

Mind the policy gap: An overview of progress toward providing universal services for young children in South Africa

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Interventions to promote early childhood development (ECD) are most effective during pregnancy and the first three years of life – as this is when the critical foundations for health, overall well-being and productivity are laid. Development begins in utero and takes place as children interact with and learn to adapt to their environment, in ways that establish the blueprints for their lifelong health and development.¹

Young children’s physical, cognitive, socio-emotional and language development are all interrelated, with progress in one domain catalysing progress in another. The impacts of interventions in early childhood will therefore be greatest when policies and interventions, from different sectors, are integrated to create environments that support young children’s development and enable them to thrive.²

South Africa’s National Development Plan (NDP), adopted in 2012, is the bedrock for national strategic planning toward 2030.³ The Plan echoes global trends and incorporates

a strong emphasis on early development, specifically recommending two years of compulsory provisioning of quality preschool education before Grade 1. While this compulsory early education proposal has received priority attention, the NDP conceptualises ECD services more broadly as a comprehensive package catering for family planning, healthy pregnancies and postnatal support; nutritional support for pregnant, breastfeeding women and young children; birth registration, social security and poverty relief; support for parenting and quality learning for young children in various settings to prepare them for formal schooling. The NDP acknowledges the role of multiple departments in delivering services to support and promote early childhood development and stipulates that the Department of Basic Education (DBE) should bear primary responsibility for the provision and monitoring of ECD services, with support from other departments.

Table 9: The primary commitments of the National Integrated Early Childhood Development Policy, 2015

Essential services	Roles and responsibilities
<ul style="list-style-type: none"> Basic health care and nutrition for pregnant women, infants and young children Maternal, infant and young child food security services 	<ul style="list-style-type: none"> Department of Health (DoH) has primary responsibility for health care and nutrition support. Food security is the domain of multiple departments including the DoH, Department of Social Development (DSD), the National Development Agency, the Departments of Land Reform, Agriculture and Rural Development, and local government.
<ul style="list-style-type: none"> Support for parents 	<ul style="list-style-type: none"> DoH has primary responsibility for parent support programmes.
<ul style="list-style-type: none"> Safe, quality childcare and early learning in parent's absence* Early learning support and services from birth* 	<ul style="list-style-type: none"> Multiple stakeholders have a role in providing childcare services including the DSD and local government. The DSD has primary responsibility for the provision of early learning opportunities, in collaboration with the Department of Basic Education (DBE). The DoH is mandated to provide play and early learning opportunities for birth to two years of age.
<ul style="list-style-type: none"> Free birth certification for all children 	<ul style="list-style-type: none"> Department of Home Affairs.
<ul style="list-style-type: none"> Publicly accessible information about ECD services and support 	<ul style="list-style-type: none"> Department of Communications and Digital Technologies, in collaboration with the National Inter-Departmental Committee on ECD.

* A recent function shift has resulted in the DBE assuming the primary responsibility for provision of these services.

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In response to the NDP, South Africa's first National Integrated Early Childhood Development Policy (NIECD Policy) was adopted in 2015.⁴ While South Africa already had a diverse array of laws and policies that included a focus on young children, the new policy aimed to facilitate a more integrated approach to service delivery. The Policy adopts a life course approach to development and targets children from conception until the year before they attend formal schooling. It provides for a set of essential services and supports for young children and their families, aiming to strengthen and universalise these in the medium-term, and achieve provision of a more comprehensive package of services by 2030.

The Policy recognises early childhood development: (1) as a universal right for all young children, and (2) as a public good, demonstrating alignment with the scientific evidence and the global call for states to assume primary responsibility for public provision of ECD services. The South African government's sign-off on these policy statements was groundbreaking, as for the first time, the government declared responsibility for the universal, public provisioning of an essential package of services and supports for young children and their families (Table 9).

This chapter draws on the World Bank's SABER-ECD Framework to track progress in the implementation of the NIECD Policy, drawing attention to gaps and weaknesses in current services and identifying systemic factors and suggestions for high-level intervention. This includes progress made toward the achievement of the Policy goals.

What progress has been made toward achievement of the NIECD Policy goals?

