



- Developing The Essential Package of ECD Services
- Working at District Level to Create Systems Change in KZN
- Clarifying Human Resource Development Needs for ECD in North West Province
- Social Franchising for ECD
- Government Funding of ECD Services: Deciding Factors

ILIFA INSIGHTS

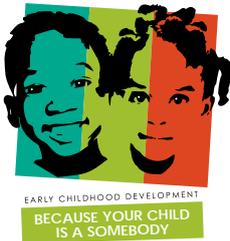


EARLY CHILDHOOD DEVELOPMENT
BECAUSE YOUR CHILD
IS A SOMEBODY

FACILITATING A QUANTUM LEAP
IN EARLY CHILDHOOD DEVELOPMENT
IN SOUTH AFRICA



ilifa
LABANTWANA



FACILITATING A QUANTUM LEAP IN EARLY CHILDHOOD DEVELOPMENT IN SOUTH AFRICA



Tel: (direct) +27 (0)21 670 9847 • Fax: +27 (0)86 583 8948 • www.ilifalabantwana.co.za

THE PROBLEM

In South Africa, significant numbers of young children live in high-risk poverty environments that reduce their chances to realise their potential. Service provision and support to the poorest and most vulnerable young children is fragmented, has limited reach, and is often of insufficient quality.

THE CONSEQUENCES

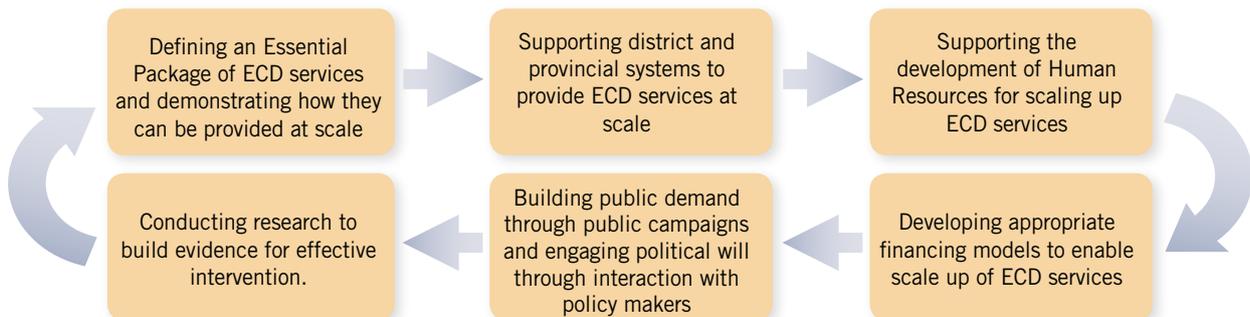
Children's rights, their health, and their social, emotional and intellectual development are compromised. The more adversities they experience, the worse the outcomes. In the long term, early deprivation leads to low levels of societal development, including poor school outcomes that reduce the chances of employment in adulthood.

THE SOLUTION

An age-appropriate continuum of quality, evidence-informed ECD services, commencing during pregnancy, needs to be provided at scale. Particular attention must be paid to those who are most disadvantaged and affected by adversity.

ILIFA'S STRATEGIC APPROACH (2013-2016)

Phase II of the Ilifa strategy will seek to provide the evidence (based on actual experience of implementation and careful evaluation) and build consensus and mechanisms to scale up appropriate and cost-effective ECD services and support for young children in South Africa. This will be achieved by:



WHAT DO WE WANT TO ACHIEVE BY 2016?

By 2016, we hope to have in place an integrated, logical, cost-effective system to take an Essential Package of ECD services to scale, together with a new approach to state financing for ECD services and support.

WHAT IS ILIFA LABANTWANA?

Ilifa Labantwana is a national programme, initiated and supported by a donor partnership, that aims to provide implementation evidence, build national capacity and galvanise informed political support for the provision of quality ECD services at scale, focussing on the poorest 40% of children under six.

EARLY CHILDHOOD DEVELOPMENT: A TIME OF OPPORTUNITY (2013-2016)

Commencing during pregnancy and ending at around nine years of age, ECD includes the processes whereby children grow and thrive – physically, mentally, emotionally, socially and spiritually.

The early years are a period of rapid development during which children are particularly sensitive to the quality of affection, care and stimulation they receive. The more opportunities they receive, the better the long-term outcome for them as individuals, and for society as a whole.

WHAT ARE ECD SERVICES?

Children are born "somebody". They are also born with rights, including the right to survival and protection and the right to develop to their full potential. The Essential Package of ECD services proposed by Ilifa Labantwana includes

- Nutritional Support
 - Primary Level Maternal and Child Health Interventions
 - Social Services
 - Support for Primary Caregivers and
 - Stimulation for Early Learning.
- These services are all essential for children's wellbeing, development and the realisation of their rights.

EDITORIAL



Introducing Ilifa Insights...

Ilifa Labantwana (Ilifa) is a national initiative with an ambitious aspiration: to galvanise everyone – from government to civil society, from training institutions to parents and caregivers – to change the face of early childhood development (ECD) in South Africa and, in doing so, ensure access to quality essential ECD services for the largest – and poorest – segment of young children in the country. Since its inception in 2008, Ilifa has been following a multi-faceted strategy, to allow it to contribute to growing momentum towards achievement of that aim. The first phase of the programme funding ended in June 2013, with all donor partners renewing their commitment to Ilifa and another joining the team.¹ Phase II of Ilifa then started formally in July 2013.

Building on the successes and learning (positive and thought-provoking) of Ilifa's Phase I, the programme strategy was refined and developed to strengthen and finesse core objectives and activities. The strategy now emphasises a heightened focus on the interconnectedness of Ilifa's objectives (see the illustration of Ilifa's strategic approach on the opposite page), greater clarity on how and why Ilifa will seek to realise its objectives, and an increased focus on programme implementation on the ground. As stated clearly in the programme's 2013-16 strategy document, in Phase II, Ilifa will *“seek to provide the evidence (based on actual experience of implementation and careful evaluation) and build consensus and mechanisms to scale up appropriate and cost-effective ECD services and support for young children in South Africa”*.

Consistent with its ambitions, the pace of Ilifa's development is so rapid that we decided the time had come to introduce a regular mechanism to highlight our major steps forward, focusing particularly on the illumination of implementation and good practice. *Ilifa Insights* will be published three times a year, shining a light on progress made towards our broader strategic objectives and, more specifically, reflections on the real life of ECD service delivery. It joins a rich corpus of communications, which we hope will not just showcase Ilifa's work and partnerships, but will enrich and add impetus to initiatives for achieving ECD at scale across government and civil society. The suite of Ilifa publications includes:



- **Research Briefs:** developed through research and Dialogue processes to provide thought leadership on key thinking that underpins ECD policy and programmes. Interest in these briefs could include academics, policy-makers, bureaucrats, civil society organisations: essentially, anyone wanting to ensure that their programmes have a theoretical base.
- **Lessons from the Field:** primarily of interest to programme implementers, these provide reflections from the coal face, based on the implementation learning of our partners.
- **Technical Reports:** mostly of interest to ECD professionals working either in government or at management level in civil society organisations, these reports detail Ilifa's programme implementation, in order to surface approaches, challenges and recommendations.
- **Policy Briefs:** drawing on learning from across its programme implementation and research work, Ilifa draws together and makes strategic policy recommendations as and when appropriate.

