

**Scaling up ECD 0-4: An initiative to strengthen  
integrated ECD services and improve child  
outcomes in vulnerable South African communities  
while building local M&E capacity**  
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Andy Dawes: Child Youth, Family & Social Development  
HSRC ([adawes@hsrc.ac.za](mailto:adawes@hsrc.ac.za)) &  
Linda Biersteker: Early Learning Resource Unit Cape Town  
([research@elru.co.za](mailto:research@elru.co.za))



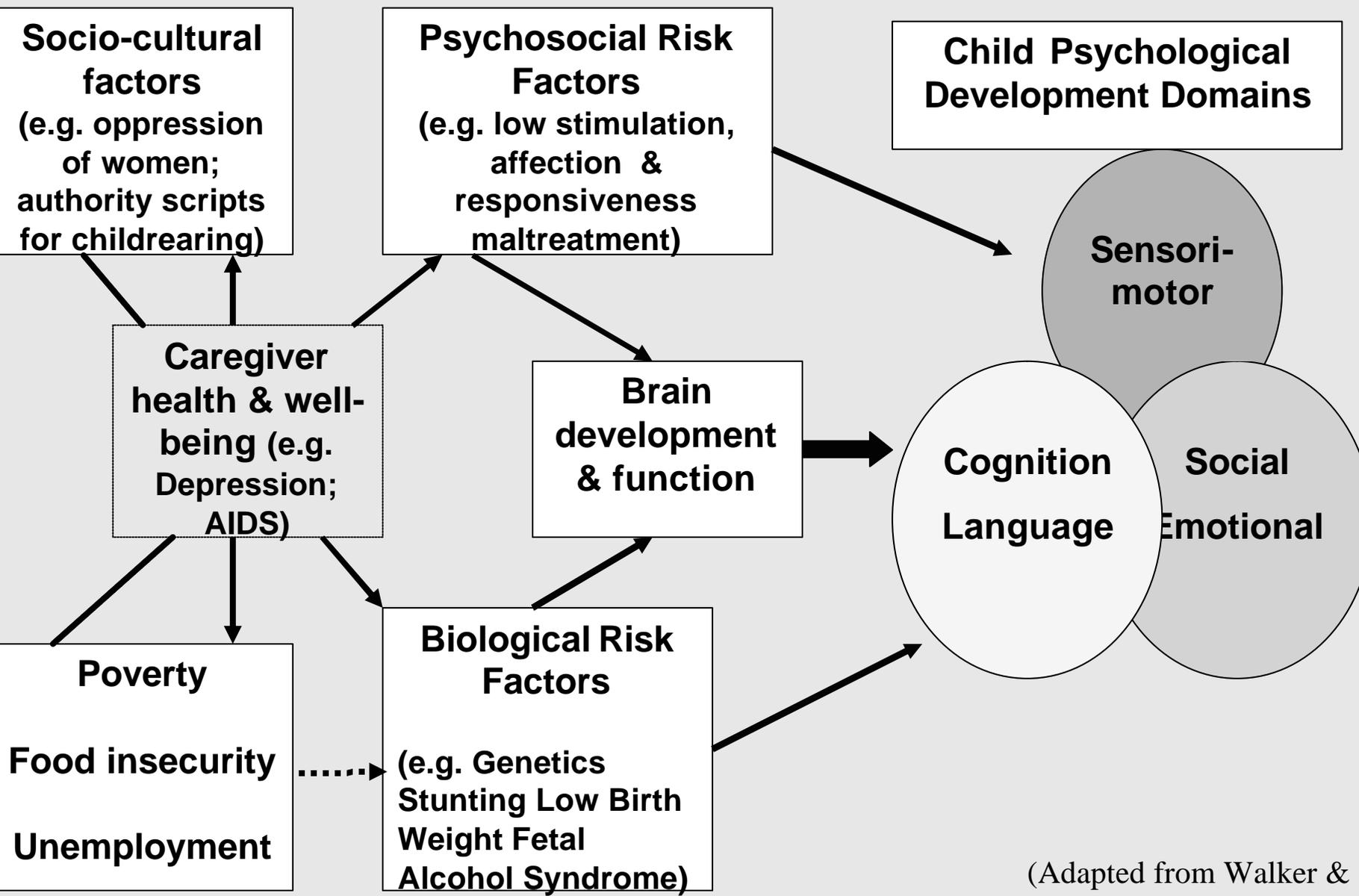
HSRC

*Social science that makes a difference*

# Outline

- 1. Major risks to Early Child Development**
- 2. Snapshot of ECD in South Africa**
- 3. Study Background**
- 4. A participatory approach to the design of M&E systems that builds capacity among ECD programme staff**

