

Evaluation of the South African Integrated Early Childhood Development Policy

Evaluation Report: SA NIECD Policy



Authors: Genesis Analytics

Contact person: Tom Pugh

Email: tomp@genesis-analytics.com

Telephone: +2711 994 7000

G:ENESIS
UNLOCKING VALUE

TABLE OF CONTENTS

| | |
|--|-----------|
| 1. INTRODUCTION | 8 |
| 1.1 Objectives | 8 |
| 1.2 Report Structure | 8 |
| 2. CONTEXT | 8 |
| 2.1 Overview of ECD in South Africa | 8 |
| 2.2 the National Integrated ECD Policy | 9 |
| 2.2.1 Policy development process | 9 |
| 2.2.2 Goals of the policy | 10 |
| 2.2.3 ECD Services | 10 |
| 2.2.4 The ECD Function Shift | 11 |
| 3. APPROACH AND METHODOLOGY | 14 |
| 3.1 Analytical Framework | 14 |
| 3.2 Data Collection Methods | 17 |
| 3.2.1 Inception Interviews | 17 |
| 3.2.2 ECD Site Visits | 17 |
| 3.2.3 Focus Group Discussions (FGDs) | 17 |
| 3.2.3 Key Informant Interviews | 18 |
| 3.2.3 ECD Practitioner Interviews | 18 |
| 3.2.4 Secondary Data Review | 18 |
| 3.3 Data Analysis | 19 |
| 3.3.1 Primary Data Analysis | 19 |
| 3.3.2 Secondary Data Analysis | 20 |
| 3.4 Reporting | 20 |
| 4. FINDINGS AND ANALYSIS | 22 |
| 4.1 The Structure | 22 |
| 4.2 Evaluation of Overarching Policy Goals | 22 |

| | |
|--|-----------|
| 4.2.1 What progress has been made against each of the Policy's short-, medium- and long-term overarching goals? | 22 |
| 4.2.1.1 Overarching Successes | 23 |
| 4.2.1.2 Overarching Challenges | 24 |
| 4.2.2 What factors have enabled or constrained the implementation of the policy? | 26 |
| 4.2.2.1 Enablers | 26 |
| 4.2.2.2 Constraints | 26 |
| 4.2.3 To what extent were these factors predictable or unpredictable? | 26 |
| 4.2.3.1 Predictable | 26 |
| 4.2.3.2 Unpredictable | 26 |
| 4.2.4 Which areas are on track? Which ones present a medium to high risk of failing to achieve the Policy's goals and why? | 27 |
| 4.2.5 To what extent has the Policy been an active tool used by national, provincial and municipal governments? | 31 |
| 4.2.7 Key Learnings & Insights | 33 |
| 4.2.8 Preliminary Recommendations | 34 |
| 4.3 Health Care and Nutrition | 35 |
| 4.3.1 What progress has been made against the Policy's goals? | 35 |
| 4.3.1.1 Successes | 35 |
| 4.3.1.2 Challenges | 38 |
| 4.3.2 Preliminary Recommendations | 41 |
| 4.4 Social Protection | 43 |
| 4.4.1 What progress has been made against the Policy's goals? | 43 |
| 4.4.1.1 Successes | 44 |
| 4.4.1.2 Challenges | 44 |
| 4.4.2 Preliminary Recommendations | 45 |
| 4.5 Parent Support | 47 |
| 4.5.1 What progress has been made against the Policy's goals? | 47 |
| 4.5.1.1 Successes | 48 |
| 4.5.1.2 Challenges | 49 |

| | |
|--|-----------|
| 4.5.2 Preliminary Recommendations | 50 |
| 4.6 Early Learning | 52 |
| 4.6.1 What progress has been made against the Policy's goals? | 52 |
| 4.6.1.1 Successes | 52 |
| 4.6.1.2 Challenges | 53 |
| 4.6.2 Preliminary Recommendations | 55 |
| 4.7 Leadership & Coordination | 57 |
| 4.7.1 What progress has been made against the Policy's goals? | 57 |
| 4.7.1.1 Successes | 57 |
| 4.7.1.2 Challenges | 57 |
| 4.7.2 Preliminary Recommendations: | 58 |
| 4.8 Funding | 61 |
| 4.8.1 What progress has been made against the Policy's goals? | 61 |
| 4.8.1.1 Successes | 61 |
| 4.8.1.2 Challenges | 62 |
| 4.8.2 Preliminary Recommendations | 63 |
| 4.9 Infrastructure | 64 |
| 4.9.1 What progress has been made against the Policy's goals? | 64 |
| 4.9.1.1 Successes | 64 |
| 4.9.1.2 Challenges | 65 |
| 4.9.2 Preliminary Recommendations | 66 |
| 4.10 Human Resources | 67 |
| 4.10.1 What progress has been made against the Policy's goals? | 67 |
| 4.10.1.1 Successes | 67 |
| 4.10.1.2 Challenges | 68 |
| 4.10.2 Preliminary Recommendations | 71 |
| 5. LIMITATIONS OF THE STUDY | 73 |
| 6. CONCLUSIONS | 75 |

ABBREVIATIONS AND ACRONYMS

| | |
|--------------|--|
| ACRWC | African Charter on the Rights and Welfare Of the Child |
| CRC | Convention on the Rights of the Child |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSG | Child Support Grant |
| DBE | Department of Basic Education |
| DHA | Department of Home Affairs |
| DOH | Department of Health |
| SAPS | South African Police Services |
| DPME | Department of Planning, Monitoring and Evaluation |
| DSD | Department of Social Development |
| ECD | Early Childhood Development |
| EPI | Expanded Programme on Immunization |
| FCG | Foster Care Grant |
| IMR | Infant Mortality Rate |

| | |
|-----------------|--|
| NDP | National Development Plan 2030: Our Future-make it work |
| NGO | Non-Government Organisation |
| NIPECD | National Integrated Plan for Early Childhood Development |
| NPAC | National Plan of Action for Children |
| NPO | Non-Profit Organisation |
| NQF | National Qualifications Framework |
| PHC | Primary Health Care |
| SASSA | South African Social Security Agency |
| Stats SA | Statistics South Africa |
| UNICEF | United Nations Children's Fund |

1. INTRODUCTION

1.1 OBJECTIVES

The purpose of this work assignment is to evaluate the National Integrated Early Childhood Development Policy (NIECD Policy), focusing on assessing its implementation progress and efficacy since its inception. Both the achievements and obstacles in reaching the NIECD Policy's short, medium, and long-term objectives are evaluated. This report also examines how the policy has influenced planning, delivery, and regulation of ECD services across various levels of government. Furthermore, the assignment presents insights from the past eight years, and suggests amendments and improvements to the ECD Policy, especially considering the transfer of early childhood responsibilities from the Department of Social Development (DSD) to the Department of Basic Education (DBE). This review is driven by specific research questions to ensure comprehensive analysis and effective policy modification recommendations.

1.2 REPORT STRUCTURE

The report is structured in the following way:

1. Introduction
2. Context
3. Approach and Methodology
4. Findings and analysis
5. Summary of Recommendations
6. Limitations of the Study
7. Conclusion

2. CONTEXT

2.1 OVERVIEW OF ECD IN SOUTH AFRICA

The National Development Plan (NDP) in South Africa highlights the pivotal role of high-quality ECD in mitigating the profound impacts of poverty.¹ It positions ECD at the forefront of strategies to enhance the quality of education and shape the future prospects of generations and the wider society. The NDP advocates for a comprehensive approach, which includes significant resource allocation for all-encompassing infant and child care, an expanded definition of ECD, and the implementation of a broad package of services.² The NDP underscores the necessity of enhanced coordination across government departments, the private sector, and non-profit organisations, as well as the standardisation of ECD programme guidelines, taking into account the needs of children with disabilities.³ The NDP also encourages innovative approaches to service delivery, with a focus on home- and community-based services, and highlights the importance of

¹ Department of Social Development (2015). National Integrated Early Childhood Development Policy. Pretoria: Government Printers.

² DSD (2015). SA NIECD Policy.

³ DSD (2015). SA NIECD Policy.

investing in the training and career progression of ECD practitioners.⁴ The expansion of ECD services to encompass all vulnerable children, particularly those with disabilities, is deemed essential. In essence, the NDP views robust ECD services, especially for the most vulnerable, as a sustainable way to overcome the enduring legacy of apartheid, leading to improved educational and employment prospects for children.⁵

While there are a range of ECD services, spanning multiple government departments in South Africa, there are significant disparities in the early experiences of children during their first five years of life. These services include healthcare, food and nutrition, child-centred social security, free birth registration, parenting support and capacity development, early learning programmes, services for children with disabilities, national information and communication campaigns. Children from impoverished backgrounds face greater challenges as they often live in households with limited access to healthcare, nutrition, and resources for early learning.⁶ Additionally, they are less likely to attend Early Learning Programs (ELPs). A three-year-old child from the wealthiest 20% of the population is twice as likely to attend an ELP compared to a child of the same age from the poorest 20%.⁷

Furthermore, the COVID-19 pandemic has had devastating impacts on the sector. Before the COVID-19 pandemic, it was estimated that approximately 1.6 million children attended ELPs daily.⁸ Practitioners estimate that post-pandemic, there are only around 1.5 million children who attend ELPs daily (though only 1.1 million children were physically present during the site visits of the 2021 census).⁹ This decline in ECE attendance during the pandemic was also observed by the National Income Dynamics Study - Coronavirus Rapid Mobile Survey (NIDS-CRAM).¹⁰ Relatedly, the pandemic plunged many families into increased poverty - with implications for the health, nutrition, and safety of South Africa's young children.¹¹

2.2 THE NATIONAL INTEGRATED ECD POLICY

2.2.1 Policy development process

The development of the NIECD Policy to govern the implementation of the Children's Act involved a comprehensive development process led by the DSD, in collaboration with UNICEF and other key stakeholders. This policy development process included consultations with 24 different departments, with core departments like the DBE, DSD, DoH, CoGTA, and Department of Home Affairs being consulted more frequently. Following its approval, the policy which approaches ECD as an integrated service, was costed, and eight subcommittees were established within the Inter-Sectoral Forum (ISF) to handle various aspects such as policy, infrastructure, finance, communication, health, monitoring & evaluation, and social protection. These subcommittees are

⁴ RSA (2015). SA NIECD Policy.

⁵ RSA (2015). SA NIECD Policy.

⁶ World Bank (2022). South Africa Public Expenditure and Institutional Review for Early Childhood Development. Available at <https://documents1.worldbank.org/curated/en/099192001242341964/pdf/P1756791e5e59bde1ad6714d311b6261dd284d0e6d65.pdf>

⁷ Hall, K., Sambu, W., Almeleh, C., Mabaso, K., Giese, S., & Proudlock, P. (2019). South African early childhood review: 2019. Children's Institute; Ilifa Labantwana; the Department of Planning, Monitoring and Evaluation in the Presidency; The Grow Great Campaign; Innovation Edge.

⁸ [Department of Basic Education. 2022. ECD Census 2021: Report. Pretoria: Department of Basic Education.](#)

⁹ [Department of Basic Education. 2022. ECD Census 2021: Report. Pretoria: Department of Basic Education.](#)

¹⁰ [Wills & Kika-Mistry. 2021. Early Childhood Development in South Africa during the COVID-19 Pandemic: Evidence from NIDS-CRAM Waves 2 - 5.](#)

¹¹ Ibid.

intended to facilitate the planning of activities. An integrated implementation plan with annual targets, supported by UNICEF, was developed, but not published. The implementation plan, intended for adoption by the sector, was presented at the social cluster, DG (Director-General) cluster, and DDG (Deputy Director-General) cluster levels but was not presented at the cabinet due to changes in leadership.

2.2.2 Goals of the policy

The purpose of the policy is to provide a comprehensive, multi-sectoral framework of early childhood development services at all levels of government. It aims to establish a national programme with defined components to support the holistic development of children. The policy identifies the roles and responsibilities of relevant stakeholders and establishes a leadership and coordination structure for integrated early childhood development. By doing so, it seeks to ensure effective implementation, collaboration, and oversight in the provision of early childhood development services.

The goals of the NIECD Policy are outlined as follows:¹²

The long-term goal of the Policy is: By 2030, a full comprehensive age-and developmentally stage-appropriate quality early childhood development programme is available and accessible to all infants and young children and their caregivers.

This is supported by the following medium and short-term goals:

Medium-term goal: By 2024, age- and developmentally stage-appropriate essential components of the comprehensive quality early childhood development programme are available and accessible to all infants and young children and their caregivers.

Short-term goal: By 2017, the Government has established the necessary legal framework(s), established the organisational structures and institutional arrangements, undertaken the planning, and put in place the financing mechanisms necessary to support and realise its commitments to ensure universal availability of, and equitable access to early childhood development services.

2.2.3 ECD Services

The NIECD Policy outlines a comprehensive package of ECD services and support with essential components. The policy stipulates that the ECD services and support listed below must be publicly provided.¹³ There should be inclusive and specialised services for children with disabilities.¹⁴ These ECD services must be provided in the context of a healthy living environment, hygienic water and sanitation, safe and affordable sources of energy, and adequate housing for all infants, young children and pregnant women.¹⁵ It also stipulates that the state must provide society with information on the value of early childhood development services and where and how these may be accessed.¹⁶ Furthermore, these services need to be integrated into, and delivered across all

¹² DSD and UNICEF (2015). National Integrated Early Childhood Development Policy. Available at https://drive.google.com/drive/folders/1dXDI8fXEGkh35z_ptCGNxbRiXgyu7_ku

¹³ SA NIECD Policy, 2015.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

care settings - the home, out-of-home child care arrangements, community-based programmes (that are non-centre based) and to centre-based programmes.¹⁷

2.2.4 The ECD Function Shift

The shift of responsibility for ECD from the DSD to the DBE was initiated by President Cyril Ramaphosa during the 2019 State of the Nation Address.¹⁸ In April 2022, ECD was officially transferred to DBE.¹⁹ The aim is to ensure a consolidation of early learning from birth to school going age.²⁰ The DBE responsibilities include taking on additional responsibilities related to ECD programme development, regulation and quality monitoring; continuity and synergy between early learning and Grade R; integration of key health messages in the school curriculum as well as training, implementation and monitoring related to curriculum implementation from birth to four years olds.²¹ The DSD continues to focus on social support, child protection, and other related services.²²

The function shift is largely regarded positively, though the challenges in transition are also well noted. The presidential proclamation has signalled political buy-in for the function shift. In addition, the shift brings with it the opportunity for a new service delivery model.

*"I think that it will be, hopefully for the **best of** and good for the sector, in the longer term or even in the medium term. But it's going to be, and I think has been, you know, **tricky** in, especially in, the **initial transitional period**..."*

*"I think the function shift was a **good thing for ECD**. But I think the shift in mindset, and the shift in thinking about ECD needs to still change, I think we've **got a way to go**."*

*"So I feel like this really provides a **new opportunity** for the sector to be seen differently."*

However, there are some key stakeholders who regard the shift negatively. They are concerned that early learning programmes might receive disproportionate focus to the detriment of the other components of the essential ECD services. There is also a concern around the limited human resources available to support the ECD Directorate within the DBE.

*"The **schoolification** of early child development can be quite sequentially **dangerous**..."*

*...with the function shift to DBE we **run the risk** that **all efforts** are going to be focused on **early learning at the expense** of the health interventions that need to be implemented for younger children, women, or the nutrition interventions..."*

The ECD Directorate within the DBE has been hard at work in developing a new service delivery model for ECD. The DBE has drafted a service delivery model that is conceptualised as a "publicly planned, publicly co-ordinated mixed provisioning model".²³ The concept of "mixed

¹⁷ Ibid.

¹⁸ DBE, 2021. Information on the Function Shift.

¹⁹ Basic Education (2022). Status Report on ECD Migration: DBE & DSD briefing; with DSD Minister and DBE Deputy Minister. Available at <https://pmg.org.za/committee-meeting/34523/#:~:text=On%201%20April%202022%2C%20DBE,the%20DSD%20had%20been%20running>.

²⁰ Ibid.

²¹ Basic Education (2021). Implications for ECD shift to Basic Education. Available at <https://www.education.gov.za/ECDFunctionShift2021.aspx>

²² Ibid.

²³ ECD Strategy 2030 (Draft).

provisioning” encompasses various modalities of ECD programmes tailored to the circumstances and needs of families and communities. The focus for all ECD programmes is two fold: unlocking a new supply of quality programmes for universal access and fostering quality and sustainability. The ECD programmes will be categorised based on the child’s age and include both parent support and early learning programmes. The objectives of parent support programmes is to broaden access to diverse parent support initiatives including home visiting and outreach programmes, targeting 0-2 year olds. These programmes aim to be developed and supported in collaboration with the Department of Health, complementing their efforts in providing early health and nutrition services.²⁴ Early learning programmes aim to ensure that 3-5 year olds in all communities have access to ELPs in close proximity to their home. Efforts will also focus on expanding access for 0-2 year olds enabling parents who wish to work to access childcare.²⁵

The DBE’s Service Delivery Model has identified five strategic priorities/outcomes to be achieved by 2030. These are:²⁶

- Curriculum-based early learning for all children from birth to five-year-olds;
- ECD programmes for all children from birth to five-year-olds;
- Training, education and development for all those working in ECD;
- Coordination of all ECD services in the country; and
- Developing a flexible funding and provisioning framework for ECD delivery.

These priorities form a comprehensive approach aimed at fostering optimal early child development. Ensuring universal access to affordable and age-appropriate ECD programmes for every child stands as a primary objective. This involves establishing effective government systems, leadership, capacity, and coordination. Targeting funding and resources wisely is crucial for overall success. Equipping and supporting a capable ECD workforce is another key focus, while simultaneously enhancing programme quality through appropriate support and rigorous monitoring mechanisms.²⁷ For each of the outcomes, focal areas are identified and categorised for each outcome. For instance, for the outcome “sufficient funding and resourcing are targeted effectively”, there needs to be a focus on budget allocations and financing mechanisms and there needs to be appropriate facilities in place. Additionally, the outcome of a capable ECD workforce that is well-supported and equipped, could be achieved through focusing on a good human resource development plan and providing support on recruitment and pre-registration support.²⁸

In line with the identified priorities, the DBE has been in the process of developing important plans for the sector. The DBE plans to release a new infrastructure plan covering both existing and new-build facilities. In addition, a task team has been established to design a human resource development plan facilitating accessible training and upskilling pathways along with model role descriptions.²⁹ Efforts are also underway to enhance the efficiency of ECD centre registration processes, including initiatives such as the President’s Red Tape Reduction Programme and support from NGOs to expedite registration.³⁰

²⁴ 2030 ECD Strategy (Draft).

²⁵ ECD Strategy 2030 (Draft).

²⁶ The South African Government (n.d). Early Childhood Development, *Education*. Available at <https://www.gov.za/about-sa/education>

²⁷ ECD Strategy 2030 (Draft).

²⁸ ECD Strategy 2030 (Draft).

²⁹ ECD Strategy 2030 (Draft).

³⁰ NPC ECD Advisory.

3. APPROACH AND METHODOLOGY

3.1 ANALYTICAL FRAMEWORK

The table that follows provides the analytical framework for the evaluation. The analytical framework formed the foundation of the data collection and analysis. It has been used to interpret the findings of the evaluation, thus ensuring balanced and consistent analysis and synthesis throughout the research process.

The analytical framework outlines the following:

- The key research questions;
- The themes that the research questions apply to;
- The data collection methods that were used to answer the key research questions;
- The stakeholders that were consulted.

Drawing from multiple sources, consulting stakeholders with diverse expertise, and employing different data collection methods has enabled us to triangulate the findings. Triangulation facilitates the validation of data through cross-verification from more than two sources and results in more valid and reliable findi

Table 1: Analytical Framework

| Research Questions | Literature and Data Review | Stakeholder interviews | Interviews with ECD practitioners |
|--|----------------------------|------------------------|-----------------------------------|
| Evaluation of the implementation of the Policy | | | |
| To what extent have the Policy's short-term, medium-term, and long-term goals been achieved? | | | |
| What successes have been achieved? | | | |
| What goals have not been achieved? | | | |
| What lessons and insights can be derived from the successes and challenges faced? | | | |
| To which extent are all responsible role players aware of their responsibilities highlighted in the policy? | | | |
| To what extent has the policy been used as an active planning, delivery, and regulation tool by stakeholders in National, Provincial, and Local Government? | | | |
| What has hindered or enabled the use of the Policy by National, Provincial, and Local Government? | | | |
| To what extent did the implementation of the Policy go according to plan? | | | |
| What factors have hindered or enabled policy implementation? | | | |
| To what extent were the implementation challenges predictable? What challenges were unpredictable? | | | |
| What factors present the greatest risk to the achievement of the Policy's goals? | | | |
| What must be done over the next implementation period to mitigate the risk of failing to achieve the Policy's goals? | | | |
| Recommendations from the evaluation of the Policy | | | |
| What key lessons and insights have been derived from the past seven years of policy implementation? | | | |
| What are the government's current priorities for ECD and how do they influence potential amendments of the Policy? | | | |
| What adjustments could be made in the framing of the Policy to increase its effectiveness, use, and implementation? | | | |
| How can ownership and commitment towards the goals and provisions of the Policy be renewed and strengthened across government departments and spheres of government? | | | |
| How can the mechanisms for policy coordination and accountability be strengthened? | | | |
| What amendments to the Policy must be considered? | | | |

3.2 DATA COLLECTION METHODS

3.2.1 Inception Interviews

During the inception phase, Genesis held interviews with key stakeholders in the ECD sector, identified in conjunction with DBE and UNICEF. The purpose of these interviews was to discuss the status of ECD in the country, the main success and challenges of the Policy, the function shift from DSD to DBE and to refine our focus for the next phase of the evaluation. A total of 23 stakeholders were consulted, ensuring representation from government, funders, and Civil Society Organisations (CSOs). Upon conclusion of data collection, an internal synthesis session was conducted, in which key findings were reviewed and interpreted in the context of the Policy and the status of ECD in the country.