All of these documents are available from us by email, hard copy (postage) or online at www.ilifalabantwana.co.za.

While working increasingly at a national level, for national impact, Ilifa's provincial partnerships in North West and KwaZulu Natal form the basis of much of our developing understanding and practice. *Ilifa Insights* will therefore uncover the key learning, knowledge and tools that emerge from our provincial work. Another regular *Insights* feature will be a section on **Game Changers**: those ideas (innovative or merely in need of restating) we think have the potential to create tipping points in ECD in South Africa.

As this is the first issue of *Ilifa Insights*, we share some of the pivotal programmatic activities cutting across the past year of our work. These include articles on defining an Essential Package of ECD services and clarifying human resource needs to enable the provision of ECD services at scale, both of which informed the development of South Africa's draft national ECD policy and programme. The importance of focusing on district level capacity to achieve population coverage is demonstrated by an article on Ilifa's endeavours in KwaZulu Natal. We are also excited to introduce two *Game Changers* in this edition: social franchising for ECD and the factors impacting government funding of ECD services.

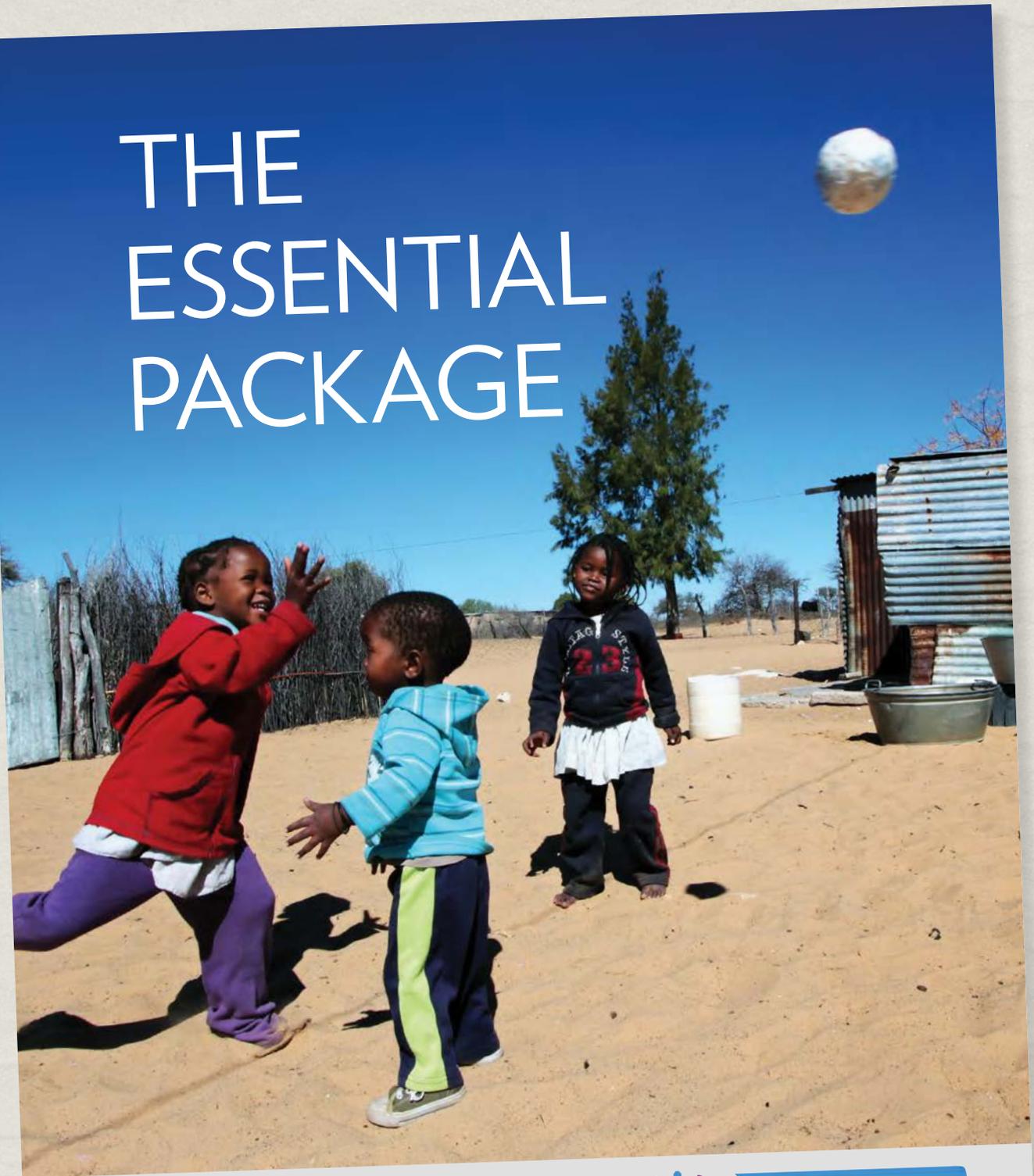
We hope you find *Ilifa Insights* engaging and useful. **We welcome any comments and input by email to heidi@dgmt.co.za or dela@dgmt.co.za.**

Sherri Le Mottee
Programme Leader

Ilifa Labantwana is a national programme, initiated and supported by a donor partnership, that aims to provide implementation evidence, build national capacity and galvanise informed political support for the provision of quality ECD services at scale, focusing on the poorest 40% of children under six. The donor partners include the ELMA Foundation, the DG Murray Trust, the First Rand Foundation and the UBS Optimus Foundation.

¹ Ilifa is a joint initiative of the DG Murray Trust, the ELMA Foundation and First Rand Foundation, with founding partner, the UBS Optimus Foundation, remaining an important contributor.

THE ESSENTIAL PACKAGE



EARLY CHILDHOOD SERVICES AND SUPPORT
FOR VULNERABLE CHILDREN IN SOUTH AFRICA



ilifa
LABANTWANA



ESSENTIAL PACKAGE

Developing The Essential Package of ECD Services

ANDY DAWES

Background

The early childhood period covered by Ilifa Labantwana (Ilifa) commences in pregnancy and ends at 6 years old. Particularly in the first two years, this is a period of rapid development, during which children are particularly sensitive to the quality of affection, care and stimulation they receive.

Unfortunately, significant numbers of South Africa's young children and their caregivers live in high-risk environments that compromise their care and well-being and reduce the chances that they will be able to realise their potential. Service provision is fragmented, has limited reach, and is often of insufficient quality. These challenges have major consequences for human development and societal well-being over the long term. While universal provision of a full range of services to address all children's developmental needs is optimal, resources are limited, and we need to identify the *essential* services required to ensure sound early development. Particular attention must be paid to those who are most disadvantaged and affected by preventable risks to health and development.

The Essential Package of Early Childhood Services and Support developed by Ilifa provides concrete recommendations for a well-defined package of services and support to vulnerable children and those who care for them. *The Essential Package* was conceptualised early in 2013, following which an initial draft was presented at a consultative dialogue of experts.

Based on inputs received, and following consultation with other stakeholders, *The Essential Package* was refined, published and widely distributed.

What is in *The Essential Package*?

