

CHILDREN AND COVID-19

ADVOCACY BRIEF

ECD programmes: A case for investment in times of crisis

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In South Africa, early childhood development programmes play a critical role in providing safe care, adequate nutrition and early stimulation to young children. Yet the prolonged lockdown and limited state support during the COVID-19 pandemic has led to widespread job losses and the closure of many ECD programmes. It is therefore essential to strengthen support for ECD programmes to prevent immediate and long-term harm to young children, their families and the ECD sector.

This advocacy brief tracks the impact of COVID-19 on young children, families and ECD programmes, describes how the sector responded to these challenges, and draws on lessons learnt to identify opportunities to enhance our response to, and prevent the harsh consequences of, future crises. While this brief focuses on national developments, it also comments on the Western Cape as one of the early epicentres of the COVID-19 pandemic which responded differently to the emerging crisis.

What was the status of ECD programmes prior to COVID-19?

Early childhood development (ECD) programmes perform an invaluable service to society, providing safe childcare, enabling caregivers to participate in the labour market and ensuring that young children receive early learning, social interaction and nutrition. These ECD centres, playgroups, toy libraries, child minders and home visiting programmes also employ thousands of mainly Black African women. Government recognises the importance of investing in early development and aims to achieve universal access to essential ECD services by 2024.¹ However, South Africa has made limited progress toward achieving this goal.

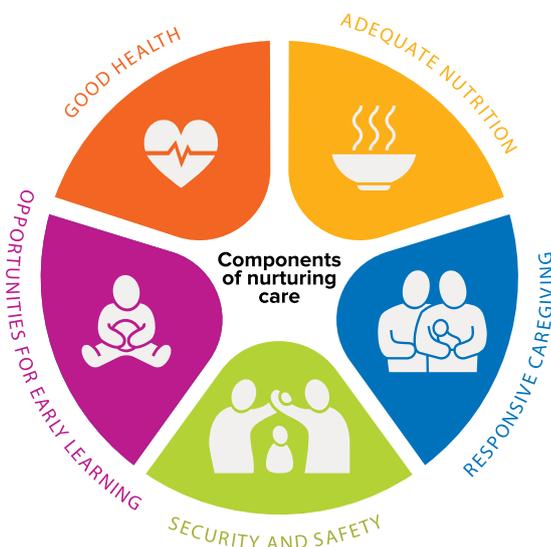
Reach

Nationally in 2018, over half of three-year-olds (57%) and over two-thirds of four-year-olds (70%) were enrolled in early learning programmes. This figure rises to nearly 87% of five-year-olds.² However, close to 3.2 million children aged 0–5 years did not attend any ECD programme.³

In the Western Cape, just over one-third (39%) of children under three, and two-thirds (66%) of 3–5-year-olds attended an early learning programme in 2017. Approximately 125 000 children aged 3–5 years were not attending a learning programme.⁴ Most children under three are cared for at home, and many primary caregivers need support and information to provide nurturing care, but parent support services are limited.