3.2.2 ECD Site Visits

Three ECD centres in Soweto were visited to observe the provision of ECD services and see how the ECD Policy translates to implementation. Interviews with the ECD centre principles further unpacked their knowledge of and views of the Policy, the support they received from the government and other ECD stakeholders, as well as the challenges they faced. In addition, the research team reached out to ECD practitioners across the country - aiming for provincial representativeness. We only heard back from one of these ECD practitioners, based in the Free State.

3.2.3 Focus Group Discussions (FGDs)

The evaluation relied heavily on a set of focus group discussion with key stakeholders in the ECD ecosystem in the country. The purpose of the FGDs was to build on the information derived during the inception phase of the assignment, and access expert opinions on the different aspects of the Policy, including potential Policy amendments. Stakeholders were identified based on research and inception phase consultation.

The group interviews were organised according to various key policy aspects and stakeholders were invited to interviews based on their expertise and experience. This served to ensure that stakeholders contributed to the policy aspect that they are most knowledgeable about. This approach ensured that the evaluation findings and proposed amendments are as specific and relevant as possible. An indicative list of policy aspects is provided below:

- Health, Nutrition, Parenting and Social Protection;
- Infrastructure;
- Human Resources;
- Funding;
- Leadership and Coordination of the integrated ECD system;

Eleven group interviews were conducted (two interviews for each policy aspect and three interviews for Health, Nutrition, Parenting and Social Protection) to give stakeholders at least two options to participate in an interview. Stakeholders could attend more than one policy aspect if

they wished to. The focus group discussions took place virtually and were guided by semi-structured interview guides. Two team members were included in each interview, to enable one team member to lead the discussion and the other to detail notes.

3.2.3 Key Informant Interviews

Uniform interview guides, consistent with those used in the focus group discussions, were used for individual interviews. These interviews were conducted when key stakeholders were unable to participate in a focus group or when the research team sought to explore specific topics in greater depth with stakeholders possessing specialised knowledge.

The sample for the FCDs and KIIs included the following groups of stakeholders:

- National government officials from government departments represented on the Interdepartmental Committee for Early Childhood Development.
- Provincial department officials
- Local government officials
- Persons from organisations representative on the National ECD Inter-Sectoral Forum for ECD (though not necessarily persons serving on the said Committee)
 - Academia
 - Donors, funders, corporates, and multinationals.
 - Other informants as jointly identified between the service provider, UNICEF, and the Department of Basic Education.
 - Organisations that provide direct services to children under the age of 7 years in different sectors as part of their primary service delivery.

3.2.3 ECD Practitioner Interviews

Two ECD practitioner interviews took place in Soweto, Gauteng, and another virtually with a practitioner from the Free State. These key stakeholders provided a practical perspective of challenges in the ECD sector, given their hands-on experience with the everyday aspects of early childhood service delivery.

3.2.4 Secondary Data Review

A comprehensive document review was conducted using the guidance of the research questions to examine the progress and challenges in the implementation and operationalisation of the Policy. In particular, it involved the review and analysis of relevant legislation, policy documents, government action plans, strategy documents, and relevant reports from national, provincial, and municipal departments as well as published research and reports from other non-governmental organisations that contribute to the development of the ECD sector. It also included a review of records from donors, funders, corporates and multinationals at a national level that contribute to the resourcing and development of ECD services to children under the age of 7 years. Furthermore, relevant research done by academic institutions or reputable research institutions was included. An indicative list of literature and data sources is presented in the table below.

LITERATURE

- 2015 National Integrated Early Childhood Development Policy
- Draft ECD Public Expenditure and Institutional Review (PEIR)
- South African Early Childhood Review 2019
- The Fourth National Action Plan for Children (NPAC 2019 - 2024)
- Department of Education Strategic Plan 2020-2024
- 2030 National Development Plan
- UNICEF Strategic Plan for 2022-2025
- UNICEF Country Program Document
- UNICEF Annual Reports
- Possible Solutions for simplifying land Use
- Assessing the policy options for public provision of ECD
- ECD Baseline Assessment Report
- South African National Curriculum Framework
- South African Child Gauge
- Donor Reports
- Civil Society Reports
- Reports of Key Parliamentary Portfolio Committees
- NIDS-CRAM Report
- NPC ECD Advisory
- Healthcare Workers' guide to the Road to Health book 2020 Edition
- Thrive by Five Index Report
- Road-to-Health Booklet assessment
- BRIDGE Seminar (2021) Parental/Primary Caregiver capacity building training programme (National Parenting Programme)
- Vangasali Campaign
- Registration of Early Childhood Development Services
- The Early Learning Positive Deviance Initiative- Summary Report of Quantitative and Qualitative Findings
- ECD Grant Expenditure Hearing
- Department of Health Annual Report (2021)

- **Data Sources**
- National Budget Statistics
- EMIS Statistical Publications
- General Household Survey (GHS)
- Demographic and Health Surveys (DHS) South Africa
- 2021 ECD Census
- 2022 Thrive by Five Index
- Statistics South Africa
- Survey of Resource Training Organisations supporting Early Learning Programmes in South Africa 2023

3.3 DATA ANALYSIS

3.3.1 Primary Data Analysis

The Primary Data Intelligence (PDI) Unit at Genesis developed a secure approach to analyse the primary data gathered from focus group discussions. A custom database was developed using Airtable, integrated with a GPT API, prioritising robust data security measures to ensure that all uploaded data remained confidential and that it would not be used for any external training purposes. A comprehensive codebook, aligned with our research framework and key questions, was crafted to guide the data analysis process. The focus group transcripts, once cleaned and fully anonymised, were uploaded to this database. The system then autonomously processed and categorised the data according to the established parameters of the codebook. This advanced

interface allowed our team to efficiently search and retrieve data based on specific keywords and themes, facilitating a streamlined and effective analysis of the primary data. A screenshot of the database interface is provided below for the example from the category of *mixed focus group* discussions for the *Human Resources* theme and coded for *implementation insights*.

The screenshot shows a database interface with a search bar at the top and a table of results below. The search bar includes filters for Category (Mixed Focus Groups), Theme (Human Resources), Subtheme, Code Instance (Implementation Insights), Transcript, Status, and Report. The table has columns for Snippet, Codes, Category, Theme, Subtheme, and ID. The first row shows a snippet about women's registration, with codes EL - Constraining Factors, EL - Implementation Insights, EL - Future Recommendation, F - Constraining Factors, and HR - Constraining Factors. The category is Mixed Focus Groups, the theme is Early Learning, and the subtheme is Enablers and Constraints of P. The ID is HR Option 1 11:45.

| Snippet | Codes | Category | Theme | Subtheme | ID |
|---|--|--------------------|----------------|-------------------------------|-------------------|
| 1 There are tens of thousands of women who remain still unregistered and outside the system. So I think that's been a complex issue for us, is to realise that the vast majority of people have no access to funding, have no access to structure. They have to obviously be part of a nonprofit first. And I think those regulations are relaxed. But our issue has been we need to meet every single woman who is a practitioner with children because rather have them in the system as soon as possible. And our training, we hope, will establish an ability for these women to be able to then progress and to transition to being registered. So my only view on that was a real overpowering sense that the majority of the ... | EL - Constraining Factors EL - Implementation Insights EL - Future Recommendation F - Constraining Factors HR - Constraining Factors | Mixed Focus Groups | Early Learning | Enablers and Constraints of P | HR Option 1 11:45 |

3.3.2 Secondary Data Analysis

In parallel with our primary data analysis, secondary data played a crucial role in informing our evaluation of the SA NIECD Policy. We delved into existing literature, policy documents, and previous research studies relevant to the NIECD Policy. This secondary data provided us with a contextual foundation, enabling us to understand the background against which the NIECD Policy was implemented. It also offered benchmarks and comparative insights, which were instrumental in interpreting our primary data findings. The interface between primary and secondary data analysis was seamless, with insights from secondary sources enriching our understanding and interpretation of the primary data. This comprehensive approach ensured a holistic evaluation, integrating the nuanced, real-world experiences captured in the primary data with the broader context and precedents established in the secondary data.

3.4 REPORTING

Part I was the inception report. This commenced with an inception phase to clarify principles for the execution of the assignment, an agreed detailed work plan and agreement of roles and responsibilities. The inception report included the following information:

- The approach used in the execution of this assignment to meet the objectives (in more detail than in the proposal submitted).
- A framework for the delivery of the overall result.
- Alignment of the proposal submitted with the final agreements on the execution of this assignment.
- Support required from UNICEF, Department of Basic Education and/or other partners in the execution of the assignment.
- A detailed work plan that covered the full duration and components of this assignment.

Part II included an evaluation of the progress being made in achieving the short-, medium- and long-term goals of the Policy to determine what has contributed and, or hindered the realisation of the goals of the Policy and to ascertain how the Policy has guided national government departments, provincial governments and district/ local municipalities in a practical manner in terms of planning, delivery and regulation of ECD services, including the extent to which the

framing of the Policy was useful and used as tool in this regard. The research was guided by the following research questions:

- What progress has been made against each of these Policy's short-, medium-, and long-term goals? For each, what are examples of success from the Policy (understood as commitments delivered)? What are examples of unmet deliverables in the Policy? What insights and learnings can we garner from these examples?
- What has enabled the implementation of the Policy? What has constrained the implementation of the Policy? (Considering inter alia: knowledge and understanding, capability, funding, human resources, leadership, planning, coordination, political factors, underlying analysis, scope, and ambition.)
- The extent to which these factors were predictable (insofar as they were either intrinsic in the Policy's scope and framing, or they were known factors in the political and operational landscapes), and to what extent were they unpredictable (insofar as the political and delivery contexts changed).
- From the aforementioned areas, which present a medium to high risk of failing to achieve the Policy's goals and why? What does this signpost in terms of priorities and resource allocation over the next implementation period?
- To what extent has the Policy been an active tool in the hands of:
 - national government departments,
 - provincial government, and
 - municipal government, guiding relevant policy and delivery?
 - What in the framing and approach of the Policy has enabled or impeded it as a tool of policy and planning?

3. Part III builds on Part II to determine how the learnings and insights accumulated over seven years of implementation may contribute to the amendment and strengthening of the Policy post the function shift as well as the proposed amendments to the Policy to be considered by the Department of Basic Education.

It has been guided by the following research questions:

- What are the key learnings and insights from the past seven (7) years of implementation of the Policy that need to be considered in the review of the Policy post the function shift? Why are these learnings and insights important for the Department of Basic Education? How will the consideration of these strengthen the Policy?
- What are the current government priorities (and associated resource requirements) for ECD until 2030 that needs to be considered in the review of the Policy? Why are the identified priorities important?
- What adjustments could be made in the framing and approach of the Policy to increase the effectiveness of the Policy and maximize its chances of success?
- How can the ownership and commitment towards the goals and provisions of the Policy be renewed and strengthened across government departments and spheres of government under the lead of the Department of Basic Education?
- What were the impact, including progress of developments since 2015 on workstreams such as the Children's Second Amendment Bill, funding models, service delivery models, human resource development strategy, quality assurance and support systems, strategies for population-level service coverage on the Policy's implementation?
- What are the proposed amendments to the Policy that needs to be considered?

4. FINDINGS AND ANALYSIS

4.1 THE STRUCTURE

| | Chapter of the Policy | Corresponding Section in the Report | Focus Groups |
|-------------------------------------|--|--|---|
| | 4.4 National Policy Goals | Evaluation of Overarching Policy Goals | All FGDs & KIs |
| 5. Policy Strategy & Implementation | 5.2.1 Healthcare and nutrition | Health Care and Nutrition | Health Care, Nutrition, Social Protection and Parent Support FGDs |
| | 5.2.2 Social protection programmes | Social Protection | |
| | 5.2.3 Parent support programmes | Parent Support | |
| | 5.2.4 Opportunities for learning | Early Learning | KIs |
| | 7. Leadership and coordination of the NIECD system | Leadership & Coordination | Leadership & Coordination FGDs |
| | 8. Funding for ECD Services | Funding | Funding & Infrastructure FGDs |
| | 9. Infrastructure for ECD services | Infrastructure | |
| | 10. Human resources for ECD services | Human Resources | Human Resources FGDs |

4.2 EVALUATION OF OVERARCHING POLICY GOALS

4.2.1 What progress has been made against each of the Policy's short-, medium- and long-term overarching goals?

Key to Colour Code

| | |
|--|--|
| | policy goals achieved or on track to being achieved |
| | some progress against policy goals, but not fully achieved |
| | policy goals not on track to being achieved |

| Goal | Status | Commentary |
|---|--------|--|
| By 2017, the Government of South Africa has established the necessary legal framework(s), established the organisational structures and institutional arrangements, undertaken the planning, and put in place the financing mechanisms necessary to support and realise its commitments to ensure universal availability of, and equitable access to, early childhood development services. | | The ISF and NIDC institutional arrangements were agreed, though they are not regarded as being as functional as intended in the policy. The financing and legal framework goals were not achieved in 2017. |
| By 2024, age and developmental stage appropriate essential components of the comprehensive quality early childhood development programmes are available and accessible to all infants and young children and their caregivers. | | While essential components were agreed upon, they are not yet accessible to all young children. The establishment of the conditional grant is contributing to enhancing access to certain ECD services for children, by supporting more programmes to become subsidised, but much work in increasing access and quality remains. |
| By 2030, a full comprehensive age and developmental stage appropriate quality early childhood development programme is available and accessible to all infants and young children and their caregivers. | | The sector is not on track to achieving this because of the barriers to access, especially for the most vulnerable groups of children in the country. |

There are several factors that contribute to the uneven coverage and quality of ECD programmes, rooted in various socio-economic issues. There are four key conditions crucial to government initiatives aimed at enhancing access and quality: of ECD services:³¹

1. Supply-side barriers for ECD programmes such as regulation and funding and demand-side for beneficiaries such as poor information and financial constraints, hinder the system from effectively serving the needs of all children.

³¹ ECD Strategy 2030 (Draft).

2. The coordination between ECD planning and provision lack cohesion, lacking the integration of population-based planning methods.
3. Inadequate funding in the system is evident, and the reliance on parent or caregiver fees cannot bridge the financial gap.
4. ECD practitioners face suboptimal working conditions coupled with a lack of training opportunities and avenues for career progression, posing an obstacle of retention in the sector.³²

4.2.1.1 Overarching Successes

The ECD Policy is widely lauded as a **progressive and comprehensive document**. It has played a crucial role in the recognition of ECD and in the appreciation of its broader scope beyond just centre-based programmes. It also emphasised the importance of the first 1000 days of a child's life. The policy is commended for providing a clear role description and voice to various layers of the integrated plan, making it a valuable guiding document for organisations within the sector. Stakeholders have noted its utility in shaping service delivery strategies and creating a shared vision, underscored by its evidence-based and well-articulated approach.

*"Overall, I think it's a **good policy**. I think it's a **progressive policy**, I think it kind of clearly **recognises** the **importance** of **early childhood development**..."*

*"...we often have **historically prioritised centres** and I love that the **policy spoke to more than** that, including the **first thousand days**..."*

*"I think what's been **so amazing** about the **ECD policy** is that it **gave a voice** and a role description to all the layers of this integrated plan. So that was really useful because it could become a **guiding document**. And speaking from my organisation's perspective, we really **utilised the ECD policy as a document** to **help guide** our **service delivery**. And our strategy is largely based on the document because the document creates a **shared vision** for the sector. It's **evidence-based**, it's **well articulated**. While some of the goals may be ambitious and maybe that's part of this discussion, I think what is amazing is that it **calls for business** to be a part of the ECD sector, it calls the **nonprofit sector** to be a part, and then it mandates the **government** to **play their part**."*

The framing of the policy, including from a child's rights-based approach, has been viewed by many key stakeholders as **strategic and effective**. Furthermore, key stakeholders acknowledge the value of the policy as a tool in guiding their ECD service delivery, and in creating a shared vision in the sector among the key players of government, non-profit sector, and businesses.

4.2.1.2 Overarching Challenges

While the South African Government made a commitment to provide universal access to essential ECD services for children 0-5 years by 2024, this goal is not on track to being achieved. Since this goal has not been achieved, new goals must be made that are distinguished by province and socio-economic status so that the most vulnerable are targeted and addressed.³³

While the content and framing of the policy are widely regarded positively, there are clear challenges in the implementation of the policy. This is evident in the secondary data and was a

³² ECD Strategy 2030 (Draft).

³³ NPC ECD Advisory.

resounding theme in discussions with key stakeholders. Their views are captured below. While a costed implementation plan was developed to accompany the policy, it was never approved by cabinet due to leadership changes. Furthermore, there is a notable challenge in coherence that contributes to major accountability issues. For example, there is no executing body/ecosystem with the mandate and power to coordinate and hold government ministries accountable for actions.

*“And so the ECD policy has this **really ambitious vision** of expanding ECD and universal access. But I think we need to **do a lot better to make that happen.**”*

*“You know, there's a lot of **good work** and a lot of **good sentiments** in the **ECD policy**, but it, you know, does tend to **fall down** at the **implementation** of many of those **ideas.**”*

*“**On paper**, we have **great** things like the policy, et cetera. We're really good with that as a country. But when it comes to **implementation**, we're **not so great.**”*

*“So there was the policy but there was **no translation and directive** for **execution**. So overall, the flaw, there is nothing wrong with that document, the flaw of it is that it **never** really **translated into a capacity for delivery.**”*

While the 2021 ECD Census has played an important role in providing reliable data in the sector, there are still challenges in the monitoring, evaluation, and quality assurance of policy objectives. While Chapter 11 of the Policy outlines the clear objectives in relation to M&E and quality assurance, challenges persist in meeting these objectives. There are challenges in the record keeping of ELPs though it has proven difficult to even ascertain the extent of bad record keeping due to the lack of a central database of subsidised ELPs.³⁴ This is likely also an obstacle to ensuring the accuracy of subsidy payments to ELPs.³⁵ On the other hand, it has been observed that a small proportion of programmes that are not conditionally or fully registered have received subsidies.³⁶ This further reiterates the need for central oversight, and underscores the value of moving towards a centralised information system in improving resource allocation in the sector.

In addition to early learning, there are issues in data collection and quality measurement in health services. This sentiment resounds with key stakeholders and is substantiated by secondary data. For example, patient demographics are poorly captured, especially among infants and children. This affects the ability to accurately monitor routine health programmes.³⁷ There is a scarcity of local and district level data which poses many challenges to the sector.³⁸ Furthermore, the lack of data makes it difficult to draw direct links between the provision of WASH infrastructure and the nutritional status of children.³⁹ In addition, since there is limited data on pregnant women, studies on women of reproductive age are used as a proxy for the deficiency burden in pregnant women.⁴⁰

The DBE has a plan to enhance record-keeping. Having partnered with the LEGO Foundation and Ilifa Labantwana, the DBE is creating an ECD Education Management Information System (EMIS). This should be outlined in the amended policy, and include data at national, provincial,

³⁴ ECD Census 2021.

³⁵ ECD Census 2021.

³⁶ ECD Census 2021.

³⁷ SA Child Gauge.

³⁸ SA Child Gauge.

³⁹ SA Child Gauge.

⁴⁰ SA Child Gauge.

district and ward levels. In addition to early learning outcomes, indicators for early learning, nutritional status and relevant health-related outcomes should be integrated to drive effective intersectoral action.⁴¹ Furthermore, the DBE, in partnership with key stakeholders, are in the process of developing a Quality Assurance and Support System (QASS). The aim is to develop standards, interventions, processes and tools to support quality enhancement in the sector. The tool is envisioned to have a number of key indicators and aims to identify the quality of ECD programmes. Taking a developmental approach, the aim of this initiative is to identify programmes of poor quality and support them in the areas in which they are struggling.

4.2.2 What factors have enabled or constrained the implementation of the policy?

4.2.2.1 Enablers

A common vision, set goals and targets have galvanised action in the ECD sector. Stakeholders revealed that there existed a passionately results-driven and devoted civil society that has pushed the ECD agenda forward, guided by the policy.

The Nurturing Care for ECD Framework 2018 has provided a roadmap for action to ensure that every child gets a good start in life. The NCfECD Framework has mobilised a coalition of actors drawn from government, CSOs, academia, the UN, private sector, educational institutions, and service providers to support the ECD agenda in SA and globally.

4.2.2.2 Constraints

The length of the policy is noted as a factor that might be constraining its implementation. Many stakeholders point out that the policy is excessively lengthy and believe it has not been read in full by many people.

Fiscal constraints hinder the implementation of the policy goals. As a leadership indicator, the absence of a dedicated budget and official authority to facilitate coordination across relevant sectors and stakeholders was highlighted as a major impediment to the policy's implementation.

Poor cross sectoral coordination also constrains the implementation of the policy. The government was meant to convene a high-level multi sector coordination mechanism, but this was described as ineffective and almost non-existent.

4.2.3 To what extent were these factors predictable or unpredictable?

4.2.3.1 Predictable

The issues of accountability within the ECD sector were foreseeable, and in anticipation of these challenges, key stakeholders originally recommended the management of ECD within a dedicated agency. This proposal, aimed at ensuring more effective governance, was put forward for inclusion in the 2015 NIECD Policy. However, it did not feature in the final version of the policy. This situation presents a clear area for improvement in the revised NIECD Policy. Any revision of the

⁴¹ SA Child Gauge.

policy provides an opportunity to revisit and potentially integrate this recommendation or explore other alternatives to strengthening accountability mechanisms. The strengthening of accountability mechanisms in the ECD sector would serve to enhance overall policy effectiveness in addressing the needs of ECD in South Africa.

