg, L. (2008). Reconciling employment creation and childcare services through ECD: A comparison of selected models of provision. Durban: University of KwaZulu-Natal: Submitted in partial fulfilment of degree of Masters of Development Studies.

<sup>46</sup> Trialogue 2013

<sup>47</sup> South Africa Survey (2012)

Despite continuing challenges in the health sector, government has remained committed to providing comprehensive public primary health care, especially in rural areas. Key interventions that have been implemented include increased ARV coverage to reduce mother to child transmission of HIV, increasing coverage of immunisations, strengthening maternity services through deployment of dedicated ambulances, training doctors and nurses for childbirth emergence and training more midwives.<sup>46</sup>

Government is currently rolling out a new model of public primary healthcare provision to extend coverage to a wider sector of rural and other poverty stricken communities. The model addresses the shortage of health practitioners by placing significant emphasis on the utilisation of nurses and community health workers. The current reliance on the use of outreach teams is still performing below satisfactory levels. Complete coverage requires an estimated 7 467 outreach teams and to date only 291 teams are operating.<sup>46</sup>

### 2.4.3 Child immunisation

The DoH has made significant progress in ensuring that all children have access to free vaccinations. The Expanded Program for Immunisation (EPI) has enabled the majority of children to be vaccinated. Current statistics indicate that 89% of children are fully immunised at one year of age.<sup>48</sup> Children need to be vaccinated in order to protect them from certain infectious diseases and to prevent the spread of diseases in the community.

The DoH provides free vaccinations to all infants and children up to the age of 12 years. Children can be vaccinated at local clinics and community health centres across the country free of charge. South Africa's recommended Childhood Vaccination Schedule is adopted from the World Health Organisation.<sup>49, 50</sup> The vaccination schedule is shown below:

- Birth: Oral polio vaccine (OPV) 0 and Bacillus Calmette Guerin vaccine (BCG).
- 6 weeks: OPV 1 and diphtheria, pertussis and tetanus vaccine (DPT) 1 and Hepatitis B vaccine (HepB) 1 and Haemophilus influenzae B vaccine (Hib) 1.
- 10 weeks: OPV 2 and DPT 2 and HepB 2 and Hib 2.
- 14 weeks: OPV 3 and DPT 3 and HepB 3 and Hib 3.
- 9 months: Measles 1.
- 18 months: OPV 4 and DPT 4 and Measles 2.
- 5 years: OPV 5 and DT.

### 2.4.4 Social security and child protection services

The South African constitution, through the Bill of Rights and the Children's Act, unequivocally acknowledges and seeks to protect the rights of children. Although the state has an obligation to provide social services to vulnerable sectors of society, parents carry the primary responsibility for the upbringing and development of their children.<sup>51</sup>

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<sup>48</sup> Biersteker, L. (2007). Early Childhood Development: Rapid assessment and analysis of innovative community and home based childminding and Early Childhood Development programmes in support of poor and vulnerable babies and young children in South Africa. Cape Town: Early Learning Resource Unit.

<sup>49</sup> Vaccinations: Newborns and Infants: Merck Manual Home Edition. [www.merck.com](http://www.merck.com). [Accessed on 22 September 2014]

<sup>50</sup> Facts About Immunisation. [www.doh.gov.za/docs/factsheets/immunise/facts.html](http://www.doh.gov.za/docs/factsheets/immunise/facts.html). [Accessed on 22 September 2014]

<sup>51</sup> UN Committee on the Rights of the Child . (2006). CRC General Comment No. 7 (2005) : Implementing Child Rights in Early Childhood. <http://www.unhcr.org/refworld/docid/460bc5a62.html>: CRC/C/GC/7/Rev.1 [Accessed March 2014]

The state also has the obligation to provide social protection services including social grants, where households have no means to support themselves. Among other types of social grants, the DSD provided child support grants (CSG) to 36% of the population in 2012 up from 2% in 2001. CSG have been found to be very effective in financing access to household basic needs. A key precondition for access to the grant is birth registration. Facilitating speedy birth registration will thus enable more children to access grants early enough to prevent malnutrition, especially for poor households. Research evidence shows that grants are also closely associated with improved nutritional outcomes as well as preschool attendance.<sup>52</sup> Increasing access to CSG for all eligible households is thus vital in enhancing child growth and development.<sup>53</sup> Other interventions that are directed at children and are assisting in the alleviation of poverty include free access to health care by pregnant and lactating mothers, and young children, and the national school nutrition programme for Grade R in public schools.

#### **2.4.5 Food and nutrition**

Food insecurity and hunger remain entrenched within a significant proportion of the population in the country. Children are disproportionately affected by hunger and malnutrition. Although the proportion of children in a household experiencing hunger has reduced from 30% in 2002 it is still unacceptably high at the current level of 16%. Child hunger, like many other social challenges in South Africa, is also disproportionately distributed along racial lines. Hunger is highest among Black African children with 17% of the child population living in households that reported child hunger compared to 13% of Coloured children, 2% Indian and only 1% of White children.<sup>30</sup>

As a direct result of malnutrition, 27% of children under the age of five are stunted (low height for age), 12% are underweight (low weight for age), and 5% are wasted (low weight for height). About 15% of the infants born to hungry mothers with poor nutrition have low birth weight.<sup>54</sup> Malnutrition increases the incidence of infant mortality, impairs physical and mental development, and ultimately inhibits school performance and attendance. Malnutrition has the most damaging effects on child growth and development resulting in diminished adult capacity, health and adjustment.<sup>44</sup> Lack of access to good quality water is also a major obstacle to child health and nutrition. Water of poor quality renders children vulnerable to cholera and diarrhoea. Closely related to water is access to adequate sanitation. Inadequate sanitation results in young children becoming susceptible to a range of illnesses and diseases that compromise their health and nutritional status.

In South Africa, breastfeeding is a cultural norm but exclusive breastfeeding is not common. Statistics indicate that only 12% of children less than four months of age are exclusively breastfed. Instead, bottle feeding of infants is widespread: nearly 40% of babies less than four months of age are being fed using a bottle. Supplementation of breast milk starts early in South Africa and most of the supplements are plain water or other liquids, increasing the risk of infection through contaminated liquids and malnutrition by feeding less nutrient-dense foods.

Economic costs of malnutrition are associated with a population of children who grow up to be less productive as adults, earn less and have more health problems than their peers. Furthermore, with less education and limited employment opportunities, these adults are likely to become a liability to society through a greater reliance on state welfare programmes or through engaging in antisocial

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<sup>52</sup> Delany A, Ismail Z, Graham L & Ramkissoon Y (2008) Review of the Child Support Grant: Uses, Implementation and Obstacles. Commissioned report for the Department of Social Development, the South African Social Security Agency and UNICEF. Community Agency for Social Enquiry: Johannesburg.