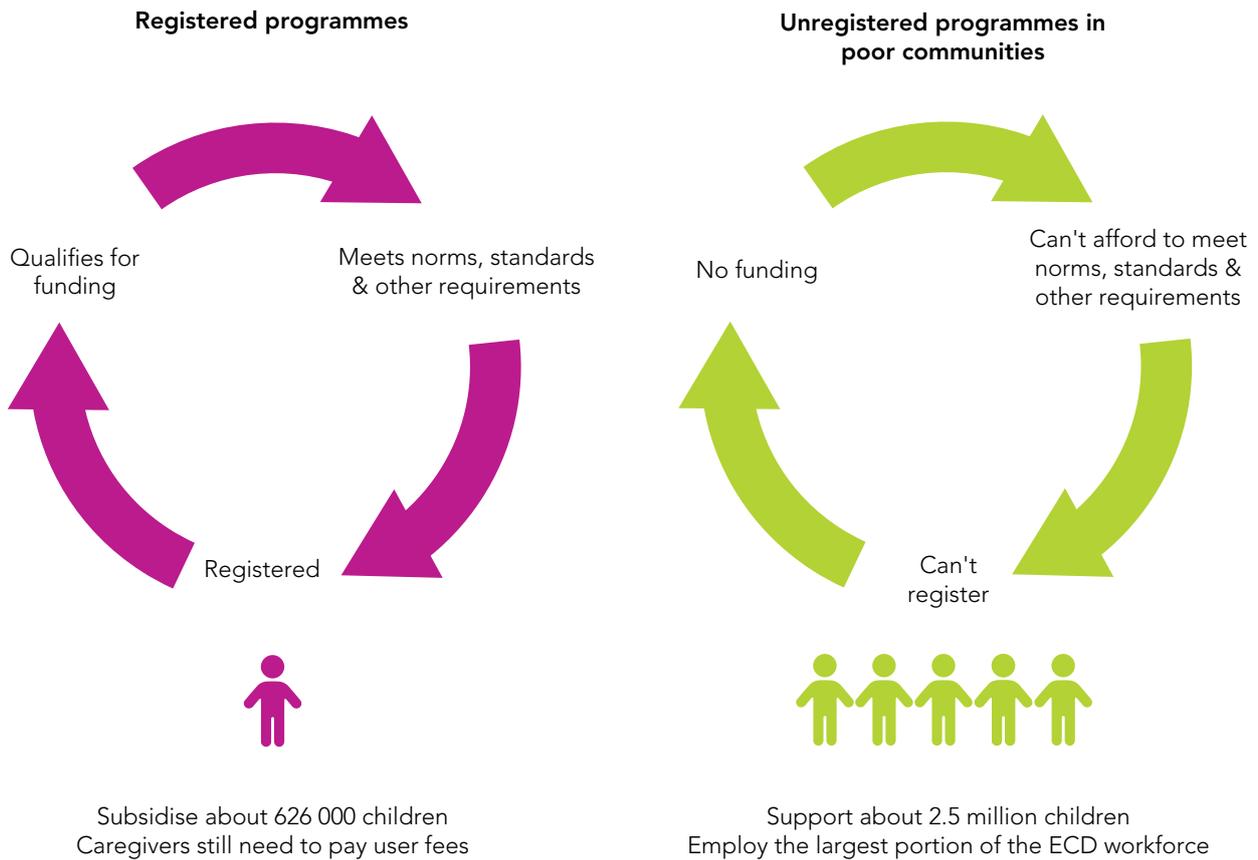
Fragile funding base

Even before the COVID-19 pandemic, the ECD sector was fragile and largely informal. It consists primarily of non-profit and micro-social enterprises. Government provides a partial subsidy of R15 per child per day to non-profits who meet the registration requirements of the Children's Act. But this is insufficient to cover the costs of running an ECD programme, and most programmes rely on the combined income of subsidies, fees and other income sources, with 84% of caregivers paying fees.⁴



i The term primary caregiver signals that in South Africa, children are not necessarily cared for by a biological parent; relatives or other adults often assume parenting responsibilities for children whose biological parents have died, live elsewhere or who are not available to provide daily care.

Figure 1: Unequal distribution of the ECD subsidy



Sources: Ilifa Labantwana. 2020. Analysis based on data from Statistics South Africa (2019) General Household Survey 2018. Pretoria: Stats SA; and NDSAD administrative data; BRIDGE, Ilifa Labantwana, NECDA, Nelson Mandela Foundation, Smart Start and SACECD April 2020. The Plight of the ECD Workforce: An urgent call for relief in the wake of COVID-19. Accessed at <https://www.bridge.org.za/wp-content/uploads/2020/04/Final-report-The-plight-of-the-ECD-workforce-1.pdf>

How did the COVID-19 pandemic impact on ECD programmes?

The COVID-19 pandemic had a devastating impact on the already fragile ECD sector leading to the loss of jobs and livelihoods and closure of many ECD centres, while others lacked the resources they needed to reopen safely.