4.2.3.2 Unpredictable

The COVID-19 pandemic is one major unpredictable factor that has negatively impacted child health and development, and the overall functioning of the ECD sector.⁴² The COVID-19 pandemic drastically increased child hunger and disrupted healthcare and nutrition services in South Africa, profoundly affecting children's well-being.⁴³ It led to a lack of allocation for important areas such as health interventions, nutrition programmes, and support for children with disabilities and long-term health conditions. Child hunger rose to 15% in May/June 2020, with levels of hunger and food insecurity significantly exceeding pre-pandemic levels.⁴⁴ The pandemic also disrupted access to routine healthcare, increasing the risk of outbreaks of vaccine-preventable diseases such as measles, pneumonia, and diarrhoea.⁴⁵ Notably, 25% of women skipped clinic visits for child immunisations, and 11% of HIV-positive mothers ran out of antiretrovirals.⁴⁶ The numerous closures of ECD centres in 2020 prevented children from accessing the nutritious meals typically offered by these centres.

Additionally, the lockdowns in 2020 drastically reduced children's attendance of ELPs, with many providers unable to reopen due to financial constraints and new health protocol costs.⁴⁷ The early learning sector's slow recovery is attributed to its heavy dependence on fees as the main source of income, which was severely impacted by the pandemic. Without these fees and in the absence of government funding to offset the loss, the financial stability of the ECD sector has been severely compromised. In a survey conducted in April 2020, 83% of ECD providers were unable to pay their staff's full salaries. Additionally, only 35% of the ECD workforce surveyed at the time were registered with the Unemployment Insurance Fund (UIF), qualifying them for income protection under the Temporary Employment Relief Scheme (TERS).⁴⁸ Moreover, just 38% of ECD providers received child subsidies from the DSD at that time, despite a higher number being registered with the DSD.⁴⁹

⁴² South African Child Gauge (2020).

⁴³ South African Child Gauge (2020).

⁴⁴ South African Child Gauge (2020).

⁴⁵ South African Child Gauge (2020).

⁴⁶ South African Child Gauge (2020).

⁴⁷ ECD Census (2021).

⁴⁸ ECD Census (2021).

⁴⁹ ECD Census (2021).

4.2.4 Which areas are on track? Which ones present a medium to high risk of failing to achieve the Policy's goals and why?

The following section presents an area-wise commentary summarising the status of the NIECD Policy goals in the form of a table. The overall status of the 2024 policy goals is categorized as either green (mostly achieved), orange (partially achieved) or red (mostly not achieved).

The area of Social Protection is largely on track to achieving the policy's goals.

| Goal | Status | Commentary |
|--|--------|--|
| The 2024 Social Protection goal is to provide the package of services necessary to ensure that all young children and their caregivers have early access to national identification documents such as birth certificates and identity documents, and the income support necessary to provide the living conditions to secure the survival and development of young children to their full potential. | | SA has made major strides in this area, with near universalisation of birth registrations, and steadily increasing reach of CSG (except between 2021 to 2022.). Given its scale, it requires improvement in its registration and disbursement process to reach full potential. |

The areas of health care and nutrition, and Infrastructure present a medium risk of failing to achieve the policy's goals.

| Goal | Status | Commentary |
|---|--------|---|
| By 2024 to provide the package of services to improve the mental and physical health, nutritional status, development and safety of infants and young children from conception until the year before they enter school. | | There has been progress in the field, notably in the development of the Road to Health Booklet, the central tool to deliver the ECD service package to children under 5. There are also examples of successful campaigns such as the Side by Side and Right to Nutrition campaign. The case fatality rate for children affected by Severe Acute Malnutrition (SAM) has declined sharply, as have maternal mortality rates. However, the proportion of SAM children accessing treatment remains unacceptably low, in part to missed opportunities in identifying children with SAM at the community-level. Stunting rates in children remain high and are worse among the poorest children and children in certain provinces. Rates of exclusive breastfeeding for the first six months are also below global targets. |

| | | |
|---|--|---|
| <p>The objective of the Policy concerning early childhood development infrastructure is to ensure that Government invests in the growth and maintenance of infrastructure which:</p> <ul style="list-style-type: none"> • Is safe for infants and young children and their caregivers. • Secures a sufficient number of service delivery and support spaces, and learning and teaching support materials and tools, in adequate proximity to children and their caregivers to ensure universal availability of quality early childhood development services, particularly early learning, and parenting support programmes. • Provides a service delivery environment conducive to the delivery of quality early childhood development services. • Is adequately and appropriately designed to ensure that access barriers for vulnerable children are addressed, notably, that all infrastructure is designed to ensure the inclusion of children with disabilities; and • Specifically remedies the infrastructure deficits for early learning services. | | <p>The Conditional Grant has successfully accelerated new ECD centre construction and supported infrastructure improvements to improve registration status of ECD centres needing support. However, funding has remained inconsistent and significantly below the requirement to reach the proposed number of centres. A Population Based Infrastructure Plan was developed but not disseminated, missing an opportunity to align stakeholders. There is lack of clarity on the roles of various departments when it comes to infrastructure, especially regarding development and maintenance.</p> |
|---|--|---|

The areas of early learning, parent support, leadership & coordination, funding and human resources present a high risk of failing to meet the policy goals.

| Goal | Status | Commentary |
|--|--------|---|
| <p>The Early Learning goal by 2030, is to provide universally available comprehensive quality age and developmental stage appropriate opportunities for learning for all children from birth until they enter formal school, which lay the foundations for optimal early learning, inclusion and the socio-emotional, physical, intellectual and language development of young children through play and other related, recognised methods for early learning, as well as safe daily care in the absence of their parents and/or primary caregivers.</p> | | <p>There has been some notable progress towards the 2030 early learning goal, for instance through initiatives like the Vangasali Campaign and policy measures to reduce registration hurdles, increased registration, and state subsidy access for more early learning programmes (ELPs). However, only 45-55% of eligible 4-5-year-olds are still enrolled, and of those many display developmental lags. Stringent, costly registration processes still impede subsidy access, with only there is a long way to go for the sector in realising its goal of universal and comprehensive coverage of early learning opportunities.</p> |

| | | |
|--|--|---|
| <p>The 2024 Parent Support goal is to provide the parenting support services necessary to improve parental knowledge, capacity and practices related to young children's holistic development, including information, capacity building, referrals, and specialist parental support of especially vulnerable parents so as to address any mental health problems, substance abuse, disability, abuse or neglect problems that they may face and which impact their child's development, or any problems that their young children may face.</p> | | <p>Ongoing programmes have yielded promising outcomes in a range of settings, for fathers, mothers, other caregivers, and children. However, parent support programmes are currently spread too thin, with several small programmes running regionally addressing varied issues. The programmes need to be consolidated, monitored, and scaled considerably to reach the goal.</p> |
| <p>The objectives of the early childhood development Leadership and Coordination Policy are to ensure the establishment of arrangements necessary to further the following principles, which are essential to the realisation of the national comprehensive and integrated vision, goals, and objectives of the Policy. To fulfil its objectives, the policy establishes a National Inter-Ministerial Committee on Early Childhood Development, supported by a National Inter-Departmental Committee. These committees are responsible for planning, coordinating, and overseeing the implementation of the policy, developing strategies, monitoring progress, and ensuring intergovernmental and inter-sectoral collaboration.</p> | | <p>The Interdepartmental ECD committees outlined in the policy goals, including the Inter-Ministerial Committee (IMC), National Interdepartmental Committee for ECD (NIDC) and Inter-Sectoral Forum (ISF), were established as mandated. However, their functionality has varied. While the ISF convenes regularly, stakeholders have expressed concern that there isn't enough implementation resulting from the meetings. The IMC held limited documented meetings, often with junior delegates lacking decision-making authority. Overall, leadership, interdepartmental accountability and coordination need significant attention to reach policy goals.</p> |

The Funding objective is to secure and distribute sufficient funds to ensure universal availability of and equitable access to, comprehensive quality early childhood development programmes and services, with prioritisation of the identified essential components thereof, especially for low-income families that cannot afford user fees.

Funding for early childhood development services should thus:

- Ensure sufficient resourcing to secure delivery of services, provision of infrastructure, and adequate overall resources for early childhood development, including both centre and non-centre-based programmes providing early learning and development, especially for the most vulnerable children.
- Develop flexible funding mechanisms which promote and are responsive to local early childhood development contexts, needs, risks, and strengths; and
- Mobilise diverse and innovative financing sources from government departments, development partners, and the private sector in support of early childhood development

The conditional grant for early childhood development (ECD) has been perceived as a funding success, with R1.235 billion allocated in 2021/22 to increase subsidised access and support conditional registration.

However, the sector remains very significantly underfunded overall. The current per child subsidy value of R17 per day is deemed inadequate by stakeholders, and only a third of early learning programs (ELPs) receive it, covering just 627,000 children versus a target of 2.3 million. Disparities exist in subsidy distribution.

Additionally, community health worker funding has critical gaps including limited, insecure budgets and incomplete staff complements, hampering effectiveness. While the conditional grant shows progress, significantly more resourcing is required to provide comprehensive, quality ECD services at scale.

The Human Resource objective of the Policy is to develop appropriate cadres of early childhood development practitioners, in sufficient numbers and with sufficient skills to support the implementation of the national integrated early childhood development Policy and programme.

In the short-to-medium term, the policy focuses on expanding the availability and capacity of early childhood development practitioners through initiatives like specialised community health worker programs, standardising non-centre-based facilitator programs, and twinning resource and training organisations to improve training quality.

In the medium-to-longer term, it aims to develop a comprehensive training system, simplify qualification choices, and ensure mobility and core early childhood development content.

Major gaps persist in meeting ECD workforce targets. As of 2021, only 52% of existing practitioners possessed NQF Level 4-9 qualifications, falling short of full workforce qualification goals. An estimated 200,000 more practitioners and 140,000 assistants are needed for universal ECD access, a considerable shortage. Expansion of RTOs offering training has not sufficiently qualified existing practitioners. Low salaries, often under minimum wage, fuel high turnover. Significant further investment and coordination across government is critically needed to expand recruitment, improve training accessibility, increase wages, and develop the hundreds of thousands of additional skilled practitioners required to meet policy targets and child development needs.

4.2.5 To what extent has the Policy been an active tool used by national, provincial and municipal governments?

Of the national level representatives who participated in our research, the policy was widely regarded to be of a high-quality and to set the direction for ECD in the country. However, many of these stakeholders found that there needed to be more solid, quality accompanying plans and strategies to give teeth to the policy. Many deemed the inter-ministerial committee, outline in the policy, to be an ineffective coordinating mechanism. In addition, there was a resounding sentiment that the policy is too long and would be more useful if it were shorter and easier to engage with.

From a qualitative perspective, it was difficult to understand the extent to which provincial government officials regard the policy as a useful tool. Although provincial level stakeholders were invited to participate in the research, few did, as outlined in the study limitations section.

From analysis of secondary data, it seems that provinces have varied in the degree to which they have effectively implemented the goals of the policy. The number of ECD programmes per 100 children of ECD programme going age is highest in the Western Cape, followed by Gauteng and the Free State. The North West has the lowest rates of ECD programmes per 100 children (aged 0-4), as can be seen in the table below. Furthermore, the rate of stunting of children under 5 varies significantly by province. For example, in 2017, only 7% of children aged 6 to 23 months in Limpopo are fed a minimum acceptable diet, in contrast to a peak of 42% of children in the same age range in the Free State.⁵⁰

| Province | Total number of children, per province aged 0- 4 ⁵¹ | Total number of ECD Programmes available per province ⁵² | ECD programmes per 100 children (aged 0-4) |
|----------------|--|---|--|
| Eastern Cape | 137,756 | 5,426 | 3.94 |
| Free State | 52,319 | 2,076 | 3.97 |
| Gauteng | 261,275 | 10,376 | 3.97 |
| KwaZulu- Natal | 238,463 | 8,089 | 3.39 |
| Limpopo | 131,811 | 5,368 | 4.07 |
| Mpumalanga | 87,573 | 2,951 | 3.37 |
| Northern Cape | 25,380 | 925 | 3.64 |
| North West | 74,909 | 2,494 | 3.33 |
| Western Cape | 112,474 | 4,715 | 4.19 |

To improve registration of ECD programmes in the different provinces, various initiatives have been developed and implemented. One such initiative is the Vangasali project, which aims to register all ECD programmes in the different provinces. Plans to train the remaining provinces are underway. In addition to the Vangasali Campaign, an online registration tool has also been

⁵⁰ DoH (2017) as cited in WB PER of ECD in SA.

⁵¹ Mid-year population estimates of Statistics South Africa for 2021, as cited in World Bank PER (2022).

⁵² ECD Census (2021).

developed to fast track the registration process.⁵³ This online registration aims to simplify the process and enable more ECD centres and non-centre based programmes to register. Further support is offered through ECD registration jamborees held across all the provinces.⁵⁴ Regarding the curriculum, there have been provincial trainings with ECD practitioners on the implementation of the NCF, which are expected to continue.⁵⁵ In each province, the birth registration, and access to basic drinking water has been noted to be relatively good within each province in comparison to other countries.⁵⁶

Comparing the performance of different provinces should be approached carefully due to their distinct socio-economic characteristics. Rather, ECD data should be analysed to establish provincial benchmarks. These benchmarks can then guide each province in setting and monitoring their own specific growth objectives over time, underscoring the importance of tailored provincial goals.⁵⁷

Local municipalities play a key role in ECD as defined in the Constitution. They are empowered to establish laws and policies for childcare facilities, regulate land use for these facilities, and contribute to community well-being. The NIECD Policy underscores the need for ECD services to be integrated into municipal plans, including a 5-year strategy for ECD and recommends the review of local laws to align with ECD objectives.

However, there are variations in the degree to which municipalities draw on the NIECD Policy as a tool in guiding the planning of their ECD services.⁵⁸ Municipalities are responsible for supporting childcare facilities to meet infrastructural health and safety standards; registration of childminding services; development of new ECD service provision infrastructure and lastly, audit and identify any available infrastructure that can be used to expand early learning services and programmes in areas that need it.⁵⁹ The relevant services and responsibilities of municipalities should be reflected in all municipal Integrated Development Plans (IDPs), which should be aligned with the NIECD Policy and national legislation.⁶⁰ This is not always the case. For example, in the NPC ECD Advisory, it was outlined that of the 53 KZN municipalities, none mentioned ECD as a national priority, and none referred to roles/responsibilities of the municipalities in the NIECD Policy.⁶¹

4.2.6 What in the framing and approach of the Policy has enabled or impeded it as a tool of policy and planning?

The framing and approach of the NIECD Policy, particularly its emphasis on setting specific targets, have played a pivotal role in both enabling and shaping its effectiveness as a tool of policy and planning. The introduction of clear targets, where there were none before, has significantly shifted the focus towards achieving specific outcomes, moving away from a more incremental approach. This shift has not only concentrated efforts and minds on tangible goals but

⁵³ Basic Education (2022). *Update on the Early Childhood Development (ECD) Function Shift*. Available at https://static.pmg.org.za/220907ECD_Function_Shift_Update_Presentation_7_September_2022.pdf

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Thrive by Five Index Report (2022).

⁵⁸ Project Preparation Trust of KZN, PPT (2022). *Municipal Guide for Early Childhood Development (ECD) Planning and Infrastructure*. Accessed online Available at <https://www.pptrust.org.za/wp-content/uploads/delightful-downloads/municipal-eed-guide.pdf>

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ NPC (2023). Advisory on effective cross-departmental and intergovernmental coordination in early childhood development.

has also fostered a culture of enhanced accountability. By establishing defined objectives, the NIECD Policy provides a measurable framework against which progress can be assessed, thereby improving transparency and responsibility among stakeholders. These elements, integral to the NIECD Policy's structure, have contributed to its strength as a guiding document, ensuring that its implementation is both focused and accountable.

The child rights-based framing of the NIECD Policy has been vital in emphasising the urgency of providing services that are critical to the realisation of the rights of children. This Policy provides the Government's recognition of the universal right of all children in South Africa to early childhood development services and the fundamental developmental importance of early childhood development'⁶² The policy speaks to the child's right to survive and thrive by identifying the mix of services that government and society are obligated to offer. The policy has, however, not been successful in implementing whole-of-government action. The NCfECD poses that intersectoral government structures - with political and financial support - can facilitate coordination, identify common goals, monitor joint actions and build effective collaboration but there is little to no evidence of this in South Africa.

4.2.7 Key Learnings & Insights

There was a consensus that there is an urgent need to fast-track the implementation of the ECD policy. The missed deadlines and lack of progress in achieving objectives were acknowledged. It was recommended to prioritise the coordination efforts and ensure that the policy is implemented within a reasonable timeframe.

The evaluation further posits that though progressive in its conceptualisation, the NIECD policy ought to clearly and intentionally articulate the actual and potential role of the private sector. This is an imperative that draws from the general claim that public/government services offer equitable access or are targeted according to the felt need of its children. However, in South Africa's decentralised governance system, deregulated and need-driven ECD services entrench inequities perpetuating the cycles of intergenerational poverty. The evaluation amplified the need for the NIECD policy to encompass all sectors and all providers in order for progress towards equitable access to affordable and quality childcare services to be attained.

The evaluation also revealed the need for strategies for creating awareness around the NIECD policy's goals and interventions. There exists a plethora of media platforms that are yet to be exploited to galvanise government and the citizenry around the ECD agenda in South Africa. Traditional government efforts to promote ECD have largely centered around policy frameworks, public awareness campaigns through conventional media, and partnerships with NGOs. However, emerging media platforms like social media networks, podcasts, and interactive mobile applications present untapped opportunities. These platforms offer a more engaging and widespread approach to mobilise both government and citizens around the ECD agenda, facilitating real-time interaction, community-driven initiatives, and more personalized ECD content delivery.

⁶² NIECD Policy 2015, p. 48.

4.2.8 Preliminary Recommendations

While enhanced coordination is already a policy directive, a revised version of the policy should strengthen the focus on coordination, leadership and accountability across ministries and include the strategies needed to incorporate non-state actors. A coherent strategy must articulate roles and responsibilities of the various stakeholders involved in the provision of ECD services in the revised policy. ECD services draw upon a number of sectors as outlined in the Nurturing Care Framework for ECD 2018, and these can differ substantially in the scope and intensity of service delivery. Additionally, these providers offer services in different settings including at home, in health facilities, community centres, childcare facilities, preschools, churches, etc. all of which often operate independently of each other.

The amended version of the policy should set the revision of budget allocations to the ECD sector as a clear policy objective. Furthermore, the policy must take the long view in ECD financing by setting standards for ECD services through a refined ECD funding coordination framework. As a resource mobilisation strategy, a Special Purpose Vehicle (SPV) that effectively coordinates state and non-state funding of ECD could be set up. The SPV will be responsible for driving the financing strategy by aligning the cost-structure of ECD services from a strategic, oversight and service delivery standpoint within South Africa's resource mobilisation environment to achieve sustainability and equity.

The revised policy should outline specific monitoring and evaluation implementation mechanisms lacking in the current policy. To this end, the DBE is developing an ECD Outcomes Framework. The ECD EMIS comprehensive information system and proposed Quality Assurance and Support System (QASS) are under development. The revised policy could include these frameworks and plans as addenda. Specifying these concrete M&E and information systems will enable robust tracking of goals and objectives. Overall, the policy should provide details on mechanisms like EMIS, QASS, centralised data management, and analysis capacities to fulfil its mandate for proper monitoring and evaluation to drive progress. More broadly, stakeholders have recommended the establishment of a dedicated team or secretariat to form an information hub to manage and analyse data to paint a comprehensive picture of South African children.

The amended policy must call for the alignment of the legislative and institutional frameworks that govern ECD. Since the NIECD policy promotes universal services, the government ought to set in motion the process of developing an ECD Act. This will obligate all levels of government to ringfence resources and capitation for ECD services targeting all young children across South Africa.

At a fundamental level, the wording of the policy should be amended to be more purposive and more forcefully emphasise that certain actions lead towards established goals. It was suggested that the use of the word "may" (e.g. "Where capacity exists, responsibility for the provision (registration, regulation and delivery) of early childhood development programmes and services may be assigned to municipalities..."⁶³) should be replaced with something more strongly worded, to ensure clarity in roles and responsibilities. Further, stronger wording is recommended in the policy to suggest that, by taking certain specific actions, goals *will* be realised. This will obviously

⁶³ NIECD Policy (2015).P.81.

not change the non-binding status of the policy but it may support take-up by those reading the policy at various levels by suggesting that actions are other than optional if results are to follow.

The revised policy must clearly outline a strategy to enhance district level ownership of and capacity for delivery of ECD services. The success of quality ECD service delivery depends critically on the capacity in practice and capacity in knowledge among all relevant state and non-state stakeholders hence the cardinal need for capacity building strategies that enable them to play their roles effectively. Local leadership matters as it has more than face validity in stimulating and supporting local initiatives that will be part of an enduring process.

4.3 HEALTH CARE AND NUTRITION

4.3.1 What progress has been made against the Policy's goals?

The policy's key goals related to Health Care and Nutrition are "to provide (by 2024) the *package of services to improve the mental and physical health, nutritional status, development and safety of infants and young children from conception until the year before they enter school*".⁶⁴ These services include promoting exclusive breastfeeding for the first six months, advice on complementary feeding, and alternatives when breastfeeding is not feasible. Regular growth monitoring to detect developmental delays early and providing micronutrient and food supplements to undernourished pregnant women and children, are also components of the services that should be provided. Additionally, community outreach workers should offer nutritional support. Pregnant women and young children should be screened for mental health issues, substance abuse, and violence exposure. The Road to Health booklet should be leveraged to monitor and support children's healthy growth and development, equipping parents and caregivers to actively seek necessary support. The following sections delve into the successes and challenges of the sector.

