A Policy and Performance Review of the National Integrated Plan for Early Childhood Development in South Africa.

by

Antonio Hercules. November 2012.
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1 Preface

This paper was commissioned initially as part of a national review process which was then suspended. The author then elected to produce a policy and performance **review** towards the provision evidence for future direction and debate on the **Early Childhood Development (ECD)** birth-to-four policy and programme implementation strategies. This paper, therefore, is self-published, and its contents and views entirely owned by the author.

The paper is in the process of being finalised, with comments invited from sector and content specialists in the areas of political economy, early childhood development gender/feminism, and social protection. The finalised paper will include new sections on the politics of social protection in south africa.

Please send your comments to antoniohercules7@gmail.com

Antonio Hercules.

November 2012.

2 Abstract

This paper provides an analysis of the status of the NIPECD plan particularly with regards to the intentions of the plan, and how it has been implemented in the first five years of its life span. In other words, **have the main strategic goals of the NIPECD been met?** And, **what has the performance of departments and role-players been in support of these goals?** The NIPECD review also provides evidence to inform government and other ECD stakeholders, on its **effectiveness** and offers some recommendations on strengthening future development, implementation, and monitoring of the NIP. The review entailed conducting a qualitative and quantitative study of the NIPECD from its development to implementation based on existing documentation, including notes from interviews. The paper is intended to add to the national debate on the **direction of development of the new NIPECD**.

3 Background

In 2005 the government of South Africa with support from UNICEF developed the **National Integrated Plan for Early Childhood Development** (NIPECD). As such, the NIPECD was a **sectoral framework and plan** for how ECD needs would be addressed in South Africa over the period 2005-2010. The NIPECD states that the term 'integration' refers to the approach in ECD where services and programmes are provided in a comprehensive and interwoven manner, with the aim of ensuring the holistic development of children. The integrated approach entails providing children with services: access to birth registration, health, nutrition, water and sanitation, psychosocial care, early learning, and protection, through the strengthening of the capacity of communities and improving access to basic services at the local level.[1]

The **aim of the NIPECD** was to introduce into government systems, an integrated approach to providing ECD services and programmes for young children from birth to four years old. The NIPECD brought together three key Departments with clear ECD mandates, namely Health, Social Development and Basic Education to lead the development and implementation of the plan**.** The NIPECD had a five year life span from 2005 to 2010. It was designed to create a foundation upon which government departments, together with other relevant stakeholders such as civil society, would work together in providing ECD programmes for young children to access early stimulation, immunisation and Integrated Management of Childhood Diseases (IMCI), psychosocial support and nutrition. These services would be further supported through training of practitioners, parents and caregivers, infrastructure development, research and monitoring and evaluation.

The NIPECD contains **four basic sections**: the **first** deals with a review of approaches to ECD, and the implementation of ECD in the country during the first decade of the democratic South Africa, and examines the core concepts of integrated ECD. The **second** discusses the vision of the NIPECD, and its primary components. **Section three** points to the political and operational arrangements required to ensure implementation of the integrated plan, including a matrix of roles and responsibilities. **Section four** outlines *Tshwaragano Ka Bana*, a programme model of implementation, including a summary of timeframes for implementation and a suggested indication of the approach to be used

[1] Government of South Africa (2005:6) National Integrated Plan For Early Childhood Development In SA 2005–2010. Government of South Africa: Pretoria.

for budgeting and costing elements of the plan. Even the management plan of the programmes was illustrated pointing towards the structural requirements for its implementation.

From the table below, a logframe-like tabular outline of the **NIPECD** highlights its **three broad thrusts**: (1) the provision of sound administration in the sector, (2) the provision of critical ECD services, and (3) the development of ECD sector capacity. In each "result area", the policy goal is specified, related activities to achieve the policy goal are detailed, and the major institutional role players are noted, with the chief line department or government structure highlighted in bold letters. [2]

Table 1. Outline of NIPECD Strategic Framework

NIPECD RESULT AREA	ACTIVITY	DEPARTMENT
1. Provide a sound government administration system in the ECD sector		
1.1. Ensure Universal birth registration ✸ = secondary component[3]	(1) Register all children at birth or at least within 1 month of the birth. (2) Strengthen mechanisms for late registrations.	Home Affairs
2. Provide critical ECD services		
2.1. **Health**		
2.1.1. Provide Integrated management of childhood diseases ✸ = primary component	(1) Prevention (2) Treatment, care and support for children suffering with childhood illnesses including HIV and AIDS, communicable and non-communicable chronic conditions (3) Set up interdepartmental systems for management of childhood illnesses	**DoH**, DoSD, DoE, NGOs
2.1.2. Promote healthy pregnancy, birth and infancy	Strengthen access to quality antenatal care, labour practices and child health care services	**DoH**, local authorities
2.1.3. Immunisation ✸	Increase immunisation coverage in all provinces in order to decrease the morbidity and mortality rates	**DoH**, DoSD, DoE and all related organisations
2.1.4. Nutrition ✸	(1) Promote breastfeeding and supplementation within the Breast Feeding Policy Framework. (2) Ensure that all children have access to a daily balanced nutrition	**DoH**, DoE, DoA and DoSD

[2] Although the NIPECD was drafted in a period when results-based performance monitoring and reporting was not yet firmly established in South Africa, the approach to measurement of policy delivery by line departments was dominant in the international aid movement, and is now championed by the DPME.

[3] The NIPECD refers to primary and secondary components in the plan: "The primary components of the plan will target poor and vulnerable children from birth to four in all provinces. Age appropriate services will be provided to the targeted children." Government of South Africa (2005:12)

NIPECD RESULT AREA	ACTIVITY	DEPARTMENT
2.2. Social Development		
2.2.1. Referral services for health and Social services ✸	(1) Ensure that all children are cared for and protected (2) Ensure that all eligible children have access to the appropriate grant with accompanying service	**DoSD**, DoE, DoH, DPLG, and related organisations
2.2.2. Development and implementation of psychosocial programmes ✸	Ensure development of social and emotional skills	**DoSD**, DoE, DoH, DPLG, and related organisations
2.3. Education		
2.3.1. Increase access to quality early learning programmes ✸	Expand and strengthen programmes for children and their families ensuring that all children aged 0 - 4 years have access to quality early childhood development	**DoE**, DoSD, NGOs and CBOs
2.3.2. Collaborate with NGOs actively as partners	Utilise skills, capacities and resources of the ECD non-profit sector in delivering ECD services and programmes	**DoE**, DoSD and NGO's
2.4. Municipalities		
2.4.1. Upgrade ECD centres in order to offer an environment conducive for effective learning and care ✸	(1) Needs analysis conducted on all registered sites. (2) Plans approved for upgrading (3) Upgrading the centres in need	**Municipalities**, DPW, DoSD, DoH, DWAF, , all related service providers
2.4.2. Build ECD centres in areas of most need ✸	(1) Needs analysis conducted in all municipalities (2) Plans approved for building of centres (3) Building new centres where needed.	**Municipalities**, DPW, DoSD, DoH, DWAF, , all related service providers
2.5. Water and Sanitation		
2.5.1. Provide sufficient water and sanitation to ECD sites ✸	Analyse water and sanitation needs and provide such to most needy formal and informal centres	**DWAF**, DPW, Municipalities, appropriate service providers

NIPECD RESULT AREA	ACTIVITY	DEPARTMENT
2.6. Policy Oversight		
2.6.1. Review and revise policy and regulations currently governing ECD to ensure coherence with the integrated plan ✸	(1) Conduct a national audit of existing ECD services for children birth to 4 years of age (2) Review, monitor and evaluate current policies and regulations. (3) Identify areas to be revised (4) Update, amend policies to address the integrated needs of children	**Office of the Rights of the Child (ORC)**, DoSD, DoH, DoE and all relevant departments and organisations
2.6.2. Conduct research on the impact of the programme on the child's health, early learning and psychosocial development ✸	Commission and report research	**ORC**, DoSD, DoH, DoE
2.6.3. Set up a monitoring and evaluation system at all levels to ensure quality and effective services to children ✸	(1) Finalisation of agreed upon indicators (2) Tracking of implementation against the agreed upon indicators (3) Compile regular reports	**ORC**, and all departments involved in the implementation of the programme
3. Develop ECD sector capacity		
3.1. Develop the capacity of teachers, caregivers and practitioners to deliver integrated ECD programmes for children ✸	(1) Upgrade and expand the levels of qualifications for ECD practitioners (2) Provide appropriate skills programmes for parents and caregivers	**DoE**, SETA's, SAQA
3.2. Develop the capacity of community development workers (CDWs) to refer children to the available resources ✸	Develop a skills development programme for CDWs	**DoE**, Sector Education and Training Agencies (SETA's), South African Qualifications Authority (SAQA), DoSD, DoH

On 31 December 2010, the **NIPECD came to an end**. The Presidency, therefore, decided to review the NIPECD, and formulated a plan to guide the review process and final outcome towards the next stage and status of the NIPECD. UNICEF provided technical support towards the provision of evidence for future direction and decision making on the ECD birth to four policy and programme implementation strategies.

In terms of **method**, this study employed various research instruments, including review of relevant documents/literature, data from previously documented key informant interviews and focus group discussions with representatives of the relevant stakeholders. Specifically, the collection of data was focused on existing publicly available research studies, policy documents, reports in several categories, provided by government line departments, partners and stakeholders, as well as independent studies generated during the development and implementation phase of the project.