Closure of ECD centres

COVID-19 intensified existing challenges. In March 2020, all ECD programmes were instructed to close, as South Africa entered hard lockdown in response to the first wave of the pandemic. ECD programmes were instructed to remain closed from 18 March to 6 July 2020, despite primary caregivers returning to work as lockdown restrictions eased and plans being communicated for early grades to return to public schools. And ECD programmes were only allowed to re-open subject to meeting COVID-19 safety standards, following a High Court judgment on 6 July 2020.⁵

At the end of the hard lockdown, other sectors of the economy re-opened, some receiving government support to do so. However, the ECD sector did not receive significant support from government during 2020. In addition, many caregivers were no longer able to afford fees. This resulted in a loss of income, large job losses and the permanent closure of many ECD programmes.

Suspension of the ECD subsidy

During this time, ECD subsidy payment stopped indefinitely in all provinces, except the Western Cape. Despite a directive from the Minister of Social Development on 11 May 2020 for provinces to continue subsidy payments,⁶ non-payment of subsidies during the lockdown continued⁷. On 20 October 2020, a North Gauteng High Court Judgement ruled that the Minister and eight MECs must pay full subsidies to registered ECD programmes for the duration of all lockdown alert levels for the 2020/21 financial year⁸. While a victory for ECD programmes eligible for the subsidy, unregistered ECD programmes gained no benefit. However, the North Gauteng High Court Judgement was subsequently appealed, and the ruling was suspended.⁹

The struggle to reopen ECD programmes

The national Department of Social Development (DSD) established platforms for ECD sector representatives to engage with them during the first COVID-19 outbreak and lockdown in April/May 2020. These engagements aimed to develop plans to mitigate the effects of COVID-19 on young children and employees and guide the safe re-opening of

Table 1: Effects of the first lockdown on ECD service providers

| Factor | April 2020 |
|---|------------|
| Caregivers stopped paying fees | 99% |
| Programmes had insufficient income to pay operating costs | 96% |
| Inability to pay the full salaries of staff | 83% |
| Feared they would not be able to re-open | 68% |

Source: BRIDGE, Ilifa Labantwana, NECDA, Nelson Mandela Foundation, Smart Start and SACECD April 2020. The Plight of the ECD Workforce: An urgent call for relief in the wake of COVID-19. (Accessed at www.bridge.org.za/wp-content/uploads/2020/04/Final-report-The-plight-of-the-ECD-workforce-1.pdf.)

ECD programmes. The final guidelines were lengthy and complex, and communication about the safety requirements proved to be a barrier, especially for rural ECD providers, those with poor access to data, and those operating outside of ECD networks. Compliance with COVID-19 protocols also created additional financial pressure for ECD providers in poor communities.

Loss of jobs and livelihoods

During April 2020, a rapid survey of nearly 4 000 ECD service providersⁱⁱ reported the severity of COVID-19 impacts on the sector. In August 2020, a follow-up survey of over 4 500 ECD service providers¹⁰ found that:

- only 22% of programmes had received a government subsidy during lockdown
- about 166,000 children were unable to attend programmes due to closure

- 43% of jobs (over 13,000) had been lost and more than 105 000 jobs were still at risk¹¹

Programmes closed because caregivers were unable to afford fees; they also had insufficient money to pay for the health and safety materials they needed to re-open safely. The NIDS-CRAMⁱⁱⁱ (April to September 2020) survey reports similar trends in centre closures, with a partial recovery in the third to fourth quarter.

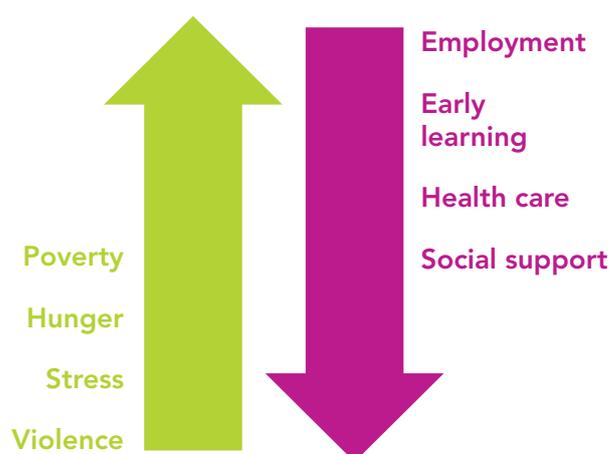
ECD Resource and Training Organisations (RTOs) providing support to the ECD sector in poor communities were also hard hit. These rely on donor and limited government funding. Diversion of funds to COVID-19 relief and the closure of ECD programmes severely impacted their ability to continue operating. A May 2020 survey found that many organisations were considering retrenchments and other crisis management measures.¹² Nonetheless, many RTOs continued to support the sector, including delivering food parcels.

