Strengthening the system: Early childhood development finance

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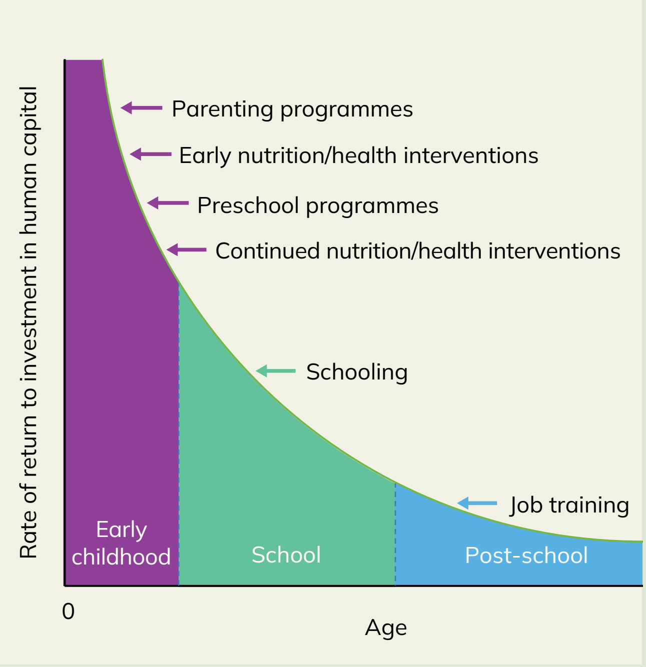
Investment in early childhood development (ECD) is one of the most powerful opportunities available to reduce structural inequalities in South Africa. A large body of evidence suggests that high-quality ECD programmes are needed to improve the skills of young children, particularly the most disadvantaged.[1-3] A study analysing the cost and impact of scaling 10 nutrition interventions in South Africa for a cohort of children born in 2021, estimates that every USD1 invested in early nutrition has the potential to yield USD18 in productivity return.[4] Investment in early childhood development also has the potential to reduce gender inequality by enabling women on the social and economic margins to access the labour market. First, directly by being a large employer of women in the care economy;[5] and second, through indirect and induced job creation. Recent estimates in South Africa suggest that every USD1 invested in accessible childcare services could generate USD7 in increased economic activity for previously unemployed caregivers.[6]

Figure 23: Rates of return to investing in human capital at different ages



Source: Dulvy EN, Devercelli AE, Van der Berg S, Gustafsson M, Pettersson GG, Kika-Mistry J, Beaton-Day F. *South Africa Public Expenditure and Institutional Review for Early Childhood Development (ECD PEIR)*. Washington DC: World Bank Group. 2023. Adapted from Heckman and Masterov.[7]

What is the status of funding for early childhood development in South Africa?

Several interventions are considered essential for a child's healthy growth and development, starting from pregnancy through to the transition into primary school.[8] These interventions can be grouped by sector and age/stage (Figure 23).[9] Recognising the importance of the first 1,000 days has resulted in a simultaneous improvement in child survival rates in South Africa.[10] However, young children still fail to reach their full potential, evidenced by high levels of stunting and poor learning outcomes.[10-12] Ensuring that young children not only survive, but also thrive, requires a focus on these key outcomes.

Budget allocations for early childhood development are largely located in three core national and provincial departments, i.e. health, education and social development.[13] Allocations to early childhood development interventions within these sectors are mainly through the equitable share. There are a range of policies that highlight the importance of different investments in early childhood development, however, in the mix of competing priorities, provincial governments often choose not to adequately allocate equitable share funding to early childhood development interventions. In theory, provinces have high levels of autonomy over these funds, but this is limited in practice due to the distribution of salaries across different cadres of personnel, which reflects the extent to which different services related to early childhood development are being funded.[14] Another major source of funding for early childhood development are conditional grants which are earmarked for a particular purpose. The ECD conditional grant was introduced to leverage change in the way that ECD subsidies are structured and managed, and encourage investment in ECD infrastructure as a national priority.