The Essential Package places primary caregivers at the centre of the child's care and development. It focuses primarily on prevention and early intervention services, with provision for referrals for more intensive interventions. It recognises that specific inputs are required at different stages of a child's development and that it is necessary to build a developmentally appropriate continuum of services, commencing with antenatal care.

The Essential Package is aligned to services already provided in government policy and programmes. Most essential services are universally required, while others target children with particular risk profiles (e.g. exposure to an HIV+ mother in pregnancy). *The Essential Package* is also aspirational in listing services that are not currently provided, but which are considered essential. It promotes intersectoral collaboration, as far as possible. *The Essential Package* is intended primarily as a tool to assist service providers to monitor essential service delivery. Simple indicators of service delivery and for measuring success are provided.

Figure 1: Components of the Essential Package



The five components of *The Essential Package* are outlined below:



1. Nutritional Support

Poor nutrition impacts negatively on brain development, learning capacity and physical development and has serious consequences for adult productivity and economic development. *The Essential Package* provides for maternal nutrition supplementation as an essential service, to ensure foetal health and growth. Breastfeeding is promoted for at least the first six months, and children failing to thrive must be provided with supplements.



2. Primary Level Maternal and Child Health Services

During pregnancy and the first two years, *The Essential Package* seeks to support improvements to the quality of antenatal care, prevent alcohol and substance abuse, and address the need for maternal mental health services, where required. Depression affects significant numbers of women in disadvantaged communities and compromises their ability to care. Alcohol abuse and drug usage (such as metamphetamaine or *tik*) impacts foetal neurological development. If the impact of such substances is to be reduced, screening and provision of primary level mental health support must be regarded as essential services.

... it is necessary to build a developmentally appropriate continuum of services, commencing with antenatal care.

Screening children for developmental delay and disabilities is an essential service. If left unattended, they constitute barriers to learning and result in preventable poor educational performance. *Road to Health* booklets must be up to date, children must be fully immunised and their growth monitored. HIV-exposed children must receive PMTCT treatment.



3. Social Services

Essential social services defined in *The Essential Package* include birth registration, social protection (e.g. Child Support Grant - CSG), and protection from maltreatment. Birth registration is a constitutional right that should be secured as early as possible, as it is required to access services, including the CSG. *The Essential Package* proposes two services for child maltreatment that seek to improve the responsiveness of the child protection system and reduce the risk of secondary traumatisation. These must be complemented by preventive services, such as parenting programmes and caregiver support.

Evidence from across the world, including low-income countries, demonstrates that access to early learning stimulation in the preschool years significantly enhances the ability of children from impoverished backgrounds to benefit from schooling.



4. Support for Primary Caregivers

Nurturing parenting during the first years of a child's life has positive effects on all aspects of child development. Such capability is compromised in poverty and other stressful environments impacting the wellbeing of the caregiver, thus increasing the risk of child neglect and under-nutrition. *The Essential Package* proposes initiatives to support vulnerable caregivers and assist them to provide nurturant care. Support for primary caregivers includes parenting education and psychosocial support.



5. Stimulation for early learning

Children whose early years are spent under impoverished conditions tend to be disadvantaged by inadequate preparation for the demands of schooling. Evidence from across the world, including low-income countries, demonstrates that access to early learning stimulation in the preschool years significantly enhances the ability of children from impoverished backgrounds to benefit from schooling. It also reduces the likelihood that they will drop out of school and increases the probability that they will be employed as adults. *The Essential Package* recommends that poor children have access to one of the following early learning



programmes: a home visiting intervention in which stimulation for early learning is provided; a centre-based programme or a weekly quality playgroup with activities oriented toward readiness to learn in school; toy and book libraries.

Where to from here?

The Essential Package forms the conceptual basis for models being tested by Ilifa in North West and KwaZulu Natal provinces, to scale up access to services for vulnerable children and their caregivers. It has been presented to stakeholders in government and the ECD non-profit sector and has received considerable recognition as an important contribution. The ideas contained in *The Essential Package* are being incorporated in recommendations for the new ECD policy and programming being developed by UNICEF and the Department of Social Development. The goal is to ensure quality services for all children. It is their right and our duty.

***The Essential Package* is available for download at:**
<http://www.ilifalabantwana.co.za/2014/03/13/the-essential-package-of-ecd-services-and-support-to-vulnerable-children-in-south-africa/>



Working at District Level to Create Systems Change in KZN

SONJA GIESE

Ilifa's work in KwaZulu Natal (KZN) aims to demonstrate the delivery of an Essential Package of services for young children, through collaborative interventions that have the potential for systemic impact. In March 2013, Ilifa Labantwana (Ilifa) signed a Memorandum of Understanding (MOU) with the KZN government, committing itself to a three-year partnership to improve access to such an Essential Package for children in the province. The partnership involves the active participation of five government departments: Health, Social Development, Education, Arts & Culture and Sports & Recreation. These departments comprise the Social Cluster in KZN. The Essential Package promoted by Ilifa comprises five areas of intervention, namely:

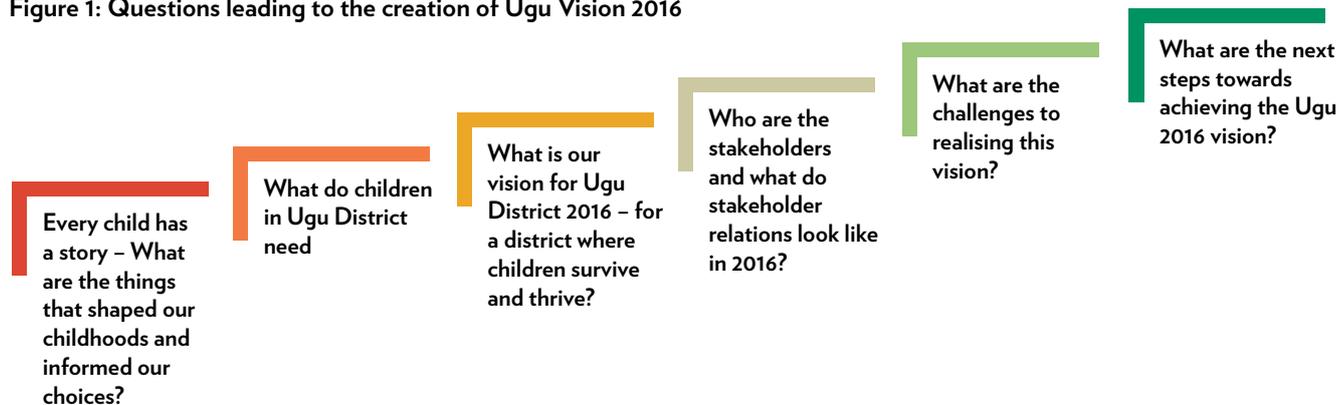
- i. Primary level maternal and child health interventions
- ii. Nutritional support
- iii. Social services
- iv. Support for primary caregivers
- v. Stimulation for early learning

Ilifa's engagement in KZN takes place at all levels within the system, from provincial to ward levels, but the primary focus is on the district level. Four district municipalities were selected as

geographic areas of focus for the partnership, in consultation with the Social Cluster. These are: uMkhanyakude, Zululand, uMzinyathi and Ugu. The decision was taken to begin in Ugu District, with a purposive approach to knock-on implementation in other districts over time. As the first Ilifa "demonstration district", Ugu has provided us with the platform to develop, pilot and refine our approach. While the approach remains iterative and evolving, some key features have emerged which will inform Ilifa's activities in subsequent districts.

