

Delivery systems: What is needed to strengthen delivery on the ground?

Linda Bierstekerⁱ & Lori Lakeⁱⁱ

South Africa has outlined a bold vision to guide its investment in early childhood development. The National Integrated Early Childhood Development Policy (NIECD Policy)¹ details government's commitment to provide a comprehensive package of care and support to enable all young children to thrive – with a strong equity focus – prioritising the most vulnerable children to ensure no-one is left behind.

While earlier chapters have highlighted opportunities to strengthen leadership and coordination, financing, human resources and the use of data for planning, monitoring and evaluation, this chapter considers how to strengthen delivery systems in order to close the policy-implementation gap and ensure all young children are able to access all the components of the NIECD Policy service package.

What are the design challenges?

Designing an effective delivery system is challenging as it needs to consider how to ensure that a complex package of care and support reaches young children and their families in

the right dose, in the right place and at the right time in order to respond to their changing needs at each stage of development.

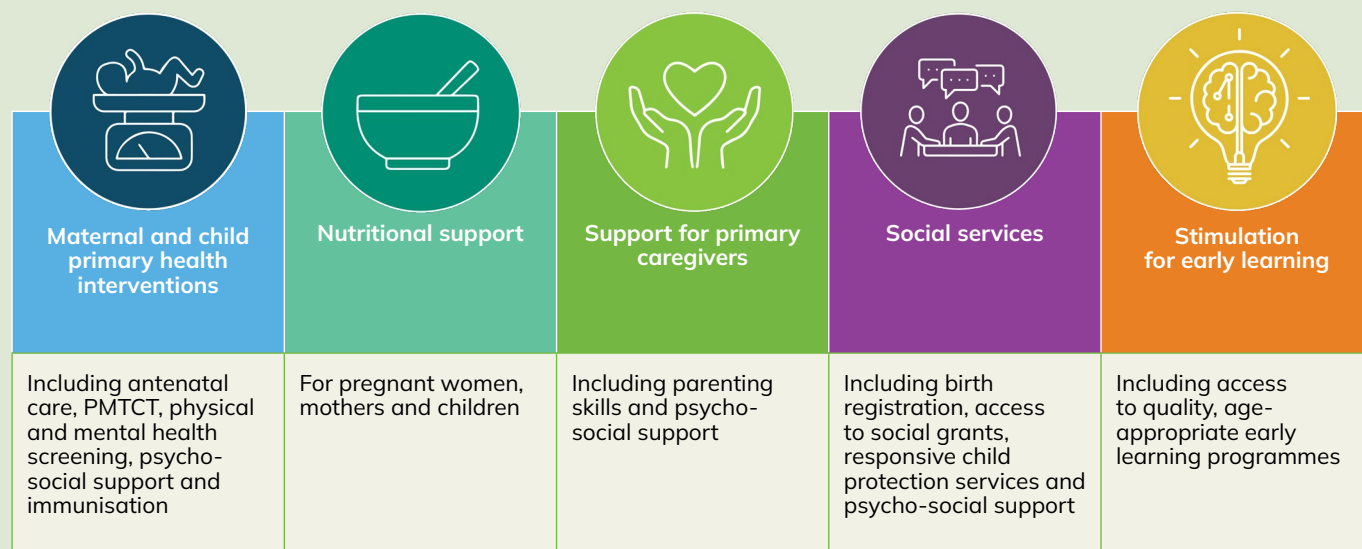
What: An integrated package of care and support

The science of early childhood development highlights how children's health, nutrition, care, protection and early stimulation are interdependent – and how responsive caregiving within the family is essential for good nutrition, health care and early learning.^{2,3}

This integrated approach was given effect in the South African setting in 2015 by the NIECD Policy which defines the roles and responsibilities of different sectors in delivering a comprehensive package of care and support for young children and families – from health care and nutrition to social protection, parent support programmes and opportunities for early learning.

Effective delivery of this complex package of care and support therefore depends on the collaborative efforts of a wide range of stakeholders in both government and civil society to ensure

Figure 29: Core elements of the essential package of ECD services

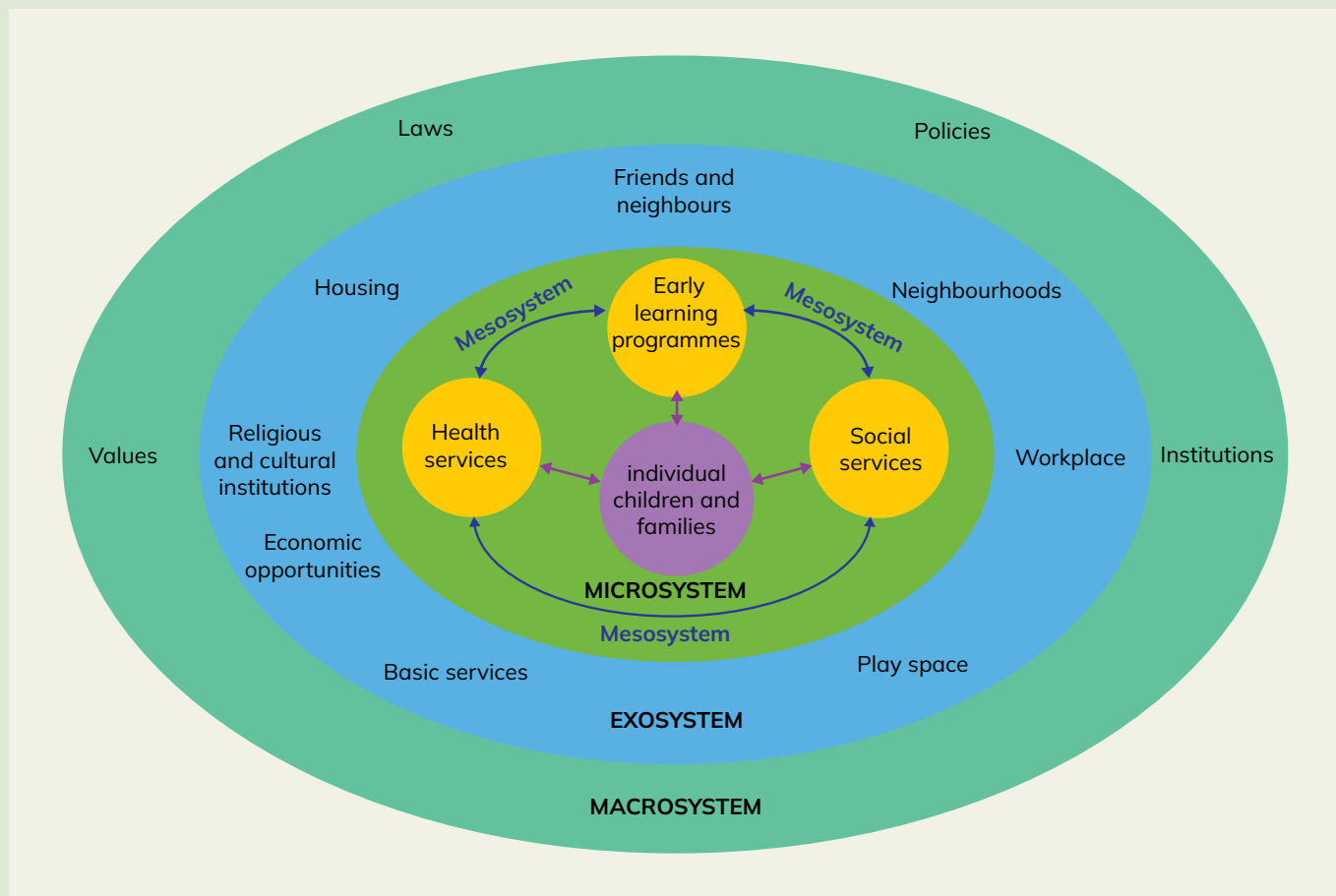


Source: Hall K, Sambu W, Almeleh C, Mabaso K, Giese S, Proudlock P. *South African Early Childhood Review 2019*. Cape Town: Children's Institute, University of Cape Town and Ilifa Labantwana. 2019.

