

Getting the basics right: An essential package of services and support for ECD

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South Africa sits on the cusp of a new dispensation. The National Development Plan (NDP)¹ recognises investment in early childhood development (ECD) and education as central in building a more developed and productive society by 2030. The prioritisation of ECD in the NDP provides an opportunity to fashion the next generation of South Africa's citizens, and improve the nation's economic, social and political environment.

Over the next 17 years, South Africa has a unique opportunity to do things differently, and to ensure that children born in 2013 will be far better equipped for a productive adult life by 2030. At the same time, a child rights lens demands a focus beyond children's potential contribution to the adult workforce, and the recognition, promotion and nurturing of their intrinsic value and abilities as young citizens. How do we seize the opportunity? And where do we start?

This *South African Child Gauge* recognises that child development begins *before birth*, and outlines a package of essential services and support from conception to early schooling aligned with national policy and international child rights instruments.ⁱ

This essay responds to the following questions:

- Why is early childhood a critical stage?
- Why should ECD be prioritised in South Africa?
- What are ECD services?
- Delivery is a major challenge – where do we start?
- How are essential ECD services and support delivered appropriately?

Why is early childhood a critical stage?

Recent research reaffirms the significance of ECD in determining future health, behaviour and learning.² The first 1,000 days of life (from conception to two years old) is a particularly sensitive and rapid period of development. Healthy brain development largely depends on the quality of the environment before birth and in the first 24 months.³ Infants and young children develop best when caring adults respond with love, warmth and consistency, providing opportunities for interaction and learning.⁴

Poverty and related problems such as poor health and nutrition, deficient care, and limited stimulation – particularly when they act together – have negative effects on early development.⁵ These factors can contribute to a trajectory of poor health and schooling

outcomes that perpetuate the cycle of poverty.⁶

However, protective influences such as good nutrition, health care, supportive parenting and opportunities for early learning can nurture positive development – including good health and academic outcomes, economic productivity, responsible citizenship and effective parenting of the next generation.⁷ Such opportunities must be maximised for children in poverty who bear the brunt of developmental risks⁸ and who have been shown to benefit most from ECD interventions⁹.

Why should ECD be prioritised in South Africa?

Early childhood is a vulnerable period and a supportive living environment and enabling social and political context are fundamental to ensure children's sound development.

Multiple risks affect young children's development

Young childrenⁱⁱ in South Africa grow up in a profoundly unequal society¹⁰ in which poverty threatens the sound early development of the majority of children. Exposure to crime and violence is significant¹¹ and South Africa's under-five mortality rate is inordinately high for a middle-income country¹². Malnutrition, HIV and childhood illnesses remain key drivers of under-five mortality.¹³ Many of these deaths can be avoided through simple and timely responses. While South Africa has, in recent years, experienced a decline in child mortality rates due to significant take-up in HIV prevention and treatment programmes, a large number of children are living with HIV.¹⁴

Unfavourable environmental conditions such as poor housing infrastructure, lack of access to adequate water, sanitation facilities and poor hygiene in the home contribute to infections and disease, particularly in young children. Malnutrition, childhood illness and a lack of early stimulation continue to compromise children's cognitive development and later school performance.

Table 1 starkly presents the multiple risks and vulnerabilities children are exposed to early in life. If the NDP's vision is to be realised, access to sound programmes that nurture children's basic health and nutrition, improve their living environments, support caregivers, offer stimulation for early learning, and provide referrals to appropriate health care and social services¹⁵ are essential.

i For example: the United Nations Convention on the Rights of the Child and related General Comment No. 7: Implementing Children's Rights in Early Childhood; the African Charter on the Rights and Welfare of the Child; White Paper 5 on Early Childhood Education; the National Integrated Plan for ECD 2005 – 2010, and the National Plan of Action for Children.

ii In this essay, the term "young children" refers to children from birth to 9 years old (inclusive), unless stated otherwise.

National policy imperatives

The state has put in place a number of laws, policies and programmes across a range of government departments to improve the lives of young children.ⁱⁱⁱ However, a recent review¹⁶ indicates that current services are not sufficient to prevent many of the risks faced by children, or to promote their optimal development.

