Locating early childhood development in South Africa: key environmental factors

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Acronyms

CSG	Child Support Grants
DOE	Department of Education
DSD	Department of Social Development
ECD	Early Childhood Development
NIDS	National Income Dynamics Study
NIP	National Integrated Plan for Early Childhood Development
NPOs	Non-profit Organisations
PETS	Public Expenditure Tracking Survey
SASSPC	South African Social Service Professions Council
SSPAN	Social Service Professions Advocacy Network
WCECCE	World Conference on Early Childhood Care and Education
WHO	World Health Organisation

1 Investing in ECD

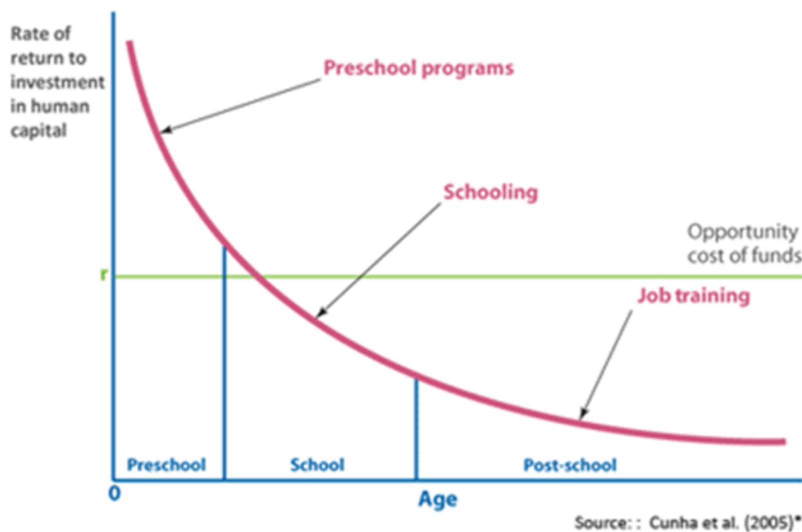
The early years of a child are marked by rapid transformations in physical, cognitive, language, social and emotional development. Anyone who has observed the growth of a child from newborn to one year of age, for example, can attest to the daily, weekly and monthly changes that accompany this life stage. Brain development is particularly significant in the first three years, with important neural connections being made that lay the foundation for future brain development and activity. Trajectories linked to health, learning and behaviour are all established during this period and can last throughout life.

The Center on the Developing Child based at Harvard University has been particularly prolific in publishing research on the behavioural and neuroscientific aspects of early childhood development (ECD). Based on decades of their research, there are five key aspects of early brain development that present a compelling case for supporting ECD initiatives:

- Brains are built over time, from the bottom up – while brains develop over a life time, early experiences affect the quality of brain architecture, establishing either a sturdy or fragile foundation. This development includes a proliferation of neural connections as well as a process of pruning. Sensory pathways like those for vision and hearing are the first to develop, followed by early language skills and then higher cognitive functions.
- Genes and experience interact to shape the developing brain – a major factor in this developmental process is what is referred to as the 'serve and return' relationship between children and their parent(s) and other caregivers. Young children naturally reach out for interaction. In the absence of such responses, or if responses are unreliable or inappropriate, the brain's architecture does not form as expected, impacting on learning and behavior.
- The brain's capacity for change decreases with age – the 'plasticity' (flexibility) of the young brain makes it much easier to influence its development early on, rather than attempting to re-wire parts in adult life.
- Cognitive, emotional and social capacities are inextricably linked throughout a person's life – thus, for example, emotional well-being and social competence provide a strong foundation for emerging cognitive abilities
- Toxic stress damages developing brain architecture which can lead to life-long problems in learning, behavior, and physical and mental health – this kind of stress includes extreme poverty, repeated abuse, or severe maternal depression

Intervening in the early years of a child's development therefore offers the most promise for setting a society up for success. While steps can be taken at a later stage to remedy the lack of development opportunities, these remedial interventions are costly and represent a significant loss of human potential. American studies have shown that for every dollar spent on preschool education, between four to eight dollars is saved in later social service costs to society (Chambers et al, 2010). As an investment in human development, spending money on the first

six years of a child's education yields the highest return over the course of a person's life (Heckman & Masterov, 2004, in WCECCE, 2010).



Increasingly, this window of opportunity is being regarded by public policy-makers as the most important area of social intervention. In 2007, at a meeting of the Inter-American Bank attended by prominent economists, there was consensus that when considering various options[1] for improving public spending and policies, early childhood development is the most effective programme (WCECCE, 2010). While much of the cost-benefit research has been conducted in North America and Western Europe, there is also emerging evidence from developing countries (WCECCE, 2010).