i Independent research consultant

ii Children's Institute, University of Cape Town

Figure 30: An ecosystem of services and support



Adapted from: Woodhead M, Feathersone I, Bolton LL, Robertson P. *Early Childhood Development: Delivering Inter-sectoral Policies, Programmes and Services in Low-resource Settings*. Oxford: Health & Education Advice & Resource Team (HEART). 2014.

that children and families are able access each element of the ECD package in the right place and at the right time.

When: Attuned and responsive to children’s evolving needs

Early childhood is recognised as a sensitive period of development, when the rapidly developing body and brain are acutely sensitive to young children’s experiences of care and/or adversity. It is therefore vital that this integrated package of services is carefully tailored and attuned to the evolving capabilities of young children – starting early in the antenatal period as outlined in Figure 31. This includes a strong emphasis on anticipatory guidance and responsive services to support families and caregivers, promote nurturing care, and intervene as early as possible to protect children from harm. This adds a further layer of complexity, as the respective roles, responsibilities and contributions of different stakeholders shift in response to children’s changing needs.

Where: Drawing on a range of delivery platforms

An effective delivery system also needs to identify the best possible platforms for reaching mothers and children – bearing in mind that this is likely to change at different stages of the life course. Solid coverage of antenatal care, in-facility births and immunisation for infants makes health services an ideal point of contact for reaching mothers and children during the first 1,000 days of life, but utilisation of health services then declines with an increase in access to early learning programmes providing a more solid point of contact for older children and their caregivers with 68% of children 3 – 5-years-old attending some form of early learning programmeⁱⁱⁱ in 2022.⁴

But less than one in five children under three attend a group early learning programme.⁴ This raises questions around how best to reach younger children and their caregivers to provide early stimulation, responsive caregiving and positive discipline at a time when children are starting to ask questions, explore their environments and become more independent.

iii This figure includes children in Grade R classes which are part of the formal schooling system and have a high uptake.

Given these challenges, it is important to remember that most care and stimulation of infants and young children takes place within the home and family. So, in addition to strengthening and scaling up the provision of facility-based health, childcare and early learning programmes, we need to explore other potential strategies for reaching out and supporting caregivers and families of young children and strengthening their capacity to provide nurturing care. This includes the use of community health workers, family and community motivators and toy libraries to bring services close to home (see case 18); the use of mainstream and social media and technology (see Cases 6 – 8); and programmes delivered by employers and faith-based organisations (see case 19).

What principles and practices have the potential to enhance delivery?

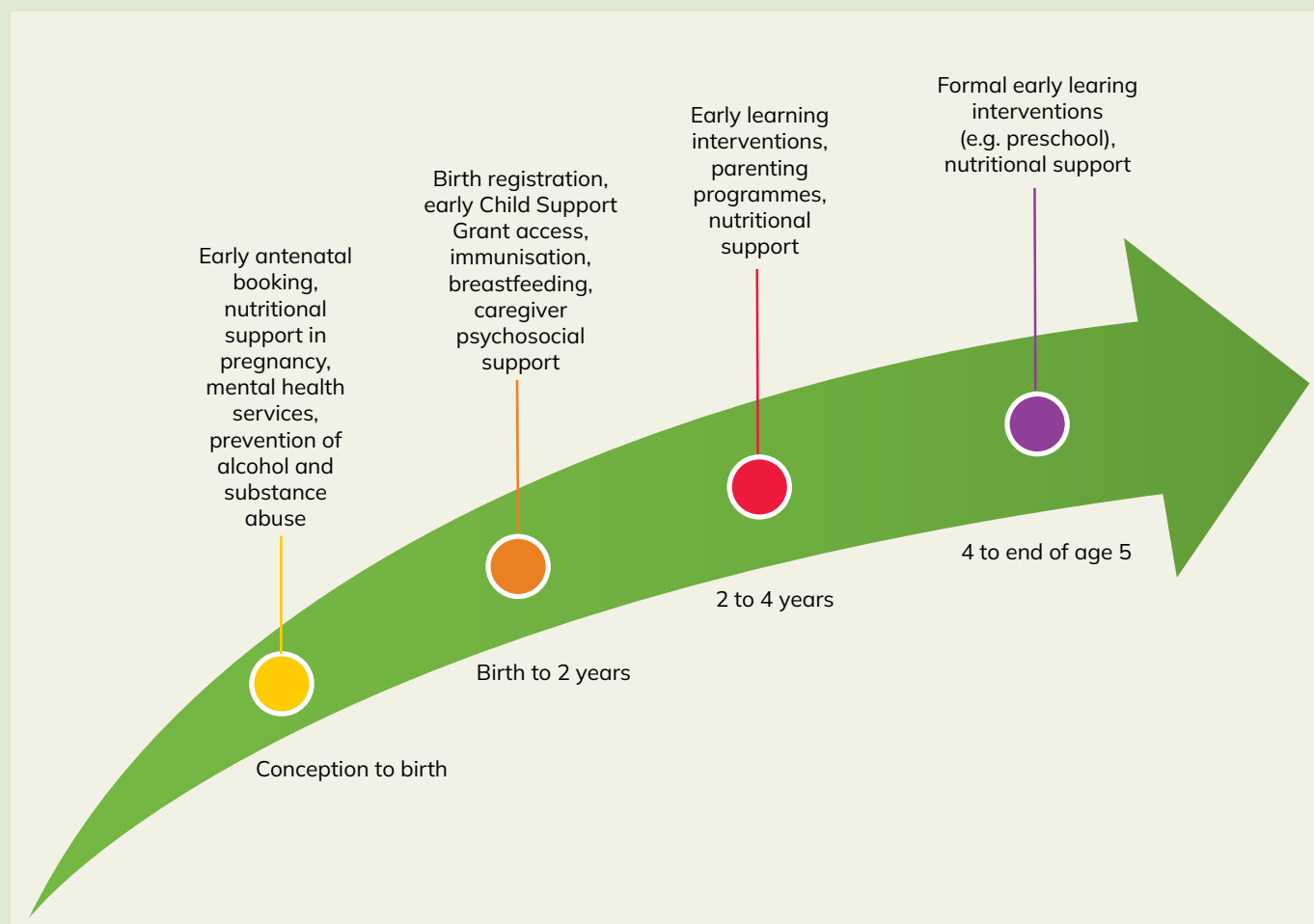
In this section we reflect on a range of initiatives to enhance the delivery of ECD services and share some of the key principles and practices that enable effective delivery on the ground. This includes efforts to build on existing services and strengths,

adopting a multi-modal approach, establishing public-private partnerships, integrating services at the point of delivery, using home visits to expand reach, strengthen community participation and engagement and building the capacity of local government.