How did the COVID-19 pandemic impact on young children and families?

Young children depend on parents and families for nurturing care. Yet families can only provide nurturing care in an enabling environment where they have access to work, housing, health care, social support and social security.¹³ COVID-19, lockdown and the closure of ECD programmes increased caregiver stress and anxiety and limited their access to support outside the household (see the mental health brief).

A rapid review of studies on nurturing care for young children during the COVID-19 crisis in low-and middle-income countries¹⁴ found families with young children were at heightened risk for stress and poor mental health, which was associated with reduced closeness between caregivers and their children, harsher parenting attitudes, and increased parent-child conflict. The review also notes the decline in reporting on possible child maltreatment¹⁴ (see the violence and injury brief).

Figure 2: Increased pressure and less support for families



ii This term refers to teachers or practitioners, owners and facility managers.

iii The National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) collects data from the same respondents every few months on income and employment, household welfare, receipt of grants, and knowledge and behaviour related to COVID-19.

Access to preventive and promotive health services for young children was reduced both because of pressure on the health system, and fear of contracting COVID-19 by attending clinics. Consequently, many children fell behind on routine immunisations and growth monitoring and screening (see routine health services brief).

The need for income support was even more urgent during the COVID-19 crisis when families were unable to generate income or rely on their networks for borrowing money and food.¹³ Despite a temporary top-up on the Child Support Grant, the grant remained below the food poverty line (see the nutrition brief).

How did the sector respond to the COVID-19 pandemic?

Despite its dire consequences for the ECD sector, young children and their families, the COVID-19 crisis galvanised innovation and partnerships, as illustrated below.

Food support

Food support was the most immediate need and there was a sector-wide effort through partners, business and others to provide food and COVID-19 safety messaging.

- 17% of ECD programmes surveyed in August 2020 provided food to children and community members.¹⁰
- An example of innovation, the Do More Foundation coordinated a network of businesses, media agencies and NGO partners to fundraise, procure and deliver food and COVID-19 safety messaging to vulnerable young children and families in resource-poor communities. Together, 9.1 million meals were distributed across all provinces through 106 NGO partners.
- The Western Cape was the only province that continued to subsidise registered ECD facilities, which remained open for food distribution.

Early learning support

Many ECD programme managers adapted their services to suit the changing needs of families with young children, providing parents with material to continue learning at home.

Digital technologies were harnessed to assist with stimulation of young children in the home. For example, DSD together with the Department of Basic Education, UNICEF SA and the Lego Foundation developed and promoted a home-based learning programme known as *Tshwaragano ka Bana*. Other NPOs also disseminated material. The Do More Foundation developed an online parenting resource hub of free resources developed by South African organizations (<https://domore.org.za/parenting-resources/>).

Local studies of early learning programmes have demonstrated improvements in early learning outcomes for children enrolled in quality programmes.^{15,16} It is therefore likely that several months of non-attendance and programme closures will have negatively affected children's progress.

Though many media-based and digital learning materials and activity ideas were provided to caregivers, their impact on early learning is likely to have been limited for most young children. Pre-COVID-19 studies indicate that a significant proportion of caregivers do not engage in activities that promote early literacy or numeracy,^{2,16} have limited time to spend with their children, and limited access to data¹⁶.

Income support and relief for the ECD Sector

The Western Cape DSD and many ECD RTOs provided advice and support to service providers with re-opening requirements, including personal protective equipment (PPE). The Western Cape DSD supplied PPE to 4 282 ECD facilities by December 2020.¹⁷

Nationally, key stakeholders partnered to provide relief and support for the sector:

The **National Early Learning and Development Programme Support Fund during COVID-19** was established under the auspices of the National Early Childhood Development Alliance.¹⁸ The Fund focused on established non-profit ECD programmes across the country which were registered or conditionally registered. The Fund provided immediate support to sustain programmes which included staff salaries and operational costs. The initial target for the fund was R5 million, with the aim of reaching about 14 000 children. R5.5 million was raised.¹⁹

The **ECD COVID-19 Response Project** led by Ilifa Labantwana, with support from four funders and partner NGOs, started in October 2020.²⁰ The project supports about 1 800 unregistered ECD sites across South Africa. Support includes a hamper to meet COVID-19 compliance requirements, water support, income relief in the form of monthly staff vouchers and food vouchers for ECD programmes. These efforts are intended to draw children back into ECD programmes.