4.3.1.1 Successes

In relation to the health care and nutrition goals of the NIECD policy, there have been several successes, both in terms of maternal and infant health. There has been a remarkable decline in the national severe acute malnutrition (SAM) case fatality rate (CFR) among children. This rate dropped from 19.3% in 2009/10 to 7.7% in 2019/20.⁶⁵ There has also been a notable decline in maternal mortality rates.⁶⁶ In 2012, the maternal mortality rate was 320 per 100, 000 live births, and in 2019/20, it had dropped to 120 per 100, 000 live births.⁶⁷

The revision of the Road to Health Booklet (RtHB) is regarded as a success. One of the policy directives of the 2015 NIECD Policy is "the full utilisation of the Road to Health booklet to support, monitor and remedy, where needed, a child's healthy growth and development."⁶⁸ To that end, a revised version of the RtHB was published in 2020.⁶⁹ It was revised to enhance various aspects of

⁶⁴ DSD (2015). SA NIECD Policy. P.57.

⁶⁵ Children's Institute, UCT (2020). South African Child Gauge 2020. Available at <https://ci.uct.ac.za/child-gauge/cg-2020-food-and-nutrition-security>

⁶⁶ South African National Department of Health (2021). South African Maternal, Perinatal and Neonatal Health Policy. <https://knowledgehub.health.gov.za/system/files/elibdownloads/2021-06/SA%20MPNH%20Policy%2023-6-2021%20signed%20Web%20View%20v2.pdf>

⁶⁷ Ibid.

⁶⁸ NIECD Policy 2015. P. 56.

⁶⁹ Healthcare workers' guide to the Road to Health book 2020 Edition.

child health and development. It aims to improve infant and young child feeding, preventing malnutrition and promoting healthy growth.⁷⁰ The revision also focuses on fostering secure caregiver-child relationships, enhancing early learning through appropriate play and communication, and ensuring early identification of children requiring extra care.⁷¹ Additionally, it aims to better the prevention, treatment, and management of childhood illnesses at the primary health care level, empower caregivers with essential child care knowledge, and facilitate effective communication between healthcare workers and caregivers.⁷² The initiative, and its reach, has been highlighted as a significant achievement by key stakeholders.

*"I think the **revision of The Road to Health book is a major success** and the accompanying Side by Side Campaign, not only as a **support for caregivers**, but also as a **guide for health workers**. Because I think what the Road to Health booklet clearly does is it **orientates health workers** as to **how interactions with mothers and children should look at every level of the health system**. So, whether you're coming into a clinic, whether it's at a household level or if you're in a hospital. And I think it just immediately highlights the things that we've prioritised for children in South Africa, which I think hasn't happened before. And it goes well beyond survival."*

About the RtHB

The RtHB is used as the central tool to deliver the full package of services to children under five. It is a record of the child's medical history, health, growth and development.⁷³ It also serves as a guide for caregivers, informing them of the care their children need to be healthy, develop and grow well.⁷⁴ In addition, it serves as a tool to guide conversations between health workers and children's parents and caregivers.⁷⁵ By the time of their first birthday, all babies should have visited a health facility at least four times after birth for immunisation services, and these immunisations should be recorded in the child's Road-to-Health booklet.⁷⁶ Health workers are also encouraged to identify children in need of extra care such as children with disabilities, long-term health conditions and those exposed to poverty, violence or neglect, and to refer them for additional services and support, including social grants.⁷⁷ RtH Cards, the predecessor to the RtH booklets, have been used in South Africa since 1973.⁷⁸ In February 2011, as part of a wider initiative to improve child healthcare services, the DoH transitioned from using the RtH Card to the RtH Booklet, aiming to bolster national capabilities in assessing and monitoring child health.⁷⁹

The Side by Side Campaign is another example of one of the NIECD Policy policy priorities being addressed effectively. One of the five programmatic priorities of the 2015 NIECD Policy is "public communication about the value of early childhood development and ways of improving children's resourcefulness".⁸⁰ This campaign, developed collaboratively by the Department of

⁷⁰ Healthcare workers' guide to the Road to Health book 2020 Edition.

⁷¹ Healthcare workers' guide to the Road to Health book 2020 Edition.

⁷² Healthcare workers' guide to the Road to Health book 2020 Edition.

⁷³ DoH (2020). Healthcare workers' guide to the Road to Health book 2020 Edition. Available at: https://www.health.gov.za/wp-content/uploads/2023/04/RTHB-USER-GUIDE-layout_PRINT-READY_12Aug2020.pdf

⁷⁴ Healthcare workers' guide to the Road to Health book 2020 Edition.

⁷⁵ Healthcare workers' guide to the Road to Health book 2020 Edition.

⁷⁶ SA Child Gauge 2020.

⁷⁷ SA Child Gauge 2020.

⁷⁸ Naidoo, Harishia, Avenant, Theunis, & Goga, Ameena. (2018). Completeness of the Road-to-Health Booklet and Road-to-Health Card: Results of cross-sectional surveillance at a provincial tertiary hospital. *Southern African Journal of HIV Medicine*, 19(1), 1-10. <https://dx.doi.org/10.4102/sajhivmed.v19i1.765>

⁷⁹ Du Plessis, L M, Koornhof, H E, Marais, M L, & Blaauw, R. (2017). Implementation of the Road-to-Health-Booklet health promotion messages at primary health care facilities, Western Cape Province, South Africa. *South African Journal of Child Health*, 11(4), 164-169. <https://dx.doi.org/10.7196/sajch.2017.v11i4.1414>

⁸⁰ NIECD Policy (2015). P. 67.

Health and Ilifa Labantwana, includes materials that target caregivers, aiming to inform them about the importance of early childhood development and their role in it.⁸¹ It addresses key aspects of child health and development, including nutrition and physical well-being.

*"It's been **lovely to hear the feedback** from **parents** around the **Side by Side campaign** and I can really echo the Department of Health's pride around that campaign because wow, what an **amazing initiative and clear, well designed, simple messaging**." Another key stakeholder noted though that the policy has done a good job of linking nutrition and parenting: "I think the policy just initiated this integrated approach **linking nutrition and parenting**. I mean, it's so **amazing** that we can speak about nutrition and parenting in the same conversation because I think previously there were many silos or parenting got left off the agenda."*

The Right to Nutrition Campaign is an example of significant effort to align with the policy's aim for "coherent, sustained and well resourced" advocacy to promote factors that are needed in the realisation of the policy objectives.⁸² The campaign, launched by the Real Reform for ECD, advocates for a nutrition programme that ensures young children enrolled in ELPs are provided with the nutrition needed to learn and thrive.⁸³ The campaign aims to extend support to all eligible children in early learning programmes, regardless of the programme registration status. This could go a far way in reducing the incidence of stunting, which is a common and severe issue among children who lack access to proper nutrition.

4.3.1.2 Challenges

While a key goal of the 2015 NIECD Policy is to ensure "basic preventive, promotive and curative health care and nutrition for pregnant women, infants and young children to secure their mental and physical health", there is a way to go in reaching this goal.⁸⁴ For example, while severe acute malnutrition deaths in young children have been decreasing, challenges persist. While it has been observed that the national Severe Acute Malnutrition (SAM) Case Fatality Rate (CFR) has declined steadily from 19.3% in 2009/10 to 7.7% in 2019/20, this varies amongst districts and facilities, with some of these still experiencing a CFR of more than 20%.⁸⁵ Yet, in 2019, just over 11,000 children were admitted for treatment for SAM out of the estimated national burden of 151,798 children.⁸⁶ The proportion of SAM children accessing treatment remains unacceptably low, with key stakeholders attributing this in part to missed opportunities in identifying children with SAM at the community-level.

Despite a slight decline, stunting rates in children remain high and are worse among the poorest children and children in certain provinces. Although there has been some reduction, stunting rates among children remain alarmingly high; this finding emerged strongly in the primary and secondary data analysis. While multi-year trend data seems limited, it has been observed that there was no change between 2015 (where the stunting rate was at 21.4%⁸⁷) and 2017 (still 21.4%⁸⁸).

⁸¹ Side by Side Website (2023). <https://sidebyside.co.za/>

⁸² SA NIECD Policy (2015). P. 60.

⁸³ <https://www.ecdreform.org.za/>

⁸⁴ SA NIECD Policy (2015). P. 55.

⁸⁵ Children's Institute, UCT (2020). South African Child Gauge 2020. Available at <https://ci.uct.ac.za/child-gauge/cg-2020-food-and-nutrition-security>

⁸⁶ South African Child Gauge 2020.

⁸⁷ South Africa National Income Dynamics Study 2014/15 Wave 4.

⁸⁸ South Africa National Income Dynamics Study 2017 Wave 5.

The initial survey of the Thrive by Five Index, which tracks developmental progress in 4-to 5-year-olds enrolled in ELPs, revealed that 5.7% of these children, with equal prevalence in boys and girls, are likely suffering from long-term malnutrition.⁸⁹ Of the 4-to 5-year-olds enrolled in ELPs, 5.12% were found to be moderately stunted and 0.53% were found to be severely stunted.⁹⁰ For the poorest 4-to-5 year olds attending ELPs, rates of stunting and severe stunting are highest at 6.2% combined.⁹¹ Children's health and development is most compromised in those who reside in the Eastern Cape, where 9.9% of children are either stunted or severely stunted, and the Free State and Limpopo (each above 7.5%).⁹² Rates of severe stunting are highest in Limpopo, with almost 1 in 100 children severely stunted.⁹³ While 77% of ELPs in the ECD Census Report provide meals for the enrolled children, the Government only provides meals for 17% of ELPs.⁹⁴

While the “promotion and support of exclusive breastfeeding for the first six months after birth” is outlined as an essential component of the policy’s health care and nutrition services the rates of exclusive breastfeeding for the first six months are below global targets.⁹⁵ Only one in three South African women breastfeed exclusively in the first six months, which is below the Global Nutrition 2025 target of at least 50% of women exclusively breastfeeding in the first six months.⁹⁶ Historically, women with higher socio-economic status commonly used infant formula, but its use has also grown significantly among low-income mothers⁹⁷. This increase is partly due to aggressive marketing of these products and the time pressures on mothers who need to work or return to work soon after giving birth, often due to the absence of paid maternity leave.⁹⁸ The quality of infant feeding counselling can greatly impact a pregnant woman's decision to breastfeed or might lead to stopping breastfeeding early.⁹⁹ To this end, “counselling to support appropriate and responsive complementary feeding or alternatives to breastfeeding where this is not possible, including the prevention of obesity” is one of the essential components of the policy’s objectives. However, given the low breastfeeding rates in the country, it is likely that the counselling is not up to standard.

While infant and under-five mortality were following a declining trend, data up to 2021 suggests that the gains made in reducing under-5 and infant mortality rates have been reversed in recent years.¹⁰⁰ The COVID-19 pandemic could have contributed to recent increases in infant and under-5 mortality rates. There has been little change in neonatal mortality over the years.¹⁰¹ The figure below shows these trends.

⁸⁹ Giese, Dawes, Tredoux, Mattes, Bridgman, van der Berg, Schenk, and Kotzé. (2022). Thrive by Five Index Report. Revised August 2022, Innovation Edge, Cape Town. www.thrivebyfive.co.za

⁹⁰ Thrive by Five Index Report (2022).

⁹¹ Thrive by Five Index Report (2022).

⁹² Thrive by Five Index Report (2022).

⁹³ Thrive by Five Index Report (2022).

⁹⁴ Department of Basic Education. 2022. ECD Census 2021: Report. Pretoria: Department of Basic Education.

⁹⁵ NIECD Policy (2015), P. 56.

⁹⁶ The South African Child Gauge (2020).

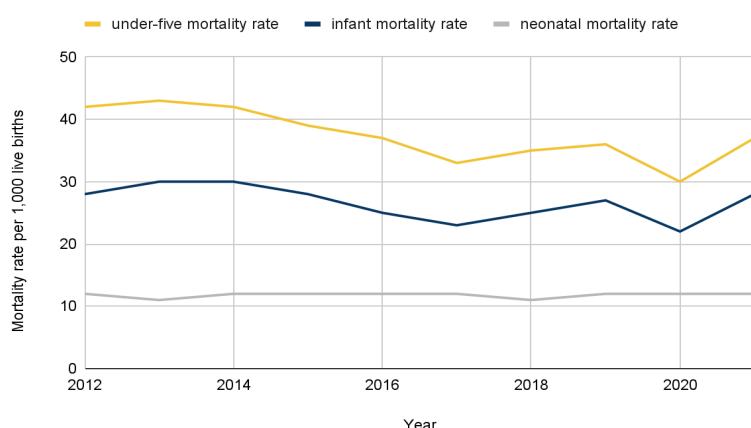
⁹⁷ Neves PAR, Gatica-Domínguez G, Rollins NC, et al. Infant Formula Consumption Is Positively Correlated with Wealth, Within and Between Countries: A Multi-Country Study. *J Nutr.* 2020;150(4):910-917. doi:10.1093/jn/nxz327

⁹⁸ Pereira-Kotze (2022) Maternity protection for female non-standard workers in South Africa: the case of domestic workers

⁹⁹ The South African Child Gauge (2020).

¹⁰⁰ The graph is the author's own, using data from the 2022 Rapid Mortality Surveillance.

¹⁰¹ Data from District Health Information System, 2022.



There are gaps in maternal nutrition and health services during pregnancy. Key stakeholders mention a notable gap in providing comprehensive maternal health and nutrition services during pregnancy. This is evident in the secondary data too, where a meta-analytic study found that one in three pregnant women in South Africa experience anaemia.¹⁰² In addition, there is an increasing evidence base linking food insecurity and postnatal depression, which compromises the ability of mothers to feed and care for their children.¹⁰³ Furthermore, young pregnant women tend to have reduced access to HIV prevention interventions, compromising their health and that of their unborn babies.¹⁰⁴ While South Africa has made progress in stopping mother-to-child transmission of HIV, nearly one-third (30.7%) of pregnant women are HIV positive.¹⁰⁵

Though the RthB, and its recent revision, are regarded as a success, there are also challenges of underutilisation, inconsistencies in use, and decreasing parental engagement. While the reach of the RthB has expanded successfully, the stakeholders in our study's sample found that it wasn't always used effectively. This is evident in the words of certain stakeholders, provided in the box below. Some stakeholders feel as if health care workers have not been adequately capacitated to capture child health metrics in a consistent or high quality way or trained on when to refer children for extra care. Stakeholders in the focus group discussion have also observed that parental engagement with the RthB seems to drop after six months to 18 months.

*"I think the next step is making sure that the Road to Health booklet is **actually used** by parents and community health care workers and that the parents can also **use it to hold the health system accountable**."*

*"We have identified that **community health care workers** are a cadre that has not been fully utilised around **maternal and child health**."*

*"We definitely **see drop rates** in the **use of the Road to Health book** after about **six months to 18 months**, the parents, they start to say that the book is for the nurses."*

¹⁰² Dorsamy, Bagwandeem, & Moodley (2022). The prevalence, risk factors and outcomes of anaemia in South African pregnant women: a systematic review and meta-analysis. doi: 10.1186/s13643-022-01884-w. PMID: 35078528; PMCID: PMC8789334.

¹⁰³ Barnett W, Pellowski J, Kuo C, Koen N, Donald KA, Zar HJ, Stein DJ. Food-insecure pregnant women in South Africa: a cross-sectional exploration of maternal depression as a mediator of violence and trauma risk factors. *BMJ Open*. 2019 Mar 13;9(3):e018277. doi: 10.1136/bmjopen-2017-018277. PMID: 30867198; PMCID: PMC6429723.

¹⁰⁴ The South African Child Gauge (2020).

¹⁰⁵ The South African Child Gauge (2020).

This has not only emerged anecdotally from key stakeholders, but is evident in the secondary data too.¹⁰⁶ A 2020 study, published in the South African Journal of Child Health, assessed the completion of the new RtHB and utilisation challenges experienced by nurses in the rural primary healthcare clinics (PHCs) of the West Rand District, Gauteng Province.¹⁰⁷ Problems are related to the following factors: poor completion of the growth charts; non-measurement of head circumference;¹⁰⁸ ¹⁰⁹ and lower completion of weight charts by nurses (14.3%),¹¹⁰ including inaccuracies in recording weight charts.¹¹¹ The completion of this section is important as it facilitates early detection of malnutrition, stunting, wasting and obesity. Low rates of feeding assessment and provision of nutritional advice were also observed. Non-completion of the mid-upper arm circumference (MUAC), developmental screening, deworming and oral health referrals sections has also been noted.¹¹² The study also reported on missed immunisation opportunities, and missed vitamin A provision opportunities.¹¹³ Furthermore, the Well Child Visits section showed just 22% completion.¹¹⁴ These challenges are likely related to a lack of adequate health care worker training, and equipment shortages, with the former attributed as the biggest contributor to the underutilisation of the RtHB.¹¹⁵

In addition, there seem to be inconsistencies in the implementation of the RtHBs. A study by Wim and Mlambo reported notable differences in the completion rates of growth charts in RtHBs in their study compared to others. They reported 37% completion for length/height-for-age and 33% for weight-for-length/height which contrasts sharply with Du Plessis and colleagues' earlier findings of 91.2%¹¹⁶ incompleteness, and Jonker's study showing 79.6%¹¹⁷ completion rate for the length-for-age chart. The inconsistencies in implementation should be further investigated, and learnings from best practices shared across the different health care centres, and provinces.

4.3.2 Preliminary Recommendations

The amended policy should advocate for the exploration and eventual realisation of a more comprehensive and holistic approach to child development within the community health care model. For example, a goal could be included to better capacitate health care workers to support holistic child development as they routinely do their work. The importance of sustained training and support for community health workers in ensuring effective service delivery was highlighted in the focus group discussions, with a verbatim quotation included in the box below. Key stakeholders suggested that in addition to the health checks that CHWs perform, they should routinely check whether families are receiving the Child Support Grant, if eligible. They could also

¹⁰⁶ Children's Institute, UCT (2020). South African Child Gauge 2020. Available at <https://ci.uct.ac.za/child-gauge/cg-2020-food-and-nutrition-security>

¹⁰⁷ Win & Mlambo (2020). Road-to-Health Booklet assessment and completion challenges by nurses in rural primary healthcare facilities in South Africa. South African Journal of Child Health, 14(3), 124-128. <https://dx.doi.org/10.7196/sajch.2020.v14i3.1685>

¹⁰⁸ Win (2016). An assessment of the 'road-to-health-booklet' based on knowledge/ perceptions of the clinic nurses and conduct a record review of the completion of the booklets. As cited in Win & Mlambo (2020).

¹⁰⁹ Jonker & Stellenberg (2014). Missed opportunities in child healthcare. As cited in Win & Mlambo (2020). Road-to-Health Booklet assessment.

¹¹⁰ Du Plessis, Koornhof, Marais & Blaauw (2017). As cited in Win & Mlambo (2020). Road-to-Health Booklet assessment.

¹¹¹ Koetaan et al. (2017). As cited in Win & Mlambo (2020). Road-to-Health Booklet assessment.

¹¹² Win & Mlambo (2020). Road-to-Health Booklet assessment.

¹¹³ Win & Mlambo (2020). Road-to-Health Booklet assessment.

¹¹⁴ Win & Mlambo (2020). Road-to-Health Booklet assessment.

¹¹⁵ Win & Mlambo (2020). Road-to-Health Booklet assessment.

¹¹⁶ Du Plessis, Koornhof, Marais, & Blaauw (2017). As cited in Win & Mlambo (2020). Road-to-Health Booklet assessment.

¹¹⁷ Jonker & Stellenberg (2014). As cited in Win & Mlambo (2020). Road-to-Health Booklet assessment.

identify whether there is food insecurity in the home, whether the child's birth has been registered and offer breastfeeding or formula feeding support.

*"...our work has been to **provide training and support** to that **cadre of community health workers**, specifically on **early stimulation support** and **parental support for the mother**. So being a **supportive function** to help the mothers to understand that their role is valuable and **valued** and that being in **good relationship** with their child is an **important positive contribution** to making sure that their **child develops well**."*

In order to approach child development more holistically, multisectoral integration should be happening more seamlessly. While the "effective management of early childhood development programmes and coordination of the development and implementation of multi-sectoral and integrated ECD programmes and initiatives"¹¹⁸ is already a goal of 2015 NIECD Policy, the revised policy should explicitly aim to establish more efficient and seamless multisectoral collaboration mechanisms. The policy should call for regular review and assessment of these integrated mechanisms to ensure they are effectively meeting the needs of children and their families, particularly in underserved communities. This integration should focus on creating efficient referral systems that not only identify children in need but also ensure they receive comprehensive support, such as child support grants and access to nutrition programs. Such collaboration is crucial to prevent situations where children, even after being identified by one sector, continue to face challenges like lack of financial support and hunger.

In line with the existing priority to provide comprehensive health and nutrition services for children from birth to 2 years, the policy should strengthen its commitment to ensuring this goal is met, particularly those not enrolled in ECD centres. Children under 3 years of age who are not yet in ECD centres, might be missing out on nutritious meals (among other key ECD services) which could place them at risk of malnutrition. Addressing this gap, particularly in the crucial first 1000 days, requires a comprehensive mechanism that extends beyond current strategies. One such recommendation emerging from the focus group discussions was to foster integration between community healthcare workers and ECD centres to identify and assist food-insecure children not enrolled in these centres. These workers can refer parents to nearby ECD centres or schools where their children can access meals, overcoming barriers like affordability or parental employment status. This approach leverages existing nutrition schemes in educational settings, ensuring accessible meals for all young children, regardless of their enrolment status in ECD programmes.

The revised NIECD Policy should emphasise the importance of developing strategies to empower parents to take a central role in their children's health and nutritional decisions. The policy should call for a more holistic and family-centred framework, ensuring sustained health and nutrition outcomes for children. This is echoed in the words of a key stakeholder, below.

*"...**without** really having an **intervention** that **talks directly to parents**, not as visitors or not as people to be saved, as people that are central in the lives of their children without whom the **children's well being is absolutely undermined**."*

¹¹⁸ NIECD Policy (2015), P. 69).