Notes from a few Interviews previously conducted by consultants with national, provincial, and local government officials responsible for the implementation of the NIPECD, and key national civil society organizations and researchers provided additional primary data.

There were, however, a number of **limitations and challenges** faced in the execution of this policy review. (1) There were a number of inconsistencies in the documentation available from line departments responsible for delivery of the NIPECD. These are referred to in the review findings below. **Inconsistencies in official documentation** point to weaknesses in overall ECD sector systems (ORC, DSD, DoE, DoH), and their linkages with line departments, and further "down" into provincial line departments, and district and local municipalities. Gaps and inconsistencies in empirical data result in weaknesses with the validity, and also reliability of research findings. This review attempted to overcome these weaknesses through triangulation, and noting inconsistencies wherever these were observed. (2) Typically in evaluations and reviews, important interviews with provincial line departments take place as a matter of course. The author was unable to undertake these. There is knowledge that consultants had also experienced difficulties with the link to the Department of Social Development (DSD), for the purpose of facilitating access to the provinces through established internal communication protocols. In a thorough policy review, the failure to include provincial interviews has the effect of creating significant gaps in the primary data. Any further systematic enquiries in the ECD sector will, therefore, need to address this deficiency, to access an accurate sense of the critical provincial dimension to ECD service delivery in South Africa. (3) The absence or unavailability of important NIPECD monitoring data (dealing with delivery) from points directly to major weaknesses in the coordination, management and oversight of the ECD sector. Moreover, in terms of this review, the issue has the effect of creating an opaque veneer over line departmental delivery, preventing accurate assessment of performance in relation to primary components of the NIPECD.

This five-year review is **different** from other important sectoral studies or reviews, because it's focus is on the mechanics of the NIPECD, and programme performance, as opposed to less tangible policy analysis, although issues of relevance and appropriateness (which deal with the policy context) are assessed in this review.

4 The NIPECD's Relevance and Appropriateness

This chapter deals with an assessment of the NIPECD's overall strategy, in terms of **relevance and appropriateness**. General programme reviews are typically designed to explore issues of relevance and appropriateness in relation to the political and policy environment, the prevailing institutional context in the state sector and civil society, as well as the overall quality of technical design.

Legislative and Policy Context

The NIPECD was constructed upon solid legislative, policy and programme foundations in the public domain. The legislative foundation for the provision of ECD services in South Africa lies in its very own Constitution (1999). According to the ***South African Constitution***, Chapter 2, section 1 (c), Every child has the right to basic nutrition, shelter, basic health care services and social services. ECD services, therefore, constitute a critical vehicle through which children can have access to these rights.[4]

There are also those that give effect to ***international and regional obligations*** to young children. As a member of the international community, South Africa is a signatory to a number of international agreements including: the UN Convention on the Rights of the Child (CRC) (1989), Committee on the Rights of the Child, General Comment No.7 (GC7) – Implementing Child Rights in Early Childhood, and the African Charter on the Rights and Welfare of the Child (ACRW) (1999).[5]

Since 1994, various legislation, policies and programmes have been developed to address children's needs. These initiatives have been implemented across different departments, but there is official acknowledgement that the operationalization of these has been fragmented, resulting (amongst other things) in uncoordinated service provision in the ECD sector, which has had the overall result of children's and families' needs not being met adequately.[6]

Towards building **a new policy environment for ECD in South Africa**, the White Paper on Education and Training (1995) was released, and subsequently, the Interim Policy for Early Childhood Development (1996), and the White Paper for Social Welfare (1997) were also released. Other policies include: Guidelines for Early Childhood Development Services (2005) (DSD), White Paper Five: Early Childhood Development (2001) (DoE), White Paper Six: Special Needs Education (2001) (DoE), National Strategy on Screening, Identification, Assessment and Support (2005) (DoE), White Paper for the Transformation of the Health System in South Africa (1997) (DoH), Maternal, Child and Women's Health Policy (1995) (DoH), Integrated Nutrition Programme (INP) (2004) (DoH).[7]

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[4] Department of Social Development (2007d:4) Action Plan on the Implementation of the Department of Social Development's (DSD) Mandate pertaining Early Childhood Development, April 2007 to March 2010. Department of Social Development: Pretoria.

[5] Kallman K (2008:7-8) Young Children's Position Paper. ACESS: Cape Town. Giese S, Budlender D, Berry L, Motlala S, and Zide H (2011:17) Government funding for early childhood development. Can those who need it get it? Ilifa Labantwana: Cape Town.

[6] Government of South Africa (2005:3) National Integrated Plan For Early Childhood Development In SA 2005–2010. Government of South Africa: Pretoria.

[7] Kallman K (2008:9-11) Young Children's Position Paper. ACESS: Cape Town. Giese S, Budlender D, Berry L, Motlala S, and Zide H (2011:17) Government funding for early childhood development. Can those who need it get it? Ilifa Labantwana: Cape Town.

The layers of new policies released created **a complex ECD policy environment** in the country – different government departments with interlocking mandates (policies and legislation) focused on similar and different sector-specific- and age-specific service delivery to meet children's needs. Three departments became central to the provision of ECD services: Social Development, Education and Health. Of the ***policies, white papers and plans*** that govern the provision of ECD services, four of the most important are: (1) The White Paper on Early Childhood Development (2001); (2) the Children's Act No.38 of 2005 (and corresponding regulations and norms and standards), (3) the Norms and Standards for Grade R Funding (2008) in accordance with the South African Schools Act (1996), and (4) the National Integrated Plan for ECD (2005-2010).[8]

Education White Paper No.5 on ECD (2001) provides for the establishment of a national system of provision for the reception year aimed at children aged five years, and requires the development of a strategic plan for intersectoral collaboration, and services for children under 5 years of age.[9] Collaboration is also required between provincial ministries of health and welfare, in processes of the identification and support of learners with severe barriers to learning, and their early admission to special schools or resource centres, full service schools and other schools.[10]

The ***Children's Act No.38 of 2005*** places ECD at the centre of child development, through its definition of ECD as "the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age".[11] The Children's Act focuses predominantly on the 0-4 age cohort. And norms and standards for ECD facilities and programmes are made explicit - compliance with these is a requirement for DSD registration and funding.[12] It is noted in the literature that although it is a prerequisite for ECD facilities to meet the prescribed requirements of the norms in order to access funding, there is no obligation on the State to provide funding in the provinces.[13]

The Children's Act further prioritizes the provision of ECD services: in communities "where families lack the means of providing proper shelter, food and other basic necessities of life to their children", and "to make early childhood development programmes available to children with disabilities".[14] The **DSD** is obligated to include a comprehensive national strategy on ECD within its overall departmental strategy, and provide resources, coordination and management to ensure effective ECD service delivery.[15] The **DoE** is responsible for the registration and funding of ECD services for children aged 5-6 years (grade R).[16] It is also noted in the literature that the norms and standards for Grade R funding (2008) support a pro-poor approach, to [incrementally – own insert] fund Grade R classes across the entire public school system by 2010 (subsequently extended), and to make public funding available in independent schools for Grade R.[17]

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[8] Kallman K (2008:9). Giese S, Budlender D, Berry L, Motlala S, and Zide H (2011:17)
[9] Kallman K (2008:10)
[10] Kallman K (2008:10)
[11] Quoted in: Giese S et al (2011:17)
[12] Giese S et al (2011:17)
[13] Giese S et al (2011:17)
[14] Quoted in: Giese S et al (2011:17)
[15] Giese S et al (2011:17)
[16] Giese S et al (2011:17)
[17] Giese S et al (2011:17)

The **National Integrated Plan for ECD** (2005-2010) (NIPECD) focuses on addressing the needs of children aged 0-4 years. The plan extends beyond centre-based ECD services (child care, early stimulation and learning, nutrition) to include health, nutrition, water and sanitation, **targeting 2.5-3 million children (0-4), and expectant and nursing mothers and community groups**.[18] Universal coverage of approximately **5 million children** was targeted **for 2010**.[19]

The target groups were to be **reached through 2,000 trained community development workers**, **and officials** of the different line departments and **staff from community structures**.

It is clear from this brief description of the existing legislative framework, associated government policy, strategy and plans, that the legal basis for the provision of ECD services in South Africa is well-established, and provides a solid basis for government officials and NGO workers to develop solutions to the ECD challenges in the country.

When the NIPECD was released **in 2005**, it noted that there were a **number of challenges** that the plan was designed to address: (1) a fragmented legislative and policy framework for ECD, resulting in uncoordinated service delivery; (2) limited access to ECD services; (3) inequities in existing ECD provisioning; (4) variable quality of ECD services; (5) lack of adequate human and financial resources in relation to the high demand for ECD at national, provincial and local/district levels; (6) limited interdepartmental /intersectoral collaboration to ensure adequate, efficient and quality provisioning for children; and (7) different geographical boundaries that determine where staff of the different departments can provide their services.[20] This description provides a **country contextual baseline** for the NIPECD, besides the obvious quantitative and empirical data available at the time. A cursory examination of the seven identified challenges confirms the validity of the NIPECD even in 2012 (sic) Each of these challenges remains valid, intact, and seemingly unaltered in scale seven years after formulation of the ECD plan.