Build on existing services and strengths

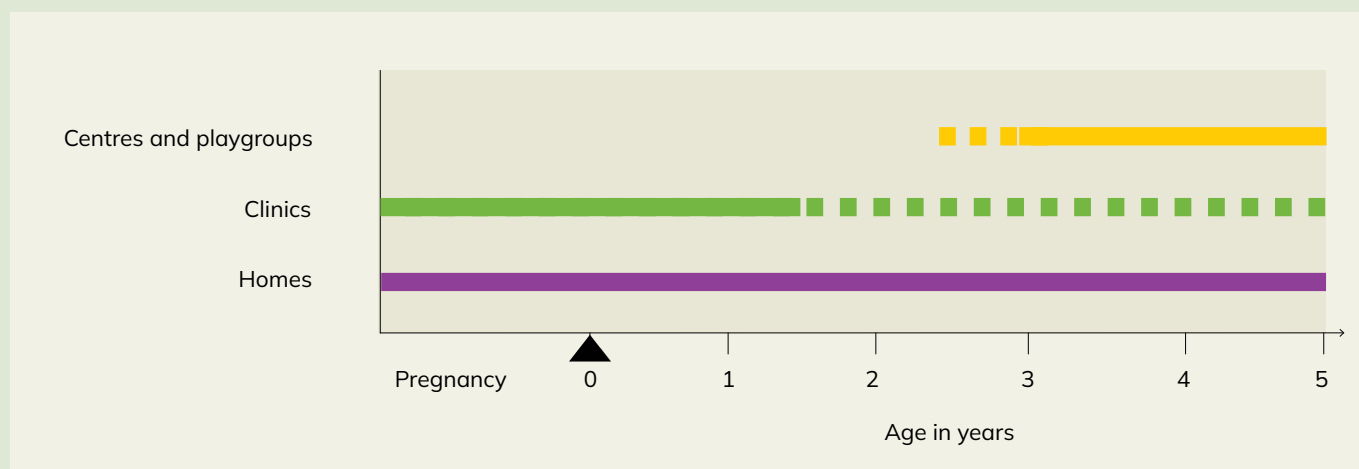
One potential strategy is to build on and strengthen existing services. For example, in 2015, the NIECD Policy identified Health as the lead department responsible for the first 1,000 days of life. This expanded mandate promoted a shift from a narrow focus on child survival to optimal development and has transformed the design and delivery of health care services for pregnant women and youth children in South Africa. An expanded package of care and support now includes a greater emphasis on mental health, responsive caregiving, nutrition, and early stimulation supported by the re-design of the Road to Health Book. The shift from a survive to a thrive agenda has also transformed the ways in which services are delivered, for example through the Side-by-Side Campaign

Figure 31: A developmentally appropriate package of care



Source: Ilifa Labantwana. *The Essential Package: Early Childhood Services and Support to Vulnerable Children in South Africa*. Cape Town: Ilifa Labantwana, 2013.

Figure 32: Age-appropriate platforms for service delivery



and reorientation of health workers to ensure that they affirm and work in partnership with families to support health, care and nutrition in the home. Home visits by community health workers complement facility-based services and mothers and children in need of extra care are referred to social workers or allied health professionals for more specialised care and support. Facility- and home-based care are reinforced by a series of targeted health promotion messages using a range of communication channels including MomConnect and the Side-by-Side^{iv} Campaign to increase caregivers' understanding of what they can do to support their child's optimal development, as well as their ability to recognise the danger signs and know when to seek medical care.

This series of innovations highlight how it is possible with strong leadership and technical support to drive change and transformation within a single government department, but even here there are gaps and limitations. For example, it is unclear how much Community Health Workers prioritise maternal and child health support in amid competing priorities.⁵

Adopt a multimodal approach

While health care services for pregnant women and young children are nearly universal, and delivered primarily by the Department of Health, the pivotal role of non-state actors in the design, delivery and financing of early learning programmes makes efforts to strengthen the reach and quality of early learning and parenting programmes considerably more complex and challenging.

The Department of Basic Education's 2030 Strategy for Early Childhood Development Programmes⁶ recognises this complex landscape, and its new ECD Service Delivery Model (see Figure 34) allows for a range of programme modalities in order to respond to the different and changing circumstances of families and communities. This includes:

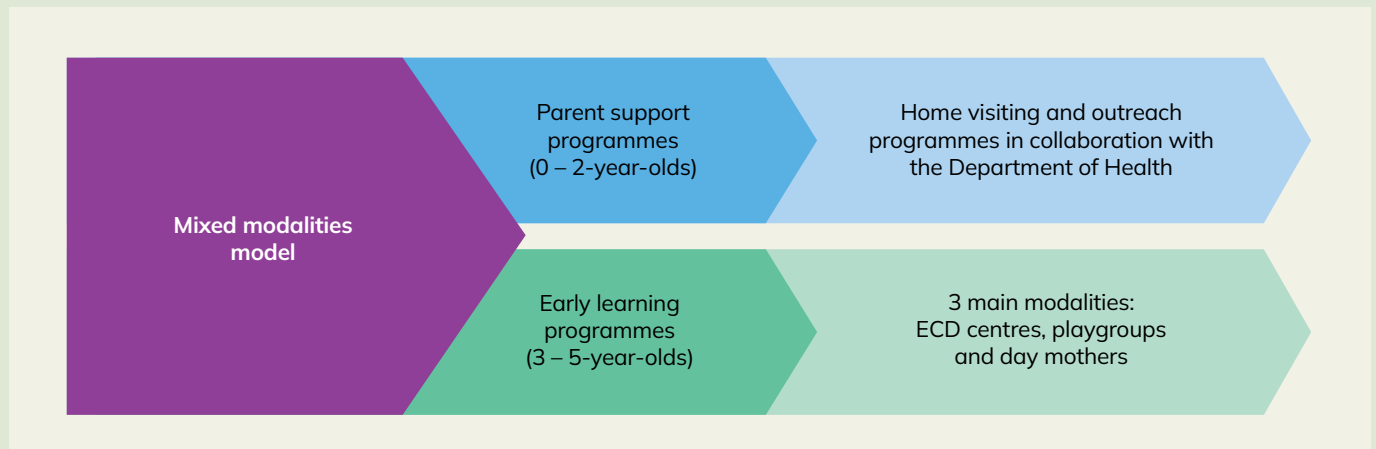
- parent support programmes for caregivers of younger children (0 – 2 years) delivered in collaboration with the Department of Health through home visits and outreach programmes, and
- early learning programmes for older children (3 – 5 years) offered through a mix of ECD centres, playgroups and day mothers – with an intention to expand access to younger children whose parents are in need of childcare.

The Department of Basic Education (DBE) then identifies a number of mechanisms to expand access, improve quality, and strengthen the integration of services, including an emphasis on the following for universal coverage:

- Population-based planning to identify and prioritise those communities with the lowest access to early learning programmes – especially those in townships, informal settlements and rural areas to ensure more equitable access.
- Public-private partnerships to mobilise support and leverage expertise and additional resources from business and donor community to scale up the provision of both infrastructure and services.
- Public communication to encourage parents and caregivers to access ECD programmes, and to strengthen knowledge and skills.