The revised policy should deepen the government's commitment to enhancing maternal and child nutrition. The NPC ECD Advisory¹¹⁹ advocates for the ECD sector prioritising the development of a nutrition strategy for children under 5, given the critical and cross-cutting nature of nutrition. There are several interventions that are proposed. The importance of having appropriate nutrition provisioning in all ECD programmes is also outlined in the ECD Strategy 2030 Draft.¹²⁰

The policy should call for the urgent need to address food insecurity and provide mental health support for women during pregnancy and after giving birth. This is not only beneficial for the health and well-being of mothers, but of newborns, infants and young children too. This could be possible by starting the Child Support Grant during pregnancy and offering regular detection, referral, and counselling services for women in the perinatal period at public healthcare facilities throughout South Africa.¹²¹ Several years have gone by since the DSD began looking into expanding social grants to aid pregnant women, mothers, and newborns.¹²² Despite this, there has been limited advancement, and so far, no programme has been put into action.¹²³

¹¹⁹ NPC (2023). ECD Advisory.

¹²⁰ ECD Strategy 2030 (Draft).

¹²¹ The South African Child Gauge (2020).

¹²² The South African Child Gauge (2020).

¹²³ The South African Child Gauge (2020).

4.4 SOCIAL PROTECTION

4.4.1 What progress has been made against the Policy's goals?

The 2024 Social Protection goal is to provide the package of services necessary to ensure that all young children and their caregivers have early access to national identification documents such as birth certificates and identity documents, and the income support necessary to provide the living conditions to secure the survival and development of young children to their full potential.

The Social Protection component of the NIECD Policy seems to be on track to achieving its goals. The key objectives are twofold: one, universalising birth registration and identity documents, and two, providing social protection grants to caregivers of vulnerable young children. Overall, it has made significant progress in achievement of both these goals, including reaching close to universalisation of birth registration by as early as 2016.¹²⁴ In 2021, among young children from ages zero to five, approximately 4.2 million were in receipt of the CSG; 19,115 received the Child Dependency Grant (CDG); and 11,394 benefitted from the Foster Child Grant (FCG).¹²⁵ Challenges however remain in ensuring the grant reaches the remaining eligible children, particularly those between the ages of 0 to 2 especially in rural, hard-to-reach and underserved communities. These youngest children and their mothers (especially first-time mothers) remain especially vulnerable, facing the greatest brunt of registration challenges that still persist. In recognition of issues with registration, stakeholders note that SASSA has begun making some welcome updates to the registration process, including provision of online registration.

Child Support Grant¹²⁶

The Child Support Grant (CSG) in South Africa is a social welfare programme aimed at assisting lower-income families with the costs of raising children. To qualify, the primary caregiver must be a South African citizen, permanent resident, or refugee, and both the caregiver and child must reside in South Africa. The grant is available for children under 18 years of age. Single applicants must not earn more than R52,800 per year, while the combined income for married applicants must not exceed R105,600 annually. The grant cannot be claimed for more than six non-biological children who are not legally adopted.

As of the latest information, the grant amount ranges from R445 to R510 per month per eligible child. Applications for the CSG are made at the nearest South African Social Security Agency (SASSA) office, and required documentation includes the caregiver's ID, the child's birth certificate, and proof of income. The application process may take up to three months, with payments backdated to the date of application. Payment methods include direct bank deposit, cash at designated pay points, or through an institution.

The grant is subject to periodic reviews based on the caregiver's financial situation and may be suspended under certain conditions, such as a change in the caregiver's circumstances or if the child is no longer under their care.

¹²⁴ Reaching the hard to reach: A Case Study of Birth Registration in South Africa

¹²⁵ Dulvy, E. N., Devercelli, A. E., Van Der Berg, S., Gustafsson, M., Pettersson Geland, G., Kika-Mistry, J., & Beaton-Day, F. M. (2023). South Africa public expenditure and institutional review for early childhood development.

¹²⁶ <https://www.sassa.gov.za/Pages/Child-Support-Grant.aspx>

4.4.1.1 Successes

Child poverty rates decreased sharply during the 2000s, alongside progressive uptake of the CSG as the eligibility criteria were expanded.¹²⁷ The share of household income stemming from the CSG is especially high in the poorest quintile. Over 80 percent receive a child grant – four times as many as households in the richest quintile – with grant money contributing as much as 60 percent of their income. For the poorest 10 percent of households, access to the CSG results in a four-fold increase over their pre-grant income.¹²⁸

South Africa has achieved near-universalisation of birth registrations, with CSG regarded as a major incentive in pushing this achievement, along with strong government commitment and an effective awareness campaign.¹²⁹ Pre-1994, birth registration was virtually non-existent in remote areas and former homelands. Now almost 30 years later, birth registration rates are nearly at 100%. This achievement was enabled by reconfiguring the civil registration and vital statistics system to serve the entire population, developing a comprehensive population register with a single identification number, expanding the facilities for registration (fixed locations and mobile teams), closely involving the medical centres and clinics where these events take place, and conducting large-scale informational and promotional campaigns across the country.¹³⁰

4.4.1.2 Challenges

Obtaining the necessary documentation to register for the CSG presents significant challenges. For instance, acquiring an Identity Document (ID) can be a complex process, especially for first-time applicants or those with lost or missing IDs. Additionally, proving income levels is another hurdle. Applicants need to demonstrate an income below R44000 per month if single, or R88000 for married applicants or those in a relationship.¹³¹ This requires submitting bank statements for the last three months. If the mother is in a relationship with the child's father, she must also provide his bank statements. These requirements can be particularly challenging for those without regular banking transactions or formal employment, further complicating their access to vital financial support.

It can also be challenging for unemployed or informally employed caregivers to secure the CSG, due to potential inaccuracies in the employment status records at the Department of Labour. If unemployed or informally employed, applicants need to include a proof of unemployment letter obtained from the Department of Labour. Often, these records may not reflect the current employment situation correctly, leading to complications in providing valid proof of unemployment¹³². This issue can hinder the accurate categorisation of an individual's employment status, thereby affecting their eligibility for the grant based on income criteria. Consequently, this discrepancy creates an obstacle in accessing necessary financial support for the child's welfare.

¹²⁷ Children's institute 2023.

¹²⁸ Children's institute 2023.

¹²⁹ Reaching the hard to reach: A Case Study of Birth Registration in South Africa.

¹³⁰ Garenne et al. (2016) Completeness of birth and death registration in a rural area of South Africa: the Agincourt health and demographic surveillance.

¹³¹ SASSA website, 2023. <https://www.sassa.gov.za/Pages/Child-Support-Grant.aspx>

¹³² Luthuli (2022) Does the unconditional cash transfer program in South Africa provide support for women after child birth? Barriers to accessing the child support grant among women in informal work in Durban, South Africa

While access to the CSG has increased overall, take-up is slower for parents of younger children. Challenges and complexities of the application process are noted as factors preventing many first time and young mothers from accessing the grant in a timely manner¹³³. The process requires mothers to travel to various government departments to complete the required documentation, often taking the baby with them. This was costly and time-consuming for mothers who were already vulnerable and led to delays in obtaining CSG funds. While the other primary caregiver of the child - such as the father or grandparent - is also eligible to register, the burden likely falls on the mother to do so. UNICEF's May 2022 review of CSG exclusion rates highlights further challenges and characteristics of the grant uptake:

- Grant take-up only peaks for parents whose children are at around 4 years of age, with children under 1 year being worse off.¹³⁴
- The review also found the following groups to be at a high risk of exclusion: children of non-biological primary caregivers, children with male primary caregivers, children in remote rural areas (of which a large proportion fall into the lowest deciles of the income distribution); and young babies.
- Western Cape (32.1%) and Gauteng provinces (28.6%) continue to display the lowest average take-up rates in the country. In terms of districts, the West Rand district in the Gauteng province displays the highest exclusion rate (36.5%) followed by the Garden Route district (32.2%) in the Western Cape.

"...most children do have access to the Child Support Grant, especially in the three-to-five-year cohort. It's the zero to two that may not necessarily have that..."

4.4.2 Preliminary Recommendations

The policy should call for expanding antenatal care coverage to support pre-delivery CSG registration for mothers. The 2023 Study analysing the impact and status of the CSG (in the context of reducing child poverty) published by the DSD with SASSA and National Development Agency (NDA)¹³⁵ noted that increasing the CSG grant value may not be feasible due to fiscal constraints, and instead options to expand reach may offer a cost-efficient alternative to improvement. In line with the study's focus on supporting caregivers, the policy should make provision for pre-delivery registration towards CSG to ensure young mothers access the grant when they are most vulnerable - this may be done at Antenatal Care clinics for eligible women. This is to ensure first time mothers and newborn babies are supported without delays; this is echoed in DSD's 2023 study as well. This provision may have a significant impact on boosting child and maternal health. It may help mothers to return to work later, thereby increasing the duration of their exclusive breastfeeding. This would be particularly beneficial for the most financially vulnerable mothers who would otherwise be forced to return to work very soon after pregnancy.

The revised policy should also emphasise the need for the amendment of the registration process for CSG to be more accessible, seamless and faster. The government should explore the

¹³³ Luthuli (2022) Does the unconditional cash transfer program in South Africa provide support for women after child birth? Barriers to accessing the child support grant among women in informal work in Durban, South Africa

¹³⁴ UNICEF (2022) An update study on the exclusion error rate for eligible recipient children of the child support grant

¹³⁵ DSD (2023) Reducing Child Poverty A review of child poverty and the value of the Child Support Grant.

feasibility of a centralised database that links SASSA with the South African Revenue Service (SARS) and the Department of Employment and Labour (DEL) to verify income and employment. This may take the form of amending the Social Assistance Act to mandate SASSA to create a centralised database connected to SARS income tax records and DEL employment records for automatic verification of income and employment status of CSG applicants. This would greatly improve the process of verifying proof of income and employment status. Further, providing the option of using alternative proofs of ID/residence for first time applicants lacking standard documents can eliminate a major barrier at the registration stage and boost registration rates. Rapid and effective systems were implemented during COVID-19 to provide emergency grants; this signals the existence of ability and feasible mechanisms to address delays for CSG applications. It is worth noting though, that during a validation session of the study's preliminary findings, some key stakeholders pointed out that SASSA has already taken some steps in simplifying the registration method.

4.5 PARENT SUPPORT

4.5.1 What progress has been made against the Policy's goals?

The 2024 Parent Support goal is to provide the parenting support services necessary to improve parental knowledge, capacity and practices related to young children's holistic development. Services include provision of information, capacity building, referrals, and specialist parental support of especially vulnerable parents so as to address any mental health problems, substance abuse, disability, abuse or neglect problems that they may face and which impact their child's development, or any problems that their young children may face.

The NIECD Policy recognises that parents are the "primary caregivers and first teachers of their children" and thus have the first responsibility for the development of the child (p. 74). It therefore aims to empower them through the provision of a broad range of parenting support services, access to information, and opportunities for parents to be involved in community-based early childhood development programmes. In the current parent support landscape, most of these programmes are run through partnership between the government (e.g. DSD), NGOs or international development agencies (e.g. UNICEF), each with its own focus. NGOs often act as service providers for design and development components, or for implementation/delivery components, or for both. Following are some of the major programmes in the field:

- The National Parenting Program (NPP) is a programme targeted at parents of children from birth to 5 years and it focusses on strengthening and supporting the capacity of parents. The main objective of the NPP is to establish a national standard for parenting support programmes¹³⁶. The parenting programme focuses on developing appropriate parenting skills and the capacity of parents and caregivers to safeguard the development of their children including the promotion of positive, safe and non-violent forms of discipline, as well as the ability and capacity of parents to safeguard the wellbeing of children with disabilities and chronic illness.
- In addition to the NPP, the National Association of Child Care Workers (NACCW), originating as a response to the HIV/AIDS crisis, trains child and youth care workers to work in their own communities, in supported groups of about 20 practitioners. The core responsibilities of child and youth care workers include assisting families in a practical way, to restore and maintain functionality in their homes, to access entitlements, and to provide counselling on family and child-rearing related issues¹³⁷.
- Besides the state-run parenting programme, many other parenting initiatives exist in the country. SAPPIN is a network of parenting groups working to amplify the voice of community organisations that support families through teamwork and shared knowledge. SAPPIN is also currently testing Parenthood SA, an online platform aiming to gather helpful resources and information for parents at one central location¹³⁸.

4.5.1.1 Successes

Parenting Support has been expanded through the National Parenting Programme (NPP). According to key stakeholders, the National Parenting Programme is a significant evolution towards offering more inclusive and holistic support for parents and caregivers. It was first reviewed

¹³⁶ Bridge (2021) Parenting Young Children (0-5 years) Seminar

¹³⁷ <https://www.naccw.org.za/about-naccw/about-us>

¹³⁸ <https://sappin.org.za/>

in 2014 to ensure alignment with ECD related policies and regulations; and then again in 2017.¹³⁹ It has currently served about 17,000 parents in high-risk areas (priority wards) to complement the ongoing implementation of the programme.¹⁴⁰ The implementation of the NPP was managed by NECD through their network of member organisations.

Programmes that have been evaluated show very significant treatment effects and offer the opportunity to study multiple delivery models. Civil Society plays a proactive part in plugging the gaps for parent support, creating and implementing a range of effective programmes. We consolidate findings across some of them addressing various focus areas, such as strengthening parent-child relationships, supporting children affected by disability, and reduction of maltreatment and physical abuse:

- The Philani Mentor Mothers program was tested in a cluster RCT with 594 pregnant women in 24 neighborhoods in Cape Town. At 18 months post-birth, compared to control groups, infants of intervention mothers showed decreased odds of being underweight (0.52 OR) and having a length-for-age z-score < -2 (0.46 OR). Intervention mothers had 97% increased odds of administering infant Antiretroviral Therapy (ART) and 56% increased odds of exclusive breastfeeding at 6 months. The program is in line with the policy focus of providing specialised support.¹⁴¹
- Parenting workshops were held with approximately 140 caregivers of children with disabilities in 6 municipalities in Ugu District, KZN. This led to the establishment of support groups and election of parent representatives to local disability forums in each municipality.¹⁴²
- The FCS Motivator Home Visiting Programme in North West Province strengthened relationships between home visitors and caregivers, leading to improved caregiver-child engagement and stimulation.¹⁴³
- Among 16 facilitators of the Sinovuyo Teen program in the Eastern Cape, 100% reported applying the new positive parenting skills learned in their personal relationships with their own children and family members at 9-month follow-up.¹⁴⁴
- The Sinovuyo Teen program was delivered to 230 families in 8 clusters in the Eastern Cape in a 2014 pre-post-trial. It showed a 44% reduction in physical abuse and a 61% reduction in emotional abuse from baseline to endline based on adolescent reports. An RCT with 552 families in 40 clusters in the Eastern Cape in 2015-2016 found a 45% reduction in physical and emotional abuse and a 43% reduction in corporal punishment based on caregiver reports at 5-9-month follow-up.¹⁴⁵
- The Isibindi programme has led to the establishment of "Safe Parks". While not strictly a structured caregiver training programme, these parks act as a family and child support mechanism. These parks serve as community hubs where children can engage in structured activities and receive care and supervision from their families and Child and Youth Care Workers (CYCW). Isibindi is run on a social franchise basis by the National Association of Child Care Workers (NACCW), who partner with the provincial government, a donor, a local implementing

¹³⁹ Bridge (2021) Parenting Young Children (0-5 years) Seminar

¹⁴⁰ *ibid*

¹⁴¹ Rotheram-Borus et al. (2011) Philani Plus (+): a Mentor Mother community health worker home visiting program to improve maternal and infants' outcomes; Tomlinson et al. (2014) Community health workers can improve child growth of antenatally-depressed, South African mothers: a cluster randomized controlled trial.

¹⁴² Philpott and Zuma. (2015) Inclusive ECD for parents of children with disabilities. Ilifa Labantwana Learning Brief

¹⁴³ Burt F. (2015) Circles of support for caregivers in North West province. Ilifa Labantwana Learning Brief

¹⁴⁴ Mgedle, A. A facilitator's view of the Sinovuyo Caring Families Programme. Ilifa Labantwana Learning Brief, 2015

¹⁴⁵ Cluver, et al. (2016) Parenting for Lifelong Health: A pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa.

organization and the local community, to provide home-based care and support to children and their families.¹⁴⁶

4.5.1.2 Challenges

Most parenting programmes are small and scattered regionally and there is a lack of consolidated data on the effectiveness of the different programmes. This is a reflection of a major gap - there seems to be no single driving force for parent programmes, in terms of having a well-developed national curriculum or a full suite of programmes. This is noted by key stakeholders too, as is outlined in the box below. The NIECD Policy aims to develop a coherent population-based infrastructure plan linked to service provision norms and standards for various services including parenting support, though it is unclear if this was ever developed. The NIECD Policy noted “no national data are available on the availability of parenting support and capacity development programmes...”(p43); there has not been meaningful improvement on that front. The programmes that do exist are not rolled out on a large enough scale to reach all caregivers with young children. The National Parenting Programme (NPP) has a target reach of 17,000 caregivers¹⁴⁷, while impressive, is inadequate given the total population of the country. Other promising parenting programmes that exist are, on average, much smaller scale.

*“I just want to touch on the one thing that, and I think this is across the board, not just on **parenting programmes**, but there are all these **different modalities** and there **doesn't seem to be any standardisation**.”*

The focus and scope of Parenting Programmes is narrow and does not cater to the full range of needs and family types. The current conceptualisation of parenting support is predominantly focused on structured parenting programmes. This approach tends to overlook the diverse and broader needs of parents, limiting the scope to formal programme settings which may not address the individualised challenges faced by different families. In South Africa, around one-third of individuals under the age of 17 reside with both of their parents, while 42% live solely with their mothers. Notably, a substantial 21% of these children do not live in the same household as either parent.¹⁴⁸ There is therefore a significant variation in the types of caregiver contexts that exist, and correspondingly different needs that need to be addressed by parent support programmes.

It has been noted that certain parenting programmes are too prescriptive and are diminishing parental agency. Key stakeholders in the FGDs highlighted challenges of effective engagement and parent respect in the implementation of parenting programmes. They observed that current approaches often fail to sufficiently involve these crucial groups, leading to programming that can feel prescriptive and disempowering for parents. This lack of meaningful participation risks diminishing parental agency, with some parents perceiving them as top-down mandates that do not fully consider the unique needs and perspectives of families. Stakeholders emphasised the need for more inclusive and empathetic policy development that genuinely incorporates the voices of parents and caregivers.

¹⁴⁶ <https://www.naccw.org.za/isibindi>

¹⁴⁷ BRIDGE Seminar (2021) Parental/Primary caregiver capacity building training programme (National Parenting Programme).

¹⁴⁸ General Household Survey conducted in 2019.

4.5.2 Preliminary Recommendations

The revised policy should advocate for the creation of a national parenting support framework that can help guide and scale up service provision. There seems to be no specific framework or implementation model for parent support. This should be accompanied by centralised monitoring and support. While the National Parenting Programme is a strong step in the right direction, it is not currently the holistic model that the NIECD Policy envisages parent support services to be in terms of its offerings and scale. Currently, parent programmes are implemented by a range of actors acting in various coalitions, without adequate monitoring and evaluation of their impacts. Efforts must be made so that the current landscape of services is understood, gaps are identified, and the scale of services is then increased. The sector therefore requires landscape assessment which can in turn inform a holistic strategy going forward. This may include:

- Building a profile of the range of parenting arrangements and caregivers in South Africa, given that a nuclear structure is not the norm
- Identification of the most at risk children and the development of outreach strategies to reach their parents
- Identification of key issues, which should inform programme/curriculum design (reduction of physical punishment, parents affected by HIV, parenting stress, caregiver depression, etc.)

The policy needs to more clearly conceptualise a suite of holistic parent support services that is based on an understanding of the diverse needs of parents and caregiver contexts. Developing and implementing guidelines and principles for holistic parenting and family support, that go beyond parenting programmes, emerged as a key theme in the FGDs. Also, many stakeholders felt that this support should be less prescriptive in nature, and that more recognition must be given to the challenges that parents and caregivers face, especially in impoverished communities. 57.8% of birth to 4-year-olds are at home and receive early learning and development opportunities at home (parents/ other caregivers)¹⁴⁹. Parenting support is therefore a critical piece of expanding rights to children and ensuring safe and stimulating growth environments. It is especially important to focus on home and community-based programmes given the large percentage of children currently at home. If parenting support efforts are not intensified, these children will not receive sufficient stimulation, leaving them at a significant disadvantage when they enter the education system. The policy itself does recognize the need for specialist parental support of especially vulnerable parents, though this has not been implemented at scale.

*“So, about **60% of three to five year olds** are **sitting at home still**. And so, even though a child may be at a **centre**, the Thrive by Five studies show that about **60% of those children are falling behind in terms of their own development**. So, I think there's a huge need to look at **ECD holistically and engage with parents as a key stakeholder**. So, I think we're seeing the shift. The **National Parenting Programme**, I think that's a programme that's being **re-looked at, reviewed the curriculum, the mechanisms of delivery**, and I think there are a lot of **organisations** that are really looking at parenting and what are best practices, what are barriers, **how do we scale?**”*

*“I think for a very long time, the national ECD policy **paid lip service** to **non centre-based, community-based parent-based programming** or ECD parenting programme support or parenting support. I think it was in there, but it was very much centre centric. And I think we are starting to **see now a shift** and a **recognition of the importance of non centre-based parenting support** that has been actually happening for many years anyway. But I think we're seeing DBE, DSD, and again, it's a little **confusing where parenting sits** in my view, I think in terms of departmental ownership. But needless to say, I think we are seeing more and more a shift towards embracing the fact **that the home environment is a critical space for child development**. We also recognise that parents are a child's first and most important teacher, that they provide that nurturing care early on, but also that we still have too many children outside of quality informal early learning programs.”*

¹⁴⁹ BRIDGE Seminar (2021) Parental/Primary caregiver capacity building training programme (National Parenting Programme)

4.6 EARLY LEARNING

4.6.1 What progress has been made against the Policy's goals?

The policy goal for early learning is to provide (by 2030) a universally available comprehensive quality age and developmental stage appropriate opportunities for learning for all children from birth until they enter formal school, which lay the foundations for optimal early learning, inclusion and the socio-emotional, physical, intellectual and language development of young children through play and other related, recognised methods for early learning, as well as safe daily care in the absence of their parents and/or primary caregivers. The goal for early learning aligns firmly with Sustainable Development Goal 4.2, i.e. ensuring all children have access to early childhood care and education, so that they are ready for primary education.