Against the backdrop of these challenges, the **vision of the NIPECD** is "to create an environment and opportunities where **all children** have access to a range of safe, accessible and high-quality ECD programmes that include a developmentally appropriate curriculum, knowledgeable and well-trained programme staff and educators and comprehensive services that support their health, nutrition, and social well-being in an environment that respects and supports diversity" .[21] The plan, therefore, speaks to all South African children, families and communities, and consequently, immediately announces its intentions to take on major issues of social and economic inequality, Apartheid-related backlogs and the plight of the mass of poor families and their communities.[22] The plan is also explicit, in highlighting that the achievement of its strategic goals is guided by six principles of excellence, access, equity (regardless of family status, income, disability, gender, national origin, ethnicity, religion, or race), diversity, accountability, and community-driven provision.[23]

[18] Government of South Africa (2005:11)
[19] Government of South Africa (2005:11)
[20] Government of South Africa (2005:5-6)
[21] Government of South Africa (2005:10)
[22] In fact, this is highlighted in the NIPECD when it makes reference to "vulnerable children", "all ECD practitioners", "all families", and "all communities" Source: Government of South Africa (2005:10)
[23] Government of South Africa (2005:10)

The table below contains an attempt to structure the NIPECD into distinct clusters for the purposes of this five-year review[24]: the plan highlights three **three broad thrusts** as mentioned in the chapter dealing with background to this report: (1) the provision of sound administration in the sector, (2) the provision of critical ECD services, and (3) the development of ECD sector capacity.

The largest "result area", provision of ECD services, is divided into six areas: health, social development, education, local government, water and sanitation, and policy oversight. Each of these areas of service delivery contains important strategies detailed in the NIPECD, to bring to realisation its ambitious vision.

The plan's **policy relevance and appropriateness** is confirmed, particularly since the plan was a local South African creation by Government, was crafted after extensive national consultations in the state sector and civil society; and is distinctly pro-poor in its policy outlook.

Table 2. NIPECD Result Areas and Strategic Goals

NIPECD RESULT AREAS AND STRATEGIC GOALS[25]
1. Provide a sound government administration system in the ECD sector
1.1. Ensure Universal birth registration
2. Provide critical ECD services, in…
2.1. Health ✸
2.1.1. Provide Integrated management of childhood diseases
2.1.2. Promote healthy pregnancy, birth and infancy
2.1.3. Immunisation
2.1.4. Nutrition
2.2. Social Development ✸
2.2.1. Referral services for health and Social services
2.2.2. Development and implementation of psychosocial programmes
2.3. Education ✸
2.3.1. Increase access to quality early learning programmes
2.3.2. Collaborate with NGOs actively as partners

[24] The areas of service delivery and the formulation of the "results" have been taken from the UNICEF TOR as supplied for this 5-year review, and have not been adapted to fit within a classic logframe.

[25] The NIPECD refers to primary and secondary components in the plan: "The primary components of the plan will target poor and vulnerable children from birth to four in all provinces. Age appropriate services will be provided to the targeted children." Government of South Africa (2005:12). Primary components marked in red, and secondary components marked with a black symbol ✸.

2.4. Local Government
2.4.1. Upgrade ECD centres in order to offer an environment conducive for effective learning and care ✸
2.4.2. Build ECD centres in areas of most need ✸
2.5. Water and Sanitation
2.5.1. Provide sufficient water and sanitation to ECD sites ✸
2.6. Policy Oversight
2.6.1. Review and revise policy and regulations currently governing ECD to ensure coherence with NIPECD ✸
2.6.2. Conduct research on programme impact on child health, early learning & psychosocial development ✸
2.6.3. Set up a M&E system at all levels to ensure quality and effective services to children ✸
3. Develop ECD sector capacity
3.1. Develop the capacity of teachers, caregivers and practitioners to deliver integrated ECD programmes ✸
3.2. Develop the capacity of community development workers (CDWs) to refer children to available resources ✸

Indeed, the qualified assessment of this review is that the NIPECD is **pro-poor** because (1) it universally promotes healthy pregnancy, birth and infancy; (2) immunisation to decrease morbidity and mortality rates; (3) nutrition for children; (4) caring and protecting children; and subsidizing all eligible children; and (5) increasing access to ECD programmes, amongst other things. All of these strategic areas involve service delivery in the public domain, and are by design (eligibility criteria for example), and by universal default, "pro-poor" in orientation, and because higher income groups self-fund these issues as a matter of course. As a result, the NIPECD is aligned with key elements of the Constitution (1999), key long-term social and economic priorities of the state (RDP, etc.), and even with shorter-term priorities such as Presidency's 12 outcomes (2010). However, there remain **unanswered questions** of the **relevance of intervention design**, and appropriateness in relation to the **institutional and sector context**.

It is important to note, however, that the most recent review of the **policies and laws governing ECD** in South Africa highlighted a number of anomalies that, if addressed, would strengthen the governing legal framework.[26] The argument was put forward that: (1) there is a "limited paradigm". By comparison to the policies and programmes of the other two departments with the main responsibility for ECD in South Africa (Education and Social Development), very few of the Health Department policies are identified as ECD policies and programmes. The same may be said of the water, sanitation and other sectors. This tends to indicate parallel visions of ECD, policies, and processes. On the one hand there a joint holistic vision shared by Education and Social Development, but one that is limited in scope to early education and stimulation services and programmes delivered through centres.

[26] Taken from: Martin P (2012) "An Overview of the ECD Policy Framework in South Africa". In: Richter L (Ed.) et al (2012).

On the other hand, there is the health and related streams such as infrastructure, which are not sufficiently identified as contributing to ECD, but which are fundamental to early childhood development. (2) Varying age definitions for ECD: The review of ECD policies from an international and national perspective indicate a lack of agreement about the age of children falling within the ECD framework in South Africa. The health sector focuses on children from pre-birth to age six, whereas the education sector includes children up to the age of nine years which is in line with the international position. The NIP for ECD identifies young children up to the age of nine, but prioritises services for children aged 0-4 years. The Children's Act adopts a definition of ECD as children from birth up until school-going age.

While the per-child subsidy is targeted to children from poor families (hence a "pro-poor" assessment), targeting is constrained by availability of- and access to- registered centres. In addition, the subsidy system is insufficient to reach all children living in poverty and other vulnerable circumstances. Two of the most recent ECD sectoral studies have argued that there is **built-in inequity in the current model** which prejudices young children who are not in centres, urban and rural children living in poverty, and children with disabilities.[27] There is no meaningful and secure funding provision for programme-based, as opposed to centre-based ECD services. In addition, whether programme- or centre-based, services for these marginalised groups are the responsibility of small, underfunded and often under-powered NGOs. Many lack the funds to provide and sustain adequate infrastructure. This prejudices children in terms of the quality and safety of the care environment, and it means that many centres cannot register and access the per child subsidy. Even for those able to access the subsidy, the amount given is insufficient-to provide sustainable and quality services. Consequently, this leaves many NGOs with the responsibility to raise funds even when they lack the capacity to do so, and to levy fees for parents who can ill-afford them. Therefore, where there is no privately-funded or NPO income, there simply is no service. Ultimately, in terms of the current model, the state is not held accountable for the poor quality of ECD services, or termination of the service, or even the lack of service.

Although Grade R provision makes an important difference in the lives of its primary users - young children, it is also important to recognise that the pro-poor character of the NIPECD is **extremely limited** when viewed as the first preparatory year in a thirteen year public schooling system. Since the advent of the new democracy in 1994, South African public education has come under increasing pressure from within, as a result of privatisation which marks the divide between the richer who can afford to pay for quality education with associated better outcomes, and the poorer who cannot, with an associated risk of poor educational outcomes. Even though "no-fee" schools exist, these have been problematized socially, and do little to ensure equity between richer and poorer families, because they do nothing to alter structured patterns of class inequality.

Noting the issues raised in the analysis above, consultations with officials and civil society representatives during the course of fieldwork of this five-year review of the NIPECD, nevertheless, confirmed that the vision and policy goals of the NIPECD were relevant and appropriate.

[27] Richter L (Ed.) et al (2012) and Giese S et al (2011)

Conclusion: programme relevance and appropriateness

The policy vision and goals of the NIPECD were found to be relevant and appropriate for the period under review. Indeed, all of the challenges (and needs) specified by the plan in 2005 remain relevant today (sic): (1) the provision of sound administration in the sector, (2) the provision of critical ECD services, and (3) the development of ECD sector capacity.

The critical development challenges of inequality, poverty, and mass unemployment remain stark in South Africa. Business, government and civil society are searching for solutions that will satisfy all parties. The country needs these solutions to work on a sustainable basis in order to remain stable. Indeed, the pressures of a long term structural global recession and the unfolding drama of the global economic crisis[28], the new commodity scramble for Africa, the effect of the social uprisings in the Middle East and the Maghreb (Northern Africa), and unsatisfied historical demands of land, jobs, and bread (food security) in most African countries, injects new urgency into the ECD sector to develop tangible solutions towards long-term development questions that satisfies all stakeholders.

The following chapter deals with the major results of the NIPECD's execution utilizing line departments.

[28] Wallerstein, Immanuel. 2009. "The Politics of Economic Disaster". Commentary No. 251, Feb. 15, 2009. Agence Global: Paris.

