Diagnostic Review of Early Childhood Development

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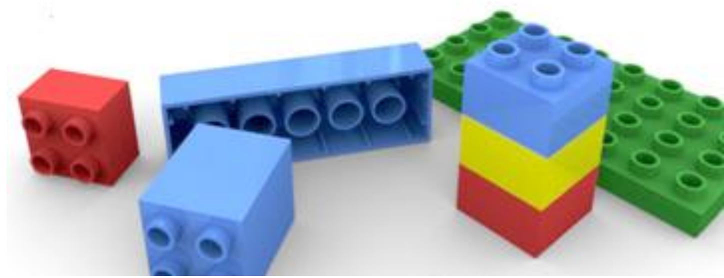

Format of the Report

The report consists of several sections:

- A one-page Policy Summary
- A six-page Executive Summary
- A Report
- Appendices consisting of:
    - A list of documents consulted.
    - Names of people consulted and/or invited to the four provincial panels.
    - Twelve detailed Background Papers on the following topics: 1. Scientific evidence for the importance of early child development for human capacity, health and personal and social adjustment, 2. The role of the State: Legal obligations to provide comprehensive early child development services, 3. An overview of the ECD policy framework in South Africa, 4. Maternal and child health and nutrition, 5. Parenting, 6. Safe and affordable childcare, 7. Opportunities for Learning (ECCE), 8. Human resource development for ECD programmes and services for 0-4-year-olds, 9. Grade R, 10. Government funding for ECD in South Africa, 11. Cost and impact, 12. South African data.
    - An annotation describing amendments to the Children's Act to give effect to ECD priorities.

Awaiting approval

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Diagnostic Review of the Early Childhood Development Sector

Policy summary

On the eve of the review and revision of the National Integrated Plan for Early Child Development 2005-2010, the Department of Performance Monitoring and Evaluation in the Presidency and the Inter-Departmental Steering Committee on Early Childhood Development commissioned a Diagnostic Review of the prevailing Early Childhood Development (ECD) paradigm, current services, human resources, funding and impact. The DR is based on a review of 112 relevant policy documents, evaluations and studies, as well as consultations with ECD practitioners, civil society, researchers and government officials at national, provincial and local levels. The DR was conducted by a team of people with expertise in the issues covered.

Key policy findings from the Diagnostic Review are:

- A broader definition of ECD programmes than is currently in the Children's Act is needed to cover all aspects of children's development from conception to the foundation phase of schooling.
- Using this broader definition, many elements of comprehensive ECD support and services are already in place and some are performing well. These include some aspects of basic services provision, citizenship (birth registration), social security, health care for women and children, early child care and education, and preparation for formal schooling. Improvements in access and quality must continue to be sought in all areas.
- There are important gaps, notably: support for parenting, prevention of stunting among young children, safe and affordable child care for very young children and other families needing assistance, and planned rapid expansion early child care and education and provision of services to the most at-need families, including children with disabilities.
- The key ECD strategies should be:
  - i) to deliver comprehensive services to young children, using all opportunities of contact with families; to extend early child care and education ECCE through home- and community based programmes, beginning with the poorest communities not reached by current services;
  - ii) to ensure food security and adequate daily nutrition for the youngest children to avert the life-long damaging effects of stunting;
  - iii) to launch well-designed high-profile parent support programmes through media campaigns, community activities and services that acknowledge and reinforce the importance of positive parenting for young children.

- ECD services require strong and coordinated inter-sectoral vision, commitment and action. The current coordination structures are not working adequately. High-level authorization and legitimacy of a well-resourced central agency or mechanism is needed to drive forward key strategies for ECD.
- Achieving these goals also depends on new funding and resourcing strategies, especially for early child care and education. There is need for a decisive paradigm shift towards a rights-based ECD framework and accompanying funding model that recognises and is capable of realising the State's obligations to provide ECD services, especially those living in poor families, rural areas, informal urban areas and children with disabilities. Positive lessons from Grade R and birth registration point to the need to move towards a funding model that is government-driven and pro-equity.
- Further directed enquiry is needed to:

a) outline the required ECD package of services, map synergies between them and develop plans for increasing integration to improve both their reach and quality;

b) investigate optimal financing mechanisms for home- and community-based programmes to improve support for the development of young children and to increase children's opportunities to learn and grow;

c) examine options for a government-driven funding model for ECD, also to harvest higher yields from South Africa's considerable investments in later education and health, and

d) explore mechanisms for leadership and coordination of ECD in South Africa.

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Executive summary

1 Introduction

1.1 The Department of Performance Monitoring and Evaluation in the Presidency (DPME) and the Inter-Deparmental Steering Committee on Early Childhood Development commissioned a Diagnostic Review (DR) of the Early Childhood Development (ECD) sector in October 2011. The purpose of the DR was to evaluate the current South African ECD paradigm and policy, including the role of the State, and the implementation of ECD services and programmes. The DR is based on secondary data from over 112 existing papers consultations with ECD practitioners, civil society, academia and government officials at national, provincial and local levels. The DR was conducted by a team of people with expertise in the issues covered. Apart from the main report there are 12 Background Papers (BPs) and an annotation on recommended amendments to the Children's Act required to give effect to ECD priorities.

1.2 **Early child development (ECD) services** are defined in the report as all services that promote or support the development of young children. These range from infrastructural provision such as water and sanitation, social security, birth registration and health services to safe and affordable daycare, opportunities for children to learn together in structured programmes, and preparation for formal schooling. **Early Child Care and Education (ECCE) services**, a very important aspect of ECD, are defined as services and programmes that provide care and developmentally appropriate educational stimulation for groups of young children in centres and/or in community- or home-based programmes. The definition of ECD programmes in the Children's Act is at the moment limited to learning and support (early child care and education). Moreover, it focuses on services provided in centres, which excludes much of the important work needed in the home - to support parenting and young children's nutrition, learning and protection.

2 Diagnosis

2.1 Huge strides in provisions to benefit young children have been made from the pre-1994 racially exclusive policies and programmes of *Apartheid* South Africa (see Table 1).

Table 1: Examples of good progress

Good Progress
87% of households with a young child have access to safe drinking water (BP12, p28)
82% of households with a young child are connected to mains electricity (BP12, p32)
97% of pregnant women attend at least one antenatal clinic (BP4, p17)
98% of health facilities offer the programme to prevent mother-to-child HIV transmission[1]
91% of women deliver their babies with the assistance of a professional attendant (BP4, p35)
89% of children are fully immunised at one year of age (BP4, p22)
83% of births are registered (BP2, p29)
73% of eligible young children receive the Child Support Grant (BP2, p30)
80% of children are enrolled in Grade R (BP9, p4)

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2.2 The major problems with the **current paradigm** are gaps between policy and practice, disjuncture across age groups, and inequity. The White Paper 5 on Early Childhood Education and the Children's Act sketch a broad vision of comprehensive ECD services spanning early childhood, encompassing home-, community- and centre-based services across health, education, social protection and socioeconomic development. In practice, however, different sectors act largely in isolation from one another without shared vision, goals and accountability, and there are significant gaps in services – particularly with respect to nutritional support for women and children, support for parenting and families, and childcare support for very young children and children with special needs. Moreover, there is a **disjuncture across age groups** relating to the assumed roles of the family and the State in service provision. The family is presumed to be the appropriate provider of care for very young children (0-2 years), with the State giving general support. For slightly older children (3-4 years), the family is considered to be in need of considerable assistance in providing learning opportunities for young children. Services and resources needs to be better balanced across the age range, with State assistance for 0-2-year-olds, more support for 3-4-year-olds more equitably provided, and support for all parents and families across the ECD age range.

As older rather than younger children are more likely to be enrolled in centres, the **funding model** leads to greater investment in children 3-4 year old than in children 0-2 years of age. Yet the first two years of life (the first 1,000 days) are critically important to later health, achievement and wellbeing. Moreover, 3-4year old children who live in areas without registered centres, many of whom are poor and generally under-serviced, do not receive the subsidy support. Because most ECCE services are private and not-for-profit (NPO) facilities, they depend on user fees, which the poorest families cannot afford. In 2001, when the last national audit was conducted, 75 percent of services were fee-based, and in the provinces included in the 2010 ECD public expenditure study, all were fee-based despite the subsidy. This leaves many areas of the country, and many families, without learning and development services.

Equity of outcome, as opposed to equity of access, requires the allocation of resources to those most in need; in contrast, the current subsidy does little to reduce existing inequalities. Identification of the children most in need of services and focusing on those children and their families will help to erode disparities. The State must put in place laws, funding, infrastructure (including services) and programmes to bridge the access and quality gaps for the most marginalised including the 6 percent of children estimated to have special needs.

A **broad range of interventions** affect children. Health and nutrition policies, even when explicitly targeted to pregnant women and young children do not feature prominently in ECD policy documents. Parent and family support is also under-developed. Thus, whilst ECD is a clear policy priority, to date only a few ECD services have been highlighted – these are early learning and Grade R. Others, such as infrastructure, health, citizenship and social security, though the focus of other sectors, are not routinely included in what is described as ECD services.

2.3 The importance of **inter-sectoral collaboration** is recognised in the Education White Paper 5 on Early Childhood Education. Integration and collaboration are envisaged to result in expanded service delivery, cost-cutting through shared resources, and more efficient and speedy delivery of services. However we found few examples of integrated ECD programme

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delivery. One with potential is *Care for Child Development*, a module of the Integrated Management of Childhood Illness (IMCI) that uses all contacts between the health system and very young children to promote feeding, play and language development among mothers and other caregivers. What is required is an overarching approach, driven from a central mechanism, which asks what ECD benefits can be gained from every contact with young children and their families. Effective inter-sectoral collaboration requires several pieces that are not yet in place. These include: a common ECD agenda and goals which are mainstreamed into relevant sectoral policies and programmes and budgets (this has not happened other than in DSD and DBE), and an integrated monitoring and evaluation process. Use must be made of existing facilities for the delivery of ECD services. These include primary health care centres, as well as mobile health services, ECCE centres and programmes, NPOs, one-stop centres, offices of traditional authorities, churches and other faith facilities, as well as municipal and provincial service points.

2.4 There are a very large number of **government services and programmes** that benefit families living in poverty and therefore contribute positively to the early development of their children, ranging from free basic water and electricity to Grade R.

Priority areas for improvement of ECD services by **Health** are maternal and child nutrition in the first 1,000 days, provision of early antenatal care, halting smoking and alcohol use during pregnancy, emergency obstetric care to prevent maternal deaths and childhood disability, preventing and treating maternal depression, deworming of children, early identification and support for children and families with special needs including disabilities, and the promotion of nutrition, health and development (especially language development and play) in all contacts with young children. Undernutrition is the single most deleterious determinant of poor child development, with a strong link also to diminished adult capacity, health and adjustment (BP4).

The priority areas for improvement of ECD services by **Social Development** are parenting support, including through public awareness and education in collaboration with civil society and mass media (BP5, p7); better use of Clause 98 of the Children's Act (Conditional Registration) to expedite access to subsidies for children in the poorest areas; the development, funding and expansion of home- and community-based care; childcare options for working parents and other families needing assistance (BP6); the inclusion of health promotion and nutrition in all programmes reaching young children (BP4); and the prioritisation of the establishment of early child care and education programmes and centres in poor and under-served communities.

The priority areas for improvement of ECD by **Education** include: consolidating expansion with improvements in infrastructure, learner support materials and equipment; standardisation of training, qualifications and remuneration of staff; and overall management and integration of Grade R in relation to earlier preschool provision, the foundation phase as a whole, and subsequent schooling. Grade R needs to be made compulsory (BP9). In addition, if Grade R is included in ECD provisions, attention must be given to the nutrition, health, safe transport and after-school care of young children in Grade R (BP9, p14).

2.5 In terms of **human resources**, all sectors have significant vacancies and unfilled posts, and there are challenges around staff qualifications, conditions of service, remuneration and retention. Capacity is needed to support implementation, monitoring and quality improvement.

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There is also need for better articulation between qualifications across practitioners in different sectors and across community-based workers from all sectors who interface with young children and their families.

2.6 It is very difficult to make accurate estimates of **allocations and expenditure** on ECD as there is no identifiable ECD line item running across departmental budgets. The total DSD budget is estimated at around R1.2 billion per annum plus the CSG, of which about R1 billion per annum is paid to children under 6 years of age. The total DBE budget is roughly R3.3 billion per annum. The Department of Health does not collect data in a way which allows budgets for specific age groups to be identified.

The dependence on NPOs and **user-fees** perpetuates long-existing social and individual inequalities between regions of the country and between families. Children living in the poorest 40 percent of households are only half as likely to benefit from early child care and education services as children in the richest 20 percent of households.

There is much to learn from existing successes, including Grade R where the State assumed responsibility, grafted the service onto school education with its infrastructure and organizational systems, and subjects it to policy-based regulation. This has resulted in significant and equitable scale up of Grade R. Parenting support, educational stimulation and nutrition for very young children can similarly be grafted onto promotive health and community outreach services.

2.7 **Data** on many ECD services are routinely collected – birth registrations, CSG grant access, attendance at antenatal clinics, etc. as is national survey data. Both must be improved. An ECD scorecard, combining indicators of a basic package and updating it annually would be a powerful driver for increased performance.

2.8 Very few South African studies have examined the **impact** or **cost-effectiveness** of ECD services. Despite method and data concerns, such as lack of randomness of samples, the few studies that have been done report benefits for children, particularly with regard to nutrition and growth. There is a great deal of strong international evidence for the benefits of provisions for young children. However, it is estimated that South Africa spends almost three times less on learning in the preschool years (excluding Grade R) than on primary education and nine times less than on tertiary education, taking into account both coverage and expenditure per individual.

3 Recommendations

Recommendation 1: State responsibility

South Africa has progressively committed itself to protect and promote the development of young children, both as a human right and as a public good. To meet this responsibility requires:

- Policy and legislation to ensure that ECD services are adequately resourced and provided, including at the municipal level. This requires amendments to the Children's Act, and a review of relevant sectoral laws so that their ECD obligations can be mainstreamed.
- A Cabinet resolution or equivalent commitment to ECD as a national priority.

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- A revised NIP that spells out the obligations of government role players and civil society in realising a comprehensive ECD package. Under-used space in community halls, traditional authority offices, schools, clinics, churches and homes can all be used to run home- and community-based programmes.
- An independent mechanism with the resources, expertise and authority to bring together all participating sectors in government to work towards agreed ECD goals. This could be an agency, board or commission.
- Capacitation and resourcing of provincial governments and local government, to ensure equitable provision of a comprehensive ECD programme.

Recommendation 2: Focus on equity

An equity-based approach ensures that the state and its partners prioritise the provision of services and support to those children and families who most need them. Work should begin immediately in the poorest and most disadvantaged wards. The most urgent next step is to develop a basic 'ECD package of services' to be rapidly expanded to reach vulnerable children. This must be done in collaboration with both civil society and the private sector, using all opportunities of contact with young children by community-based cadres. Implementation strategies must include every possible mode of delivery and progress should be tracked against coverage targets.

Recommendation 3: ECD services should be comprehensive

The elements should include:

- Family planning, healthy pregnancies and postnatal care to give children an optimal start in life from conception.
- Nutrition support for pregnant and breastfeeding women and young children through home-, community and facility-based programmes.
- Birth registration, social security through the CSG and other instruments, subsidised housing and other state provisions for the poorest families.
- Supporting parenting through public education campaigns, as well as using the faith sector and traditional leadership, and care groups and companionship support through outreach programmes.
- Quality learning by young children encouraged at home and in groups, programmes and centres that focus on building enjoyment of learning, the confidence to learn from others especially adults, and self-control and social respect so that children can participate in and contribute positively to social life.
- Preparation for formal schooling by enrolment and regular attendance in Grade R, with support for learning from parents and other adults in the home.

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Recommendation 4: New funding provided in a new way

ECD services, as a whole, are currently un- or under-funded. A basic 'package' of services to reach universal coverage must be costed for different modes of delivery. Many services are already in place, such as those provided by the Departments of Health and Home Affairs, but funds are needed to reach the families not yet enrolled. In under-serviced areas, ECD capacity and infrastructure, especially for early learning services, need to be established from scratch. A costing for the sector must be made from a population-wide perspective, rather than merely increasing funding for existing services, many of which are in already relatively well-provisioned geographical areas. There is need for a decisive paradigm shift towards a rights-based ECD framework and accompanying funding model that recognises and is capable of realising the State's obligations to provide ECD services, especially those living in poor families, rural areas, informal urban areas and children with disabilities. Positive lessons from Grade R point to the need to move towards a funding model that is government-driven and pro-equity. An investigation should be commissioned to look at funding models for comprehensive ECD services that do not inadvertently subsidise better-off families at cost to the most needy - despite the means test - or incentivise centre-based early learning programmes or out-of-home care over home- and community-based programmes for working parents and other families needing assistance.

