



Stepping up to the challenge: Prioritising essential services for young children

The South African Child Gauge

The *South African Child Gauge* is the only publication to track the status of South Africa's children on an annual basis.

It aims to make the latest research evidence accessible to policy-makers and practitioners and to contribute to more effective policy design and implementation for children.

It includes an overview of the latest legislative developments, child-centred indicators, and a collection of short essays by leading experts.

South African
Child Gauge 2013

A nation that invests in its youngest citizens shows wisdom and foresight, and can be assured of a promising future.

Current policy developments provide South Africa with a unique opportunity to optimise the development of young children and break the intergenerational cycle of poverty. The current development of a national policy and programme for early childhood development (ECD), re-engineering of primary health care, and review of the Children's Act are all critical opportunities to improve the reach and quality of services for young children.

This policy brief draws on the latest research findings, presented in the 2013 *South African Child Gauge*, and identifies critical next steps to enhance the delivery of essential services for young children. It promotes a range of services and support to nurture young children's development and promote their overall well-being. It prioritises extending the reach of these services to all young children, especially the most vulnerable. It identifies five key service priorities and considers how to maximise synergies and efficiencies within the broader ECD system to support local service delivery.

Invest early and effectively for maximum return

Nearly 20 years have passed since the advent of democracy, yet the majority of young children in South Africa continue to grow up in a profoundly unequal society¹ in which they face many simultaneous threats to their development. These include poverty, malnutrition, illness, exposure to violence and maltreatment, and insufficient stimulation. These factors compromise health, psychological and educational outcomes. And particularly when they occur together, they have a lifelong impact. Good nutrition, sound health care, supportive parenting and provision of early learning opportunities promote child development and mitigate the impact of poverty and other threats to well-being and optimal development.

Prevention and early intervention are key strategies in the battle to improve child outcomes, and the earlier the investment the greater the economic returns.² Early investment offers substantial long-term benefits. By improving children's health, nutritional status and education outcomes, ECD services contribute to long-term economic growth, responsible citizenship, and the effective parenting of future generations.³ In addition to these economic imperatives, the state also has a more immediate obligation to promote the best interests of children and give effect to the constitutional rights of its youngest citizens.

Strengthen systems of support for children and caregivers

Young children are primarily dependent on the care and support of adults in their immediate home environment. In addition they require access to a range of support services including health, nutrition, early learning and social services. These services are supported by a broader system of laws, policies and programmes that ensure effective service delivery for young children and their families. Every person who comes into contact with young children has an opportunity to shape and support their development. Doctors, nurses, social workers, teachers, home visitors and community health workers all have a role to play in ensuring the optimal development of young children. Essentially, ECD is everyone's business.

1. A solid foundation

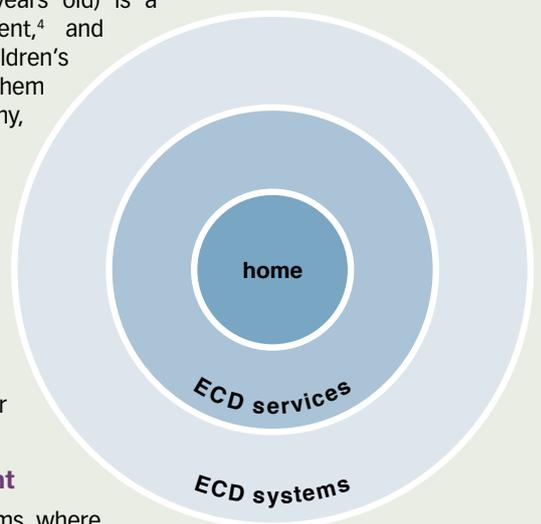
The first 1,000 days of life (from conception to two years old) is a particularly sensitive and rapid period of development,⁴ and primary caregivers play a central role in supporting children's development during this critical period by responding to them with love, warmth and consistency and providing a healthy, nurturing and stimulating environment within the home.⁵

2. A package of essential services

Young children and their families – particularly those affected by poverty – need access to quality health, early learning and social services to ensure optimal development. These essential services and support can be delivered through a variety of channels such as clinics, homes, playgroups, ECD centres, multipurpose centres and schools to ensure they reach young children and their families, especially those most vulnerable.

3. An enabling policy and programming environment

Local services need to be supported by effective systems where enabling policies, good governance, well-trained staff, effective coordination and adequate resources ensure equitable access and quality services.



Essential services for young children

The *South African Child Gauge 2013* recommends a package of essential services and support* for young children, building on existing services in health, social development and education, as outlined below.