<sup>53</sup> Agüero J, Carter M & Woolard I (2007) The Impact of Unconditional Cash Transfers on Nutrition: The South African Child Support Grant. International Poverty Centre working paper no. 39, United Nations Development Programme: Brazil: Brazil.

<sup>54</sup> UNICEF. 2009. State of the World's Children. New York: UNICEF.

behaviours.<sup>55,56,57</sup> Malnutrition entrenches poverty, poor education and health outcomes in poor communities.

Vitamin and mineral deficiencies are other dimensions of malnutrition disproportionately affecting women and children. Health statistics indicate that 19% of pregnant women and 17% of pre-school aged children are deficient in Vitamin A<sup>58</sup>, and 24% of pre-school children and 22% of pregnant women are anaemic.<sup>59</sup> These deficiencies can potentially cause irreversible damage to children thereby negatively affecting physical development and capacity to learn.<sup>12</sup>

#### **2.4.6 Parenting and child development**

Parents carry the primary responsibility to nurture, protect and support child growth. Research shows that supportive parenting enhances social, emotional and cognitive development of children.<sup>58</sup> The social and economic wellbeing of parents and caregivers, therefore, can potentially influence child development. A violent and abusive environment is not conducive to the positive emotional development of children. Poor households with inadequate means to provide for their children, therefore, require support to ensure positive outcomes for the children. The nature of interventions for parents and other primary caregivers include social grants, parenting education programmes and psychosocial support.<sup>12</sup>

Parenting programmes are particularly important in preventing malnutrition,<sup>60</sup> child management and prevention of drug and alcohol abuse by pregnant mothers. In order to be sustainable, parenting programmes should be articulated in policy formulation.<sup>12</sup>

### **3. THE ROLE OF GOVERNMENT IN ECD PROVISIONING**

#### **3.1 Policy responses to ECD sector needs**

Since 1994 the government has made significant progress in dismantling discriminatory apartheid policies and putting in place more inclusive policies. It was clear in 1994 that the ECD sector had been systematically marginalised and previous governments had played a minimal role in promoting the growth and development of children. Government acknowledged the complexity and multi-sectoral nature of ECD as well as the need to adopt an integrated approach in the conceptualisation and implementation of ECD programmes.

The government has demonstrated its commitment to ECD provisioning by signing the African Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child, Education for All and the UN Millennium Development Goals. Nationally, the constitution also binds the state to safeguard the rights of children. The national policy landscape has evolved over the years with the intention of creating an enabling environment to provide services that nurture children and enhance their growth and development in a supportive environment. A series of policies promulgated since the advent of democracy in South Africa are described below.

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<sup>55</sup> Shaw, D.J. 2009. *Global food and agricultural institutions*. New York: Routledge.

<sup>56</sup> FAO, 2006. *The State of Food Security in the World*. Rome: FAO.

<sup>57</sup> UNICEF, 2005. *State of the World's Children: Childhood Under Threat*. New York: UNICEF.

<sup>58</sup> WHO. 2009. *Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995-2005*. WHO Global Database on Vitamin A Deficiency

<sup>59</sup> WHO. 2008. *Worldwide Prevalence of Anaemia 1993-2005: WHO Global Database on Anaemia*.

<sup>60</sup> Rotheram-Borus, M. J., le Roux, I. M., Tomlinson, M., Mbewu, N., Comulada, W. S., le Roux, K., et al. (2011). *Philani Plus (+): A Mentor Mother community health worker home visiting program to improve maternal and infants' outcomes*. *Prevention Science*. doi:10.1007/s11121-011-0238-1.

**White Paper on Education and Training (1995)**

This called for the promotion of ECD as an essential step towards realising national education goals. The paper locates education and training within the national Reconstruction and Development Programme, and outlines the new priorities, values and principles for the education and training system. The paper also speaks of an integrated approach with cross-sectoral linkages to achieve the national education goals. The white paper provided the foundation and set the direction for subsequent policies targeting ECD in South Africa.

**Interim Policy for Early Childhood Development (1996)**

This policy sets key priorities for the national ECD strategy, including the correction of past imbalances, the need to provide equal opportunities, universal access and affordability, and documents the ECD model of provisioning. Despite the early optimism to increase access to ECD services for previously disadvantaged children, universal access has still not been achieved. Structural problems associated with poverty and unemployment continue to disenfranchise children in rural and poor communities.

**White Paper 5 on Early Childhood Development (2001)**

The main ECD policy priority addressed in this White Paper is the establishment of a national system of provision of the reception year for children aged five years in public and independent schools. The initial target was to attain universal participation in an accredited Grade R for all children enrolling in Grade 1. In order to facilitate the achievement of this target, government also sought to increase state subsidisation from 25% in 2001 to 75% by 2010. This target has not been met although significant progress has been made. A new target has been set for 2014.

**White Paper 6: Inclusive Education (2001)**

This establishes procedures for the early identification and remediation of barriers to learning, including disabilities, through the public education system. However, children with disabilities continue to be excluded, especially in the ECD sector where early identification and remediation is critical. Only 1% of children living with disabilities attend and receive services at ECD centres.

**The National Integrated Plan for ECD (2005 -2010)**

This is a national multi-sectoral plan for the realisation of a comprehensive ECD package, especially for children aged birth to four years. The plan acknowledges the importance of inter-sectoral collaboration which was expected to result in expanded service delivery, cost-cutting through shared resources, and more efficient and speedy delivery of services. The plan also focused on moving beyond centre-based delivery of ECD services to include home-based and community-based delivery approaches.

However, the plan was largely not effective as a result of failure to establish the necessary inter-sectoral mechanisms to coordinate and implement the plan. As a result the envisaged results were not achieved by end date of the plan.

**Norms and standards for Grade R funding (2008)**

Through this policy statement the DOE made provision for pro-poor funding norms for public school and community-based Grade R services. Funding for Grade R has increased substantially in recent years, although more is still required to reach the target of universal Grade R for all children transitioning to formal school.

### The Children's Act (2005)

The Children's Act (Act No. 38 of 2005, as amended), regulates the registration and minimum standards for early childhood development services for children up to schoolgoing age. It is the principal legislative framework upon which all policies should be based. Despite being broad in its coverage of the rights of children, the Act does not obligate national, provincial or local government to fund or ensure provision of ECD services, including early learning and care programmes. There have been calls by civic society organisations and communities to amend the Act to hold government liable for funding ECD provisioning. In its current form, the Act obliges only the Minister of Social Development to develop a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed early childhood development system, giving due consideration to children with disabilities and chronic illnesses.

### White Paper on Families (2012)

This paper commits the State to the development of family strengthening programmes, including parenting programmes and the promotion of ECD in disadvantaged communities. Although the role of parents has been acknowledged, no significant results have been achieved as a result of this awareness.