Though there have been some successes in the implementation of the policy's goals in relation to early learning, there are many challenges too.

4.6.1.1 Successes

The Vangasali Campaign has markedly advanced the goals of the current NIECD Policy. Support for conditional registration through the Vangasali Campaign has helped more ELPs to become registered, and therefore eligible for the state subsidy. This will lead to expanded access to quality ECD services for young children. This initiative, resonating with its Xitsonga name meaning 'No One Left Behind,'¹⁵⁰ is likely to be a pivotal force in enhancing the reach and inclusivity of ECD services, exemplifying the policy's commitment to ensuring that every child has the opportunity to benefit from early learning programmes.

The Vangasali Campaign

Launched in 2020 by the Nelson Mandela Foundation and the DSD, it seeks to find ECD centres, whether registered or not, and support their operations.¹⁵¹ This campaign encompasses three phases: initially identifying and counting all ECD services to assess coverage and identify gaps, then categorising centres into bronze, silver, or gold tiers based on their adherence to regulatory standards, and finally offering support packages to aid in progressive registration and maintain quality service.¹⁵² ECD centres are assessed for suitability in child care by professionals from social services and environmental health, leading to either full registration (Gold status) or conditional registration (Bronze or Silver status) depending on compliance with the required standards. The certification that is issued specifies the maximum number of children each site can accommodate; a critical limit enforced to prevent overcrowding and ensure optimal developmental environments for the children.¹⁵³

The relaxation of the requirement for ELPs to register as non-profit organisations (NPOs), will contribute to increasing children's access to ELPs, in line with the NIECD Policy goal. ECD centres no longer need to be registered as an NPO to qualify for funding, since the DBE has decided to drop that eligibility criteria. Since the service level agreements signed by subsidised ELPs are

¹⁵⁰ Nelson Mandela Foundation and the DSD, Vangasali Campaign, 2020.

¹⁵¹ Nelson Mandela Foundation and the DSD, Vangasali Campaign, 2020.

¹⁵² Nelson Mandela Foundation (n.d.) Vangasali ECD Campaign Phase 1. Available at: <https://www.nelsonmandela.org/content/page/vangasali-ecd-campaign>

¹⁵³ DBE, DSD, Nelson Mandela Foundation, & Impande (n.d.). Registration of Early Childhood Development Services. Available at: <https://www.nelsonmandela.org/uploads/files/Vangasali-Guidelines-Registration-Final-english.pdf>

stricter than the requirements of NPO registration, it was an unnecessary administrative burden. In 2021, 9,100 ECD programmes were identified that were not registered as NPOs but were serving more than 190,000 poor children.¹⁵⁴ Removing the NPO requirement would enable more of these ELPs to become subsidised. If all these programmes were subsidised (granted they were able to meet the other registration requirements), it would constitute a 25% increase in the number of children benefiting from the subsidy.¹⁵⁵

4.6.1.2 Challenges

Although the NIECD Policy calls for the “development of one set of norms and standards” for infrastructure of ECD programmes,¹⁵⁶ these standards are fraught with practical infrastructure challenges. Infrastructural matters, like the necessity for owners of ECD centres to rezone their private land, are costly and time-consuming, delaying the registration of many centres, and keeping other centres from attempting to register at all. This challenge is exacerbated by a lack of clear guidance and support for navigating these bureaucratic processes. Additionally, the financial burden and complexity of rezoning often disproportionately affect smaller, community-based centres, further widening the gap in ECD service accessibility.

Despite the key NIECD Policy goal to ensure access to quality ECD services for all children, there remain significant barriers to access ECD programmes, notably due to unequal distribution and funding of ECD centres. Only 45%-55% of the 1.2 million children in South Africa (aged 4-5 years) are enrolled in some sort of ELP.¹⁵⁷ Of these ELPs, 60% were found in urban areas and 40% in rural areas.¹⁵⁸ Of these centres, only one-third were receiving subsidies from the DSD (pre function-shift), with the large majority (i.e. 69%) noting parental fees as their main source of funding.¹⁵⁹

There are also challenges in the early learning outcomes of 4-to-5-year-olds in South African ELPs. Over half of the 4-5 year old children enrolled in the surveyed ELPs struggle with age-appropriate learning tasks, and less than half are deemed ‘on track’ developmentally.¹⁶⁰ Additionally, the index revealed social-emotional gaps, with 28% falling short in social relations and 33% in emotional readiness for school.¹⁶¹ These skills are crucial as they significantly impact children's ability to transition smoothly to primary education, affecting their long-term socio-emotional and educational outcomes.¹⁶² Despite the emphasis on play-based learning in the 2015 South African NIECD Policy, more than 50% of ELPs allocate less than 30 minutes per day for free play.¹⁶³ Government-subsidised ELPs are slightly better equipped with play and learning materials

¹⁵⁴ ECD Census, 2021.

¹⁵⁵ Brooks, as cited in Metelerkamp, 2023. Early childhood development programmes no longer require nonprofit registration to access state subsidy. <https://www.dailymaverick.co.za/article/2023-01-30-early-childhood-development-programmes-no-longer-require-nonprofit-registration-to-access-state-subsidy/>

¹⁵⁶ NIECD Policy (2015). P. 63.

¹⁵⁷ Giese, Dawes, Tredoux, Mattes, Bridgman, van der Berg, Schenk, and Kotzé (2022). Thrive by Five Index Report Revised August 2022, Innovation Edge, Cape Town. www.thrivebyfive.co.za

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ Thrive by Five Index Report (2022).

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ Department of Basic Education. 2022. ECD Census 2021: Report. Pretoria: Department of Basic Education.

than non-subsidised ones.¹⁶⁴ Furthermore, the lack of age-appropriate children's books in about half of the ELPs is detrimental to foundational literacy development.¹⁶⁵

Registration complexities in South Africa's early learning sector, including stringent and costly requirements, make it difficult for ELPs to register and access state funding. While the Government has put regulations in place to uphold the health and safety of young children, many ECD practitioners feel as though the requirements for registration are unnecessarily burdensome in cost and time.¹⁶⁶ ECD centres need to meet several municipal-level requirements before they can be registered. The requirements, which vary slightly by municipality, typically include obtaining land use and zoning certificates, building plans and title fees, scrutiny fees, securing a fire clearance certificate, undergoing an environmental health inspection, obtaining a health clearance certificate, and completing the application for childcare facilities. Complying with these municipal by-laws involves significant financial and time costs. Furthermore, the challenge is compounded for many centres established on unproclaimed land or operating on land not owned by the practitioners, making it impossible to zone these centres for ECD activities. Consequently, this leads to many ECD centres across the country operating without official registration. The ECD Census (2021) found that only 40% of the ELPs assessed were registered or conditionally registered, with many operating without official recognition. This lack of registration hinders their access to state subsidies. Consequently, only 33% of ELPs surveyed receive state subsidies for ECD.¹⁶⁷

Registration Requirements

The South African Children's Act of 2005 updates and clarifies laws related to children's welfare.¹⁶⁸ It encompasses a range of child care aspects, including how childcare facilities should operate. The Act mandates that all providers of ECD services for children from birth until school age must register their programmes.¹⁶⁹ Facilities caring for over six children of this age group during specified hours need to be registered as partial care facilities through the provincial head of the DBE in their region.¹⁷⁰ To be recognised as a partial care facility, a centre must adhere to specific standards and norms to ensure it provides a suitable environment for children.¹⁷¹ Likewise, the registration process for ECD programmes must meet certain requirements, including an evaluation of staff qualifications, daily activities, and centre policies, focusing on their suitability for the developmental and care needs of preschool-aged children.¹⁷² Registration is compulsory, and non-compliance may result in the closure of a centre.¹⁷³ The Act also allows provincial governments to fund these registered facilities and programmes, particularly aiding communities where families can't afford such services.¹⁷⁴ This formal recognition of registration also assures parents of the care's quality and safety, making these registered services a preferred option in their communities.¹⁷⁵

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Genesis Analytics, Key Informant Interviews, 2023.

¹⁶⁷ ECD Census (2021).

¹⁶⁸ The South African Children's Act of 2005, as cited in DBE, DSD, Nelson Mandela Foundation and Impande (Vangasali Campaign n.d). Registration of Early Childhood Development Services. Available at <https://www.nelsonmandela.org/uploads/files/Vangasali-Guidelines-Registration-Final-english.pdf>

¹⁶⁹ Vangasali Campaign (n.d). Registration of ECD Services.

¹⁷⁰ Ibid.

¹⁷¹ Ibid.

¹⁷² Ibid.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

The COVID-19 pandemic had evident short-term and potential long-term negative impact on early learning. Shortly after the South African government reduced lockdown restrictions in 2020, the impact of COVID-19 disruptions was particularly noticeable when numerous lockdowns led to frequent closures of ELPs, limiting the opportunities for children to attend.¹⁷⁶ The 2021 ECD Census highlights a significant decline in children's attendance rates at ECD programmes.¹⁷⁷ Following the reopening of the sector in July 2020, only about 5% of children aged 0-6 attended these programmes, a stark contrast to the 38% attendance in 2018.¹⁷⁸ Data from the second survey in August 2020 revealed that 68% of 4,500 ECD providers hadn't resumed their programmes even a month after being permitted to reopen.¹⁷⁹ The primary reasons for this delay were the inability to afford the costs of new COVID-19 related health and safety protocols and a general lack of funds.¹⁸⁰ While the long term impacts are still unknown, it is suspected that the pandemic will have lingering effects in the coming years in the ECD sector.¹⁸¹ Analyses by Wills and Kika-Mistry using the NIDS-CRAM data indicate potential ongoing spillover effects in the ECD sector from pandemic related closures and funding shortfalls.¹⁸² Wills and Kika-Mistry indicated that in the short term keeping the ECD sector afloat through financial provisions from the government would be too much of a strain on an already pressured fiscal environment.¹⁸³ However, in long-term perspectives, these provisions are low in comparison to the burden the government will face if thousands of private ECD operators close-down permanently.¹⁸⁴ Many ECD providers were already in precarious financial situations with many finding themselves in worse positions post-lockdown causing concern for sustainability of the ECD sector for the future.¹⁸⁵ Swift interventions by government are necessary to save this sector and to limit the ripple effect of possible programme closures in several layers of society.¹⁸⁶

4.6.2 Preliminary Recommendations

The policy should call for a streamlined process of registration for ECD centres. Recognising that the current registration process for ECD centres is overly burdensome and disproportionately impacts poor communities, the revised policy should propose the implementation of a simplified, single registration process. This should reduce administrative hurdles and facilitate easier access for ECD centres, particularly those in underprivileged areas. This change is critical for ensuring equitable access to ECD resources and support, aligning with the policy's commitment to inclusivity and the broadening of early childhood education opportunities across all segments of society.

Based on the insights from the Early Learning Positive Deviance Initiative,¹⁸⁷ the revised NIECD Policy should advocate for the integration of age- and range appropriate factors associated with positive learning outcomes in resource-constrained environments. The

¹⁷⁶ Thrive by Five.

¹⁷⁷ ECD Census (2021).

¹⁷⁸ ECD Census (2021).

¹⁷⁹ ECD Census (2021).

¹⁸⁰ ECD Census (2021).

¹⁸¹ Wills, G., Kotze, J., Kika-Mistry, J. (2021). 'A sector hanging in the balance: Early Childhood Development and Lockdown in South Africa' Rise Working Paper 20/055. Accessed online 30.1.24. Available at https://riseprogramme.org/sites/default/files/2020-11/RISE_WP-055_Wills_Kotze_Kika-Mistry.pdf

¹⁸² Ibid.

¹⁸³ Ibid.

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ Data Drive (2023). The Early Learning Positive Deviance Initiative - Summary report of quantitative and qualitative findings. Available at: <https://datadrive2030.co.za/wp-content/uploads/2023/09/DevianceReport-FINAL-final.pdf>.

revised policy should aim to provide a clear roadmap for ECD centres, particularly those in disadvantaged communities, to achieve higher standards of educational quality and effectiveness, despite facing resource limitations. Successful implementation of these positive deviance factors could contribute significantly to narrowing the quality gap in early childhood education across various socio-economic contexts in South Africa.

The Early Learning Positive Deviance Initiative.¹⁸⁸

The Early Learning Positive Deviance Initiative is a mixed methods study that was conducted to shed light on factors associated with positive deviance (PD), that is, the factors likely to be associated with positive learning outcomes for children from low SES backgrounds. These include:

- **Dosage:** More hours in ECD programmes and longer enrolment periods enhance outcomes
- **Structural Quality:** Access to learning materials such as puzzles and educational toys is beneficial
- **Government support:** Government subsidies, registration, and professional networks improve ECD centre performance
- **Teacher Qualifications:** Higher teacher qualifications (matric or NQF level 4-5) are linked to better results

In the revised NIECD Policy, there should be a strengthened emphasis on supporting modalities of ECD service provision that extend beyond traditional centre-based approaches. Recognizing the diverse needs of South Africa's children, especially those in vulnerable situations who may not have access to ELPs, the policy should advocate for the expansion and support of home-based and community-based ECD initiatives. These alternative modalities are crucial in reaching children in remote, under-resourced, or otherwise marginalised communities. The policy must outline strategies for the development, resourcing, and quality assurance of such non-centre based programs, ensuring they are integrated into the broader ECD system. This approach will ensure a more inclusive ECD framework that can adapt to the varying contexts and needs of all children, providing them with the critical early learning and developmental support they require, irrespective of their circumstances or location.

¹⁸⁸Data Drive (2023). The Early Learning Positive Deviance Initiative.

4.7 LEADERSHIP & COORDINATION

4.7.1 What progress has been made against the Policy's goals?

The objectives of the early childhood development management and coordination Policy are to ensure the establishment of arrangements necessary to further the following principles, which are essential to the realisation of the national comprehensive and integrated vision, goals, and objectives of the Policy:

- Accountability
- Leadership
- Oversight
- Coordination
- Partnership
- Technical Expertise
- Autonomy

To fulfil these objectives, the policy establishes a National Inter-Ministerial Committee (IMC) on Early Childhood Development, supported by a National Inter-Departmental Committee (NIDC). These committees are responsible for planning, coordinating, and overseeing the implementation of the policy, developing strategies, monitoring progress, and ensuring intergovernmental and inter-sectoral collaboration.

4.7.1.1 Successes

The committees that were outlined in the policy, the IMC, NIDC and ISF, were established. Though successfully established, they functioned at varying levels of effectiveness. The ISF has been promoted as a good source of information and updates for those involved in the sector. Moreover, the passion and commitment to the sector from new incumbent government officials, and members of civil society organisations has been noted.

4.7.1.2 Challenges

While the committees were established, there are very few records of meetings of the IMC taking place. This has raised concerns among stakeholders, who pointed out significant gaps in the committee's operation and integration with other government systems, as is indicated in the box below.

*"...the **IMC was established** in the absence of other things, in the **absence of a proper outcomes framework**, in the **absence of proper measures** in terms of **reporting** on progress. It **wasn't properly linked** into other **government systems**."*

While meetings of the NIDC do take place, attendance is often delegated to junior staff, who do not have the authority to take the necessary actions forward. Further, progress is meant to be monitored through quarterly meetings with IDC, though the monitoring efforts are considered poor. The ISF, though convening regularly, is seen by some as a 'talkshop', i.e. a place where information is shared, but where actions are not carried forward.

Accountability remains a major issue within the ECD sector. Since ECD services cut across various departments, the challenge is to what extent one department is able to hold sister departments to account. This was an issue when the ECD function was held by the DSD, and remains an issue with the ECD function shift to DBE.

*"I imagine the challenge is where **you've got one department** who kind of has **lead responsibility** but **doesn't really have any authority or power** over the **other departments**. It might be quite **hard to** actually **coordinate** that and to **hold other departments accountable** for what they're responsible for, because **there isn't really a hierarchy**."*

There have been many suggestions from those in the sector to address the accountability issue. These include the recommendation that the ECD function sit at the level of the Presidency such that the various departments involved in providing ECD services are accountable to a higher seat of power (as opposed to trying to hold a department at the same level to account). The ECD mandate could be housed within the Office of the Rights of the Child. There has also been the suggestion to set up an executive agency that is able to better coordinate the various ECD services across departments.

There is a notable lack of coordination among the three levels of government – national, provincial, and municipal/local – in the implementation of the policy objectives. This disjointed approach hinders the effectiveness and reach of ECD initiatives, creating challenges in delivering consistent and comprehensive services across different regions. Enhancing intergovernmental collaboration in the revised NIECD Policy is essential for a more unified and effective ECD strategy nationwide.

There is an urgent need to enhance the capacity building and systems integration for ECD at the provincial level. This improvement is crucial for delivering comprehensive and coordinated ECD services. Stakeholders have emphasized the gap in inter-departmental collaboration, pointing out the necessity for more integrated efforts across different departments and sectors. The revised NIECD Policy should address this gap, promoting stronger inter-departmental coordination to effectively tackle these critical aspects of child health and development.

Stakeholders have expressed concerns about an over-reliance on the Department of Health (DoH) for addressing issues of child nutrition. This dependency underscores a broader challenge in the ECD framework, as nutrition problems often arise from a complex interplay of socio-economic factors. Effective coordination across various sectors, including social development, education, and finance, is crucial to holistically address these nutrition-related challenges, rather than depending solely on the health services.

Current structures in the ECD sector often overlook the vital role of parents and communities. Their exclusion from decision-making processes and program implementation limits the potential impact and relevance of ECD services. Integrating parents and community members into these structures in the revised NIECD Policy can ensure that ECD initiatives are more responsive to the actual needs of children and their families, leading to more effective and sustainable outcomes.

4.7.2 Preliminary Recommendations:

There is an urgent need to institute clearly structured mechanisms for leadership and coordination in the sector. This is in line with the goals of DBE's newly drafted 2030 ECD Strategy. These goals include the facilitation of collaborative efforts and teamwork, not just between government departments, but also with social partners, businesses, donors, families, communities and ECD practitioners.¹⁸⁹ The goal is to create a Social Compact for ECD, combining efforts from various partners and government to achieve these ambitious ECD goals for children. The Social Compact will organise all teams around a shared vision. It aims to strengthen collaborative efforts in ECD, building on existing models and innovating partnerships. The new Social Compact should be composed of the South African government, implementing partners, donors and businesses, all surrounding children, families and communities.¹⁹⁰ Roles and responsibilities of each group of key stakeholders must be clarified in the revised NIECD Policy. The need for enhanced coordination mechanisms is also felt strongly among the majority of key stakeholders. In the box below, specific recommendations that emerged in the focus group discussion on leadership and coordination is included.

*"We have been chewing on this **issue of coordination** now for 30 years. And every time what logically needs to happen is put on the table and it is simply [is] not put in place. What fundamentally would make this **Office of the Rights of the Child** different this time around, I think, are three things.*

1. **One** is being very clear on what is the **mandate** and the **authority** of that office. And that has to be legislated, for it can't simply be a mechanism in the department.
2. **Secondly**, as so many people on this call have said, it needs an **executing agency** to do that.
3. And **third**, it's **got to be structured as a public private partnership**.

*Why? Because **so much of early childhood development**, whether it's from the financing or the programmatic side, is **driven by the private sector**, driven by **civil society**. If government is **serious about social contracts**, this provides a **real opportunity to get it right**, and there are mechanisms in place. So while the Office of the Rights for a Child inevitably is going to be sort of a government structure, we can demand [that] the governance of that structure needs to be a **public private partnership**. We need to then say it then needs to be linked to an executing agency. That doesn't have to be solely government. It can be a **special purpose vehicle**."*

The revised policy should call for the establishment of clear legislative and institutional mandates in the sector. There are legislative bottlenecks hindering the funding and implementation of ECD services. Establishing an ECD legal framework, could provide the necessary authority and accountability for enhanced coordination efforts. The steps listed below, from the NPC ECD Advisory, outline the actions needed to address key legislative issues in the ECD sector:¹⁹¹

1. Propose to the Cabinet, through the ECD Ministerial Working Group led by the Minister of Basic Education, the prioritisation of intervention in early nutrition, early learning, and family support for the ECD Sector Strategy for 2024-2029.
2. Urgently prioritise this matter with leadership support from the Minister in the Presidency

¹⁸⁹ 2030 ECD Strategy (Draft).

¹⁹⁰ 2030 ECD Strategy (Draft).

¹⁹¹ NPC ECD Advisory.

3. Each supporting department should review and confirm its legislative mandate, especially at different government levels, establishing a clear understanding of roles and responsibilities in the coordination process
4. The Ministerial Working Group should agree on legislative mandates for these priority areas at various government levels, identifying existing gaps
5. This collaborative work may help the DBE in expediting ongoing legislative work. By supporting this work, this could potentially lead to tabling the legislation in Parliament and enactment in 2025.

In addition, the Second Children's Amendment Bill should be finalised given it is a critical piece of legislation needed to address the financing bottlenecks. It is recommended to continue advocating for the timely finalisation of this bill.