5 The NIPECD's Programme Performance (Results)

This chapter deals with the **effectiveness** of the NIPECD, and its **main achievements**. The first level of assessment is to examine what the NIPECD delivered. The key programmatic achievements of the plan can be charted against its organizational timeline. It's key programme achievements in the period of review included: (1) Significant expansion of ECD provisioning, especially in Grade R; (2) Significant increases in the number of ECD centres registered, the level of the child per day subsidies paid, and the number of children supported; (3) Significant increases in the number of practitioners trained, and qualifications upgraded. (4) Relatively successful NIPECD even though targets were not met, and there are major challenges to be resolved in a new NIPECD.

Outline of NIPECD Implementation, 2005-2010

The NIPECD consists of (a) an **interdepartmental integrated plan** and (b) an **integrated implementation** plan. The interdepartmental integrated plan is the collaborative strategy for meeting the needs and rights of children from birth to four. The implementation plan is a strategy of how the interdepartmental plan is executed, through service delivery to provide access to integrated government services and resources. The implementation process ultimately ensures that services and resources reach needy children, their parents and other caregivers in selected municipalities in nodal areas around the country.

In broad outline, the **execution of the NIPECD** to take on a phased approach as follows:

First Phase: 2006–2007, Delivery of Primary Services: Startup in 2005. (1) Delivery of primary services at 5,000 currently registered ECD sites receiving subsidies, with at least two practitioners per site participating in the skills development programme. (2) Delivery of services to parents and young children at household and community level. (3) The primary services include: integrated management of childhood Illnesses, immunisation, nutrition, referral services for health and social security grants, early learning stimulation, and development and implementation of psychosocial programmes. All of these services were marked as primary components of the plan in the NIPECD.

Second Phase: 2007–2008, Extension of Primary Services: The registration, subsidization, and extension of primary services to an additional 5,400 currently unregistered ECD sites, with at least two practitioners per site participating in the training programme.

Third Phase: 2008–2009 - Mother/Child Programme: (1) The establishment of a non-formal ECD mother/child programme with basic training opportunities and the provision of a stimulation "starter kit". This was to entail supporting parents by providing training on child care, and referring them to relevant sources of further support and help where required. For example, if a child has serious health problems requiring specialist care, or how and where to register for child support grants. (2) The mother/child support programmes was to consist of home visits and workshops conducted in community centres such as clinics or libraries.

Fourth Phase: 2009–2010 and Beyond - Consolidation and Roll Out: (1) The first three phases of the implementation process were focused on establishing the delivery mechanisms and the structural systems required to enable effective and efficient delivery of children's services. The focus of phase four was to ensure stability and strengthening of the programmes, as well as institutional structures. (2) A process of rolling out the programmes to all needy children was to be set up using the existing models through provincial government systems. National Government would monitor and support the programmes.

It is important to note that the lead coordinating line department amongst the three primary line departments changed during the course of the period of review, 2005-2010. The Department of Education assumed **coordinating responsibility for interdepartmental coordination**, from 2005-2007, and the Department of Social Development took over this function from 2008-2010. The change in line department lead for interdepartmental coordination appeared to have some bearing on the performance of individual line departments, although this may be coincidental, and may have had no relationship to the execution of interdepartmental coordination during the period of review.

It is also important to note that this review provides an **aggregate national picture** of programme performance, and has been unable to access primary provincial data, and therefore, excludes any analysis (comparative or otherwise) on the performance of line departments in the provinces.

The ECD sector in South Africa is comprised of pre-Grade R for **children 0-4 years old** and Grade R for **children 5-6 years old**, and is **subsidized in formal schools** by the Department of Education (DoE) for formal Grade R, mainly in public schools, and **subsidies for community-based ECD facilities** by the Department of Social Development (DSD).[29] This is a narrow target-defined defined definition of the ECD sector, which excludes all services delivered outside of schools and community-based ECD facilities, detailed in the overview table of the NIPECD presented above in the background chapter, and even excludes the Department of Health, responsible for delivery of primary components of the NIPECD (sic).

[29] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:i) Tracking Public Expenditure and Assessing Service Quality in Early Childhood Development in South Africa. Department of Basic Education, Department of Social Development, UNICEF South Africa: Pretoria.

The ECD sector's **stakeholders** in terms of execution of the NIPECD are: government line departments (national - DSD, DoH, DoE, DWAF, DPLG, DPW, Presidency (ORC), SETAs, SAQA, Home Affairs), government line departments (provincial – DSD, DoH, DoE, DPW, Home Affairs), local government (municipalities), NGOs and CBOs, communities and parents. Of these, provincial line departments, municipalities, and NGOs and CBOs are **directly involved in the provision of services to children** (the NIPECD's target):

(1) (Provincial Government) Home Affairs: birth registrations;
(2) (Provincial Government) Health: child health services (integrated management of childhood illnesses, immunisation); antenatal care and promotion of labour practices, and breastfeeding and healthy child nutrition;
(3) (Provincial Government) Education: direct provision of Grade R in formal schools;
(4) (Provincial Government) DWAF: bulk infrastructure and maintenance.
(5) (Local Government) Municipalities: infrastructure development and upgrading (including water and sanitation),
(6) (Communities) NGOs and CBOs: direct provision of educare (social and emotional development, early learning, etc.), nutrition, child safety, as well as Grade R classes.

There was **no data immediately available** for direct provision of services to children, for: (1) Home Affairs: birth registrations; (2) Health: child health services (integrated management of childhood illnesses, immunisation); antenatal care and promotion of labour practices, and breastfeeding and healthy child nutrition; (4) DWAF: bulk infrastructure and maintenance; and (5) Municipalities: infrastructure development and upgrading (including water and sanitation), as detailed in the list above. This review is unable to assess government service delivery performance in these key areas, because:

(1) The required data is **not immediately accessible**; and may not exist in the required form for analysis because it may not have been collected systematically. Immediate access suggests notions of centralised information storage (or at least widely-known data-storage sites as part of an information storage network), pre-packaged studies that derive from a performance-monitoring agenda aligned with NIPECD strategy, and a well-oiled research programme to consistently generate the required data to inform comprehensive assessment and evaluation. None of this exists in relation to the NIPECD, although there are a number of important mainly donor-funded) provincial and sectoral studies that this review has been able to draw upon;
(2) This points directly to **deficiencies and weaknesses** in (a) integrated service delivery coordination and management (DoE and DSD), and (b) policy oversight (ORC).

The "data situation" is **untenable** in light of the needs of children, particularly those in poor communities, and cannot be allowed to continue in a new NIPECD under discussion. Data is available for (3) Education: direct provision of Grade R in formal schools; and (6) NGOs and CBOs: direct provision of educare (social and emotional development, early learning, etc.), nutrition, child safety.

Based on secondary and primary data accessed during the course of this five-year review, an examination of the **performance of line departments** in relation to ECD service delivery reveals the following for the Department of Education, as the lead department in the education sector:

Department of Education: Grade R

Grade R (kindergarten) is the first year of the Foundation Phase in the formal education system, although there is ambiguity whether Grade R is a formal part of the schooling structure, or whether it is a bridge between formal and informal education, and exists to increase literacy levels amongst young children.[30] Young children, aged 4-5 years of age, are prepared for formal schooling, but also access the Primary School Nutrition Programme, as well as school health services (DoH) where these are operating. Good preschool programmes can address some of the deficiencies caused by the major themes of social inequality in South Africa, specifically race and class. It has also been noted as important and beneficial for future learning and development.[31] A strong argument has been presented that "young children disadvantaged by poverty have most to gain from inclusion in a pre-primary year, and this is only possible when it is a free service…".[32] Grade R is provided by DoE as well as community facilities (NGOs and CBOs).

Grade R in public schools appears relatively well organized and many matters are well institutionalized, such as school governing bodies and financial reporting, although most schools did not have separate financial reporting (annual statements) that record income and expenditure for Grade R, from that on the rest of the school.[33] In formal public schools (Grade R), the study found that: (1) Practitioners/teachers are relatively experienced and have a fair level of ECD qualifications; (2) Pupil-teacher ratios vary extensively, with a large number of schools that have teacher-people ratios in excess of 40 in Grade R. (3) Salaries are more than twice as high for practitioners in Grade R in public schools paid through the public sector electronic salary system (Persal) than for practitioners directly paid by schools (school governing bodies).[34]

The quality of mass public early learning is a thorny issue. Access alone does not guarantee quality – access to quality Grade R is skewed towards privileged children in comparison to those from poorer backgrounds.[35]

[30] Feza N (2012:6) Grade R. In: Richter L (Ed.) et al (2012)
[31] Feza N (2012:5) Grade R. In: Richter L (Ed.) et al (2012)
[32] Feza N (2012:5 and 6) Grade R. In: Richter L (Ed.) et al (2012)
[33] In the Department of Basic Education, Department of Social Development, UNICEF South Africa (2010) study three provinces, more than 300 public schools offering Grade R, more than 300 community-based ECD facilities registered with the DSD, and 90 non-registered community-based ECD facilities, were studied. Separate questionnaires were designed for each. The provinces were selected as a "rich" province, "a moderately poor" one and "a large and very poor" province, thus reflecting the broad spectrum of experiences in ECD. The survey combined modules from a Public Expenditure Tracking Survey (PETS) and Quality of Service Delivery Survey (QSDS), to track whether public expenditure reaches the intended institutions and was applied in a manner that supported ECD.
[34] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:ii). SGB teachers are only paid about 42% as much as their public sector counterparts paid through Persal.
[35] Feza N (2012:6) Grade R. In: Richter L (Ed.) et al (2012)