Recommendation 5: Workforce development

The following workforce developments are needed:

- A human resource development strategy to pay staff in early learning centres, improve staff qualifications and retain ECD workers. This should include an audit of existing staff qualifications and resourcing for initial training and upgrading for all workers in the sector including those in support and monitoring positions, as well as centre-based and outreach ECD practitioners.
- Expand and subsidise training opportunities for all categories of ECD practitioners, including those working with families and communities. By creating the demand, the training supply will increase.
- Professionalise ECD by enabling practitioners at all levels to register through appropriate occupational bodies which will assist with the development of job hierarchies and career progression. This needs to be linked to incentives.
- Develop a core package of ECD messages for inclusion in training of home- and community-based workers employed in different sectors who reach young children in the course of their work. These include a very large number of trained people, most of who interface with children and families, especially young children, in the home and community. If there was an overall framework under which such groups work in communities, and some common conditions, training, qualifications and remuneration, it would be possible to advocate for training in and delivery of basic early child development principles and practice.

The NIP review and re-planning must be used to envision and give substance to the recommendations outlined above.

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Abbreviations

ABET	Adult Basic Education and Training
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ATL	Approaches to learning
AZT	Zidovudine
BP	Background Papers
C2005	Curriculum 2005
CAPS	Curriculum Assessment and Policy Statement
CBA	Cost Benefit Analysis
CBO	Community-based organization
CBR	Community-based rehabilitation
CCGs	Community Caregivers
CCW	Community Care worker
CD4	Cluster of differentiation 4
CDG	Care Dependency Grant
CDWs	Community Development Workers
CEA	Cost Effectiveness Analysis
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CHC	Community Health Centre
Child PIP	Child Healthcare Problem Identification Programme
CHW	Community Health Worker
CS	Community Survey
CSG	Child Support Grant
CWD	Children with disability
DALY	Disability Adjusted Life Gain
DBST	District-Based Support Team
DC	District Council
DHET	Department of Higher Education and Training
DBE	Department of Education
DoH	Department of Health

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DPME	Department of Performance Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DR	Diagnostic Review
DSD	Department of Social Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EFA	Education for All
EHW	Employee Health and Wellness
ELRU	Early Learning Resource Unit
EMIS	Education Management Information System
EPI	Expanded Programme on Immunization
EPWP	Expanded Public Works Programme
ETDP SETA	Education, Training & Development Practices Sector Education & Training Authority
FAS	Foetal Alcohol Syndrome
FCG	Foster Care Grant
FET	Further Education and Training
FETC	Further Education and Training Certificate
GDP	Gross Domestic Product
GETC	General Education and Training Certificate
GHS	General Household Survey
GNP	Gross National Product
HAZ	Height-for-age z-scores
HCBC	Home And Community Based Care
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICU	Intensive Care Unit
ID	Iron deficiency
IDA	Iron deficiency anaemia
IDP	Integrated Development Plan
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness
INP	Integrated Nutrition Programme
KIDS	KwaZulu-Natal Income Dynamics Study

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LFS	Labour Force Survey
LTSM	Learning and Training Support Material
MCH	Maternal and Child Health
MEC	Member of Executive Council
MTEF	Medium Term Expenditure Framework
NAFCI	National Adolescent Friendly Clinic Initiative
NCCEMD	National Committee into the Confidential Enquiries into Maternal Deaths
NCV	National Certificate Vocational
NELDS	National Early Learning and Development Standards
NFCS-FB	National Food Consumption Survey-Fortification Baseline
NGO	Non-governmental organization
NHI	National Health Insurance
NIDS	National Income Dynamics Survey
NIP for ECD	National Integrated Plan for Early Childhood Development
NLRD	National Learning Records Database
NPC	National Planning Commission
NPO	Non-profit organization
NQF	National Qualifications Framework
NSP	National Strategic Plan
OBE	Outcomes Based Education
OECD	Organisation for Economic Co-Operation and Development
PCR	Polymerase Chain Reaction
PEM	Protein Energy Malnutrition
PETS	Public Expenditure Tracking Survey
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
PSU	Primary sampling unit
RCT	Randomised control trials
RNCS	Revised National Curriculum Statement
RPL	Recognition of Prior Learning
RTO	Resource Training Organization
SABC	South African Broadcasting Corporation
SACE	South African Council of Educators
SACMEQ	Southern and Eastern Africa Consortium for Monitoring Educational Quality
SAPS	South African Police Service

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SAQA	South African Qualifications Authority
SASSA	South African Social Security Agency
SAW	Social Auxiliary Worker
SES	Socioeconomic status
SEWA	Self Employed Women's Association
SIAS	Screening, Identification, Assessment and Support
TB	Tuberculosis
TEEP	Turkish Early Enrichment Programme
UIF	Unemployment Insurance Fund
UN MDGs	United Nations Millennium Development Goals
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with disabilities

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1. Introduction

1.1 Background

The Department of Performance Monitoring and Evaluation (DPME) in the Presidency and the Inter-Departmental Steering Committee for Early Childhood Development (ECD) commissioned a Diagnostic Review (DR) of the current status of ECD, in parallel with a review of the National Integrated Plan (NIP) for ECD. The DR and the NIP review are to be combined into an ECD Sector Review[2].

The purpose of the DR is to evaluate the current South African ECD paradigm and policy, including the role of the State, and the implementation of ECD services and programmes. Topics to be covered include human resource development, inter-sectoral collaboration, funding, impact and cost-effectiveness.

1.2 Importance of early child development

Scientific evidence accumulated over the last two decades confirms the importance of the early years of life, not only in determining capacity (education and earnings)[3], but also health and longevity (especially related to chronic disease)[4], and personal (stress, anxiety) and social (withdrawal, aggression) adjustment[5]. This compelling evidence, especially the important roles played by nutrition[6], parenting[7], and early stimulation[8], makes ECD services a priority for national socio-economic development[9].

From conception, the development of a child occurs progressively - in sequence - driven by genetic potential in response to pre- and post-natal conditions. Children are uniquely sensitive to their environment during the first 1,000 days of life (the 270 days of pregnancy plus 365 days in each of the first two years). In this period very rapid development, adaptation and consolidation occur, particularly in brain structure and function, metabolic reactions, interpersonal engagement and self-regulation[10]. Beneficial or protective experiences during this time determine the degree to which a child is equipped to take advantage of further opportunities and to face challenges. Children exposed to risks and adversity in the early years need additional support to help them compensate for missed learning and adaptation. This support is most effectively provided within this unique early 'window of opportunity'[11].

Once this opportunity is missed, remedy seldom occurs naturally in the typical environment of children living in low-resource settings[12], and intentional efforts to make up for deficits are less effective at later ages and much more costly[13]. Disadvantaged children who receive little or no support to catch up are less likely to be able to realise their individual developmental potential. They tend to fall further behind their peers, slipping towards the margins, unable to bridge the widening gap between themselves and those who are forging ahead. Inequalities expand and become more intractable and harder to address. The personal tragedy of the unfulfilled promise of one child, combined with that of many other children in similar circumstances, constitutes a serious challenge of dependency, exclusion and ill-health in society. For this reason, ECD services have been called 'a powerful equaliser"[14], because they provide assistance during a time when children are most able to make up for disadvantages carried over to them from

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previous generations, such as limited education, or challenges that arise in their own development, such as low birth weight or faltering growth.

We know what children need in the early years, we know how they grow and learn, and we know which exposures and experiences in the early years are most beneficial for children and which are most injurious[15]. We also know which interventions are, in principle, effective and feasibly taken to scale in low-resource contexts[16]. Concerted efforts to improve the early development of all children - especially those who continue to be denied opportunities to grow, develop and achieve - through effective interventions at the environmental, social and personal levels - could boost education, productivity, health and social adjustment over the next two to three decades.

The scientific evidence supports a developmental approach to early childhood interventions, beginning in pregnancy and continuing into formal schooling. This includes the promotion of planned and safe pregnancies, assisted delivery and postnatal care; nutritional support for pregnant women and young children; social protection to enable families to care for a young child; preparation for and support for parenting; childcare for working parents and other families needing assistance; opportunities for young children to learn at home and with other children in the company of supportive adults, and preparation for formal schooling.

In addition to the explicit benefits for children, the expansion of services for young children provides opportunities to create work and potential career opportunities, as envisioned in the Social Sector Expanded Public Works Programme[17]. Good quality childcare also enables parents, especially women, to continue with full-time education, to take up employment and to advance in their work and professional lives. In turn, parental participation in work benefits household economic status and improves financial security for children.

1.3 Diagnostic process

Members of the team were invited to participate in the review based on their expertise in the areas to which they contributed. The team met in person and by telephone, and exchanged emails and documents to: 1) discuss the assignment and apportion tasks, 2) resolve queries, and 3) come to broad consensus on the main points of the analyses and the recommendations. We do not necessarily agree on finer points, but we are of one mind on the overall diagnosis and way forward.

Given the limited time and the need for a set of high level observations and recommendations, we worked as follows: 1) we assembled and read the very large number of documents on ECD in South Africa, especially those commissioned during the last few years (see Appendix A for the list of more than 110 documents consulted[a]), 2) brought our expertise in the various areas to bear on the subject, also by conducting overviews of relevant literature, 3) consulted web-sites and colleagues, including government officials, for specific information, 4) hosted four panels with provincial stakeholders in Gauteng, Western Cape, KwaZulu-Natal and Free State to discuss the topics listed in the scope of work and our emerging perspective (see Appendix B for

[a] These documents are available on the DVD submitted with the Diagnostic Review and through the Dropbox hosted at the HSRC.

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a list of people invited to panels and/or who were consulted), and 5) met regularly with the Inter-Departmental Steering Committee to discuss progress and respond to queries and comments.

In addition to this report, twelve detailed Background Papers (BPs) are included in the Appendices. The topics covered in the Background Papers are: 1. Scientific evidence for the importance of early child development for human capacity, health and personal and social adjustment, 2. The role of the State: Legal obligations to provide comprehensive early child development services, 3. An overview of the ECD policy framework in South Africa, 4. Maternal and child health and nutrition, 5. Parenting, 6. Safe and affordable childcare, 7. Opportunities for Learning (ECCE), 8. Human resource development for ECD programmes and services for 0-4-year-olds, 9. Grade R, 10. Government funding for ECD in South Africa, 11. Cost and impact, 12. South African data. An annotation is also appended with recommendations for amendments to the Children's Act required to give effect to ECD priorities.

1.4 Definitions

To facilitate understanding, we define here what we mean when we use the following terms:

Early child development (ECD) services are all services that promote or support the development of young children. These range from infrastructural provision such as water and sanitation, social security, birth registration and health services to safe and affordable daycare, opportunities for children to learn together in structured programmes, and preparation for formal schooling.

Early Child Care and Education (ECCE) services, a very important aspect of ECD, are services and programmes that provide care and developmentally appropriate educational stimulation for groups of young children in centres and/or in community- or home-based programmes[b].

Comprehensive services refer to a range of services for pregnant women, mothers and young children across infrastructure, health, education and social services.

Integration refers to how services are provided. Integration takes advantage of synergies and efficiencies associated with inter-sectoral collaboration, by linking several services together. For example, centre-based learning and development services may also offer parenting programmes, feeding for young children in the surrounding community, and be a venue for outreach primary health care services targeting young children. Services can be integrated but not comprehensive. Services are integrated and comprehensive when all or most elements of ECD are provided and there is cross-sectoral collaboration to ensure the best outcomes, efficiently achieved at the lowest cost.

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[b] Acronyms for early childhood education and care vary, though the terms have a lot in common. ECCE is used by UNESCO, as well as the Education for All (EFA) initiative and the Global Monitoring Report (GMR) to refer to care and education/development provided to children in the preschool years (2006, p.1). The OECD uses ECEC (early childhood education and care) and UNICEF prefers ECCD (early childhood care and development. See Kamerman, S. (2006). A global history of early childhood education and care: Background paper prepared for the Education for All Global Monitoring Report 2007 Strong Foundations: Early Childhood Care and Education. Paris: UNESCO

Human rights are inalienable entitlements of human beings. Children have, amongst others, rights to protection from abuse, neglect and discrimination and rights to provision (food, shelter, education and health care). However, there are several models by which children's rights are realised and protected by governments and parents, as illustrated, for example, by birth registration, schooling and immunisation (the right to health care). Only the State offers birth registration; there is no choice of provider. Parents are legally obliged, and assisted by the State, to take up the service and register their children. The State and others offer education, but there is a choice of providers. Parents are legally obliged to educate their children, even if by home schooling. They are not obliged to take up State services although the State is obliged to offer the service to all. The State regulates education provision by non-State providers. The State and others offer immunisation. Parents are not obliged to take up the service, whether offered by the State or others. The State does not regulate provision in general, but does regulate specific aspects of provision, such as the qualifications of people who may immunise children, the brand and date of the inoculant, etc. In all three cases, the State makes a special effort to bring its offerings closer to poor and marginalised communities in recognition of the fact that they may experience challenges in accessing services provided by the State and that they cannot afford the services of non-State (private) providers.

Children have a right to ECD services – and the State is obliged to offer the range of ECD services to all children. Many of these services are already provided in South Africa. Early care and learning, as one of the range of ECD services, is most in need of expansion. It is more like immunization than schooling or birth registration. The service must be developed to a certain quality and be offered free of charge to those families who are unable to pay. The State must finance such services, regulate training and some aspects of practice. However, like immunisation, the service is not compulsory and families have a wide choice of providers.

Progressive realisation recognises that the high costs involved may mean rights have to be realised progressively. However, governments have an obligation to take steps to realise these rights through a time-bound plan with benchmarks, targets and indicators of progress. Many of the rights-based provisions for young children are also public goods, meaning the State has an obligation to provide them to children and families, and also has an interest in ensuring that the rights of all children are realised.

The age range of early child development is defined differently across a number of important policy documents. The United Nations General Recommendation No. 7: Implementing Child Rights in Early Childhood, adopted in 2005, refers to all young children including at birth and throughout infancy, during the pre-school years, as well as the transition to school up to the age of 8 years. Like White Paper 5 on Early Childhood Education, the NIP defines young children as those up to the age of 9 years, but the NIP prioritises services for children 0-4 years. The Children's Act (No 38 of 2005, as amended) defines early child development from birth to school-going age (Section 91(1), which is normally 5-6 years of age. Health services are provided free to children under 6 years of age. The focus of the Expanded Public Works Programme with respect to ECD is on the training of practitioners to work with children aged 0-4 years. The National Planning Commission's Diagnostic Overview refers to early stimulation for children 0-4 years, and Grade R. The Minister of Social Development in 2011 committed to expanding ECD access and quality for children 0-5 years of age.

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In the Diagnostic Review, ECD refers to children from conception to Grade R when children are 5-6 years of age, mainly because of time limitations on the review. However, it is important that the age parameters of ECD in South Africa are made consistent and we recommend the range from pregnancy to age 8 years as outlined in the UN General Recommendation No 7.

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2. Diagnosis

2.1 Overview

Huge strides in provisions to benefit young children have been made from the pre-1994 racially exclusive policies and programmes of *Apartheid* South Africa[18]. Past policies severely discriminated against Black people and damaged children through malnutrition, family disruption and instability, exposure to injurious environments and limited opportunities. White children had greater access to ECD services of higher quality and what services there were for other groups had a distinctly urban bias. But, by 2001, beginning with the transformation to a democratic State in 1994, there were more than 30 policy, laws and programmes demonstrating government's commitment to help improve the conditions in which children live and their prospects into the future[19].

The State has obligated itself to provide many ECD services by virtue of being a signatory to international and regional agreements such as the African Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child, Education for All, and the Millennium Development Goals, as well as by the South African Constitution and a number of Acts and policies. Government has also expressed positive intentions to support ECD and, in particular, to redress inequity, through the Children's Act, the NIP for ECD, and various White Papers. Importantly, Vision 2030, articulated by the National Planning Commission, acknowledges the significant role that ECD can play in achieving the country's shared goals for socioeconomic advancement[20] (see also BP2 and 3).

There is, though, still much to be done to achieve the broad vision of ECD outlined in national policies. ECD services in South Africa have yet to become comprehensive, coordinated, provided in an equitable manner, and funded at a level to achieve their objectives. There is an absence of both a strong leadership structure and a funding model to fill gaps and attain equity. Sectorally-based services (infrastructure, health care, birth registration, social security, etc.) are extremely valuable, and they could be better used to provide additional supports for parenting and early child development. This could help to compensate for some of the disadvantages experienced by young children living in the poorest families.

Much of this has been said before. White Paper 5 on Early Childhood Education (2001) recorded that:

> "The Department of Education's departure point for all ECD policy development is that the primary responsibility for the care and upbringing of young children belongs to parents and families. However, because of the inequality in income distribution, and because ECD is a public good whose benefits spill over from individual parents to society as a whole, the Department sees it as the State's responsibility to subsidise and assure the quality of ECD services" (section 3.1.4).