It is also recommended that a standalone ECD Act is established. This act would provide a legal definition and assign accountabilities to the macro context that includes the nature and extent of social policies that directly affect a child's well-being and the types of services available to young children and their families. The act will give effect to the diverse entry points and stakeholders that influence the different stages of young children's development.

In line with the recommendation of the NPC ECD Advisory, the revised policy should incorporate all line ministries and agencies such as the Department of Public Works and Infrastructure (DPWI) into the IMC. Although the DPWI lacks legislative duties regarding ECD, it holds fiscal responsibilities, particularly in funding the Expanded Public Works Programme (EPWP). This funding focuses on expanding the count of registered ECD centres and subsidised children, and extending training for ECD practitioners, which initially covered the 0-4 age group and now includes training beyond this age bracket since 2010.¹⁹²

¹⁹² NPC ECD Advisory.

4.8 FUNDING

4.8.1 What progress has been made against the Policy's goals?

The NIECD Policy objective is to secure and distribute sufficient funds to ensure universal availability of and equitable access to, comprehensive quality early childhood development programmes and services, with prioritisation of the identified essential components thereof, especially for low-income families that cannot afford user fees.

Funding for early childhood development services should thus:

- *Ensure sufficient resourcing to secure delivery of services, provision of infrastructure, and adequate overall resources for early childhood development, including both centre and non-centre based programmes providing early learning and development, especially for the most vulnerable children;*
- *Develop flexible funding mechanisms which promote and are responsive to local early childhood development contexts, needs, risks, and strengths; and*
- *Mobilise diverse and innovative financing sources from government departments, development partners, and the private sector in support of early childhood development.*

4.8.1.1 Successes

The conditional grant for ECD is perceived as a success in the ECD funding realm. In a focus group discussion on funding, a key stakeholder remarked on the success of the conditional grant for ECD, as outlined in the box below. To support the implementation of the NIECD Policy, the National Treasury allocated R1.057 billion as a conditional grant in the 2021/22 financial year.¹⁹³ This funding was to help the DSD expand and regulate ECD services in South Africa.¹⁹⁴ Additionally, R178 million was provided to extend the ECD Employment Stimulus Relief Fund until March 31, 2022.¹⁹⁵ The total allocation of R1.235 billion for the ECD conditional grant aimed to increase the number of children accessing ECD services through subsidies, especially for those from impoverished backgrounds.¹⁹⁶ It also aimed to support conditionally registered ECD centers in meeting the requirements for full registration. Furthermore, the goal was to aid DSD in revitalising the ECD sector, which has been significantly impacted by the COVID-19 pandemic.¹⁹⁷

*“the **success** that I think we've seen is the **introduction of the conditional grant** for early childhood development”*

Philanthropists continue to contribute significantly to funding the sector. It is widely acknowledged that in South Africa, both private philanthropy and corporate social investment play a significant role in supporting education at all levels. There are many key philanthropic foundations that are involved in ECD interventions and projects. These philanthropies have played a pivotal role in fostering collaboration within the ECD sector. Notably, they have established

¹⁹³ ECD Grant Expenditure in Q4 2021/22 Hearing with National Treasury & Department of Social Development; with Minister (2022) Available at <https://pmg.org.za/committee-meeting/35487/#:~:text=235%20billion%20was%20allocated%20towards,impoverished%20children%20accessing%20ECD%20services>

¹⁹⁴ ECD Grant Expenditure Hearing (2022).

¹⁹⁵ ECD Grant Expenditure Hearing (2022).

¹⁹⁶ ECD Grant Expenditure Hearing (2022).

¹⁹⁷ Ibid.

impactful partnerships with peer funding institutions and have supported the application and verification processes that enable ECD practitioners who were impacted financially by COVID. Certain philanthropies focus on reducing stunting by 2030, while others are dedicated to constructing a low-cost, high quality learning model by partnering with property developers in the affordable housing sector. Some focus on research, innovation, learning and development, contributing to the improvement of ECD services¹⁹⁸. These philanthropies and foundations demonstrate a substantial commitment to early childhood development solutions.

4.8.1.2 Challenges

Obtaining and allocating enough funds to make high-quality ECD programmes and services both universally available and accessible is a key goal of the NIECD Policy, however, the sector is underfunded. The government funding of the ECD sector is insufficient leading to funding gaps and challenges in providing comprehensive ECD services. This view is held by many key stakeholders and is evident in secondary data too. According to the Early Childhood Development Accelerator Series by Ilifa Labantwana, only around 5% of South Africa's national expenditure (1.5% of GDP) is spent on the full essential package of ECD services (R75 billion). The vast majority of resources are spent on maternal and child healthcare, delivered primarily in healthcare clinics. Of this 5%, only 6.5% (so 0.33% in total) is spent on early learning, nutrition support and responsive parenting interventions.¹⁹⁹

The subsidy for ECD centres is too low, and too few centres are receiving the subsidy. The view widely held by key stakeholders, and evidenced in secondary data, is that the current subsidy model is not sufficient in its value. The subsidy offers R17 per child, per day, for up to 264 days, and R6 per child for non-centre-based programs per session. To ensure the basic level of quality, the estimated subsidy value should be around R8,420 per child annually, that is R30 per child, per day.²⁰⁰ Only one third of ELPs receive a subsidy from the state, reflecting a crucial source of financial support for a considerable portion of programmes.²⁰¹ Only about 627,000 children receive the per child subsidy, however, if target access figures were achieved (as outlined in ECD Strategy Draft), around 2.3 million children 0-5 years old should be receiving it.²⁰²

There are also disparities in receiving the subsidy among fully or conditionally-registered ECD programmes designated as partial care facilities, and the distribution of the subsidies varies by province. About one quarter of such programmes claim not to have received a subsidy from the DSD (in 2021, pre-function shift), while 5% of programmes not registered as partial care facilities declare receiving the subsidy.

There are gaps in community health worker funding. The landscape of CHW funding reveals several critical gaps that impede the effectiveness of these essential ECD service providers. These gaps encompass limited resources, incomplete staff complements, inconsistent data utilisation, safety concerns, and a dearth of pathways for professional development. Additionally, community

¹⁹⁸ ELMA Investment Frameworks (2018). Available at: <https://www.elmaphilanthropies.org/elma/investment-framework>.

¹⁹⁹ Ilifa Labantwana. Early Childhood Development Accelerator Series (2022). Available at: <https://ilifalabantwana.co.za/wp-content/uploads/2022/10/ECD-Acceleration-Funding-2022-Digital.pdf>.

²⁰⁰ ECD Strategy 2030. (Draft).

²⁰¹ The alarming state of Early Childhood Development in South Africa (2022).

Available at: <https://www.growecd.org.za/the-alarming-state-of-early-childhood-development-in-south-africa/>.

²⁰² ECD Strategy 2030.

health platforms operate with unsecured budgets, resulting in persistent under-resourcing.²⁰³ Increasing salaries for community health workers would not only enable fair compensation but also could potentially stimulate overall economic growth, through boosted spending as a result of the increased salaries. A proposed minimum monthly stipend coupled with improved staffing norms, could have a significant positive impact on current CHWs and could drive employment opportunities for additional CHWs.

4.8.2 Preliminary Recommendations

The amended policy should call for an analysis of existing funding assets for each of the ECD service modalities. It is recommended to conduct an audit of existing funding assets within the ECD sector and assess the effectiveness of different funding modalities. This analysis should consider population-based planning to determine the extent of funding required and identify gaps in resources.

The policy should be articulated in a language that resonates with all stakeholders, including the National treasury, emphasizing the economic viability and benefits of ECD initiatives. Key stakeholders in the sector underscore the importance of economic modelling in demonstrating the substantial returns on investment in ECD, presenting it as a strategic economic investment with long-term fiscal benefits and positive economic impacts. It is crucial, however, to maintain a balanced approach where government leadership remains central.

The government's commitment to ECD should be complemented by the private sector's involvement. An integrated approach that leverages both public and private resources and expertise is essential for a comprehensive and effective ECD strategy, ensuring that the responsibility and benefits of investing in early childhood development are shared across all sectors of society. To achieve this, the policy should advocate for more effective mechanisms for funding coordination, emphasizing the importance of collaboration and partnership between government departments, the private sector, and the philanthropic community. Strengthening these partnerships and exploring innovative funding models, within an enhanced national coordinating funding framework, are crucial steps towards addressing funding gaps and boosting the implementation efficiency of ECD programs.

²⁰³ Community health worker models in South Africa: a qualitative study on policy implementation of the 2018/19 revised framework (2020). Available at: <https://academic.oup.com/heapol/article/36/4/384/6053703>.

4.9 INFRASTRUCTURE

4.9.1 What progress has been made against the Policy's goals?

The objective of the Policy concerning early childhood development infrastructure is to ensure that Government invests in the growth and maintenance of infrastructure which:

- *Is safe for infants and young children and their caregivers;*
- *Secures a sufficient number of service delivery and support spaces, and learning and teaching support materials and tools, in adequate proximity to children and their caregivers to ensure universal availability of quality early childhood development services, particularly early learning, and parenting support programmes;*
- *Provides a service delivery environment conducive to the delivery of quality early childhood development services;*
- *Is adequately and appropriately designed to ensure that access barriers for vulnerable children are addressed, notably, that all infrastructure is designed to ensure the inclusion of children with disabilities; and specifically remedies the infrastructure deficits for early learning services*

4.9.1.1 Successes

The Conditional Grant, as described in the funding successes above, is also a success in the infrastructure realm as it has accelerated new ECD centre builds. The package supports unregistered centres and aims to bring them into the net of the conditionally registered ECDs.²⁰⁴ Under the guidance of the Provincial Education Department (PED), the business plan provided by the DBE directs the utilisation of allocated funds.²⁰⁵ These funds both support small infrastructure and maintenance projects to elevate the registration status of ECD centres and facilitate work carried out in collaboration with the DBE at various ECD centres.²⁰⁶ In regards to safety concerns around ECD centres, there is a concerted effort to address these and equip unregistered or conditionally registered sites with the necessary resources. However, challenges related to funding consistency in the Conditional Grant pose obstacles.²⁰⁷

According to the 2023/2024 National Budget presented by Finance Minister Enoch Godongwana, R283.3 million was added to the education infrastructure grant.²⁰⁸ This was to

²⁰⁴ ECD Grant Expenditure in Q4 2021/22 Hearing with National Treasury & Department of Social Development; with Minister (2022).

Available at: <https://pmg.org.za/committee-meeting/35487/>.

²⁰⁵ National Funding Framework for ECD's Conditional Grant Criteria; Western Cape 2023 Admissions process and Rapid Build School Programme. (2022). Available at: <https://pmg.org.za/committee-meeting/36089/> There are certain conditions ECD centres must meet to access maintenance grants. ECD centres seeking subsidies must sign service level agreements (SLAs) with the DBE before embarking on maintenance of new construction projects. Centre management staff is required to undergo training on the importance of maintenance, and those benefiting from the maintenance allocation must ensure continued upkeep of their ECD centres. Further, Application requirements for registration or conditional registration include details about the number of children in different age groups, supporting documents, and health certificates. Preparing for an ECD site assessment involves adherence to specified norms and standards, encompassing factors like space, safety, clean water, care for sick children, hygiene and sanitation, storage, refuse disposal, food preparation, disabilities and child admission records. These guidelines are integral for social service professionals from the DSD to assess suitability of sites for childcare and determine capacity

²⁰⁶ ECD Grant Expenditure Hearing (2022).

²⁰⁷ ECD Grant Expenditure Hearing (2022).

²⁰⁸ Pillay, K. (2023) *Schools infrastructure, early childhood development programmes and science and technology get financial boost in Budget 2023*. Accessed online 30.1.24. Available at <https://www.iol.co.za/news/education/schools-infrastructure-early-childhood-development-programmes-and-science-and-technology-get-financial-boost-in-budget-2023-28ad90b5-c6e6-4b10-a748-4085e10fb9b7>

repair infrastructure damages to schools in the Eastern Cape and Kwazulu-Natal.²⁰⁹ In addition, R1.5 billion is also allocated over the Medium Term Expenditure Framework (MTEF) to improve infrastructure in schools, specifically in Gauteng. The early childhood development grant received an additional R1.6 billion over the medium term to increase the following:²¹⁰

- Number of children receiving ECD subsidy
- Provide pre-registration support to ECD centres
- Pilot a nutrition support program
- Pilot a results-based delivery model where the service provider is only paid for the outputs delivered.

The criteria for subsidy eligibility are clearly defined, targeting children from birth until the year before they enter school. Special provisions extend eligibility for children with developmental difficulties until the year before the calendar year they turn seven, making the age of compulsory schooling.²¹¹

4.9.1.2 Challenges

An ECD Infrastructure Blueprint was developed, but never disseminated. This lack of circulation represents a missed opportunity in effectively informing and aligning stakeholders on infrastructure strategies. The plan's non-dissemination has hindered its potential to impact upon optimising ECD service delivery, especially in underserved areas. Addressing this gap in the revised NIECD Policy could significantly enhance the planning and implementation of ECD infrastructure across various communities.

Although the NIECD Policy promotes the "development of one set of norms and standards" for ECD program infrastructure, real-world challenges hinder this goal.²¹² For example, the necessity for owners of ECD centres to rezone their private land is costly and time-consuming, delaying the registration of many centres, and keeping other centres from attempting to register at all.²¹³ The burden of rezoning disproportionately affects smaller, community-based centres, exacerbating inequalities in ECD service accessibility and revealing a disconnect between policy intentions and on-the-ground realities.

The Conditional Grant is insufficient in value for the construction and maintenance of new builds that are needed to ensure universal access to ECD services. To meet the ELP increase coverage goals (as outlined in the NPC ECD Advisory), the creation of approximately 170,000 new ELP places annually from 2024-2030, requiring additional venues and practitioners (270,000 ECD practitioners and 115,00 venues), is required. This includes the establishment of 7,500 purpose-built ECD centres, each estimated to cost between R1-3 million. Implementing these strategies would require a substantial increase in the maintenance component of the ECD Conditional Grant.²¹⁴

²⁰⁹ Ibid.

²¹⁰ Ibid.

²¹¹ National Funding Framework for ECD's Conditional Grant Criteria; Western Cape 2023 Admissions process and Rapid Build School Programme. (2022). Available at: <https://pmg.org.za/committee-meeting/36089/>

²¹² NIECD Policy (2015). P.63.

²¹³ Ibid.

²¹⁴ NPC ECD Advisory.

4.9.2 Preliminary Recommendations

The revised NIECD Policy should clarify the division of intergovernmental roles and responsibilities for ECD services, particularly on the issue of infrastructure development and maintenance. The policy should advocate for a more integrated approach where national and provincial governments not only deliver ECD services but also collaborate with local governments to support infrastructure needs. Additionally, the subsidy model should be revised to include provisions for infrastructure development, ensuring equitable access to quality ECD services, especially in underserved and poor areas. This amendment aims to resolve existing ambiguities and foster a more cohesive and effective intergovernmental approach to ECD in South Africa. The Technical Report from the Finance and Fiscal Commission for the division of revenue in 2015 highlighted substantial ambiguity on this matter in its 2016/2017 edition, outlined below.

*“How the roles and responsibilities for ECD facilities are divided **across the three spheres of government** creates considerable **intergovernmental contestations**. National and provincial governments are responsible for delivering ECD services (i.e., operating subsidies) but not **infrastructure**, which is expected to be a **local government mandate**. However, **local government** is **primarily occupied** with **delivering priority basic services**, and **budget allocations to ECD** are almost non-existent – although metropolitan municipalities such as Tshwane and Johannesburg are running fully funded ECD facilities. The **current subsidy model for ECD** does **not provide for infrastructure development and maintenance**, which leads to inequitable provision of services, especially in poor areas where facilities are unavailable.” (Richter et al., 2012, FFC, p.93)”*

The amended ECD policy should call for the development and dissemination of the ECD Infrastructure Plan. A comprehensive plan, focusing on the establishment and improvement of ECD centre infrastructure should be developed and disseminated. It could be based on the previously drafted infrastructure blueprint (never published). This plan would detail the steps and resources needed for infrastructure development, including the use of private land and potential government support.

The policy should call for the ringfencing of infrastructure funding allocations in the ECD sector. The Conditional Grant provided for ECD services, while beneficial, falls short in adequately funding the construction and maintenance of new facilities. This shortfall is a significant barrier to achieving universal access to ECD services, as it limits the expansion and upgrading of necessary infrastructure, especially in under-resourced areas. Addressing this funding gap in the revised NIECD Policy is crucial for ensuring that all children, regardless of their socio-economic background, have equal access to quality ECD facilities and services.

4.10 HUMAN RESOURCES

4.10.1 What progress has been made against the Policy's goals?

The Human Resource objective of the Policy is to develop appropriate cadres of early childhood development practitioners, in sufficient numbers and with sufficient skills to support the implementation of the national integrated early childhood development Policy and programme.

- *In the short-to-medium term, the policy focuses on expanding the availability and capacity of early childhood development practitioners through initiatives like specialised community health worker programs, standardising non-centre-based facilitator programs, and twinning resource and training organisations to improve training quality.*
- *In the medium-to-longer term, it aims to develop a comprehensive training system, simplify qualification choices, and ensure mobility and core early childhood development content*

4.10.1.1 Successes

The sector has made improvements in its training capacity of ECD service providers. More RTOs are now offering NQF Level 5 programmes, moving closer to the national ECD policy's goal to increase the number of trainers and training organisations. The RTO workforce has grown by 46% since 2012²¹⁵, indicating progress towards the policy's target of building a capable ECD workforce. Student enrollment in ECD courses, especially in the Further Education and Training Centre (FETC) programme, reached the highest figures in 2022²¹⁶, showing increased interest in ECD careers. Within the health sector, the government has displayed commitment to focus on Community Health Workers (CHWs) through initiatives like Ward-Based Primary Healthcare Outreach Teams, a renewed CHW strategy, and initiatives like the pilot use of mobile technology to support CHWs represents innovation for improved information management and service delivery.²¹⁷

More RTOs are providing accredited early learning training: The evolving landscape of accredited early learning training is marked by a positive trend; in 2022, more Registered Training Organizations (RTOs) offered National Qualifications Framework (NQF) Level 5 programmes. Although the count of NQF Level 4 programmes remains comparable to 2012, the increase in provision of Level 5 NQF training reflects a commitment to expanding the availability of accredited training opportunities²¹⁸.

A survey commissioned by DGMT Umncedi with support from the National ECD Alliance (NECDA) demonstrates the substantial growth in the RTO sector²¹⁹. The total staff size across surveyed RTOs has increased by 46% since 2012.²²⁰ The current qualifications for ECD practitioners encompass NQF Levels 1-6, an appropriate ECD qualification, a minimum of three years' experience in implementing ECD programmes or appropriate knowledge and various skills. The introduction of the Child Care

²¹⁵ Survey of Resource of Training Organisations supporting Early Learning Programmes in South Africa (2023).

²¹⁶ *ibid*

²¹⁷ Murphy et al. (2021) Developing the health workforce for universal health coverage: community health worker models.

²¹⁸ Survey of Resource & Training Organisations Supporting Early Learning Programmes in South Africa (2023).

²¹⁹ Survey of Resource of Training Organisations supporting Early Learning Programmes in South Africa (2023)

²²⁰ *Ibid.*

Worker (NQF Level 1) and ECD Practitioner (NQF Level 4) qualifications since 2014 caters to practitioners in both centre- and non-centre-based settings²²¹.

Despite the objectives outlined in the 2015 NIECD policy, the ECD sector is considered underfunded, leading to underpaid practitioners and educators. To address this, the South African government has announced a financial injection of an additional R1.6 billion over the medium term through the ECD Conditional Grant²²². This boost aims to expand the reach of the ECD subsidy, provide pre-registration assistance to ECD centres, pilot a nutrition support programme and implement a results-based delivery model where ECD implementing providers are remunerated based on delivery outputs²²³.

For the first time, a professional and post-professional qualifications policy for educators working in the birth-to-four space has been set out. In 2017, the Department of Higher Education and Training (DHET) published a policy on the minimum requirements for programmes leading to qualifications in higher education for ECD educators (Minimum Requirements for Teacher Education Qualifications - Early Child Development; MRTEQ-ECD²²⁴). A first ever, the professional and post-professional qualifications policy for educators working in the birth-to-four space has been set out for the Higher Education sector (National Qualification Framework/NQF Level 6 and higher).

More students are enrolled in ECD courses. This shift is also reflective of the surge of student enrollment in ECD courses. Notably, the Further Education and Training Centre (FETC) programme stands out with the highest enrollment figures across all programs in 2022 in South Africa, with 2136 and 1311 trainees enrolled in 2022 and 2023 respectively²²⁵. This increasing interest in ECD education suggests a growing recognition of its significance.

4.10.1.2 Challenges

There remain significant challenges for Human Resources in the ECD sector, including a continued lack of qualified ECD centre practitioners, non-centre based practitioners, and CHWs. There is no clear information available about other staff such as cooks, librarians, and assistants. While training organisations and qualification pathways have improved, the state has yet to realise its vision of a clear, multi-entry training and qualification system to onboard ECD practitioners of different skill/seniority. This lack of clarity around qualifications, the low pay and long working hours, and a range of other challenges for the frontline staff have made the field unattractive, leading to high turnover and low growth.

There are still not enough CHWs to adequately cover all communities and provide quality services. CHWs often have very large catchment populations they are responsible for. For example, in rural Mpumalanga, one CHW was responsible for over 10,000 individuals²²⁶. This heavy workload makes it difficult for CHWs to perform their duties effectively. As on 31 March 2021, HIV AIDS TB

²²¹ Survey of Resource & Training Organisations Supporting Early Learning Programmes in South Africa (2023).

²²² GoSA (2021/22) Performance on Basic Education Conditional Grants

²²³ Government to increase spending on learning and culture (2023). Available at: <https://www.sanews.gov.za/south-africa/government-increase-spending-learning-and-culture>.