Government is exploring new strategies to respond to these challenges and to ensure that the most vulnerable young children are reached with quality services. For example, the Department of Social Development hosted an inaugural ECD conference in 2012, which resulted in an Integrated Programme of Action for ECD 2013 – 2018. Other processes that fed into the development of this programme were a review of the National Integrated Plan for ECD 2005 – 2010 (NIP for ECD), and the ECD Diagnostic Review¹⁷. The primary health care re-engineering strategy has a strong focus on improving maternal and child health and on school health promotion, while the NDP recognises the development of young children as a national priority. These mark critical opportunities for improving and extending the reach and quality of existing interventions through effective implementation.

What are ECD services?

There are a broad range of services to promote or support the development of young children and respond to their needs across interdependent developmental areas: physical, social, emotional, language and cognitive.¹⁸ Progress or otherwise in one area is likely to affect that in others. For example, children experiencing malnutrition in the first two years of life are likely to underperform academically.¹⁹ The multidimensional nature of early development requires that multiple role-players, with different skills and expertise, deliver a range of services to young children to ensure all-round development.

South African policy and law encapsulate a broad view of service provision and recognise the need for a multisectoral approach across health, education, social protection and socio-economic development. Services are provided by a range of government departments (eg Health, Social Development and Basic Education), non-profit organisations and the private sector. The NIP for ECD and the Integrated Programme of Action for ECD 2013 – 2018 recognise the need for a multisectoral approach through a variety of service delivery channels, including homes, communities and

Table 1: The status of young children (0 – 9 years*) in South Africa

Domain	Measure	Number, rate or proportion
Child population	Number of young children ^a	10,127,000
Income poverty	Young children living in households with a monthly per capita income of less than R604 ^b	58%
Rural status	Young children living in rural areas ^c	45%
Child mortality	Under-five mortality rate ^d	42 per 1,000 live births
Malnutrition	Children under three years who are stunted ^e	27%
Disability and chronic illness	Estimated child disability prevalence rate (moderate-to-severe disability among all children) ^f	4 – 6%
	National mother-to-child HIV transmission rate ^g	3%
Childhood infections	Incidence of pneumonia (cases in children under five years of age) ^h	84 per 1,000 children
	Incidence of diarrhoea with dehydration (cases in children under five years of age) ⁱ	15.2 per 1,000 children
Early schooling	Average score for grade 3 mathematics ^j	41%
	Average score for grade 3 literacy ^k	52%

* This standard age group applies for all measures, except where stated otherwise.

Sources: a., b. & c. K Hall analysis of *General Household Survey 2011*, Children's Institute, UCT.

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h. & i. Department of Health (2012) District Health Information System. In: Bamford L (2013) *Maternal, newborn and child health*. In: Padarath A & English R (eds) *South African Health Review 2012/13*. Durban: Health Systems Trust.

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iii For example, the Children's Act (38 of 2005); the National Integrated Plan for ECD 2005 – 2010, free health care for children under six years and their mothers; the roll-out of antiretroviral treatment; the National School Nutrition Programme; the introduction and roll-out of grade R; and many other programmes.

facilities (eg ECD centres). Primary caregivers^{iv} remain central in providing a healthy, nurturing and stimulating environment²⁰ and further attention should be given to how external service providers can best support primary caregivers to fulfil their roles.

South Africa has made positive strides in certain service areas since the late 1990s, as illustrated in table 2. Improvements in the provision of basic services are significant (also see *Part three: Children Count – The Numbers* on pp. 84 – 114). Largely due to

overall improved birth certificate registration, approximately 6.6 million young children are accessing the Child Support Grant (CSG),²¹ the country's primary child poverty alleviation programme.