The South African government has committed to the development of a publicly funded, integrated ECD system which ensures availability of ECD services to all young children and their caregivers. The NIECD Policy positioned the national Department of Social Development (DSD) as the lead department responsible for implementation of the Policy and for coordination across government actors and collaborators. To facilitate leadership and coordination, an Inter-Ministerial Committee on Early Childhood Development was constituted and supported by a national Inter-Departmental Committee. Yet, despite these commitments and considerable civil society support, implementation of the NIECD Policy has been variable and incremental. Most of the state's efforts have focused on strengthening existing services, with limited strategic intent to lever population-level change. Extra funding for new service directions has been limited and departments have attempted to expand ECD services within their existing allocations.^{5,6} While the country continues to provide robust healthcare services

to enable women and young children to survive, the services needed to enable children to thrive are less developed.

More than eight years since the adoption of the NIECD Policy, two in every three preschool-aged children do not have the foundations in place to begin formal schooling, and more than half of children attending early learning programmes are not able to perform age-appropriate tasks. Inequities persist, and children in the poorest households are most affected.⁷ For example, children from the poorest quintile of households are nearly three times more likely to be stunted (a sign of chronic malnutrition) than those in the richest quintile.⁵ The underlying causes trace back to poor access to the fundamental supports required for healthy development – including adequate nutrition, responsive caregiving, and opportunities for early and quality learning.²

The section below focuses on the implementation of the five priority programmes stipulated by the NIECD Policy as necessary to shift the developmental pathways of young children in South Africa by addressing service gaps, focusing on the most vulnerable children and families, and redressing inequities.

Priority 1: Support for pregnant women, new parents and children under two years of age

The Policy assigns primary responsibility for the provision of a comprehensive package of ECD services for children 0 – 2 years to the national Department of Health (DoH) see Table 10.

This calls for a paradigm shift from the provision of vertical services focused on child survival to integrated services that promote pregnancy support and the nurturing care of young children through the health system⁸ including health and nutrition, early learning, safety and security, and responsive caregiving.⁹

This expanded focus has galvanised a series of initiatives to improve the health and development of young children and pregnant women. The DoH has committed to re-engineering child health services in collaboration with partners with experience in child health, early development, and social and behaviour change communication.⁸ The first step in this process was the revision and rollout of the Road to Health Book (RTHB) – the national child health record that is issued at birth for South African children. The revised RTHB and Side-by-Side Campaign¹⁰ provide guidance to health workers on how to support and promote nurturing care at all levels of care. All child health consultations (both at primary level facilities and community health worker visits to households) should be structured around the five themes – nutrition, love, protection, health care and extra care – and health workers are expected to address each of these pillars at every contact.⁸

Table 10: Support for pregnant women, parents and children under two years

Policy goal	Scope of programme	Coverage	Equity
<i>To enhance the ability of families to cope with and nurture vulnerable children below two years by promoting healthy pregnancy and maternal support; supporting parenting; and strengthening the holistic stimulation of infants.</i>	A national programme for the provision of support to pregnant women, parents and infants in the first two years of life. Interventions include: 1. Maximise opportunities during maternal health visits for infant care and maternal counselling. 2. Utilise the Road to Health Book to support healthy child growth and development. 3. Provide community health worker home visits to vulnerable caregivers and infants from pregnancy to after birth. 4. Provide clinic, community groups for women and babies on selfcare and infant development. 5. Capacitate childminders to improve their knowledge on infant health, nutrition, development, and referrals. 6. Facilitate the pre-registration of pregnant women for the Child Support Grant (CSG) during the third trimester.	Universally available, subject to certain conditions such as age and definition, e.g. 'vulnerable' includes teenage mothers, those suffering from mental health or substance abuse problems, or exposed to violence.	Addresses inequities by focusing on children younger than two years; maximising clinic, group and home visits to identify extra needs and special circumstances and to monitor development; targeting vulnerable caregivers for extra services; enabling access to income support for those who are eligible.

The RTHB health promotion messages are aligned with those received by mothers and caregivers during pregnancy and the first year of life through the MomConnect mobile phone service,¹¹ while NurseConnect provides healthcare providers working in maternal and child health and family planning with information and advice. The Western Cape government's First 1,000 Days programme (see Case 11 on page 145) is a model of good practice for the re-orientation of services to enhance

support to pregnant women and young children, including an emphasis on maternal mental health.