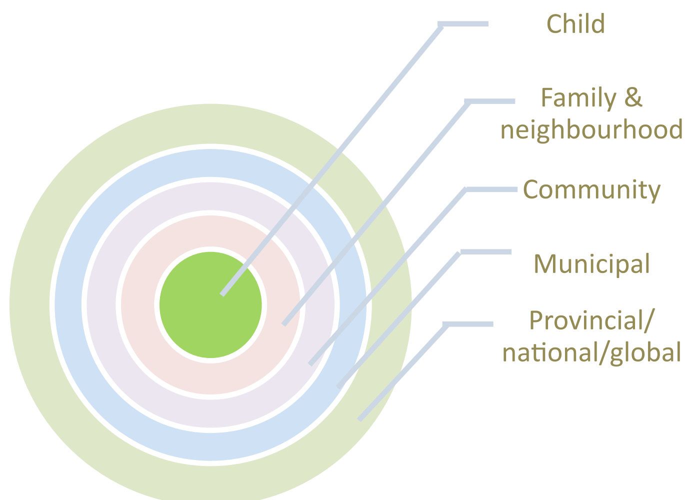
The argument for this investment is significantly more compelling in poor communities where early childhood education and development can help to level the playing field for disadvantaged children, thereby reducing social inequalities that have often been passed on through generations. Research has shown that the test scores of poor and at-risk children participating in early learning programmes can be the same as their more affluent peers attending traditional preschools (WCECCE, 2010).

[1] Other options included fiscal rules and intervention, increased investment in infrastructure, conditional cash transfers etc.

2 Child development and the environment

There are typically three domains associated with child development: physical, cognitive/language and social/emotional. All three areas of development are dependent on the interaction between the child's biological factors and the environment in which s/he is embedded. Therefore, early childhood development can claim to be successful when the *environment* is sufficiently 'nurturing' of the child (Siddiqi, Irwin & Hertzman, 2007). In looking at this 'environment' it is clear that there are huge disparities across different contexts, which result in disparities in child development. This in turn impacts on the life chances of the child further entrenching inequality.

Using a model, adapted from the WHO (in Siddiqi, Irwin & Hertzman, 2007), the environment in which a child is located can range from the intimate realm of the family to the broader socio-economic context shaped by governments, and regional and international politics:



Strengthening each of these spheres of influence is important for a systemic response to the social determinants of successful early childhood development.

This approach also has implications for assessing child development where, historically, this has been assessed using standard developmental milestones, which compare children to pre-established benchmarks. This assumes standard conditions across environments. A population based approach to ECD argues that children's developmental competencies are better understood when compared with the distribution of developmental competencies in the population from which they arose. This means giving attention to contextually appropriate indicators, as well as thinking about ECD outcomes on a continuum of healthy development through to vulnerability, rather than attainment versus failure to meet benchmarks (Siddiqi, Irwin & Hertzman, 2007).

3 ECD in developing countries

Starting with the broader global context in which children are located, a series of papers published in the Lancet in 2007 explored child development in developing countries, and focused in particular on the risk factors associated with adverse outcomes in child development as well as strategies for avoiding loss of developmental potential.

The top four developmental risk factors (based on the consistency of the evidence, the number of children affected and the size of the effect on development) included: inadequate cognitive stimulation, stunting, iron deficiency and iodine deficiency. These were identified as the major risks associated with preventing millions of children from reaching their developmental potential. Other significant risk factors included: malaria, maternal depressive symptoms, violence, low birth weight and exposure to heavy metals. Within a South African context, for example, Richter et al (2000) (in Walker et al, 2007), found reduced levels of cognitive function and higher levels of behaviour problems in young children of depressed mothers. Similarly, children who are exposed to armed conflict or community violence show higher levels of post-traumatic stress disorder, aggression, attention problems and depression (Walker et al, 2007).

In addition to this, the absence of an early emotional connection to a caregiver can have significant negative effects on brain development and cognitive functioning (WHO, 2009).

While listed separately, in reality many of these risk factors co-occur and point to the importance of integrated interventions that target multiple risks.

In looking at particularly successful early intervention strategies, Engle et al (2007) found that providing services directly to children was more effective than only providing information to parents while including an active parenting and skill-building component was also more effective than information alone. Other factors impacting programme effectiveness included targeting younger children even after adjusting for duration (e.g. a focus on 2-3 year olds rather than 5-6 year olds); providing programmes of a longer duration, high quality and high intensity; and offering integrated interventions that included family support, health, nutrition and educational systems and services (Engle et al, 2007).