Strong departmental leadership and governance at all levels is essential for systems change. The active participation and leadership of the Department of Social Development (DSD), and other relevant departments, is integral to the achievement of the objectives set out in the Ilifa MOU. A provincial Integrated ECD Committee has been established to inform and monitor the partnership and to report directly to the Social Cluster. This structure is mirrored at district level, with an integrated district implementation team representing all key stakeholder groups. In Ugu, the district team met for the first time in October 2013, when representatives of each department attended a two-day creative visioning workshop facilitated by Ilifa. Figure 1 describes the key questions that guided the creative visioning workshop.

Figure 1: Questions leading to the creation of Ugu Vision 2016

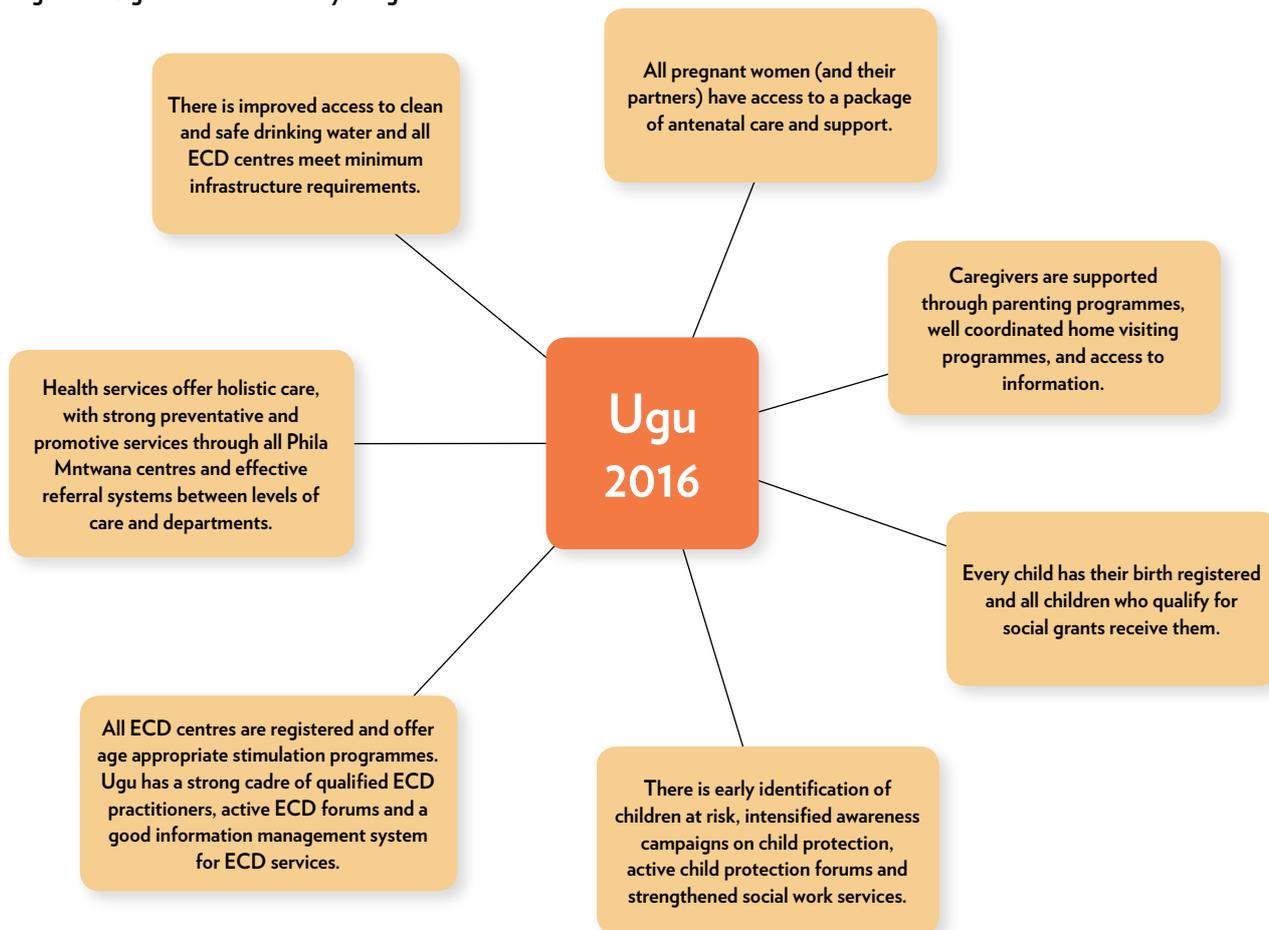


Participants generated the following vision for Ugu in 2016:

“Ugu 2016 is a district that works together to provide comprehensive, integrated services that are *appropriately resourced and well monitored*, in order to meet the health, nutritional, social wellbeing and stimulation needs of all young children.”

The vision for 2016 encompasses a cluster of services which span the period from pregnancy to age 6 years and which address the full spectrum of needs of young children in Ugu. These are illustrated in Figure 2.

Figure 2: Ugu Vision 2016 for young children



The vision has begun to inform annual planning processes in the district (thus far for 2013/2014 and 2014/2015) and provide the basis for regular review and reflection. Similar processes are now being planned as the entry point for Ilifa’s work in the other three selected districts in KZN.

Ilifa is placing great emphasis on district level capacity building, including in the areas of planning, budgeting, monitoring and evaluation. Our intention is to work with district teams towards the submission of strong annual budget bids that are aligned to a district integrated ECD plan and monitoring and evaluation framework.

In addition to capacity building, consultation with a range of

Ilifa’s engagement in KZN takes place at all levels within the system, from provincial to ward levels, but the primary focus is on the district level.

stakeholders and a review of ECD services within the district enabled Ilifa to identify practical areas of intervention that have the potential for systemic impact. In selecting areas of intervention, the key criteria were considered, as illustrated in Figure 3.

Figure 3: Key criteria for selecting Ilifa intervention areas at district level



Using the selection criteria, three exciting initiatives are currently underway in Ugu.

1. Information Management System Improvement

Based on a review of ECD centre and programme registration and funding systems, Ilifa identified the need for improved information management as the first step towards better ECD service planning and regulation. Ilifa is working with the district team in Ugu to develop and model an Information and Work Flow Management System in KZN that facilitates population level planning and provisioning of ECD services within DSD. The system will:

- Create an online repository for information that is currently kept in paper files at service offices;
- Build on and ensure updates to the national ECD audit data;
- Provide easy access to information;
- Enable officials to generate necessary reports efficiently and accurately; and

- Facilitate use of information at various levels for planning, budgeting and bidding, monitoring, registration systems enhancements and ECD massification.

