THE ESSENTIAL PACKAGE

Second Edition

EARLY CHILDHOOD SERVICES AND SUPPORT FOR YOUNG CHILDREN IN SOUTH AFRICA

EARLY CHILDHOOD DEVELOPMENT
BECAUSE YOUR CHILD IS A SOMEBODY

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, 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.

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Developed by Ilifa Labantwana

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"(T)he promotion of early child development requires common understanding, shared commitment, and united action across government sectors and by all development agencies and institutions. The first three years of a child's life are a time when a child has the greatest plasticity for growth and development, even under adverse circumstances."

CHAN (2013)

Playgroup, Indaka, KwaZulu Natal.

1 THE ESSENTIAL PACKAGE

Context

APPROXIMATELY 60 PERCENT of all South African children (18.5 million) are born to poor families. Most are vulnerable: not only do they lack the essential resources they need in order to grow into healthy, productive adults, but they also lack access to Early Childhood Development (ECD) support and services.

The South African National Development Plan (NDP) Vision for 2030 recognises the need to invest in ECD if we as a country are to realise our national goals and dramatically improve our human development, productivity and growth in the years ahead. Similarly, the *Diagnostic Review of Early Childhood Development* (Richter et al., 2012) points to the significant investments required and service delivery challenges to be overcome if we are to realise the vision of the NDP. Since the initial publication of the Essential Package, a National ECD Policy and associated Programme for South Africa have been developed[1], which further demonstrates intensified national recognition of the importance of ECD and the need for an integrated, multi-sectoral approach to realising population coverage.

There have been some significant advances in ECD policy and service provision (e.g. the Children's Act 38 of 2005, the 2005-2010 National Integrated Plan for ECD and now the 2014 draft National ECD Policy and Programme), but the situation of millions of vulnerable children born into poor and disadvantaged families remains very serious. If the cohort of children who will enter adulthood in 2030 is to enjoy a better future than the children of today, the health, education and social development of those children must be addressed urgently. The new National ECD Policy and Programme respond especially to this, using the Essential Package as their foundation.

While we seek to secure the development and wellbeing of our children, we should be mindful that this quest is not just about securing the productivity of future generations. It is, fundamentally, about the realisation of their rights.

Using a child rights approach

While we seek to secure the development and wellbeing of our children, we should be mindful that this quest is not just about securing the productivity of future generations. It is, fundamentally, about the realisation of their rights. All children have inalienable rights to survival, health, protection and development under international and national law. These rights are spelled out in our Constitution and in the conventions ratified by our government: the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child.

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1 The draft policy and programme were developed by a team led by Prof. Linda Richter of the HSRC, on behalf of the national Department of Social Development, and presented to the Department in early 2014.

Civil society organisations, some of which have had decades of experience in the field, have played an important role in the provision of ECD services and support, and have contributed significantly to research and policy development.

It should thus be borne in mind that ensuring the well-being and development of the youngest and most vulnerable members of our society is not a choice – it is our obligation.

Mechanisms to enhance ECD service delivery

While all children need access to ECD services and support, Ilifa Labantwana (Ilifa) has chosen to focus on establishing and promoting models and mechanisms that will significantly enhance the delivery of ECD programmes and services to South Africa's most vulnerable children; in particular, those living below the poverty line (the 40th income percentile).

Since its entry into the ECD arena in 2008, the goal of Ilifa has been to mainstream the provision of integrated ECD services and support at scale. Ilifa has been working with the relevant government departments to achieve this. But the multi-sectoral nature of ECD has been challenging at both the policy and implementation levels, placing demands on a range of government departments and non-governmental agencies. While South Africa has a number of important policy commitments to children in the early childhood period, many of the enabling mechanisms for integrated service provision are not in place.

Capacity to manage and deliver ECD services within government and the non-profit sector is limited and fragmented, with multiple levels of decision-making and execution retarding both policy and programme implementation. To date, there has been no single agency designated to deal with the integration, implementation and provision of ECD support and services. This makes the task very difficult. An important proposal of the 2014 draft National ECD Policy, however, is the establishment of a non-sectoral National ECD Agency, located under the Office of the President, responsible for coordination, monitoring and oversight of a national ECD Programme. It is intended that this will enable a smoother path to multi-sector collaboration and focused, effective service delivery.

In the context of fragmented government service delivery, civil society organisations, some of which have had decades of experience in the field, have played an important role in the provision of ECD services and support, and have contributed significantly to research and policy development. However, the civil society ECD sector also suffers from fragmentation and lack of alignment. Most recently, reduced funding for the non-profit sector has become a major concern.

Why was the Essential Package developed?

These contextual challenges have informed Ilifa's strategy. Working within the existing policy framework, Ilifa has chosen to collaborate with both the public sector and civil society to achieve its aims. The Ilifa strategy has been to develop a holistic model of intervention, in collaboration with all the key stakeholders and role-players in the ECD sector. After several years of research and stakeholder engagement, an integrated package of ECD services and support has emerged from this collaborative process. Now known as the "Essential Package" of Services and Support for ECD, it consists of five basic components[2]:

2 The draft National ECD Policy has adapted these components into four service domains: health care and nutrition, social protection, parenting support, and opportunities for learning.

Preschool, Rammulotsi, Free State.

Nutritional Support, Primary Level Maternal and Child Health Interventions, Social Services, Support for Primary Caregivers, and Stimulation for Early Learning.

Building on the recommendations of the National Integrated Plan for ECD, Ilifa promoted the Essential Package as a "foundation document" to underlie a dramatic shift in the way that ECD services and support are delivered. Key to the success of this initiative has been the development of consensus amongst all key stakeholders on the components of the Essential Package. With the necessary input from stakeholders, Ilifa continues to build a case for simultaneously expanding public funding, while increasing public demand for ECD. Of particular importance is the role played by the Essential Package in informing the development of the new National ECD Policy and Programme in South Africa.

A brief overview of the ECD policy framework

The 2001 White Paper on Early Childhood Education (No. 5, 2001) laid the foundation for ECD policy in the past decade. In accordance with international practice, the White Paper defines ECD as the period as from birth to nine years of age. A number of its key points are taken up in the Department of Social Development's 2005-2010 National Integrated Plan (NIP) for ECD, and in the Children's Act, No. 38 of 2005.

This publication aims to provide a definition of the essential components that are required to prevent risks to the health and development of the country's *most vulnerable* young children and to promote their growth and wellbeing.

Section 92 of the Children's Act requires the Minister for Social Development to develop a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed ECD system. The NIP remained the most recent strategy until 2014, when the draft National ECD Policy and Programme were presented to the Department of Social Development. It is the responsibility of that Department to take the lead in policy and planning for ECD, in collaboration with the Department of Health (DOH) and the Department of Basic Education (DBE). Provincial governments are responsible for ensuring that national policy is implemented, and that a range of services is delivered as required.

Defining the Essential Package

This publication aims to provide a definition of the essential components that are required to prevent risks to the health and development of the country's *most vulnerable* young children and to promote their growth and wellbeing. Hence Ilifa's decision to entitle it "The Essential Package" – a term which has now been given national recognition within the draft National ECD Policy and Programme.

The Essential Package shares many similarities with the NIP and the National Policy/Programme. All view ECD services as a continuum of interventions, in which the family at household level is the primary level of care and support. The Essential Package echoes the Policy/Programme and the NIP in placing primary caregivers at the centre of the child's care and development.

The Essential Package is also aligned with the Children's Act in regard to the need to focus primarily on prevention and early intervention services, with provision for referrals for more intensive interventions, where necessary. Prevention ensures that risks to poor

development and future loss of potential are averted. Early intervention is undertaken with populations at risk (e.g. in contexts of extreme poverty or HIV/AIDS) or specifically with children made vulnerable by compromised nutrition or disability. Early intervention seeks to ensure that threats to development are addressed prior to their becoming more serious.