A continuum of care and support

	Pregnancy	0 – 2 years	3 – 4 years	5 – 9 years
Health	Early antenatal care	Postnatal care		School health services (health promotion, screening and referrals)
	Prevention of mother-to-child transmission	Routine immunisation		
	Birth preparation	Screening for developmental delay		
	Mental health screening and information to reduce substance abuse	Integrated management of childhood illnesses		
Nutrition	Micronutrient supplements	Exclusive breastfeeding promotion (0 – 6 months) and optimal feeding support		School nutrition programme
	Prevention of low birth weight	Growth monitoring and treatment of severe malnutrition		Nutrition education
Caregiver support	Maternity and family responsibility leave	Child care services for working or work-seeking caregivers		
	Preparation for parenting	Parenting education, grant access, appropriate referral and other social support		
Early learning	Protective and supportive environment	Safe, stable, nurturing environment and responsive care		Care and support services to address barriers to learning
		Access to toys and books		
		Early stimulation (caregivers touch, talk, listen and respond to children)	Group programmes to develop social skills	Development of early literacy and mathematics skills
Social grants and services	Access to social services to prevent and address risk factors	Early birth registration and access to social grants		
		Prevention and early intervention programmes Child protection services and psycho-social support		



* The proposed package of services draws heavily on the work of Ilifa Labantwana, a multi-donor partnership which supports integrated ECD in South Africa. See www.ilifalabantwana.co.za.

Five key priorities

The table, drawing on current evidence, also points to current gaps and service areas that require priority attention:

1. Maternal health and nutrition

Child development starts before birth and maternal health and nutrition services are a critical component of a package of essential services for young children. Critical interventions include early antenatal care (with the first visit prior to 20 weeks of pregnancy); screening for mental health, alcohol and substance abuse problems in order to provide support and prevent foetal damage; as well as nutritional support to prevent problems associated with low birth weight and micronutrient deficiencies.⁶

2. Child health and nutritional support

The public health system provides the only existing infrastructure to reach all children under three, and early intervention is critical to support children at risk. The re-engineering of primary health care provides a key opportunity to strengthen maternal and child health services and to ensure these reach out to young children at home and in ECD centres. As health outcomes improve, attention needs to shift from child survival to optimising the development of the well baby and child.

More than a quarter of children under three years are so malnourished that their growth is stunted.⁷ Malnutrition in the first three years impairs the development of the brain, affects the child's ability to learn, and ultimately results in school failure. Exclusive breastfeeding, regular growth monitoring and nutritional support, particularly for at-risk young children and those younger than three years old, require greater attention.⁸

3. Caregiver support

The well-being of the mother or primary caregiver is one of the single most important predictors of child outcomes. Many caregivers living in poverty experience depression and anxiety, which limit their ability to cope with daily life, to provide for the physical needs of infants and young children, and to provide them with responsive and affectionate care.⁹ Levels of depression in pregnant women in South Africa are significant, with some estimates as high as almost 50%.¹⁰ Routine mental health screening should be provided at primary health facilities, and psycho-social support should be widely available.

Parenting programmes improve caregivers' parenting skills and knowledge of early childhood development, and help prevent child abuse and neglect. In addition, caregivers may need access to affordable child care, social grants, and other social services.

4. Access to early learning programmes

Early learning programmes in South Africa have mainly focused on ECD centres, but access for children living in poor and rural communities is very limited. Although some ECD centres receive a government subsidy, user fees are necessary to cover the full running costs and these centres therefore remain largely unaffordable for the majority of young children.

It is vital to use a wider range of delivery channels to ensure more equitable access to early learning and other essential services. This includes community-based programmes such as home visits, playgroups and toy libraries.

Attention to quality is essential if early learning programmes are to ensure that young children, especially those living in poverty, are well prepared for formal schooling. Key quality parameters include well-trained practitioners with on-going support, good service conditions, access to learning materials, and monitoring of programme effectiveness.

5. Quality education in the foundation phase

South Africa has made significant gains in increasing access to grade R and early schooling (89% of 5 – 6-year-olds attended an ECD centre or school, and 99% of 7 – 9-year-olds were in school in 2011).¹¹ However, outcomes at the end of the foundation phase remain poor and emerging research suggests that the current grade R has had little measurable impact on learners' later school performance.¹²

The poor quality of education in the foundation phase needs urgent attention before introducing an additional year of pre-school education. This can be done by improving teachers' content knowledge and teaching strategies. The role of grade R also needs to be clearly conceptualised to provide an effective bridge between early learning and formal education. In addition, attention needs to be paid to young learners' physical and psychological well-being by strengthening school health, nutrition and aftercare programmes.

What is needed to strengthen the ECD system?

1. Effective local delivery

Local government has the potential to play a leading role in the delivery of services for young children. This would enable more effective targeting of vulnerable children through population-based planning, and allow for innovation and flexibility in response to local needs – provided there are adequate resources and capacity at local level.

Currently services for young children operate in isolation from one another with little intersectoral collaboration. Strengthening integration at the point of service delivery will improve efficiency and make services more accessible to young children and their caregivers. For example, health, nutrition and parenting support programmes can be delivered through schools or ECD centres, and the placement of home affairs and social development officials in maternity hospitals can enable early birth registration and access to the Child Support Grant.

2. Adequate resources

The scaling up of essential services and support requires a clear resourcing strategy. This includes increased investment in human resources and training across all sectors, paying particular attention to the adequate staffing of community- and home-based services; and providing for caregiver support and parenting programmes. Similarly, capacity to train and supervise front-line staff must be developed to realise quality improvements.

