Lessons from South Africa’s National Integrated Plan for ECD

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South Africa’s National Integrated Plan for Early Childhood Development (ECD) 2005–2010 builds on existing public programmes with the aim of ensuring that all children aged 0–4 years can access a comprehensive range of quality services. In this article, Linda Biersteker assesses how the NIP has worked in practice and draws lessons for implementation that can apply both in South Africa in future and in other country contexts.

Early childhood development service provision has increasingly become a development priority in South Africa since the change to democratic government in 1994. As in many countries, the initial focus was on smoothing the transition to primary schooling by introducing a reception year (Grade R). While challenges remain, especially variable service quality, the introduction of this year has been a considerable achievement (Biersteker, 2010): 60% of 5 year olds attend, and universal access is planned by 2014.

However, the policy development process for ECD (National Education Policy Investigation, 1992; African National Congress, 1994; Padayachie et al., 1994) recognised that this pre-primary year alone would not provide a strong enough platform for children’s development, especially vulnerable children and those living in poverty in rural areas. Policy documents (Department of Education, 1995; 2001) referred to the need for a multi-sectoral approach to services for younger children. Finally, in 2005, the National Interdepartmental Committee for ECD produced the National Integrated Plan (NIP) for ECD 2005–2010 (Departments of Education, Health, and Social Development, 2005). The NIP aimed to ensure that all children aged 0–4 could access a range of quality ECD programmes with trained staff and comprehensive services to support their health, nutrition and social well-being. The NIP builds on existing public programmes including:

- free healthcare for children under 5 years of age, and for pregnant and lactating women (introduced in 1994)
- social assistance in the form of a child support grant (introduced in 1998)
- poverty-targeted per-child subsidies in non-profit community-based ECD centres for children under school age.

The NIP’s holistic approach was strengthened by the Children’s Act of 2005, which came into operation in April 2010 and defines ECD as ‘the process of emotional, cognitive, sensory, spiritual, physical, social and communication development of children from birth to school-going age’. The NIP is an ambitious plan, not only because it draws together divergent departments, but also because of its huge target of 2.5 to 3
million poor children and its multi-service approach. It recognises multiple approaches to developing young children, including:

- direct services to them
- training caregivers and educating parents
- promoting community development
- building public awareness. Services and programmes that need to be provided to children aged 0–4 in an integrated manner under the NIP include:
  - universal registration of births
  - Integrated Management of Childhood Illnesses (IMCI)
  - promoting healthy pregnancy, birth and infancy
  - nutrition
  - referral services for health and social services (social security grants and accompanying services)
  - early learning stimulation
  - development and implementation of psychosocial programmes. The NIP moves on from the limited view of ECD services as being crèches and preschools and encompasses sites of care including homes, formal ECD centres, community childcare settings, informal ECD settings, prisons, child and youth care centres, and places of safety. These have been categorised as home, community and formal ECD services, with 50% of service delivery at the home level, 30% at community level and 20% in formal settings.

The NIP is overseen by the National Interdepartmental Committee for ECD, which includes the Departments of Education, Health, and Social Development (the lead department). The Children's Act regulates ECD centre services and programmes and provides for norms and standards. Provincial and local-level interdepartmental committees are responsible for developing and implementing integrated plans for ECD services for young children in accordance with the guidelines provided by the National Committee. The term ‘integration’ is used in the NIP to mean an approach where services and programmes are provided in a comprehensive and interwoven manner, with the aim of ensuring the holistic development of children. It is explicitly seen as describing ‘the relationships and links that are being developed between government departments, NGOs and communities in order to provide comprehensive ECD programmes to the children of South Africa’ (Departments of Education, Health, and Social Development, 2005:16).

The NIP was developed through a phased approach, with an initial focus on increasing centre access and quality. This started with registered ECD centres (Phase 1) and with the intention to extend to non-registered centres in Phase 2. It included training for practitioners working in centre-based ECD facilities and increasing the numbers of subsidised centres and children, as well as a drive to
register all centres. Support for training was leveraged through one of the government’s leading short-term measures to address poverty, the Expanded Public Works Programme Social Sector Plan, which provided for skills development opportunities and drove many of the training opportunities. Phase 3 was intended to work on the establishment of a ‘mother–child programme’, which included home visits to provide support for parents in vulnerable contexts, deliver early stimulation programmes, and provide a route for referral to appropriate services.

From policy to implementation: the current status of ECD provision

Centre-based (formal) services are the prevalent form of provision, and already exceed the NIP target of 20% of children – national surveys indicate that about 30% of children attend a centre of some kind. ECD centres serving children under 5 years are rarely provided by government but are private or run on a non-profit basis by community groups and NGOs. This has resulted in very variable levels of access and quality.

The role of government is regulation, and provincial departments of Social Development provide subsidies to qualifying children in non-profit centres. Centres must register with local authorities and the local Department of Social Development office to ensure that they meet minimum standards and come into the monitoring and support system. Registration is necessary before those qualifying for subsidies can apply. Staff qualifications are also specified in the registration norms and standards though there is a large backlog in training practitioners at present. Poor infrastructure, which makes it impossible for some centres to meet minimum requirements, and human resource constraints in provincial and district offices have made the registration process very challenging. The lack of reliable data on the numbers of children enrolled, the state of infrastructure, and levels of staff qualification, is a further problem.