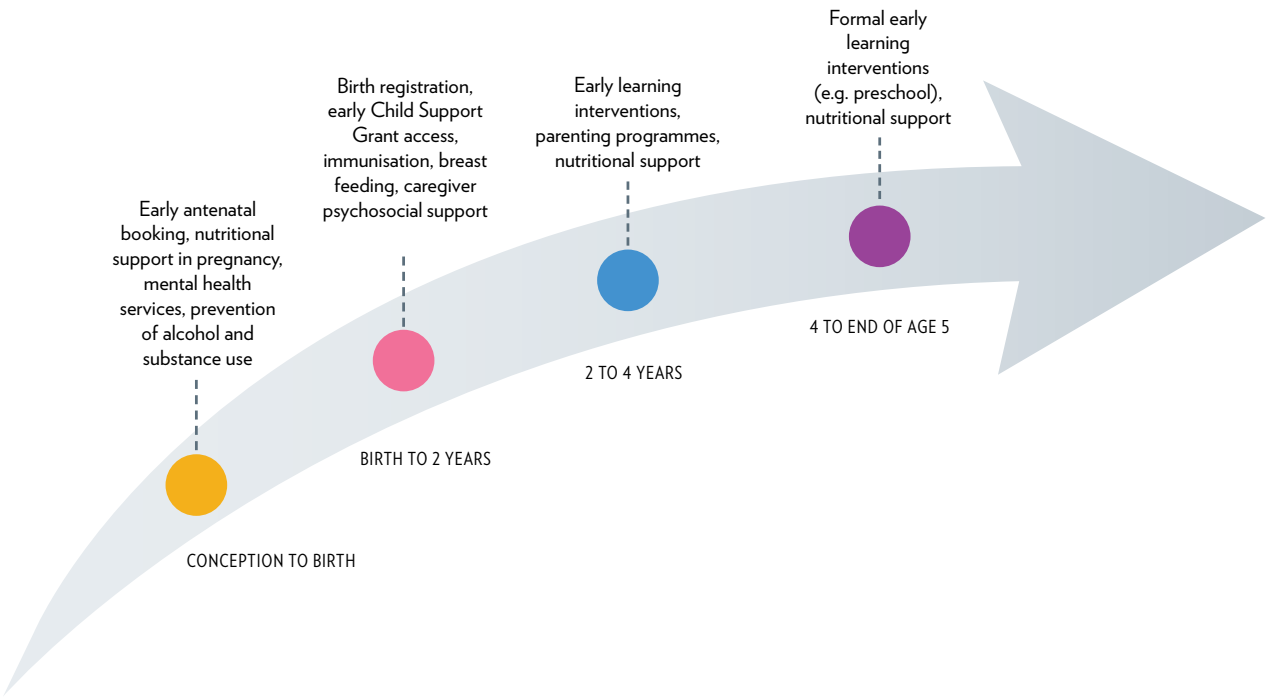
This document, developed by the Ilifa team through a consultative process with a range of stakeholders, including early childhood experts and ECD programme managers, has two main functions:

- to formulate a definition of the the Essential Package for ECD, including which ECD services are considered essential for vulnerable children, and to categorise these services in the most useful way, related to government policy; and

- to formulate "Indicators of Service Delivery", to enable programme managers, departmental officials, service providers and other stakeholders to plan and monitor access to these essential services amongst the country's most vulnerable children.

The Essential Package covers the period from conception to the end of the fifth year. As illustrated in Figure 1, it embraces a broad view of early childhood services, including Education, Health and Welfare. It takes into account existing and new policy and protocols in these sectors, and is informed by evidence of effectiveness in reducing the risks of poor child development outcomes and promoting child rights and wellbeing.

FIGURE 1 **Examples of Essential Package services and support for ECD from conception to age five**



While there is no obligation on the State to fund ECD services, the Children's Act does stipulate that provision should be prioritised (a) in communities where families lack the means to provide proper shelter, food and other basic necessities of life to their children; and (b) to make ECD programmes available to children with disabilities. In compiling the components of the Essential Package, consideration was given to these policy imperatives, which address the need to reach the most vulnerable young children, while remaining aware of practical and resource constraints. The Essential Package also takes into account the need to ensure maternal and child health during pregnancy, as several preventable risks to child development are present during foetal life.

The range of services recognised as essential

The Essential Package specifies five components that are considered essential for vulnerable children (Nutritional Support, Primary Level Maternal and Child Health Interventions, Social Services, Support for Primary Caregivers and Stimulation for Early Learning), but these are by no means the only requirements for the healthy development of young children.

The Essential Package needs to be viewed within the context of a much broader set of service delivery objectives, such as poverty alleviation, food security, the provision of clean water and hygienic sanitation, community safety, and basic household infrastructure. In most instances, the components that make up the Essential Package are already provided for in government policy and programmes, although not necessarily under the banner of ECD. The new National ECD Policy, however, seeks to ensure integration and harmonisation of ECD services.

It should also be noted that the Essential Package is envisaged in relation to the developmental continuum of the individual child. Some services are therefore targeted at children of particular age or developmental stage, some at children who have particular risk profiles, while others are seen as relevant and necessary for all children. It is important to take particular note of the need for support and inclusion of children with disability.

The importance of referrals and integration

In order to promote service access, referrals should be made between all ECD programmes (e.g. home visiting, playgroups, and centre-based programmes) and also across government sectors. For example, a referral for immunisation might be made from a literacy programme to a health facility, and from there to the Department of Home Affairs, should a birth certificate be required. It is essential that government departments work together on the ground to ensure access to the necessary service. If we are to reach the most vulnerable children, "silo thinking" must be broken down at points of service delivery. Inevitably, demand for services will increase as a result of improved referral systems. This needs to be taken into account in provincial planning and budgeting processes.

Community playgroup, Rammulotsi, Free State.

Why a second edition?

The Essential Package was first published by Ilifa in July 2013. Since then, it has been used extensively by Ilifa and Ilifa's partners. As a result, the need to clarify, elaborate and strengthen some aspects of it has been recognised, hence this second edition. The second edition seeks, in particular, to emphasise the document's use as a tool, for planning and monitoring ECD service provision at local, district and provincial levels. In addition, since publication of the first edition, the 2014 draft South African National ECD Policy and Programme have been developed. While the Essential Package informed this drafting process, the Policy and Programme recommendations have led Ilifa to further update the Essential Package to ensure alignment with the national agenda expressed in these documents. The importance placed in the Policy on strategies for communication and advocacy of ECD information, for instance, has directed the addition of a final section of this document on communications.

Who is the Essential Package for?

The Essential Package was designed with a range of cross-sectoral stakeholders in mind, especially those involved in planning for the implementation of early childhood interventions and monitoring and tracking their impact. It is intended to contribute to a shared understanding of what is meant by essential ECD services, presented in an accessible language and mode of expression and drawing on accepted measures of service provision in South Africa and internationally. It is hoped that this toolkit will be a resource to the ECD community, across all sectors, as we seek together to build a "community of practice" in the interests of young children.

How to use the Essential Package

The Essential Package is primarily a tool – for advocacy, planning, tracking, monitoring and evaluation. It seeks to inform and assist a range of bodies responsible for the implementation and management of ECD service delivery, including district and provincial officials and NPO programme managers and evaluators. This is not a "how to", but a "what to" guide, detailing the types of ECD services that need to be delivered to vulnerable young children and caregivers in any given area. It is not expected that one organisation would provide all services. It is important, however, that those responsible for implementation and oversight are aware of how their service fits into the bigger picture. This will enable them to undertake cross-sector referrals or to motivate for service provision across the Essential Package, where services are not accessible.

In order to ensure ECD access for all children, through effective programming, it is important to plan at a population level. To ensure consistency and quality of service provision, ongoing monitoring is essential. The five components of the Essential Package, whether looked at independently or all together, provide a framework for such activities. The Service Delivery Indicators and Measures of Success in the tables at the end of each component section have been developed to enable users to ask the appropriate questions and seek the data relevant to understanding:

a) the status of service delivery to young children and their primary caregivers in any area; and

b) whether changes should be made to a service or programme.

The indicators are not exhaustive, but, through a process of stakeholder consultation, have been determined as useful for the stated purposes. For example, a district social worker may wish to focus on the indicators suggested in the Social Services component, while an ECD NPO providing services relevant only to Stimulation for Early Learning, will find the indicators for that component most useful. Wide use of the five components and indicators will help ensure that information generated is consistent. Gaining a full picture of ECD service delivery in a given area will rely on improved government data capturing and systems, but it is hoped that the Essential Package will assist local and provincial government officials to gather data effectively and to motivate for existing gaps to be addressed.

The case study [below] showcases an example of the way the Essential Package has been used as a tool in Ilifa's partnership with provincial and local government in KwaZulu Natal. It highlights the utility of the Essential Package for developing a baseline in any geographical or administrative area and subsequent monitoring of service delivery, ECD access and the status of children under the age of six years.