### The National Development Plan (2012)

The NDP targets the provision of integrated early childhood development, especially for the most disadvantaged children, as essential for the attainment of South Africa's development goals.

## 3.2 Recurring challenges

Significant progress has been made in providing ECD services since the dawn of democracy. More children are accessing ECD although the numbers are still far below national targets. The poor performance in the education system as demonstrated by drop-out rates and poor education outcomes all point to the fact that there are still gaps in the provisioning of ECD services. The challenges are generally known and have been articulated in legislation, reports and academic papers (see table 1).

*Table 1: Recurring challenges in ECD provisioning*

Challenge	Explanation
Lack of parenting support	The major challenge in the provisioning of ECD services in South Africa is that services are directed at children with minimal involvement of parents. As a result, parents lack the skills and resources to provide ECD services to their children while in the home. <sup>61</sup>
Poor quality ECD services	Although the coverage of ECD services has increased, the quality remains poor. Poor quality services are strongly evident in poverty-stricken communities. As a result, inequality persists as children coming from poor families remain trapped in the poverty cycle. <sup>61</sup>
Inadequate ECD funding, infrastructure, learning and teaching materials	Inadequate funding for ECD entrenches the inability of interventions to achieve national ECD policy objectives and goals for children aged 0 – 4 years. <sup>42</sup> The ECD subsidy is too low to cover most basic inputs to enable delivery of quality services. <sup>61</sup> As a survival mechanism, ECD centres charge fees at the expense of excluding poorer households from accessing ECD services for their children. Although funding for Grade R has increased significantly in recent years, it remains inadequate to provide quality infrastructure, teaching and learning material and quality outcomes. <sup>42</sup>
Low levels of qualifications, insufficient	These factors have a combined and direct negative effect on the provisioning of ECD services.

<sup>61</sup> Biersteker, L., Dawes, A., Hendriks, L., & Tredoux, C. (2010). *Western Cape Department of Social Development 2009 Audit of Early Childhood Development Site Quality*. HSRC, Child, Youth, Family and Social Development. [http://www.westerncape.gov.za/Text/2010/6/hsrc-qualitativeassessment-eecd-final\\_report-22-02-10.pdf](http://www.westerncape.gov.za/Text/2010/6/hsrc-qualitativeassessment-eecd-final_report-22-02-10.pdf) [Accessed February 2014]

Challenge	Explanation
training, professional support and poor working conditions for practitioners	
Poor organisational and financial management within ECD centres	ECD centres, many of which receive a state subsidy, are poorly managed, both from an organisational and financial management perspective. <sup>42,61</sup>
Insufficient state monitoring of ECD services	The lack of human and financial resources means that the DSD cannot adequately monitor the quality of services, organisational or financial management in subsidised centres. <sup>61</sup>
Poor integration of ECD services	Although an integrated approach to provision of ECD services is articulated in policy statements, implementation of cross-sectoral mechanisms remains problematic. Contributing factors include the lack of dedicated resources, lack of sectoral alignment around common ECD objectives, lack of a common credible national ECD framework and effective coordinating structure with sufficient political and administrative authority.

## 4. MAKING CHILDREN COUNT

Since 1994 there has been significant activity in the ECD sector with government, NGOs and the corporate sector playing different but complementary roles. The case studies profiled below were selected to demonstrate the impact made and lessons learnt as the focus on ECD gains momentum at national level. These case studies focus mostly on the early learning component of ECD given that most NGOs are active in this area and corporates are also providing significant funding towards the same. However, some of the case studies touch on the health and nutrition components of ECD as it has become evident over time that these aspects are critical in child development, especially within the first 1000 days from conception. The balance between early learning and stimulation and the provision of health and nutrition is necessary to ensure that children receive a holistic ECD services package.

### 4.1 Case study 1: Sikhula Sonke Early Childhood Development

#### 4.1.1 About Sikhula Sonke

Sikhula Sonke ECD is a community-based organisation whose focus is on ensuring that vulnerable children gain access to quality ECD services through both formal and informal channels. Through its programmes, Sikhula Sonke aims to provide every child with the opportunity to develop to his or her full potential in a safe, stimulating and loving environment. The programmes are designed to prepare children for formal schooling and to improve their confidence, social and emotional skills. Services also extend to families, caregivers and pre-school teachers in the Khayelitsha township in Cape Town.

Now an accredited training centre, Sikhula Sonke was founded by the Claremont Methodist Church in 2001 as part of its social impact outreach programme. It is wholly dependent on donations for running its programmes.

#### 4.1.2 Programmes and activities

Sikhula Sonke offers free access to ECD training and support to parents, caregivers and pre-school teachers. The specific programmes offered are described below.

##### 4.1.2.1 Basic teacher training, coaching and support programme

This programme provides training to ECD practitioners already running their own ECD centres. The basic training course was developed after it was noted that the majority of practitioners could not cope with the demands of the accredited National Qualifications Framework Level 4 ECD Training. Thus, the basic training prepares practitioners for training at higher levels. This programme is offered to practitioners and their assistants to improve their knowledge of ECD and, therefore, provide better quality services to children.

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Training is four-hour sessions held every two weeks for 12 months. Coaching and support is mainly conducted within the ECD centres although some sessions are held at the Harare library resource centre. This support is intended to help practitioners to practice what they learnt during the course.

#### **4.1.2.2 Family and community motivator (FCM) programme**

The main goal of the FCM programme is to reduce the number of children who do not access ECD services. This is achieved through the following three activities:

- Families and caregivers are given training and support through one-on-one sessions in their homes. The focus of the training is to help parents and caregivers provide appropriate stimulation to their children to enhance growth and development. Through the training parents and caregivers begin to understand the basics of ECD and are motivated to get involved in their children's education.
- Cluster workshops and formal training sessions are facilitated with the aim of enhancing parenting and caregiver skills in various areas related to development and child care such as hygiene, nutrition and children's rights.
- The programme runs twice-weekly playgroups at chosen locations in the community, where the children are exposed to group interactions and learning experiences.

#### **4.1.2.3 Emthonjeni outreach playgroup programme**

The outreach programme targets children outside of the formal ECD centres in Khayelitsha's informal settlements. Through this programme, groups of children come together to receive ECD services from trained practitioners, using educational toys, activities and other resources. The activities offered include stimulation of children through planned age-appropriate activities for four days a week. The children also visit the ECD library once a week where they participate in various educational activities that enhance their numeracy and literacy skills.

#### **4.1.3 Project impact**

The programmes have directly impacted ECD practitioners through the training they received. Children in ECD centres of the coached and trained practitioners have also indirectly benefited. Practitioners are now able to set-up classrooms and work through the daily programme to ensure structured learning for children. In addition, practitioners have also acquired and increased their knowledge of story-telling, child development and creating safe and healthy ECD environments. Practitioners are now also able to include children with learning barriers in their classes and help them to learn and relate to other children.