^{iv} The National Department of Health's MomConnect initiative is a free, cellphone-based communication campaign integrated into maternal and child health services that sends targeted health promotion messages to women from pregnancy until their babies are one year. It is accompanied by the Side-by-Side Campaign which includes a range of materials to build the capacity of families to provide nurturing care and encourage health workers to work side-by-side with families to affirm and support their central role in the care of young children.

Figure 33: A mixed modalities approach to implementing the National Curriculum Framework



Source: Department of Basic Education. *South Africa's 2030 Strategy for Early Childhood Development Programmes. Every child matters.* Pretoria: DBE, 2024.

The strategy highlights DBE's leadership role in creating an enabling environment by introducing regulatory reforms to reduce red tape, setting norms and standards, monitoring programme outcomes to drive quality improvement, developing an infrastructure and workforce strategy to scale-up the provision of ECD services.

While the new strategy aims to address numerous gaps in delivery, much will have to be put in place before it can impact at any scale. Strategy milestones involve developing of plans and frameworks for the key components as well as piloting of elements such as public private partnerships (PPP), district coordination mechanisms, a quality assurance and support system and major legal reform towards an ECD Act. A large focus for 2024 is on a registration drive to identify and conditionally register early learning programmes which focus on 3 – 5-year-olds while parenting support remains extremely limited.

Establish public-private partnerships

The National ECD 2030 Strategy recognises and promotes the establishment of public-private partnerships to mobilise resources and build capacity for ECD at the local level. For example, Kago Ya Bana's groundbreaking partnerships with the Gauteng Department of Social Development and municipalities of Midvaal, Lesedi and the City of Johannesburg, and SmartStart have proved effective in scaling up ECD services by activating local government's commitment to young children, identifying blockages, streamlining administrative systems and actively supporting day mothers and playgroups to meet the registration requirements.⁷

The work of Project Preparation Trust (PPT) in eThekweni (case 11 on page 140) and the Leave No Young Child Behind Partnership led by the DO MORE Foundation in the Nkomazi district in rural Mpumalanga (Case 16) illustrate some of the key elements that contribute to successful partnerships:

Figure 34: Mechanisms to delivery quality, affordable and equitable ECD programmes



Source: Department of Basic Education. *South Africa's 2030 Strategy for Early Childhood Development Programmes. Every child matters.* Pretoria: DBE, 2024.

Case 16: DO MORE uses collective impact model for effective ECD delivery in Nkomazi, Mpumalanga

Jessica Ronaassenⁱ

The DO MORE Foundation (DMF) founded by RCL Foods serves as a strong backbone organisation that aims to leverage the power of business and build partnerships to support local initiatives to enhance young children's access to services in targeted communities through its Everyone Gets to Play (EGTP) model.

Lessons from the field

EGTP grew from the experience of the Leave No Young Child Behind (LNYCB) Partnership in the Nkomazi district, northeast Mpumalanga. While significant cross-border migration from Mozambique and eSwatini makes it difficult to obtain accurate data on the well-being of young children, it is estimated that less than four in ten children aged 3 to 5 are enrolled in early learning programmes. The district also faces pressing health challenges related to inadequate immunisation, water, and sanitation.

In 2015, a local business, RCL Foods, established LNYCB to respond to these challenges by providing a comprehensive suite of services including: food security and nutrition, parent and caregiver support, early learning through play infrastructure and services, maternal and child health, child safety and protection, enterprise development, capacity building and leadership development.

How is the partnership structured?

Coordination of LNYCB partnership is led by a **provincial steering committee** which includes representatives from the core ECD departments – Social Development, Education and Health – and RCL foods represented by DMF. The work

of the steering committee is governed by a Memorandum of Understanding (MoU) and they have worked together to develop a common vision, business plan and monitoring and evaluation framework based on departmental mandates in the NIECD Policy.

A **technical committee** comprising of local stakeholders and implementers meets monthly. The committee includes district staff from Education, Health, Social Development, Home Affairs, Cooperative Governance and Traditional Affairs (COGTA), Social Security Agency (SASSA), LIMA Rural Development Foundation (an implementing agent for the Community Works Programme (CWP), the National Development Agency, Ntataise Lowveld, local ECD non-governmental organisations, Grow Great and the DMF who co-convene the meetings with a district official from Education. On the ground implementation receives additional support from LIMA – a community development intermediary supervised by DMF – who are responsible for management, coordination and stakeholder mobilisation. Other stakeholders and donors are drawn in to support capacity building and resourcing.

How has this partnership enhanced service delivery?

The LNYCB partnership has facilitated information sharing between different sectors, deepened partners' understanding of the national policy, clarified roles, reduced duplication and streamlined efforts. It has also succeeded in leveraging additional human and financial resources through private sector partnerships and the CWP as illustrated in Table 31.

Table 31 The LNYCB strategic areas and key programme inputs to May 2019

Strategic area	Leave No Young Child Behind (LNYCB) partnership inputs
Collaborative partnership working together, to achieve agreed objectives in line with common vision and monitoring and evaluation framework	<ul style="list-style-type: none"> MOU signed by DSD, DoH, DoE and RCL foods (represented by the DMF). A provincial LNYCB steering committee with business plan and monitoring and evaluation framework. An inclusive local LNYCB technical committee meets monthly to report on developments for young children. Lima Rural Development Foundation provides on the ground management, coordination and stakeholder mobilisation for the LNYCB. Variety of other stakeholders drawn in to provide expertise, inform programme strategy and leverage additional resources.
Maternal health services	<ul style="list-style-type: none"> Flourish antenatal classes offered by Grow Great Training of clinic staff and CHWs