# Understanding major risks & pathways for ECD outcome



(Adapted from Walker & colleagues Lancet 2007)

# A Snapshot of child vulnerability 0 – 4 Years in South Africa

SA is a middle income country – yet for 0-4s:

- 2/3<sup>rd</sup>s live in poverty (< \$2 000 US p.a.)
- 25% are stunted or compromised by FAS
- CMR 57.6 per 1000
- 3.7% HIV positive and few on ART
- 2% orphaned
- 0.2% in child headed households but very many living in situations where caregiving is compromised
- 21% enrolled in some form of ECD setting.

# **Snapshot: The Drive to Scale up ECD**

The role of ECD services in ensuring that poor children are able to reach their full potential during these first critical years in their life is recognised as a critical area for Government intervention.

The goal is to scale up and massify access to ECD

The policy vehicle is the National Integrated Plan (NIP) for ECD.

A key risk is that this may not be done to acceptable quality and may not draw on the best available evidence.

# Snapshot: Goals of the NIP

**To:**

- **“create environments and situations in which children, particularly vulnerable children, can learn, grow and thrive socially, emotionally, physically and cognitively;**
- **increase the opportunities for young children to prepare for entering formal schooling;**
- **provide support to adults who care for young children and the communities in which they live, in order to enhance their abilities to care for and educate these children; and**
- **reduce the adverse developmental effects of poverty and other forms of deprivation on children from zero to four.” (p 17).**

# Snapshot: What is Scaling up ECD?

**The goal is to target children in poverty and those affected by AIDS, and to increase**

- the number of ECD service recipients;
- the range of ECD services offered; and
- the quality or intensity of the services.

Key principle should be to scale up access to services that are likely to make the most difference to the most needy in the most cost efficient manner.

# Study Background: The challenge

South Africa has no studies of the impact of ECD services on child development (other than in health).

i.e. there is no evidence-base to inform the NIP.

**The overall objective of our research is to begin to provide an evidence base to inform programming designed to improve the cognitive, language, numeracy and socio-emotional outcomes of poor children under 5.**

Further objectives are:

- to build a cadre of young scholars who can take this work forward, and
- to encourage an evidence-based approach to ECD programming through capacitating community-based ECD management staff.

# Study Background: Activities

1. Reviews of international literature – particularly in developing country contexts on ‘what works’ in home and centre based programming to improve outcomes and provide a sound platform for the first years of school
2. International case studies Brazil & Philippines
3. Local case studies of on the ground service delivery in ECD settings
4. Studies of staffing, training and budgeting for ECD services
5. Studies of models of job creation in ECD
6. Presentation of findings to government and the SA ECD NGO community

Capacity development throughout

# Capacity Development: Sandile Ndingi presents his findings to Government



**An opportunity to test interventions:**  
**Working with NGO Early Childhood Development**  
**Projects to improve outcomes that will impact on**  
**school performance**

