



The status of South African Early Childhood Development (ECD) services: Work by the HSRC

SALGA Roundtable, Pretoria

Aims

- 1. Conceptual issues
- 2. The Value of ECD
- 3. Background
 - a) ECD research by HSRC
 - b) Zooming in on under-fives
- 4. Coverage, access & use
- 5. Service quality
- 6. Monitoring
- 7. Recommendations: Lessons from SA



ECD: Conceptual Issues

 Ecological view of ECD – physical, moral, spiritual, emotional mental and social development from birth – 9 years

- ECD services
- The significance of ECD:

 A wellbeing perspective vs.
 a human capital approach







Background: Research

- The HSRC is a body set up by parliament to assist policy development through research that provides evidence
- Since 2007 HSRC:
 - ECD research focusing on children under 5 years
 - Leading a research project to Scaling Up of Quality ECD (0-4) Services

Human and Social Development

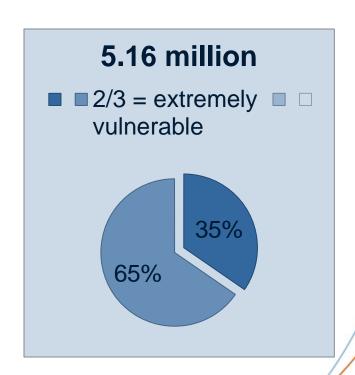
Background: Research

- Early Childhood Development policy and child profile (0-4 year olds) in South Africa: A summary of policies and services.
- Review of current Early Childhood Development service delivery in South Africa, including a government indicators and monitoring system, education and training in the ECD sector, current delivery models, and the approach of government budgeting towards ECD.
- Innovations to inform improved Early Childhood Development outcomes, scaling and job creation.
- Identification of potential innovations that could be tested to rapidly scaleup quality ECD (0-4) services.
- A review of income and expenditure in 21 ECD sites in the Western Cape.
- Evaluation of EPWP phase 1



Background: Zooming in on under-fives

- Poverty: 65%
- Disability: 20 000
- Chronic illness + HIV/AIDS: 4%
- Orphaned: 21%
- Abuse: 56 539 (nearly ½ sexual)
- Stunted/underweight: 1 in 4
- Mortality:
 - 43 per 1000 before 1 yr.
 - 62 per 1000 before 5 yrs.





Background: Need for ECD for under-fives

- under age 5 ECD is a major service delivery gap
- Majority of 0 5 year-olds not in any ECD service
- Attendance inversely proportional to age skewed to older children
- Services for under-fives usually community-based or NGOs – variable quality & access levels
- Lack of government funding





Coverage, access, & use

- Public funding lacking & differential
- Access to services skewed by
 - Age
 - Class/Geography
 - Race
- Children with disabilities are excluded



Service quality

- Variable quality of services
- Worst off 'Black' & 'Coloured' living in KZN, EC, Limpopo
- Poor quality may increase risks
- Factors associated with positive outcomes
 - Accessibility, safety, & standard of facility infrastructure
 - Learning materials used
 - Practitioner/caregiver training, supervision, & motivation
 - Varied curriculum, holistic care
 - High adult/child ratios
 - Parent & community participation
 - Sustainable management & financing





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Children to practitioner ratios

Child age	Practitioner : child ratios
0 – 18 mo	1:6
18 mo – 3y	1:12
3 – 4 y	1:20
4 – 5 y	1:20
Grade R	1:30

Motala, 2009

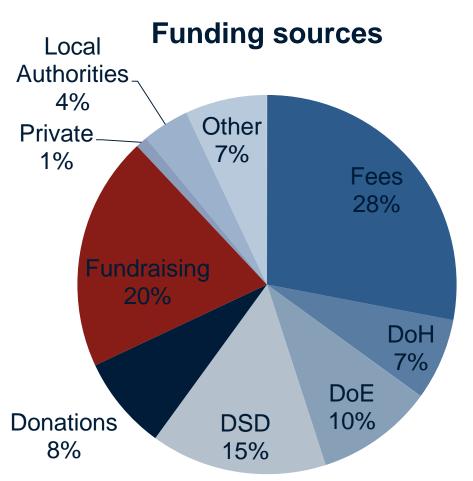
Audits: Nation-wide ECD audit findings (DoE, 2001) & Audit of W.Cape ECD facility quality (Makoae, 2010)

Expanding early childhood development services: Labour market challenges (Altman, 2008)





Funding



Source: Biersteker, 2001



Limited reach of government funding for ECD centres

Province	Children subsidised	% of poor children subsidised
EC	59 940	3
FS	28 558	13
G	21 117	6
KZN	59 000	8
L	56 223	10
MPA	35 095	10
NC	12 600	23
NW	15 165	5
WC	44 655	24
RSA	332 353	10

Source: Motala, 2009



Monitoring

- Important to track
 - Extent of service provision
 - Inequities in service provision & access
 - Variable quality of ECD services

Indicators

- Coverage, access, & use
- Programme quality
- Political will (policy & financing)
- Costs & expenditures
- Status of/effects on children







Lessons from SA & abroad on quality ECD

- Begin early
- Integration
 - Clarification of roles
 - Budgetary commitment
 - Joint programmes
- Continuum of programmes

- Advocacy & communication
 - Politicians, officials
 - Primary carers
 - Wider public
- Collaboration
- Lower child/caregiver ratios & smaller group sizes
- Training and supervision



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