An average of 50 ECD practitioners is trained on the basic ECD course annually and receives coaching throughout the duration of the course. These practitioners reach an estimated 700 children. The course has been applauded for preparing practitioners who perform very well once they enrol in the ECD Level 4 training. Many ECD centres have expressed preference for employing ECD practitioners trained through the Sikhula Sonke basic training.

Approximately 80 parents and caregivers gain valuable parenting skills through an average of five cluster workshops annually, while 75 children access ECD services through the playgroup sessions. Over 250 home visits are conducted annually to engage with parents and caregivers on a one-on-one basis. The programme has also sourced and supplied 60 toy boxes to ECD centres with poor infrastructure. The children have showed considerable improvement in their development based on the assessments conducted by the programme. The results of the assessments are shared with caregivers whose interest in the education of these children has been remarkably high.

Sikhula Sonke has often organised stakeholder meetings to foster partnerships with other stakeholders. In 2013 Sikhula Sonke successfully organised an ECD conference focused on discussing issues and challenges around registration of ECD centres. The Child Protection Week activities organised by Sikhula

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Sonke attracted several government departments and other stakeholders focusing on security and child protection issues in the ECD centres.

#### **4.1.4 Challenges**

Sikhula Sonke encounters various challenges implementing programmes each year. Poverty remains one of the major challenges in the communities and lack of proper nutrition and other basic needs in target families makes child stimulation difficult. It is extremely difficult for children to play and learn if they are constantly hungry and sick.

There is high practitioner turnover in ECD centres. Practitioners tend to drop out or leave in search of better paying opportunities once their training is complete. Other practitioners drop out before completing the training. This creates coaching and support challenges as the programme is constantly training and coaching new practitioners. The lack of proper resources for both practitioners and children for centre-based and outreach programmes also affects delivery of ECD services. This is further compounded by the lack of ECD curriculum in some centres. In some instances toys and materials meant for children were kept away from children in order to preserve them.

It has been observed that practitioners require constant and extended coaching and support to improve and maintain ECD service delivery standards. Premature termination of coaching and support has been observed to result in a drop in performance standards at ECD centres. In some cases improvement has been slow due to poor relationships between principals and practitioners.

Other challenges include the following:

- difficulties in achieving referrals to DSD for CSGs and Home affairs for identity documents; and
- registration of ECD centres in informal settlements is very difficult due to their location in non-zoned areas.

#### **4.1.5 Lessons learnt**

The following lessons have been learnt from programme implementation: the implementation of the programmes:

- Good working relationship between the ECD principal and practitioners are vital for the success of ECD provisioning at centres. Poor working relationship between practitioners and principals in the ECD centres undermines the performance of ECD programmes. In some instances, practitioners get frustrated and resign thereby affecting the children's learning. It is, therefore, imperative to provide support to both principals and practitioners so that they work together harmoniously.
- Regular and effective coaching is crucial for skills transfer and building confidence among practitioners. Although initially ECD practitioners felt that they were being inspected during coaching sessions, the process has been improved. It is crucial that coaching be provided by experienced coaches and mentors in order to be effective.
- Partnerships with other organisations and service providers are critical for the success of outreach programmes. Although outreach programmes are gaining momentum due to the need to provide services to children who cannot access formal ECD centres, their sustainability is threatened by a lack of effective partnerships. Partnering with other organisations enrich ECD programmes by bringing in complementary elements such as storytelling and educational toys.
- ECD training programmes empower practitioners who are passionate about working with children. Acquired knowledge and skills help them pursue their careers thereby enabling them to provide structured and effective ECD services to children under their care and responsibility.

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## 4.2 Case study 2: Khululeka Community Education Development Centre

### 4.2.1 About Khululeka

Established in 1989, Khululeka is committed to working with communities to provide high quality ECD programmes and services through facilitating and nurturing initiatives which promote integrated development. Khululeka works mostly in deep rural areas around Queenstown in the Eastern Cape. The organisation embraces a participatory approach by empowering communities with the skills necessary to manage and control their own community-based initiatives. Through this process the beneficiaries are involved in the planning and implementation of programmes.

#### **4.2.1.1 Aims and objectives**

Khululeka's aims and objectives are:

- advocate for and promote the establishment of programmes, facilities, training, support and resources for the provision of ECD services;
- build capacity by increasing access to relevant and appropriate programmes and services, in support of, and in response to, the expressed needs of the communities who are served;
- encourage active community involvement in the education and care of young children through an integrated and holistic approach to their developmental needs;
- work towards establishing continuity between home learning environments, ECD programmes and the foundation phase; and
- initiate and facilitate the development and sustainability of partnerships and community networks of support to the child, family and ECD practitioners.

#### **4.2.1.2 Programme beneficiaries**

The identification of communities and programme beneficiaries is based on range of factors such as levels of poverty and unemployment, availability of resources, access to basic services, quality of the ECD programmes being provided and in particular the degree to which parents are involved in supporting their children's early development.

Most of the targeted ECD practitioners are predominantly Black women between the ages of 25 and 50 who have some ECD programmatic experience, but very little training. Typically these practitioners work in home and community-based ECD centres in marginalised rural villages, generally made up of approximately 40–100 disadvantaged households. Non-centre based programmes target vulnerable families, caregivers and parents. Secondary beneficiaries include vulnerable young children such as orphans, children infected and affected by HIV/AIDS, children from child-headed households and children with disabilities.

#### **4.2.1.3 Integrated community development approach**

All Khululeka programmes and services are structured within a framework that embraces an integrated community development approach to ECD. This approach is focused on supporting children within their context and aims to address the 'whole' child with respect to their needs. This approach promotes participation by beneficiaries and building partnerships with communities and stakeholders. In order to ensure sustainability of programmes this approach also enables human resource capacity building. Finally, this approach establishes and nurtures linkages between home-based and centre-based ECD services and primary schooling.

### **4.2.2 Programmes and activities**

Khululeka is a very well-established organisation providing high quality training for ECD professionals. It has adopted the HighScope educational approach to training and is the only HighScope Teacher Education Centre in southern Africa.

The HighScope approach asserts that young children learn through interaction with materials, ideas and people around them. They learn by experience and from each other, and learn optimally within a stimulating environment encouraged by supportive adults. HighScope embraces an active learning approach. Children's interests and choices are therefore central to this educational programme which facilitates children making choices and following through on their plans and decisions.

Studies continually demonstrate that children in HighScope settings show high levels of initiative. Almost 40 years of research substantiate that HighScope programmes advance the development of children and improve their chance of living a better life through adulthood

The training programmes offered by Khululeka are detailed below.