— **CASE STUDY** —

USING THE ESSENTIAL PACKAGE AS A TOOL FOR SERVICE APPRAISAL, PLANNING AND MONITORING IN KWAZULU NATAL

In 2013, Ilifa commissioned the Centre for Justice & Crime Prevention (CJCP) to undertake a baseline appraisal of ECD services in two local municipalities in Ugu District Municipality, the first implementation district in Ilifa's partnership with local and provincial government in KwaZulu Natal. CJCP used the components and indicators of the Essential Package as the basis for a survey tool, employed at both district and local municipality level. The components of the Essential Package provided a clear framework for the tool. The recommended service delivery indicators and measures of success were used to frame questions for obtaining information from existing data sources or deriving new data. An important issue arising out of this use of the Essential Package was the difficulty in accessing good quality information on the state of ECD service delivery. The researchers highlighted throughout the baseline report where there was genuine lack of service in relation to each indicator or lack of available information. The aim of the appraisal was to provide a clear picture of the access of children under the age of five and their primary caregivers to the services defined in the Essential Package, including the range of services available, their reach and specific location. This resulted in an understanding of the potential gaps in services available to children in the district and the needs not currently being met, as a starting point for developing a plan for improving ECD service provision in the area, in partnership with key stakeholders. The appraisal will be used as a baseline to measure the success of the development plan, once it is implemented, by Ilifa, district officials and NPO partners.

NUTRITIONAL SUPPORT

PRIMARY LEVEL MATERNAL
AND CHILD HEALTH
INTERVENTIONS

SOCIAL SERVICES

SUPPORT FOR
PRIMARY CAREGIVERS

STIMULATION FOR
EARLY LEARNING

2 THE COMPONENTS

THE ESSENTIAL PACKAGE is clustered into five components: Nutritional Support, Primary Maternal and Child Health Interventions, Social Services, Support for Primary Caregivers and Stimulation for Early Learning. The first three include rights guaranteed under the South African Constitution (S.28, 1c). All components are essential for the welfare and development of young children. This section details each of the five components. A brief introduction to each component is provided. An *Indicators of Service Delivery Table* has been compiled for each component. This is a tool that will assist programme managers, government officials and service providers to monitor programme delivery.

The diagram opposite introduces an icon-driven approach to aid the recognition of the five components.

As far as possible, the indicators are based on those used by the relevant government department (e.g. Department of Health) or are those commonly used in South Africa. In the absence of appropriate indicators elsewhere, however, a number were developed specifically for the first edition of the Essential Package. The indicators in this second edition have been updated and now include two types: those likely to be available from secondary data sources (e.g. district or provincial sources) and those likely to require primary data collection (e.g. by the service provider). Due to the lack of consistency in, or accessibility to, official data, pertinent secondary data sources are lacking in many areas. (Details of secondary sources will be made available in an associated Essential Package Toolkit, developed by Ilifa.)

In the left hand column of the *Indicators of Service Delivery Table* for each component are the essential services that should be provided to children. In the middle column are service delivery indicators that are likely to require primary data collection. While iIn the right hand column are indicators that can be verified through secondary data sources, in order to quantify the provision of essential services. In the absence of such sources, cells in the tables remain blank.

Below each *Indicators of Service Delivery Table* appears a *Measures of Success Table*, which identifies the key outcomes of the process. In the left hand column is the beneficiary or outcome targeted; in the right hand column are the measurable indicators of success.

Wherever possible, the indicators included in the tables can be tracked both at population level (within geographically defined areas, such as Health and Social Development districts), and at programme level.

A Glossary of Acronyms, Abbreviations and Key Terms is provided on page 46.

Nutrition plays a critical role from early foetal life into adulthood, but a very large number of South African children experience poor nutrition in their daily lives. The problem is particularly acute in rural areas and informal settlements.

Preschool, Hackney, Eastern Cape.

COMPONENT 1 NUTRITIONAL SUPPORT

Hendricks and Bourne (2010: 46) state: "Malnutrition compromises children's rights to survival and development and perpetuates a cycle of intergenerational poverty". The correlation between poverty, poor health and morbidity has been well documented, and nutrition is a key area in which this correlation is manifested. To break the vicious cycle of poverty, poor nutrition, poor health and high morbidity, interventions which lie outside of the health system – and which address health determinants such as food security, water, sanitation, housing and education – are required.

Why nutritional support is important

Nutrition plays a critical role from early foetal life into adulthood, but a very large number of South African children experience poor nutrition in their daily lives. The problem is particularly acute in rural areas and informal settlements (Chopra, 2003). Malnutrition is primarily the result of food insecurity in the household, which is directly linked to poverty conditions. While integrated ECD interventions do not in themselves provide for household food security, they nevertheless provide for the identification of poor child growth patterns and notification of the relevant authorities.

Poor nutrition during pregnancy and the first two years of life can cause major, often irreversible, damage, with increased risk of degenerative diseases later in life. Poor nutrition impacts negatively on learning capacity and physical development and has serious consequences for adult productivity and, concomitantly, the economic development of society as a whole.

How it is managed

To secure sustained improvement in both general and nutrition-related health among vulnerable groups, social and economic improvement, together with proper implementation of appropriate policies and adequately resourced intervention programmes, is of crucial importance. These should include support and information for parents and caregivers, to enable them to make the best choices for their children (e.g. exclusive breastfeeding in the first six months), within limited means.

The National Department of Health has developed a 2012-2016 Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH), which should be seen as a key guiding document for the health and nutrition aspects of the Essential Package for ECD. The MNCWH Plan prioritises nutrition as a core area of focus. Most of the responsibility for nutrition programmes lies at provincial Department of Health level, via a dedicated programme of support, with policy and strategic level engagement coming from the national Department.

TABLE 1 **Service Delivery Indicators: Nutritional Support**

ESSENTIAL SERVICES	INDICATORS LIKELY TO REQUIRE PRIMARY DATA COLLECTION	INDICATORS LIKELY TO BE AVAILABLE FROM SECONDARY DATA SOURCES
Mothers are provided with education on breastfeeding and nutrition for children.	Are mothers provided with education on breastfeeding and nutrition for children? Is this education incorporated into the routine package of services?	HIV+ mothers remember receiving information on breastfeeding during antenatal visits. HIV-exposed infants 4-8 weeks exclusively breastfed.
Eligible women are provided with nutritional support during and after pregnancy.	Are pregnant women receiving iron, calcium and folate supplements as part of routine antenatal care? Are women receiving high-dose Vitamin A capsules at 6 to 8 weeks after delivery as part of routine postnatal care? Are food supplements available to pregnant women who require supplements?	Anaemia in women: Women (16-35 years) below the WHO standard for iron deficiency. Vitamin A deficiency: Women (16-35 years) below the WHO standard for Vit A deficiency. Infants born in public facilities weighing below 2.5kg.
Eligible children are provided with nutritional support (including micronutrient supplementation).	Are children under 24 months routinely monitored against a growth chart at each clinic visit? Does your local clinic provide food supplements for those children who are not growing well? (Growth faltering vs malnutrition?) Are eligible children under 24 months provided with iron supplementation?	Children in households where children suffer from hunger. Vitamin A coverage in children under 5 years. Vitamin A deficiency in children under 5 years. Stunting in children under 5 years. Severe malnutrition in children under 5 years. Mortality rate for children under 5 years with severe malnutrition.
Children aged 1-5 years are provided with de-worming medication.	Are children under six years given de-worming medication at health facility visits, as specified by the protocol? (All children 1-5 years need de-worming medication every 6 months. Medication will depend on the current recommended medicine.) Does the clinic provide information to caregivers on dangers, prevention and treatment of worms in children?	

MEASURES OF SUCCESS	
Mothers	Increased infant breastfeeding: the percentage of mothers who are exclusively breastfeeding up to six months of age.
Children	1. Reduced mortality: (a) Infant mortality rate (deaths at less than 12 months of age). (b) Under-5 mortality rate (deaths before the 5th birthday). 2. Reduced low birth weight. (Low birth weight is defined as less than 2.5kg.) 3. Increased infant breastfeeding: the percentage of children who are exclusively breastfed up to six months of age. 4. Reduced malnutrition: the percentage of children under six years whose growth is normal for their age using WHO standards (Z Scores between +2 and –2) on Weight for Age and Length/Height for Age.

Playgroup building, Indaka, KwaZulu Natal.

"(C)hildren must receive those health care services that are essential to promote their health and well-being, to protect them from the commonest and greatest threats to their health, and to restore them to health once these threats produce disease or injury."

WESTWOOD, SHUNG-KING AND LAKE (2010).

Preschool, Hackney, Eastern Cape

COMPONENT 2 PRIMARY LEVEL MATERNAL AND CHILD HEALTH INTERVENTIONS

Why maternal and child health interventions are important

Health is the right of every child, and it is crucial that presently existing risks to child health are greatly reduced and ultimately eliminated. Primary level maternal and early child health interventions are known to reduce the risk of morbidity and mortality in childhood, and also serve to reduce the burden of disease in later life. The delivery of the Integrated Management of Childhood Illness (IMCI) Programme by well-trained and supervised personnel in health facilities is central to the provision of appropriate care to children in their early years. Support given to primary caregivers to focus on their own health (thus enabling them to be in the best position to fulfill their caregiving role) and that of their children, has sustainable outcomes.