Access to educational and early learning opportunities has increased substantially in recent years. However, the academic performance of young learners in the foundation phase of the public education system is less than satisfactory (see table 1). Learning is cumulative, and urgent attention must be given to improving the

Table 2: Progress in ECD service delivery

Service	Measure	Progress	Access, equity and quality
Maternal and child health	Antenatal care		In 2011, 40% of pregnant women attended antenatal visits early, before 20 weeks. ^a Women attending antenatal care on average only attend three visits. ^a Overall coverage is high, at over 90%. ²²
	Immunisation		In 2011, 95% of one-year-olds were fully immunised. Significant provincial and district disparities exist. ^b
	HIV testing		In 2011, 63% of HIV-exposed infants received a PCR test ^v at eight weeks. ^c Infants living in rural districts are less likely to get tested. ²³
Nutrition	Breastfeeding		In 2003, 8% of infants were exclusively breastfed for the first six months. ^d Subsequently, a 2008 survey suggested 26%, but the sample was very small. ²⁴
	Vitamin A		In 2011, 43% of children 1 – 5 years received vitamin A supplements. ^e Provincial variation is a concern, ²⁵ and malnutrition is highest in rural and urban-informal areas, and in children under three years ²⁶ .
Birth registration and social grants	Birth registration		In 2011/12, 90% of births were registered within the year of birth. ^f In 2008, 90% of 0 – 9-year-olds had a birth certificate, while only 11% of 0 – 3-year-olds did not. ^g In 2011, only 11% of children under three years were not birth registered. ²⁷
	Child Support Grant (CSG)		In 2011, 6.6 million young children received the CSG. Access is lower for children under three years. ^h
Early learning	Access to early learning and support for children aged 0 – 4 years		In 2012, 485,500 children under five years received a subsidy at an ECD centre. ⁱ However, there are age, geographic, race and income disparities. ²⁸
	Access to early learning for children aged 5 – 6 years		In 2011, 89% of 5 – 6-year-olds attended an ECD centre or formal school. ^j 735,000 children attended school-based grade R classes ²⁹ while others attended community-based ECD centres. Quality remains a challenge. ³⁰
	Access to early schooling for children aged 7 – 9 years		In 2011, 99% of 7 – 9-year-olds attended school. Quality and educational outcomes are a concern. ^k

Key: Insufficient progress ■ Some progress, needs attention ■ Good progress ■

Sources: a. Department of Health (2012) District Health Information System, 2011 data. In: Bamford L (2013) Maternal, newborn and child health. In: Padarath A & English R (eds) *South African Health Review 2012/13*. Health Systems Trust.
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g. K Hall analysis of the *National Income Dynamics Study 2008, Wave 1*, Children's Institute, UCT.
h. K Hall analysis of Social Pensions (SOCPEN) database 2011, Children's Institute, UCT.
i. Department of Social Development data, 2012. Personal communication: Louise Erasmus, Social work policy manager: Partial care and ECD.
j. & k. K Hall analysis of *General Household Survey 2011*, Children's Institute, UCT.

^{iv} Primary caregivers may be biological or foster parents, grandparents and others responsible for the day-to-day care of the child at home.
^v Polymerase chain reaction (PCR) tests are performed on infants to determine their HIV status.

quality of interventions for young children and to understanding the relationship between early development and learning and its impact on academic performance in later childhood.

Children living in poverty and rural areas, and those with disabilities, generally struggle to access quality services.³¹

While remarkable progress has been made to improve access to a range of essential services among the most disadvantaged, gaps and inequitable provision persist. Priorities for intervention are:³²

- Parenting support, especially for 0 – 2 years.
- Maternal health and well-being, including nutrition during pregnancy and breastfeeding.
- Child health and nutrition.
- Safe and affordable child care for families who need it.
- Educational stimulation opportunities for those not in early learning facilities (the majority of the poorest children), including children with disabilities.

These and other challenges need urgent attention. If disadvantaged children do not receive appropriate interventions early enough and their environments remain unchanged, they are likely to endure

lifelong consequences,³³ and the vision of the NDP for South Africa in 2030 will simply not be realised.