ⁱ DO MORE Foundation

Strategic area	Leave No Young Child Behind (LNYCB) partnership inputs
Child health services – every child reaches his/her potential in terms of health, growth and development	<ul style="list-style-type: none"> • Training for health professionals and CHWs on integrated management of childhood illnesses,, the Road to Health Book and Side-by-Side Campaign. • Vitamin A and deworming at ECD centres by DoH. • Champions for Children CHWs trained by Grow Great on growth monitoring and support for breastfeeding mothers and young child nutrition. • Children at risk of hunger identified and provided with monthly food parcels by SASSA and DSD. Catch-up immunisation campaigns and community jamborees on early childhood health and nutrition. • Food gardens established at 14 ECD centres. • Daily nutritious snack provided by RCL Foods to all playgroup children.
Parent support and early stimulation in the first 1000 days through home visiting	<ul style="list-style-type: none"> • Planning with DoH for CHWs to provide support to pregnant women and families of babies and toddlers. • Possible home visiting support programmes investigated. • Meetings with COGTA about potential CWP stipends for CHWs during first 1,000 days.
Parental and caregiver support	<ul style="list-style-type: none"> • 45 CWP workers trained by DSD are facilitating DSD Parenting Programme for parents/caregivers of young children and being paid CWP stipends. • Weekly ECD 'LovePlayTalk' radio broadcast on Nkomazi FM for pregnant women and caregivers or teachers of young children on a wide variety of topics. • Monthly press articles for parents of young children in local newspapers.
Prevention and early intervention services for protection of young children	<ul style="list-style-type: none"> • Increased referrals for birth certificates and social grants with support from DSD and SASSA. • Referral task team set up to pilot an integrated child-centred referral process and tools with ECD programmes. • Comprehensive Resource Directory of services for pregnant women and young children compiled. • 27 ECD centre managers trained on identification and referral for child protection. • Most ECD centres have submitted national Child Protection Register screening applications for staff. • Some training on protection of and inclusion of children with disabilities.
Stimulation for early learning	<ul style="list-style-type: none"> • 2017 ECD programme baseline assessment informed quality improvement plans and follow up 18 months later showed improved classroom quality scores. • Training on ECD programme quality for DSD and DoE district officials responsible for monitoring and supporting quality ECD programme implementation. • Toy kits for each ECD centre, and membership of the Ntataise Lowveld Toy Library funded by the Sugar Industry Trust Fund for Education (SITFE). • Kits of siSwati children's books for each centre provided by Biblionef. • Teaching and learning support materials provided to registered ECD centres by Mpumalanga DoE. • Partial Care Registration support offered by DSD – with more facilities conditionally or fully registered. • DSD subsidies for children in 19 centres and nine playgroups • Training offered by Mpumalanga DoE on National Curriculum Framework, Riverview Preparatory School quarterly workshops on making equipment from waste, Ntataise playgroup training. • Accredited ECD practitioner skills development training, and ECD enrichment programme for ECD practitioners funded by SITFE. • LNYCB Young Child Forum established for all stakeholders working with or for young children and their families to share information and build capacity. • Follow up quality study of ECD programmes to track improvements and identify further gaps in October 2018.
Infrastructure and services – safe, child friendly spaces and facilities	<ul style="list-style-type: none"> • First aid training and kits distributed to ECD centres. • Emergency fire training and fire extinguishers distributed to ECD centres. • Ehlanzeni Environmental Health Officer has audited health and safety requirements of all ECD centres. • Infrastructure included in centre development plans. • Minor infrastructure improvements such as provision of stoves, a freezer, roof repairs, shade structures, a pit latrine and fencing for eligible community-owned ECD centres funded by SITFE. • Outdoor play equipment including climbing frames, slides and swings constructed at 24 ECD centres. • Nkomazi Local Municipality provided JoJo tanks for some ECD centres.

Source: Biersteker L, Mabaso Z. *Leave No Young Child Behind: Towards implementation of the ECD service package of the National Integrated ECD Policy in Wards 16 and 19, Nkomazi district.* Westville: DO MORE Foundation. 2019.

What makes it work¹⁸

The MoU with departments provided a clear mandate and the common plan and monitoring and evaluation framework helped hold partners accountable. Joint leadership by the private sector and DSD facilitated the process, and the DMF and LIMA played a pivotal role in driving coordination, communication and implementation at community level.

Initial trust building was a challenge as were the different operational requirements of civil society and government departments, but strong communication, planning based on needs identified by participating departments, and the benefits leveraged for the area's young children helped to resolve these tensions. Achieving municipal buy-in has remained a slow process and a challenge.

The intervention confirms the efficiency and benefits of coordinated service delivery and the value-add of public private partnerships. It provides significant pointers as to what is needed to enable integration. This included a strong and respected backbone organisation to drive and sustain coordination, the allocation of time and resources for coordination (which was mandated by the departmental MoU), the leveraging of expertise and resources across different sectors to deliver on a common plan. The role of monitoring and evaluation data to inform planning and implementation was also highlighted.

1. A memorandum of understanding is essential in establishing a common vision, generating buy-in, clarifying roles and responsibilities and providing government and civil society stakeholders with a clear mandate, and sense of common purpose.
2. An effective coordinating structure coupled with a strong backbone organisation to facilitate open and continuous communication and collaboration across different sectors and to drive implementation.
3. A local survey to identify the characteristics and distribution of young children and ECD services provides a clear evidence base to guide population-based planning in a way that builds on existing strengths, addresses gaps and prioritises those most in need.
4. A shared planning and monitoring and evaluation framework to guide implementation, track progress and ensure accountability.

These elements are similar to those identified in the Collective Impact Model – an emerging approach used to address community health and other social sector challenges in a

Is it possible to take the model to scale?

The DMF has drawn on its experience in Nkomazi to expand delivery and guide the planning and implementation of basket of ECD services and support in other communities (including Pongola, Hammarsdale, Randfontein, Rustenburg, Molteno, Worcester and Bushbuckridge). The DMF continues to assume the crucial role of a backbone organisation and facilitate private and public partnerships to achieve a multiplier effect. It also takes into careful consideration contextual factors such as local priorities, buy-in and support, governance and leadership, access to services, and the unique geographic context of each community. This affects the composition of local partnerships which are also fluid as each intervention develops. For example, in peri urban Hammarsdale a local forum was created including stakeholders from the local municipality, government departments, big businesses, ward councillors and community leaders which then prioritised addressing unemployment, hunger and poverty, while in Rustenburg and Nkomazi, non-centre-based models have been developed to extend the reach of early learning services.

To find out more about the collective impact model for young children: <https://domore.org.za>

collaborative manner by breaking down silos and integrating and aligning the efforts of actors from a range of sectors to achieve a common goal.^{8,9}

Yet challenges remain. For example, despite PPT's success in establishing a metro-level ECD steering committee, providing training, simplifying land-use planning and developing an eThekweni ECD strategy and sector plan, this still hasn't been formally adopted or funded by the municipality. So, political will and resourcing are key constraints even in an urban setting.

King argues that "collaboration always takes place in a context, and its features will be shaped by the dynamics and players in this context. To understand the dynamics of any particular collaborative project, it is useful to map out the who, why and how of collaboration in the context of practical delivery aspects of that programme".¹⁰ For example, the DO MORE Foundation is an initiative of the food giant RCL Foods, and their work in Nkomazi (Case 16) provides a sense of what is possible with strong coordination and commitment at a local level. But such models are possible partly due to the presence of invested partners with resources to champion these issues

and this raises questions about the extent to which it is possible to scale up this model and adapt it to meet the needs of children and families in other settings.

The Foundation is currently drawing on lessons learnt in Nkomazi to guide the establishment of PPPs in another 15 communities through their Everybody Gets to Play Model. This may prove an effective strategy in districts close to businesses, but it is less clear how to extend private investment and technical support beyond the areas from which the company work force is recruited to reach children and families in more remote communities who are most in need.

Integrate services at the point of delivery

PPPs provide one potential strategy for strengthening intersectoral collaboration and service integration on the ground. The Insaka programme in Zambia offers an alternative model that enables existing local services to be delivered more easily and to more beneficiaries, in an integrated way, through establishing community-based ECD hubs (see case 17). Each hub provides spaces that can be used for early stimulation and play-based learning, the delivery of health care services, parent counselling, adult literacy and community meetings, as well as access to clean water, a cooking area and food garden. This kind of multipurpose ECD centre has the potential to enable a more efficient and seamless approach to service delivery. It brings service providers together in ways that strengthen communication and referral pathways, and alleviate the burden on families who no longer have to travel from one service point to another.