This vision and these challenges remain.

In some areas, a great deal of progress has been made. Much more needs to be done in other areas, as illustrated in Table 2.

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Table 2: Examples of good progress and remaining challenges

Good Progress	Remaining Challenges
87% of households with a young child have access to safe drinking water (BP12, p28) 82% of households with a young child are connected to mains electricity (BP12, p32) 97% of pregnant women attend at least one antenatal clinic (BP4, p17) 98% of health facilities offer the programme to prevent mother-to-child HIV transmission[21] 91% deliver their babies with the assistance of a professional (BP4, p35) 89% of children are fully immunised at one year of age (BP4, p22) 83% of births are registered (BP2, p29) 73% of eligible young children receive the Child Support Grant (BP2, p30) 78% of children are enrolled in Grade R (BP9, p4)	Prevent early unwanted pregnancies and improve maternal nutrition and care Ensure the nutrition of young children and prevent stunting (low height-for-age) Promote and support positive parenting to enable families to give their young children the best start in life Devise funding and services for safe, affordable and stimulating care for 0-2-year-old children in families that need assistance, Expand home- and community-based programmes to provide support for parenting and improve opportunities for young children to learn, especially for children from the poorest families with least access to services and young children with disabilities. Ensure early child care and education services in rural and poor urban areas through State provision and financing, in collaboration with non-profits and the private sector Provide comprehensive and integrated services to young children and their families. This enables children to gain from the mutually reinforcing benefits of responsive parenting, good nutrition, protection from harm and opportunities for learning, and for services to achieve efficiencies from streamlined delivery systems. Use all available infrastructure and cadres of community workers to reach poor and distant families to promote parenting and early child health and development. Use fixed and mobile clinics and promotive child health services to promote parenting and early child health, nutrition and development.

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Without strong coordination, important gaps remain. This can be illustrated with respect to ECCE services.

- Very little is in place to support parents and families despite the fact that they are the strongest and most enduring influences on children, especially in the early years[22]. The 2011 Green Paper on Families[23] does not explicitly address parenting nor the care and protection of young children, and there is limited implementation of the 2008 Parental/Primary Caregiver Capacity Building Training Package which, in any case is not enough[24].
- Very small numbers of the youngest children (0-2 years old) are in formal early child development centres, a proportion of which are registered and receive a per-child subsidy. Far more children in this youngest age group are in the care of home-based childminders. This form of care has no training, registration or funding framework (BPs 5, 6 and 8). Data from the 2010 General Household Survey (GHS), indicates that 33 percent of mothers who are co-resident with their children 0-6 years of age (28 percent of children under 2 years) are engaged in some economic activity (BP12, p15), and 15 percent of parents with children under 6 years (13 percent with children 0-2 years) may need assistance with childcare because the parent/s are chronically ill or disabled (BP12, p64). Parents in full-time education may also need assistance with childcare. Realising the extent and seriousness of childcare needs in the formal sector and the barriers created for the advancement of women's careers, the Department of Public Service and Administration (DPSA) has produced a Discussion Document on plans to address the childcare needs of the civil service[25].
- Children 3-5 years old from poor families are eligible for subsidised attendance at early learning and care centres, across a range of quality, but only if they are fortunate enough to live in an area that is served by a registered, subsidised centre run by a not-for-profit organisation (NPO) and, in almost all cases, if their parents can afford to pay fees. More than a million children under four years of age are estimated to be in some form of out-of-home care or programme (BP7, p10). Of these, 467,000 children receive means-tested subsidies in 18,826 registered centres[26]. However, the registration requirements of the current funding model often inadvertently excludes the most disadvantaged children from services[27], as shown in Figure 1 (BP7, p10).

Figure 1: Declining access to out-of-home services by age and socioeconomic status

~ 50%	~70%	~80%	Using national data, we estimate that only 20 percent of 0-4-year-old children in the poorest 40 percent of households have access to some form of out-of-home care, including ECCE programmes and centres.
Children 3-4 yrs who attend out-of-home facility (~50%)	Children 0-4 yrs who attend out-of-home facility (~30%)	Poorest 40% of 0-4 yrs who attend an out-of-home facility (~20%)	

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- Early learning and support for child development should not be restricted to services provided by centres; it must expand to include home- and community-based programmes. There is currently no government support for the establishment of either centre-based or expanded services in underserved areas, nor are there policies to ensure that children from families who cannot afford fees, can still access services, either in centres or in home- and community-based programmes (BPs 2 & 3). Expansion of the current funding model - a per-child subsidy for children in registered centres - without a deliberate strategy to develop services through centres and home- and community programmes in disadvantaged areas, will maintain (and could possibly exacerbate) inequalities between better- and worse-off families. As a result of disadvantage, about a third of poor South African children reach school age stunted or underweight (BP4, p12, 25), many with health and learning disadvantages which they are unlikely to overcome[28].

The overview given above is based on detailed assessments of the current paradigm, existing policies, current inter-sectoral collaboration, available services and programmes, human resources, and funding. A summary of each of these assessments is provided below. Full analyses are provided in the twelve detailed Background Papers attached as Appendix C.

2.2 The current paradigm

Assessment

The major problems with the current paradigm are gaps between policy and practice, disjuncture across age groups and inequity.

Existing policy - White Paper 5 on Early Childhood Education, the Children's Act, and the NIP - sketches a broad vision of comprehensive ECD services spanning early childhood, encompassing home-, community- and centre-based services across health, education, social protection and socioeconomic development (BP3). Comprehensive ECD requires the promotion of planned and safe pregnancy, delivery and postnatal care; nutritional support for pregnant women and young children; social protection to enable families to care for a young child; preparation for and assistance with parenting; childcare for working parents and other families needing help; opportunities for young children to learn at home and with other children in the company of supportive adults, and preparation for formal schooling. In addition, ECD services and programmes provide ideal opportunities for the prevention, early identification and timely provision of assistance for children with disabilities and children requiring additional support for health, development and social problems (BP4, p48).

In practice, however, different sectors act largely in isolation from one another without shared vision, goals and accountability, and there are significant gaps in services – particularly with respect to nutritional support for women and children, support for parenting and families, and childcare support for very young children and children with special needs. Moreover, there is a disjuncture across age groups relating to the assumed role and capacity of the family. The family is assumed to be the appropriate provider of care for very young children (0-2 years), with the State giving general support to the poorest families. For slightly older children (3-5 years),

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the family is considered to be in need of considerable assistance in providing learning opportunities for young children. Services and resources need to be better balanced, with State assistance for 0-2-year-olds, more support for 3-4-year olds more equitably provided, and support for all parents and families with young children.

Some of the disjuncture between policy and practice appears to have arisen because of challenges in designing and implementing an appropriate funding and delivery model for home- and community-based ECD programmes; and with respect to the promotion of parenting as the foundation of all ECD provision, through awareness-raising, education and support.

South Africa has made very considerable contributions to the wellbeing of children through infrastructural development (housing, water, electrification), health services, citizenship, and social security. However, the current ECD paradigm favours services for children 3-5 years of age in ECD centres. As a result, children and families who require services other than those currently provided in centres - often the case for 0-2 year olds; children in areas where centres have not been established; and children with disabilities - are not yet supported by the State.

As older children are more likely to be enrolled in centres, the funding model leads to relatively larger investments in children 3-5 than in children 0-2 years of age. Moreover, as the subsidy model does not support infrastructure development, other start-up costs and services (water and sanitation), it leads to inequitable provision of services among 3-5-year-olds. Children who live in areas without registered centres, many of which are poor and generally under-serviced, do not receive the subsidy support.

The per-child subsidy model does not provide for infrastructure development or maintenance, but prescribed infrastructure is required to meet specified standards for registration. Because most early learning and care services are private and not-for-profit (NPO) facilities, they depend on user fees to help to fund infrastructure, amongst other things. In 2001, when the last national audit was conducted, 75 percent of services were fee-based and in the provinces included in the 2010 ECD public expenditure study, all were fee-based despite the subsidy[29]. This leaves many areas of the country, and many families, without early learning and care services.

Early learning and care services also tend to be area-based and small-scale. There are, as yet, no exemplary models of integrated ECD planning or service delivery at scale. In a country with more than 5 million children 0-4 years of age - 2.3 million of whom are poor - there are 18,826 registered ECD facilities, which receive State subsidies for some 467,000 children from income means-tested families (BP7). By our calculations, about 2 in 5 children (0-4 years old) in any crèche or preschool receive a subsidy[c]. Although the subsidy is means tested, inequality is created because the State does not ensure infrastructure development and start-up costs, including in areas where the need is greatest. Current provision privileges children who can access centre-based services and whose families can afford fees. These are not the poorest parents with the most at-need children, the majority of whom are currently being cared for at home.

About 6 percent of children have special needs, with a higher proportion among very young children[30]. Little progress has been made in the way of concrete plans, budgets and

[c] Based on NIDS 2008 and registration figures from DBE 2011 (D. Harrison).

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programmes for the provision of ECD services for children with disabilities since White Paper 5 on Early Childhood Education noted that they are, for the most part, not provided for either in the mainstream or within specialised services.

Moving forward

Since 1994, the goal has been full State provision and implementation at scale of programmes to support young children, including the youngest age group (0-2 years), those with special needs, and children in the poorest families in urban and rural areas. As envisioned in South Africa's exemplary policies with respect to ECD, we also need to provide support for parents and families in home- and community-based programmes. This can be done through comprehensive approaches that include health, nutrition, protection and socioeconomic development, with the aim of promoting children's developmental capacity and providing them with opportunities to grow and learn.

To reach these goals, the gap between policy and practice must be closed, and the disjuncture in approach across age groups must be addressed. But this alone, is not enough. Current policies are based on a broad vision of comprehensive and integrated ECD services, especially for those children and families who most need them. Some families are in the fortunate position of being able to assist their children to reach their potential without much support from the State. Therefore government does not have to provide comprehensive services for every child. However, judging by the socioeconomic distribution, close to two thirds of families may require State assistance in one or other way. This can only be achieved with a shift towards an equity-driven ECD framework.

Equity of outcome, as opposed to equity of access, requires the allocation of resources to those most in need. The State could aim for all children to receive some service by opportunistically expanding access as NPOs establish more centres. This describes the current model. The alternative, which we strongly recommend, is that government focus on ensuring that those in greatest need of services receive them. Access based on the current method entrenches existing inequalities, while focusing State effort on areas of greatest need, will help to erode them. Progressively realising equity of outcome requires the identification of the children most in need of services and ensuring that those children and their families receive them.

The State must put in place laws, funding, infrastructure and programmes to bridge the access gap for the most marginalised. At present, the State is taking the measures necessary to ensure access by the most marginalised communities to birth registration, health care, social security, access to water and electricity, and Grade R. The same approach needs to be taken to other aspects of ECD services. These include food and nutrition to prevent (not only to treat) malnutrition, early childhood care and education services for poor children aged 0-4 and children with disabilities, and support for parents and families including with childcare for very young children.

A paradigm premised on equity will require a number of policy changes. Firstly, adequate funds must be allocated to ensure ECD services for the most vulnerable children. This must be backed-up with a leadership structure which is accountable for the implementation and monitoring of services. This requires attention to: a) infrastructure, basic services, personnel and other resources needed for the provision of ECD services; b) a costed and State-funded

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ECD policy and plan of action for children with disabilities; c) programmes to ensure vulnerable young children receive adequate nutrition, and early detection and remediation of stunting; d) eligible pregnant women receive material and nutritional support, including pre-birth registration for the Child Support Grant; e) all employers (starting with the State) providing paid maternity leave to employed mothers and offering breastfeeding support for mothers returning to work, and f) the introduction of laws governing sectoral responsibilities not covered by the Children's Act (such as water and sanitation, and food and nutrition) to fill gaps.

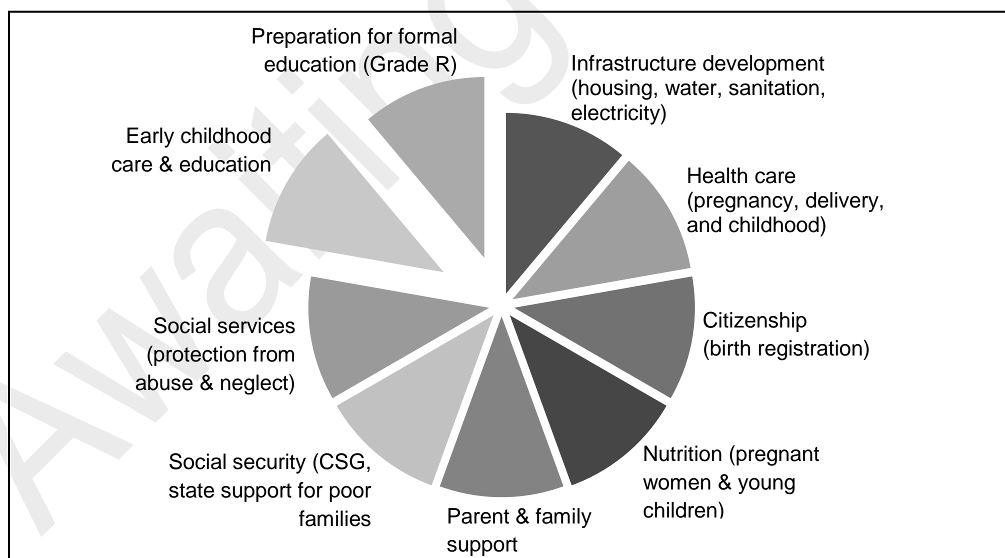
2.2 Current policies

Assessment

The government has demonstrated its support for ECD 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 Millennium Development Goals. Moreover, children's rights are protected by the South African Constitution and various Acts and policies (BP2). The Children's Act, the National Integrated Plan for ECD, and various White Papers further demonstrate government commitment to ECD (BP3). These policies, papers and plans reflect vision of a comprehensive approach to ECD.

However, a holistic and comprehensive approach to early child development is yet to be achieved. Figure 2 illustrates the package of services that promote and protect the development of young children. Many of these are already provided in South Africa and active steps have been taken to expand their coverage to the poorest families in need.

Figure 2: Services that promote and protect the development of young children



Health and nutrition policies, even when explicitly targeted to pregnant women and young children, tend not to identify with ECD as currently formulated, and they do not feature prominently in ECD policy documents. Parent and family support is also under-developed. Thus, whilst ECD is a clear policy priority, to date only a few ECD services have been highlighted – these are early childhood care and learning and Grade R. Others, such as infrastructure, health

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and citizenship are not routinely included in what is described as ECD services. While early childhood learning and Grade R are critically important aspects of ECD, this approach fails to mobilize support across a broad front, and to benefit from the budgets, workforce, and delivery mechanisms of several sectors and departments. It also limits opportunities to maximise cross-sectoral collaboration, reach more families and achieve complementarities between the benefits of different ECD services.

The Children's Act, as the overarching legislative framework, does not obligate national, provincial or local government to fund or ensure provision of ECD services, including early learning and care programmes. 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 (BP2, p49).

Provincially, the Act obliges the MEC for Social Development to register and to maintain a record of all registered early childhood development programmes and, within the national strategy, to develop a provincial strategy aimed at a properly resourced, coordinated and managed early childhood development system. The Act does not oblige, but affords the MEC for social development the discretionary (unenforceable) power to provide and fund ECD services (Section 93(1)). This minimal direction to fund refers only to early learning and care services, not ECD more broadly. In the same vein, the Children's Act defines ECD widely, but it regulates only early learning and care facilities, leaving aside regulation of other ECD services (BP2, p37).

As indicated under **Definitions**, there is lack of agreement as to the age of children falling within the ECD framework in South Africa. This needs to be made consistent and we recommend the range from pregnancy to age 8 years as outlined in the UN General Recommendation No 7.

Moving forward

Most components of the 'ECD package' - health, nutrition, education, social services, protection, and a name and identity - enjoy an elevated constitutional status. According to S28 and S29 of the Constitution, realisation of these rights is not subject to progressive realisation. This means that they should be immediately available and accessible to all children in South Africa. In contrast, the current approach to the provision of ECD, as articulated in the Children's Act, is premised on the notion of progressive realisation. Section 2(2) provides that government must take reasonable measures to the maximum extent of their available resources to achieve the realisation of the Act.

Constitutionally then, ECD services should not be subject to progressive realisation. If they are, the State must take clear legislative and supporting steps to ensure realisation of the right to ECD services. Such steps must be reasonable. Rights cannot only be recognised in law. The State must also put forward a plan that is capable of realising the right to ECD services and it must implement that plan.