2. Stimulation Interventions for Early Learning

An important component of the Essential Package is stimulation for early learning, including programmes offered through ECD centres, playgroups and home visiting. All children should have access to stimulation programmes and special effort needs to be made to ensure that the most vulnerable children, including those with disabilities and other barriers to learning, are not excluded. In recognition of this, the KZN Provincial Integrated Plan for ECD and the Ugu Integrated ECD Plan have a specific objective to ensure the inclusion of children with special needs in ECD services. Ilifa is supporting DSD in its efforts to design, pilot and cost these interventions in Ugu, with the following goals:

1. Develop and implement a training programme to equip ECD practitioners to support children with disabilities in early learning and to create ECD Hubs of Inclusion within each local municipality.
2. Support parents of children with disabilities in their caregiving roles, including encouraging interaction and play with their children, and as advocates for the rights of their children.
3. Build community awareness of the importance of access to early learning opportunities for all vulnerable children, particularly those with disabilities.
4. Strengthen referral networks and pathways between services being provided to young children.
3. Support the development of a strong ongoing monitoring system for Phila Mntwana.
4. Utilise the Phila Mntwana platform to pilot a screening tool for maternal mental health that can be administered by community caregivers.
5. Develop/adapt and pilot the introduction of a maternal mental health intervention in selected well-functioning sites.
6. Evaluate the feasibility and appropriateness of scaling a maternal mental health intervention through primary health care settings.

The process will be closely monitored and documented, a resource pack will be developed and the final model will be costed and human resource requirements mapped for scale.

Ilifa identified the need for improved information management as the first step towards better ECD service planning and regulation.

3. Primary Level Maternal and Child Health Interventions

In July 2013, the KZN Department of Health launched an initiative to establish child community diagnostic centres in the province – Phila Mntwana Centres. These wellness centres serve as health promotion and disease prevention sites for children in the community and are linked to the provincial government flagship initiative, Operation Sukuma Sakhe. Consultation with provincial and district level Phila Mntwana partners and visits to Phila Mntwana sites have highlighted areas in which Ilifa can add value to this promising initiative.

Over the next 12 months, Ilifa is working in partnership with the Department of Health and several NGOs to:

1. Undertake an evaluation of the Phila Mntwana programme, with a focus on the 29 sites in Ugu.
2. Draw on the evaluation to inform Phila Mntwana implementation across the 11 districts in KZN.

The Challenge of Taking a Systems Approach

Adopting a systems approach to ECD service enhancement has several inherent advantages – most notably the opportunity to achieve significant scale for interventions that are proven to be effective. A systems approach also, however, brings many key challenges. In most instances, the systems with which Ilifa is working are “nested” within broader systems at various levels of government. So, while Ilifa is focusing on district level improvements, the existence of “nested systems” means that change at district level requires shifts within broader systems higher up the service chain and across departments. Change at this level is difficult to effect and concurrent active engagement with stakeholders across departments and levels of governance is essential.





NORTH WEST

Clarifying Human Resource Development Needs for ECD in North West Province

FIONA BURTT¹

Since 2011, Ilifa has been working in partnership with the Department of Social Development (DSD) in North West province and NGO partners (ELRU and Ntataise) to model and test approaches to delivering an Essential Package of ECD services in the province. Focusing on two very rural and impoverished local municipalities (Ratlou and Kagisano-Molopo), the partnership aims to acknowledge, ameliorate and integrate a full range of ECD services, from centre-based and home visiting provision, to local and provincial government management of services. Support for officials tasked with responsibility for ECD services currently and for managing scale-up, ultimately to reach the majority of young children in the province, has been a critical part of Ilifa's role.

Recognising that planning for an age-differentiated, population-based approach to ECD scale-up, using multi-stranded delivery channels, requires a thorough understanding of human resource (HR) development requirements, Ilifa undertook to interrogate these, in order to assist with effective planning for scale-up in North West. Using Ilifa as a resource for the team drafting the national policy and programme for ECD, it was further intended that such analysis and any recommendations would provide the drafters with concrete information.

As a first step, in late 2013, Ilifa commissioned a team of independent technical partners² to undertake a case study in

North West, to provide insight into what is happening with HRD for ECD, as well as the existing gaps and challenges in the province, and thence to clarify HR priorities for ECD. Given the many aspects of ECD, the team attended specifically to those relating to early learning stimulation.³ Central to this was what we labelled the "triple delivery mechanism" for early learning interventions: 1) outreach/home visiting (0-2 year olds); 2) community play groups (3-5 year olds); 3) centre-based services (3-5 year olds).⁴

Overall, the team focused on a number of critical challenges:

1. How to support government to scale up ECD *with quality*, including partnerships needed.
2. Models of supervisory structures (provincial employment, franchise approaches, networks and associations, and capacity building/resource organisations) that can pull together and assist service providers so that the Essential Package of ECD services can be delivered.
3. Differentiating the numerous role-players in the sector and the range of HR needed for centre and out of centre provision (from direct delivery to training and management), in order to understand the type of linkages that improved integration should facilitate.
4. The skills needed for scale-up, where the gaps are and how they can be filled.
5. The career "lattice" for ECD workers and how to ignite it.

Due to the scope of the work, a considerable variety of insights emerged. It became clear that the majority of these were broadly as relevant to any province and to the national ECD system in South Africa as to North West specifically. A notable challenge that hindered progress was the potential for unreliable data and a lack of effective data systems at all levels. For instance, there proved to be no centralised system in the province (in DSD or North West Education Department (NWED)) for recording consistent and up-to-date details of ECD practitioners and their qualifications, learnerships, accredited training providers or sites. Without accurate information of this kind, it would be impossible to plan according to need. It has therefore been recommended that North West DSD and NWED should work together to develop a comprehensive, integrated database.

A critical factor, that became ever clearer throughout the research process, was that the many different aspects of ECD HR have to be considered together – in planning for scale-up, focusing on one area alone (e.g. qualifications or recruiting more practitioners) will not be enough. Three of the most prominent, interlinked areas for concern identified are as follows:

1. Numbers

There are simply not enough people dedicated to ECD at any level in North West (nor, evidently, in any other province or nationally): from government and organisational management of ECD to practitioners. Estimating the current numbers in the system, the team also estimated the number of, and gaps in, personnel required for coverage of 40%, 50% and 80% of young children in the province. To reach 50% of children, for instance, there is an estimated gap of between 5,270 and 6,445 ECD focused personnel (centre-based and home and community-based practitioners and DSD supervisory structures). All the DSD posts involved in ECD have it as only one of several (up to 10 or 15) different programme responsibilities. It is unlikely that a small and stretched staff can be effective guardians of ECD services at their current level, let alone manage service scale-up.

2. Training

A more integrated approach to training ECD personnel is essential, not least to grow numbers of staff at all levels and retain and make them more effective. The current focus on ECD centre practitioner up-skilling, at the expense of new entrants and other types of practitioner, continues to leave

a huge gap. NWED has funded NQF Level 4 and 5 ECD training for a significant percentage of in-service, centre-based practitioners and principals via the three provincial FET colleges. While there is a high rate of throughput, however, the impact of training is questionable. It appears that qualifications training is not rendering practitioners more competent in the workplace.

The professionalisation of ECD will require an understanding that ECD HR training is not just about qualifications. It must be seen as an ongoing process of professional development and must also include skills training programmes for personnel such as government officials with ECD-related responsibilities. This will require significantly increased capacity for both training (the quantum of ECD trainers in the country being insufficient for current needs, let alone scale-up)⁵ and in- and post-training support, supervision, mentorship, monitoring and motivation – without all of which, training risks having little impact.