These studies also identified a number of dimensions of quality that are important for child development. They divide these quality dimensions into two categories: *programme structure* focusing on children to staff ratio, group size, staff training, and physical environment; and *processes* which include warmth and responsiveness of the caregiver, emotional tone of the setting and variety of activities.

These findings provide some context to the situation facing many young South African children.

4 The national context – access to early childhood development

According to Hertzman (2011), the priority given to children in social policy can overcome national poverty in child developmental outcomes. In terms of South African national policy, access to early childhood development has been poor. Before 1994 only 9% of children from birth to six years had access to early childhood facilities (Education for All – Country Status Report, 2005). Over 75% of the children in these programmes were privately funded and thus excluded children from poor households (ibid.). Furthermore, this provisioning was largely associated with centre-based services such as pre-schools and crèches.

Today, there are 5.16 million children in the country in the birth to four years age group (Budlender, 2010) with 790 000 (15%) of these children in formal, registered ECD centres (Dlamini, 2011). A further 30% of children are in unregistered community-level care. Statistics from the DoE for 2009, show that there are approximately one million children in the 5-6 year category, with 620 000 in Grade R facilities. Slightly older data, from the National Income Dynamics Study (NIDS) 2008 survey, shows the breakdown according to provinces.

Table 1: ECD by type and province as estimated from NIDS, 2008

	Age 0-4	Age 5	Grade R	Pre-prima-ry	Crèche	Day mother /gogo	Grade R	Pre-prima-ry	Pre-prima-ry + crèche	Pre-primary + crèche + day mother/gogo
Western Cape	470 379	93 871	53 952	26 915	123 233	81 196	57%	6%	32%	49%
Eastern Cape	728 543	137 669	125 625	48 879	94 764	123 286	91%	7%	20%	37%
Northern Cape	115 416	21 903	9 876	7 949	18 054	9 717	45%	7%	23%	31%
Free State	246 289	48 556	23 615	20 308	94 444	46 878	49%	8%	47%	66%
Kwazulu-Natal	1 192 238	232 987	82 920	60 953	137 515	79 385	36%	5%	17%	23%
Northwest	319 091	87 486	45 585	26 273	92 468	56 241	52%	8%	37%	55%
Gauteng	954 384	190 257	65 732	59 907	313 154	182 812	35%	6%	39%	58%
Mpumalanga	338 819	92 312	40 886	20 328	106 859	96 295	44%	6%	38%	66%
Limpopo	570 793	122 835	118 259	48 135	87 548	228 526	96%	8%	24%	64%
Quintile1	1 412 110	277 313	151 592	93 916	236 165	271 901	55%	7%	23%	43%
Quintile2	1 330 954	236 351	134 326	51 221	228 681	276 412	57%	4%	21%	42%
Quintile3	922 352	229 223	118 069	69 050	202 979	156 958	52%	7%	29%	47%
Quintile4	647 738	130 253	70 669	40 002	181 185	102 159	54%	6%	34%	50%
Quintile5	622 798	154 736	91 794	65 458	219 029	96 906	59%	11%	46%	61%
SA	**4 935 952**	**1 027 876**	**566 450**	**319 647**	**1 068 039**	**904 336**	**55%**	**6%**	**28%**	**46%**

Funding for ECD plays an important role in enabling access.

Government financing for ECD largely occurs in the form of subsidies – subsidies by the Department of Education (DoE) for formal Grade R, mainly in public schools but also in some

community facilities, and subsidies for centre based ECD facilities by the Department of Social Development (DSD).

Financing for Grade R for the 5 and 6 year olds has expanded rapidly in the last ten years. Budgets for provincial Departments of Education for Grade R have risen from R377 million in 2003/4 to a budgeted R983 million in 2007/8 and a budgeted (projected) R1 253 million in 2009/10 (Van der Berg et al, 2010). While this has resulted in many more children accessing Grade R facilities, issues of quality, particularly as it relates to teacher training, still need to be addressed.

Financing for the 0-4 year olds takes the form of a per head subsidy for poor children in registered facilities, which ranges between R12 – R15 per child per day. In 2006/7, an amount of R350 million was paid as a per diem subsidy for 315 000 children in approximately 5 500 registered facilities (Van der Berg et al, 2010). This has increased to nearly 800 000 children in 2010/11, but still excludes the vast majority of children under five who are not based in centres.