Young children's rights to basic health care are recognised in Section 27 and Section 28 of the South African Constitution. However, "basic" is not defined. Ilifa concurs with Westwood, Shung-King and Lake (2010: 59), who suggest that the term "essential health services" is more appropriate. They state: "children must receive those health care services that are essential to promote their health and well-being, to protect them from the commonest and greatest threats to their health, and to restore them to health once these threats produce disease or injury." Primary health services for pregnant women and young children are essential to the prevention of common illnesses and to the promotion of appropriate childcare and nutrition.

How they are managed

In each province, public health services are organised in regions, districts and sub-districts. Primary health care services are delivered at the district and sub-district level in clinics and via mobile units in some areas. Of relevance to ECD are programmes that support women's reproductive health, prevent and treat HIV and AIDS, deliver the Integrated Nutrition Programme, and provide IMCI. The IMCI Programme includes monitoring and promoting growth, immunisations, home care counselling, de-worming and the promotion of breastfeeding. In addition, IMCI includes the treatment, care and support of children suffering from childhood illnesses, including communicable and non-communicable chronic conditions, as well as common causes of child mortality, such as diarrhoea and respiratory infections.

Mortality in the first month of life (the neonatal period) accounts for 30 percent of all deaths of children under five. One of the most significant contributing factors is poor antenatal care, which is associated with maternal mortality and low birth weight in surviving children (Saloojee, 2007). The primary causes of the death of children under five are pre-term birth, asphyxia, infection, and AIDS-related illness (which accounts

for 35 percent of deaths). Fifty percent of child deaths in hospital are associated with HIV/AIDS, while 11 percent are due to diarrhoeal disease (Saunders, Bradshaw and Ngongo, 2010).

There are, of course, many other preventable causes of injury and death among children. For example, close proximity to paraffin bottles may result in the poisoning of children. However, while it is critical to ensure the prevention of deaths due to poisoning, drowning or injury resulting from accidents, abuse or neglect, it is not practical to construct indicators for these causes.

Developmental screening allows for the early detection of significant problems that can be addressed at the ECD stage, rather than being left for identification at school-going age, when it may already be too late.

The introduction of vaccines for pneumonia and diarrhoea has also contributed to improved health outcomes for young children. The National Health Insurance (NHI) presently being introduced by the National Department of Health seeks to bring improved health care closer to populations who have not been able to access it. Amongst the improvements envisaged under the NHI are primary health care facilities based in electoral wards, district teams of healthcare specialists and an Integrated School Health Programme.

The provision of health services often involves the consideration of ethical issues. For example, in accordance with accepted practice, developmental screening is listed as an Essential Service in Table 2, as are screening for mental health (Honikman et al., 2012), alcohol abuse and drug usage. These conditions can adversely affect foetal development and compromise the ability of a parent or caregiver to take care of a child. It thus makes sense to screen for them. It is arguable, however, that it is not ethical to screen a patient if, as is so often the case, there is no accessible referral service. A counter argument is that, if screening is not undertaken, one cannot motivate for service delivery.

Ilifa's position is that the primary health service is the correct level at which screening should enter mainstream practice. Screening is essential in revealing when and where more specialist services are required. In the case of developmental delay and/or disability, Ilifa argues that developmental screening allows for the early detection of significant problems that can be addressed early, rather than being left for identification at school-going age, when it may already be too late. Early identification thus reduces the burden on health and educational services once the child is in school and helps in dealing with learning barriers.

The health components of the Essential Package for ECD speak directly to the current priorities of the National Department of Health. For many of the Service Delivery Indicators in Table 2, administrative data should be available from provincial Health Departments or captured in the *Road to Health* booklet, which is a valuable tool for assessing the quality of care provided to the child in terms of protocols.

As Chan (2013: 1515) asserts: "The health sector... has a unique responsibility, because it has the greatest reach to children and their families during pregnancy, birth, and early childhood. Universal health coverage provides the platform to achieve impact in a fair, integrated, and efficient way."

Mobile playgroup, Rammulotsi, Free State.

TABLE 2 **Service Delivery Indicators: Primary Level Maternal and Child Health Interventions**

ESSENTIAL SERVICES	LIKELY TO REQUIRE PRIMARY DATA COLLECTION	LIKELY TO BE AVAILABLE FROM SECONDARY DATA SOURCES
Pregnant women are provided with basic antenatal care.	Are health facilities accessible for pregnant women?	First visit before 20 weeks, as proportion of all antenatal first visits. Average number of ante-natal visits (of ante-natal clients who had at least one visit). Recommendation is minimum of 4 visits.
Newborn health is promoted.	Are mothers provided with information on key risks to child health including fever, diarrhoea and ARIs (acute respiratory infections)? Are mothers provided with information on basic health promotion practices in the home impacting child health (hygiene and sanitation)?	Women birthing at public health facility who receive follow-up care within 6 days of birth. Early neonatal mortality: in-patient infant death within 7 days of birth, per 1,000 live births. Number of deaths under 1 year, per 1,000 live births in the same year.
Maternal health is promoted.		Maternal mortality rate – number of women who die during pregnancy or within 42 days of giving birth, per 100,000 live births.
Maternal mental health services are provided.	Are women attending antenatal and postnatal facilities assessed for mental health conditions? Are women at risk referred for care and treatment? Are there public facilities or programmes available to refer women who are experiencing mental health challenges? Recommended Measures: (a) The Edinburgh Postnatal Depression Scale. Available at: www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf (b) The Center for Epidemiologic Studies Depression Scale (CES-D). Available from: www.commondataelements.ninds.nih.gov	
Pregnant and breastfeeding women are screened for substance abuse problems (alcohol, smoking, drugs).	Are women attending antenatal and postnatal facilities provided with information on substance use? Are women attending antenatal and postnatal facilities assessed for substance abuse? Are women at risk referred for care and treatment? Are there public facilities or programmes available to refer women who are experiencing substance abuse challenges? Recommended Measure: WHO Alcohol Use Disorders Identification Test (AUDIT). Available at: whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf. Drug and alcohol use in pregnancy: contact the Alcohol and Drug Research Unit at the Medical Research Council. Available at: http://www.mrc.ac.za/adarg/adarg.htm	

ESSENTIAL SERVICES	LIKELY TO REQUIRE PRIMARY DATA COLLECTION	LIKELY TO BE AVAILABLE FROM SECONDARY DATA SOURCES
Prevention of Mother to Child Transmission (PMTCT) services are provided.	Do HIV-positive women attending antenatal facilities receive full antenatal and post-natal PMTCT services and antiretroviral treatment (ART)? Do HIV-exposed children under 6 years receive PMTCT services in terms of the protocol?	HIV prevalence in pregnant women – proportion of antenatal clients testing HIV+. ANC clients on ART as % of eligible total (CD4 <350 and not previously on ART). % infants born to HIV+ mothers who receive a PCR test before 2 months of age.
Children have access to IMCI services at primary health-care facilities.	How many facilities in the health district have at least 60% of staff trained in IMCI?	Children under 6 years living more than 30 minutes from the nearest health facility.
Children are immunised.	Are immunisations in children under 6 years up to date in terms of the immunisation protocol? Do clinics offer immunisation through ECD facilities?	% of children under one year who complete the primary immunisation course.
Children are screened for developmental delay and sight and hearing impairment.	Are children routinely screened for developmental delay and disability at a health facility at: 0-6 weeks; 9 months; 12 months, as per protocol? Are children at risk referred for care and treatment? Are there publicly funded facilities or programmes available to refer children with developmental delay or disability?	
Children who fail to thrive are screened for TB.	Are children at risk (presenting with symptoms and/or contact tracing) screened for TB?	

MEASURES OF SUCCESS	
Mothers	Reduced maternal mortality (death of a woman during pregnancy or within 42 days of giving birth from a cause related to the pregnancy or its clinical management).
Children	1. Reduced child mortality: (a) perinatal mortality rate (deaths at less than 7 days of age); (b) neonatal mortality rate (deaths at less than 28 days of age); (c) infant mortality rate (deaths at less than 12 months of age); (d) under-5 mortality rate (deaths before the 5th birthday). 2. Reduction of low birth weight: the percentage of children with a birth weight above 2.5 kg (low birth weight is defined as less than 2.5 kg). 3. Increased breastfeeding rate: the percentage of children exclusively breastfed or who are receiving expressed breast milk up to 6 months of age. 4. Reduced diarrhoeal disease: diagnosis incidence in children under 6 years at health facilities. 5. Reduced respiratory disease: diagnosis incidence in children under 6 years at health facilities. 6. Eligible children under 6 years with disabilities who are receiving rehabilitation services. 7. Reduction in mother to child transmission of HIV: the percentage of HIV-exposed children born to HIV-positive women who are polymerase chain reaction (PCR) negative at 6 weeks and 18 months of age. 8. Improved immunisation cover: the percentage of children aged 9–12 months inclusive who have completed primary courses of immunisation. 9. Developmental delay, sight or hearing impairment or other disability are identified early and appropriate support provided.