#### ***4.2.2.1 ECD orientation workshop programme***

This programme is HighScope-based and has been introduced for ECD practitioners who are working with young children but have, due to their low literacy and numeracy levels, been unable in the past to register for the Further Education and Training Certificate (FETC) in ECD (Level 4). The course consists of 12 one-day workshops over one year. These practitioners are required to implement what they have learnt and are mentored and monitored at the ECD centre.

#### ***4.2.2.2 Further Education and Training in Early Childhood Development (Level 4) and National Diploma in Early Childhood Development (Level 5)***

These accredited programmes aim to equip ECD practitioners with the skills, knowledge, values and attitudes necessary to provide quality education and care for young children; upgrade standards of ECD programmes and practice; and to facilitate the establishment of child-centred active learning environments. Course participants are expected to implement what they have learnt in their ECD centres, set up and maintain portfolios of evidence, participate in decentralised study groups, conduct peer observations, submit practical and written assignments and reflect on their own practice. Learner-paced strategies are adopted and include, for example, mentoring and monitoring at the ECD centre and an experiential approach to learning.

#### ***4.2.2.3 HighScope training of trainers programme***

This programme is designed to provide participants with extensive training in the HighScope curriculum and provide them with the skills to train others to implement this educational approach. It is designed for facilitators, programme coordinators and curriculum specialists involved in ECD. Those who successfully complete the programme are certified as HighScope Trainers with an endorsement in the HighScope preschool educational approach and become members of the international HighScope registry. To be certified, curriculum knowledge and training skills need to be demonstrated. HighScope certified trainers are qualified to provide training and support to ECD practitioners in their implementation of the HighScope curriculum.

#### ***4.2.2.4 Literacy and numeracy parent workshop programme***

This programme is based on the HighScope approach to ECD and is aimed at equipping a selected group of ECD practitioners who have previously completed ECD Level 4 with the necessary facilitation skills and background information in order to run early literacy and numeracy workshops for parents in their ECD centres.

#### ***4.2.2.5 Family home visiting programme***

This programme identifies the most vulnerable families taking care of young children in a targeted community. Community development practitioners are trained to conduct home visits during which they

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engage with families in a supportive capacity, addressing the most pertinent issues of vulnerability. They also demonstrate ways in which to provide infants and toddlers with opportunities for active learning.

#### **4.2.2.6 Infant and toddler parent support programme**

The primary focus of this programme is enhancing child development and parenting skills and is based on the belief that every child's growth and development should be supported by the family. The programme sets out to ensure that if young children's survival needs are met, they will be healthy, their protection needs addressed, they will be happy, and only then will their full potential be nurtured by being 'HighScoped'. Parents/caregivers attend a series of structured workshops designed to equip them with the knowledge, skills and resources necessary to increase their levels of parental involvement and participation in their children's education.

#### **4.2.3 Project impact**

Khululeka was involved in the Sobambisana Initiative which ran for four years from 2008 to 2011. This initiative was part of Ilifa Labantwana and was focused on designing and implementing innovative interventions for expanding access to ECD services in rural and other underserved communities. The findings indicated that caregiver coping, provision of hygiene and safety in the home and academic stimulation of children improved significantly. The programme was successful in influencing caregivers' attitudes and perceptions of the value of early learning. The cognitive and language development of children improved over the course of the intervention. The relationships and communication between caregivers and children also improved greatly. Referrals for child services such as grants and health services enabled children to access CSG, disability grants and have Road to Health charts.

In the last three years, 171 practitioners have been trained indirectly impacting on 5 585 children in both formal and informal ECD centres. Monitoring reports indicate that all the practitioners were successfully implementing improved learning programmes as a result of the training, while 102 practitioners were able to keep track of development progress of the children in their classes. For practitioners who do not as yet have deep expertise in the field, it is often a major challenge to keep track of the progress of children. Overall, Khululeka has trained more than 4 000 ECD practitioners impacting indirectly on the education and care of 80 000 children since it was founded.

Most of the practitioners trained have gained ECD knowledge and skills that have transformed their practice from being child-minders to becoming effective teachers. The practitioners demonstrate such skills including class arrangement, materials and resources display, and lesson planning. The practitioners have also developed constructive and supportive relationships with families thereby involving them in the development and education of their children.

After several years of consistent engagement with local government and civic structures Khululeka was invited by the local Lukhanji Municipality to submit a proposal to their special projects unit for rolling out its integrated ECD model into all 27 wards. Khululeka has also been subcontracted by a local implementing agent to provide ECD training and support for 30 ECD practitioners and 240 home visitors as part of the community works programme (CWP).

#### **4.2.4 Lessons learnt**

Khululeka is fully aware of the existence of unregistered service providers whose ECD training offerings do not meet the required standards within the sector. These service providers are often unaccredited and charge exorbitant fees. Over time, ECD practitioners seeking training have become increasingly aware of such providers resulting in increased demand for Khululeka training. This increased demand has exerted pressure on Khululeka's capacity to provide ECD training amid declining sources of funding. Other challenges encountered include practitioners dropping out of programmes, although these have now been controlled through an intensive selection process.

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Khululeka has achieved great success through incorporating lessons learnt in their programmes. The most significant lessons learnt include the following:

- ECD interventions should be based on sound understanding of children’s psychological, social and material needs in order to provide effective solutions. Proactively seeking to understand the family circumstances of children helps to determine the nature of support required to enable them to benefit from programmes.
- Raising awareness about the significance of ECD in communities and among stakeholders takes time. Khululeka advocates for the involvement of communities and families in the development and education of their children. This process requires consistent effort and engagement with communities, and involving them in the planning of interventions.
- ECD practitioners require coaching and mentorship in order to successfully internalise the skills acquired from the training programmes. In the absence of coaching and mentorship practitioners tend to revert back to what they have always done. Providing them with this support builds confidence and courage to practice and be creative when engaging with children.
- Partnerships with other stakeholders in the ECD sector are crucial for enabling efficiencies and sustainability of programmes. This should be done through linking ECD practitioners and NGOs that provide educational toys, forums and communities of practice for professional learning and networking, local government structures such as clinics for child health, and the DSD to access public funding.

### 4.3 Case study 3: Little Elephant FET College

#### 4.3.1 About Little Elephant FET College

Little Elephant FET College, formerly known as Little Elephant Training Centre for Early Education (LETCEE) is based in Greytown, KwaZulu-Natal. LETCEE was established in 1993 and focused on training women in ECD skills. To date, LETCEE still focuses almost exclusively on ECD training and provision of services through both formal and informal channels. The organisation is well known for its innovative family-based ECD model, which was pronounced as a model of excellence by the United Nations Children’s Fund (Unicef) in 2009.

The organisation’s four primary objectives are:

- facilitate learning through play at the homes of children not attending an ECD centre;
- train practitioners through accredited NQF Level 4 training;
- provide resources for play and learning to children; and
- encourage and support the registration and improvement of early learning facilities.