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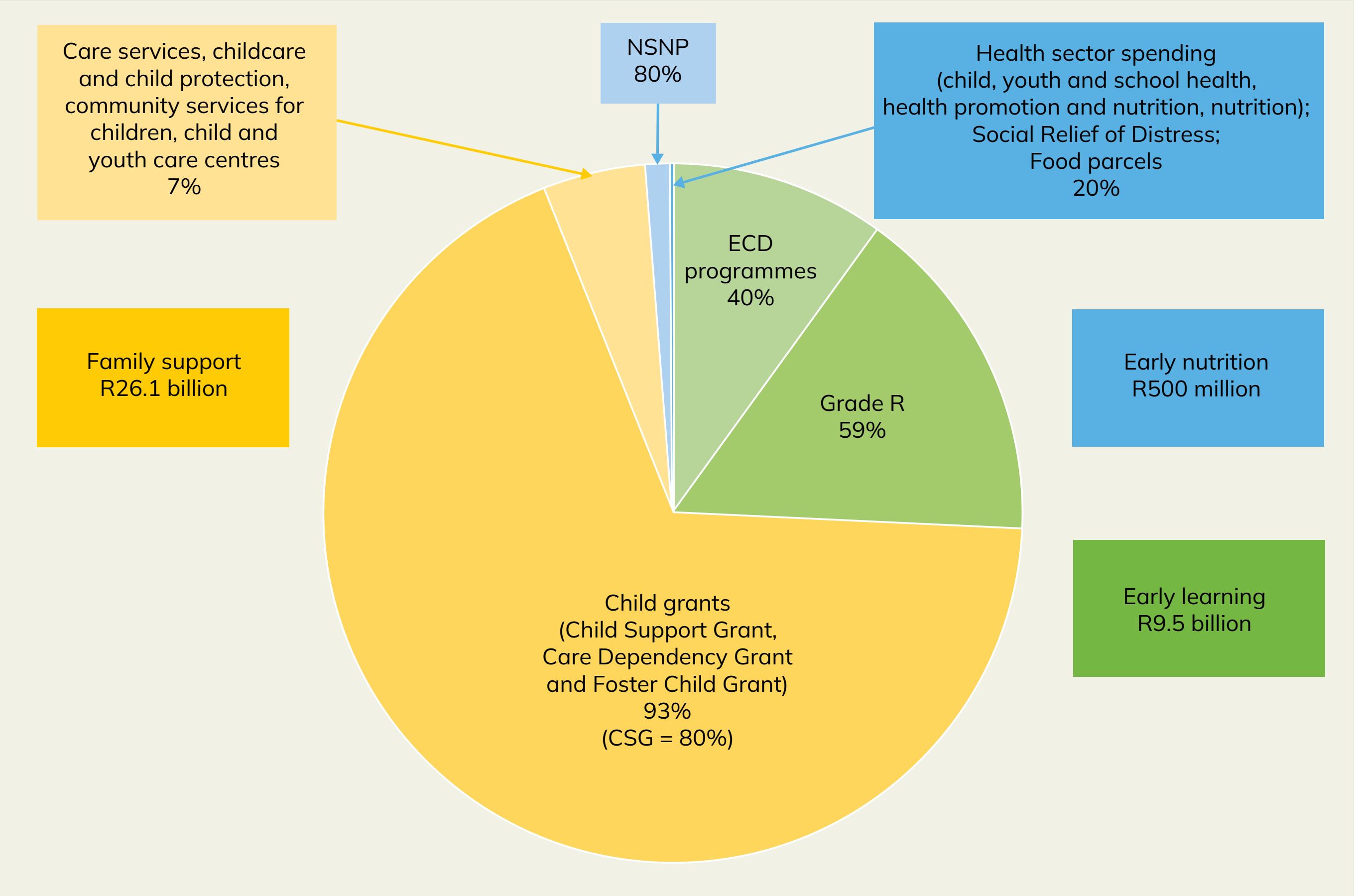
There are data limitations which restrict how the status of early childhood development funding can be analysed, even across core departments. Expenditure on maternal and child health services which fall under health in the above conceptual framework, are not recorded in South Africa's national Basic Accounting System or the Estimates of Provincial Revenue and Expenditure in a way that makes it possible to track spending on health and nutrition interventions during pregnancy and early childhood.[9]