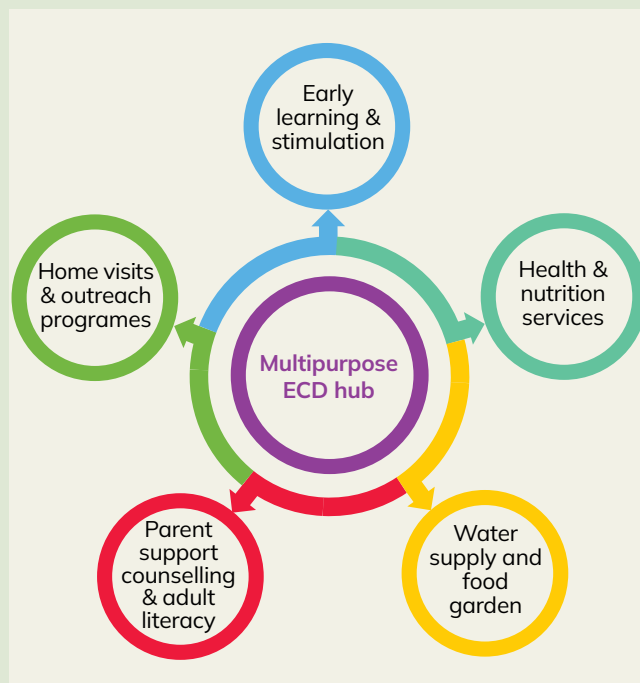
The NIECD Policy calls for all services to be integrated into, and delivered across, the full continuum of care settings from the home to centre-based programmes,¹ yet this degree of service integration is rare in the South African setting. There have been some efforts to adopt a more integrated approach within the health system, for example, by establishing Home Affairs offices at maternity and obstetric units to facilitate early birth registration, introducing parenting and book-sharing programmes to promote early stimulation at primary health care facilities, and reaching out to provide health and nutrition services to children attending early learning programmes.

At the very least, it is helpful to establish a directory of services, and local forums to foster healthy working relationship between different service providers and strengthen systems for referrals and tracking of follow up at community level.

Use home visits to expand reach

Home visiting programmes provide an alternative to centre and facility-based models of care – and are explicitly prioritised

Figure 35: Multipurpose community ECD hub



in the NIECD Policy.¹ For example, community health workers (CHWs) have the potential to play a critical role in improving child survival and development by reaching out to caregivers and children who live far from health care facilities or who are in need of additional support.^{11 12} Yet, CHWs spend most of their time focused on the care of adults with HIV, TB and non-communicable diseases, with less than 15% of their time dedicated to pregnant women and young children.⁵

Given these constraints, it is highly unlikely that CHWs will be able to drive the delivery of parenting programmes (as proposed by DBE in the National ECD Strategy 2030) in addition to their current workload.

The Foundation for Community Work offers a more focused approach by training local family and community motivators who visit homes to promote the stimulation and care of young children – including those living on farms who are unable to attend ECD centres (see case 18). Their Family in Focus programme has worked closely with ward councillors to establish local teams of home visitors in over 20 rural and peri-urban communities in the Western Cape – with each community project forging strong links with a range of community structures and networks – including community kitchens and feeding programmes – in order to strengthen referrals and improve services for families and young children.

Strengthen participation and community engagement

The NIECD Policy calls for a focus on families and their communities and an approach that builds on local strengths

Insakaⁱⁱ 19 takes an integrated approach to the provision of care to pregnant mothers and children 0 – 8 years of age. The model draws on UNICEF's Care for Child Development package to train health and other frontline workers, to help parents and caregivers provide responsive and good care to young children. The health system functions as the primary delivery platform because of its wide reach and capacity to reach families and its mandate to serve the youngest children, however, systems across multiple sectors including agriculture, education, social welfare, water and sanitation, and child protection are leveraged to deliver a holistic ECD programme. Communities in participating villages are supported to set up a structure on land allocated by the traditional leader. Sometimes this is a covered area, other times it is a set of small buildings where services can converge and community learning and sharing takes place.

These community-based integrated ECD hubs bring multiple services to the community: frontline workers provide health outreach services, and trained community-based volunteers engage children in early learning and play, and provide workshops for parents and caregivers on health, nutrition, sanitation, hygiene, child protection and income generating activities such as gardening and food processing.

The minimum package at each ECD hub includes:

- Early stimulation room for children 0 – 3 years and their caregivers.
- Learning through play classroom and playground for children 3 – 6 years.
- Health office outreach services, including growth monitoring and immunisation.
- Multipurpose area for parenting counselling, adult literacy classes and community meetings
- Cooking area and garden for nutrition promotion – cooking demonstrations, use of locally available nutritious food stuffs and a community-developed garden.
- Access to clean and safe water as well as programming to promote good sanitation and hygiene practises.

A community-nominated centre management committee, with equal representation of women and men, manages the hub with support from various subcommittees, traditional leaders, local government and the district health and education offices, and community welfare assistance

committees. In addition, a cadre of community-based volunteers trained in the Care for Child Development package, support parents through coaching and training sessions delivered at the hub and home visits. These volunteers are trained and supervised by staff at nearby health facilities and schools. A midline evaluation in three districts²⁰ found that it was regarded by families, caregivers, communities as acceptable and appropriate. Knowledge and awareness of the importance of early childhood development had increased and stakeholders could see the benefits of the programme for their young children.

Factors supporting and hampering implementation

Insaka is not reinventing new services but simply establishing a place where existing services are delivered more easily, to more beneficiaries, and often simultaneously so communities implicitly understand that ensuring optimal child development involves many different dimensions.

- The presence of UNICEF and NGO partners ensured the programme stayed on track.
- Quarterly reviews and planning meetings by district multisectoral teams improved coordination.
- Community involvement including leadership facilitated engagement and programme ownership.
- ECD programmes in the area created a favourable climate for the introduction of integrated hubs as ECD activities were familiar.
- Introducing a feeding programme in one community helped increase programme uptake.
- Distances in some rural catchment areas made it hard for volunteers to reach households on foot, and parents and caregivers to access services and support.
- Many of the trained volunteers involved in programme delivery of the programme had no specialised training and this limited the care and guidance they could provide.
- The lack of incentives for volunteers who were offering different programme activities, led to some dropout and threatened ongoing sustainability.

Despite these resource constraints, the Insaka model provides an excellent example of how to engage key stakeholders and integrate services to provide a universal package of support for young children and families.

i UNICEF Zambia

ii Insaka means a space in the community where community members gather, dialogue and share knowledge.

Case 18: Shifting paradigms – from private to community ownership of early childhood development

Riedewhaan Allieⁱ

The Foundation for Community Work (FCW) efforts to support the early learning and development needs of children initially focused on helping communities acquire land from local authorities and build preschools. Yet by the early 1980s it was clear that the preschool building programme was not a sustainable model in poor communities as community organisations did not have the means or the capacity to maintain the facilities and programmes.

A paradigm shift

This led to a paradigm shift at FCW from investing money in buildings, to investing in developing the capacity of people in poor communities to better serve the needs of young children. This included the Family in Focus programme which support families, parents and caregivers to provide a caring, safe and stimulating home environment for young children through a series of home visits.