For children under five, despite its limited coverage, centre-based ECD is still the preferred mode of delivery receiving the bulk of government funding. By comparison, home- and community-based ECD services are less supported and less well understood. These services could include the following:

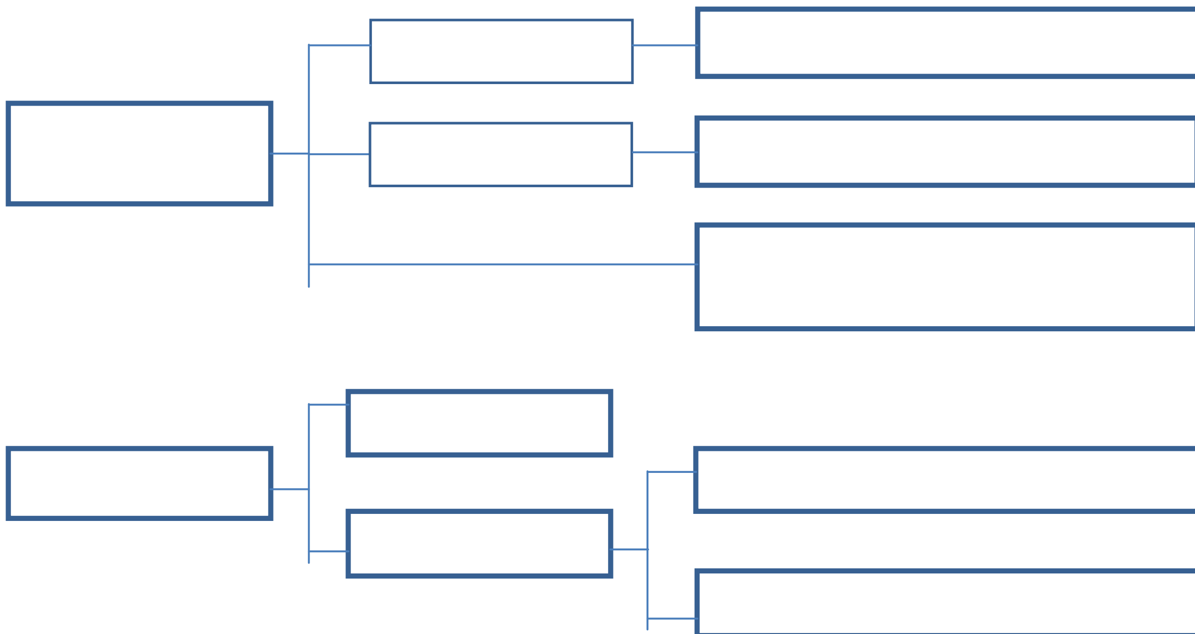
- Home visiting programmes – these largely focus on improving the health, nutrition and early learning environments of children not in centre-based ECD. The focus is often on poor and vulnerable households and children, and usually includes an element of referral to other services. The number of children that are reached through this model can vary widely as well as the cost per child of these services

- Caregiver capacity building – the development of caregivers often takes place during the home visits. However, some programmes have specific support groups and parent education workshops which target the caregivers outside of the home.

- Playgroups and related activities – these activities usually involve both children and caregivers and thus include stimulation for children not in formal ECD as well as caregiver capacity building and parent education.

- Community support structures – some programmes include an element of community development, with community structures playing varying roles in terms of management and oversight of home- and community-based ECD provision (Budlender, 2010).

Services for under 5's:



In a recent study by Budlender (2010), exploring financing options for home- and community-based ECD, she found that

> "…virtually all the existing and "new" ECD money has been allocated to support centre-based provision, in particular through the child-based ECD centre subsidy. The literature suggests that apart from funding of toy libraries by North West province, it is only Western Cape and Gauteng that have funded some home- and community-based ECD provision, through their programme funding for non-profit organisations (NPOs)."

This is despite various policy commitments which recognise the importance of alternative forms of ECD delivery, beyond a site-based model. In particular, the National Integrated Plan for Early Childhood Development in South Africa 2005-2010 (NIP), a combined initiative of the Departments of Education, Health and Social Development, was groundbreaking in recognising that most children would need to be reached through home- and community-based programmes. This was further supported by the Department of Education's (2006) 'Massification of ECD' concept document as well as ECD's priority in the Expanded Public Works Programme. However, subsequent implementation associated with these programmes as well as other policy developments, such as the Children's Amendment Act 41 of 2007, have largely continued to reinforce the centre model as the dominant mode of delivery for ECD services.