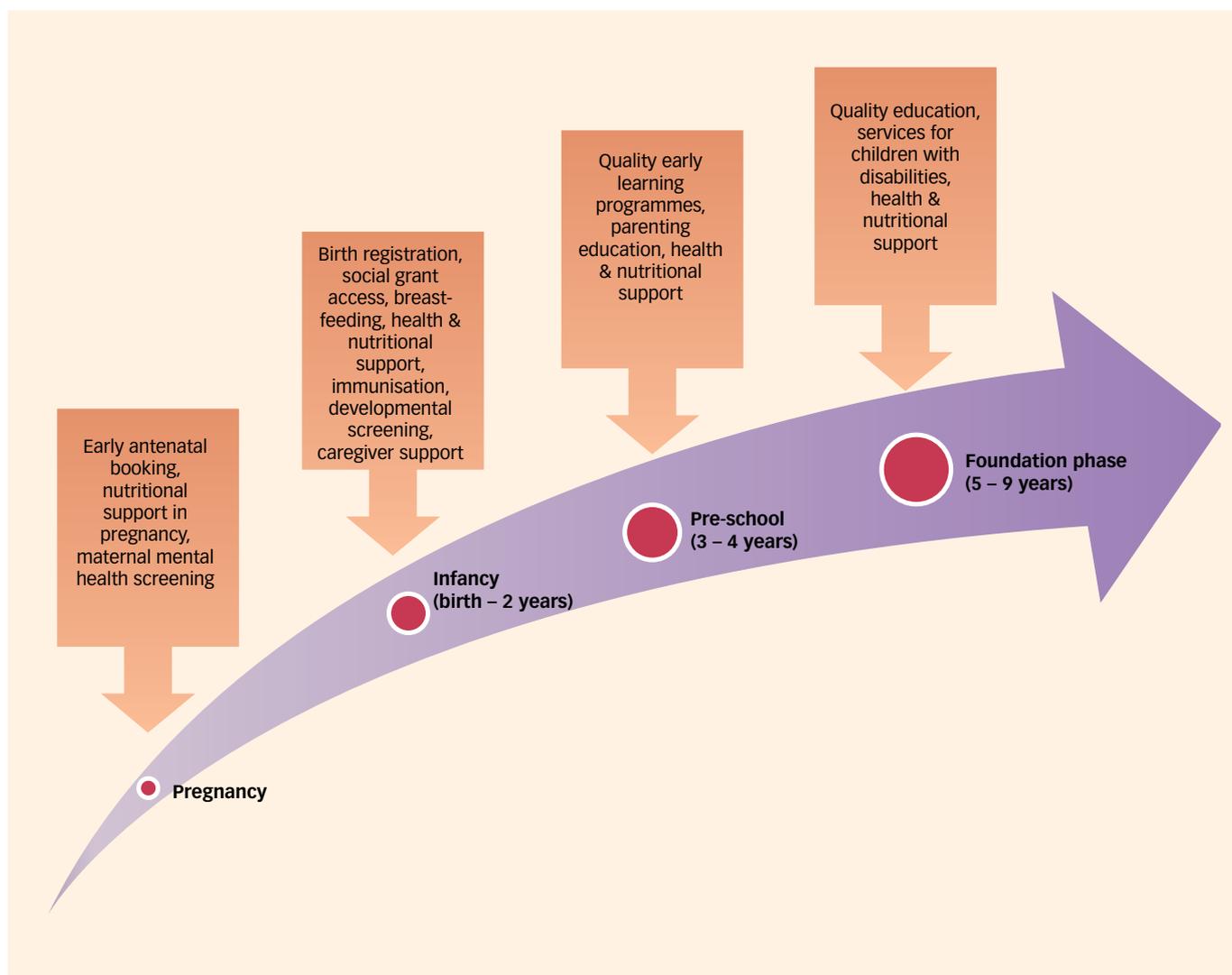
Delivery is a major challenge – where do we start?

While universal provision of a full range of services to address all children’s developmental needs is optimal, it is too challenging a task given limited resources. A service delivery approach is required that aligns with current policy, is evidence based, and capable of reducing risks while promoting the capacities of young children. In effect, an approach which defines and ensures essential services.