The FIF programme aims to:

- increase access to ECD services and programmes for young children and their caregivers
- increase awareness around the importance of ECD
- encourage caregivers and families to become active participants in the early childhood education, development, and stimulation of their children
- empower local communities to take ownership of the FIF programme
- provide employment opportunities for local home visitors.²¹

Each community project employs 10 – 20 home visitors who support between 300 – 500 families and their children, with just over 250 home visitors reaching out to nearly 9,000 families in 20 peri-urban and rural communities across the Western Cape. The organisation's ability to grow the home visiting programme was as a direct result of various government initiatives to create employment and skills development opportunities for young school leavers and unemployed people which enabled FCW to sustain its complement of home visitors despite many exiting the programme to find better employment opportunities.

Working with local government and municipalities

Introducing the FIF programme in new areas required meetings with municipal officials and councillors. While we were looking to recruit for home visitors to be trained,

councillors saw the opportunity to make good on their promises to assist families. In many communities, councillors played a pivotal role in anchoring the local community consultative process and facilitating community buy-in for the home visiting programme. Strong linkages are forged with local stakeholders including ECD practitioners, the local ECD and community policing forums, ward councillors, civic members, and social workers. In rural communities, representatives from the farmers associations are also invited to extend access to families living on farms.^{21,22}

Although the projects aim to support early stimulation and care, home visitors also raise challenges through community police forums, neighbourhood watches, residents and ratepayer's associations to ensure that communities became safer for families and children. Home visitors also serve as the eyes and ears of other health and social service professionals – reminding caregivers to follow-up on vaccinations and identifying suspected incidents of abuse.

In many of these communities, teams of home visitors have become involved in a range of community structures and networks in order to improve services to families and children. Access to community kitchens and feeding programmes are increasingly benefitting more young children, and home visitors have been invited by councillors to assist with parenting programmes at feeding centres.

Working with ward councillors and committees to deepen their understanding of young children's entitlements is essential. But local municipalities still have a long way to go before fully embracing their responsibilities to young children. The small contributions through grant-in-aid funding or discretionary budgets of councils that offer ECD equipment or toolkits for preschools are not enough to make a difference. Only when ECD is recognised as a public good and is incorporated as an essential element of local Integrated Development Plans, will sufficient resources be allocated to help children access their constitutional rights.

In 2023, FCW facilitated an ECD indaba for the Cape Wineland District to deepen the municipality's understanding of its responsibilities as outlined in the NIECD Policy, Constitution, Municipal Systems Act and Children's Act. This culminated in a commitment to include ECD partners in local government processes to ensure young children's needs are prioritised in the local Integrated Development Plan.

ⁱ Foundation for Community Work

in the home, neighbourhood and community. Similarly, the Nurturing Care Framework Handbook (that offers global guidance on how to strengthen early childhood development programmes) advocates for the adoption of a place-based approach that builds on local strengths in the neighbourhood and community to support families and children.¹³ It argues that “creating an enabling environment for nurturing care cannot happen from the top down”,¹³ it needs to be built from the ground up and community engagement is critical from the start. This includes efforts to listen to families, involve them in decision-making and mobilise the resources needed to support them; using the media to create demand for services, and encouraging communities to demand good quality care and hold service providers accountable.

Similarly, the Nuts and Bolts evaluation of the Smart Start programme in the USA,¹⁴ argues that disjointed, onerous and ‘hard-to-negotiate’ bureaucracies place unnecessary burden on families and undermine their access to the very support systems on which they depend in ways that may deepen inequities. Instead, it motivates for the inclusion of families and service providers in decision-making processes in order to better understand what works for them and ensure that policies and practices are more attuned and responsive to local needs.

The Safe Inclusive Participative Pedagogy (SIPP) research project in Vrygrond, Western Cape (Case 20) aimed to strengthen safety, participation and inclusion in early learning programmes. Researchers drew on a number of different strategies to engage with parents, young children and community members, working in partnership with community stakeholders to develop a series of concrete action plans to address local challenges. This case highlights the benefits of adopting a more inclusive approach to policy formulation to ensure that policies are flexible enough to embrace the lived realities of actors on the ground.

It is at local level where change happens most significantly and “designing inclusive local structures that purposefully connect and collaborate with state infrastructure is a key strategy for advancing equity”.¹⁴ Through such interactions and negotiations, policy can be effectively implemented, with buy in from those on the ground. Engaging with stakeholders provides a reality check allowing “avoiding obstacles and changing course if some measures do not align with local needs”.¹⁵ Yet, there is general agreement among South African ECD stakeholders that local level stakeholders and beneficiaries have little influence on the policy process, either formulation at national level or local implementation, despite the policy intention “to build on the foundation provided by existing systems and knowledge”.¹

Build the capacity of local government

Challenges, particularly with registration of ECD facilities and the limited role of local government in other supports for early childhood development, are well documented.¹⁶ While municipalities offer a number of services that benefit young children (water, sanitation, parks) they do not often support ECD programmes beyond zoning and environmental health and safety. ECD support is not well understood and is also often referred to as an unfunded mandate. The 2030 ECD Strategy notes that municipal cooperation and buy-in is needed to reduce red tape.⁶ The National Planning Committee’s ECD Advisory¹⁷ highlights several potential reforms to facilitate coordination between provincial education departments and districts, clarify municipal responsibilities and enable better funding and other supports to ECD providers. These include efforts to utilise existing coordination structures rather than creating an additional administrative burden. Key recommendations include:

- The provincial head of early childhood development reporting on the implementation of the strategy to the Premier and provincial Inter-Governmental Forum;
- The MEC responsible for early childhood development working through the MEC for Cooperative Governance and Traditional Affairs (COGTA) to streamline communication with municipalities utilising existing coordination structures;
- Establishing a specific line of accountability in COGTA for its role in overseeing and supporting local government ECD functions and facility development;
- Developing working relationships between education districts and municipalities which may be supported by aligning their boundaries.

The Integrated Development Plan (IDP) is the primary development instrument for municipalities and should explicitly promote municipal support for the provision of infrastructure and sites for ECD facilities. To this end the NPC Advisory proposes: Developing an ECD strategy guideline for municipalities on how to include early childhood development in the development of the IDP including engaging stakeholder participation in its consultative processes, clarifying legal and procedural responsibilities and promoting a developmental role for ECD, as broadly defined.

Infrastructure development is an essential requirement for expanding access to ECD programmes and national departments responsible for early childhood development should engage the Joint Reporting Forum for Local Government (chaired by Treasury and COGTA) to include an ECD target for local government planning.

Similarly, the Children's Amendment Bill of 2023 proposes reforms to address the challenges. These include requiring municipalities to develop a municipal ECD strategy and integrate this into their municipal IDP and annual budget. It also proposes that the Minister of Local Government in collaboration with the ministers of health and basic education develop a draft by-law to promote consistency in the regulation of ECD programmes and that takes into account all socioeconomic contexts. However, municipalities can set their own standards and advocacy would be needed to ensure the take up of such a by-law.

While many concrete solutions have been put forward for streamlining the regulatory framework and clarifying local government roles, implementation will depend on buy-in, budgetary flexibility and the capacity of provincial education departments, COGTA and municipalities.

Conclusion

While finance, infrastructure, human resources, monitoring and evaluation, and public communication are all essential building blocks of an effective ECD system, it requires strong leadership and political will to champion the needs of young children and build a thriving ECD sector in communities across South Africa. In particular we need to nurture local champions who can breathe life into the system and make it work.