Figure 1: Illustrating the gap in trainers and trainers of trainers



3. Strategy

The absence of a comprehensive ECD HR development strategy is a serious barrier to effective ECD scale-up, in North West and nationally. The existing ECD system in the province is largely uncoordinated and lacks strategic, population-based planning and there has been insufficient attention paid to HR requirements. Overall, there is a pressing need for the creation of a comprehensive strategy for ECD HR training and development (including innovative funding models), to cater not only for centre-based practitioners, but

those working in home- and community-based programmes, as well as centre or programme managers, provincial and local government officials, trainers, moderators and assessors.

This should involve issues of employment, management, recruitment, training (not just for qualifications), supervision, remuneration and resources, as integrated parts of the whole ECD system (see Figure 2). Furthermore, it will require the integrated involvement and focus of many stakeholders, including key government departments, such as Social Development, Education and Higher Education, and the relevant SETAs. The principle of “progressive quality improvement” for ECD HR (and thus ECD service delivery/child learning outcomes) should be foremost in such a strategy.

Figure 2: The links between different aspects of ECD HR development



Finally, the case study team found that consistent exposure to critical thinking about ECD and good ECD practice by interaction with Ilifa and its partners, has begun to help capacitate

The professionalisation of ECD will require an understanding that ECD HR training is not just about qualifications. It must be seen as an ongoing process of professional development.

DSD officials in North West to carry out their ECD-related responsibilities more effectively and to grow their enthusiasm for, and understanding of, ECD. Largely due to this, there is potential to model and test strategic approaches to building a comprehensive system in North West, as an exemplar for systems change for ECD HR development across South Africa.

Endnotes

- 1 With thanks to Chris Murray and Elizabeth Girdwood.
- 2 Fiona Burt, Elizabeth Girdwood and Chris Murray, authors of the report, *Clarifying Human Resource Priorities for Early Learning Stimulation in South Africa: A Case Study in North West Province*.
- 3 Referred to in Ilifa's Essential Package foundation document as related to young children's motor, visual-motor perceptual, language, cognitive and numeracy development. It also includes the development of a child's readiness to learn on entering school.
- 4 As recommended in documents such as the *National Integrated Plan for Early Childhood Development in South Africa 2005-2010* (Department of Education, 2005), the *Diagnostic Review of Early Childhood Development. Report for the Department of Performance Monitoring and Evaluation in the Presidency and the Inter-Departmental Steering Committee on Early Childhood Development* by L. Richter et al. (HSRC, 2012) and *The Essential Package: Early Childhood Services and Support for Vulnerable Children in South Africa* (Ilifa Labantwana, 2013).
- 5 See reports such as Ilifa's *Report On A Survey of Non-Profit Organisations Providing Training For ECD Programmes And Services (Birth To Four Years)* by Linda Biersteker and Pam Picken, 2013. Further, there are very few trainers experienced in providing training for home and community-based ECD practitioners; the need for competent trainers able to train ECD NQF Level 4 in African languages far outstrips the number of such trainers; and who will train the trainers?



● ● ● ● ● GAME CHANGERS

In every issue of *Ilifa Insights*, we will introduce innovative thinking and practice that we believe to have the potential to be game changing for ECD in South Africa.

GAME CHANGERS

Social Franchising for ECD¹

CAROL-ANN FOULIS *explains the possible value of using this entrepreneurial strategy for improving ECD access and quality in South Africa.*

What is Social Franchising?

Social franchising is being used all over the world as a game-changing strategy for bringing essential services to poor people at scale. Social franchises operate across a range of sectors, including health care, education, and social support and protection. A social franchise is significantly different from a commercial franchise, in that it is set up to **maximise social impact** rather than maximise profits. However, it draws from systems, processes and approaches in commercial franchising to provide a consistent range of services, by creating an organised network of providers, achieving economies of scale in common activities and processes and developing common metrics to monitor and assess performance.

Much like the Montessori pre-school approach, an ECD social franchise would employ a common organisation and processes to deliver a defined package of essential ECD services, sharing training, teaching and learning materials, quality assurance, monitoring and reporting. Social franchising can be regarded as one of a number of growth and replication strategies for ECD.

Examples of Successful Social Franchising

Most successful social franchises require donor investment for the start-up phase, with many going on to generate their own income. Here are some positive examples of franchises from various sectors and countries:

In India, *CHILDLINE India* provides a toll-free help line for street children in distress. As of March 2013, a total of 27 million calls had been serviced (since its inception in 1996), with operations in 291 cities or districts in 30 states drawing on a network of 540 partner organisations across the country.

In Ghana, *Omega Schools* is a for-profit social franchise aimed at expanding access to high quality, low-cost private education for low income households. Started in 2009, it operates in three districts in the Greater Accra and Central regions, supporting children from pre-school (two years plus) to grade 6. Currently there are 20 franchisee schools, serving 20,000 students. On average, students of these schools score 30% higher grades than students in public schools.

In Kenya, *Bridge Academies* is also a for-profit social franchise, providing low-cost quality nursery to grade 8 education to children in Nairobi, Mombasa and other urban areas. Bridge Academies launched in 2009 and currently has 134 franchisee schools and 53,000 students. Student learning (measured by national tests) also outperforms public schools by 30%.

A reliable, cost-effective system of quality assurance would be an essential feature of the social franchise.

In Colombia, the social franchise *aeioTU* presently provides holistic ECD services (education, nutrition and care) to more than 5,000 children. Founded in 2008, and starting with the inauguration of four franchisee centres in 2009, *aeioTU* has expanded rapidly to 16 franchisee centres in five years. By the end of 2014, *aeioTU* will reach more than 7,500 children directly, through the operation of 20 *aeioTU* centres. The majority of *aeioTU* beneficiaries (98%) are, and will continue to be, children from families representing the lowest socio-economic groups in the Colombian government's system of benefits entitlement assessment.

In 2012, there were at least 74 *clinical social franchise programmes operating in over 40 countries*, with more than 75,000 providers, ranging from hospitals and clinics to independent doctors, nurses, pharmacies, midwives and community health workers. The franchised services include maternal and child health, reproductive health and family planning, HIV, TB, and STIs. Almost 15 million visits to social franchise outlets were recorded in 2012. (Social Franchising For Health)

And in South Africa, *loveLife*, the largest national HIV prevention initiative for young people in the world, has fractionally² franchised a number of its programmes, with offices in all nine provinces, coordinating activities across 23 different regions. A national network of approximately 900 hubs - including *loveLife* Y-Centres, community-based organisations, "youth-friendly" clinics and schools - provides a platform for *loveLife* volunteers - known as *groundBREAKERS* and *Mpintshis* - to reach out to approximately 8,000 schools, providing educational, recreational and sexual health services in resource-poor communities throughout the country. The HIV prevalence

rate among *loveLife*'s target group (youth aged 15-24 years) declined significantly from 10.3% in 2005 to 8.7% in 2008 and 7.3% in 2012.

What is Currently Holding Back ECD in SA?

In South Africa, there has been progressive evolution of the policy and regulatory environment for ECD since 1994. The government has led an important expansion of ECD services for children 0-5 years, through the expansion of grade R for 4-5 year olds by the Department of Basic Education (DBE), and subsidies to disadvantaged 0-4 year olds attending ECD centres, through the Department of Social Development (DSD).