The NIP for ECD provides a useful starting point by identifying a range of core services for children younger than five years, targeting the most vulnerable children and households, and building on existing services in health, social development and education.³⁴ This view is supported in other policies, such as the Integrated Programme of Action for ECD 2013 – 2018.

However, there is a need to go further – to consolidate and expand the intentions of the NIP and provide concrete recommendations for a well-defined package of services and support for children aged 0 – 9 years in poor households.

Figure 1: Examples of a developmentally-appropriate continuum of early childhood services



Source: Adapted from: Richter L, Biersteker L, Burns J, Desmond C, Feza N, Harrison D, Martin P, Saloojee H & Slemming W (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: Department of Performance, Monitoring and Evaluation & Inter-Departmental Steering Committee on ECD.

An essential package of services and support

This section presents a proposed “essential package of ECD services and support” (the essential package), drawing heavily on the work of Ilifa Labantwana^{vi, 35}

Different inputs are required at various stages of a child’s development. It is therefore necessary to build a continuum of services appropriate to the stages of development, from conception throughout pregnancy through to the first years of school (see figure 1 on p. 29).

The examples of services illustrated in figure 1 can be clustered in five basic components. These make up the notion of an essential package:

1. Nutritional support
2. Social services
3. Maternal and child health services
4. Support for primary caregivers
5. Stimulation for early learning

Such an essential package of services must be viewed within the context of a broader set of provisions such as poverty alleviation, food security, basic household services and violence prevention that create an environment conducive to young children’s development.³⁶

The proposed essential package includes services that are *already mandated in policy and law*, only adding others where there are gaps that must be filled, as indicated by evidence.

Each component of the proposed essential package is outlined in figure 2.

Nutritional support for mothers and children

Poor nutrition in young children is a serious health concern in South Africa. The first 1,000 days of life are most critical for nutritional support to ensure optimal growth and development. The Strategic Plan for Maternal, Newborn, Child and Women’s Health and Nutrition 2012 – 2016³⁷ and the new Infant and Young Child Feeding Policy³⁸ are two key policies providing a framework for essential nutrition services.

Social services

Timely birth registration enables access to other services such as social grants, free health care and education. Access to social grants is associated with improved nutrition,³⁹ and therefore take-up needs to be strengthened in the first year of life.

Social services are a vital support to families and children, including prevention and protection from abuse and neglect. Many children in South Africa experience violence, abuse, neglect and the loss of caregivers, and psycho-social support services may be needed to help children cope with grief, loss and trauma.

Maternal and child health services

Early development begins at conception, and maternal and child health services are crucial for laying the foundation for optimal maternal health and child development. Primary level services for pregnant women and young children serve to prevent illnesses, and promote good care and nutrition. Early intervention is essential to minimise risks and prevent development delay and disability.

Support for primary caregivers

Support for primary caregivers includes information sharing on parenting and psycho-social support. Many caregivers living in poverty carry significant burdens of care. Depression is common and may compromise their capacity to care for young children.⁴⁰ Psycho-social support for caregivers is therefore essential to promote the well-being of caregivers and to reduce the risk of poor caregiving. In addition, the Children’s Act⁴¹ provides for parenting programmes that support parents to provide responsive care for young children.

Safe and affordable child care (including after-care for school-age children) provides much needed support for caregivers who work, study or are unable to care for their children.