National Integrated Plan for Early Childhood Development in South Africa 2005 – 2010, Departments of Education, Health and Social Development (NIP)

Components

- Ensure universal registration of births
- Integrated management of childhood diseases (IMCI)
- Promote healthy pregnancy, birth and infancy
- Immunization
- Nutrition (breastfeeding & daily balanced nutrition)
- Referral services for health and social services
- Development and implementation of psychosocial programmes
- Develop the capacity of teachers, caregivers and practitioners to deliver integrated ECD programmes for children
- Develop the capacity of CDWs to refer children to available resources

- NIP recognizes various sites where children live and are cared for including: homes, formal ECD centres, community childcare settings, informal ECD settings, prisons, child and youth care centres, places of safety.

Source: Moll (2007)

The work by Budlender has started to open up discussion on ECD funding beyond a centre-based approach. In her study on the development of a subsidy model for home- and community-based ECD, her recommendations include the following:

- The funding model should recognise and support a diversity of programme interventions which might consist of one or more activities including home visiting, playgroups and parent and caregiver capacity building.
- The funding model for such services should be programme based.
- The focus should be primarily on recurrent costs with some contribution where possible for start-up costs.
- There must be recognition that there are usually no fees for home- and community-based provision, and that this is appropriate given the focus on the poorest and most vulnerable. This implies that funding for home- and community-based provision might need to cover a greater proportion of total costs than a subsidy for centre-based provision.
- While it is not expected that there will be full coverage of costs by the state, given the extent of the need and the scarcity of resources, the proportion funded must be large enough to ensure that quality service is possible.
- The types of expenditure to be subsidised would include ECD practitioner stipends, training, travel, venue, catering and management/supervision costs. A focus only on practitioner stipends would discriminate against some types of provision in a way that contradicts encouragement of a diversity of approaches to service provision.
- Where funding is provided in respect of stipends, support should be based on a decent level of stipend

- National DSD should further develop the application format and encourage utilisation across the provinces. Both national and provincial DSD should avoid complicating the application form and asking for unnecessary information.
- DSD should submit a motivation to Treasury for allocation of increased funding in the equitable share specifically for scaling up access to home- and community-based ECD in order to meet NIP targets within a reasonable period of time.

The recently completed Public Expenditure Tracking Survey (PETS), looking at public expenditure and service quality in Grade R in public schools as well as registered and unregistered site-based ECD provision, reinforces the resource discrepancies between the formal and informal ECD sector. Findings from this study show a fairly well-organised Grade R sector with institutional processes such as school governing bodies and financial reporting in place. Grade R teachers are also relatively well paid with practitioners paid by the public sector salary system (Persal) earning double that of practitioners paid by school governing bodies. Even those Grade R practitioners not paid by government, earn almost twice the salary of community-based ECD practitioners.

In general, there is clearly more work that needs to be done to entrench government's commitment to increasing access to ECD, with the current Children's Act stating that government 'may' provide for ECD, partial care and drop-in centres. In particular, this means finding ways of financing quality home- and community-based services.

Linked to the issue of quality, is the training, development and professionalisation of ECD practitioners. In terms of the Children's Act, ECD practitioners are currently not defined as 'social service professionals' despite ECD being clearly delineated as a social service. Work by the Social Service Professions Advocacy Network (SSPAN), and specifically the ECD Working Group, has resulted in some lobbying to ensure the formal recognition of ECD practice as an occupation in the Social Service Professions Policy. This would result in registration with a professional council, such as the South African Social Service Professions Council (SASSPC), and further regulation of ECD practitioners in much the same way as social workers. It would also help to more reliably 'quantify' this sector as well as identify gaps within it.

5 The role of provincial and local government

Primarily as a result of the Children's Act 38 of 2005 (as amended), provisioning of ECD services should happen at a provincial and local level, particularly by the Department of Social Development. Notwithstanding provisioning clauses in the Act which separate services that 'must' be provided and funded from those that 'may' be, Provincial Departments of Social Development are responsible for more than 80% of the cost of implementing the act (Budlender, Williams, Saal, Sineke & Proudlock, 2011). Some of the associated financing issues have already been discussed.

At a local level, the role of municipalities in supporting and partnering with communities to provide ECD services and programmes is still largely unexplored. Registration of ECD centres is a responsibility that tends to be delegated to this level and includes ensuring that health and safety standards for early childhood development facilities, services and programmes are properly maintained as well as allocating appropriate land and sites to organisations wishing to provide services for children. It may also include the ongoing monitoring of quality issues.

Provision of other resources, such as direct funding, seems to be minimal.

The strengthening of coordinated and integrated services, both at a provincial and local level, and which include health, education and care, needs to be higher on the ECD agenda. Integration and coordination are two important drivers for scaling up the provision of ECD services.