DSD continues to provide parenting support and is implementing a national programme,¹² but this is not specifically targeted at pregnant women or new parents of children under two years of age. The DSD has also developed a draft Maternal Support Policy to enable material support for pregnant women and improve access to the Child Support Grant (CSG) from birth.¹²

Table 11: Status of NIECD Policy priority support programme from conception to two years

Articulation of NIECD Policy provisions with existing programmes	Status of programmes	
Standard health clinic visits plus elements for pregnancy, maternal and parent support and infant development.	Standard care provided.	Good
	Developmentally supportive content in place for young children, but extent and quality of delivery not known and not monitored. No content for comprehensive support during pregnancy.	Average
Support for infant development, service referral and access through home visits for vulnerable caregivers.	Not a national, established state-led programme.	Poor
Support for infant development, pregnancy and maternal support through clinic and community-based support groups for women, and women and babies.	Not a national, established state-led programme.	Poor
Information available on pregnancy, maternal and parent support and infant development through public information programmes and advocacy.	National information campaigns and communication services.	Good
Parent support available through national parenting support programme and Road to Health Book.	Not targeted at pregnant women and new parents of infants; delivery through health services is not explicit and not monitored.	Average
Access to income support for pregnant women in poverty through the Maternal Support Policy.	Draft policy, not yet implemented.	Average
Building capacity of childminders to support infant development and stimulation.	Very limited information available. Not likely to be widely implemented.	Poor

■ Good
 ■ Average
 ■ Poor

Coverage of programmes

There is little information available on coverage of the existing programmes. In 2021/22, 5.1 million persons were reached each week in 10 official languages by the Side-By-Side campaign radio show.¹² But it is unclear how many caregivers were reached by the campaign through other delivery platforms, including clinic visits. The RTHB should be used at each visit to engage parents, share important messages on early development and parenting, and assess and respond to individual needs. But the extent to which the developmental components are implemented and monitored is not known.

In 2020, approximately 814,000 caregivers of children under two years received MomConnect messages¹³ which suggests that there are still a significant number of caregivers not reached through this service. However, postnatal and well-baby clinic visits are relatively well attended (coverage is just over 80% for immunisations under one year of age).¹⁴

DSD's parenting support programme is still in the process of rollout and therefore not fully implemented.

Service gaps and equity concerns

There are key gaps in the existing health service package (see Table 11). While parenting support is woven into the use of the revised RTHB, these conversations are 'light touch' and insufficient for caregivers requiring extra support.¹⁵ The role of fathers is rarely promoted in routine maternal and child health services,¹⁷ and access to maternal mental health services remains patchy.¹⁸

Quality home-visiting can reduce risks and adverse outcomes for young children.^{19, 20} But home visits by community health workers and other services to support maternal selfcare and infant development are largely absent, primarily because community health workers are expected to deliver a wide range of services to households and therefore have limited time to focus on mothers and children.²¹ While many non-governmental organisations have an emphasis on maternal and child health and development, these organisations lack the capacity to deliver at scale.²²

Priority 2: National food and nutrition strategy for children under five years

All young children have a right to access nutrient-rich foods. These are critical for healthy brain development and physical growth and should be provided before and during pregnancy, and throughout early childhood. Inadequate nutrition during early childhood can result in illness, stunting, or disability.²³ The Policy therefore prioritises the development and implementation of a national, multi-sectoral food and nutrition strategy for children younger than five years of age (Table 12).

In response to the urgent need to address population-level food security and nutrition in South Africa, the National Food and Nutrition Security Plan (NFNSP) was developed in 2017.²⁴ It addresses food security and nutrition for pregnant women and children and prioritises scaling up high-impact nutrition interventions for women, infants and children.

Table 12: A national food and nutrition strategy for children under five years

Policy goal	Scope of strategy	Coverage	Equity
<i>A national multi-sectoral food and nutrition strategy for children younger than five years is reviewed and strengthened. The strategy should ensure delivery of a comprehensive package of food and nutrition support and services both in the home and at community level.</i>	<p>The strategy targets the pre-conception to birth to four years development phases.</p> <p>Interventions should ensure:</p> <ol style="list-style-type: none"> 1. Delivery and oversight of essential nutrition services including nutrition promotion services from pre-conception; Road to Health Book use to respond to poor growth or development. 2. Development of norms and standards, tools, and ECD practitioner training to provide nutritionally balanced food through ECD programmes. 3. Development of one national set of norms and standards for hygiene and food safety, including for ECD programmes. 4. Improved food security and access to nutritious foods in households with pregnant women, infants, and young children. 5. Improved food production and security through the promotion of and support for food gardens. 6. Improved access to environmental health services, for the promotion of infants and young children's nutritional health and development. 7. Development and implementation of a multi-sectoral food and nutrition communications and education campaign. 8. Development of an integrated nutrition information system and linking of current household profiling activities with the system. 	The strategy should enable universal availability of a comprehensive package of food and nutrition support and services, subject to a focus on children from birth to four years and households with pregnant women.	Addresses inequities by strengthening delivery across the continuum of care, including ECD programmes and at household level. Improving food security, food access and environmental health services is most relevant for those in lower income quintiles.