Responsibility for the protection of children from violence and neglect lies firstly with parents and other caregivers.

Home visit, Machibini village, Eastern Cape.

COMPONENT 3 SOCIAL SERVICES

Why Social Services are important

The government's Child Support Grant (CSG) is of major significance for the protection of children who are living in poverty. Research findings indicate that access to the grant makes a significant difference to the lives of such children. By helping to lift the family out of extreme poverty, it helps to increase food security for young children, and thus lessens the danger of malnutrition, which impacts most significantly on the developing brain in the first two years of life. Studies show that impoverished children, who have received the grant for at least half their lives before 36 months, have lower rates of malnutrition than those in similar circumstances who have not (Delaney et al., 2008; Agüero et al., 2010). It is thus essential that vulnerable children are supported during this early period.

But children cannot access the CSG (and many other services) if they do not have a birth certificate. And research shows that children under one year have the lowest rates of registration. So to ensure that children have birth certificates as early as possible is clearly an important and necessary intervention. The Essential Package for ECD echoes the draft National ECD Policy in arguing for birth registration within 30 days of birth (to avoid penalties), ideally facilitated at health facilities, at the time and place of birth. Advocacy with both the Home Affairs and Health Departments is required to make this a universal practice. At the very least, Health facilities should proactively provide mothers with information on the nearest point at which the child's birth can be registered.

While the right to protection from all forms of abuse and neglect is stated in the CRC, the African Charter, and our Constitution (S.28, 1d), evidence from a range of sources shows that large numbers of South African children suffer neglect and abuse (Richter and Dawes, 2008; Dawes and Ward, 2008). Exposure to violence – particularly repeated occurrence in the first years of life – has a major impact on the developing child, and may impair hormonal and neurological systems (McEwen, 2012).

How they are managed

Responsibility for the protection of children from violence and neglect lies firstly with parents and other caregivers. When it becomes known that a child is abused or at risk, the State must take responsibility, with the Department of Social Development taking the lead. Other key State institutions that should become involved at this point are the police, the Department of Justice and the Department of Health. The Children's Act (No. 38 of 2005) provides a range of provisions for child protection, including systems for reporting abuse and neglect and services to affected children.

Unfortunately, existing services for child protection are simply not sufficient to address the need and, as a result, many abused children do not have access to the support

and protection which is their right in law. There is clearly an urgent need to extend the availability of child protection services. In particular, service providers in the public and non-governmental sectors need to be trained to detect the basic signs of child abuse and neglect, so that the incidence of neglect can be more effectively measured and referral for investigation and prevention improved. However, it should be borne in mind that documented incidence rates are likely to rise as detection methods improve. The Essential Package provides two indicators for child maltreatment that seek to track the efficiency of the child protection system. Improved efficiency will lead to a speedier resolution of cases. It is important that in the process of identifying and apprehending perpetrators and subjecting them to the justice system, secondary traumatisation of the child is minimised.

TABLE 3 **Service Delivery Indicators: Social Services**

ESSENTIAL SERVICES	LIKELY TO REQUIRE PRIMARY DATA COLLECTION	LIKELY TO BE AVAILABLE FROM SECONDARY DATA SOURCES
Children's births are registered as soon after birth as possible.	Are births registered within 30 days of birth? Are birth registration services available at maternity units?	Proportion of birth registrations that are for current year births.
Eligible children access the Child Support Grant and the Care Dependency Grant.	Are women provided with information on birth registration and grant access as part of routine antenatal and postnatal services? Are caregivers of children with disability able to access the care dependency grant?	Number of children under 6 receiving the Child Support Grant. Proportion of eligible children under 6 receiving the Child Support Grant. Number of children under one year receiving the Child Support Grant. Proportion of eligible children under one year receiving the Child Support Grant. Number of children under 6 years receiving the Care Dependency Grant.
Children under six are provided with a responsive Child Protection Service.	Are health facilities aware of and responsive to signs of abuse and neglect in young children? The number of completed Forms 22s (for notification of child abuse and neglect for inclusion in Part A of the Child Protection Register) received at a DSD service point for investigation in cases reviewed over a six-month period. The time (in days) between receipt of the completed Form 22 and finalisation of the investigation by a social worker in cases reviewed over a six-month period.	
Eligible children (particularly those affected by abuse, neglect and other trauma) are provided with psychosocial support.	Are children in need of psychosocial support referred appropriately? Are there publicly funded facilities or programmes available to refer children with psychosocial support needs?	

Preschool, Indaka, KwaZulu Natal.

MEASURES OF SUCCESS	
Social Protection	1. Reduction in extreme poverty: the percentage of children under 6 years living below the 20th percentile of household income. 2. Reduction in hunger: the percentage of children under 6 years assessed on the Hunger Scale of the National Food Consumption Survey as living in food secure households (a negative score to all 8 questions on the Scale) (Labadarios, et al., 2009).
Child Protection	Improved perception of the effectiveness of the Social Development District child protection service: this would require a survey of persons who have reported a case of child abuse or neglect to a child protection service.
Children	Improved psychological status: the percentage of children referred for support whose emotional functioning has been assessed as having improved as a consequence of provision of psychosocial support. Recommended Measure: a number of instruments are available and will depend on the qualifications required for adminstration. A simple screening tool is the Strengths and Difficulties Questionnaire (SDQ). Available at: www.sdqinfo.org/

COMPONENT 4 SUPPORT FOR PRIMARY CAREGIVERS

Chapter 8 of the Children's Act (No. 38 of 2005) recognises that families under stress may struggle to provide supportive and affectionate care to children and that this places children at risk of maltreatment. Section 144(1) of the Act provides for the Department of Social Development to support the provision of parent education.

Why support for primary caregivers is important

Many studies have shown that nurturing and supportive parenting during the first years of a child's life has positive effects on social, emotional and intellectual development (Rotheram-Borus et al., 2011; WHO, 2009). Initiatives to assist parents to provide care of this nature are therefore an important policy provision.

Support for primary caregivers (who may be biological or foster parents, grandparents or others resident in the household who are responsible for the day-to-day care of the child at home) includes parenting education programmes and psychosocial support. It is important that the appropriate persons are targeted in these programmes.

The importance of such support cannot be overstated. A number of studies show that many caregivers living in poverty are affected by depression, as a result of the hardships they have to endure on a daily basis (Cooper et al., 1999). Where the caregiver suffers from depression or other forms of psychological distress, this is likely to impact negatively on her ability to provide a responsive and nurturing environment for the young child. Similarly, when young children are exposed to abuse and violence, or when they experience the loss of those who care for them, due to illness or other causes, psychosocial support is required to help them cope with and recover from these traumas.

Links between caregiver depression and child malnutrition have been established (Rotheram-Borus et al., 2011). Interventions to provide psychosocial support to caregivers are therefore essential, not only to promote the wellbeing of the caregiver, but also to reduce the risk of neglect and under-nutrition in the young child.

How it is managed

It is common in South Africa for a wide range of topics to be included in parent education programmes. An example is the Department of Social Development and UNICEF (2008) training package for parents and caregivers of young children. Programmes such as this seek to raise caregivers' awareness of their role in early childhood development and are designed from a holistic perspective.

"Many studies have shown that nurturing and supportive parenting during the first years of a child's life has positive effects on the child's social, emotional and intellectual development."

ROTHERAM-BORUS ET AL. (2011)

Preschool, Rammulotsi, Free State.

Community playgroup, Rammulotsi, Free State.

Parent education may also target specific populations, such as pregnant women, where the goal may be to prevent alcohol and drug use. Other programmes may have a specific focus on child behaviour management and caregiver/child relationships. The goal here would be to change caregivers' behaviour through modelling and practice.

Given the range of what are commonly known as "parenting" programmes, it is necessary to exercise some caution with regard to what is actually being offered. It is important that those who offer these interventions be precise about what it is they are offering and what they seek to address. "Holistic" parenting programmes which include a wide range of study areas may suffer from the limitation of insufficient time spent on each area. Their outcomes will be different from those of programmes with fewer and more intensive focus areas. Ilifa holds the position that the design and delivery of parenting programmes should be informed by evidence, and that the content and outcomes of such programmes should be clearly defined.