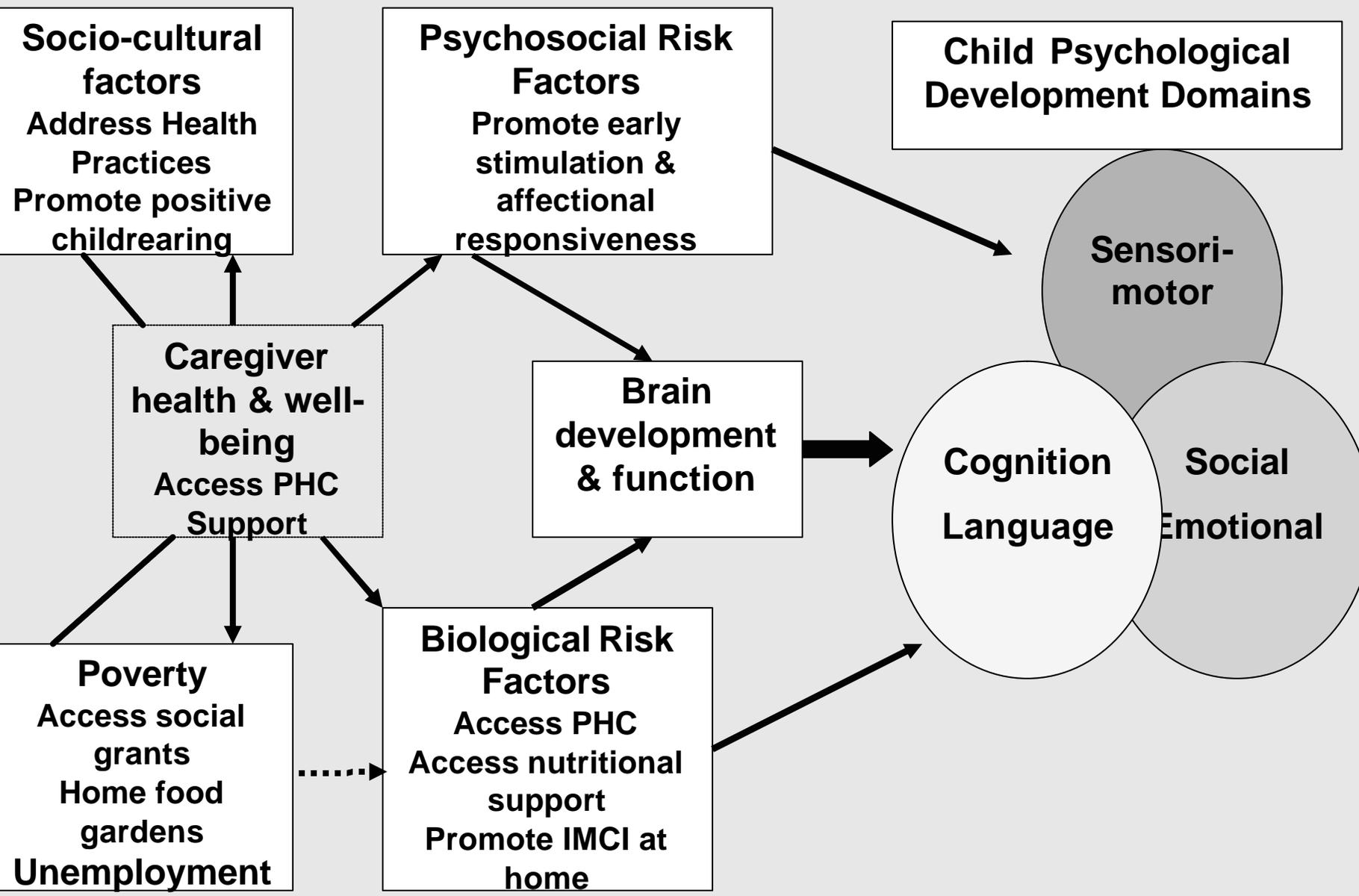
The DG Murray Trust is concerned about poor school outcomes in early grades for poor children.

They funded 5 ECD NGO to:

*Develop “high standard models of ECD provision that will increase access to developmental opportunities for children under the age of 6 years, and “ensure the seamless transition between school and the ECD site.*

Our Task: To develop M&E systems and research designs to test the effects of their interventions & build their M&E capacity together.

# NGO Programme Activities: promoting + ECD outcomes



# The applied researcher's challenge: to Bridge the gap between the researcher and the NGOs

ECD NGO  
Approach



Research Consultant  
Approach

- **Practitioners: Driven by a commitment to service.**
- **Years of experience and know it works!**
- **Project content and time frame is donor driven.**
- **Research and evaluation adds time and cost – not in the budget.**
- **Already committed to the community and cannot wait for baseline!**

- **Applied Social Scientists: Committed to building an evidence-base to inform ECD practice and policy.**
- **How do they know it works?**
- **We have to go for a sound design with appropriate controls and power.**
- **We must have a design and baseline before they start.**

# **Crossing the bridge: Steps in Engaging with the NGO**

## **How?**

**1: We use a participatory approach to build a collaborative culture**

**2: We negotiate a shared understanding of:**

- The Project goals**
- The nature of the intervention**
- The target population and the community**
- Possibilities and limits for an evaluation design**
- Consensus on a final design**

# Crossing the bridge: Engaging with the NGO

*First contact.* Develop preliminary understanding of the project from discussion with NGO:

Assess their experience in this field and their M&E capacity

Read funding proposal and programme documents.