Adequate and appropriate funding models to support the delivery of an essential services package across a range of different platforms, including ECD centres and community- and home-based services, are also needed. Attention must be given to funding services that are not yet in place (and that includes services for children with disabilities). Careful consideration is required to enable the best possible use of existing funds and to maximise efficiencies within and across sectors.

3. Good governance

A package of essential services and support can only be delivered effectively within a supportive, enabling ECD system. Such a system requires effective government leadership that outlines roles and responsibilities for different sectors and spheres of government and provides clear lines of accountability.

A national coordinating structure – with the ability and authority to oversee activities, foster collaboration and monitor implementation against set targets – is essential to ensure the consolidation of an effective ECD system in South Africa.¹³ The national ECD policy, which is currently under development, must foreground these crucial elements of an effective system, and guide the establishment and operation of such a coordinating structure.

4. An enabling policy framework

South Africa has made considerable progress in providing services to young children primarily through the health, social development and education sectors, however service gaps and implementation challenges remain. Currently there is no specific policy that enables universal and equitable access to quality ECD services.

It is hoped that the forthcoming ECD policy will provide a comprehensive approach to ECD programming and ensure the provision of an age-differentiated package of services. It should also address governance issues, institutional arrangements and resourcing strategies.

Finally, the Children's Act amendment process provides a further opportunity to streamline equitable provisioning, address barriers – resourcing barriers in particular – and strengthen existing service delivery.

References

- 1 Hall K & Woolard I (2012) Children and inequality: An introduction and overview. In: Hall K, Woolard I, Lake L & Smith C (eds) *South African Child Gauge 2012*. Cape Town: Children's Institute, UCT.
- 2 Heckman JJ (2006) Skill formation and the economics of investing in disadvantaged children. *Science*, 312(5782): 1900-1902. doi:10.1126/science.1128898.
- 3 Center on the Developing Child (2007) *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Cambridge, MA: Harvard University.
- 4 See no. 3 above.
- 5 Grantham-McGregor S (2009) The human development case. In: Siraj-Blatchford I & Woodhead M (eds) *Early Childhood in Focus 4: Effective Early Childhood Programmes*. Milton Keynes, United Kingdom: The Open University.
- 6 Black RE, Victora CG, Walker S, Bhutta Z, Christian P, de Onis M, Ezzati M, Grantham-McGregor S, Katz J, Martorell R & Uauy R (2013) Maternal and child under-nutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890): 427-451.
- 7 Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Reddy P, Parker W, Hoosain E, Naidoo P, Hongoro C, Mchiza Z, Steyn NP, Dwane N, Makoa M, Maluleke T, Ramlagan S, Zungu N, Evans MG, Jacobs L, Faber M & the SANHANES-1 Team (2013) *South African National Health and Nutrition Examination Survey (SANHANES-1)*. Cape Town: HSRC Press.
- 8 Hendricks M, Goeman H & Hawkrigde A (2013) Promoting healthy growth: Strengthening nutritional support for mothers, infants and children. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) *South African Child Gauge 2013*. Cape Town: Children's Institute, UCT.
- 9 Tomlinson M (2013) Caring for the caregiver: A framework for support. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) *South African Child Gauge 2013*. Cape Town: Children's Institute, UCT.
- 10 Perinatal Mental Health Project (2012) *Fact sheet 2012*. Cape Town: PMHP, Alan J Flisher Centre for Public Mental Health, UCT.
- 11 K Hall analysis of *General Household Survey 2011*, Children's Institute, UCT.
- 12 Taylor S (2012) *Early Educational Inequalities and the Impact of Grade R*. Paper presented at "Towards Carnegie3: Strategies to Overcome Poverty & Inequality", UCT, 3 – 7 September 2012;
- 13 Hoadley U (2013) Building strong foundations: Improving the quality of early education. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) *South African Child Gauge 2013*. Cape Town: Children's Institute, UCT.
- 13 Richter L, Biersteker L, Burns J, Desmond C, Feza N, Harrison D, Martin P, Saloojee H & Slemming W (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: Department of Performance, Monitoring and Evaluation & Inter-Departmental Steering Committee on ECD.

Suggested citation:

Lake L, Berry L, Dawes A, Biersteker L & Smith C (2013) *Stepping up to the challenge: Prioritising essential services for young children*. Cape Town: Children's Institute, University of Cape Town [policy brief]

This brief is based on:

Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) (2013) *South African Child Gauge 2013*. Cape Town, Children's Institute, University of Cape Town.

It draws directly on the work of various authors who contributed to the *Child Gauge 2013* and the full set of essays and statistical tables are available at www.ci.org.za.

For more information contact Lizette Berry (lizette.berry@uct.ac.za), Linda Biersteker (research@lru.co.za), Andrew Dawes (andy@dgmt.co.za) or Lori Lake (lori.lake@uct.ac.za).

Design: Mandy Lake-Digby

© 2013 Children's Institute, University of Cape Town

46 Sawkins Road, Rondebosch, Cape Town, 7700, South Africa

Tel: +27 (0)21 689 5404
Fax: +27 (0)21 689 8330

E-mail: info@ci.org.za
Web: www.ci.org.za