However, while the data shows substantial increase in access to early education for 5 year olds, there remains limited access for 0-4 year olds:

- Enrolment of 5 year olds in grade R increased from 40% in 2005 to above 80% in 2011.³
- Approximately only 32% of children 0-4 years old attend some kind of ECD facility outside the home.⁴
- Attendance at an ECD facility among children in the poorest 40% of households lags even further behind, at around 20%.⁵

The significant coverage gap in ECD services for the poorest children results mainly from the combined effect of fragmented and/or insufficient supply in the areas where they live and the limited ability of households to pay fees. Additionally, the highly regulated environment for ECD centres to become (and remain) registered, although necessary, limits the formation and sustainability of new ECD centres. In addition to this coverage gap, where ECD services are provided they are characterised by:

1. A partial, highly idiosyncratic package of ECD services.

There is high variability in the ECD services children receive, with a strong correlation between the "resources available" to the service providers and the services actually delivered in ECD facilities and programmes. Thus, services range from solely custodial day-care or child-minding services at somebody's home, to attendance at a guided playgroup, to participation in an ECD centre with comprehensive and integrated services.

A social franchise is set up to maximise social impact rather than maximise profits.

2. **Uneven quality of existing ECD services, with children from disadvantaged backgrounds receiving lower quality services.** Quality ECD services result from a combination of factors and research is not conclusive as to which factors matter the most for ECD “outcomes” in different national contexts.⁶
3. **Most ECD providers operating on a stand-alone basis, with limited access to implementation support. This limits their ability to achieve economies of scale and expand the supply of ECD services.** The majority of ECD providers are small and self-contained operations, working with shoestring budgets and limited resources in a specific geographic area.
4. **Lack of clear accountability for ECD in the government that results in a coordination vacuum and red-tape that limit ECD scale-up and complicate service delivery.** Because child development is a multi-dimensional process, every child requires interventions from several sectors, including health and nutrition (Department of Health), stimulation and early learning (DBE) and social and income support (DSD). While relevant government departments have policies and standards in place regarding ECD, there is no overall structure supporting and promoting coherence, consistency and quality of ECD services provision at an aggregate level. This lack of coordination results in insufficient management and operational guidance for non-government ECD service providers, contributing to uneven practices and application of existing standards. There is also a lack of quality assurance of ECD services that not only reflects the leadership and coordination vacuum discussed above, but also low implementation capacity in the government agencies involved in ECD; the main focus there is on fiduciary compliance, as opposed to support for quality service delivery.



Approximately only 32% of children 0-4 years old attend some kind of ECD facility outside the home.

5. **Low levels of awareness amongst parents and caregivers about the value of quality ECD and what quality ECD looks like.** These are important factors that need to be addressed, in order to serve children better in their early years. The coverage gap is also simply too large to be dealt with through the expansion of existing programmes and therefore calls for innovative approaches. The existing body of evaluations shows that some of South Africa’s ECD programmes have a significant impact on child development. However, they have not been assessed in terms of costs (which is essential to determine their affordability), resources required to scale up and financing options. In addition, most of these programmes are small-scale. Organisational and managerial requirements to increase such scale-up also need to be assessed, to determine their institutional feasibility.

What Can Social Franchising Contribute to the Expansion of Quality ECD Services in SA?

The objective of an ECD social franchise would be to expand access to quality ECD to all poor children 0-4 years old in South Africa, so that they have the foundation needed to succeed in school and later in life. An ECD social franchise would employ the common scheme and processes of a franchise to deliver a standardised package of essential and integrated ECD services to children 0-4 years, at scale (in contrast to current programmes).

Addressing some of the problems currently experienced in the ECD sector (see previous section), such an approach should aim at greater consistency of services, increased support to small and stand-alone operations, faster expansion at lower costs, and the use of IT as an enabling component for various aspects and phases of ECD social franchise implementation (e.g. monitoring and reporting). It should also include greater public awareness and communication as a critical component in driving the demand side of provision.

To support consistency of services, a detailed and clearly “scripted” package would be developed and rolled out through a system of ECD facilitators, supported by a regional mentor/supervisor based at the ECD franchisee organisation. This quite prescriptive approach would be used to enable under-trained practitioners (as is currently the case) to deliver a consistent service.

Importantly, the issue of varying levels of ECD service quality should also be a key focus of an ECD franchise, as this area is not well addressed by current services at scale (at small scale, NGOs are trying, with varying degrees of success, to achieve consistently high quality service delivery). A reliable, cost-effective system of quality assurance would be an essential feature of the social franchise.

Opening an Exciting Door for ECD Scale-Up in South Africa

Social franchising provides exciting possibilities for the ECD sector. Much work needs to be done to design and develop models that can be successful in our context, as well as to provide ongoing opportunities for discussion and input on how this may work. Developing indigenous models that draw



on the best from elsewhere, while crafting programmes that have a good chance of success in local circumstances, is an important objective to have in mind as we look for new ideas and solutions for the ECD sector, and the majority of young children, in South Africa.

Endnotes

- 1 This piece draws on an unpublished paper written by Ana-Maria Arriagada entitled “Scaling-up Early Childhood Development (ECD) in South Africa”, November 2013.



- 2 Fractional franchising is a form of franchising in which a franchised service or product is added to an organisation's existing repertoire of services or products.
- 3 Estimates show that 80% of children in grade R attend public schools and 20% attend autonomous schools/centres. DBE funding for the latter can include teacher salaries or child subsidies. See SA Presidency (2012) *Diagnostic Review of Early Childhood Development*.
- 4 Harrison D. "Opportunities for Learning", Background Paper No.7, SA Presidency (2012) *Diagnostic Review of Early Childhood Development*. It should be noted that this includes

"any" kind of service/programme of any duration and/or content.

- 5 *Ibid.*
- 6 See review of international and South African research findings in Biersketer, L. et al., "*Predictors of Center-Based Early Childhood Care and Education Program Quality: A South African Study*" (2013), paper under review for *Early Childhood Research Quarterly*.



● ● ● ● ● GAME CHANGERS

GAME CHANGERS

Government Funding of ECD Services: Deciding Factors

Over the past year, Ilifa Labantwana has been working with Cornerstone Economic Research to understand and support national and provincial budgeting for ECD. Here, CONRAD BARBERTON of Cornerstone discusses the factors that may impact on government funding of ECD services and that may or may not prove to be game changers.

Essentially, there are three options to financing the large-scale provision of ECD services on a sustainable basis:

- a. Parents or caregivers pay for the provision of ECD services;
or
- b. Government pays for the provision of ECD services; or
- c. A combination of the above two options.

Currently, donor funding plays an important role in the provision of ECD services. However, this source of funding is not sustainable in the medium term, and it is insufficient to finance the scale-up of such services to achieve population coverage.

Parents and caregivers make an enormous contribution to the financing of ECD services. Often this is by choice – because they can afford to purchase the services and want to give their children a good start in life. Very often, it is out of necessity – because parents are working, they need to pay someone to look after their children, and “playschools” or “kindergartens” are affordable options. However, the reality of poverty in South Africa means that only a small percentage of parents can afford to finance ECD services for their children. The rest cannot. To rely only on the private financing of ECD services, therefore, would perpetuate existing social inequalities – children from relatively better-off families would receive ECD services, children from poor families and backgrounds would not.