Ask for clarification on all aspects of the intervention.

Ask for the implementation plan if available covering all components of the intervention.

*Second contact.* Provide training on M&E and designs.

Provide ongoing support

Agree on our mutual responsibilities

*Third contacts: Follow-up on email.*

Ask them to their send goals, outcomes, indicators and measures. (we modify as need be)

Set up first visit in the implementation site with negotiated agenda.

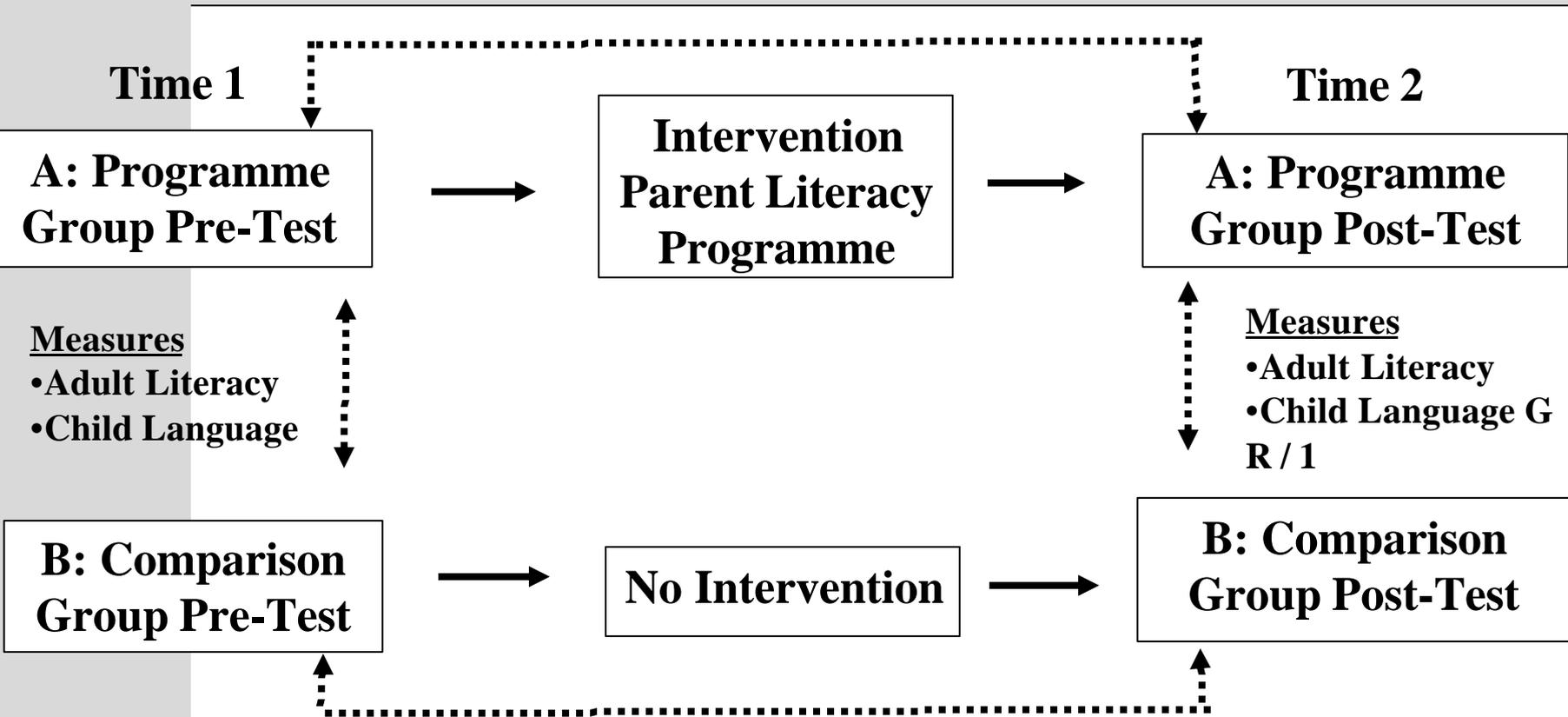
Send relevant literature

*Fourth contact: Site visit to continue design development*

# **Second Contact: Content of the initial ECD Programme Staff Training Workshop**

- 1. Monitoring and Evaluation;**
- 2. Programme logic;**
- 3. Indicators and measures;**
- 4. How do we know it is working? Quasi experimental designs.**
- 5. Our key question to them is: “*Why* do you think that your programme design and activities will actually make the difference you expect? What is *your* evidence?”**