#### 4.3.2 Programmes and activities

The family-based ECD model

This model is based on training community volunteers by LETCEE in ECD. These volunteers are referred to as Abahambi. The Abahambi visit groups of children from age 0 to 6 years gathered at one house and provide them with ECD services for three hours every weekday. Abahambi receive NQF Level 1 ECD training from LETCEE, as well as ongoing workshops on various topics. The Abahambi use educational toys as part of their interaction with children. They access these toys from a dedicated toy library and the toys are exchanged twice a month.

The programme also trains young children between the ages of eight and thirteen years (called buddies) in life skills and then tasks them to play with and read to younger children in the community after school and during weekends. The buddies receive a toy box containing construction toys, colouring books, crayons, a ball, a skipping rope and story books both in IsiZulu and English. For safety reasons, three

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buddies are allocated to groups of children from a particular geographical area closest to their homes. Children between the ages two and five are targeted but older children (six - nine) also join in. Each session lasts for about 30 minutes.

Currently the family-based ECD model is being implemented in three communities:

- Siyabathanda Abantwana Project (We Love our Children) in the Matimatolo community was established in 2007. There are currently 10 Abahambi working with 219 children between the ages of birth to six years old. All in all there are 99 families in the programme and there are 353 adults and 183 children between the ages of seven and fourteen in these families. There are currently 30 buddies participating in the project. There are currently nine children with disabilities. Working with children living with disabilities is particularly encouraging as this helps to break the tendency to isolate such children in most rural areas.
- Sikhulakahle (We are Growing Well) project was established in June 2008 in Mbuba. The project has 12 Abahambi reaching 128 families and 381 children between birth and six years of age. Overall, the project is reaching 467 adults, 248 children between seven and fourteen years of age and nine children with disabilities in the programme. There are 36 buddies in the programme who have reached 142 children in the last two years.
- The Eshane project was established in December 2008. Although it shared the same values and principles of the LETCEE family-based ECD model, the Eshane project was part of the National Integrated Plan for Children and Families Affected and Infected by HIV and AIDS. There are eight Abahambi and an ECD coordinator currently working in the area. These Abahambi each work with four families and have collectively they reached 101 children. The Eshane project has since undergone significant change and is beginning to take the original format for the home-based ECD model.

#### **4.3.3 Programme impact**

Abahambi are based in the communities and are required to document their activities as well as progress made by the children. The Abahambi also receive support from community facilitators who visit them twice a month. This arrangement enables LETCEE to consistently track the performance of the project on a regular basis.

In more than 15 years, LETCEE has trained more than 3 500 women. In 2009 LETCEE's family-based model of ECD was pronounced a model of excellence by UNICEF. This same model was again recognised by being awarded Most Innovative ECD Intervention in the KZN Provincial ABSA/Sowetan/UNICEF 2009 ECD awards and was a finalist in the National Awards. The model has also received recognition from Warwick and Anglia Ruskin Universities in the UK.

#### **4.3.4 Lessons learnt**

- Involving the family in the learning and development process of the child is crucial for making a long-term positive impact. It is, therefore, important to understand the context within which the child is raised, including the material circumstances of the family. This approach ensures that a child can access all the necessary requirements, such as health services, food and nutrition, as well as the learning component. At the same time, parents and caregivers can also receive the necessary support to help them to provide appropriate stimulation for cognitive, social, emotional, spiritual and social development of their children. Furthermore, where necessary the caregivers may also be provided with psychosocial support in order to effectively manage their circumstances.
- The enrolment of older children to facilitate the learning and development of younger children who are unable to access formal ECD services is beneficial to both parties. On the one hand, older children's confidence and awareness of community challenges has bolstered in them a keen interest to participate in community activities. On the other hand, younger children have benefited from play

and learning activities which they would have otherwise not been able to access. The role of older children in ECD services fits within the local cultural context of sibling caretaking and social networking.

- The home-based ECD model encourages multi-age and generational participation in early education of children. This approach also facilitates social integration which is critical for enhancing programme sustainability as communities work towards a common purpose. Parents and grandparents benefit from these programmes through observation and are more likely to encourage child participation in these programmes as they witness the development of their children.
- Use of local language and materials with illustrations relevant to rural communities are effective in facilitating ECD programmes. When children learn in their local languages and within their contexts it is likely that reinforcement of learning outcomes will be easier.

#### **4.4 Case study 4: Philani Health and Nutrition Trust**

##### **4.4.1 About Philani**

The Philani Maternal, Child Health and Nutrition project has been addressing child health and nutrition problems in the informal settlements surrounding Cape Town since 1979. Philani's broad mandate is to promote good child health and nutrition, prevent child malnutrition, rehabilitate underweight children and ensure good health and development for young children. It also prioritises mothers' health throughout pregnancy, delivery and infancy. The organisation is also committed to limiting the suffering of families infected and affected by HIV and preventing the spread of the virus. Philani operates a range of projects in the informal settlements of Khayelitsha and surrounding areas in the Western Cape, and also in the OR Tambo district in the Eastern Cape.

##### **4.4.2 Programmes and activities**

###### **4.4.2.1 Integrated nutrition programme**

The nutrition programmes for mothers and children focus on education and the rehabilitation of malnourished children and mothers. The project includes an outreach component, which aims to move maternal and child health beyond clinics and into the community through the work of community health workers.

The integrated nutrition programme includes a breastfeeding support programme and medical clinics. Services offered at centre-based clinics include weighing of children, provision of vitamin A supplements and deworming treatment, and provision of nutritional products for children who are underweight, HIV positive or on ARVs or TB treatment. Children are also referred to the nearest DoH clinic for immunisations and additional medical check-ups through the programme. Mothers and caregivers are offered advice on various topics ranging from infant feeding practices to hygiene and sanitation.

The programme also runs six flexi clinics in the community monthly and provides nutrition counselling and support to clients who are medically stable but unable to travel to nutrition centres due to distance or financial constraints. Each of these clinics is run by a dietician or professional nurse.

The breastfeeding support programme started in 2009 after the DoH approached Philani to take over the running of the programme at eight facilities in eastern Khayelitsha. The programme utilises breastfeeding peer counsellors (BFPCs) to improve breastfeeding rates by educating mothers-to-be on the benefits of exclusive breastfeeding. BFPCs provide essential ante- and post-natal breastfeeding knowledge, counselling, assistance and support to mothers through one-on-one and group sessions. They also assist mothers with the early initiation of breastfeeding within one hour after birth, demonstrate correct positioning and latching, as well as hand expressing and how to deal with breast-related conditions. Having this support enables many mothers to maintain the practice of breastfeeding, thus giving their infants a better chance of growing up well-nourished and healthy.