The DoE's investment in the NIPECD is fundamental: Not only are there pro-poor subsidies (100%) for children in Grade R classes in the form of free educare, but children also access a feeding scheme if they attend these classes. The performance of the DoE in Grade R provisioning has been relatively good:

(1) Grade R provision was 17% (of the relevant age cohort) in 2001, yet 62% by 2009[36];
(2) The goal of universal enrolment of five-year olds in Grade R by 2010 was not achieved. The target year is now 2014[37];
(3) A total of 707,203 learners at 16,020 schools were enrolled in Grade R in 2010[38];
(4) There are relatively high Grade R enrolment rates in the poorer provinces, such as those who are predominantly rural: 2009 rates, for example, were Eastern Cape 107.9%, KwaZulu-Natal 66.1%, Limpopo 81.5% and Mpumalanga 57.9%, against a national average of 60.3%.[39]
(5) Against the NIPECD target of 2.5-3 million children, (and expectant and nursing mothers and community groups) the total number of eligible children for Grade R was 2.2 million, with 1.9 million attending an educational institution.[40] Utilising the data from the General Household Survey, by 2010, 87.7% of eligible children appear to have been attending Grade R, 10% were not attending any form of schooling, and 2% were unspecified.[41]
(6) Against the NIPECD target of universal coverage of approximately **5 million children by 2010**[42]**,** 22% of 5-year-olds in South Africa still lacked access to Grade R in 2010.[43]

The Grade R budget has grown rapidly in size, increasing from R932 million in 2007/08 to R3.2 billion in 2010/11. Of the R3.241 billion (2010/11) made available by the DoE for ECD (Grade R), KwaZulu-Natal received the largest budget (R 608,363 million), followed by Gauteng (R 583,746 million), Eastern Cape (R 539,922 million), Limpopo (R 445,775 million), Western Cape (R 320,922 million), North West (R 302,866 million), Mpumalanga (R 243,195 million), Northern Cape (R 115,264 million) and the Free State (R 81,727 million).[44] The Grade R spend per child (national average) for 2010/11 was R4,524 based on the enrolment figure of 707,203 learners.

NGOs and CBOs: direct provision of educare (social and emotional development, early learning, etc.), nutrition, child safety. Community-based ECD is not only about the provision of Grade R. A recent paper on **childcare** provides good insight into childcare trends in South Africa. It argues that there is an undersupply of safe and affordable childcare, full day or after-school care, for those families who need it.[45] This includes working or work-seeking parents, parents in full time education, parents of children with disabilities and those children whose families cannot care for them without assistance. While about 56 percent of 3-and 4-year-olds have access to out-of-home care, only 18 percent of children under 3 years and fewer than 1 percent of children with disabilities.[46]

[36] Biersteker L (2010) referenced in: Feza N (2012:7), in: Richter L (Ed.) et al (2012)
[37] DoE (2011) referenced in: Feza N (2012:7), in: Richter L (Ed.) et al (2012)
[38] DBE (2011) referenced in: Feza N (2012:7), in: Richter L (Ed.) et al (2012)
[39] DoE (2010:9) referenced in: Feza N (2012:8), in: Richter L (Ed.) et al (2012)
[40] Feza N (2012:8), in: Richter L (Ed.) et al (2012)
[41] DoE (2010:9) referenced in: Feza N (2012:8), in: Richter L (Ed.) et al (2012)
[42] Government of South Africa (2005:11)
[43] Feza N (2012:8), in: Richter L (Ed.) et al (2012)
[44] Giese S et al (2011:8)
[45] Biersteker L (2012:1) Safe and Affordable Childcare. In: Richter L (Ed.) et al (2012)
[46] Biersteker L (2012:1) Safe and Affordable Childcare. In: Richter L (Ed.) et al (2012)

A different study has shown that despite an increase in the number of subsidies to ECD centres, only one third of young children are exposed to formal childcare or education outside of the home. Among the poorest 40 percent of our population, that proportion drops to one fifth.[47] Further, despite the fact that NIPECD gives priority to home- and community-based approaches to ECD, the current system is geared around the inspection and registration of centres.[48]

In community-based ECD facilities, a recent (2010) three-province study[49] found that: (1) about 14% of registered community-based ECD facilities offer schooling for Grade R only; about 30% offer only pre-Grade R, with the rest offering both. Grade R is largely funded by DoE and pre-Grade R by DSD. (2) Staff numbers are large, and absenteeism was almost 20%. (3) There was suggestion of profiteering by owners/principals of community-based ECD facilities that receive DSD funding, in relation to high rates of absenteeism.[50] Nevertheless, it was concluded that there was little direct evidence of large scale and systematic financial abuse of the subsidy system. (4) In registered community-based facilities, the majority of such facilities seem to be run as NGO-type organizations in which there is no dominant owner, and the principal appears to play an important role in decision-making. Adherence to sound and appropriate financial practice is poor.[51] (5) Almost all community-based ECD facilities impose fees. (6) Monthly fees (2009) were an average of R143 across the three provinces covered, ranging from R58 per month to R531. (7) Practitioner salaries are generally quite low, at an average of R2,170 per month for non-principals and R3,063 per month for principals.[52]

In terms of **quality of facilities and ECD services** rendered, the three-province study found that most facilities with a daily programme have scheduled play, eating and resting times. Language development activities[53] and creative activities[54] were also common at public schools and registered community facilities. Purposeful large motor development[55] and fine motor development activities[56] were less common.[57] The report found that 45% of public school programmes were rated as "good quality", as against 29% for registered and 11% for unregistered community facilities, using a programme quality index based on programme assessments, observed activities and learner portfolios.

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[47] Harrison D (2012:1) Opportunities for Learning. In: Richter L (Ed.) et al (2012)
[48] Harrison D (2012:1) in: Richter L (Ed.) et al (2012). Giese S et al (2011)
[49] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:ii).
[50] Funding levels are based on the number of children registered on the DSD registration certificate of the facility in question.
[51] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:ii-iii): "It was found that almost half of such registered community-based ECD organizations kept no petty cash book, which immediately casts doubt on their financial management."
[52] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:iii): Those few Grade R practitioners in public schools paid through Persal were paid about twice as much as practitioners paid by the facility, and for principals it was three times as much.
[53] For example, story time, language games, reading of picture story books, rhymes and singing
[54] Drawing, painting, perception games, puzzles, fantasy play, etc.
[55] For example, activities involving balls, wheel toys, climbing, etc.
[56] Peg boards, cutting
[57] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:v): Almost all public schools and registered community facilities reported having a daily programme (99% and 95% respectively), but fewer (81%) of unregistered community facilities did. In community-based facilities only just over half of the programmes (58% for registered and 52% for unregistered facilities) differentiated between programmes for younger and for older children.

Relative to 27% of school-based classes, 20% of registered community-based and 7% of unregistered community-based facilities had more than 40 children per classroom (sic), against a norm that has been set at 30 per class for Grade R and 20 per class for pre-Grade R.[58]

The infrastructure and socio-economic backlogs that dog **poor communities** (previously disadvantaged) present major hurdles for the children, parents and teachers to overcome.[59] Children in community-based facilities were particularly **vulnerable to malnutrition** if they came from poor households, and especially if facilities did not provide good nutrition. The report recommended that DSD should consider clearer guidelines about using subsidies for food for children.[60]

There were significant **deficiencies in supplies and other learning and teaching support infrastructure** required for effective ECD delivery in classrooms.[61]The report concludes that It is likely that poverty and management quality are the underlying factors that influence both programme quality and the quality of resources available to children.[62]

Nevertheless, there appears to be a relatively encouraging picture of the sector: overall quality was rated as moderate[63], but the sector was battling structural constraints to optimal delivery of ECD services[64].[65] Unregistered facilities too, more often provide low quality services and often have inadequate infrastructure and unsafe classrooms. The growth of such unregistered ECD facilities is inhibited by poor infrastructure and a lack of adequate demand for such services by poor people who cannot afford unsubsidized services.

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[58] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:vi)

[59] Almost all public schools (91%) had electricity, while 21% of registered community facilities and 27% of unregistered facilities did not. Only about half of schools and registered facilities and slightly fewer unregistered facilities reported having piped water inside the building. Around 50%–60% of facilities had flush toilets. Pit latrines were found at 41% of public schools, 35% at registered and 28% at unregistered community facilities. Some unregistered facilities had no toilet facilities at all. Almost three-quarters of public schools complied with the standard of one toilet per 20 children, more than in either community facilities (63%) or unregistered facilities (57%). Many public schools did not have separate toilet facilities for younger children.

[60] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:vi): Most public schools (71%) provided food through the National School Nutrition Programme (NSNP). The NSNP also reaches 29% of registered community-based facilities, particularly in Provinces 2 and 3. At these registered facilities, nutrition was mostly provided through the facility (41%) or through lunchboxes sent from home (28%). More than three quarters of unregistered facilities provided food out of their own funding; about a third indicated that parents sent baby formula or lunchboxes to school.