Table 27: Critical interventions for early childhood development

<table>
<tr><th>Sector/Department</th><th>Sphere of government</th><th>Pregnancy</th><th>Birth</th><th>6 months</th><th>12 months</th><th>24 months</th><th>36 months</th><th>48 months</th><th>60 months</th><th>72 months</th></tr>
<tr><td rowspan="9">Health</td><td rowspan="9">Provincial government</td><td>Antenatal care visits</td><td colspan="4">Immunisation</td><td colspan="4"></td></tr>
<tr><td>Attended delivery</td><td colspan="2"></td><td colspan="6">Deworming</td></tr>
<tr><td colspan="9">Access to family planning and sexual reproductive health (including youth-friendly services)</td></tr>
<tr><td colspan="9">Access to healthcare</td></tr>
<tr><td colspan="9">Prevention and treatment of parental depression</td></tr>
<tr><td rowspan="2">Counselling on adequate diet for pregnant females</td><td rowspan="2">Exclusive breastfeeding</td><td colspan="2">Complementary feeding</td><td colspan="5">Adequate, nutritious and safe diet</td></tr>
<tr><td colspan="7">Therapeutic zinc supplementation for diarrhoea</td></tr>
<tr><td>Iron-folic acid supplementation for pregnant females</td><td colspan="8">Prevention and treatment of acute child malnutrition</td></tr>
<tr><td colspan="9">Micronutrient supplementation and fortification</td></tr>
<tr><td rowspan="3">Water and Sanitation</td><td rowspan="3">Local government</td><td colspan="9">Access to safe water</td></tr>
<tr><td colspan="9">Adequate sanitation</td></tr>
<tr><td colspan="9">Hygiene / handwashing</td></tr>
<tr><td rowspan="4">Education</td><td rowspan="4">Provincial government</td><td colspan="9">Maternal education</td></tr>
<tr><td colspan="9">Caregiver education about early stimulation, growth and development</td></tr>
<tr><td colspan="4"></td><td colspan="3">Centre-based early learning programmes</td><td colspan="2">Grade R</td></tr>
<tr><td colspan="2"></td><td colspan="7">Childcare (if necessary)</td></tr>
<tr><td rowspan="3">Social Development</td><td rowspan="3">National and provincial government</td><td colspan="9">Child protection</td></tr>
<tr><td colspan="9">Childcare</td></tr>
<tr><td colspan="9">Social assistance transfer programmes</td></tr>
<tr><td>Home Affairs</td><td>National government</td><td></td><td>Birth registration</td><td colspan="7"></td></tr>
<tr><td>Employment and Labour</td><td>National government</td><td colspan="9">Parental leave</td></tr>
</table>

Source: Dulvy EN, Devercelli AE, Van der Berg S, Gustafsson M, Pettersson GG, Kika-Mistry J, Beaton-Day F. *South Africa Public Expenditure and Institutional Review for Early Childhood Development (ECD PEIR).* Washington DC: World Bank Group. 2023. Reproduced from Denboba A, Elder L, Lombardi J, Rawlings LB, Sayre R, Wodon Q. *Stepping up early childhood development: Investing in young children for high returns.* 2014. Adapted to the South African context.
Note: Some caregiver education and support interventions are in the health sector.

Figure 24: Spending on early childhood development, 2021/22



Source: Dulvy EN, Devercelli AE, Van der Berg S, Gustafsson M, Pettersson GG, Kika-Mistry J, Beaton-Day F. *South Africa Public Expenditure and Institutional Review for Early Childhood Development (ECD PEIR.)* Washington DC: World Bank Group. 2023.

Given these data limitations, expenditure on interventions for children aged 0 – 5[iv] that can be analysed are grouped into three buckets:

- early learning programmes (ECD centres and Grade R);
- family support (social assistance transfer programmes targeted to children; caregiver education about early stimulation, growth and development; childcare and child protection services); and
- early nutrition (complementary feeding; adequate, nutritious and safe diet; and micronutrient supplementation and fortification).[v]

Overall, early childhood development is grossly underfunded. In 2021/22, only R36.1 billion was spent on early learning, early nutrition and family support interventions to improve early learning and reduce malnutrition for children aged 0 – 5 years, as illustrated in Figure 24.[9] This is equivalent to 1.7% of national expenditure and 0.6% of GDP.[vi] The South African government spent over R26 billion on family support interventions, mainly on the Child Support Grant (CSG) for children aged 0 – 5; around R9.5 billion on early learning interventions, of which 59% was spent on Grade R in primary schools; and only R500 million on early nutrition interventions, of which 80% was spent on the National School Nutrition Programme (NSNP) for children aged 5 – 6 in Grade R in public primary schools.