Government's response, known as the **Presidential Employment Stimulus**, was finalised in late 2020. The ECD Employment Stimulus Relief Fund Package is intended to provide income support for the ECD sector. The application procedures were published and disseminated in early 2021, and ECD service providers were offered support with the application process through workshops and site visits. But the heavy reliance on digital technology is likely to have excluded the most rural and impoverished service providers,

despite efforts by government to provide practical assistance. The informality of the sector posed additional challenges as many establishments did not have bank accounts. By February 2021, applications to support about 125 000 ECD workers had been received²¹. By May, close to 33 500 employees had received relief funds, of the 108 833 targeted for support, resulting in an under-spend of 72% of

the allotted budget²². Verification of applications was still continuing in July 2021.²³

While this provided welcome relief, government was slow to respond to the needs of the sector, as the first COVID-19 wave impacted the country as early as March 2020, leaving thousands of ECD providers financially vulnerable or unable to recover.

What are the recommendations?

Several lessons have been learnt from the experiences of mitigating the effects of the COVID-19 pandemic on young children, their families and the ECD sector which can inform responses to the current and future crises:

Strengthen communication

Communication between the ECD sector and the state should be strengthened. Better data on existing ECD programmes through the planned ECD census and the Vangasali campaign will enable broader-based communication. Particularly in times of crisis, a rapid, responsive government system is needed, and timely, effective, accessible communication is essential. Use of existing bodies and fora that bring together state and civil society stakeholders, and strengthening these at national, provincial, and local level, is critical. Future processes should take account of the lessons learnt through recent state-civil society collaborations undertaken during the COVID-19 crisis.

Maintain funding

Given a fragile and under-funded ECD sector, government should ensure the continuity of basic funding in times of crisis. The subsidy suspension, coupled with non-payment of user fees and the additional costs of re-opening, had a widespread, crippling effect on the sector. Only those service providers who survived the first and second waves of the pandemic could apply for the limited relief through the ECD Employment Stimulus Relief Fund Package.

Strengthen partnerships and collaboration

Government should work in partnership with the NPO sector to deliver the services that communities need in times of crisis. Optimal use should be made of ECD facilities as places of support and outreach to communities; the Western Cape DSD successfully adopted this approach. Innovative collaborations between stakeholders developed in response

to the pandemic. Prioritise efforts to maintain and build on these initiatives, harnessing the collective energy for sector-wide improvements.

Provide psychosocial and material support

Young children and their caregivers need holistic support in times of crisis to mitigate prolonged or toxic stress. Social service practitioners must be available during a crisis, especially to address caregiver mental health risks and stressors prevalent in families experiencing adversities. ECD practitioners and providers are also likely to require support. In addition to the emphasis on resuming economic activities, families with young children need access to social services including cash transfer programmes, early learning resources, health and nutrition support.

Adopt alternative approaches

Adopt alternative approaches to provide support to young children and their families, including the use of mainstream media, community radio and digital platforms such as Mom Connect, EMOBImama and Care Up to reach parents with simple messages. In addition to messages about young children's learning, include a focus on self-care, access to support and information, nutrition and food access, and children's emotional well-being and positive parenting.

While the emphasis on digital resources is commendable, they were most likely under-utilised by parents, due to inequalities in data access and digital literacy. Robust data should be collected to provide a deeper understanding of parents' access, responses and behaviour.

If robust support measures are put in place rapidly and responsively in times of crisis, ECD programmes, families and community structures may have the opportunity to recover and rebuild their resources.

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This is one of a series of advocacy briefs that trace the impact of COVID-19 on children in order to identify opportunities to better support children during the COVID-19 pandemic and similar crises.

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