[61] Programmes depend to a large degree upon learning and teaching support material (LTSM). Surprisingly, even some public schools did not have tables and chairs for children; 39% of public schools lacked a blackboard and 32% a reading corner; outside equipment (wheel toys, jungle gym, swings) was even less common at public schools than at registered community facilities. The same applied to books, magazines and puzzles.
Crayons were available in most facilities, yet oddly, paper was unavailable in 35–50% of classes. Paint, scissors and glue were available in more than 70% of public schools and registered community facilities and about half of unregistered facilities. Training scissors to teach children how to cut were available in only a third of all classes.

[62] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:vii)

[63] Reflected in teacher-pupil ratios, training and experience of staff members, planning of classroom activities and programme quality.

[64] Many ECD facilities have limited space and poor infrastructure, they receive inadequate community support, there are issues around adequacy of nutrition, and few facilities put enough effort into development of children.

[65] Department of Basic Education, Department of Social Development, UNICEF South Africa (2010:vii)

Funding of other mechanisms are covered in the next section dealing with support functions in the direct provision of services to children.

In support of the provision of services to children in execution of the NIPECD, national and provincial government provides (1) administration and administration infrastructure development (systems, etc.); (2) referral services for health and social services, including funding (subsidies); (3) integrated service delivery coordination and management, (4) policy oversight; and (5) development of ECD sector capacity (of teachers/care-givers/practitioners and CDWs).

There is no data immediately accessible on the registration of children by the Department of Home Affairs.

Referral services for health and social services, including funding (subsidies): Department of Education – community-based Grade R.

Besides funding and classes for Grade R in schools, the DoE provides (1) subsidies for community-based Grade Rs registered as 'independent schools' (which may take the form of a per child subsidy or a salary for a Grade R practitioner), and (2) funding of training fees and stipends for those on learnerships under the social sector EPWP. First, compared to the DSD, the provincial DoE budgets have a distinct ECD programme, with clear sub-programmes. This makes it simpler to track ECD allocations. The ECD programme accounts for a small share of the overall provincial education budgets, but the share has increased markedly from 0.7% (2006/07) to 2% (2012/13).[66] The main focus of the budget is on Grade R in schools, with the trend away from community-based Grade R. Second, there was strong evidence of training reaching many ECD centres, with staff enrolled in training courses at various NQF levels. Training was funded via the DoE as part of the EPWP.[67]

It is unclear from available data how many community-based ECD centres are subsidised by the DoE, and how many children are supported at what level. There is similar data available from the DSD in terms of its mandate in the social sector, but it is also unclear whether there is any overlap in terms of DoE service delivery. This data gap needs to be addressed in the process of putting in place a new NIPECD.

The conclusion of the Department of Education's performance in relation to ECD service delivery in terms of the NIPECD is that (noting the qualifications in the analysis above) it has (1) performed relatively well to increase access to early learning programmes. The quality of the ECD programmes needs to be assessed systematically before a clear conclusion can be reached., (2) The DoE has supported community-based ECD centres in the form of subsidies, but this review could not determine the extent of- and quality of- services delivered to children in these centres. Nevertheless, it can be argued that the DoE has realized the aim of collaboration with NGOs as partners in the ECD sector, through the utilization of skills, capacities and resources of the sector to deliver services and programmes.

[66] Giese S et al (2011:8)
[67] Giese S et al (2011:8)

Based on secondary and primary data accessed during the course of this five-year review, an examination of the **performance of line departments** in relation to ECD service delivery reveals the following for the Department of Social Development in the social welfare and development sector:

Since the DSD does not deliver ECD services directly to children, the work of the department falls within the category of **support of the provision of services to children** in execution of the NIPECD, specifically (a) referral services for health and social services, including funding (subsidies); and (b) integrated service delivery coordination and management.

Referral services for health and social services, including funding (subsidies): Department of Social Development.

In 2011, the National Planning Commission (NPC) observed that funding inadequacy has (sadly – own insert) resulted in a failure of ECD for the most marginalised children in South Africa. It noted that underfunding of ECD and the inadequate funding model has resulted in poor quality early childhood education and care, especially for poor black communities where services are inadequate and implementation lags behind.[68] This five-year review of the NIPECD confronted major difficulty in making an accurate assessment of referral services for the social services, specifically in relation to community-based ECD (DoE above), and in relation to the DSD and EPWP. The challenge has been directly attributable to the non-existence of accurate and comprehensive quality expenditure-monitoring data to allow measurement of the performance of the DSD.

There was **some data available** for the registration of community-based ECD centres, and for centre-based funding (subsidies) provided by the DSD. However, data for programme-based funding proved inaccessible. Data from fieldwork and secondary sources in this review of the NIPECD confirms the dominant view that tracking ECD funding in South Africa is difficult because the institutional stakeholders (government departments) in most cases do not have specific ECD budget line items, and in other cases, their descriptions of services do not coincide with the terminology of current ECD policy.[69] At best, therefore, this review offers a partial assessment delivery performance in these key areas. It is clear that the required data does not exist in the required form for expenditure tracking and analysis. This once again points directly to **deficiencies and weaknesses** in (a) integrated service delivery coordination and management (DoE and DSD), and (b) policy oversight (ORC).

The DSD's investment in the NIPECD is also fundamental: There are two main ways in which ECD can be funded by the DSD: (a) the per child per day subsidy for registered ECD centres for children aged 0-4 years whose caregivers pass the income means test. (b) "Programme" funding for NPOs providing ECD services, for which organisations must apply using standard DSD procedures.[70] Most of the funding provided by the DSD is made at provincial level – in fact, it was previously estimated in the leading province for non-centre-based subsidies that centre-based subsidies accounted for 97% of all ECD funding in 2007/2008.[71] This NIPECD review was unable to collect primary data at provincial level.

[68] National Planning Commission (2011), in: Martin P (2012:4) Government Funding for ECD in South Africa. In: Richter L (Ed.) et al (2012). Giese S et al (2011)
[69] Martin P (2012:1) in: Richter L (Ed.) et al (2012). And Giese S et al (2011)
[70] Budlender D (2010) referenced in: Giese S et al (2011:22)
[71] In: Giese S et al (2011:24)

It was previously established that tracking of DSD provincial budgets were difficult, because they were concealed under the Child Care and Protection Services Budget Sub-Programme.[72] This was made even more complicated by the fact that ECD-specific reporting in budget books and to National Treasury on budgets and performance indicators is non-standard or missing.[73]

The performance of the DSD in provisioning has been relatively good, and funding has increased substantially over the last decade from R335 million (2003/04) to more than R1 billion (2011/2012).[74] The DSD's major achievements are:

(1) A total of 23,482 sites were identified in a baseline national audit study.[75] Of these, the DSD registered 9,726 sites, and of these **314,912 children** at **5,531 sites** were receiving a **subsidy** in 2007.[76] There were approximately 4,195 ECD sites that are registered but not getting a subsidy because of a number of reasons such as: the applications for subsidies are still being processed or they do not provide for children who qualify for subsidies.[77]

(2) Global figures of **registrations of ECD centres** increased steadily during the NIPECD period of review, from 12,264 (2007/2008), to 13,736 (2008/2009), to 16,250 (2009/2010), and to 18,826 (2010/2011).[78]

Table 3. Registered ECD Centres[79]

REGISTERED ECD CENTRES				
PROVINCE	2007/08	2008/09	2009/10	2010/11 (targets)
Eastern Cape	2568	2 728	2 861	2 911
Free State	1357	1 573	1 679	2 979
Gauteng	1662	1 975	3 273	3 473
KwaZulu -Natal	2742	2 905	3 067	3 167
Limpopo	1403	1 572	1 875	2 184
Mpumalanga	679	830	948	1144
North West	549	643	780	980
Northern Cape	341	371	504	571
Western Cape	963	1 139	1 263	1 417
TOTAL	**12 264**	**13 736**	**16 250**	**18 826**

(3) The number of children receiving subsidies in ECD centres similarly showed a steady increase during the period of review. The national figure increased from 355,762 (2007/08), to 418,363 (2008/2009), to 432,727 (2009/2010) and to 470,402 (2010/2011).

[72] Giese S et al (2011:7)
[73] Giese S et al (2011:7)
[74] Giese S et al (2011:22)
[75] Department of Social Development (2007c:1)
[76] Department of Social Development (2007c:1 and 3)
[77] Department of Social Development (2007c:3)
[78] DSD (2011:3) figures and those of Giese S et al (2011:24) differ markedly which once more emphasizes the problems with data reliability and validity. Giese S et al (2011:24) reported that the total number of registered ECD sites captured on the national database were: 3,053 (2007/2008), 10,755 (2008/2009), 15,837 (2010/11), 17,837 (2010/11), 23,577 (2011/12), 25,934 (2012/13), 26,062 (2013/14). Their sources were budget books and reports to National Treasury.
[79] Source: Department of Social Development (2011:3) NIPECD Targets and ECD Site and Subsidy Data. Department of Social Development: Pretoria.