²²⁴ DHET (2017) Policy on minimum requirements for programmes leading to qualifications in higher education for early childhood development educators. Government Gazette.

²²⁵ Survey of Resources & Training Organisations Supporting Early Learning Programmes in South Africa. (2023)

²²⁶ Murphy et al. (2021) Developing the health workforce for universal health coverage: community health worker models

Maternal & Child Health programmes had a vacancy rate of 22.0%, highest amongst all programmes²²⁷.

Authority and jurisdiction are problems for both team leaders and community health workers working in Ward Based Public Healthcare Community Outreach Teams (WBPHCOTs).²²⁸

Outreach team leaders (OTLs) are expected to play a dual role, working both inside and outside the facility, which can be burdensome given the shortage of senior staff. Facility employees do not have control over CHWs deployed to WBPHCOTs by NGOs. This creates practical and organisational culture management problems.

Community-based health workers are neither workers nor volunteers²²⁹. The system does not accord them the status of an employee, with the rights and benefits that come with it under South African Labour Law. By entitling them to a stipend, government and non-government organisations acknowledge their labour and provide a form of compensation for their work, so they are not volunteers. This grey space leads to significant hardship and attrition. It makes it very difficult to create a sustainable system of community-based healthcare.

The majority of ECD practitioners are not trained. Only half of the country's ECD practitioners have an ECD qualification at NQF level 4²³⁰. This is concerning, given the negative implications that this has on the quality of ECD services. However, professionalising the sector comes with many challenges, as addressed by one key stakeholder: *"...part of the challenge right now is that there isn't a sufficient skill level, but there also aren't enough children getting access to programmes. So we can't lose the women who are practising, or the vast majority of those women. We can't create a sector that just kind of kicks them out."* The point speaks to the importance of ensuring a smooth transition for increasing newly trained practitioners and upskilling untrained ones rather than disqualification. A review of the landscape indicates that:

- **A very large section of early learning practitioners have not received formal training and qualification.** The Umncedi project, in partnership with the National ECD Alliance (NECDA), commissioned a survey of South African RTOs.²³¹ The results revealed that 95% of survey respondents work primarily with non-accredited early learning practitioners. The 2021 ECD Census also revealed a significant challenge: only 52% of the 165,059 existing ECD practitioners possess a qualification at NQF level 4-9, while 27% have completed a relevant skills programme.²³² Alarmingly, 22% lack any relevant qualification.²³³ Ilifa Labantwana estimates that achieving universal access to early learning would require an additional 200,000 practitioners and assistants²³⁴.
- **A standardised national non-centre based training programme as envisaged by the NIECD policy has not yet been prepared.** This remains a major gap given a large portion of children remain outside of formal ECD centres and thus rely on community based childcare services.

²²⁷ Department of Health (2021) Annual Report.

²²⁸ Department of Health (2018) Policy Framework and Strategy for Ward Based Primary Healthcare Outreach Teams

²²⁹ Department of Health (2018) Policy Framework and Strategy for Ward Based Primary Healthcare Outreach Teams

²³⁰ Department of Basic Education. 2022. ECD Census 2021: Report. Pretoria: Department of Basic Education.

²³¹ Survey of Resources & Training Organisations Supporting Early Learning Programmes in South Africa. (2023)

²³² ECD Census (2021).

²³³ Ibid.

²³⁴ Kago Ya Bana (2018). A plan to achieve universal coverage of Early Childhood Development services by 2030.

- **Poor Salaries of ECD staff:** Examining the state of salaries for staff working within ECD centres and services, insights from a 2016 report shed light on the concerning trends within the ECD workforce. Predominantly composed of female and Black African individuals, this workforce assumes roles such as principals, practitioners, and other support staff. Due to the nature of funding flows, there is concern of insecure wages and employment conditions these individuals face in this sector.²³⁵ Most practitioners received less than minimum wage, with salaries ranging from R1200 to R3800 per month.²³⁶ The low pay, especially in the face of long working hours and challenging conditions, continues to remain a central issue that dissuades young people from joining or staying in the sector.

There are multifaceted challenges when it comes to management and supervision:

- **Fragmentation in training provision:** There is a lack of centralised data on ECD trainees and training providers, funded by various departments, as well as insufficient information of the number and locations of qualified practitioners which poses challenges for effective ECD planning within the sector.
- **There is a need for greater practical training:** Key stakeholders pointed out that many practitioners, even those with formal education, lack practical skills. This is substantiated by a study conducted by Wood and Neethling, in which the need for practical workshops, hand-on-training and lesson planning is emphasised.²³⁷
- **Limited Management and Supervisory Capacity:** To effectively tackle the backlog in ECD registrations, enhance quality, and facilitate the sector's rapid expansion for universal ECD access, it is essential to have well-trained, specialised personnel at the local and district levels. This requires sufficient administrative support, transportation, and manageable caseloads, considering the current limitations in management and supervisory capacity.²³⁸

Impact of COVID-19 pandemic²³⁹: *The Plight of the ECD Workforce: an urgent call for relief in the wake of COVID-19* was a comprehensive report that examined the impact of the COVID-19 pandemic on the ECD sector. There were collaborative efforts to support the ECD workforce from organizations including the BRIDGE, Ilifa Labantwana, National ECD Alliance (NECDA), the Nelson Mandela Foundation, Smartstart, and the South African Congress for Early Childhood Development (SACECD). The report reveals stark statistics about the extent of the challenges faced by ECD centres during the lockdown period. An alarming 83% of these centres were unable to meet the full salary commitments to their staff. Additionally, 96% of ECD centres reported that their income fell short, resulting in the incapability of covering operational costs necessary for sustaining specific ECD initiatives.

²³⁵ A National Minimum Wage for South Africa. Available at: <https://www.treasury.gov.za/publications/other/nmw%20report%20draft%20cop%20final.pdf>.

²³⁶ Wood and Neethling (2023) Professionalising ECCE in South Africa is not child's play! Determining skills gaps and implications for future sector development

²³⁷ Wood & Neethling (2023). Professionalising ECCE in South Africa is not child's play! Determining skills gaps and implications for future sector development, European Early Childhood Education Research Journal, DOI: 10.1080/1350293X.2023.2241119.

²³⁸ HUMAN RESOURCE DEVELOPMENT FOR ECD – IN SEARCH OF QUALITY: Presentation to the National ECD Community of Practice Meeting August 13 2019. Available at: <https://www.bridge.org.za/wp-content/uploads/2019/09/Human-resource-Development-for-ECD-%E2%80%93-in-search.pdf>.

²³⁹ The Plight of the ECD Workforce: An urgent call for relief in the wake of COVID-19 (2020). Available at: <https://www.bridge.org.za/wp-content/uploads/2020/04/Final-report-The-plight-of-the-ECD-workforce-1.pdf>

Elevating qualifications versus additional in-service training: The debate over raising qualifications standards for ECD educators is multifaceted, involving a significant shift in regulations implemented in 2017. The mandate stipulates that ECD educators/practitioners must hold appropriate qualifications aligned with the Higher Education Qualification Framework (HEQF), which categorizes qualifications into distinct levels, ranging from certificates to degrees. However, there are financial concerns regarding the requirements for ECD practitioners to achieve Level 5 qualifications. Many practitioners earn less than R3500/month, raising questions about the feasibility of the proposed qualifications and the economic impact on individuals within the sector²⁴⁰. Advocates of maintaining existing practitioners through in-service training and mentoring argue for a comprehensive approach.²⁴¹ Various stakeholders also noted that improvement of one qualifications and one-time training programs must be supplemented with ongoing support and practical training - this is especially relevant given that much of the ECD workforce is not accredited, and simply waiting to train everyone or disqualifying practitioners who do not yet have qualifications would both be counterproductive.

Inadequate incentives for the younger population: As the 2030 ECD Strategy notes as well, ECD practitioners face suboptimal working conditions coupled with a lack of training opportunities and avenues for career progression - this poses a major obstacle for retention in the sector.²⁴² There are very few ways the South African government has incentivised young South Africans to pursue this line of work even though ECD practitioners are listed as 'Highest Demand' on the government's National List of Occupations in High Demand. Because the salary is quite low, one should be considering the ECD practitioner role if they have a passion for caring for young children and are invested in the growth and development of children. Similar issues are faced by CHWs, who are frustrated by their low wages, lack of permanent employment, and limited benefits. There is also variability in wages across provinces and districts.²⁴³ There is thus high attrition of ECD practitioners due to poor service conditions and financial sustainability. The same is true of health care workers, where the turnover rates are high.

4.10.2 Preliminary Recommendations

Subsidies paid to ECD centres must account for higher practitioner salaries to ensure subsidised centres have enough resources to pay practitioners a higher salary, or at least the minimum wage. Subsidy errors further constrain resources, such as when subsidy is provided for a lesser number of students than actual figures even with official certification.²⁴⁴ Without a guarantee of decent wages, it would not be economically feasible for most practitioners to take on any paid courses, thereby limiting the advantage of improved training facilities.

The policy must strengthen its commitment to the provision of effective technical training programmes. It is estimated that there are over 100,000 ECD professionals working in a range of early learning programs like playgroups, childhood development centers, daycares, nannies, and toy libraries.²⁴⁵ The training and experience of these ECD professionals varies widely, as does the

²⁴⁰ South Africa Parliamentary Meeting Report (September 2023) Qualifications requirements for an ECD practitioner

²⁴¹ Baloyi (2018) Challenges impeding the successful implementation of early childhood development programmes in south africa: implications for practice

²⁴² 2030 ECD Strategy.

²⁴³ Tomlinson, et al. (2018) Diffusing and scaling evidence-based interventions: eight lessons for early child development from the implementation of perinatal home visiting in South Africa.

²⁴⁴ Wood and Neethling (2023) Professionalising ECCE in South Africa is not child's play.

²⁴⁵ Thrive by Five (2022) Action Brief

quality of services they provide to children. There is a major need to upskill existing workers but also to meet the demand for new practitioners as ECD programmes expand. Therefore, there is an exploration of more cost-effective and practical options for skill development, especially those that have been proven to lead to better outcomes for children. The estimated cost for training for both existing and new workers by 2030 is around R3.43 billion, based on an assumed training cost of R900 per person.²⁴⁶

Expand ECE training to include parent and caregiver roles to ensure children are supported even in non-centre settings. While ECD centre-based practitioners are limited, the number of non-centre-based practitioners may be even more limited. There is a need to clearly assess and plan training for the full spectrum of ECD service providers. As mentioned earlier, the field may need an additional 210,000 more trained ECD practitioners (playgroup facilitators, trained childminders or those based in early learning centres), and a further 140,000 assistants, to achieve universal coverage of early learning.²⁴⁷

The policy must outline the need for revision and updating of the training materials to cater to the full range of ECD practitioners and settings. There was a suggestion to review and update training materials in the ECD sector. This includes incorporating more practical and relevant content such as handling emergencies (like COVID-19) into training programmes. Additionally, there should be a focus on providing accessible training that is needs-based and considers the diverse contexts and requirements of practitioners.

The policy should call for government commitment to enhancing financial support and conditions of service for ECD service providers. It is recommended to address the financial challenges faced by practitioners in the ECD sector. This includes exploring opportunities for wage support, ensuring fair remuneration, and providing financial incentives to encourage practitioners to remain in the field. Additionally, enhancing the skills of practitioners is essential for creating a professional foundation. This will establish career paths to support motivated individuals.²⁴⁸

The policy should call for enhanced budgeting for training and capacity building, including for ECD support staff. It emerged that there are funding gaps for training and capacity building of ECD practitioners. It is recommended to allocate adequate funding for training programmes, including short courses, to ensure that practitioners are equipped with the necessary skills and qualifications. This could involve leveraging existing funds, such as the National Skills Development Fund, for the training and development of the ECD workforce. There is a need to allocate funding for support staff who can assist with the registration and monitoring of ECD centres. This will help address capacity gaps within departments and ensure compliance with registration requirements.

²⁴⁶ ECD Strategy 2030 (Draft).

²⁴⁷ Ilifa Labantwana, Bana (2018) A plan to achieve universal coverage of Early Childhood Development services by 2030.

²⁴⁸ Development of an Investment Case for Early Childhood Development in South Africa: Prioritizing Investments in Early Childhood Development (2016). chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/<https://www.unicef.org/esa/media/9821/file/UNICEF-South-Africa-Investcase-for-ECD-2016.pdf>

To enhance the efficacy and engagement of the revised NIECD policy, it is advisable to streamline its structure while enriching its content with more specific, localised supplements. The policy's current extensive length, including a detailed four-page Table of Contents, could be condensed into a more succinct core document. This core could outline the fundamental goals, principles, and responsibilities, while additional provincial and local supplements provide tailored guidance reflecting the unique needs and conditions of each region. These supplements might include localized data, service overviews, and bespoke implementation strategies, ensuring relevance and practicality.

Further refinement could involve organising the policy into distinct, interconnected modules. Each module would focus on a key policy area—such as strategic planning, monitoring and evaluation, or financing—allowing stakeholders to engage with the sections most pertinent to their interests and responsibilities without the necessity of navigating the entire policy document.

The inclusion of visual elements like infographics, process diagrams, and real-life success stories would not only make the policy more engaging but also illustrate its practical impacts and operational mechanisms more clearly. Such visual storytelling could be complemented by targeted workshops and supplementary materials to deepen stakeholders' understanding of the policy's objectives and its interplay with other governmental initiatives. Traditional government efforts to promote ECD have largely centered around policy frameworks, public awareness campaigns through conventional media, and partnerships with NGOs. However, emerging media platforms like social media networks, podcasts, and interactive mobile applications present untapped opportunities. These platforms offer a more engaging and widespread approach to mobilise both government and citizens around the ECD agenda, facilitating real-time interaction, community-driven initiatives, and more personalized ECD content delivery.

Strengthening cross-ministerial collaboration, particularly involving the Department of Basic Education and related ministries, is crucial for building a sense of ownership and ensuring coherent, unified implementation efforts. Acknowledging the foundational 2015 policy within the updated version can serve as a testament to ongoing progress and continuity.

Setting clear, measurable objectives is another critical aspect. By incorporating specific benchmarks—such as those derived from a Human Resource Capacity Needs Assessment and key indicators like under-5 mortality rates and the number of registered ECD centers—the policy can provide a transparent baseline for future developments and facilitate the tracking of advancements in the ECD sector.

Lastly, an overarching advocacy and communications strategy should be developed to highlight the importance of robust, inclusive public ECD systems. This strategy would articulate national ECD goals and targets, aiming to mobilize widespread support and drive significant improvements within the ECD landscape.

5. LIMITATIONS OF THE STUDY

Geographic Limitation in ECD Practitioner Participation:

While practitioners from all parts of the country were invited to participate in the study, our research team was only able to involve ECD practitioners from Gauteng and the Free State. This geographic limitation might not fully represent the diverse experiences and challenges faced by ECD practitioners in different regions, especially those with unique socio-economic and cultural contexts.

Limited Experience with Children with Disabilities:

While supporting young children living with disabilities is a key goal of the NIECD Policy, very few key stakeholders involved in the study had significant expertise in ECD services for children living with disabilities. The extent to which the NIECD Policy has achieved its goals related to ECD services for children living with disabilities, is therefore largely left unanswered. This is a major shortcoming of this research and should be an area of focus in future research.

Underrepresentation of Government Officials, Especially at Provincial and Local Levels:

The study saw limited participation from government officials, despite the research team's best efforts, and those who did participate were primarily from national government positions. This lack of engagement from officials at the provincial and local levels presents a major constraint in evaluating the NIECD Policy's effectiveness and applicability in these critical administrative spheres. Provincial and local government officials are often directly involved in the implementation and adaptation of national policies, and their insights are vital to understand the practical challenges and successes at these levels.

Recommendations for Future Research:

To address these limitations, future research should aim to involve a more diverse and representative sample of ECD practitioners from various provinces. Efforts should be made to engage more stakeholders with expertise in working with children with disabilities. Additionally, more proactive approaches are needed to include government officials at the provincial and local levels to gain a comprehensive understanding of the Policy's effectiveness across different administrative tiers. A costing study is required to support advocacy for increased resourcing of the sector.

6. CONCLUSIONS

This evaluation aimed to thoroughly examine the successes and challenges encountered in the implementation of the 2015 NIECD Policy goals. There have been some notable strides in the implementation of the policy's objectives. For example, both child and maternal mortality rates have been declining, the social protection objectives are largely moving in the right direction, and the conditional grant has seen success in supporting ECD centre registration. Furthermore, the dedication to enhancing efforts to implement the objectives of the policy are very evident, both from key government stakeholder and those in the civil society. However, since the implementation of the 2015 NIECD Policy goals, notable challenges for the policy have emerged. A chief obstacle has been the inadequacy of funding, which severely limits the effective realisation of the policy's objectives. Further complicating the implementation is the issue of poor coordination among various departments involved in providing ECD services, leading to a lack of accountability and cohesive action. Additionally, ECD programmes face significant access and quality challenges, stemming in part from the complexities of the registration process and a lack of incentives for professionals to enter the ECD field. The recurring theme of insufficient funding further compounds these difficulties, impacting both the accessibility and quality of ECD services. Through this in-depth analysis, several key recommendations for policy revision have emerged, offering pathways to enhance its effectiveness and impact in the future. They are outlined below.

Health Care and Nutrition:

Advocate for a holistic approach to child development: In regard to health care and nutrition, the revised policy should focus and endorse a comprehensive approach to child development within the community health care model, emphasising multi sectoral integration. It should reinforce its commitment to providing robust health and nutrition services, especially for children under 3 years not enrolled in ECD centres and prioritise empowering parents in health decisions. Additionally, the policy needs more dedication to improving maternal and child nutrition, insisting on urgent action on addressing food insecurity and providing mental health support for pregnant women and new mothers.

Social Protection:

Enhance and streamline the Child Support Grant registration process, integrating it into antenatal care clinics and utilising a centralised database for efficient verification, with a focus on eliminating barriers and ensuring timely support for expectant mothers. Additionally, providing alternative proofs for first-time applicants lacking standard documents can further eliminate barriers and boost registration rates. The amended policy should build on existing mechanisms to effectively address delays.

Parent Support:

Promote the establishment of a national parent support framework: In the current policy, there is a lack of a specific model for parent support services. While acknowledging the progress made by the National Parenting Programme, the NIECD policy envisions a more all-inclusive and scaled-up approach. At present, various groups implement parent programmes independently, lacking centralised monitoring and evaluation. An in-depth landscape assessment is also essential to further understand existing services, identify gaps and barriers and scale up initiatives. This involves building profiles of diverse parenting arrangements, reaching at-risk children through outreach

strategies, and addressing key issues such as parenting stress and depression. Recognizing the need for specialist parental support, the policy should prioritise their implementation at scale.

Early Learning:

More inclusive and accessible ECD framework beyond a traditional centre-based approach: It is recommended that the revised policy sets out a more simplified registration process for ECD centres, particularly in underprivileged areas. This streamlined approach aims to reduce administrative burdens, improve resource access, and foster inclusivity in line with the policy's commitment to equitable ECD opportunities. Furthermore, there needs to be more support around the diverse ECD service modalities (both home-based and community-based initiatives) addressing the needs across all social-economic contexts.

Leadership and Coordination:

Pressing need to enhance leadership and coordination mechanisms: There is an urgent need for more cohesive and harmonised leadership mechanisms that align with the goals outlined in the DBE 2030 ECD strategy. To achieve this, a Social Compact for ECD should be established around the revised Policy, fostering collaboration between government, implementing partners, donors, and businesses. Additionally, the establishment of legislative mandates is crucial, requiring coordination through the ECD Ministerial Working Group and involving various government departments. The incorporation of the DPWI into the IMC is recommended, leveraging its fiscal responsibilities to support the EPWP and ECD initiatives. These recommendations aim to streamline coordination, enhance government structures, and expedite legislative processes for the optimal development of the ECD sector.

Funding:

Strengthen the financial foundation and institutional framework: The amended Policy must prioritise an in-depth assessment of funding resources across various ECD service models, emphasising the economic value and benefits of these initiatives that align with treasury priorities. Additionally, it should set out a regular comprehensive review and amendment of existing legislation as well as mechanisms to assess the sufficiency of budget allocations for training and capacity building, specifically for ECD support staff.

Infrastructure:

Enhance and refine infrastructure-related aspects in ECD services: The revised policy should specifically define intergovernmental roles and responsibilities within specific ECD service delivery modalities, with a focus on improved infrastructure development and maintenance. This amended policy should emphasize the creation of an ECD infrastructure plan to address the urgent funding requirements. It should further encourage local governments to exempt ECD centres from specific fees, aiming to lower barriers for new centres.

Human Resources:

Prioritise and strengthen training programmes for ECD practitioners: The amended NIECD Policy urgently needs comprehensive improvements, specifically in the training programmes for practitioners working in the ECD sector. The policy should prioritise improvements in enhanced subsidies to account for higher practitioner salaries, expanded training to encompass parent and caregiver roles, stress on the urgency of high-quality training, and a commitment to revising and updating training materials for diverse ECD practitioners. This should all be done while also focusing on improving financial support and conditions of service for ECD providers.



Genesis Analytics (Pty) Ltd

HEAD OFFICE:

| | |
|-----------------|---|
| Physical | 50 Sixth Road, Hyde Park, Johannesburg |
| Postal | PO Box 413431, Craighall, 2024, South Africa |
| Telephone | +2711 994 7000 |
| Facsimile | +2786 688 2247 |
| Registration No | 1998/001950/07 |

EAST AFRICA:

| | |
|-----------------|--|
| Physical | 4th Floor, West Park Suites, Ojijo Road, Parklands, Nairobi |
| Postal | PO Box 76608-00508, Nairobi, Kenya |
| Telephone | +254 701 945 800 |
| Registration No | P051570125T |

www.genesis-analytics.com

G:ENESIS
UNLOCKING VALUE