The government target is to double the number of children receiving subsidies to 600,000 by 2014. In March 2011, 476,000 children were receiving a subsidy, a significant increase from 270,000 in 2004–5. Subsidies have increased annually from a minimum of ZAR 9 (about US$1.25) per child per day in 2008 to ZAR 12 (US$1.70) in 2010–11 and will probably rise to ZAR 15 (US$2.10) in the next budget cycle. There is no doubt that subsidy funding is well targeted and essential to the sustainability of ECD centre programmes in poor communities, but also that it does not meet the costs of provision and that the need to pay fees excludes the poorest children. Only 14% of poor children currently receive a subsidy. Centre provision also is skewed to older children, with most infants and under-3s cared for in home and community settings.
**Community and home-based services** include home visiting programmes, community playgroups, parent education programmes and various combinations of these. The priority given to this kind of provision for Phase 3 of the NIP is based on evidence of the capacity of this type of programme to achieve broader community coverage and reach the most vulnerable children in a more integrated way. However, although many models have been piloted and operated by NGOs (Biersteker, 2007), there has been little support for implementation of community of programmes. In 2007 only one province was providing significant support to ECD programmes targeting the home setting (Biersteker, 2007), although other provinces are now beginning to provide limited support for this kind of work. In addition, there are no provisioning and funding norms for community and home-based programmes and regulations under the Children’s Act do not adequately cover them. Clearly, many aspects of the NIP are beyond the legal and funding frameworks and the necessary buy-in has not yet been achieved in all the provinces or at local level.

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and home-based ECD programmes. Department of Social Development officials, who have the major responsibility, have not presented a coherent plan for the expansion of ECD services beyond centres. Given that the most vulnerable children are unlikely to access centres, this is a serious challenge.

There are significant obstacles in the way of expanding community and home-based services. ECD budgets are barely keeping pace with targets for centre subsidy expansion and there is little left over for other kinds for young children, it has not been active in interdepartmental structures. International experience shows that it is at local level that integration is most effective, but there is little coordination in most municipalities. A further complication is lack of legislative clarity on the role of local authorities in regard to early childhood services, other than environmental health and safety. What is needed for integration to work is:

- clarification of roles, leadership and coordination, and of the funding responsibilities of different departments and levels of government
- budgetary commitment from each involved department to support the joint inter-sectoral planning and monitoring process
- joint programmes involving inter-sectoral collaborative planning and service delivery to provide a platform and culture of integrated service delivery – to a limited extent this has been seen in the joint planning for training of ECD practitioners at provincial level by the Departments of Education and Social Development.

Some lessons from the South African scale-up process

Integration

While the NIP emphasises integration and coordinated service delivery, it is extremely difficult to coordinate and integrate the services offered by several departments. It is doubtful whether national and provincial interdepartmental coordinating structures have achieved more than departments working on their own would have done. While the Department of Health is a key provider

Moving to a continuum of programmes

The importance of the NIP for young children lies in its recognition that there is a need for a variety of ECD services and sites of delivery in order to increase access for the most vulnerable children. Nevertheless, it has been difficult to achieve the shift from a focus on centre-based services, which
still receive most of the ECD budget and departmental attention. There are a number of reasons for this, which are likely to apply in other countries attempting to broaden their ECD service framework:

1. Departmental staff and other role players are familiar with centres and do not widely understand the concept of integrated ECD.

2. The arguments for ECD which tend to generate most fiscal appetite are those which incline to its role in enhancing schooling outcomes, and this too tends to favour preschool services.

3. Multifaceted interventions require greater human resource capacity than provincial departments and civil society have at present. There should be a variety of delivery models for early stimulation in the home and psychosocial support, according to need, and a service approach has not yet been determined or costed. A cadre of workers for these programmes will have to be developed and NGOs have been instrumental in designing training programmes for this purpose.

4. Scale-up can often be effected more quickly through the use of existing infrastructure – for example, by adding on to the school system. There is no single service point network for offering the range of community and home-based services envisaged in the NIP. The use of centres as nodes of support is being piloted, but the possibility of building upon the existing clinic infrastructure, especially for assisting with the broader psychosocial needs of children under 3 years and their primary caregivers, needs to be explored.

Advocacy and communication
The progressive realisation of services for young children in South Africa has been a great achievement, supported by international commitments such as the Convention on the Rights of the Child, Millennium Development Goals and Education for All. Legislation is essential to mandate service delivery as policies are often not implemented, and few countries have singled out ECD in children’s legislation in the way that South Africa has in the Children’s Act. However, the Act leaves funding for ECD services to the discretion of the provinces, and there is always the danger of competing priorities in a country battling poverty, underdevelopment and inequality. The danger of basing the argument for public funding on a promised improvement of educational outcomes is that investment might be withdrawn if results are not good enough – a danger exacerbated by the possibility that expectations are unrealistically high, given the difficult circumstances in which young children are being raised.

It is clear that much more advocacy is needed at all levels: firstly, to provide information to parents and other primary caregivers, so that acceptable services are demanded and used; and secondly to inform politicians, officials and the wider public of what holistic ECD services entail and why they are so important for the all-round well-being of young children and future citizens. To resolve these issues, dedicated championing is needed within government as well as from civil society structures.

References
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