Critically, the State must make provision for securing the rights of the most vulnerable members of society. As pointed out in the Grootboom judgement[31], it is not enough to show statistical advancement of the right. The plan must ensure that those whose needs are most urgent and

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whose abilities to enjoy the right are most at peril are not excluded or ignored. Special and additional measures by the State are necessary to secure their rights.

At present, the ECD plan is at risk of not meeting the “reasonableness” requirement because of the implicit exclusion of the most vulnerable children in poverty and those with disabilities. In order to remedy this omission, it is necessary for the revised NIP to articulate a clear and enforceable obligation on the State – national, provincial and local government – that will secure ECD services for the most vulnerable children. This means that, in addition to subsidising and regulating ECCE services for child in registered centres, the State must provide and fund ECD.

2.3 Inter-sectoral collaboration

Assessment

The importance of inter-sectoral collaboration is recognised in White Paper 5 on Early Childhood Education[32] and is key to realising the goals of the NIP. In the NIP, integration and collaboration are envisaged to result in expanded service delivery, cost-cutting through shared resources, and more efficient and speedy delivery of services.

The Plan recognises that: a) different departments and stakeholders are responsible for different components of ECD, but that they should work collaboratively to achieve a common development goal; b) at a structural and systems level, the plan “requires an inter-sectoral and interdepartmental system and mechanisms for it to be realised”, and c) “that the inter-sectoral coordination mechanism of the integrated plan is the most critical aspect to the success of the implementation of the plan”.

The advantages of coordination are clear. The vast majority of pregnant women and very young children are in contact with health services, creating opportunities to support nutrition, parenting, access to social security and other ECD interventions. Birth registration and applications for Child Support and other grants provide opportunities to raise awareness and provide key messages to promote parenting and early child health and development. Early learning and care centres and programmes, as well as schools and centres offering Grade R, are potential sites for primary health care and parenting programmes, and could be used as distribution points for supplementary feeding for young children. The mechanisms envisaged, however, have either not been established or have failed to generate the desired results. We found few examples of integrated ECD programme delivery. One with potential is *Care for Child Development*, a module of the Integrated Management of Childhood Illness (IMCI) that uses all contacts between the health system and very young children to promote feeding, play and language development among mothers and other caregivers[33]. The various one-stop service delivery and multi-purpose community (Thusong) centres could also be used to disseminate key ECD messages and link families to services[34].

What is required is an overarching approach, driven from a central mechanism, which asks what ECD benefits can be gained from every contact with young children. This is critical to ensure the delivery of ECD services to poor children and their families, and to benefit from complementarities between ECD services.

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The mechanisms envisaged in the NIP for attaining an integrated approach to ECD services include: a) inter-sectoral collaborative planning and service delivery for ECD and agreement on targets for services; b) ensuring that each department makes a budgetary commitment, and c) co-ordination and monitoring of a comprehensive programme.

The NIP establishes various coordinating political and administrative structures at the national, provincial and local level. These are: a) MEC Committees of the Social Cluster through which political leadership and support will be provided for implementation; b) ECD Inter-Sectoral Committees (government and non-government members) as a component of the Presidency's National Advisory Council on Children's Rights. This locates all matters at a national level in the Presidency and at a provincial level in the Premier's office, and c) A National Inter-departmental Committee for ECD, established and led by the DSD on which sits the Departments of Health, Basic Education, Home Affairs, the Presidency and others to facilitate the planning and implementation of integrated services in terms of the Plan (BP2, p8).

An Inter-Departmental Committee and ECD Inter-Sectoral Committees (known as ECD forums) have been established at national and provincial levels. But several serious challenges to integration and inter-sectoral collaboration persist. Amongst these is the marginalization of key departments such as the Department of Health. Whilst Health has numerous programmes that target and benefit young children and their families, its services are not identified with ECD policies and programmes and are not, in their design, implementation or evaluation, linked to the NIP (BP2, p11)[35].

Moving forward

Effective inter-sectoral collaboration requires several pieces that are not yet in place. These include: a) ECD objectives being mainstreamed into relevant sectoral policies and programmes. A review of policies and programmes across different departments indicates that the NIP does not appear to have been translated into departmental ECD plans, programmes and budgets, other than in DSD and DBE (BP2); b) There must be a common ECD agenda and goals across the relevant departments to align with the NIP objectives beyond DSD and DBE. As an example, the provision of water and sanitation to ECD centres and programmes, including ECD centres, and prioritising households with infants and young children in terms of indigent policies or infrastructure development plans; c) There must be an integrated monitoring and evaluation process or framework as envisaged in the NIP against which the various departments and stakeholders plan and report on progress to the NIP's coordinating structures; and lastly d) There must be costing and budgeting for the roles and responsibilities of the different departments assigned by the NIP (BP2)[36].

There is very little inter-sectoral collaboration across ECD services. This raises questions about the effectiveness of the design and location of the current structure responsible for oversight of the Plan and its objectives, budget and outputs. Concerns have been raised before about the perceived inappropriateness of locating a multi-sectoral coordinating structure within a specific lead department, as opposed to a truly representative structure independent of any specific department[37].

Mechanisms for integration and stronger inter-sectoral collaboration have to be investigated. The importance of ECD to outcomes of national importance for health, education and

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productivity, the wide scope of ECD services across several sectors, and the size of budgets allocated to ECD services (such as the CSG, primary health care, Grade R, etc.) necessitates that the mechanism have the authority and autonomy to act effectively. The mechanism also needs to be serviced by a knowledge hub to ensure that stakeholders across many departments are kept informed about the latest developments in ECD research, programming and evaluation, as well as dedicated staff to perform coordinating and accountability functions. Options include an agency, board, commission or programme with Cabinet-level authority, tasked to achieve ECD objectives across various sectors. This has been done in other low- and middle-income countries[38]. The exact nature of such a mechanism is a matter for further discussion, but it is clear that the current institutional arrangements are not sufficient to drive ECD forward in a coordinated way.

2.4 Services and programmes

Assessment

There are a very large number of government services and programmes that benefit families living in poverty and therefore contribute positively to the development of their young children[39]. These include, for example, free basic water and electricity provided by the Department of Water Affairs and Energy, respectively, and a housing subsidy provided by the Department of Human Settlements. In addition to these indirect services, there are a range of services and programmes which directly benefit young children's development. A number of these programs are reaching a large proportion of poor children and have likely already generated considerable benefits for South African children.

Services and programmes are funded and provided by the Department of Health to promote the health and wellbeing of pregnant women and young children; social security, social services and early learning and care centres are funded by the Department of Social Development, and Grade R is funded by the Department of Basic Education. Indications are that there has been good progress to date in certain ECD services including in antenatal care, birth registration, access to safe drinking water and electricity connection, among others (Table 2). The per capita subsidy for children in ECD facilities has increased and has been expanded to cover more than 460,000 children; 80 percent of children are enrolled in Grade R.

Through the policy of free health care for women and preschool children, satisfactory although not always high, coverage has been achieved for contraception use, antenatal visits, HIV screening, skilled attendance at delivery, initiation of breastfeeding and immunisation.

As previously indicated, more than a million children younger than 4 are estimated to be in some form of out-of-home care or early learning or care facility or programme (BP7, p10). National information on the quality and distribution of ECD facilities is dated and a follow up audit to the one conducted in 2001[40] is being planned. Except in one or two provinces which make a small contribution, early learning and care services and programmes have to fund their own infrastructure, maintenance and improvements from subsidy income (if they receive it), user-fees and donations. In only 25 percent of facilities is the equipment and learning materials rated as adequate[41]. Only a small number of children (11,470) have been registered as part of the home-based ECD programme[42]. Very few children with special needs are catered for in

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ECD programmes, and little has been done to actively prevent childhood disability through better pregnancy and birth care, to increase parent and family awareness of home dangers causing childhood injury or to develop, expand or fund home- or community-based programmes for children with special needs (BP4, p33, p40).

The Reception Year, as the first year of foundation phase schooling for 5-year-olds was envisaged in 1995 and phased in from 2001. With accelerated expansion, 80 percent of children in 2011 were attending Grade R programmes, with most in public school classes and about 20 percent in private or community centres (BP9, p8).

Moving forward

As indicated before, additional benefits for the development of young children would arise from improved coordination between departments. In addition, it is important to address gaps in current services provided by Health, Social Development and Education.

A focus on nutrition is especially important given that about 16 percent of children in South Africa are born of low birth weight (<2500gms)[43] and 18 percent of children are stunted (below 2 SDs of expected height-for-age)[44]. Low birth weight is the single best predictor of child health and wellbeing and is caused by poor maternal nutrition, stress and/or ill-health[45]. Stunting results from long-term undernutrition due to inadequate frequency of feeding, poor quality food and recurrent infections. It affects children's strength, stamina and cognitive ability, both in the short- and the long-term[46]. The trajectory of linear growth is laid down in the first two years of life, and children who are stunted in early childhood do not make up for their lag at a later age. Data from several low- and middle-income countries, including South Africa, show that stunted children achieve, on average, one school grade less than their better grown peers[47]. Long-term follow up in Guatemala has found that stunted children who received no intervention earn roughly 46 percent less as adults than stunted children who received supplementary feeding in their first two to three years of life[48].

Priority areas for improvement of ECD services by Health are maternal and child nutrition in the first 1,000 days, provision of early antenatal care[49], reducing smoking and alcohol use during pregnancy[50], emergency obstetric care to prevent maternal deaths and childhood disability[51], preventing and treating maternal depression[52], deworming[53], early identification and support for children and families with special needs including disabilities[54], and the promotion of nutrition, health and development (especially language development and play) in all contacts with young children[55]. South Africa has one of the highest rates of foetal alcohol syndrome in the world and this is a significant contributor towards disability among young children[46]; and more than 30 percent of women with a young child report being depressed[48].

The priority areas for improvement of ECD services by Social Development are parenting support, including through public awareness and education in collaboration with civil society and mass media (BP5, p7); the development, funding and expansion of home- and community-based care; childcare options for working parents and other families needing assistance (BP6); the inclusion of health promotion and nutrition in all programmes reaching young children (BP4); and the prioritisation of the establishment of learning and care programmes and centres in poor and under-served communities. Current registration procedures are cumbersome, resulting in delays and centres and programmes being excluded (BP7). Further, municipal engagement is

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limited to inspection with little, if any assistance and support for ECD services and programmes to reach the standards required for registration (BP2).

The priority areas for improvement of ECD by Education include: consolidating expansion with improvements in infrastructure, learner support materials and equipment; standardisation of training, qualifications and remuneration of staff; and overall management and integration of Grade R in relation to prior preschool learning and care, the foundation phase as a whole, and subsequent schooling. Grade R needs to be made compulsory (BP9). In addition, if Grade R is included in ECD provisions, attention also needs to be given to the nutrition, health, safe transport and after-school care of young children in Grade R (BP9, p14).

2.5 Assessment of human resources

Assessment

ECD services depend on human resources from a number of sectors, and each sector has its own structures. Health and Education fund posts for the delivery of services. DSD funds posts for the delivery of social welfare services, but it does not fund posts for the delivery early learning and care programmes and centres. All sectors have significant vacancies and unfilled posts. However, in early learning centres and programmes, as well as in Grade R, it is especially important also to improve the average level of training and possibilities for career advancement. Particular effort is required to create training opportunities for practitioners employed in outreach or centre activities by community groups and smaller service providers (BP8).

The health sector has an established formal staffing structure with both differentiated professional levels and trained non-professional cadres (such as HIV counsellors, community health workers and clinic assistants). There are, however, a number of serious human resource problems, including critical staff shortages, mal-distribution of staff, gaps in key skills, problems with staff motivation and performance, fraud and corruption, and inadequate supervision and management (BP4, p39).

The education sector also has an established formal staffing structure, with many of the same problems as health. Grade R training, qualifications and remuneration have still to be fully integrated into the education post structure. It will take some time to fulfil the new policy on minimum requirements for teacher educations which propose a Level 6 (360 credit) Diploma in Grade R (BP9). The Department of Basic Education is also responsible for human resource development for services for 0-4-year-olds. There are accredited courses for ECD practitioners at Levels 1, 4 and 5. However, up to two thirds of practitioners are not qualified, under-qualified or need skills upgrading (BP8).

Since 2004, the Expanded Public Works Programme (EPWP) ECD Programme is a major a source of funding for the training of practitioners in early learning and care. DSD identifies practitioners in registered ECD sites and the DBE selects candidates, offers training and pays a stipend during the training (BP8). The current target for 2014 is to train 80,000 practitioners and Grade R teachers at Levels 4 and 5. By 2011, 26,032 had been made available[56]. However, it is not clear how many practitioners have been trained, how many practitioners have been placed in Grade R or in ECD, and how permanent the work opportunities are. Grade R, which offers a

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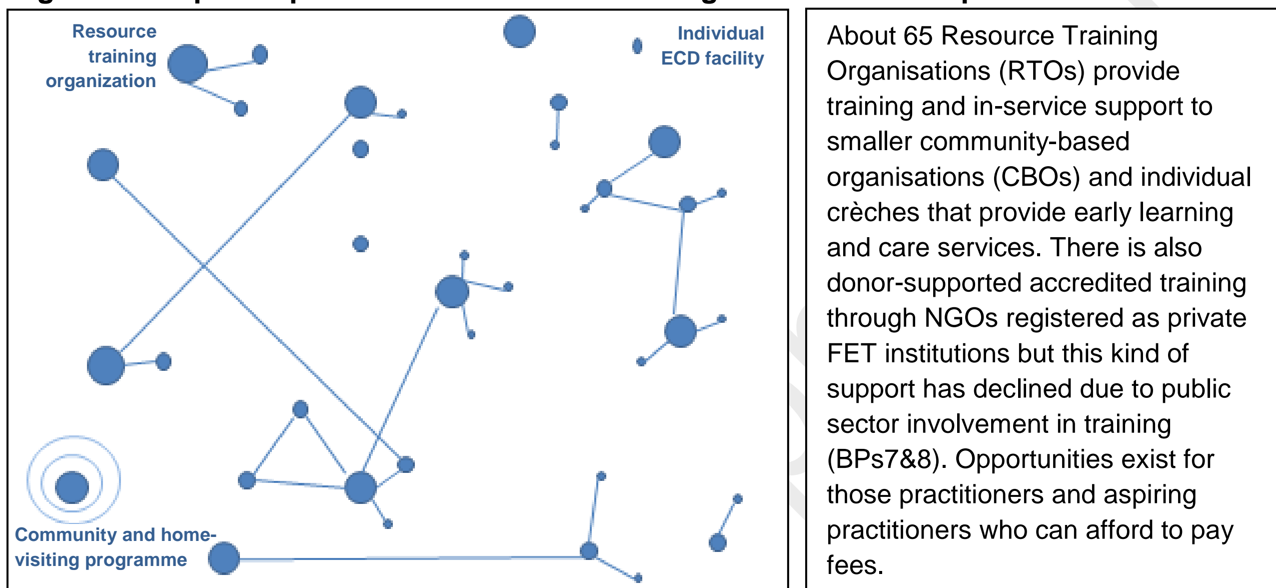
better salary package tends to draw practitioners away from ECD, once they have been trained (BP8).

An illustration of early learning and care programmes and services are distributed in relation to Resource Training Organizations is shown in Figure 3. Some centres and programmes are stand-alone, some are linked together in informal or more formalised networks, and some are linked to RTOs, but there is no overall national structure for supporting services across the country.

Figure 3: Graphic representation of the current organisation of ECD provision in SA



About 65 Resource Training Organisations (RTOs) provide training and in-service support to smaller community-based organisations (CBOs) and individual crèches that provide early learning and care services. There is also donor-supported accredited training through NGOs registered as private FET institutions but this kind of support has declined due to public sector involvement in training (BPs7&8). Opportunities exist for those practitioners and aspiring practitioners who can afford to pay fees.

A number of skills courses that can improve performance and work efficiency are offered by different providers e.g. Financial Management, Governance and Leadership Training, HIV AIDS Awareness, Legalities and Childcare, and basic classroom enrichment. The extent of this is not known and these courses are currently not accredited for early learning and care work in ECD centres (BP7, p27).

There are several categories of community-based workers across a number of sectors, including about 3,440 Community Development Workers (DPSA) who are being specifically tasked to direct children to ECD services and centres to DSD registration and assist in the establishment of ECD services)[57], more than 40,000 Community Health Workers as at 2004 (DOH)[58], about 20,000 Community Caregivers (CCGs) have been trained by the DSD[59], and there are unknown numbers of Community Care Workers, Child Care Workers[60] and other categories of home and community-based workers. While there may be potential overlap in the numbers, these people comprise a significant human resource and all interface with children, especially young children, in their homes and in the community. White Paper 5 on ECE noted that "Community-based services meet the needs of infants and young children are vital to ECD"[61]. If there was an overall framework under which such groups work in communities, and some common conditions, training, qualifications and remuneration, it would be possible to advocate for training in and delivery of basic early child development principles and practice.