# Training e.g.: A Quasi-Experimental Design



Make sure Groups A and B are as similar as possible at time 1 (if there is no possibility of random assignment) Be aware of other literacy interventions.

If A is better than B, at time 2 then *probable* that it was the intervention that worked

## **Before we go to the NGO site**

NGOs have worked with us on email and on the phone to construct grids to depict their inputs, targets and outcomes. We supply templates for this purpose.

They undertake a community scoping exercise – we provide a common scoping tool; they send results to us. We comment.

Negotiate an agenda

# The Site visit

1. Orientation: Begin with them – let them present what they are doing. Affirm and listen.

2. Review goals and interventions

3. Review outcomes and indicators

4. Go to the field to get a sense of the context

5. Work using a data projector so all can see

Start with clarifications

Then project goals to refine

Move to intervention, sample, measures

Close with tentative design

Example of the process follows



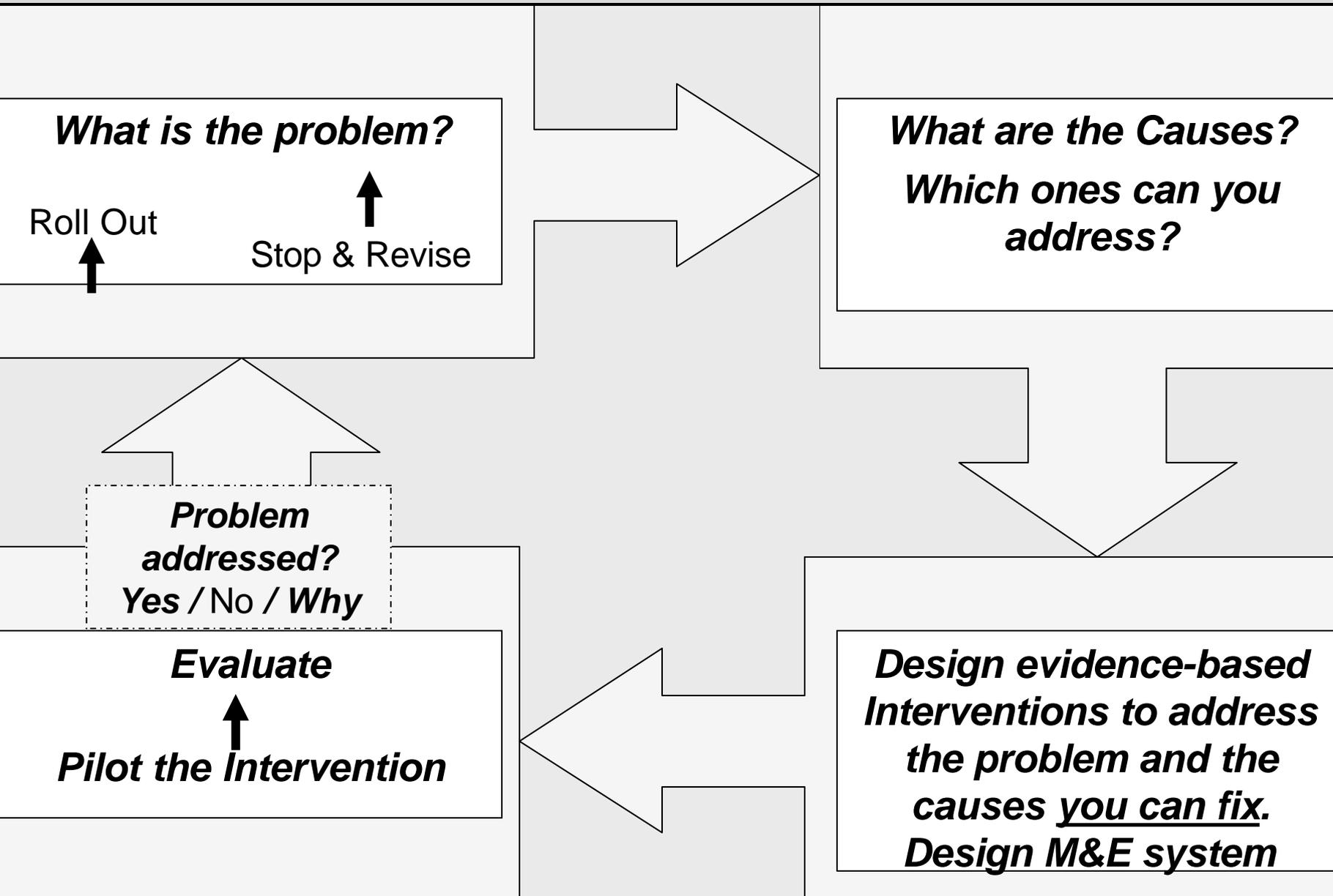
**Khululeka High  
Scope project**

**To the field: A participatory approach to the design of  
ECD interventions while building research capacity  
among ECD programme staff**



**Ntataise Pre-school training project**

# Site Visit: Reviewing goals, interventions and measures: An M&E Problem-solving Cycle



# Unpacking Goals: 1: To Improve Household Food Security

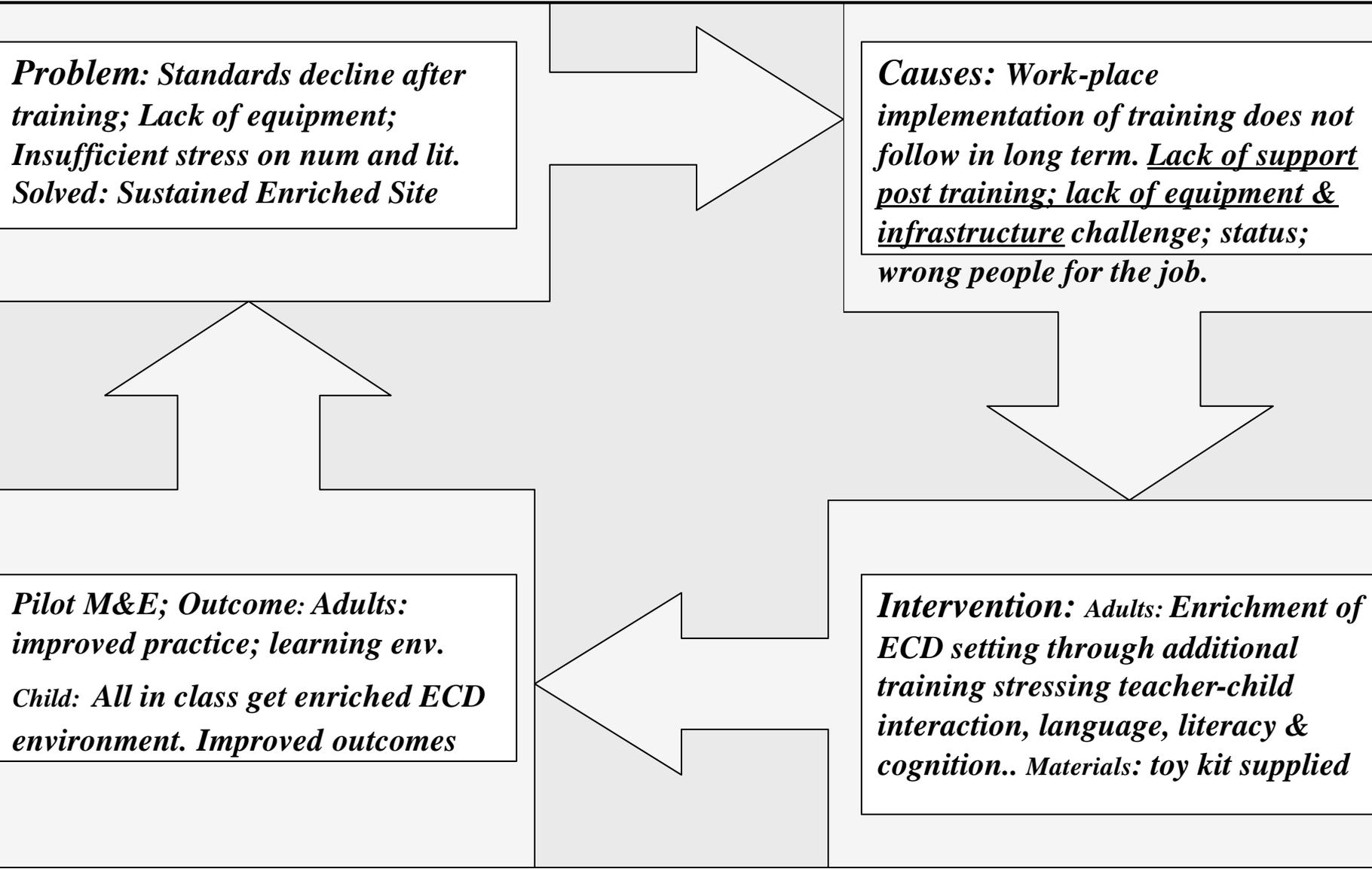
***Problem:** Households do not have sufficient food; Hunger; Children's diet is inadequate to meet growth needs*  
***Solved:** Food Secure*