It is important that staff and service providers who provide psychosocial support to vulnerable primary caregivers are provided with at least basic training in counselling.

It is important that staff and service providers who provide psychosocial support to vulnerable primary caregivers are provided with at least basic training in counselling. However, there is also much to be said for warm, supportive companionship. The simple provision of opportunities for the caregiver to share her difficulties with an attentive and compassionate support person is enormously helpful, providing relief from what may seem like insurmountable everyday burdens.

The provision of psychosocial support should normally include individual (screening) assessments of the wellbeing of both the caregiver and the child. This is necessary to enable the provision of appropriate levels of support. Where it is evident that serious problems are evident, referral may be necessary. This is a challenge, as there are few professional mental health services within the primary health system and at higher levels – particularly for children (Flisher et al., 2012). Improvement in access is therefore a priority.

TABLE 4 **Service Delivery Indicators: Support for Primary Caregivers**

ESSENTIAL SERVICES	LIKELY TO REQUIRE PRIMARY DATA COLLECTION	LIKELY TO BE AVAILABLE FROM SECONDARY DATA SOURCES
Caregivers have access to parenting education.	Are caregivers attending health facilities provided with information on parenting skills (such as child development, health and safety, hygiene, positive discipline, service access, etc.)? Are there publicly provided/funded parenting skills programmes available for caregivers at risk?	
Eligible primary caregivers are provided with psychosocial support.	Are there publicly provided/funded programmes available to primary caregivers who require psychosocial support? Are there parenting programmes targeted at high risk caregiver groups, e.g. teenage moms, elderly or sickly caregivers, caregivers with disability, etc.?	
Eligible caregivers have access to quality childcare services.	Are childcare services available for children from birth to 6 years for parents who require these services (e.g. young mothers at school, elderly caregivers, working parents)?	
Caregivers of children with disabilities have access to parenting support.	Is there parenting support for primary caregivers of children with disability? Are there public facilities or programmes available to refer children with disability?	

MEASURES OF SUCCESS	
Children	1. Child's home environment is safe and hygienic. 2. Children receive more responsive and nurturing parenting and positive discipline.
Caregivers	1. Child's home is safe and hygienic: the percentage of primary caregivers whose home is assessed as having safe and hygienic conditions for children. Recommended measure: *Safety and Hygiene Checklist* available at Dawes et al. (2012). 2. Effective non-violent parenting: the percentage of primary caregivers whose parenting is judged to have improved. Parenting outcomes and indicators of change or improvement will depend on the behaviour change targets of the programme. Possible outcomes that could be measured are: (a) enhanced parenting skills knowledge; (b) enhanced parental self-regulation skills, confidence, self-sufficiency and resourcefulness in parenting behaviour; (c) nurturing and non-violent parenting; (d) improved child behaviour monitoring; (e) encouragement of desirable behaviour in the child. Other possible outcome measures include: (a) enhanced parenting skills knowledge; (b) enhanced parental self-regulation skills, confidence, self-sufficiency and resourcefulness in parenting behaviour; (c) nurturing, and non-violent parenting; (d) reduced family conflict; (e) improved communication with partner/other household members regarding parenting and child behaviour management; (f) improved child behaviour monitoring; (g) encouragement of desirable behaviour in the child. See also Sanders, M. (2003). *Triple P – Positive Parenting Program*. 3. Improved caregiver psychological wellbeing and coping: the percentage of primary caregivers whose coping is judged to have improved as a consequence of provision of psychosocial support. Recommended measure: see Carver, C.S. (1997). *The Brief COPE*. Description of use available at Dawes et al., (2012). http://www.ilifalabantwana.co.za/files/2012/09/Sobambisana-report1.pdf

"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 and increases the probability that they will be employed as adults."

NORES AND BARNETT (2010)

Preschool, Hackney, Eastern Cape.

COMPONENT 5 STIMULATION FOR EARLY LEARNING

Early childhood development is a multi-faceted process involving several domains: sensory-motor, social-emotional, language, cognitive and physical. These are interdependent. Change in one domain can influence another. Healthy development requires a combination of opportunities for growth in all areas at the same time.

Why stimulation for early learning is needed

Learning starts *in utero* and the brain circuitry established in the first two years of life sets the long-term trajectories of language and cognitive functioning (Martin et al., 2014). The evidence indicates that it is not just the intellectual side of development that needs attention in the early years. The child's ability to use his or her intellectual abilities and benefit from a learning environment such as a preschool classroom, is affected by his or her emotional wellbeing and sense of competence. These in turn depend on the levels of nurture and support received from caregivers.

Sound socio-emotional functioning, a basic component of which is self-regulation, enhances children's readiness to learn both prior to and during school. Self-regulation is the ability to exercise a measure of control over motor, emotional and cognitive processes. Signifiers of this capacity include improved impulse control, emotional steadiness, attention, concentration and the ability to reflect on one's actions. All of these should be well established by the time the child enters school. Self-regulation also enhances the child's ability to form positive relationships with other children.

Early learning programmes should promote both children's resourcefulness and their language and cognitive development. Even very young children need to be exposed to activities that support language development, creativity and critical thinking, and build the foundations of reading, writing and maths concepts. Such activities start with caregivers at home and include storytelling, play, manipulating objects and opportunities for problem-solving, exploration and discovery.

Children whose early years are spent under impoverished conditions tend to be disadvantaged by inadequate preparation for the demands of schooling. This is a key contributor to poor scholastic outcomes and the negative consequences that follow. 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 and increases the probability that they will be employed as adults (Nores and Barnett, 2010). As in all other forms of intervention, the quality of early learning service provision is key, and this is something to which South African programmes must attend.

How it is managed

The draft National ECD Policy emphasises the need for a package of quality age- and developmental-stage appropriate services for all children from birth until they enter Grade R, which lay the foundations for optimal early learning, socio-emotional, and language development.

There are a variety of delivery channels to promote early learning, generally referred to under the categories of home visiting, community playgroups and centre-based programmes (such as preschools). But roughly only a third of 0-4 year olds access any form of early childhood education programme. Approximately half of 3-4 year olds attend early learning centres and/or other forms of out-of-home care, but the quality of education is poor in about half of these facilities (Martin et al., 2014). Obviously, a major barrier to preschool attendance is cost, and children in the lowest income brackets are more likely to be reached through community-based programmes. Good examples of such programmes are playgroups that provide early stimulation, and home visiting, through which the abilities of caregivers to support early learning are enhanced.

Home visit, Setabeng village, North West.

TABLE 5 **Service Delivery Indicators: Stimulation for Early Learning**

ESSENTIAL SERVICES	LIKELY TO REQUIRE PRIMARY DATA COLLECTION	LIKELY TO BE AVAILABLE FROM SECONDARY DATA SOURCES
Children have access to early learning programmes prior to Grade R.	Are there publicly provided/funded non-centre-based services (e.g. mobile, home visiting) providing early learning stimulation to children under 6 years? How many children do these programmes reach?	Proportion of children 0-2 years reported to attend an early learning group programme. Number of children 0-2 years not attending any early learning group programme. Proportion of children 3-5 years reported to attend an early learning group programme. Number of children 3-5 years not attending any early learning group programme. Number of ECD learning centres (DBE definition).
Early learning services are inclusive of children with disability.	Are publicly provided/funded early learning programmes available for children with disability? What proportion of children enrolled in early learning centres have a disability?	
ECD early learning programmes are regulated for quality.	How many (and what proportion of known) ECD centres have partial care registration – full/conditional? How many (and what proportion of known) ECD centres/non-centre-based early learning programmes have programme registration? How many (and what proportion of) registered ECD centres have been quality assessed by DSD, as per protocol?	Grade 1 and 3 learners who achieve more than 50% in maths. Grade 1 and 3 learners who achieve more than 50% in language. Proportion of children who complete Foundation Phase at expected rate.
ECD early learning programmes are funded.	How many and what proportion of registered partial care facilities are receiving state subsidy? How many and what proportion of non-centre-based early learning programmes are receiving funding from the state?	
Children have access to community resources that support early learning within the home.	Number of publicly provided/funded a) toy and b) book libraries (including mobile services) that provide learning resources for children 0-5 years in a community. (A "community" could be a specific village, an electoral ward or a local municipality)	