<u>Moving forward</u>

A number of steps can be taken to improve the human resource situation, especially for the delivery of early learning and care services. These include: a) the development and implementation of a strategy to fund staff, improve staff qualifications and retain staff in early learning and care. This includes provision for continued training and upgrading for practitioners, subsidised training opportunities for community outreach workers, development of job hierarchies and career opportunities, and incentives to improve skills and qualifications; b) better articulation between qualifications across practitioners in different sectors and across community-based workers, and c) the development of a core package of ECD messages for inclusion in the training of home- and community-based workers, from all sectors who interface with young children and their families.

2.6 Assessment of current funding levels and mechanisms

<u>Assessment</u>

It is very difficult to make accurate estimates of allocations and expenditure on ECD. This is because ECD cuts across several sectors and departments do not budget according to a common ECD framework. There is thus no identifiable ECD line item running across departmental budgets. Similarly, local government budgets do not identify ECD spending and, in the main, do not fund ECD services (BP10).

It is possible, though, to discern the funding streams within DSD and DBE. Most of these budgets are allocated at the provincial level. The total DSD budget for per-child subsidies, transfers to NPOs, the EPWP, and other programme support, with the possibility of double-counting, is estimated at around R1.2 billion per annum (BP10, p7)[62]. Moreover, there is a large and increasing budget for the CSG, of which about R1 billion per annum is paid in respect of children under 6 years of age[63]. The total DBE budget is roughly R3.3 billion per annum for the provision of Grade R in public schools, subsidies for community-based Grade R services, training of practitioners for pre-Grade R, and materials (BP10, p8). Funding levels for ECD in both of these departments have risen substantially in recent years, far outpacing inflation. The other major funder of ECD services, the Department of Health, unfortunately does not collect data in a way which allows budgets for specific age groups to be identified. However, it is unlikely that the allocation of the health budget is proportional to the 40 percent share of the population that children comprise (BP4, p41).

Although it is clear that additional funding is needed, it is difficult to determine the extent of the shortfall. There has been no costing of an ECD package of services, nor has there been population-based mapping of the need for ECD services, highlighting the areas of deprivation that must be prioritised.

The dependence on NPOs and user-fees perpetuates long-existing social and individual inequalities between regions of the country and between families. There is much to learn from Grade R expansion. Whilst there are concerns about quality that must be addressed, the State assumed responsibility for meeting its commitment to establish Grade R, grafted the service onto school education with its infrastructure and organizational systems, and subjects it to policy-based regulation. This has resulted in significant and equitable scale up of service

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access. Children in the poorest provinces have flocked into Grade R (BP9, p8) because it meets their needs and those of their families for free childcare, food (even if it is minimal), and activities that may contribute to children's development. Parenting support, educational stimulation and nutrition for very young children can similarly be grafted onto promotive health and community outreach services.

The good news is that funding levels for ECD are increasing. However, the funding increases do not always support pro-equity service provision. Social security, health care and Grade R funding and provision probably contribute substantially to the reduction of inequality. There is, though, genuine concern that funding early learning and care through per-child subsidies to registered centres does not adequately respond to need (BP7). Instead, it leaves children's chances of receiving services to where they happen to live, where NPOs establish services, and the ability of their family to pay user fees. If a NPO is not present in their area, there is likely no centre, or likely no centre that reaches the standard required for registration. The State subsidy can therefore not be accessed on the child's behalf. If an NPO-based centre has been established, and is registered, but the child's family cannot afford user fees, the child also receives no State support. There is little, if any State support for infrastructure investments and other start-up costs, and no commitment by the State to ensure services are available. As a result, in places where there are currently no services, there are unlikely to be services anytime soon.

The per-child subsidy is targeted by a means test to reach poor children, but it does not ensure equal access to services for all children. At the margins are poor children, including those in unregistered facilities, children living in rural and informal urban areas without access to centres, and children with disabilities who have less access to registered centres. Almost all facilities charge user fees. Fees range from 27 to 72 percent of centre income, depending on quintile area[64]. User-fees range widely from R50 to well over a R1,000 a month. As a result, children living in the poorest 40 percent of households are only half as likely to benefit from early learning and care as children in the richest 20 percent of households).

Moving forward

What is needed is a new funding model which prioritises resources for the most vulnerable children. This means providing services where there are none, not only in centres but also in home- and community-based programmes, based on a per-capita allocation. Funding must also be allocated for programme development and maintenance, such as training, resource materials, monitoring and quality assurance.

The model must be capable of realising the State's commitments and legal obligations to provide ECD services, including opportunities for early learning and care, especially to young children living in poor families, rural areas, informal urban areas and to children with disabilities. This requires the State to take responsibility and be accountable for supporting and funding a range of ECD services – including home- and community-based programmes - and ensuring that services are prioritised for the most marginalised children. A funding model restricted to a means-tested per-child subsidy to registered centres will not, on its own, achieve this end.

There is a need to move towards a funding model that is government-driven – properly costed in terms of needs, numbers and quality – and which is pro-equity. It must start with and prioritise

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provisioning of services for the hardest-to-reach children. The cost of services must include infrastructure and facilities, staffing, and maintenance needed to deliver a basic package of services. This package must include at least the following:

1. Early antenatal care for pregnant women, including nutrition and counselling against alcohol and tobacco use.
2. Birth registration and CSG registration.
3. Breastfeeding support, food and micronutrient supplementation for young children at risk and enhanced food fortification.
4. Child promotive health care visits for growth monitoring and promotion, immunisation and developmental screening.
5. Home visitation, community groups and other support mechanisms for mothers and families who show indications of vulnerability (for example, women are who socially isolated, who skip postnatal visits, screen positive for depression or domestic violence, and whose children show growth faltering or early signs of disability).
6. Parent guidance on growth monitoring and promotion, the importance of language and play for educational stimulation, and the adverse effects on development of harsh punishment of young children.
7. Participation in centre or home- and community-based early learning and care programmes that provide safe care and feeding, basic health and hygiene promotion, opportunities to interact and play with other children, language exposure through storytelling, songs, and reading, and learning of basic concepts in preparation for school.

A government-driven model does not mean the State must provide all services, but it does mean that it should ensure adequate funds to provide services for families who cannot afford to pay for them. A government-driven funding model does not mean that the State cannot raise funds from partners or facilitate provision by the private sector and non-governmental partners, as it does in health and education. But government is accountable for finding and directing the necessary funds to meet its expressed commitments and legally created responsibilities. Partners must commit to a common national ECD plan and contribute their funds to the delivery of national ECD policies and standards in a coordinated manner to ensure an equitable spread of essential good quality ECD services.

The new funding model must be designed to ensure resources are directed to the most needy children to start with. In many areas this will involve the establishment of or payment for infrastructure or the use of available facilities. Areas of multiple deprivation in each province are already mapped, including through the school quintile ranking system[65]. The poorest areas must be prioritised and ECD support in these areas accelerated. From this base, a system of universal provision, along the analogy of immunization given earlier, can be developed.

The new funding model must ensure services for children 0-2 years of age as the evidence is clear that interventions for this age group are greatly needed and highly effective (BP1). However, care must be taken to avoid the creation of inappropriate incentives. For example, giving preference to centres (because they are easier to fund and monitor) over home- and

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community-based programmes may encourage caregivers to send very young children to centres to access resources such as feeding, when children in this age range are best cared for at home or in very small groups in a home environment (BP5). The private sector and the State as an employer must be encouraged to provide childcare for parents in formal employment. However, safe childcare is also needed by poor women working in the informal sector and in subsistence livelihoods. We recommend that this issue be brought into discussions on the way forward.

The new model must have a simple approach to funding and monitoring programmes. Providing subsidies directly to families for ECD services depends on parents' appreciation of investments in early childhood. Subsidies to centres may entail perverse incentives to put very young children in centres to obtain benefits. For programmes to receive subsidies, they will have to ensure a specified package of quality ECD services to eligible families. As specified, delivery of the suggested basic package can be monitored through existing data collection systems (service statistics, national surveys), as well as regular community audits.

Consistent with a comprehensive approach, use must be made of existing facilities for the delivery of ECD services. These include primary health care centres, as well as mobile health services, centres and programmes providing early learning and care, NPOs, one-stop centres, offices of traditional authorities, churches and other faith facilities, as well as municipal and provincial service points.

2.7 South African evidence and data

Assessment

The Diagnostic Review emphasises the need for large-scale coordinated intervention. Given tight resource constraints it is critical to ensure that any increased spending is appropriately directed. This requires a good understanding of the current level of service provision and the impact of ECD on young children, as well as up-stream impacts on their subsequent growth, cognitive development, school performance, health and productivity.

South Africa is fortunate to have several repeated nationally representative surveys from which data can be drawn. These include the Census, the General Household Survey, the Labour Force Survey, and the National Income Dynamics Study. In general, though, age is seldom disaggregated within the early childhood period (0-2, 3-4 and 5-6 years), in relation to historical and contemporary indicators of access such as race, gender and socioeconomic status.

There are an estimated 5.1 million children 0-4 years of age, of whom about 2.3 million children (±50 percent) are poor. Although fewer than half of households in which very young children live cite salaries and wages at their main source of income, there are encouraging developments in other measures of their socioeconomic circumstances (BP12). Areas in which decisive action needs to be taken – because the youngest children are the most adversely affected by such conditions – are food insecurity (reported by 17 percent of households with a child 0-6 years); unsafe water (13 percent); absence of hygienic sanitation (30 percent), and no mains electricity connection (18 percent). Also worrying is the fact that only 34 percent of children 0-6 years of age live with both their parents, a figure that varies from 28 percent in households with monthly expenditure below R1,200, to 78 percent in households with monthly expenditure above

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R10,000; 20 percent of young children in the poorest households live with neither parent (BP12).

The data in the GHS surveys is ambiguous with respect to participation in ECD programmes, and this also affects comparisons across time. In fact, the only indicator that can actually be tracked is *the proportion of children in some form of out-of-home environment for an unknown proportion of the day*. This is because: a) the questions includes a variety of environments, not all of which can be assumed to provide quality learning and care, including preschools, crèches, play groups and childcare, and b) the classification of the environment or whether a child is exposed to an ECD programme is done according to the respondent's interpretation. A respondent in the GHS is any available competent household member aged 15 years or older, and might thus be someone who is not well informed about either the child's activities or the characteristics of the child's participation or placement in a centre or programme. Within these constraints, the ratio of children 0-4 years who are in out-of-home environments for some proportion of the day, has increased from 17 percent in 2005 to 35 percent in 2010. Attendance has remained stable, at roughly 50 percent, of children in the highest SES group, and doubled from about 14 percent in 2005 to 29 percent in 2010 among the poorest group (BP12, p50). This certainly indicates a demand for out-of-home care among poor families.

The needs for safe and affordable childcare of working and other parents for assistance with childcare receives little, if any attention, in current ECD provisioning (BP6). However, about 32 percent of women with children 0-4 years of age indicate that they do some form of work. Some 1.4 million 0-4-year-old children have parents who may need assistance with child care because either the parents work, are engaged in full-time study, or are chronically ill or disabled (BP12, p60).

The definition of disability in the 2009 and 2010 GHS is completely unsuitable for children 0-4 years, leaving the ECD sector with little information on disabilities among young children. The definition relies on difficulties, amongst others, in walking a kilometre or climbing a flight of steps, remembering and concentrating, and self-care such as washing or dressing. All young children would have difficulties in these areas by virtue of their developmental stage.

Moving forward

Decisive steps need to be taken to improve the quality of data collected in repeated national surveys. The NIDS includes questions that enable better differentiation of the exposure of young children to early learning and care programmes. Improved measurement applies also to the assessment of disability amongst young children, and specialist follow-up consultations may be needed to achieve this.

In addition, data on many ECD services are routinely collected – birth registrations, CSG grant access, attendance at antenatal clinics etc. An ECD scorecard, combining indicators of a basic package and updating it annually would be a powerful driver for increased performance. Information on other services, such as learning and care programmes, are only collected when a facility is registered, or not at all – as is the case with child minders looking after fewer than 6 children. In order to extend financial support to home- and community-based programmes in a systematic way, all children in programmes need to be registered with their ID document or other form of unique identifier (BP7).

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A lot of effort has and is being expended on tracking, monitoring and evaluation information on children in South Africa. Examples include the Child Indictors project run by the Human Sciences Research Council[66], the South African Child Gauge compiled annually by the Children's Institute at the University of Cape Town[67], the Children's HIV and AIDS Scorecard 2011: Monitoring South Africa's Response to Children and HIV and AIDS compiled by the Children's Rights Centre[68], the ELRU/ACCES Score Card for Monitoring Obligations to Young Children[69], the District Health Information System[70], and so on.

We have proposed strong leadership for ECD. This must include also an information hub and the technical capacity to extract, understand, summarise and make data available as needed by the sector.

2.8 Impact and cost-effectiveness

Assessment

Very few South Africa studies have examined the impact of ECD services on one or other child outcome. Despite method and data concerns, the studies that have been done, report benefits for children, particularly with regard to nutrition and growth[71].

Two studies, one using data from 2008 National Income Dynamics Survey (NIDS)[72] found participation in some form of out-of-home care at 3-4 years of age to be beneficial for children in rural informal areas; another using data from the 2007 SACMEQ III found that exposure to out-of-home care improved test scores at Grade 6 level in reading, math and health knowledge.The greatest impact came from the first year of participation and somewhat less from subsequent years of participation[73]. However, both analyses are problematic because they are based on non-random participation. Without adequate controls – some of which were adopted in the SACMEQ analysis - the family characteristics associated with sending a child to an early learning centre are similar to those associated with encouraging school performance, regardless of ECCE attendance. This means that the differences in performance at school cannot unambiguously be attributed to early learning and care.

However there is very strong international evidence of the benefits of interventions for young children, including for nutrition supplementation[74], parent and family support[75], and early learning and care programmes[76]. The known benefits of quality ECD services for children's growth, health, cognitive performance and personal and social wellbeing justify its provision by the State from a human rights perspective. Additional individual and social benefits that accrue over the longer term, making ECD a public good, further justify State intervention. If public goods are not subsidised, they tend to be under-provided. Failure to appropriately subsidise ECD services, moreover, will lead to skewed coverage and skewed uptake, which will increase rather than reduce inequalities.

The benefits of ECD are amplified by complementary services, for example, good nutrition and engaged parenting at a young age are more beneficial when they occur together[77], and even more so when followed by a smooth transition to formal schooling. But ECD services also help to compensate or substitute for both past, current and future disadvantages accruing from household poverty and/or low quality schooling. Quality ECD prepares children to deal better

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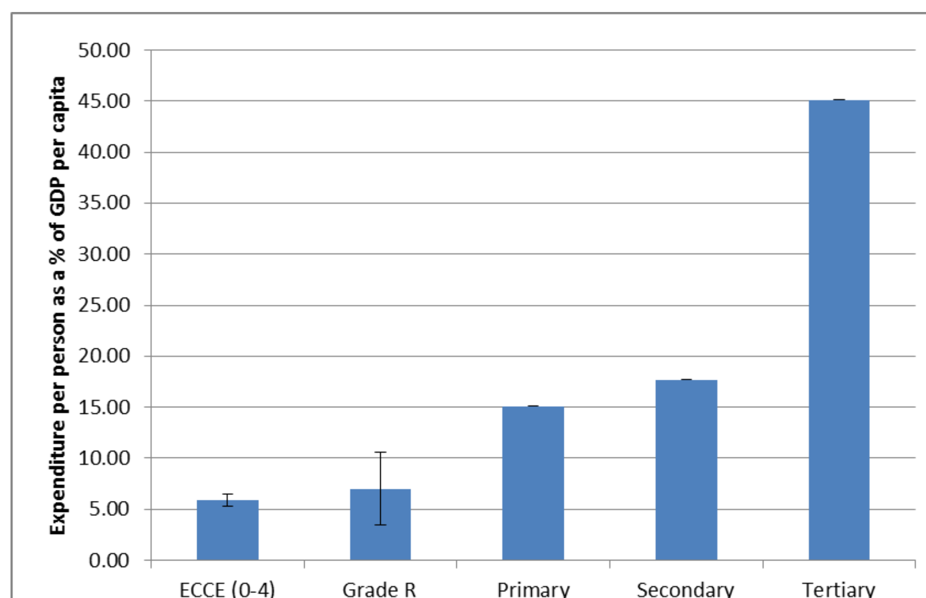
with future challenges. The role of ECD in determining children's ability to benefit from or endure future environments is one of the reasons why returns to ECD investments are so high[78].

Although ECD services have the potential to generate high returns, investments in this sector remain disproportionately low in comparison to later investments in education. This is partially due to the low coverage of early learning and care services, but also to low levels of investment per child who is covered. As indicated in Figure 4, it is estimated that almost three times less is spent on early learning and care (excluding Grade R) than on primary education and nine times less than tertiary education[d].