***Causes:** Poverty; lack of income to buy food; Inadequate Knowledge of nutritional needs; lack of access to alternatives for food production; water scarcity; drought; child not on clinic programme*

***Pilot M&E; Outcome:** Adults & Children: 60% Gardens sustained (Access to home food year round); Adults: Improved knowledge of gardening & nutritional needs.*

***Intervention:** Adults: Information on nutrition; training on gardens; seeds that provide vegetables year round in a water scarce environment. Help access social grants; Child: Liaise with clinic to secure nutritional support for eligible children*

# Goal 2: Ensure quality of ECD programmes



# Unpacking Goals: 2: Increase Access to developmental opportunities at home for vulnerable children

***Problem:*** Children do not have sufficient access to adequate stimulation for development;  
***Solved:*** Early Environment Improved

***Causes:*** Carers: limited knowledge, resources, time. Absence of encouragement to explore; value of play not seen; No link between early stimulation and child development

***Pilot M&E:*** Adult outcome is: change KAP child dev; improve stimulation; learning. Child outcome: improved psych. development (across domains).

***Intervention:***  
1 Adult: Family visiting support: parent education component;  
2: Resources for stimulation; toy kits  
3: Child –adult 2 generation intervention

# Final Agreed Goals

- Goal 1: Increase household food security through sustainable food gardens.
- Goal 2: Ensure quality of ECD programmes through capacitation of practitioners.
- Goal 3: Increase access to early stimulation for children not in ECD provision (vulnerable children) through the home visit programme.
- Goal 4: Address the basic unmet needs of the child through referral to services.
- Goal 5: Ensure smooth transition to GR-G1;  
Goal 6: Increasing interaction with and informing government.

# End of process to clarify goals, outcomes & measures

## Goal of the Intervention

**Increase access to early stimulation for children not in ECD provision (vulnerable children) through the home visit programme**

<b>Target Group and Inputs</b>	<b>SHORT TERM OUTCOME INDICATORS &amp; MEASURES</b>	<b>LONG TERM OUTCOME (IMPACT on CHILD) INDICATORS &amp; MEASURES</b>
<u>Target Group:</u> Parents Children aged 3 <u>Inputs:</u> Infant & Toddler Parent Support Programme	Quality of adult-child Interaction  H.O.M.E. (local rural adaptation)	Children aged 5 have developed the requisite language and cognitive skills for their age group  Active Learning Evaluation Tool Reynell; Grover

# And then the design: Example

**Table 13B: Effect of different forms of ECD intervention on child outcomes at Grade 1**

**Long term impact on children at Grade 1 and who did not attend Grade R (baseline at 3 & 4 years)**

<b>No ECD, No grade R, and no parent programme exposure</b>	<b>Grade R only</b>	<b>P-ECD only</b>	<b>PSP plus ECD &amp; Grade R</b>	<b>ECD Only</b>
N=30	N=30	N=30	N=30	N=30

Child outcomes for Socio-emotional development; cognition; language & numeracy.  
Children compared should be matched for age and gender.  
Their anthropometric (and HIV status if available) should be known as well. Children with disabilities should not be included



Thank You

[adawes@hsrc.ac.za](mailto:adawes@hsrc.ac.za)