Scope of the NFNSP in relation to pregnant women and young children

The Plan promotes improved:

1. Access to social grants from birth and strengthening of social grant systems.
2. Access, coverage and effectiveness of impactful nutrition interventions for pregnant and breastfeeding women and undernourished infants and children, and monitoring of these activities.
3. Access and coverage of breastfeeding and complementary feeding support and counselling, through community health workers and ward-based outreach teams.
4. Access and coverage of growth monitoring and promotion services and ensuring timely remedial actions.
5. Adherence to minimum nutritional standards to ensure children accessing ECD programmes receive adequate quality and quantity of nutritious foods.

The Plan also recognises the need to influence persons across the lifecycle to make informed nutrition choices through an integrated communications strategy.

Coverage of the NFNSP

The NFNSP adequately addresses the population of pregnant women and young children and seeks to expand coverage of nutrition services and support to these groups. However, the Plan fails to address nutrition in the pre-conception phase, which is an essential foundation for healthy pregnancy, and good maternal and child health and nutrition.

Policy gaps and equity concerns

While the NFNSP shows alignment with the objectives of the NIECD Policy, there is a risk that the desired focus on pregnant women and young children may get diluted in this generic policy.

The policy proposal to coordinate food and nutrition security is robust, however, there remains questions about implementation. A National Food and Nutrition Security Council chaired by the deputy president is meant to provide leadership and oversight, but this is yet to be convened and the full Plan is not yet funded.²⁵ As a result, nutrition interventions remain fragmented and uncoordinated across multiple departments.⁵ Table 13 illustrates how current policy design and implementation are insufficient to meet the state's constitutional obligations to ensure adequate nutrition for all young children.

Priority 3: Provision of universal early learning opportunities from birth

The recent transfer of responsibilities for ECD services from the DSD to DBE has resulted in significant progress in plans to enhance the delivery of early learning programmes.

Scope of programmes

The NIECD Policy envisaged the provision of a continuum of early learning programmes (ELPs) that are attuned to the evolving needs of children and their caregivers at different stages of development (Table 14). For example, programmes to support development and learning in infants would be best delivered through health facilities and home visiting programmes. However, the primary focus has remained on

Table 13: Extent to which NIECD Policy intentions are reflected in the NFNSP

NIECD Policy provisions	Present in NFNSP
Access to social grants to improve food security and access to nutritious foods in households with pregnant women, infants, and young children.	Good
Delivery and oversight of essential nutrition services.	Average
Development of norms and standards, tools, and training for ECD practitioners to provide nutritionally balanced food through ECD programmes.	Average
Development and implementation of a multi-sectoral food and nutrition communications and education campaign.	Good
Development of one national set of norms and standards for hygiene and food safety, including for ECD programmes.	Poor
Improved food security and food production.	Poor
Improved access to environmental health services.	Poor
Development of an integrated nutrition information system.	Poor

■ Good
 ■ Average
 ■ Poor

Table 14: Provision of universal early learning opportunities from birth

Policy goal	Scope of programme	Coverage	Equity
<i>To ensure that every child has an opportunity to access age- and stage- appropriate early learning opportunities from birth to the year before entering school.</i>	<p>A national programme for the provision of early learning opportunities from birth to the year before school, supported by the implementation of the National Curriculum Framework for Children from Birth to Four.</p> <p>Interventions include:</p> <ol style="list-style-type: none"> 1. Home-visiting, health-centre programmes to build capacity of expectant parents and caregivers to stimulate early learning. 2. Early learning opportunities through child-minding services, incorporated and supported in the spectrum of early learning opportunities. 3. Community-based playgroups for mothers and children aged birth to four years for parent support; stimulating play for children. 4. Structured early learning community playgroups for children aged two to four years to foster socialisation and promote early learning. 5. Early learning programmes, mostly for three- and four-year-olds, that encourage emotional, social development and school readiness. 6. ECD programmes for six or more children for the care and development of young children through playful learning and support services. 7. Improved parental demand for early learning via public communication on the importance of early childhood development for health and human capital. 	<p>Universal availability of comprehensive, age-differentiated early learning opportunities, subject to a focus on children from birth to the year before compulsory schooling.</p>	<p>Addresses inequities by strengthening delivery across the continuum of care, including support to parents to offer learning opportunities at home.</p> <p>The inclusion of home- and community-based programmes aims to support families with children under two years old, those unable to access centre-based learning programmes, and provide parents with a wider range of childcare and early learning service options.</p>