Figure 4: Expenditure per child/student enrolled in education as a percentage of GDP per capita



The estimates are not intended to argue for funding to be reduced at the tertiary level. Rather, it is to demonstrate that despite the known high returns, investment in early education is low – even for children who are covered by the subsidy.

It is easier to make the argument for investment in ECD than it is to determine which ECD outcomes to prioritise - between, for example, health, psychological wellbeing, educational readiness and civic mindedness. Unless ECD is defined by a single outcome measure, interventions cannot be ranked according to their efficiency at producing that outcome (which is what cost-effectiveness analysis does). Children's development benefits from many types of

[d] See the Annex of Background Paper 11 for a detailed explanation of the data. ECD (0-4) is based on the average of the total subsidy payable in the Free State and the Western Cape plus a 20% overhead. Grade R is based on average of reported expenditure divided by the number of children reported to be enrolled in Grade R and 70% of the cost per child in primary school. Primary and secondary school data are taken from World Development Indicators 2011. Tertiary expenditure is based on the Ministry of Higher Education budget for university subsidies plus a 10% overhead.

interventions - such as clean water, access to reading materials, support for parents, etc. and their complementarity is important; this makes cost-benefit analyses challenging.

The cost-effectiveness and efficiency of early intervention is grounds for a focus on very young children (0-2 years), but it does not negate the need for later intervention. It is imperative that every child has the best possible 'first chance'. However, every child deserves a second chance, especially if they were deprived of the most optimal conditions to begin with.

Moving forward

The quality of evidence on the impact of ECD services must be improved. This can be done by: a) improving the quality of questions in existing national surveys; b) conducting randomised control trials which provide the gold standard for evidence on impact, and c) longitudinal cohort studies[79]. Future impact studies need to address: a) selection effects, attributed to more motivated and engaged parents enrolling their children in services; b) assessment of the quality of services which is important in itself, but also to prevent averaging out the effects of services which differ widely in quality, from good to bad; c) direct measurement of outcomes to prevent distortions arising from the use of routinely collected administrative data which is often incomplete or inaccurate, and d) evaluation of more than one outcome for interventions. For example, nutrition interventions not only affect growth, but attention and activity levels; sociability, play and peer relations; exploration and school performance, and health.

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3. Recommendations

A number of programme-specific recommendations have been mentioned in the assessments, and they are not repeated here. The aim of this section is to highlight recommendations which will prompt the shift necessary to improve institutionally the nature and scale of services provided. We highlight five recommendations pertaining to State responsibility, an equity driven framework, the necessity of adopting a comprehensive approach, funding and workforce development. We also make suggestions for some specific recommendations to fill gaps in the current paradigm and approach.

3.1 Recommendation 1: State responsibility

In 1994 South Africa embarked on a path along which it has progressively committed itself to protect and promote the development of young children, both as a human right and as a public good. To meet this responsibility requires:

- Policy and legislation that obligates all levels of government to ensure that ECD services are adequately resourced and provided. This requires amendments to the Children's Act, and a review of all relevant sectoral laws so that their ECD obligations can be mainstreamed.
- A Cabinet resolution or equivalent commitment is needed to give legitimacy to pursue ECD provision as a national priority.
- Authority and organisation to bring all participating sectors in government together to work towards agreed ECD goals. This requires an independent mechanism - an agency, board or commission - with high-level influence, an explicit mandate, and the necessary resources including expertise, to drive the ECD agenda forward and deliver results.
- Capacitation and resourcing of provincial and local government to ensure provision of a comprehensive ECD programme, including funding, infrastructure and quality assurance.
- A National Integrated Plan for ECD for all children in a defined age range, with buy-in and accountability from all relevant government departments, civil society, donors and the private sector. The Plan must spell out the obligations of the different government role players and civil society in realising a comprehensive ECD package.

3.2 Recommendation 2: Focus on equity

An equity-based approach ensures that the State, and its partners, prioritise the provision of services and support to those children and families who most need them.

Not all families need State support, and the State should prioritise those families in the greatest need. Most provinces have mapped the poorest and most disadvantaged wards. Work should begin in these areas immediately. Poor children in other areas, young children with disabilities, and children living in situations where parenting is compromised also need to be given precedence.

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The most urgent next step is to develop a basic 'ECD package of services' to be rapidly expanded to reach vulnerable children. This must be done in collaboration with both civil society and the private sector, using all opportunities of contact with young children by community-based cadres. Implementation strategies must include every possible mode of delivery and progress should be tracked against coverage targets. A possible package of ECD services was outlined earlier.

3.3 Recommendation 3: ECD services should be comprehensive

The NIP review must be used to envision and give substance to a comprehensive approach to promoting early child development that rests on support for parenting, nutrition and health, and opportunities to learn. The elements of a comprehensive programme must include support across the developmental spectrum, including:

- Family planning, healthy pregnancies and postnatal care in order to give children an optimal start in life from conception.
- Nutritional support for pregnant and breastfeeding women and young children through a defined package of nutrition support in home-, community and facility-based programmes. It is especially important to prevent stunting and to address it timeously because it is the single most deleterious determinant of poor child development, with a strong link also to diminished adult capacity, health and adjustment.
- Families accessing social security through the CSG and other grants, subsidised housing and other State provisions for the poorest families so that parents and other caregivers are able to give children the care they want to provide them with.
- Parenting is supported through a wide range of mechanisms, including a) well-designed, high profile and frequent public education campaigns and series on radio, television and in print, b) through the faith sector and traditional leadership, and c) care groups and companionship support provided through home- and community-based programmes. Innovative communication technology, including cell phones and product marketing and distribution networks, should be used to reach deep rural communities. Growth monitoring, hygiene, nutrition and feeding, the importance of talking to children, the critical role of kind and caring protection by adults for children's development etc., all lend themselves to public education messages. In addition, traditional practices, such as responsive feeding, co-sleeping and carrying babies, need to be valued to prevent them from being discarded in favour of less child-friendly approaches and products. Exemplary public education programmes are currently being conducted in the United Kingdom[80] and the United States[81]; South Africa also has some programmes that could be used for this purpose[82].
- Quality learning by young children is encouraged at home and in groups, programmes and centres that focuses on building enjoyment of learning, the confidence to learn from others especially adults, and self-control and social respect so that children can participate in and contribute positively to social life.

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- Preparation for formal schooling by enrolment and regular attendance in Grade R, with support for learning from parents and other adults in the home.

3.4 Recommendation 4: New funding provided in a new way

ECD services, as a whole, are currently un- or under-funded to achieve desired results. A basic 'package' of services to reach universal coverage must be costed for different modes of delivery. Many services, such as those provided by the Departments of Health and Home Affairs, are already in place but funds are needed to reach the families not yet enrolled. In under-serviced areas, ECD capacity and infrastructure, especially for early learning and care services, need to be established from scratch. A costing for the sector must be made from a population-wide perspective, rather than merely increasing funding for existing services, many of which are in already relatively well-provisioned geographical areas.

The youngest children (0-2 years) do well at home with parents and caregivers or in small group child-minding environments. Children 3-5 years of age benefit from some group experience and some structured learning activities, though this does not necessarily have to take place in a formal centre. Under-used space in homes, community halls, traditional authority offices, schools, clinics, and churches can all be used to run home- and community-based programmes for this age group. A targeted investigation should be commissioned to look at funding models for comprehensive ECD services that doesn't inadvertently incentivise centre-based early learning and care over home- and community-based programmes, or out-of-home childcare over family-based home care for working parents and other families needing assistance. While the argument has been made that fees may increase parental commitment and increase demand for better quality services, the very high enrolment in Grade R in the poorest provinces demonstrate that free services are much appreciated and meet the needs of poor families.

There has been no in-depth assessment of current philanthropic or private sector allocations to ECD, or future willingness by the private sector to support ECD. A third of the companies listed in the Corporate Social Investment Handbook indicate that they provide funds for children's programmes[83]. In many countries, early child development programmes are an attractive investment for the private sector. However, any non-State contributions must be aligned to government priorities for equity and universal coverage. Like Health and Education, ECD as a system needs to be regulated and overseen by the State.

3.5 Recommendation 5: Workforce development

The only ECD workforce assessments that have been made to date is with respect to practitioners working in early learning and care programmes and centres. In the main, they have been found to be in short supply, un- or under-qualified.

Children, especially young children, are at home or with a childminder, and they are best reached by community-based personnel. There are many such cadres in South Africa. A common framework that includes ECD amongst its priorities would create many opportunities to raise awareness, promote basic ECD services and provide referrals for children and families in great need.

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The following workforce developments are needed to realise the scale and quality of ECD services to which we all aspire:

- A human resource development strategy to pay staff working in early learning and care centres and programmes, improve staff qualifications and retain ECD workers. This should include an audit of existing staff qualifications and resourcing for initial training and upgrading for all workers in the sector including those in support and monitoring positions, as well as centre-based and outreach ECD practitioners.
- Expand provision of subsidised training opportunities to all categories of ECD practitioners, including home and community workers.
- Professionalise ECD by enabling practitioners at all levels to register through appropriate occupational bodies which will assist with the development of job hierarchies and career progression. This needs to be linked to salaries and other incentives.
- Develop a core package of ECD messages for inclusion in training of home- and community-based workers employed in different sectors who reach young children. These include the very large number of trained people, most of who interface with children and families, especially young children, in the home and community. If there was an overall framework under which such groups work in communities, and some common conditions, training, qualifications and remuneration, it would be possible to advocate for training in and large-scale delivery of basic early child development principles and practice.

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4. Next steps

The recommendations made in Section 3 depend on further expert or technical work in a number of areas. Detailed consideration of these issues was beyond the mandate of the Diagnostic Review.

1. Inter-sectoral coordination

The DR recommends that a coordinating mechanism be established - an agency, board or commission - with high-level influence, an explicit mandate, and the necessary resources including expertise, to drive the ECD agenda forward and deliver results. An examination needs to be conducted of the options, pros and cons of the best mechanism for inter-sectoral coordination, how it could be established and what its terms of reference would be.

2. Emerging policy developments

Discussions are underway regarding the possibility of two years of preschool education for all children. While a downwards extension of Grade R could provide 4-year-old children with a safe space to play and learn and a facility from which to provide poor young children with a meal during the day, information needs to be collected to determine if the implementation of this may constrain, displace or delay interventions for children 0-3 years. If it is a choice between expanding Grade R by an additional year or rapid scale up of services for 0-3 year olds, interventions for the youngest children must be prioritised because the scientific evidence is clear on the fact that the earliest years lay the foundation for all subsequent child development.

3. Funding

The DR recommends the expansion of current early learning and care services beyond centres into home- and community-based programmes and to explicitly target children 0 to 3 years of age. In addition, the DR points to the inequitable nature of the current subsidy. A funding model needs to be devised and tested. This model must take account of population-level need and distribution and potential perverse incentives, promote the development and funding of services for children 0 to 3 years of age, and target services to the most disadvantaged children. It must serve to achieve the principle goals of ECD, which are to support the development of disadvantaged children in order to level the playing fields for them and maximise the yield from the considerable investments South Africa makes in the subsequent education of children and youth.

4. A basic package of ECD services

Recommendations in the DR are made for a basic package of ECD services including the following: family planning, healthy pregnancies and postnatal care to give children an optimal start in life from conception; nutrition support for pregnant and breastfeeding women and young children through home-, community and facility-based programmes; birth registration, social security through the CSG and other instruments, subsidised housing and other State provisions

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for the poorest; parenting support through public education campaigns, as well as using the faith sector and traditional leadership, and care groups and companionship support through home- and community-based programmes; quality learning by young children encouraged at home and in groups, programmes and centres that focuses on building enjoyment of learning, the confidence to learn from others especially adults, and self-control and social respect so that children can participate in and contribute positively to social life; and preparation for formal schooling by enrolment and regular attendance in Grade R, with support for learning from parents and other adults in the home. However, considerable more detail needs to be added to these recommendations, including goals, standards, implementation strategies, training requirements, support structures, monitoring and evaluation.

5. Disability

It is imperative to try and prevent disabilities in children brought about by adverse exposures in pregnancy, during delivery and the first few years of life. When they do occur, they must be recognised timeously and children and families referred for assistance. The greatest prospect for reducing and remediating their effects results from support and interventions provided as early as possible. For this reason, ECD services are critical for identifying and supporting children with disabilities and their families. Further work needs to be done to scope the challenges for integrating children with disabilities into ECD services and how they might be met.

6. Working parents and other families needing assistance with child care

The DR recommends that consideration be given to the provision and funding of safe and affordable child care for working parents in both the formal and informal sectors. The DPSA has acknowledged this need in the public service and discussions on models are underway. Further technical work needs to be done with DPSA, the private sector, trade unions, corporate social responsibility programmes and other interested parties in how such provision could feasibly be approached and what costs should be borne by employers and the potential role of the State in framing standards, accreditation and the like. . Providing services only within the formal sector will, however, not be enough. Given the size of the informal economy and the disproportionate number of women in informal and unprotected employment, serious attention must also be given to care provisions for potentially vulnerable young children of these working parents.

7. Measurement

The DR has drawn attention to problems with information about young children collected in the General Household Survey. The questions on preschool participation are too general to provide information for policy development and amendment. Similarly, the questions on disabilities among preschool children are inappropriate. A technical group must be tasked to work on measurement of these two important aspects of ECD and work with Statistics South Africa and others to improve the measurement of child care, preschool experience and disabilities.

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Endnotes

[1] South African National AIDS Council (SANAC), August 2011, "Draft Zero" National Strategic Plan for HIV and AIDS, STIs and TB 2012-2016.

[2] Terms of Reference for Early Childhood Development Diagnostic Review 7 October 2011.

[3] Engle, P., Black, M., Behrman, J., Cabral de Mello, M., Gertler, P., Kapiriri, L., Martorell, R., Young, M. and the International Child Development Steering Group (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. The Lancet, 369, 229-242; Engle, P., Fernald, L., Alderman, H., Behram, J., O'Gara, C., Yousafzai, A., Cabral de Mello, M., Hidrobo, M., Ulkuer, N., Ertem, I., Iltus, S. and the Global Child Development Steering Group (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low- and middle-income countries. The Lancet, 378, 1339-1353; Martorell, R., Horta. B., Adair, L., Stein, A., Richter, L., Fall, C., Bhargava, S., Dey Biswas, S., Perez, L., Barros, F., Victora, C and the Consortium on Health Oriented Research in Transitional Societies Group (2010). Weight gain in the first two years of life is an important predictor of schooling outcomes in pooled analyses from five birth cohorts from low- and middle-income countries. Journal of Nutrition, 140, 348-354.

[4] Gluckman, P. & Hanson, M. (2009). Developmental plasticity and the developmental origins of health and disease. In J. Newnham & M. Ross (Eds), Early life origins of health and disease (pp 1-10). Basel: Karger; Victora, C., Adair, L., Fall, C., Hallal, P., Martorell, R., Richter, L. & Sachdev, H. (2008). Maternal and child undernutrition: Consequences for adult health and human capital. The Lancet, 17, 23-40.

[5] Kessler, R., McLaughlin, K., Green, J., Gruber, M., Sampson, N., Zaslavsky, A. et al (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. British Journal of Psychiatry, 197, 378-385; Lanius, R., Vermetten, E. & pain, C. (Eds) (2010). The impact of early life trauma on health and disease: The hidden epidemic. Cambridge: Cambridge University Press; Shonkoff, J., Richter, L., Van Der Gaag, J. & Bhutta, Z. (2012). An integrated scientific framework for child survival and early childhood development. Pediatrics, 129(2):10-13.

[6] Victora, C., Adair, L., Fall, C., Hallal, P., Martorell, R., Richter, L. & Sachdev, H. (2008). Maternal and child undernutrition: Consequences for adult health and human capital. The Lancet, 17, 23-40.

[7] Maccoby, E. (2000). Parenting and its effects on children: On reading and misreading behavior genetics. Annual Review of Psychology, 51, 1-27; Grantham-Mcgregor, S., Cheung, Y., Cueto, S., Glewwe, P., Richter, L. & Strupp, L. (2007). Developmental potential in the first 5 years for children in developing countries. The Lancet, 369, 60-70.; Stack, D., Serbin, L., Enns, L., Ruttle, P. & Barrieu, L. (2010). Parental effects on children's emotional development over time and across generations. Infants & Young Children, 23, 52-69.

[8] Bonnier, C. (2008). Evaluation of early stimulation programs for enhancing brain development. Acta Paediatrica, 97, 853-858; Bradley, R., McKelvey, L. & Whiteside-Mansell (2011). Does the quality of stimulation and support in the home environment moderate the effect of early education programs? Child Development, 82, 2110-2122; Crosnoe,R., Leventhal, T., Wirth, R., Pierce, K., Pianta, R. and the NICHD Early Child Care Research Network (2010). Family socioeconomic status and consistent environment stimulation in early childhood. Child Development, 81, 972-987.