#### **4.4.2.2 Mentor mothers rural outreach**

The mentor mother's model involves recruiting mothers who have successfully raised well-nourished children, despite poverty, to become mentor mothers to pregnant women. The mentor mothers are trained in nutrition, breastfeeding support, HIV and basic child health. Their work ensures the mother's health throughout pregnancy and ensures the successful initiation of breastfeeding after birth, followed by good nutrition for both mother and baby in the postpartum period. Through this programme Philani is able to take family health, including the nutrition and rehabilitation of children, beyond clinics and institutions and directly into people's homes.

The programme rests on five key pillars. These are:

- A careful process of **identification and recruitment** of mothers to ensure that the correct candidates are brought into the project.
- Appropriate **training** is provided through an initial six-week training course for recruited mentor mother candidates alternating theory and practice and based on adult learning principles. Once the mentor mothers are employed, ongoing hands-on training takes place in the field, provided by the coordinators who work alongside them. In addition, there is a training component built into monthly meetings when mentor mothers, coordinators and programme managers gather.
- **Home-based, action-orientated health intervention:** The programme helps the mentor mother to share her coping skills and knowledge with others. A mentor mother's task is not to take on and solve the problems of a family she visits, but rather to help the family find their own solutions by sharing her knowledge and skills.
- **Support and supervision:** Each mentor mother has the regular support of coordinators in the field. Time is set aside for debriefing on problem cases and feedback on performance.
- **Monitoring and performance feedback:** Coordinators, together with mentor mothers, monitor outcomes. These include, for example, rehabilitation rates over time, exclusive breastfeeding rates, grants uptake and participation in the prevention of HIV transmission from mother to child. Outcomes are used to measure the effectiveness of the home-based intervention.

#### **4.4.3 Impact**

Between 2008 and 2010, 1 157 pregnant women were recruited from various areas in the Khayelitsha Township outside Cape Town. The evaluation study looked at five domains including: adherence to HIV-related preventative acts; tasks to prevent mother-to-child transmission (PMTCT) for those living with HIV; child health and nutrition; healthcare and mental health; and social support. As required in their work, mentor mothers made on average six antenatal visits and five postnatal visits to each participant and provided support sessions on behaviour change. These included the application of key health information around HIV, alcohol use, malnutrition and general maternal and child health, as well as coping with their own life challenges. It was noted that 88% of participants were assessed at recruitment, post-birth and when their children were six months old.

The results of the evaluation of the mentor mothers' intervention indicate that the programme has a significant impact on the health and nutrition for women and children in the areas where Philani is operating. The evaluation results indicated the following:

- Among all participants, mothers in the intervention areas were significantly more likely to consistently use condoms, to breastfeed for longer and to breastfeed exclusively for six months.
- Relative to the control group, mothers living with HIV in the intervention areas were significantly more likely to adhere to the complete protocol for PMTCT; take anti-retroviral medication prior to and during delivery; correctly administer ARV treatment to their infant during and after birth; use only one feeding method; have fewer maternal birth complications; and have fewer stunted infants at six months.

- Mothers in the intervention group were significantly more likely to breastfeed low birth weight infants for at least four months compared to the standard care control group.
- Rates of low birth weight infants were similar across the control and intervention areas, however, among women who previously had a low birth weight infant, mothers in the intervention group were less likely to give birth to another low birth weight infant during this study.
- Finally, the reduction in the rate of hazardous alcohol consumption among alcohol-using pregnant women was significantly greater in the intervention group compared to the controls. After a year, the malnutrition rates in the Philani intervention areas were half of those in the control areas.

#### **4.4.4 Lessons learnt**

The following lessons were documented based on the experiences of the programme:

- Supporting women throughout their pregnancies increases the likelihood of giving birth to and raising healthy and well-nourished children.
- Peer mentoring is effective especially if conducted by people respected and trusted in their communities and who have found ways of raising healthy children despite their poverty. The programme is based on knowledge, experience and coping mechanisms present in the community and builds on those strengths.
- Peer mentoring provides relevant initial and continuous training combining theory and practice. The mentor mothers combined their knowledge and that acquired through theory lessons and had the opportunity to apply their new knowledge in the community. This process encouraged peer mentors to gradually upgrade their knowledge through practical application.
- The involvement of communities in the planning and launching of programmes is crucial for community participation and sustainability. Where communities indicate their interest in a particular programme and motivate for its establishment it is highly likely that they will support its activities.
- Supporting mothers in their homes helps women to take charge of their own lives. Providing poor women with access to resources, knowledge and information empowers them and enables them to make decisions regarding their lives. They begin to make choices thus allowing them to have a say in the programmes being implemented in the home and community.

## **5. DISCUSSION AND LESSONS LEARNT**

The importance of ECD provisioning and its relationship to social and economic development are not disputed. Government, civil society, researchers and academics, the private sector and other stakeholders all acknowledge that ECD provisioning provides children with a good start in life. Government has embraced the comprehensive definition of ECD in line with global trends and practices and put in place national policies and plans to guide the delivery of services to children. The government and NGOs with funding from international donors and local private sector entities have invested resources and complemented each other in addressing the social and economic development needs of South Africa's children.

Considerable progress has been made in increasing access to ECD services in the last two decades. More children are accessing ECD services through formal and informal channels than ever before. More communities have access to maternal and primary healthcare and nutrition support. New and creative ways of reaching families and children are being devised by NGOs in an effort to provide social services to communities. There is also an increasing awareness that, in order to address the education system in the country, it is imperative that learners start and build on a strong foundation. It has been proven that the magnitude of dropout rates and quality of education outcomes are influenced by the quality of ECD services provided to children from conception through to when they enter formal schooling.

And yet, despite all the knowledge and effort regarding the crucial nature of ECD provisioning, the majority of children remain marginalised with limited access to ECD services. The ECD sector is beset by

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structural problems that must be addressed at a national level. Poverty, unemployment and inequality perpetually bind families and communities in a vicious cycle. As a direct result of poverty, parents and caregivers fail to provide their children with the necessary and basic needs such as nutrition, healthcare and education. Poor communities also lack adequate infrastructure to facilitate ECD provisioning. Even where the ECD subsidy is provided it has remained largely inadequate.

Although government has made commendable progress in articulating integrated ECD policy approaches, implementing inter-sectoral programmes remains a challenge. NGOs continue to provide the bulk of ECD services in the country albeit at varying levels of focus and quality. Programmes continue to be directed at children without adequate involvement of parents and caregivers. Even then the quality of services remains poor due to lack of resources, poor infrastructure and lack of qualified ECD practitioners.

New approaches to ECD provisioning are emerging within the NGO sector with support from corporate donors. These approaches are in direct response to the challenges in access to and quality of ECD services, particularly in poor communities. Home-based and community-based programmes as well outreach programmes are slowly demonstrating the potential for reaching more children and providing quality services to children in their own contexts. These approaches are also increasing the likelihood of parents and caregivers becoming involved and developing the necessary skills to provide to their children.