early learning programmes delivered through ECD centres for 3 – 6-year-olds. ELPs are mainly provided by non-profit organisations, subsistence entrepreneurs or microenterprises, resulting in essential early learning programmes being delivered by a fragile and vulnerable sector.²⁶ Parent fees remain the primary source of early learning programme funding, at 69%.²⁷ State funding remains limited to a R17 per-child-per-day subsidy.⁵ As a result, the delivery of quality and accessible ELPs is hampered by significant financial constraints, under-capacitated practitioners, and insufficient state support.²⁸

Coverage of programmes

In 2021, a little over 1.6 million young children were enrolled in about 42,000 early learning programmes. About 71% of these children were aged between three and five years old; less than a quarter of enrolled children were below age three.²⁷ This is to be expected as children below three years are usually in the care of their parents or primary caregivers. The coverage of programmes by type is not available.

Programme gaps and equity concerns

To date, provisioning has not been driven by an age-differentiated, population-based approach. Children below

three years continue to be excluded from early learning support, which should ideally be provided in partnership with their parents and caregivers. There is also limited attention to the barriers that drive inequities in access and quality, including user fees for programmes and limited, complex state funding mechanisms. The state subsidy contributes to inequities between subsidised and unsubsidised programmes as ELPs serving lower quintile communities struggle to meet the registration requirements needed to qualify for the subsidy.²⁷ Notably, 67% of programmes were unsubsidised in 2021²⁷ and dependent on user fees resulting in significant financial challenges.

Programmes receiving higher income are associated with better early learning outcomes.²⁹ Prioritising this financing gap and moving intentionally toward a state-led, state-funded early learning system is a critical first step in improving child outcomes.

Priority 4: Inclusion and support for children with developmental delays, difficultiesⁱⁱⁱ and disabilities within all ECD programmes

Young children with developmental delays, difficulties and/or disabilities are recognised as historically neglected and

iii According to the NIECD Policy definition, developmental difficulties include conditions that place a child at risk of sub-optimal development, or that cause a child to have a developmental delay, disorder or disability.

Table 15: Assessment of NIECD Policy implementation via key existing early learning programmes

Articulation of NIECD Policy provisions with existing programmes	Status of programmes	
Home-visiting and health-facility-based programmes to build capacity of expectant parents, and current parents and caregivers, to offer early learning support.	Limited attention to early learning support via health facilities. Home-visiting programmes are provided by the non-state sector with limited state funding; and is not a national, established state-led programme.	Poor
Early learning opportunities through child-minding services, which will be incorporated and supported in the early learning programme system.	Very little evidence on improvements in child-minding services is available; state support for this service is not widely available.	Poor
Community-based early learning playgroups for mothers and children (birth to four years) to provide parenting support and a stimulating experience for children.	This playgroup programme type is not widely available; is provided by the non-state sector with limited state funding; and is not a national, established state-led programme.	Poor
Community-based, structured early learning playgroups for children aged two to four years to foster socialisation and promote early learning.	This playgroup programme type is provided by the non-state sector with limited state funding; and is not a national, established state-led programme.	Poor
Early learning and development programmes, particularly for three- and four-year-olds, that encourage emotional and social development and preparation for schooling.	This programme type is provided by the non-state sector with limited state funding; and is not a national, established state-led programme.	Poor
ECD programmes for six or more children aimed at the care, early learning and development of infants and young children through play-based learning, care, and supportive services.	This programme type is provided by the non-state sector with limited state funding; and is not a national, established state-led programme.	Poor
Increased parental demand for early learning opportunities, through public communication about the importance of early development for health and human capital.	Limited public communication programmes are in place through the state and other stakeholders. Impact on parents is not well known.	Average
Implementation of the South African National Curriculum Framework for Children from Birth to Four (NCF)	Several activities toward full implementation of the NCF are in progress.	Average