6 Family, neighbourhood and community

The family, along with neighbourhoods and communities, is the primary environmental influence on a child's development. Any chronic domestic problem, especially of the mother or primary caregiver, can have a damaging effect on child development. Furthermore, families provide the most stimuli for children and play an important role in mediating a child's contact with the wider environment (Hertzman, 2010). Therefore the social and economic resources available to families and communities help to facilitate child development.

A recent report released by the SA Human Rights Commission and UN Children's Fund (Unicef), based largely on the 2009 annual General Household Survey, found that almost two-thirds of children live in poverty (Cullinan, 2011). While the number of children reporting to be hungry declined between 2002 and 2007 (to a figure of 15%), the recession has pushed this figure up to 22% in 2009 (ibid.). These poor households survive on less than R1 200 per month (Kallmann, undated).

Insufficient food has a number of long term consequences for children. For example, one in five children is permanently stunted[2] because of poor nutrition. Similarly, wasting reflects acute malnutrition or loss of weight, with 5% of 0-9 year olds showing signs of wasting (Berry, Hall & Hendricks, 2010). The UN report (2011) also highlights that the number of children with micronutrient deficiencies, particularly Vitamin A and iron, has doubled between 1994 and 2000 (Cullinan, 2011). As many as 17% of children in the 1-3 year category show signs of iron deficiency (Berry, Hall & Hendricks, 2010).

Furthermore, this disadvantage begins in the womb, with South Africa having a high proportion of low birth weights – as many as one in 10 children are born weighing less than 2.5 kilograms

[2] Stunting is an indicator of chronic poor nutrition in children and is defined as being when a child's height-for-age is less than -2 standard deviations from the mean. The national average for South African children (0-9 years) is 18%, with the highest prevalence in the Free State and Eastern Cape (Berry, Hall & Hendricks, 2010). This figure is higher for the 1-3 year olds with a national average of 23%.

with provinces such as the Northern Cape reporting figures of 24%, Western Cape 17% and the Free State 14% (Berry & Hendricks, 2009). These figures point to the under nourishment and poor health of many mothers.

These findings, as the international research shows, impact on the cognitive and physical development of the child, disadvantaging them for the rest of their life.

The impact of HIV/AIDS is another factor that significantly undermines the well-being of children with about 20% (or 1.9 million children) having lost one or both of their parents, mostly as a result of HIV/AIDS (Cullinan, 2011). While the prevalence of HIV in children aged 2-14 years is relatively low at 2.5%[3], the HIV prevalence in pregnant women (15 – 49 years) is 29% (Johnson, updated by Hall, 2010).

Access to child support grants (CSGs) provides some safety net in this context, with many families dependent on these grants as the only source of household income. The 2011 budget for social grants is R97 billion (Dlamini, 2011), with child support grants at March 2011 amounting to R30 billion of the social grants budget and reaching 10.3 million children. The uptake of CSGs is high for children in the 3-14 year category but low for children from birth to their third birthday. It is estimated that over one million children in this category do not access the child support grant (Dlamini, 2011). This is the most vulnerable stage of a child's development.

Given the psychosocial risk factors associated with child development, most notably the absence of caregiver sensitivity and responsiveness, maternal depression and exposure to violence (Walker et al, 2007), the capacity and resources of primary caregivers is key.

With maternal depression as high as 35% in some poor communities in South Africa (Walker et al, 2007), this is an important area of intervention, particularly for ensuring a secure mother-infant bond. Including, but not limited to the mother, are caregiver attributes and behaviours that encourage sensitivity and responsiveness to the child.

Until recently, there has been very little or no research on home- and community-based ECD programmes and their impact on child development. The work of Andy Dawes and Linda Biersteker on the Sobambisana project has begun to provide some data on the impact of non centre-based services on the cognitive, language and psychosocial functioning of children, on the quality of interaction between child and caregiver, and on the protective environment of the child.

Despite a number of challenges associated with the research – including large variability across programme interventions making it difficult to pool the results and therefore achieve statistical significance – the preliminary (unreleased) findings provide important data for the South African context. Some of the findings seem obvious – for example, a key factor in determining if home visiting is able to influence cognitive and language development, is the growth status of the

[3] This is largely regarded as an underestimation.

child. While the links between stunting and cognitive ability and school progress is well-established elsewhere, this finding is particularly important for home visiting programmes in South Africa which often focus on the poorest and most vulnerable children. More encouraging are the effects of home visiting on carer early stimulation, home hygiene and safety, and access to social services.

Such data provides useful guidelines for the monitoring and evaluation of interventions as the family and community level. In looking at community playgroups, for example, it became apparent that enrolment figures were not significant. Attendance is a much more useful indicator in determining certain child outcomes.

These findings, once officially released, will help to contribute to more effective programme interventions as well as identify areas for future research.