Table 4. Number of Children Benefiting from Subsidies in ECD Centres[80]

NUMBER OF CHILDREN BENEFITTING FROM SUBSIDIES IN ECD CENTRES				
PROVINCE	2007/08	2008/09	2009/10	2010/11
Eastern Cape	63 300	74 480	74 500	75 880
Free State	28 558	36 558	40 558	42 969
Gauteng	23 854	41 419	42 154	56 082
KwaZulu -Natal	59 000	70 305	70 815	75 000
Limpopo	59 622	49 290	50 035	52 813
Mpumalanga	22 552	30 808	37 624	42 444
North West	17 621	22 257	25 215	30 732
Northern Cape	12 600	23 790	24 967	25 617
Western Cape	68 655	62 296	66 859	68 865
TOTAL	**355 762**	**418 363**	**432 727**	**470 402**

When the DoE was the lead coordinating department for interdepartmental coordination for execution of the NIPECD in 2004, the ECD Inter-Departmental Plan indicated (amongst other things) that one of its primary objectives was "to promote and support the **registration of ECD services** in accordance to the Child Care Act 1983, Children's Bill and guidelines for ECD Centres".[81] Registration was important because this enabled funding mechanisms to be established to fund eligible ECD services, and thereby, deliver funding to children in the form of subsidies. Against no specified timeframe (sic), a target of "75% of the known ECD services are registered" was listed. Against no specified funding level or specified timeframe, Government was to "fund registered ECD services".[82] In 2004, the Department of Social Development indicated that in order to meet its responsibilities with regard to early childhood education, a key objective was to improve service delivery and access to ECD services".[83] In line with this, was the activity to "fund registered ECD services", against a performance indicator of "70% of the registered services are funded by funding children with a means test system"[84], by March 2005, with funding supplied by national and provincial budgets.[85]

[80] Source: Department of Social Development (2011:3) NIPECD Targets and ECD Site and Subsidy Data. Department of Social Development: Pretoria.
[81] Department of Education (2004) ECD Inter-Departmental Plan. Department of Education: Pretoria.
[82] Ibid.
[83] Department of Social Development (2004:6) Department of Social Development Responsibilities with regard to Early Childhood Education. Department of Social Development: Pretoria.
[84] Note the discrepancy with the Department of Education's (2004) target of 75% of known ECD services to be funded
[85] Department of Social Development (2004:6)

In 2005, the Department of Social Development prepared a policy proposal for the 2006 Budget.[86] In 2005/2006 the Department was providing for a **total national figure of 330,036 children** at an average cost of **R5.00 per child per day**.[87] Amongst its planned outputs, the DSD would expand on the number of children from poor households to be subsidized at ECD places of care (for the three-year MTEF period 2006/2007-2008/2009), and that the subsidy amount would be increased incrementally to double the average of R5.00 per child per day (2006/2007) in 2008/2009.[88]

In order to improve the quality of care, irrespective of a child's provincial location, the aim was also to standardize these per child per day subsidies.[89]

Still under the Department of Education's hand as coordinating line department responsible for interdepartmental coordination of execution of the NIPECD, in 2006, a three-year **Expanded Public Works Programme** (EPWP) business plan was produced[90], and it noted that "through the EPWP ECD received R2.2 billion in equitable share to the provinces for the provisioning of: (1) subsidies for children in registered ECD sites; (2) training of practitioners at Level 1 and 4 in registered ECD sites, and (3) payment of stipends to the trainee practitioners.[91] In **2006/2007**, there were **5,103 registered sites receiving subsidies for children**, and this figure increased to **5,412 in 2006/2007**.[92] It is important to note that there was **no uniformity** in the **provincial subsidy allocation** for 264 days according to National Treasury's guidelines in September 2005: Mpumalanga (R4,41), Free State (R4,50), Eastern Cape (R5,00), Western Cape (R5,00), Limpopo (R6,00), Northern Cape (R7,00), Gauteng (R8,00), North West (R9,00), KwaZulu Natal (R11,00).[93] It was also noted that "ECD [and – own insert] particularly the *Integrated ECD Plan* has not had the required financial and human resources both at national and provincial levels. This […] resulted in the plan being neglected and not given the prioritisation needed for it to be implemented. …"[94] Resourcing issues were also reinforced by other factors, such as the lack of relevant ECD research.[95]

[86] Department of Social Development (2005:2) Policy Proposals for the 2006 Budget (Annexure B). Department of Social Development: Pretoria.
[87] Department of Social Development (2005:5)
[88] Department of Social Development (2005:3)
[89] Department of Social Development (2005:3)
[90] Department of Education (2006?) A Three-Year EPWP Early Childhood Development Business Plan. Department of Education: Pretoria.
[91] Department of Education (2006?:1)
[92] Department of Education (2006?:4)
[93] Department of Education (2006?:4)
[94] Department of Education (2006?:18)
[95] Department of Education (2006?:18)

Meeting records of the Inter-departmental ECD Committee noted that the DSD's **target to register an increased number of sites**, as well as ensuring provincial increases in the subsidy during the course of 2006, **had not been met**. It was reported that the targets had not been met due to a decrease in the [anticipated – own insert] funds.[96] Besides funding, "**roles and responsibilities** were still not clear **in some provinces**", and there was "**limited capacity in districts** to ensure registration of new sites".[97] Gauteng Province, for example, was the only province that had been able to register additional ECD sites. In response, there were efforts to deal with this situation, such as the Inter-departmental Coordinating Committee deciding that the DSD was to visit provinces to review their business plans, and work towards a new implementation strategy for meeting the specified ECD targets.[98]

By 2007, the Department of Social Development reported to Cabinet that that the **ECD EPWP implementation was improving**.[99] According to the Department, provinces were reporting progress in the registration of sites, payment of subsidies, training and payment of stipends. However, allocation and identification of EPWP funding still remained a challenge in some provinces, which was delaying full and effective implementation. Additional ECD sites had been registered in 2006/2007.[100], provinces increased subsidies per child per day, albeit at variable subsidy levels.[101]

The **majority of children from poor households** do not benefit from subsidized ECD services, which leaves a **large gap** of approximately **34% of children from poor households**, in terms of the Department of Social Development's mandate to reach 55% of these children.[102] A number of obstacles that lie in the way of children from poor households accessing ECD services were identified by the Department. These include: registration and re-registration of sites, regulation of child-minding, shortage of human resources, inadequate information base (national database), ECD provincial targets (ECD Integrated Plan) not aligned with EPWP Social Sector Plan, problems with integration and collaboration between stakeholders, training issues, legal compliances, inadequate infrastructure and equipment, unevenness in subsidies paid by provinces, and low salaries for ECD practitioners.[103]

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[96] Inter-departmental ECD Committee (2006:3) Inter-departmental ECD Committee Meeting held at Department of Education on Friday 25th August 2006. Inter-departmental ECD Committee: Pretoria
[97] Inter-departmental ECD Committee (2006:3)
[98] Inter-departmental ECD Committee (2006:3)
[99] Department of Social Development (2007a:1) Cabinet Memorandum (Subject/Progress report on the EPWP Social Sector Plan regarding ECD). Unpublished Mimeo, 11/07/2007. Department of Social Development: Pretoria.
[100] Department of Social Development (2007a:1)
[101] Department of Social Development (2007a:1)
[102] Department of Social Development (2007d:17)
[103] Department of Social Development (2007d:17-18)

It has been established that many factors affect **access to funding** for ECD services, which presents major **equity issues** for poor communities.[104] These include: (1) neither DSD nor the DoE is under obligation to fund ECD services, even those serving the poorest communities; (2) ECD centre registration with DoE presents major difficulties for community-based structures; (3) Dual registration legally required of ECD centres by the DSD (as an ECD programme and as a partial care facility) is confusing for them; (4) DSD registration requires compliance with stringent norms and standards. These are impossible to achieve for many centres, and serve to prejudice those serving the poorest communities, hence reinforcing inequalities in ECD; (5) The duration of registration processes can extend for months because of administrative delays linked to inspection processes to determine compliance with municipal by-laws for health and safety. Municipalities often have capacity constraints which results in inspection visits being delayed. (6) Appropriate rezoning of private land is a requirement for registration with DSD - a further barrier to registration and access to funds. (7) There is strong resistance by some DSD officials to register ECD centres because of a perception that this may involve personal gain. Most ECD centres generate very little income for the individuals who run them. (8) With implementation of the Children's Act since April 2010, it is illegal for any ECD centre to operate without registration with DSD. The complicated registration process has resulted in administrative backlogs for the large numbers of unregistered facilities, especially those in poor communities. (9) Once registered with DSD or DoE, access to funding is dependent on compliance with additional department-specific criteria, including registration with the NPO directorate. The delay in obtaining NPO certification presents a further barrier to accessing funds. (10) ECD centres may only claim the DSD subsidy for children who are eligible (means-tested based on parents' income). ECD centres are responsible for obtaining the necessary supporting documents to prove eligibility.

The Expanded Public Works Programme (EPWP)

The EPWP was introduced in 2004 as a five-year programme to create low-paid (and temporary) employment opportunities, including social sector opportunities. In 2009 a further five-year EPWP II was introduced. Between 2004-2009, the social sector EPWP focused on ECD and home-based and community-based care (HCBC). The **ECD EPWP's strategy overlapped with** that of the **NIPECD** – it aimed to (1) increase the number of registered ECD centres, the number of children subsidized by DSD, and the value of the per child per day subsidy (exactly what the DSD aimed to do); (2) train ECD practitioners, focused on provision for children aged 0-4 years (exactly what the DoE aimed to achieve). The overlapping of strategies meant that the EPWP added no new "value" to ECD programmes, or to supportive activities, except additional funding for the NIPECD for EPWP II. This was also bound to generate significant data confusion from a performance-monitoring perspective.