Support services to pregnant and lactating mothers is enabling positive health and nutrition outcomes for children. The use of peer mentors is also holding promise for success if properly harnessed and implemented. Involving peer mentors in programmes is likely to reduce the cost of programme implementation while promoting community participation and social integration.

The integration of ECD services is also slowly occurring through home-based and community outreach approaches. By going into the homes of children, programme implementers become aware of the family context in which the child is being raised. Through a deliberate effort to understand family circumstances, programmes are better able to determine additional support that is required to ensure that children get a complete suite of services.

The new ECD policy is expected to provide much needed guidelines on the provision of integrated ECD services. A functional implementation framework will ensure that government in concert with stakeholders gravitate towards a common and effective model of ECD provisioning in the country. Current models of ECD practitioner training, centre-based and home-based models of ECD services delivery that have proved to be effective should be documented and taken to scale through partnerships with government.

## **5.1 Recommendations for CSI interventions**

Increasing access to and improving the quality of ECD services to benefit all children should continue to guide policy development and implementation. These efforts should be accompanied by a clear understanding of the variety of services that can meet the cognitive, emotional, social, nutritional, physical and spiritual needs of children. As corporate donors continue to fund ECD programmes they should focus on encouraging the development of innovative models that can respond to the needs of families, children and communities.

Through this research, a set of recommendations have been made to guide corporate donors in determining their funding priorities in the ECD sector. The recommendations cover the whole spectrum of the ECD value chain but only provide guidelines. Further research is required to improve on or adapt current models for implementation in specific contexts.

### **5.1.1 Support home-based ECD models which focus on holistic development for children from birth**

Home-based programmes are especially targeted at children below the age of two. It is appropriate and more effective to deal with such children within the safety of their homes and in the care of parents or caregivers. Although the child is the centre of all ECD provisioning, children are raised within the context of a family structure. Some children often fail to access the necessary basic needs due to poverty in the family. When a child is constantly hungry and sick, cognitive stimulation, and emotional and physical development is hampered. Home-based programmes must be responsive to these circumstances and put measures in place to support such children.

Supporting home-based ECD models ensures that children receive necessary stimulation early in life. If these children miss this opportunity they may never catch up, especially if they come from poor families, are in rural areas or are living with a disability. The earlier children receive ECD services the better the likelihood that they will transition to formal schooling and attain positive education outcomes. This is based on the assumption that their nutrition and health needs are adequately met from conception and that stimulation and learning aspects are also introduced early enough to induce balanced cognitive, emotional and physical development.

### **5.1.2 Design ECD outreach models that complement centre-based services by reaching parents and families**

The primary goal of outreach programmes is to ensure that children who should be enrolled in an ECD centre are not left behind. Although these programmes may have inadequate capacity to reach all the children in communities, they provide a much needed intervention. Through interaction with the children in their communities, ECD practitioners gather valuable knowledge about the community while creating lasting relationships with parents.

However, even where children are enrolled in ECD centres, outreach programmes help to raise the awareness of parents and caregivers on the value of ECD. Focusing on parents and providing them with the necessary skills to stimulate and support the growth and development of their children is vital. Children in ECD centres who also receive support at home have a greater chance of fully developing the necessary foundational competencies to successfully transition to formal schooling.

### **5.1.3 Promote ECD practitioner training with coaching and mentorship programmes**

There is a general lack of quality training and professional support for ECD practitioners. Young children are at their most vulnerable when they are in the care of individuals who are not trained to provide care and support. It is therefore critical to ensure that the people who have the responsibility to mould and prepare children for the future are properly and adequately trained.

Even with adequate training, ECD practitioners require coaching and mentorship in the classroom to help them to apply the skills acquired. Although training is very important and necessary, on its own it is not adequate to translate into gains for both the ECD practitioners and children. More so if the training is of a short-term nature. It is therefore always necessary to complement training with coaching and mentorship programmes to achieve sustained benefits and impact. Given the shortage of resources and materials and poor infrastructure the need for classroom support for ECD practitioners is even more apparent.

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## **6 PROMOTE ECD PROVISIONING MODELS THAT LEVERAGE ON PARTNERSHIPS**

Most NGOs tend to focus on providing a specific set of services or in some instances only a single service. While this might be practical within the limitations of dwindling funding sources, children require comprehensive ECD services. Corporate donors should explore the potential for supporting ECD programmes that build on partnerships. However, fostering partnerships requires significant time, effort and additional financial resources. For instance, corporate donors can provide support to NGOs to offer complementary and support services to ensure that children receive a complete ECD offering. One NGO could be offering training and mentoring of ECD practitioners, while another is providing educational toys and perhaps another providing health and nutrition support within the same community. This type of partnership will increase efficiencies and engender programme sustainability.

## **7 SUPPORT ECD INFRASTRUCTURE DEVELOPMENT**

Lack of infrastructure is particularly evident in poor and rural communities. As a result of inadequate infrastructure, ECD centres are unable to get the requisite registration to operate. Such poor facilities are also unable to get government support through the ECD subsidy. In most cases, trained ECD practitioners will also shun such sites as there are often not enough financial resources to remunerate them. Ultimately, it is the children who are the biggest losers when infrastructure is not adequate.

Inadequate infrastructure also exposes children to poor sanitation. Poor infrastructure may also expose children to harm through poor or lack of security. Supporting ECD infrastructure development is crucial in enabling children in the most remote and poor rural areas to access formal ECD services with government support. However, this work can be very expensive.

## **8 SUPPORT MATERNAL AND CHILD NUTRITION PROGRAMMES**

Maternal health is a significant predictor of child health at birth and in the subsequent early childhood years. Hungry and unhealthy mothers will give birth to babies with low birth weight and are, therefore, likely to be stunted if malnutrition becomes chronic. Poor health and nutrition in children affect their growth and development. Subsequent health and nutrition interventions may yield less than optimal results if delayed.

In order to prevent the incidence of babies with low birth weight and associated health and nutritional conditions, it is strategic to support pregnant and lactating mothers. Such interventions have proved to be effective in imparting parenting skills and observing breastfeeding and child immunisation. Women in such programmes also learn about the dangers of alcohol and drug use to the unborn child. Supporting maternal health and child nutrition will result in savings on health expenditure by reducing the burden of disease on mothers and their infants.

## **9 PROMOTE RESEARCH ACROSS THE ECD SPECTRUM**

The ECD sector, like other development sectors is dynamic. New knowledge is constantly being discovered and new models and programmes are being designed and tested. In order to keep up with the changing circumstances of children, parents and communities, it is important to invest in research. Corporate donors should support research across the ECD spectrum. Currently much research is on early learning and educational curriculum. However, this needs to be extended to pre-natal and focus on various aspects such as health and nutrition.



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