Across the identified interventions that contribute to improved early learning and reduced malnutrition, and for which expenditure data is available, it is important to ask the following:

- Is public expenditure adequate to achieve desired outcomes?
- Is public expenditure on services to promote child development equitable?
- Is public expenditure efficient when considering allocations between different child development needs?

iv Pre-primary interventions for older children (aged 5 – 6) are included to capture the transition from centre-based early learning programmes to primary school. Nutrition services provided at the pre-primary level are also covered.

v Expenditure analysis for early nutrition interventions cannot be restricted to the age group of focus since the available financial data is not disaggregated by age. Interventions included are those most likely to cover young children.

vi Other estimates by Ilifa Labantwana and Kago Ya Bana come to roughly 5% of national expenditure and 1.5% of GDP.

Spending on early learning

More is spent on older children in Grade R

The government tends to spend more on older children in Grade R in public primary schools compared to younger children in early learning programmes (ELPs). About 59% of early learning expenditure is on Grade R, with the remaining 40% being spent on the ECD subsidy for poorer children in registered early learning programmes. This is the case even though Grade R in public primary schools accounts for approximately half the number of all children enrolled in ELPs. The difference in expenditure is driven by the relatively low value of the ECD subsidy in ELPs (where government spent R4,488 per child per year in 2021/22) compared to its expenditure on Grade R learners (valued at R7,307 per year in 2021/22). In addition, only 40% of the 42,420 ELPs identified in the 2021 ECD Census are fully or conditionally registered, and only 32.5% received the subsidy.[15]

Early learning programmes do not benefit from the NSNP, so the ECD subsidy also needs to subsidise the costs of nutrition support for younger children. In addition, ELPs require more specialised infrastructure, class sizes are smaller, and staff salaries are far lower than those for staff working in Grade R in public primary schools – in ways that further deepen inequalities in expenditure across the two groups.

The ECD subsidy amount is inadequate

The National Integrated Early Childhood Development Policy (NIECD Policy) states that the purpose of the ECD subsidy is to ensure that costs do not prevent the poorest children from accessing quality services. The current subsidy amount of R17 per child per day (for 264 days per year)[vii] is not sufficient to cover the cost of a minimum level of quality provision. Recent estimates using the 2021 Baseline Assessment finds that the cost of provisioning in an ELP is approximately R91 for ELPs that are compliant with norms and standards.[26] As a result, the costs of provisioning (for both subsidised and unsubsidised programmes) are often passed on to families in the form of fees, with roughly 80% of children attending ELPs being charged fees.[16] Private fees pose a major barrier for poor households and ELPs servicing these poor households bear the triple burden of trying to get government subsidies, charging lower fees and providing fee exemptions for children in poor households.[17] This means that the poorest children are often the least able to access subsidised services, undermining the overall purpose of the subsidy. This also stands in contrast to quintile 1 to 3 schools, where the poorest children do not pay fees.

The value of the subsidy has been eroded by inflation

Figure 25 on page 152 shows how the value of the ECD subsidy has been severely eroded by inflation over the past 16 years. It shows that the value of the subsidy in real terms (in the absence of inflationary increases) is R13.59, compared to the R29.44 it would have been, had it been increased on an annual basis with inflation (plus 1%)[viii] since 2008.

Insufficient budget to reach all children eligible for subsidy

Analysis of the Estimates of Provincial Revenue and Expenditure shows that the budget for subsidies in 2022 was around R2.73 billion, suggesting a reach of around 607,220 children.[ix] This represents less than 45% of the estimated 1.4 million CSG beneficiaries currently accessing ELPs.[18] In addition, some provinces report that there is insufficient budget to reach all children who are eligible for the subsidy. In these instances, provinces often end up 'rationing' the subsidy, with some covering a certain proportion of eligible children, some reducing the daily rate or funding fewer days. These concerns are compounded by inefficiencies and inequities in the registration process,[x] and challenges in applying for, and using the ECD subsidy. The removal of the requirement for ELPs to register as non-profit organisations to receive the subsidy is progressive,[19] but other barriers to registration still need to be addressed. See commentary on the draft Children's Amendment Act on page 22.