Stimulation for early learning

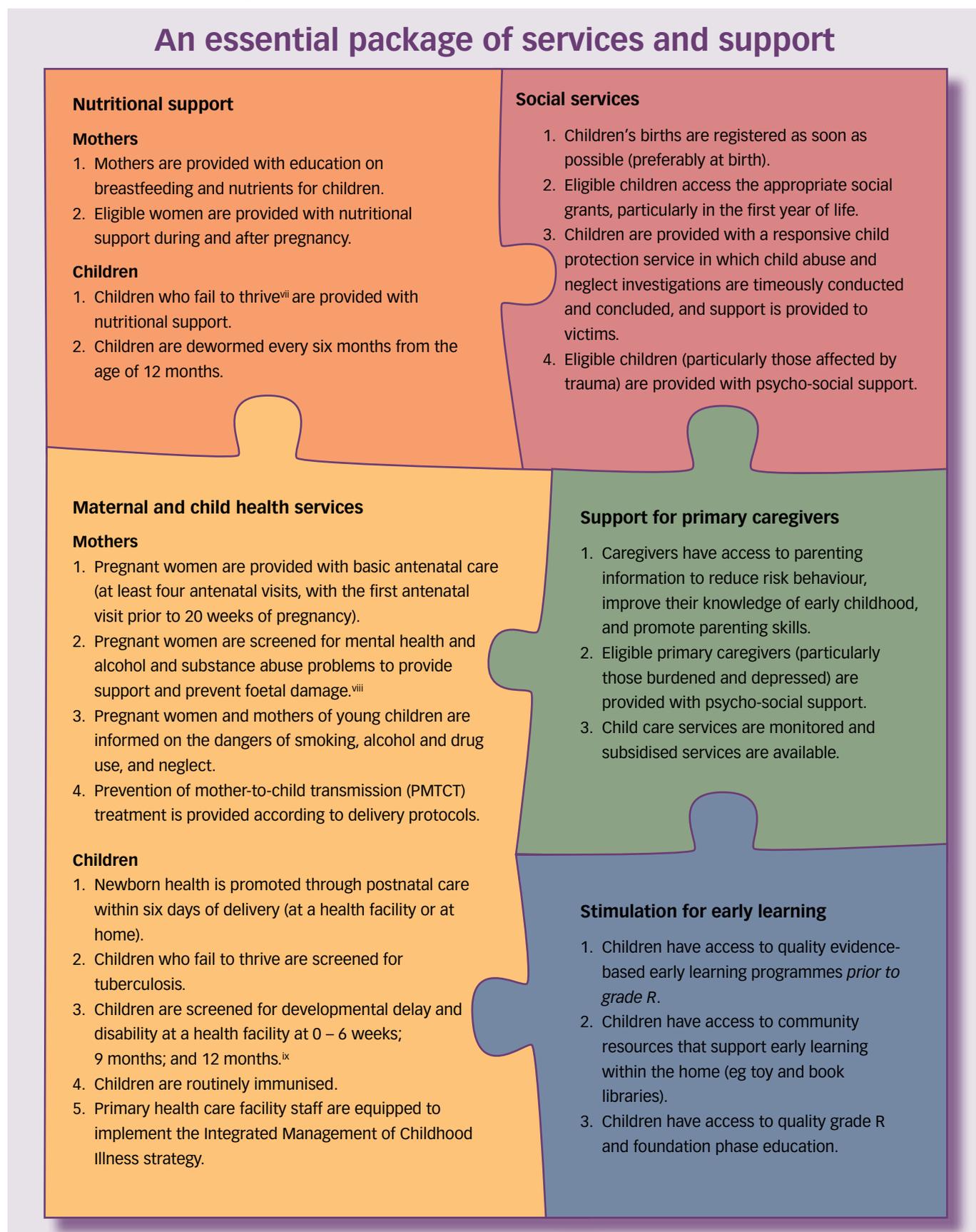
Access to quality early learning stimulation prior to grade R significantly enhances the ability of children from impoverished backgrounds to benefit from schooling.⁴² Early development and learning are inextricably tied to nurturing contexts and the home is therefore a key site for intervention.⁴³

Readiness to learn is not solely an outcome of engagement in early learning opportunities. Children should also be demonstrating their emerging ability to exercise self-control, concentrate, and plan and reflect on their actions by the time they enter school.⁴⁴ A range of early learning opportunities are available before school and can be delivered through home visiting, community playgroups, toy libraries and centre-based programmes.

Stimulation for early learning prior to the foundation phase of formal schooling is not enough. Quality education is crucial throughout the foundation phase to improve outcomes and prepare learners for later schooling.

vi Ilifa Labantwana is a multi-donor partnership which develops models for scaling up integrated ECD in South Africa.