■ Good
 ■ Average
 ■ Poor

disadvantaged with poor access to services to support their specific needs.³⁰ Definitional issues and data challenges make it difficult to determine the numbers of children with delays and disabilities requiring support, however, one estimate suggests that about a quarter of children aged 0 – 4 years have a disability.³¹ According to the 2021 Thrive by Five Index, less than half (46%) of children attending an ELP in South Africa are on track in their learning; with 28% of children falling far behind the expected standard.³² The Countdown 2030 ECD Country Profiles, using a composite indicator of stunting and poverty, estimate that 38% of children younger than five years are at risk of poor development.³³ The NIECD Policy therefore prioritises the delivery of equitable, quality services to these children and their caregivers, to enable their development and inclusion in society. The Policy proposes that a multi-sectoral ECD guideline be developed as described in Table 16.

Scope of existing policy and programmes

In 2016, a White Paper on the Rights of Persons with Disabilities was released, which includes a focus on young children and seeks to address their needs through improved services.³⁴

The White Paper provides the following directives:

1. *Ensure equitable access for children with disabilities to all ECD programmes and facilities.* This promotes accessible ECD programmes and facilities by removing participation barriers.
2. *Develop disability specific intervention and support services.* Services must focus on a range of programmes and interventions to improve independence and integration, and parent support programmes.
3. *Develop a national integrated referral and tracking system.* The system must identify, refer, register and assess children with delays and/or disabilities, and ensure access to support, treatment, social assistance and learning programmes.

The DoH has applied a more comprehensive approach to supporting early development in its re-conceptualisation of the RTHB. The book includes a focus on developmental screening, health promotion messages on how to support and promote development for caregivers, and how to support children and families requiring 'extra care'. After identification, children with a developmental delay, difficulty or disability should be routed

to the appropriate health worker for further assessment and support. Implementation of these steps requires sufficient training, adequate monitoring and support for health workers using the RTHB. Successful referral of young children with disabilities also depends on the availability of appropriate health, social service personnel and specialist services.

Coverage of existing policy and programmes, gaps and equity concerns

The White Paper adequately provides for the inclusion and delivery of appropriate services for young children with developmental difficulties and recognises the need for parent support. However, there is limited available information on the implementation of the White Paper and the use of the RTHB (see Table 17).

As identification of children with disabilities is a key priority, service providers require appropriate training. About 2,000 ECD practitioners were trained on the DBE's Screening, Identification, Assessment and Support (SIAS) Policy, indicating progress in the upskilling of practitioners to conduct identification and referral.³⁵

The White Paper fails to provide for specific funding of policy interventions for children with disabilities. While the White Paper calls for the development of disability-focused budgeting

mechanisms, this approach is possibly too generalised to be meaningful.³⁶ The Department of Women, Youth and Persons with Disabilities reported that a costing of ECD services for children with disabilities is in progress.³⁵ The alignment of these processes with the objectives of the NIECD Policy is unclear.

The White Paper includes provisions to build the capacity of public servants. However, it is primarily focused on disability mainstreaming and it fails to address the needs of young children with disabilities by putting in place measures to develop capacity of government stakeholders to plan, implement and coordinate, and monitor inclusive ECD programmes.

Prioritising the prevention of developmental difficulties and disabilities remains critical, by minimising risks to health and development, pre- and post-conception, as well as facilitating early identification and intervention to optimise outcomes and reduce the risk of secondary complications.³⁷

Priority 5: Public communication about the value of early childhood development and ways of improving children's resourcefulness

The NIECD Policy positions a national communications and advocacy programme as critical to successfully realising its objectives. Programme success is largely dependent on the communication of key messages aimed at promoting behaviour,

Table 16: Inclusion and support for children with disabilities within all ECD programmes