MEASURES OF SUCCESS	
Caregivers	1. The percentage of primary caregivers who provide age-appropriate responsiveness and affectional care. 2. The percentage of primary caregivers who provide age-appropriate language stimulation. 3. The percentage of primary caregivers who provide age-appropriate cognitive/academic stimulation. Recommended measure: The Bradley Caldwell *H.O.M.E. Infant and Toddler* or *Early Childhood Inventory* subscales: 1) Responsivity, 2) Language Stimulation, 3) Academic Stimulation, and 4) Acceptance. Description of use at Dawes et al. (2012). http://www.ilifalabantwana.co.za/files/2012/09/Sobambisana-report1.pdf
Children	1. Improved motor development. Recommended Measure: *The Bayley Scales*. Richter et al. (1992). Requires trained administrator. Alternative: the NELDS may also be considered. 2. Improved visual-motor perceptual development. Recommended Measure: Short form of the *Beery VMI*. Beery et al. (2010). Requires trained adminstrator. Test available from: http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAg105. 3. Improved language development. Recommended Measures: (a) *MacArthur Communicative Development Inventory* (CDI) (Early Literacy). Requires trained adminstrator. Note: the test has not yet been standardised for South Africa, but may be used to assess programme effects. Alternative: the NELDS may also be considered. (b) *Peabody Picture Vocabulary Test IV*. Requires trained adminstrator. Note: the test has not yet been standardised for South Africa, but may be used to assess programme effects. Description of use at Dawes et al. (2012). Test available from: http://psychcorp.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAa30700&Community=CA_Speech_AI_Vocab http://www.ilifalabantwana.co.za/files/2012/09/Sobambisana-report1.pdf Alternative: the NELDS may also be considered. 4. Improved cognitive development. Recommended Measure: *Grover Counter Scale* (the only South African standardised cognitive development test for African children 36 months to 9 years). Requires trained adminstrator. See Sebate, M. (2000). Description of use at Dawes et al., (2012). http://www.ilifalabantwana.co.za/files/2012/09/Sobambisana-report1.pdf 5. Improved numeracy. Recommended Measure: *Herbst Evaluation Scale for Cognitive and Motor Development Tasks for Black Children* and Herbst and Huysamen (2000). Description of use at Dawes et al., (2012). http://www.ilifalabantwana.co.za/files/2012/09/Sobambisana-report1.pdf 6. Improved readiness to learn when assessed within three months prior to or on entry to Grade R. Recommended Measure: *The South African Child Assessment Scales (SACAS)*. Description of use at Dawes et al. (2012). http://www.ilifalabantwana.co.za/files/2012/09/Sobambisana-report1.pdf Alternative: "approaches to learning" items of the *Early Development Instrument*. See Janus and Offord (2002 and 2007). 7. Children with disabilities are able to access early learning services that are better prepared to include them and meet their needs.

Notes on the Recommended Measures

Table 5: "Measures of Success" (opposite) provides recommendations for a number of measures for assessing child development and child outcomes. Other instruments for assessing child development may also be considered, but unfortunately a limited number of these are standardised for South African children. The ethno-linguistic diversity of our population is a significant challenge in this regard.

Several of the measures recommended above require professional staff (normally psychologists, psychometrists or occupational therapists), as indicated. If a measure is to be used for research and evaluation purposes, trained personnel under the supervision of a registered psychologist may administer the test.

Most ECD programmes will not have the resources to employ professionals to conduct assessments. In these instances, trained supervised assessors may be considered. As an alternative, the Department of Social Development has released National Early Learning Development Standards (NELDS), available at: *www.thutong.doe.gov.za/ResourceDownload.aspx?id=40870*. These may be used to gauge whether the child is developmentally on track for his or her age. The standards cover most of the domains listed above and may be used as a rough guide when an estimate of the child's developmental level is required.

Ilifa's position is that interventions should be needs based and targeted, and thus those children below the 40th percentile for household income will be at the centre of the Essential Package's focus.

Home visit, Kraaipan, North West.

3 DELIVERY CHANNELS

ALL CHILDREN AND CAREGIVERS are expected to benefit from the Essential Package of ECD services. However, Ilifa's position is that interventions should be needs based and targeted, and thus those children below the 40th percentile for household income will be at the centre of the Essential Package's focus.

Ilifa believes that poor and vulnerable families should not have to spend money and time to access a service to address basic needs.

Beneficiaries are most easily reached at the access points which are most convenient for them. While access will obviously vary across communities and geography according to local service availability, in principle Ilifa believes that poor and vulnerable families should not have to spend money and time to access a service to address basic needs.

The most appropriate delivery channels, particularly for vulnerable, hard-to-reach families, are proposed in Table 6.

Home visit, Setabeng village, North West.

TABLE 6 **Service and Delivery Channels for Implementation of the Essential Package**

BENEFICIARY	PACKAGE ELEMENT REQUIRED	DELIVERY CHANNELS
Vulnerable pregnant women.	Antenatal early booking. Maternal nutrition, including folate, iron, calcium micro-fortification. Preparation for childbirth and parenting. Assessment and treatment of HIV. Counselling on alcohol and substance abuse. Nutrition education. Assessment for mental health conditions. Referrals for identity documents, social protection, and other services. Supportive counselling for mothers with mental health conditions and family challenges. As far as possible, involve fathers in support to the mother and in educational inputs.	Primary health facility
Children from birth to at least 36 months who *are not* in ECD facilities.	Assessment and treatment of HIV (parent and child). Child nutrition. Micronutrient fortification for children. Immunisation. Developmental Screening. De-worming. Growth monitoring. *Road To Health* booklets. Other health issues. Referrals for birth registration, social protection, child protection, and other services.	
	Referrals for child nutritional support. Supportive counselling for mothers with mental health conditions and family challenges. Referrals for social protection, child protection, health and other services. Basic information on nutrition, parenting and appropriate childcare, and stimulation for early learning (early literacy and gross and fine motor coordination in particular).	The home (visits)
Children in ECD facilities.	Stimulation for early learning (full range). Referrals for nutritional support, de-worming and growth monitoring. Referrals for social protection, child protection, health and other services. Parenting and early education programmes (caregivers).	The ECD facility
Children from 36 months who *are not* in ECD facilities.	Stimulation for early learning (full range). Referrals for social protection, child protection and other services. Parenting programmes (caregivers).	Community playgroups

"At all levels, from the setting to the national systems level, the role of communication and interaction across sectors of ECD services – health, nutrition, education, mental health, social and child protection – are critical. The purpose, content and frequency of such communication and interaction matters for a multisectoral ECD approach..."

BRITTO ET AL. (2011)

Parent workshop, Mcambalala, Eastern Cape.

4 COMMUNICATION & ACCESS TO INFORMATION

EFFECTIVE AND TARGETED QUALITY COMMUNICATION and information that are accessible and interactive across all sectors of ECD are crucial (Britto et al., 2011). Communications media are critical tools for raising awareness of ECD and stimulating supply and demand for ECD services, promoting a multi-sectoral and integrated approach to ECD. Communication can raise awareness, provide information that encourages critical thinking, increase knowledge by educating, shift attitudes and model desired behaviour in order to elicit change, particularly when used in support of interventions and services. Ilifa has incorporated this approach as part of its strategy and shares new, research-based evidence of effective interventions with partners and stakeholders. In addition, Ilifa promotes and encourages behaviour change amongst key target groups through focused ECD communication campaigns, using a variety of media platforms, including radio, print and social media. These communication objectives are aligned to current thinking in South Africa about policy and programmes for ECD.

The 2014 draft National ECD Policy has elevated the importance of communication by motivating for a coordinated and multi-sectoral national ECD communication and advocacy strategy to be developed, implemented and resourced by 2016. Reinforced throughout the Policy for all aspects of ECD provision, communication and information are seen as valuable for: sharing key research evidence on developments and implementation; building public demand for quality services; reinforcing the role of parents and families in positive parenting; conveying important messages; and galvanising support for comprehensive services and a rights-based approach to ECD.

Public communication objectives and messaging

All components of the Essential Package are identified in the draft Policy as priorities for mass media communication campaigns. The media provides an enabling environment to profile priority issues, to generate public debate and to provide information on where to access services. Within each of the Essential Package components, specific issues need to have their own communication and advocacy strategies. For example, under Nutrition, in order to increase exclusive breastfeeding rates, the benefits can best be promoted via mass media. To do this, a social behaviour change communication strategy, with clear programme and communication objectives that are specific, measurable and time based, should be developed and supported across multiple platforms.

A multi-sectoral approach and collaboration of efforts require messaging to be clear, consistent and frequent across sectors, with materials that reinforce each other, rather than duplicating efforts.