Creating an enabling environment for early childhood development cannot only happen from the top down, it must also be built from the ground up. This includes building on existing strengths, fostering collaboration between different sectors and spheres of government, building partnerships with civil society and the private sector, and putting children and families at the centre of our efforts so that our services are attuned and responsive to their needs.

Case 19: The role of the church in supporting parents with young children

Richard Lundieⁱ

The First Thousand Days (conception to two years) is a once-in-a-lifetime opportunity to nurture brain development and enable children to thrive. So, how can we intentionally support families of young children and what is the role of the local church in the first 1,000 days of a child's life? This research question was posed by Common Good, a faith-based, non-profit organisation in 2017. After a year of engaging 194 church leaders, practitioners and parents, the results were clear: the church is already equipped and well-positioned to have a profound impact on children's well-being and development.

- Churches have the inherent capacity to build community, journey with people and ensure that parents are not isolated and able to seek support. Local churches can use their existing strengths to care for families in unique ways. They understand their community's unique strengths, risks and opportunities.
- They are already involved in caring for people. It is natural, normal, and even expected, that families are visited. This can be leveraged to provide more intentional, targeted support for families in the stage of the first 1,000 days.
- Collectively, they have incredible reach: with an estimated 43,000 churches in South Africa.
- They have congregants who have skills, networks and time that can be directed towards families with young children. This incredible social capital can be harnessed.

- They are familiar with recruiting volunteers for various purposes. This brings sustainability to their support for families.
- They have a trusted voice: health information and encouragement to adopt new caregiving behaviours can be shared and received in the context of a supportive relationship.

Sikunye has identified six areas of church life that can be used to support, strengthen and encourage families. They provide free workshops for church leaders to support them in how to make their church a "First Thousand Days Friendly" church and to discern next best steps.ⁱⁱ They provide training so that church leaders and members know how to conduct home visits, establish supportive relationships, share key information and skills, build up caregivers' confidence, and when to refer families to service providers for more targeted support. In addition, they host coaching and check-in sessions to create opportunities for church leaders to learn from, encourage and pray for each other.

Regardless of their size, denominational practice or cultural heritage, faith communities are well positioned and equipped to play a meaningful role in enabling young children and families to thrive. This includes deploying volunteers in powerful ways to provide practical, emotional and spiritual support to families during this important life stage.

ⁱ Sikunye

ⁱⁱ These services are available online through Zoom live events, a five-day flexible WhatsApp learning journey and information on their website.

Case 20: Key principles for successful local policy implementation: Lessons from research on early learning in a vulnerable community

Marsha Orgill,ⁱ Linda Biersteker,ⁱⁱ Leigh Morrison,ⁱⁱⁱ & Malibongwe Gwele¹

The Safe Inclusive Participatory Pedagogy (SIPP) Project provided an opportunity to explore the experiences of local stakeholders and learn from them about which aspects of ECD policy and implementation work and which do not.^{iv}

The SIPP international research partnership aimed to identify and develop safe, inclusive, and participative pedagogies that can be implemented and sustained in under resourced contexts. The study critically considered how these concepts were understood and applied in Vrygrond, Cape Town, as one of a series of case studies, given that local contexts always influence the implementation of government guidelines and policies.

Vrygrond is a densely populated area with formal and informal dwellings, and a diverse population of some 42,000 Coloured, isiXhosa and foreign nationals. It is a vibrant area with a taxi rank, informal traders and small businesses, but there is high unemployment and poverty and social challenges such as crime, domestic violence and substance abuse. There are 35 ECD centres but about two thirds of young children in the area do not have access to organised ECD programmes of any kind.

Adopting participatory approaches

The research intentionally took a participatory approach. This includes the recognition that (1) community members are knowledge holders, and that this knowledge is embodied in their lived experiences (2) community members are equal agents in developing action plans that drive community development and (3) bringing people together strengthens relationships across all stakeholders. Participatory approaches make it possible to bring various forms of knowledge together and bridge the gap between learning, knowledge and practice through a process of co-creation.

1. The researchers sought to build a relationship with a credible community partner before the project started, and True North, the leading ECD resource and training organisation in Vrygrond helped facilitate partnerships with other key stakeholders, in the community.
2. True North facilitated setting up a community advisory board (CAB) made up of service organisations working

with families and young children in the community, members of the ECD Forum and a representative of the Vrygrond Community Trust. The CAB guided the research and stakeholder engagements, helping to identify questions and stakeholders for discussion.

3. Interviews and focus groups were conducted with parents, children, ECD principals, practitioners and members of service organisations to ensure a range of voices were heard in the process of learning about and generating key ideas to promote safety, inclusion and participation of children and parents. Conversations about the key concepts were supported by mapping, visualisations and in the case of the children the use of stimulus pictures, drawing and persona doll stories.
4. Findings from these discussions were shared with the CAB and the development of a community ECD action plan was facilitated.

Key findings

These engagements helped to surface a range of concerns around safety, inclusion and participation:

- **Safety:** Child safety was a concern for all. Children were only safe when accompanied by adults, kept at home, or at ECD centres. ECD staff emphasised both physical safety precautions as well as making sure children felt emotionally safe. Children explained that their homes and ECD centres were safe spaces and parents and ECD practitioners were sources of comfort and protection.
- **Inclusion:** There were insufficient ECD services in the area and fees were a major barrier. Poor children, children from homes with substance abuse and children with disabilities were less likely to attend. ECD staff helped children feel included by learning different languages, addressing exclusion and bullying and allowing leeway for parents who could not pay. But felt that they provided inadequate support for children with disabilities with staff lacking confidence and feeling overwhelmed because of staff shortages and insufficient training and support.
- **Participation:** Child participation in decision making was not a parent priority, due to cultural norms and

i Children's Institute, University of Cape Town

ii Independent researcher

iii True North

iv The University of Edinburgh. The SIPP Project. Available at: <https://www.sipp.education.ed.ac.uk/the-sipp-project/>

also because providing for basic needs such as safety, nutrition and access to education was seen as more urgent. Practitioners often directed all the learning activities, believing that children learn by instruction. This limited children's opportunities to play and make choices. Parents felt powerless due to limited opportunities to exercise their own agency within the community; this in turn restricted their ability to promote child participation.

ECD stakeholders valued having the space to engage and reflect on their needs and challenges, identify assets in the community, and transform knowledge gained from the research into a plan of action. This included plans to:

- Encourage parents' active participation in ECD centre activities and their child's development, by finding creative ways to share key messages at parent meetings, and by inviting parents to fun activities such as celebrations

to make them feel more welcome and included in ECD centre activities;

- Reach children who are not attending early learning programmes by offering basic support and information to parents at clinics and through faith-based organisations;
- Develop an ECD community hub to share information, build capacity of practitioners, and support parents.

An example of an activity that has already come about as a direct result of creating this space for engagement, was the identification of two safe places for children to play (at the community centre and the community library), and the first has already been transformed into a play area where ECD centres can now book play time sessions for children.

In conclusion, working in participatory ways enables the co-creation of ideas and actions that value and leverage local knowledge in order to design and implement policies that are fit for purpose.

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