Policy goal	Scope of provisions	Coverage	Equity
<p><i>By 2017, a national multi-sectoral ECD guideline is developed to provide universal availability and equitable access to comprehensive, age- and stage-appropriate ECD services for all children with developmental delays and/or disabilities.</i></p> <p><i>The ECD guideline will ensure quality, inclusive ECD services for all children with disabilities.</i></p> <p><i>By 2030, all young children with developmental delays and/or disabilities will have an opportunity to access comprehensive, age-appropriate, inclusive ECD services to ensure they develop to their full potential.</i></p>	<p>The guideline targets children with developmental delays and/or disabilities.</p> <p><i>Policy interventions should ensure:</i></p> <ol style="list-style-type: none"> 1. The allocation of additional, adequate public funding to ECD programmes that include children with disabilities. 2. The appropriate design of all ECD services to achieve quality outcomes for children with disabilities. 3. Norms and standards for accessible, appropriate public infrastructure to create inclusive centres for ECD service delivery. 4. Sufficient, qualified ECD practitioners to provide quality, inclusive ECD services to children with disabilities and their families. 5. Capacity development of managers in government to plan, coordinate and monitor inclusive ECD services. <p><i>ECD services should enable:</i></p> <ol style="list-style-type: none"> 1. The prevention of developmental delays and/or disabilities, early detection and remedial interventions. 2. Provision of community-based rehabilitation programmes and services for young children. 3. Appropriate parenting support for parents of infants and young children with disabilities. 4. Quality childcare, and inclusive early learning programmes for young children with developmental delays and/or disabilities. 5. Improved social security for caregivers of young children with disabilities for sufficient material support. 	<p>Universal availability of comprehensive, age-and-stage based services for all young children with developmental delays and/or disabilities. Parenting and income support for the parents and caregivers of young children with developmental delays and/or disabilities.</p>	<p>Addresses inequities by strengthening delivery across a range of ECD services required to support the development of children with developmental delays and/or disabilities. This includes targeted funding, addressing programme design to accommodate and support young children with developmental delays and/or disabilities, and building state capacity to adequately plan and deliver appropriate, quality services for this group of children.</p> <p>Addresses the additional needs of caregivers by providing for improved income support.</p>

Table 17: Assessment of NIECD Policy provisions reflected in White Paper on the Rights of Persons with Disabilities

NIECD Policy provisions	Present in White Paper
Allocation of additional and adequate public funding to ECD programmes providing services for children with disabilities.	Poor
Provide direction for the development and design of all ECD services to achieve quality outcomes for children with disabilities.	Good
Provide norms and standards for accessible and appropriate public infrastructure, for inclusive centres of ECD service delivery.	Good
Secure sufficient, qualified ECD practitioners to provide quality, inclusive ECD services to children with disabilities and their families.	Average
Provide for management capacity development in government.	Poor
Promote prevention of disability and developmental delays.	Average
Provide for community-based rehabilitation programmes and services for young children.	Good
Provide for appropriate parenting support for parents of infants and young children with disabilities.	Good
Provide for sufficient quality childcare and inclusive early learning opportunities for all young children with developmental delays and/or disabilities.	Average
Provide for strengthened social security for all caregivers of young children with disabilities that provides sufficient material support.	Good

■ Good
 ■ Average
 ■ Poor

attitude and practice changes among stakeholders such as parents, caregivers, practitioners, educators and government officials.

While parents, caregivers and children have a right to information, very little is currently available in terms of national communication campaigns relaying pertinent messages about early development. The NIECD Policy also highlighted the critical importance of communicating quality, evidence-based information about the science of early childhood development and its implementation to policymakers, civil society, business and trade union leaders, and the media.

Communication aimed at parents and caregivers should enable them to understand what they can do to improve their children’s nutrition and health; protect their children, and engage in positive discipline and refrain from corporal punishment; understand and demand quality early learning; understand the importance of play for their child’s learning and overall development; provide responsive care; access support and early intervention services for children with disabilities or additional needs; and build understanding of the roles of families in promoting early development.

The NIECD Policy also emphasises the importance of child-focused mass communication, such as using ‘stories for enjoyment’, to stimulate language, imagination, and young children’s desire to explore and learn. It also highlights the importance of using child-focused communication platforms to provide support to parents and caregivers. For example, in

South Africa, programmes such as Takalani Sesame focused on communicating with children, could also be used to strengthen support for parents and caregivers.

Scope of existing programmes

There is little evidence of a government-led, coordinated, national early childhood development communications strategy. However, individual departments have made attempts to develop explicit communication activities to raise public awareness of the importance of early childhood development, and drive demand for quality services that support nurturing care for young children.

- The DoH’s Side-by-Side campaign has developed several resources to educate parents, caregivers and health workers on how to support the health, nutrition and development of young children. Such information is also meant to be communicated directly to parents and caregivers at clinic visits.
- The DBE has worked in partnership with civil society stakeholders to publicly disseminate messaging about early learning and development, e.g. the Takalani Sesame programme, and the development of specific campaigns in response to the COVID-19 crisis.
- The non-profit sector plays a significant role in the development and delivery of communications activities, some of which is publicly funded.