Figure 2: Essential services for young children

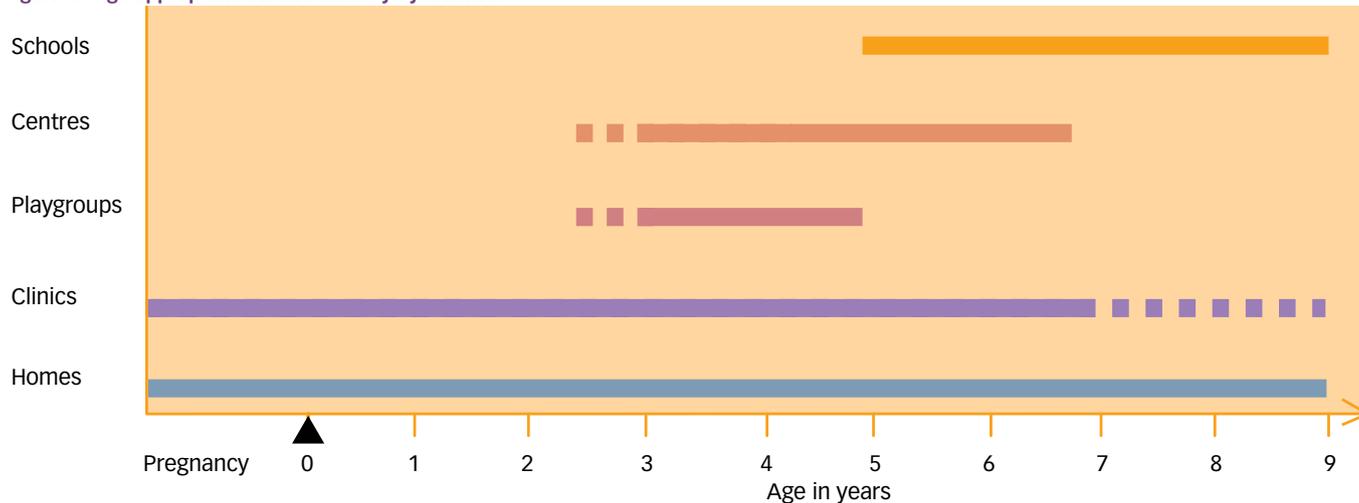


vii "Failure to thrive" refers to children who do not gain weight as expected, or continue to lose weight.

viii This service, with accompanying referral, is largely unavailable. Every effort must be made to provide this essential service.

ix Urgent attention needs to be given to the provision of appropriate services for identified children.

Figure 3: Age-appropriate service delivery by location



How are essential services and support delivered appropriately?

Poor and vulnerable adults should not have to spend money and time to access basic services, so it is important to design services that are convenient and easily accessible. The design of services should therefore take into account where young children are located and which delivery channels will be most effective in reaching the majority of children, prioritising children who live in poverty, rural areas and those with disabilities.

On the basis of current evidence, the most appropriate delivery channels – particularly for vulnerable and hard-to-reach families – are proposed in figure 3.

Services should also be age-appropriate and respond to children’s changing needs as they grow and develop. For example, most young children are cared for within the home, and home care is, in fact, desirable for children younger than three years.⁴⁵ Essential services are therefore best delivered through multiple delivery channels, including:

1. Home-based strategies (support for child and caregiver)
2. Community-based strategies (eg playgroups, mobile clinics)
3. Facility-based strategies (eg community health centres, ECD centres)

Conclusion

Early childhood services present critical opportunities to invest and intervene in the lives of young children as early as possible to minimise developmental risks and strengthen protective factors. Within current service delivery constraints and challenges, innovative approaches must be adopted to ensure that services reach the most vulnerable children and households.

A package of essential services, aligned with current policy, is recommended as the vehicle for cost-effective and efficient delivery that maximises opportunities for early childhood interventions. The essays that follow draw on this notion of an essential package of services and support, highlighting critical challenges and opportunities to improve the reach and quality of services for South Africa’s most vulnerable young children.

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Early intervention and inclusion helps children with disabilities reach their full potential.

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