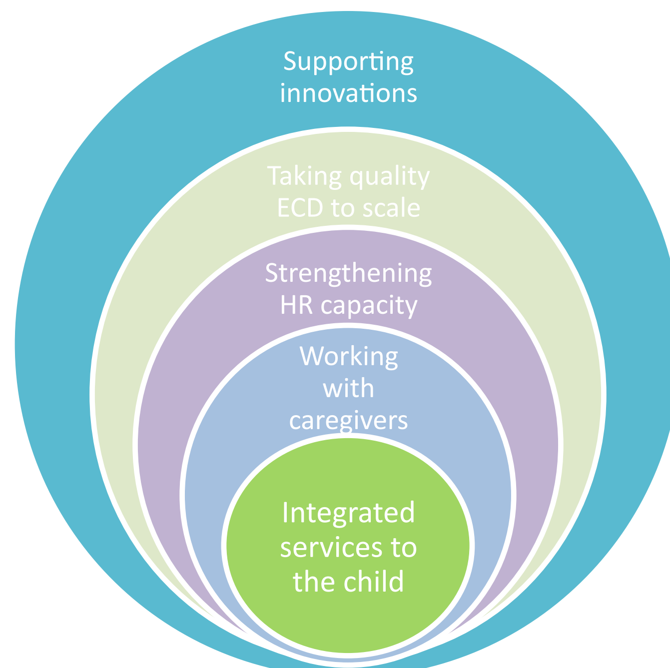
7 DGMT's ECD and Protection Strategy

7.1 Strategic objectives

While ideally, early childhood development aims to build on the developmental opportunities that are present during those early formative years, it is clear that in a South African context ECD needs to address the disadvantages that many young children are born into while making the most of the huge potential that uniquely accompanies these first few years. Ultimately, this means increasing access to quality ECD services.

The DGMT strategy for this portfolio aims to do this by supporting programmes or initiatives that contribute to:

- The provision of integrated services for children under five, focusing in particular on nutrition, early stimulation and literacy
- Raising awareness amongst caregivers and increasing their ability to develop and protect their children
- Strengthening human resource capacity within the ECD sector
- Taking quality ECD services to scale
- Exploring new innovations within the field of ECD



Objective 1: The provision of integrated services for children under five

There is overwhelming international evidence showing that child development in the three domains of physical, cognitive/language and social/emotional are inextricably linked. For

example, nutritional deficiencies have long term negative consequences for the intellectual and psychological development of the child. ECD programmes and services should therefore be designed to meet all three needs. In practice, this can be difficult to achieve. Institutional blockages, resource constraints, a narrow view on child development as well as long-held ways of doing things can prevent a more integrated approach to ECD.

The DGMT ECD portfolio will therefore support organisations and initiatives that aim to bring together different sectors in delivering an integrated service to children. This will include, in particular, access to health and nutrition, education and stimulation, and care and protection. It will also support organisations that aim to expand their current range of services.

Objective 2: Raising awareness amongst caregivers and increasing their ability to develop and protect their children

Given the important role of caregivers, and extended family, in the development of young children, efforts that are directed at support for caregivers are particularly important. These could include projects targeting the caregiver herself (such as income generating opportunities, mental health support and counselling) as well as those that focus on the caregiver-child relationship (e.g. parenting skills).

Linked to this, is the task of raising awareness amongst caregivers on the importance of ECD as a way of increasing community demand for ECD services. If ECD is to move higher up government's education agenda, then parents and caregivers need to voice their concerns and expectations. Developing a public awareness campaign around ECD and using this to lobby for better services for children will be part of this objective. This needs to build on a good understanding of parents' hopes and desires for their children and connecting these to the early years of development.

Objective 3: Strengthening human resource capacity within the ECD sector

According to the South African Council of Early Childhood Development (SACECD), there are more than 10 000 ECD practitioners in South Africa (Sitole, 2011). Partly as a result of the marginalisation of ECD, many of the workers in this sector are marginalised, with few opportunities for training and development, and low wage earnings. As the PETS study revealed, qualifications after school are important for salary earned: short courses in ECD or a level 1 ECD certificate bring minimal gains, but ECD certificate levels 4 and 5 bring greater gains, and post-school qualifications by far the most (Van der Berg et al, 2010). A postgraduate diploma can bring rewards of more than R5 000 compared to no qualifications beyond school. Yet few practitioners have access to these kinds of opportunities.

The sector has also struggled to develop strong leaders and middle managers for the NGOs working in this field. This means that there are few leading voices to advance the ECD agenda as well as a weak civil society contribution to the scaling up of ECD services.