Table 18: Public communication about the value of early childhood development

Policy goal	Scope of provisions	Coverage	Equity
<p><i>By 2024, a national multi-sectoral ECD communication strategy is developed, adequately resourced, and implemented. A coordinated national communications strategy should be implemented as part of a national branded programme.</i></p>	<p>The strategy targets all parents and caregivers, practitioners and educators, government and non-government actors with an on-going media and public communication programme.</p> <p>Interventions include:</p> <ol style="list-style-type: none"> 1. Reinforcing the nature of the window of opportunity offered by appropriate quality interventions early in life. 2. Emphasising the crucial positive role parents and families play in the development of young children. 3. Conveying key messages to support early development, including: <ol style="list-style-type: none"> a. Nutrition and health care; b. Safety and protection, including alternatives to corporal punishment; c. Responsive and loving care; and d. Early learning and development. 	<p>The programme is specifically aimed at reaching the broad population of parents and caregivers, but also practitioners and educators, non-government and government stakeholders.</p>	<p>The programme will assist in redressing inequities, as receipt of information will likely increase parental demand, and increase the uptake of services for young children and their families.</p>

Gaps in coverage and equity concerns and equity concerns

There is limited available information on the implementation of ECD-related communication strategies. Non-profit stakeholders are providing useful examples of public communication campaigns which could guide future planning, e.g. Grow Great's nutrition campaigns using multimedia platforms and billboards, and Ilifa Labantwana's parenting campaign using radio, a mobi site, billboards and strategic partnerships with the DoH and other stakeholders. The strength of these campaigns is the building of strategic alliances between key stakeholders, including public-private partnerships. Moving forward, it is also essential to focus on government stakeholders across the relevant departments as the targets of communication campaigns.

What are the priority areas for improved delivery of ECD services?

South Africa has made steady progress in sectors where systems and infrastructure are well-established, such as basic health care for pregnant women, mothers and young children; birth registration; and social grants. But progress has been variable for the programmes earmarked in the NIECD Policy for priority implementation. Poor cognitive development and a lack of school readiness are outcomes of poor nutrition and growth, and a lack of early stimulation and nurturing caregiver interactions, especially before the age of two years.² Yet, ECD services focused on the stages most critical for later development – pre-conception, pregnancy, and birth to two years – remain underdeveloped.

The early learning sector, because of its dependence on non-profit actors and micro-enterprises to deliver services, is in urgent need of greater resources to enhance access and

quality improvements. Priority attention is also needed for nutrition support and food security; including fast-tracking the establishment of the National Food and Nutrition Security Council to provide leadership and drive implementation of the National Food and Nutrition Security Plan.

Delivery systems to target services for the most vulnerable children remain inadequate: children under two years, and those with developmental difficulties are under-served. Home- and community-based services require urgent attention; these modalities are also most effective for reaching marginalised populations. A comprehensive, multi-sectoral communications programme has yet to be developed and implemented and could be especially effective in reaching parents of young children at scale.

What systemic factors require priority attention?

The development of the NIECD Policy was a critical first step toward effecting universal, quality services for young children in South Africa, but robust systems are needed to support and enable implementation. Progress with service delivery to support early childhood development won't occur without proper attention to systems for implementation. South Africa has some systemic elements in place, while others need to be established or strengthened.

Elements that are critical for building a robust and coherent system³⁸ include:

- A legal and regulatory framework;
- Leadership and intersectoral coordination;
- ECD financing;
- Service delivery mechanisms and
- Monitoring, evaluation and quality control.

Seeking high-level political endorsement for early childhood development and ensuring its prioritisation on the political agenda, are considered essential elements of successful ECD policy.² While South Africa has fully acknowledged the significance of early childhood development and prioritised it in policy development, the political will to effectively translate policy into action has been lacking. This is evident in the incessant problem of ineffective high-level intersectoral coordination, the low and inequitable funding flows for the youngest children compared to older children, and the continued exclusion of young children from the poorest households.

However, the state has recently reaffirmed its commitment to early childhood development in the President's State of the Nation Addresses and through the transfer of responsibilities for ECD service provisioning from the DSD to the DBE.⁶ Financial allocations to ECD services are a clear signal of a country's commitment to its young children.³⁸ It is therefore hoped that the new administration will clearly signal their commitment to young children in their resource allocations, to create a real and lasting difference in the lives of South Africa's youngest citizens.

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