Various arguments can be put forward as to why government

should take on the responsibility of financing the provision of ECD services. There are rights-based arguments, moral arguments, economic arguments, human capital arguments, public health arguments, and so on. Within the South African context, probably the most persuasive arguments revolve around the contribution that the public provision of ECD services can make to minimising the intergenerational impacts of current income inequalities – by helping to give all children a more equal start in life.

Even if there are good arguments as to why government should fund ECD, the government will consider a range of factors in deciding whether to do so or not. Some of these are summarised below:

1. ECD Services are Non-Mandatory

The following extracts from the Children’s Act highlight the different usage of the words “**may**” and “**must**”, with reference to the funding of various categories of services to children:

- s.105. (1) The MEC for Social Development **must**, from money appropriated by the relevant provincial legislature, provide and fund designated child protection services for that province.
- s.146. (1) The MEC for Social Development **must**, from money appropriated by the relevant provincial legislature, provide and fund prevention and early intervention programmes for that province.



- s.193. (1) The MEC for Social Development **must**, from money appropriated by the relevant provincial legislature, provide and fund child and youth care centres for that province.
- s.93. (1) The MEC for Social Development **may**, from money appropriated by the relevant provincial legislature, provide and fund early childhood development programmes for that province.
- s.215. (1) The MEC for Social Development **may**, from money appropriated by the relevant provincial legislature, provide and fund drop-in centres for that province.

It is evident that ECD services are not a mandatory service that provincial governments are legally *required to fund*. Therefore, if funding of welfare services were to be prioritised strictly according to whether services are statutory (*must*) or optional (*may*), ECD would probably not be funded, given the current envelope of resources available/allocated to provincial Social Development departments.¹

At present, the distinction between **may** and **must** does not appear to make any difference to the way provinces (and Departments of Social Development) are allocating funds between different welfare services. However, this is currently the subject of a court case,² where the National Association of Welfare Organisations and Non-Governmental Organisations (NAWONGO) is suing the Free State MEC of Social Development. Central to the case is the level of funding provided to certain designated services to children (excluding ECD). A finding against the MEC (which is likely) will pose a major challenge to the continued prioritisation of ECD in the allocation of funds for welfare services.

2. Priority Given to ECD Services

National government has identified the provision of ECD as a key priority linked to government Outcome 1: Quality Basic Education and Outcome 4: Creation of Job Opportunities through inclusive economic growth. This is reflected in the growth in funding for ECD for 0-4s and Grade R in recent years. When it comes to arguing for further funding for ECD, this presents both an opportunity and a number of challenges.

Given that ECD is a priority, national government is inclined to regard well-motivated budget bids for additional funds for ECD favourably. However, national government will also be looking back at previous allocations to ECD and asking whether they are delivering value for money and whether allocating *even* more money to the sector will make a meaningful difference. In addition, government (both national and provincial) will be conscious of the relative levels of funding going to ECD services versus other welfare services generally, as well as to other welfare services to children.

3. Existence of National Norms and Standards

National government is responsible for the development of national norms and standards for ECD services. When such national norms and standards have been introduced in other

To rely only on the private financing of ECD services would perpetuate existing social inequalities.

areas of service delivery, they have generally been supported by additions to the provincial equitable share baselines, in order to enable the provinces to fund their realisation. However, the funding implications of introducing national norms and standards are usually very thoroughly examined, which increases the importance of defining and costing ECD services.

In 2007 the national Department of Social Development issued its *Guidelines for Early Childhood Development Services*. While this document sets out important norms and standards for centre-based ECD, they are framed as *guidelines*, which means they carry less weight from a funding perspective than if they were legislative/regulatory norms and standards. More recently, the national Department of Social Development has sought to standardise the per child subsidy to ECD centres at R15 (2013). This is an important development. However, a lot more work is needed to develop norms and standards that are affordable, link to the quality of ECD services and that also encompass out-of-centre services.

4. Convincing Implementation Plans and Costed Budgets

When the National Treasury or a provincial treasury is considering budget bids, an important consideration is the quality of the implementation plans and the credibility of the proposed budgets. After all, treasuries want to be fairly certain that, should funds be allocated to a programme, they will be spent. Therefore, budget bids that are supported by credible implementation plans are more likely to be funded.

The lack of clarity around the nature of ECD services, and persistent, unrealistic optimism on the part of both national and provincial Departments of Social Development regarding their capacity to implement, means that budget bids for ECD are often regarded as “incredible”, and so fare poorly in the budget process. The fact that substantial additional funds have been allocated to ECD is more a reflection of government’s commitment to ECD than of the sector’s ability to plan and budget for the service.

5. Implementation Record

A department that has a reputation for underspending its budget will find it difficult to convince the role-players in the budget process that it should be allocated additional funds. The provincial Departments of Social Development have found it particularly difficult to keep up with the rapid increases in their budgets. As National Treasury observed in the *2009 Provincial Budgets and Expenditure Review*:

Looking at the individual provinces, it is evident that the problem of under spending is greatest in those provinces whose social development function comes off a very low base, namely North West, Eastern Cape, Mpumalanga and Limpopo. This suggests that these provinces’ ambitious plans to rapidly expand social development were thwarted by implementation constraints.

6. Is the Spending Making a Difference?

If there is clear evidence that a programme is working, in the sense of delivering measurable and meaningful results, it is more likely to be allocated additional funds. Information on the reach of ECD subsidies is important in this regard, but the information on the extent to which subsidies are actually making a difference to children’s physical and cognitive development would be even more persuasive. The problem is that such information is not readily available or not packaged in a way that it can be easily communicated.

When it comes to funding new forms of ECD services (e.g. home visiting programmes), it will be important to present information on the effectiveness of the proposed programmes. Indeed, this poses a major risk to the funding of ECD services – unless it can be shown that the government’s spending on ECD services is delivering meaningful results, the government may be reluctant to add additional funding.

Endnotes

- 1 See KPMG (2012), *Social Welfare Service Costing and Allocation Model Report*, para. 4.3.3.1.
- 2 Case no: 557/2011 in the Supreme Court of Appeal of South Africa.

ILIFA INSIGHTS

ISSUE 1, MAY 2014

“We understand and promote the notion that, while children need to be guided, they also have an entrenched right to be whatever they want to be, and that they can achieve this only if they are given the space to dream and live out their dreams.”

NELSON MANDELA



Published in 2014 by Ilifa Labantwana

Douglas Murray House, 1 Wodin Road, Claremont, Cape Town, South Africa

PO Box 23893, Claremont 7735

Tel +27 (0)21 670 9848 • Fax +27 (0)21 670 9850 • www.ilifalabantwana.co.za

Editorial Advisory Group Sherri le Mottee, Dela Atubra, Fiona Burt

Editor Fiona Burt

Design Pete Bosman, Andy Mason

Photographs Heather Mason, ELRU and TREE

Cartoons ND Mazin

Printed by Jetline, Cape Town

Contributors Andy Dawes, Carol-Ann Foulis, Conrad Barberton,
Fiona Burt, Sonja Giese

This publication may be copied and shared. Please acknowledge the source.