Spending on early nutrition

Expenditure on nutrition interventions favour older children

Stunting can have a profound impact on long-term health, development, and productivity. The National Food and Nutrition Security Survey reports that 28.8% of children under the age of five were stunted.[20] While malnutrition among young children is widespread, expenditure on nutrition interventions favours older children. Most of the nutrition spending is directed to children in Grade R in public primary schools through the NSNP, which does not benefit younger children who have not yet entered formal schooling,[9] even though remediation for stunting is most effective for the youngest children. While 40% of the ECD subsidy is intended to cover nutrition, the subsidy's

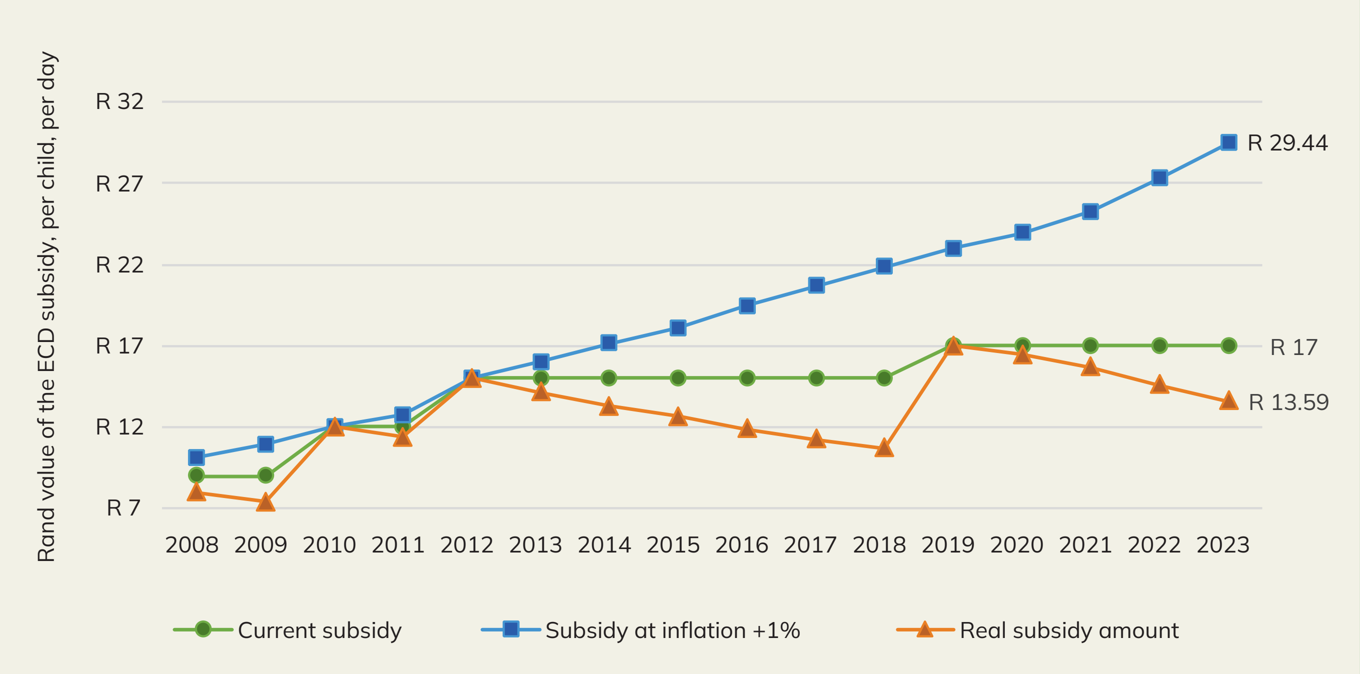
vii For children whose parents/caregivers fall below the Child Support Grant (CSG) income threshold.