Targeting specific audiences

Holistic communication includes targeting a broad spectrum of groups. ECD-related information needs to reach relevant target groups and to be accessible to those who have previously been out of the reach of existing information channels. Messages should be developed specifically for these different audiences, but resources need to be adequate and messages should not be spread too thinly. In addition, communication must be responsive and allow opportunities for consultation and feedback. Furthermore, it is important to pay attention to marginalized and particularly vulnerable groups, such as children or parents with disabilities, and to express messages accessibly (e.g. in a variety of languages), as a dimension of quality.

Three primary target audiences for ECD communication are particularly important: 1) children; 2) parents/caregivers; and 3) leaders or stakeholders – including government, civil society, business, trade unions and the media. Ilifa has focused strategies for each target audience, using a variety of media platforms specifically identified to reach them.

Communications for children

Communication has the potential to stimulate young children's language development, imagination, curiosity and critical thinking. The best approach to employ is storytelling, as this is the foundation of language and literacy development for children from birth. Stories engender a love of language and reading and can be delivered both at the household and community level, through ECD interventions, and via mass media, on radio and television. Relevant communications strategies should promote the use of stories that are culturally appropriate, encourage interaction and are fun, in home languages. Through the Nal'ibali reading campaign, Ilifa broadcasts stories for children on radio with the objective of stimulating imagination, thinking and the development of language. There is growing interest internationally in the way that educational programmes that target children through broadcasts may be able to support improvement of cognitive development (see Engle et al., 2011).

Communications for parents/caregivers

Communication strategies targeted at parents/caregivers should focus on enabling them to give their children the best starting chance that they can for life. Parents/caregivers need access to information on factual matters, such as the availability of services and how to access them. Communication should therefore help them to understand what, why and how they should take responsibility for critical actions within all the domains of the Essential Package It should also support them to understand and demand quality early child care and education and foster caregiver-child interaction. It is critical for such

strategies to put the caregiver at the centre of the communication: understanding the motivations for good parenting practice and framing communication to reinforce them.

Communications for leaders and stakeholders

It is important that government officials and programme managers have information for planning, management and innovation, and to ensure strong accountability for effective implementation. They need data related to the Essential Package packaged in a manner that facilitates this. They also need to be kept informed of relevant, innovative developments in ECD, both nationally and internationally. Advocacy-driven communication will further ensure that all stakeholders appreciate how critical the early years are for the development of children.

Media platforms

Radio is believed to have the largest footprint in South Africa and is particularly powerful, due to the diversity of languages offered and the space allowed for audience engagement. Ilifa has partnered with the SABC to broadcast ECD talk shows aimed at parents and story-telling on radio for children across 10 radio stations in 10 languages. Radio is recommended for widespread communication, with this being the primary platform for children. A variety of media is recommended for parents, with a focus on mobile technology. In South Africa, the internet is accessed increasingly via mobile platforms and channels such as Mxit are easily available and encourage social interaction and feedback.

The future of communication and information

The communication landscape is experiencing rapid change, and the growth of new media allows greater access by groups that have previously fallen out of the reach of traditional media. Improvements in broadband and the migration to digital media also mean that the way media is consumed in South Africa will change substantially. These changes allow for information to be spread quickly to more people, but they also have the potential to marginalise those without access to new forms of media. ECD communication strategies must be cognisant of this and campaigns adapted accordingly, in order that information reaches the right people.

Programme managers and government officials are encouraged to develop clear communication strategies, aligned with ECD programmes, and to explore the use of new and traditional media. Ilifa will continue to do this, in order to achieve greater impact and share experience with its partners and other stakeholders, as part of its coordinated communication strategy going forward.

Glossary of Key Terms

ECD site/centre A building from which a formal ECD programme is delivered.

Eligible Eligible children are those who have been identified as requiring a particular intervention.

Failure to thrive Where a child's growth trajectory is flat or declining.

Food supplementation Includes Vitamin A supplementation, de-worming (including treatment of area-specific parasites, such as Bilharzia) and growth monitoring and promotion. Treatment must follow DOH protocols.

Form 22 Form for the notification of child abuse and neglect for inclusion in Part A of the Child Protection Register. Received at a DSD service point.

Income percentile The value below which a defined percentage of observations lie. Income levels are commonly divided into 5 percentiles, known as quintiles, each of which comprises 20% of the income distribution.

Indicator Provides simple, reliable (normally quantitative) measures of the status of a phenomenon such as a service or a population (e.g. children under 5). When measured across time, indicators point to changes (or consistencies).

Integrated Nutrition Programme Established in terms of the Young Child Feeding Policy, 2007.

Low Birth Weight Less than 2.5 kg.

Malnutrition Commonly refers to undernutrition (poor growth) rather than overnutrition (overweight and obesity). "Stunting" indicates chronic malnutrition; "wasting" indicates acute malnutrition; "underweight" indicates both acute and chronic malnutrition (Hendricks and Bourne, 2010).

Poor: Poverty is multidimensional, but commonly measured in terms of income. In South Africa, those living below the 40th percentile of household income are deemed to be poor.

Primary caregiver The mother or another person who is primarily responsible for the welfare of the child.

***Road to Health* booklet** A record of the provision of primary health care to a young child that must be provided to the caregiver at birth and completed on each visit to the health facility.

Stunting Measure of nutritional status of children. Height for age Z Score is more than 2 standard deviations below the median height for age (WHO standard).

Underweight Measure of nutritional status of children. Weight for age Z Score is more than 2 standard deviations below the median weight for age (WHO standard).

Wasting Measure of nutritional status of children. Weight for Height Z Score is more than 2 standard deviations below the median weight for height (WHO standard).

Acronyms and Abbreviations

AIDS Acquired Immune Defiency Syndrome
ART Antiretroviral Therapy
CES-D Centre for Epidemiologic Studies Depression Scale
CRC United Nations Convention on the Rights of the Child
DBE Department of Basic Education
DOH Department of Health
DSD Department of Social Development
ECD Early Childhood Development
HIV Human Immunodeficiency Virus
IMCI Integrated Management of Childhood Illness
MNCWH Maternal, Newborn, Child and Women's Health
NELDS National Early Learning Development Standards
NHI National Health Insurance
NIP National Integrated Plan for Early Childhood Development
NPO Non-Profit Organisation
PCR Polymerase Chain Reaction
PMTCT Prevention of Mother-to-Child Transmission (of HIV)
SABC South African Broadcasting Corporation
WHO World Health Organisation

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The photographs

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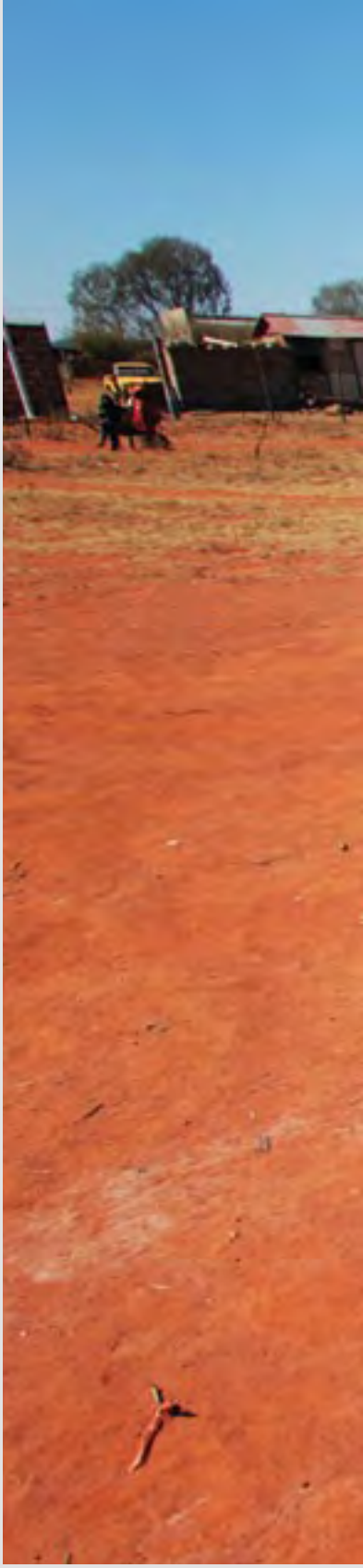
THE ESSENTIAL PACKAGE OF EARLY CHILDHOOD SERVICES AND SUPPORT FOR YOUNG CHILDREN IN SOUTH AFRICA

Ilifa Labantwana has collaborated with key stakeholders in the public sector and civil society to develop an integrated package of early childhood development (ECD) services and support known as the "Essential Package". This revised booklet defining the Essential Package for ECD is intended as a toolkit, to enable more effective planning, monitoring and evaluation of ECD services for young children in South Africa.



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