[9] Young, M. (Ed), (2002). From early child development to human development: Investing in our children's future. Washington, DC: The World Bank; Young, M. (2007). Young, M. &

Awaiting approval

Richardson, L. (Eds), 2007. Early child development from measurement to action: A priority for growth and equity. Doyle, O., Harmon, C., Heckman (2009). Investing in early human development: Timing and economic efficiency. Economics & Human Biology, 7, 1-6.

[10] Shonkoff, J., Richter, L . van der Gaag, J. & Bhutta, Z. (2011). An integrated scientific framework for child survival and early childhood development. Pediatrics, 129, 460-472.

[11] Herzman, C. & Boyce, T. (2010). How experience gets under the skin to create gradients in developmental health. Annual Review of Public Health, 31, 329-347.

[12] Gordon, D., Nandy, S., Pantazis, C., Pemberton, S. & P. Townsend. (2003). Child poverty in the developing world. Bristol: Polity Press.

[13] Heckman, J. (2006). Skill formation and the economics of investing in disadvantaged children. Science, 30, 1900-1902.

[14] Irwin, L., Siddiqi, A. & Hertzman, C. (2007). Early child development: A powerful equalizer. Geneva: World Health Organiz n ation Commission on the Social Determinants of Health.

[15] Grantham MacGregor, S., Cheung, Y., Cueto, S., Glewwe, P., Richter, L. & Strupp, L. (2007). Developmental potential in the first 5 years for children in developing countries. The Lancet, 369, 60-70; Walker, S., Wachs, T., Meeks Gardner, J., Lozoff, B., Wasserman, G., Pollitt, E. & Carter, J. (2007). Child development: Risk factors for adverse outcome in developing countries. The Lancet, 369, 145-157. Walker, S., Wachs, T., Grantham-Mcgregor, S., Black, M., Nelson, C., Huffman, S., Baker-Henningham, H., Chang, S., Hamadani, J., Lozoff, B., Meeks Gardner, J., Powell, C, Rahman, A. & Richter, L. (2011). Inequality begins by early childhood: Risk and protective factors for early child development. The Lancet, 378, 1325-1338.

[16] Engle, P., Black. M., Behrman, J., Cabral de Mello, M., Kapiriri, L., Martorell, R. & Young, M. (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. The Lancet, 369, 229-242; Engle, P., Fernald, L., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., Cabral de Mello, M., Hidrobo, M., Ulkuer, N., Ertem, I., Iltus, S. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. The Lancet, 378, 1339-1353.

[17] http://www.epwp.gov.za/index.asp?c=SectorSoc

[18] Atmore, E. (1992). Apartheid and South Africa's Children. Retrieved November 2011, from http://www.eric.ed.gov/PDFS/ED365441.pdf; Biersteke, J. (2010). Scaling up early child development in South Africa: Introducing a reception year (Grade R) for children aged five years as the first year of schooling. Washington, DC: Wolfensohn Center for Development; Biersteker, J. & Streak, J. (2008). ECD (aged 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: Human Sciences Research Council.

[19] 3.1.2 Education White Paper 5 on Early Childhood Education: Meeting the Challenge of Early Childhood Education in South Africa (2001).

[20] National Planning Commission (2011). National Development Plan: Vision for 2030. Pretoria: National Planning Commission.

[21] South African National AIDS Council (SANAC), August 2011, “Draft Zero” National Strategic Plan for HIV and AIDS, STIs and TB 2012-2016.

[22] Maccoby, E. (2000). Parenting and its effects on children: On reading and misreading behavior genetics. Annual Review of Psychology, 51, 1-27

[23] http://www.pmg.org.za/print/29227

[24] http://www.unicef.org/southafrica/SAF_resources_parentals.pdf

[25] DPSA Discussion Document

[26] Data provided by Louis Erasmus, Department of Social Development on 14th December 2011

[27] Harrison Opportunities for Learning

[28] Grantham MacGregor, S., Cheung, Y., Cueto, S., Glewwe, P., Richter, L. & Strupp, L. (2007). Developmental potential in the first 5 years for children in developing countries. The Lancet, 369, 60-70.

[29] Williams,T., Samuels, M., Mouton, J., Ratele, K., Shabalala, N., Shefer, T. & Strebel, A. (2001). The nationawide audit of ECD provisioning in South Africa. Pretoria: Department of Education; Department of Basic Education, Department of Social Development & UNICEF (2011). Tracking public expenditure and assessing service quality in Early Childhood Development in South Africa. Pretoria: Department of Basic Education, Department of Social Development & UNICEF

[30] Department of Education (2001). Education White Paper 5 on Early Childhood Eduction: Meeting the challenges of early childhood development in South Africa. Pretoria: Department of Education.

[31] http://www.lrc.co.za/Docs/Judgments/grootboom_cc.pdf

[32] White Paper 5 on Early Childhood Education (2001). Section 1.3.5 "Since early childhood development services do not fall neatly into any one government department of level of government or sector, the needs and indivisible rights of the young child span the areas of health, nutrition, a safe environment, and physical and cognitive development. This will therefore require us to put in place an integrated, cross-sectoral approach and plan across government that involves civil society organizations, the corporate sector, religious organizations, non-governmental organizations, parents, children and adolescents.

[33] http://www.who.int/maternal_child_adolescent/documents/pdfs/imci_care_for_development.pdf

[34] http://www.thusong.gov.za/

[35] Giese, S. & Sanders, B. (2008). Cooperative governance structures relevant to children in South Africa. Cape Town: The Alliance for Children's Entitlement to Social Security

[36] Government of South Africa and UNICEF (2005). National integrated plan for early childhood development in South Africa 2005-2010. Pretoria.

[37] Giese, S. & Sanders, B. (2008). Cooperative governance structures relevant to children in South Africa. Cape Town: The Alliance for Children's Entitlement to Social Security

[38] Biersteker, L., Dawes, A., Koller, S. & de los 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.

[39] Martin, P. (2010). Government-funded programmes and services for vulnerable children in South Africa. Cape Town: HSRC Press.

Awaiting approval

[40] Williams,T., Samuels, M., Mouton, J., ratele, K., Shabalala, N., Shefer, T. & Strebel, A. (2001). The nationawide audit of ECD provisioning in South Africa. Pretoria: Department of Education.

[41] Department of Basic Education, Department of Social Development and UNICEF South Africa (2010). Tracking public expenditure and assessing service quality in early childhood development in South Africa. Pretoria.

[42] Department of Social Development Annual Report 2010/2011, p. 74.

[43] http://www.childrencount.ci.org.za/indicator.php?id=4&indicator=33

[44] Labadarios D (ed) (2007) The National Food Consumption Survey – Fortification Baseline (NFCS-FB): The knowledge, attitude, behaviour and procurement regarding fortified foods, a measure of hunger and the anthropometric and selected micronutrient status of children aged 1 – 9 years and women of child bearing age: South Africa, 2005. Pretoria: Department of Health, Nutrition Directorate.

[45] Tinker, A., & Ransom, E. (2002). Healthy mothers and healthy newborns: The vital link. Policy Perspectives on Newborn Health. Washington, DC: Population Reference Bureau and Saving Newborn Lives Initiative.

[46] Kar, B., Rao, S. & Chandramouli, B. (2008). Cognitive development in children with chronic protein-energy malnutrition. Behavioral & Brain Function, 4:31. Doi:10.1186/1744.9081-4-31; Dewey, K. & Begum, K. (2011). Long-term consequences of stunting in early life. Maternal and Child Nutrition, 7 S3, 5-18.

[47] Victora, C., Adair, L., Fall, C., Hallal, P., Martorell, R., Richter, L. & Sachdev, H. (2008). Maternal and child undernutrition: Consequences for adult health and human capital. The Lancet, 17, 23-40.

[48] Hoddinott, J., Maluccio, J., Behrman, J., Flores, R. & Martorell, R (2008). Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults. The Lancet, 371, 411-416.

[49] Blaauw, D., & Penn-Kekana, M. (2010). Maternal health. In S. Fonn & A. Padarath (Eds.), South African Health Review 2010 (pp 3-28). Durban: Health Systems Trust.

[50] Guthrie, T., Shung-King, M., Steyn, K., & Mathambo, V. (2001). Children and tobacco in Southern Africa. MRC Policy Brief No. 4, 1-4; Steyn, K., Yach, D., Standon, L., & Fourie, J. (1997). Smoking in urban pregnant women in South Africa. South African Medical Journal, 87, 460-463. May, P. , Gossage, J., Marais, A-S, Adnams, C., Hoyme, H., Jones, K., Robinson, K et al (2007). The epidemiology of fetal alcohol syndrome and partial FAS in a South African community. Drug and Alcohol Dependence, 88, 259-271.

[51] Tinker, A., & Ransom, E. (2002). Healthy mothers and healthy newborns: The vital link. Policy Perspectives on Newborn Health. Washington, DC: Population Reference Bureau and Saving Newborn Lives Initiative; Department of Health. (2008). Saving Mothers: Fourth Report on the Confidential Enquiries into Maternal Deaths in South Africa 2005-2007. Pretoria: Department of Health.

[52] Villegas, L., McKay, K., Dennis, C-L. & Ross, L. (2011). Postpartum depression among rural women from developed and developing countries: A systematic review. The Journal of Rural Health, 27, 278-288.

Awaiting approval

[53] Disease Control Priorities Project. (2008). Deworming Children Brings Huge Health and Development Gains in Low-Income Countries. http://www.dcp2.org/file/162/dcpp-helminths-web.pdf

[54] Department of Social Development. (2009). Integrated National Strategy: Support Services to Children with Disabilities (final draft). Pretoria: National Department of Social Development.

[55] PAHO (2005). Monitoring child development in the IMCI context. Washington, DC: Pan-American Health Organization.

[56] http://www.epwp.gov.za/index.asp?c=SectorSoc

[57] http://www.dpsa.gov.za/programmes.php?id=19

[58] Schneider, H., Hlophe, H. & van Rensburg, D. (2008). Community health workers and the response to HIV/AIDS in South Africa: tensions and prospects. Health Policy and Planning, 23, 179-187; NDoH (National Department of Health). 2004a. Speech by Minister of Health, Dr Manto Tshabalala-Msimang, at the launch of the Community Health Worker Programme, 26 February 2004.

[59] Department of Social Development, Annual Report 2010/2011, p. 87.

[60] Such as Isibindi workers, see http://www.naccw.org.za/isibindi/.

[61] White Paper 5 on Early Childhood Education, section 1.3.4

[62] Giese, S., Budlender, D. , Berry, L., Motlala, S. & Zide, H. (2011). Government funding for Early Childhood Development: Can those who need it get it? Cape Town: Ilifa Labantwana.

[63] In 2010, there were 9, 881,932 children registered on the SOCPEN database. As the CSG covered children 15 years and younger, we assume that children 0-6 years of age comprise at least one third of these, and the grant is R250 per month (South African Social Security Agency 2005-2010).

[64] Department of Basic Education, Department of Social Development and UNICEF South Africa (2010). Tracking public expenditure and assessing service quality in early childhood development in South Africa. Pretoria.

[65] Barnes, H., Wright, G., Noble, M. & Dawes. A. (2007). The South African Index of Multiple Deprivation for Chidlren: Census 2001. Cape Town: HSRC Press.

[66] Biersteker, L. & Kvalsvig, K. (2007). Early childhood development and the home-care environment. In A. Dawes, R. Bray & A. van der Merwe (Eds). Monitoring child well-being: A South African rights-based approach (pp 151-190). Cape Town: HSRC Press.

[67] http://www.polity.org.za/article/south-african-child-gauge-20102011-august-2011-2011-08-18

[68] http://www.childrensrightscentre.co.za/site/files/6592/Scorecard_2011_FINAL_LR.pdf

[69] http://www.elru.co.za/Images/Downloads/elru%20ANNUAL%20REPORT%2010.pdf

[70] http://hisp.org/

[71] Aguero, J., Carter, M. & Woolard, I. (2006). The impact of unconditional cash transfers on nutrition: The South African Child Support Grant: SALDRU, University of Cape Town.

[72] Gustafsson, M. (2010). Policy note on pre-primary schooling: An empirical contribution to the 2009 Medium Term Strategic Framework. Stellenbosch Economic Working Papers 5.

Awaiting approval

[73] Spaull, N. (2011). A preliminary analysis of SACMEQ III South Africa. Stellenbosch Economic Working Papers 11.

[74] Hoddinott, J., Maluccio, J., Behrman, J., Flores, R. & Martorell, R (2008). Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults. The Lancet, 371, 411-416.

[75] Olds, D., Kitsman, H., Cole, R., Hanks, C., Arcoleo, K., Anson, E. et al (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: follow-up of a randomized trial among children at 12 years. Archives of Pediatric and Adolescent Medicine, 164, 419-424.

[76] Engle, P., Black, M., Behrman, J., Cabral de Mello, M., Gertler, P., Kapiriri, L., Martorell, R., Young, M. and the International Child Development Steering Group (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. The Lancet, 369, 229-242; Engle, P., Fernald, L., Alderman, H., Behr,am, J., O'Gara, C., Yousafzai, A., Cabral de Mello, M., Hidrobo, M., Ulkuer, N., Ertem, I., Iltus, S. and the Global Child Development Steering Group (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low- and middle-income countries. The Lancet, 378, 1339-1353

[77] Pelto, G., Dickin, K. & Engle. (2008). A critical link: Interventions for physical growth and psychological development. Nutritional Anthropology, 22, 21-27.

[78] Shonkoff, J. (2010). Building a New Biodevelopmental Framework to Guide the Future of Early Childhood Policy. Child Development, 81, 357-367.

[79] Birth to Twenty, the 21-year prospective birth cohort study in Soweto-Johannesburg is in the process of enrolling the third generation at birth. This is an ideal vehicle for a prospective longitudinal study of ECD impacts. See http://www.wits.ac.za/birthto20.

[80] Parent Know How (https://www.education.gov.uk/publications/eOrderingDownload/ParentKnowHow.pdf); Churchill, H. & Clarke, K. (2009). Investing in parent education: A critical review of policy and provision in England. Social Policy & Society, 9, 39-53.

[81] Birth to Five Policy Alliance (Birthtofivepolicy.org)

[82] Soul City Mother and Child Health Materials (http://www.soulcity.org.za/training/mother-and-child-health-materials); Heartlines (heartlines.org.za).

[83] http://www.trialogue.co.za

Awaiting approval

Appendix A: Background papers and policy reports on ECD in South Africa

1. Aguero, J., Carter, M., & Woolard, I. (2007). The impact of unconditional cash transfers in nutrition: The South Africa child support grant. International Poverty Centre, Working Paper, 39.
2. 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 fulfiment of degree of Masters of Development Studies.
3. Berry, L., Jamieson, L., & James, M. (2011). Children's Act guide for Early Childhood Development practitioners. Cape Town: Children's Institute.
4. 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.
5. Biersteker, L. (2008). Meeting the comprehensive social security needs of young children (0 - 9) in South Africa - what is needed to achieve access to a comprehensive and integrated social protection system? Cape Town: Alliance for Children Entitlement to Social Security.
6. Biersteker, L. (2008). A review of training qualifications, training provision and training delivery in relation to the needs of the national integrated plan for ECD and the ECD component of the expanded public works programme paper developed for the HSRC scaling Early Childhood Development (0–4 years) research project. Pretoria: Human Sciences Research Council.
7. Biersteker, L. (2008). Strengthening the foundation – expansion of Early Childhood Development services. Cape Town: Institute for Justice and Reconciliation.
8. Biersteker, L. (2010). Scaling-up early child development in South Africa: Introducing a reception year (Grade R) for children aged five years as the first year of schooling. Washington, DC: Wolfensohn Center for Development.
9. Biersteker, L., Dawes, A., & Altman, M. (2008). Overview of findings. Paper developed for the HSRC scaling Early Childhood Development (0–4 years) research project. Pretoria: Human Sciences Research Council.
10. Biersteker, L., Dawes, A., Hendricks, L., & Tredoux, C. (2010). Western Cape Department of Social Development 2009 audit of Early Childhood Development site quality. Pretoria: Human Sciences Research Council.
11. Biersteker, L., & Motala, D. (2011). Enhancing outcomes for Children 0-5 years through Early Childhood Development as a core component of the national development plan Pretoria: Human Sciences Research Council.
12. 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.
13. Biersteker, L., Dawes, A., Koller, S., de Souza, A., de Aquino Morais, C., & de los 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.

Awaiting approval

Pretoria: Human Sciences Research Council.

14. Biersteker, L. (1990). Employer support of childcare – Time for another look? Paper presented at the 8th Symposium of the South African Association for Early Childhood Educare, University of Natal, Durban, 9 – 11 July 1990.