viii The Consumer Price Index (CPI) is used for the inflation rate. An additional 1% is added to this rate as a minimum based on the assumption that CPI in itself does not accurately capture the actual inflation on the inputs that the subsidy should pay for. Currently, the recommended split of the subsidy is 40% for food, 40% for salaries and 20% for other items, including learning and teaching materials. The additional 1% is, therefore, a proxy/placeholder for the difference between CPI and the actual inflation in the inputs that the subsidy should buy.

ix This could be more if there were subsidies for non-centre-based programmes (R6 per child per session), but these are extremely limited.

x These include onerous regulatory frameworks, coupled with insurmountable costs to start up a programme that meets the regulatory requirements, especially for programmes in the poorest communities.

Figure 25: Impact of inflation on the real value of ECD subsidy, 2008 – 2023



Source: Brooks LE, Kotzé J, Almeleh C, Senona E. Assessing the policy options for the public provisioning of early childhood development programmes. *South African Journal on Human Rights*. 2022;38(3–4):240–260.

limited reach and low value mean that it is does not provide comprehensive nutrition support for children in ELPs.

Delays in the initial uptake of the CSG

Coverage of the CSG is overall high and well-targeted to poor households. However, there are delays in the initial uptake of the grant (for children aged 0 – 12 months), which restricts families' ability to provide adequate nutrition during the critical first year of a child's life. While 85% of poor children under six years received the CSG in 2022, only 65% of infants living below the upper-bound poverty life benefited from this essential income support.[21]

CSG is inadequate to cover the basic per child food cost

The amount of the CSG is inadequate to cover the basic cost of feeding a child, and, in 2024, the CSG amount of R530 was equivalent to only 70% of the food poverty line (valued at R760 in 2023 after accounting for inflation). This implies that households cannot rely on the CSG to meet their young children's basic nutritional needs, even if they were to spend it all on food, let alone the costs of other essentials, such as rent, electricity, transport etc.

What can be done to enhance adequacy, equity and efficiency of spending?

The migration of the responsibility for early childhood development from the Department of Social Development (DSD) to the Department of Basic Education (DBE) presents a window of opportunity for the government of South Africa to redefine and re-imagine effective financing practices for early childhood development. Recommendations are provided for financing the overall early childhood development system, including specific recommendations to improve early learning and reduce malnutrition. Policymakers need to make decisions about the appropriate sequencing of interventions, depending on their relative importance in improving early childhood development outcomes, supporting evidence, the benefits to families and caregivers, and barriers to roll-out such as capacity and financial constraints.[4]

Overall recommendations:

Increase government funding for ECD services

A substantial increase in government funding is required to improve the delivery of comprehensive ECD services and to improve child development outcomes. Interventions with expected high rates of return should be introduced in order of priority, as affordable, and targeted to support the most vulnerable children, families and ELPs.

Over the last decade, continuous austerity measures has significantly reduced spending on public services, particularly for healthcare, basic education and social services.[22] This has resulted in implications for the value the CSG, children's access to health care services, closure of NPOs providing child protection services, and an ECD subsidy that has not increased with inflation for years.[23] Prioritising social sector spending is, therefore, essential to prevent the erosion of children's rights, development, and overall well-being.

Considerations for a new funding model

While it may be ideal from an administrative point of view to have a single funding model, the reality is that to date, the government has underfunded early childhood development and that any single proposed funding model at this stage, is unlikely to leverage the strengths and resources of multiple stakeholders (or funding sources) available, thereby limiting the overall impact on children.

To this end, a variety of funding models could be considered. Public funding for early childhood development should account for most of the funding, given its ability to reach scale, address inequalities, ensure sustainability, and being subject to greater scrutiny and accountability. Public funding can come from different spheres of government (national, provincial, or local) and within the general funding model, government could choose from a variety of funding and provisioning modalities. While primary funding responsibility should be public, other funding sources could be leveraged, including private funding through foundations, corporations, or individuals; social impact bonds; philanthropic funding or public-private partnerships.

Holistic planning, budgeting and implementation

Overall, the lack of a holistic approach to budgeting for early childhood development across key departments and interventions results in inadequate funding amounts and disparate funding flows, particularly in areas that span across more than one sector.