The ECD portfolio will therefore support projects and initiatives that aim to increase this capacity, focusing in particular on programmes that have good after training follow-up and support.

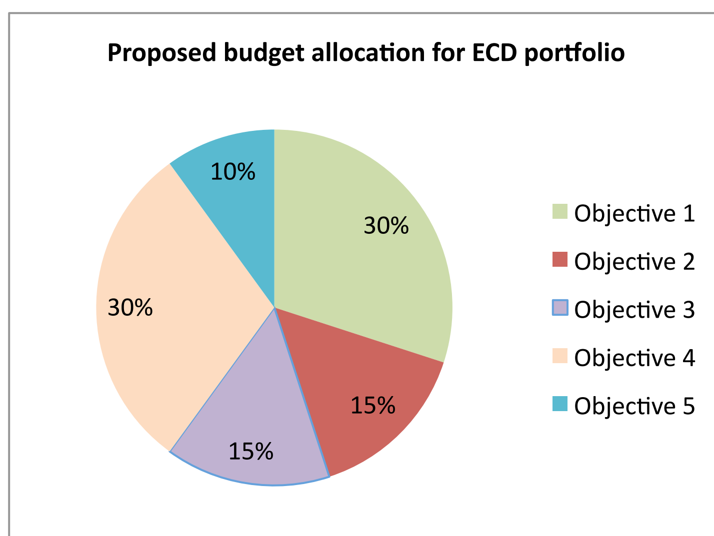
Objective 4: Taking quality ECD services to scale

If ECD is to deliver the societal benefits that it is capable of, then quality ECD services need to be taken to scale. This means increasing access both from the top-down (through, for example, better models of financing for non centre-based delivery) as well as from the bottom up (by increasing community demand for ECD services). By testing out models of integrated delivery at a local level (objective 1), a better understanding of the systemic opportunities and challenges becomes apparent.

Objective 5: Exploring new innovations within the ECD field

As a relatively new area of priority for the South African government, and because of rapid advancements in our understanding of child development, it is important to create space for generating and testing new ideas in the field of ECD.

A small amount from the budget of the ECD portfolio (not more than 10%) will therefore be reserved for projects that are largely research-based and which will allow for exploration of promising concepts, evaluation of interesting projects and/or the bringing together of different roleplayers working in the field.



7.2 Ilifa Labantwana – a flagship programme

Ilifa Labantwana is a four-year initiative to develop quality and scalable early childhood development programmes for disadvantaged children in South Africa. It is funded by the DG Murray Trust, the ELMA Foundation and the UBS Optimus Foundation. As shown in the table below, the objectives of Ilifa Labantwana support the objectives of the DGMT ECD portfolio. The focus of Ilifa Labantwana for 2011 is:

2011 Focus

In 2011, Ilifa Labantwana will continue to work towards these seven sub-objectives in order to achieve the greater goal of increased access to supportive ECD services for disadvantaged children in South Africa. The specific focus areas of the project for 2011 will be:

Objective 1: Demonstrate scalable, integrated ECD programmes for under-served communities
2011 Focus - Support partners in continued implementation of non-centre-based ECD programmes

Objective 2: Robust, external research
2011 Focus – Support on-going research process

Objective 3: Improve training for ECD practitioners
2011 Focus – Further development and distribution of a national ECD curriculum

Objective 4: ECD Management capacity and succession planning
2011 Focus – Capacity building/training for key ECD-sector future leaders

Objective 5: Access to government support
2011 Focus – Research project to map and track government funding flows to allow for further dissemination of information and engagement with stakeholders

Objective 6: Site upgrading and support for provincial roll-out
2011 Focus – Continue to work with and support two provinces in their roll-out of integrated ECD plans

Objective 7: Public and official awareness
2011 Focus – Develop and implement advocacy and awareness campaigns and disseminate research findings

2011 - Current and proposed projects contributing to these objectives include the following:

Current projects	Objective 1: Integrated services to the child	Objective 2: Working with caregivers	Objective 3: Strengthening HR capacity	Objective 4: Taking quality ECD services to scale	Objective 5: Supporting innovations
Ilifa Labantwana – flagship project (DGMT, ELMA, UBSOF)					
Mental health support for mothers in four sites in the Western Cape (Perinatal Mental Health Project)					
Psychosocial training of childcare workers in CBOs in Gauteng (Ububele)					
Proposed projects					
Zithulele and Coffee Bay Mentor Mothers Outreach Programme (Philani)					
Atlantis Family in Focus Programme (Foundation for Community Work)					
Social Auxiliary Worker model for Home Based ECD services (Kheth'Impilo)					

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