15. Biersteker, L., & Hendricks, S. (forthcoming). Data from an unpublished audit of unregistered ECD sites undertaken for the Provincial Department of Social Development in 2011.

16. Budlender, D. (2009). Towards minimum wages and employment conditions for the expanded public works programme Phase II. Cape Town: Community Agency for Social Enquiry.

17. Budlender, D. (2010). Costing of non-centre-based delivery of Early Childhood Development services. Cape Town: DG Murray Trust.

18. Budlender, D. (2010). Development of a funding model for home- and community-based Early Childhood Development services for children 0-4: Final report. Pretoria: Human Sciences Research Council.

19. Budlender, D., Motala, D., & Motala, S. (2010). Development of a subsidy model for home- and community-based Early Childhood Development services for children 0-5. Cape Town: Community Agency for Social Enquiry.

20. Budlender, D., & Proudlock, P. (2009). Analysis of the 2009/10 budgets of the nine provincial departments of Social Development: Are the budgets adequate to implement the Children's Act? Cape Town: Children's Institute, UCT.

21. Budlender, D., & Proudlock, P. (2011). Funding the Children's Act: Assessing the adequacy of the 2011/12 budget of the Free State department of social development. Cape Town: Children's Institute, UCT.

22. Budlender, D., & Proudlock, P. (2011). Funding the Children's Act: Assessing the adequacy of the 2011/12 budgets of the provincial departments of social development. Cape Town: Children's Institute, UCT.

23. Budlender, D., Williams, L., Saal, Q., Sineke, T., & Proudlock, P. (2011). Funding the Children's Act - related services. Pretoria: Department of National Treasury.

24. Carter, J., Biersteker, L., & Streak, J. (2008). Costing, centre-based ECD programmes for children under age five: Case studies from the Western Cape. Pretoria: Human Sciences Research Council.

25. Children's Institute (2003). Evaluation of the Western Cape Province screening programme for development disabilities in pre-school children: Full research report. Cape Town: Children's Institute, UCT.

26. Dawes, A. (2008). The availability of government indicator systems for monitoring the national integrated plan for ECD. Paper developed for the HSRC scaling ECD (0 – 4 years) research project. Pretoria: Human Sciences Research Council.

27. Dawes, A. (2008). Child and caregiver outcome indicators for ECD programme monitoring paper developed for the HSRC scaling Early Childhood Development (0–4 years) research project. Pretoria: Human Sciences Research Council.

28. Dawes, A. & Biersteker, L. (2011). Sobambisana initiative integrated evaluation report. Cape Town: Ilifa Labantwana.

Awaiting approval

29. Dawes, A., Biersteker, L., & Irvine, M. (2008). What makes a difference to child outcomes in the period 0-4? Inputs for quality ECD interventions: Paper developed for the HSRC scaling Early Childhood Development (0–4 years) research project. Pretoria: Human Sciences Research Council.

30. De Sas Kropinwnicki, Z. (2010). Identification and assessment of early intervention and prevention programmes in South Africa: Conceptual framework. Pretoria: Department of Social Development & UNICEF.

31. Department of Basic Education (2011). South African country report: Progress on the implementation of the regional education and training plan (integrating the second decade of education in Africa and protocol on education and training): Pretoria: Department of Basic Education.

32. Department of Basic Education, Department of Social Development & UNICEF (2011). Tracking public expenditure and assessing service quality in Early Childhood Development in South Africa. Pretoria: Department of Basic Education, Department of Social Development & UNICEF.

33. Department of Basic Education (2011). Report on the 2009 General Household Survey: Focus on schooling. Pretoria: Department of Basic Education.

34. Department of Basic Education (2012). 2009 Country Report: South Africa. Pretoria: Department of Education.

35. Department of Basic Education (2011). Macro indicator trends in schooling: Summary report 2011. Pretoria: Department of Education.

36. Department of Basic Education (2010). Education statistics in South Africa 2009. Pretoria: Department of Basic Education.

37. Department of Basic Education (2009). National early learning and development standards for children birth to four years (NELDS). Pretoria: Department of Basic Education.

38. Department of Education (2001). Education White Paper 5 on early childhood education: Meeting the challenge of Early Childhood Development in South Africa. Pretoria: Department of Education.

39. Department of Education (2001). Report on national ECD policies and programmes. Pretoria: Department of Education.

40. Department of Education (2002). Revised national curriculum statement for schools (Grade R-9). Pretoria: Department of Education.

41. Department of Education (2001). Report on the national ECD pilot project. Pretoria: Department of Education.

42. Department of Education (1996). Interim policy for Early Childhood Development. Pretoria: Department of Education.

43. Department of Education & UNICEF (2008). Report on the foundation phase conference. Pretoria: Department of Education & UNICEF.

44. Department of Environmental Affairs (2011). National policy for the provision of basic refuse removal services to indigent households. Pretoria: Department of Environmental Affairs.

45. Department of Health (2011). National environmental health policy: For public comment. Pretoria: Department of Health, Government Gazette No 34499.

Awaiting approval

46. Department of Health (2011). Annual performance plan 2011/12-2013/14. Pretoria: Department of Health.

47. Department of Health (2011). Annual report 2010/11. Pretoria: Department of Health.

48. Department of Health & Department of Social Development (2009). South African national policy framework for home and community based care and support programme (Revised draft). Pretoria: Department of Health & Department of Social Development.

49. Department of Health (2008). National committee on confidential enquiries into maternal deaths. Saving mothers: Fourth report on the confidential enquiries into maternal deaths in South Africa 2005-2007. Pretoria: Department of Health.

50. Department of Health & UNICEF (2008). A reflection of the South African maize meal and wheat flour fortification programme (2004 to 2007). Pretoria: Department of Health & UNICEF.

51. Department of Health (2007). South Africa Demographic and Health Survey 2003: Full Report. Pretoria: Department of Health.

52. Department of Health (2004). South Africa Demographic and Health Survey 2003: Preliminary report. Pretoria: Department of Health.

53. Department of Health, Medical Research Council, University of Pretoria, Save the Children & UNICEF (2008). Every death counts: Saving the lives of mothers, babies and children in South Africa. Pretoria: Department of Health.

54. Department of National Treasury (2011). 2011 Budget speech. Pretoria: Department of National Treasury.

55. Department of Public Service Administration (2009). Optimizing the footprint of Thusong Service Centres in the poverty nodes. Pretoria: Department of Public Service Administration.

56. Department of Public Service and Administration (2010). Community development workers programme: Progress report 2003 - 2010. Pretoria: Department of Public Service and Administration.

57. Department of Public Services Administration (2011). Guidelines for childcare facilities in the public services (Draft). Pretoria: Department of Public Services.

58. Department of Public Service and Administration (2011). Strategic Plan 2011/12. Pretoria: Department of Public Service and Administration.

59. Department of Social Development (2011). Green Paper on families promoting family life and strengthening families in South Africa. Pretoria: Department of Social Development.

60. Department of Social Development (2009). The right to belong and participate: Support services to children with disabilities - Integrated national strategy (Revised draft). Pretoria: Department of Social Development.

61. Department of Social Development (2009). Integrated national strategy: Support services to children with disabilities (final draft). Pretoria: Department of Social Development.

62. Department of Social Development (2009). National action plan for orphans and other children made vulnerable by HIV and AIDS 2009-2012. Pretoria: Department of Social Development.

63. Department of Social Development (2005). Position paper on early childhood care and development. Pretoria: Department of Social Development.

Awaiting approval

64. Department of Social Development & Department of Education (2006). Concept document: ECD centres as resources of care and support for poor and vulnerable children and their families (including OVCs). Unpublished: Department of Social Development & Department of Education.

65. Department of Social Development & UNICEF (2007). Guidelines for Early Childhood Development services: Every child has the right to the best possible start in life. Pretoria: Department of Social Development & UNICEF.

66. Department of Social Development & UNICEF (2008). Parental/primary caregiver capacity building training package. Pretoria: Department of Social Development & UNICEF.

67. Department of Social Development & UNICEF (2008). Parental/primary caregiver capacity building training package - Low literacy version. Pretoria: Department of Social Development & UNICEF.

68. Department of Social Development, Department of Education & Department of Health (2004). Expanded public works programme social sector plan 2004/5 – 2008/9. Pretoria: Department of Social Development, Department of Education & Department of Health.

69. Department of Water Affairs and Forestry (1994). White Paper on water supply and sanitation. Pretoria: Department of Water Affairs and Forestry.

70. Department of Women Children and People with Disabilities (2011). The third periodic country report on the rights of children: 2003-2007. Pretoria: Department of Women Children and People with Disabilities.

71. Ebrahim, H., Killian, B., & Rule, P. (2008). Report on the practice, principles, methodologies, core interventions, networking, stakeholder analysis, cost drivers, outcomes and benefits of an intervention based on the concept of ECD programmes as resources for care and support of poor and vulnerable young children. Pretoria: UNICEF

72. Gauteng Department of Education (2007). Bana Pele: Implementation of the Bana Pele programme. Johannesburg: Gauteng Department of Education.

73. Giese, S., Budlender, D., Berry, L., Motlatla, S., & Zide, H. (2011). Government funding for Early Childhood Development: Can those who need it get it? Cape Town: DG Murray Trust.

74. Giese, S., & Sanders, B. (2008). Co-operative governance structures relevant to children in South Africa. Cape Town: The Alliance for Children's Entitlement to Social Security.

75. Government of South Africa (2010). Millennium Development Goals country report. Pretoria: Government of South Africa.

76. Government of South Africa & UNICEF (2005). National integrated plan for Early Childhood Development in South Africa (2005 – 2010). Pretoria: Government of South Africa & UNICEF.

77. Gwele, M., Biersteker, L., & Dawes, A. (2009). ECD Scorecard: Prepared for the Alliance for Children's Entitlement to Social Security. Cape Town: ELRU.

78. Hall, K. (2011). Children's access to basic services. In L. Jamieson, R. Bray, A. Viviers, L. Lake, S. Pendelbury & C. Smith (Eds.), South African Child Gauge 2010/11. Cape Town: Children's Institute, UCT.

79. Harrison, D. (2009). An overview of health and health care in South Africa 1994 – 2010: Priorities, progress and prospects for new gains: A discussion document commissioned by

Awaiting approval

the Henry J. Kaiser Family Foundation to help inform the national health leaders' retreat Muldersdrift (January 24-26, 2010). Washington, DC: Henry J. Kaiser Family Foundation.

80. Hendricks, M., & Bourne, L. (2010). An integrated approach to malnutrition in childhood. In M. Kibel, L. Lake, S. Pendelbury & C. Smith (Eds.), South African Child 52 Gauge 2009/2010 (pp. 46-52). South Africa: Children's Institute.
81. Ilifa Labantwana. (2011). Resources for Early Childhood Development. Growth Sparks, 5, 1-4.
82. Jamieson, L., Bray, R., Viviers, A., Lake, L., Pendelbury, S., & Smith, C. (2011). South African Child Gauge 2010/11. Cape Town: Children's Institute, UCT.
83. Khulisa Consortium. (2007). Consultant services for professional and technical support services in the establishment of the Early Childhood Development (ECD) Institute. Cape Town: The Early Childhood Development Institute.
84. Kibel, M., Lake, L., Pendelbury, S., & Smith, C. (2010). South African Child 52 Gauge 2009/2010. South Africa: Children's Institute, UCT.
85. Labadarios, D. (ed) (2007). The National Food Consumption Survey– Fortification Baseline (NFCS-FB): The knowledge, attitude, behaviour and procurement regarding fortified foods, a measure of hunger and the anthropometric and selected micronutrient status of children aged 1-9 years and women of child bearing age, South Africa, 2005. Pretoria: Department of Health, Nutrition Directorate.
86. Lomofsky, D., Flannegan, V., & Coetzee, L. (2008). Support structures: Paper developed for the HSRC scaling Early Childhood Development (0–4 years) research project. Pretoria: Human Sciences Research Council.
87. Lund, F. (2008). Changing social policy: The child support grant in South Africa. Cape Town: HSRC Press.
88. Martin, P. (2010). Government-funded programmes and services for vulnerable children in South Africa. Cape Town: HSRC Press
89. National Planning Commission (2011). Diagnostic overview. Pretoria: National Planning Commission.
90. National Planning Commission (2011). National Development Plan: Vision for 2030. Pretoria: National Planning Commission.
91. National Programme of Action Steering Committee (1996). National Programme of Action for Children in South Africa: Framework. Pretoria: National Programme of Action Steering Committee.
92. Ndingi, S., Biersteker, L., & Shaffer, A. (2008). Illustrative cases of on-the-ground delivery models for holistic ECD services: Formal, community and household: Paper developed for the HSRC scaling Early Childhood Development (0–4 years) research project. Pretoria: Human Sciences Research Council.
93. Parenzee, P., & Budlender, D. (2007). South Africa's expanded public works programme: Exploratory research of the social sector. Pretoria: Human Sciences Research Council.
94. Penn, H. (2008). Early childhood education and care in southern Africa. A perspective report. Berkshire: CfBT Education Trust.
95. Peters, K., & Williams, L. (2009). Barriers to accessing comprehensive social security in vulnerable rural areas in South Africa. Cape Town: Alliance for Children's Entitlement to Social Security.

Awaiting approval

96. Proudlock, P., & Jamieson, L. (2008). The Children's Act: Providing a strong legislative foundation for a developmental approach to child care and protection. In P. Proudlock, M. Dutschke, J. Monson & C. Smith (Eds.), South African Child Gauge 2007/2008. Cape Town: Children's Institute, UCT.

97. Richter, L. (2006). Investment choices for vulnerable children. Paper presented at the Investment Choices for Education in Africa, Johannesburg, 19-21 September 2006.

98. SAIDE (2011). Grade R research project: Final report. Johannesburg: South African Institute for Distance Education.

99. SAIDE (2007). The State of Grade R Provision in South Africa and Recommendations for Priority Interventions within it. Johannesburg: South African Institute for Distance Education.

100. South African Human Rights Commission & UNICEF (2011). South Africa’s children: A review of equity and child rights. Pretoria: South African Human Rights Commission & UNICEF.

101. South African Social Security Agency (2011). Monthly SocPen report: Special request. Cape Town: Children's Institute, UCT.

102. Statistics South Africa (2011). Social profile of vulnerable groups in South Africa 2002–2010. Pretoria: Statistics South Africa.

103. Streak, J., & Norushe, T. (2008). Governance and budgeting for implementation of the national integrated plan with the spotlight on the EPWP ECD initiative. Scaling up ECD (0 - 4 years) in South Africa. Pretoria: Human Sciences Research Council.

104. The Presidency. (2009). Situation analysis of children in South Africa. Pretoria: UNICEF

105. Torbeck, C., & Moodley, S. (2011). ECD policies in South Africa - What about children with disabilities. Journal of African Studies and Development, 3, 1-8.

106. UNESCO International Bureau of Education (2006). South Africa early childhood care and education (ECCE) programmes. Country profile prepared for the Education for All Global Monitoring Report 2007. Strong foundations: Early childhood care education. Geneva: UNESCO International Bureau of Education.

107. UNICEF (2007). Young lives: Statistical data on the status of children aged 0 to 4 in South Africa. Pretoria: UNICEF

108. UNICEF (2008). Nation building from the start: Early Childhood Development. Pretoria: UNICEF.

109. UNICEF (2011). Tracking public expenditure and assessing service quality in Early Childhood Development in South Africa. Pretoria: UNICEF.

110. UNICEF (2011). South Africa maternal, new born and child survival country profile. Pretoria: UNICEF.

111. Vinjevold, P. (1996). Evaluations of the impact of ECD programmes. Joint Education Trust Bulletin, 3, 5-7.

112. Williams, T., Samuels, M., Mouton, J., Ratele, K., Shabalala, N., Shefer, T., &. Strebel, A. (2001). The nationwide audit of ECD provisioning in South Africa. Pretoria: Department of Education.

Awaiting approval

Appendix B: Key informants consulted

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Appendix C: Background Papers

1. Scientific evidence for the importance of early child development for human capacity, health and personal and social adjustment
   Professor Linda Richter
2. The role of the state: Legal obligations to provide comprehensive early child development service
   Patricia Martin
3. An overview of the ECD policy framework in South Africa
   Patricia Martin
4. Maternal and child health and nutrition
   Professor Haroon Saloojee & Wiedaad Slemming
5. Parenting
   Linda Biersteker & Professor Linda Richter
6. Safe and affordable childcare
   Linda Biersteker
7. Opportunities for Learning (ECCE)
   Dr. David Harrison
8. Human resource development for ECD programmes and services for 0-4-year-olds
   Linda Biersteker
9. Grade R
   Dr. Nosisi Feza
10. Government funding for ECD in South Africa
    Patricia Martin
11. Cost and impact
    Dr. Chris Desmond
12. South African data
    Professor Justine Burns

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