This requires strengthened coordination and leadership; regular dialogue across relevant departments to ensure that ECD outcomes are being achieved collectively; and for the respective departments to be held accountable for delivering essential programmes. The Annual Performance Plans and Annual Reports of the respective national and provincial departments should clearly articulate the linkages between expenditure, programme implementation and outcomes.[9]

In terms of accountability related to children's health, the United Nations Convention of the Rights of the Child (UNCRC) recommends that investment in children should be visible in state budgets through a detailed compilation of resources allocated and expended.[24] These budgets and expenditure should be further disaggregated for monitoring and analysis of spending on maternal and child health interventions, which may become possible through the National Health Insurance (NHI) baskets of care.

Reducing malnutrition

Provide maternal income support

The government should provide income support to poor pregnant women in their second or third trimester by extending the CSG into pregnancy. This income support would then automatically convert into the CSG when the child is born. A secondary benefit would, therefore, be an increase in uptake of the CSG among 0 – 12-month-old children.

Raise the amount of the CSG to cover basic food costs

Nutrition has a critical impact on child development outcomes and has one of the highest expected rates of return on investment. The value of the CSG should therefore be restored to the food poverty line in order to cover the costs of feeding a child.

Provide nutrition support for young children in ELPs

The government should provide nutrition support to the poorest young children attending ELPs, irrespective of the registration status of those ELPs. A mechanism separate to the ECD subsidy could be introduced to ensure nutrition support reaches all children attending ELPs. For example, more mature ELPs could receive fund transfers directly and procure and prepare food on site, while less developed ELPs could be supported by the NSNP suppliers, logistics, school kitchens and monitoring systems. The feasibility of this approach in the ECD sector should be explored.

Double-discounting ten best buys

Another proposal that is being debated proposes that if food manufacturers and retailers agreed to waive the mark-ups on one product label of ten best-buy foods (that are low cost and highly nutritious)[25] and government matched this discount on proof of the discount sales, the combined discount could be passed on to consumers, enabling them to affordably access nutritious food.[xi]

If the entire CSG value of R530 were spent on the discounted basket of foods (assuming a combined 30% discount),[xii] it would just about meet the child's minimum daily nutritional requirements and the government could be deemed to have almost met that part of its constitutional obligation in ensuring

xi Eggs, speckled beans, pilchards, fortified maize and rice, milk powder, soya mince, peanut butter, lentil soup mix and amasi (sour milk).
xii Assuming a 15% discount from retailers matched by government.

that every child has the right to basic nutrition. In addition, for eligible non-recipients of the CSG and children of foreign nationals, this approach would ensure some protection against the risks of hunger and acute malnutrition.

Improving early learning

Increase the value of the ECD subsidy

Increases in the value of the ECD subsidy should be linked to inflation to ensure that it retains its value from year to year. The value of the subsidy should also be increased to a level which is able to ensure an acceptable level of quality service provision[xiii]. Using data from 2021, this was estimated to be R91 per child per day.[26]

Increase access to the ECD subsidy

This can be achieved through the following:

- The 2024 Children's Amendment Bill aims to streamline two onerous registration processes (for partial care facilities and early childhood development programmes) and aims to enhance coordination between national, provincial and local government to streamline health and safety regulations and bylaws.
- National government should explore extending the ECD conditional grant (infrastructure) to provide inclusive start-up and growth support to ELPs to ensure the subsidy benefits the poorest children. For example, by providing more infrastructure grants to independent providers of ELPs. One of the key reasons that programmes remain unregistered is that they often do not meet infrastructure norms and standards.
- Government should consider collaborating with strategic implementing partners (such as resource and training organisations) in order to achieve universal access to ELPs more cost efficiently. For example, these partners could be contracted to interact with ELPs on the government's behalf in order to help providers meet registration requirements and access the subsidy, and monitor outcomes.
- Provincial governments should allocate sufficient funds to provide subsidies for all children attending ELPs who meet the eligibility criteria.

However, increasing access will also require an increase in the workforce and in the required infrastructure. The expansion of the system should, therefore, be phased and targeted to prioritise the most disadvantaged children and communities.

xiii An acceptable level of quality provision is defined as meeting four-fifths of norms and standards in the Children's Act related to structural quality.

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