[104] Giese S et al (2011:9)

EPWP I (2004-2009) did not seek to generate new funding for the ECD sector. It was envisaged that existing budgets would be used in labour-intensive ways to create additional jobs. Unfortunately, DSD in the provinces started labelling existing ECD centre subsidies as EPWP, although this did not happen immediately, or for all provinces.[105] The performance monitoring confusion was documented in KwaZulu-Natal and the Western Cape, for example, and it was also noted that there had been no training under the EPWP ECD programme in the Eastern Cape.[106]

New funding for ECD was generated under EPWP II after it was identified as an APEX national priority during the Mbeki administration. There was, however, no conditional grant that could be used for EPWP ECD; additional resources were added to the equitable shares of each of the provinces. This meant that additional resources were calculated on the basis of a national bid submitted the DSD nationally, on behalf of the nine provinces which specified the expansion of service delivery and associated funding required. Each province had discretion whether the funding was allocated to ECD, but it appears that provinces did allocate it to ECD, although sometimes it was not allocated in the year in which it was added to the equitable share.[107] For some provinces, the inadequacy of the initial allocation of ECD funding meant that they had to choose between increasing the subsidy amount per child per day, or keeping the subsidy lower but expanding the number of children funded.[108]

The additional EPWP funds were **allocated for the first time in 2006/07**, with an additional R4.2 billion allocation for implementation of the social sector EPWP for the three years of the MTEF. It was noted that DSD reported substantially larger increases in provinces than those on the EPWP database of the Department of Public Works, once more emphasizing the problems with data reliability and validity in the ECD sector, specifically the EPWP database in this instance.[109] There were also data inaccuracies introduced as a result of "re-labelling" of existing activities as EPWP.[110] This could have resulted from attempts to increase reported figures, for example, a possible link to wage subsidies because departments would be granted additional resources based on the number of jobs created. Reporting more new jobs would, therefore, result in increased funding for a department.[111]

EPWP II commenced officially on April 2010, and fell outside the period of this five-year review.

The **conclusion** of the Department of Social Development's performance in relation to ECD service delivery in terms of the NIPECD is obscured by data issues of access, quality and availability. Nevertheless, there has certainly been a large increase in the number of registered ECD centres, the child per day subsidies, the number of eligible children supported, and ultimately access to ECD services. Through the support of registered ECD centres, the DSD has certainly contributed to the development of social and emotional skills in children as defined in the NIPECD target. There are, however, a number of significant access and equity concerns that need to be addressed, particularly in poor and rural communities, in the process of further expansion of ECD services in South Africa.

[105] Giese S et al (2011:28)
[106] Giese S et al (2011:28)
[107] Giese S et al (2011:28)
[108] Giese S et al (2011:29)
[109] Giese S et al (2011:29)
[110] Giese S et al (2011:29)
[111] Giese S et al (2011:28)

Based on secondary and primary data accessed during the course of this five-year review, an examination of the **performance of line departments** in relation to ECD service delivery reveals the following for **municipalities** in the local government sector:

Municipalities are responsible for ensuring that ECD centres comply with municipal health and safety by-laws. Municipalities may include ECD within their IDPs, but there is no obligation on local government to fund ECD activities - local government is responsible for environmental health inspections required for registration; the identification and provision of suitable land/infrastructure; and may also make provision for ECD within their IDPs. A local study found that In practice, there are varied levels and types of support, including: training, assistance with registration, funding, land or infrastructure, promoting collaboration, and leveraging support.[112] And children's issues are not adequately addressed in IDPs, and the local government terrain is very politicised.[113]

There is, nevertheless, **evidence of varied levels of support** from municipalities for ECD, of training of ECD practitioners, and assistance of registration and provision of (limited) funding. Grant amounts were small, but the requirements for accessing the grants were less stringent compared with those of provincial government.[114] There is also evidence of numerous instances of inequity for provisioning across provinces and between municipalities, evident, for example, in variable income thresholds used in the DSD means test to determine eligibility for the child per day subsidy, and even in the number of days for which the subsidy was payable.[115]

Inequity between practitioners at local government level was identified as a concern in the same study. Disparity in remuneration between Grade R practitioners and those working with younger children means that the supply of better skills will tend to be directed towards training and teaching posts for older children where remuneration is better, which tends to compromise the quality of ECD services for the youngest children.[116]

[112] Giese S et al (2011:10)
[113] There was no evidence in the Eastern Cape case study site of local or district municipality funding for ECD.
In Ratlou, the municipality provided no financial support for ECD activities but reportedly assisted with negotiations to secure land for ECD from traditional authorities, and with the provision of infrastructure.
WC - Within the Cape Winelands District Municipality, responsibility for ECD falls within the Rural and Social Development Department which was established in January 2009. The Department is responsible for a range of health and social issues, including ECD services. Eleven of the 14 ECD centres in the Western Cape sample reported receiving some form of support from the municipality.
[114] Giese S et al (2011:10)
[115] Giese S et al (2011:10)
[116] Giese S et al (2011:10)

There was **no other data** (secondary or primary) available for analysis in this five-year review of the NIPECD. There was little information available on the NIPECD's strategy: (a) local government needs analysis for registered sites, (b) approval of plans for upgrading; (c) and the upgrading of ECD centres in need of this work. (d) The actual construction of ECD centres in areas of most need. In **conclusion**, there is clearly a need to (1) Provide and improve information - Develop a solid information base to enable strategies to be developed in support of ECD services in the local government sector; (2) Build government capacity - Develop the institutional capacity of government to enable systems to provide quality financial information to enable ECD budget and expenditure tracking. (3) Improve Access - shorten and simplify administrative processes for ECD centre registrations, funding applications and claims. (4) Improve Access - reduce the criteria and standards enabling qualification for ECD registration to acceptable levels. (5) Improve local government performance effectiveness and efficiency- streamline government systems and enable more efficient line department coordination and management of ECD service delivery at local government level. (6) Improve local government effectiveness - Address imbalances and distortions in ECD provisioning, especially problems with equity. (7) Build community capacity – Provide training for ECD centres to improve knowledge of ECD provision and funding applications.

Based on secondary and primary data accessed during the course of this five-year review, an examination of the **performance of line departments** in relation to ECD service delivery reveals the following for the **Department of Water Affairs and Forestry** in the water and sanitation sector:

There was **no other data** (secondary or primary) available for analysis in this five-year review of the NIPECD. There was **little information on water and sanitation** available on the NIPECD's strategy: analyse water and sanitation needs and provide such to the most needy formal and informal centres. There is clearly a need to provide and improve information - Develop a solid information base to enable strategies to be developed in support of ECD services in the water and sanitation sector.

Based on secondary and primary data accessed during the course of this five-year review, an examination of the **performance of line departments** in relation to ECD service delivery reveals the following for **policy oversight** provided by the **Office of the Rights of the Child**:

The ORC was charged with the responsibility of implementing M&E. It was to oversee the development of indicators agreed by the Inter-departmental Coordinating Committee, track implementation against these indicators and compile reports. The ORC was also accountable for the inclusion and involvement of all relevant departments in the implementation of the M &E system. The ORC performed very poorly in terms of its responsibilities in support of the NIPECD, in terms of both internally-focused monitoring of the execution of the Plan, as well as broader sectoral policy oversight.

During the period of review, the **ORC's main goals** were to (1) Review and revise policy and regulations currently governing ECD to ensure coherence with the NIPECD; (2) Conduct research on the impact of the NIPECD on child health, early learning and psychosocial development; (3) Set up a monitoring and evaluation system at all levels to ensure quality and effective services to children.

During the period of review, the ORC had relatively **low visibility** in relation to ECD issues, and this was observed by Parliament in committee feedback in 2007.[117] In relation the first NIPECD goal to review and revise policy regulations, the ORC **did not produce** any known tangible research output in the form of a report or otherwise, that could contribute to ensuring coherence between ECD policy and regulations and the NIPECD. In this respect, the ORC has apparently **failed to deliver** on goal one. All secondary data in the form of major studies and reports included in this five-year review of the NIPECD were produced by independent researchers, civil society and other government structures, with little or no reference to the ORC.

In order to provide a **comprehensive M&E system**, the following components of the Plan needed to be monitored: **Vulnerable Children**, defined as: *orphans, those living with disability and incurable diseases, are affected and infected by HIV and Aids, living in dysfunctional families, live in homes headed by other children, Live in poor households and communities.*[118] **Holistic Child Outcomes:** The primary and secondary components of the NIPECD were therefore identified as the key components of the M&E and all levels of government had the responsibility of guiding and directing the process of ensuring that *"services get to the designated population of children, their families and communities*[119]*,* as well as *support monitor and evaluate the implementation of the Plan*[120]*.* In addition, national's responsibility was to oversee the establishment of the sub-national interdepartmental coordinating committees, the implementation of the Plan as well as oversee the implementation of the M&E at these levels of government, and ensure that it was appropriate for the local needs of the province and for local government. Similarly, provinces were responsible for the establishment of implementation and appropriate M&E systems.

In addition to the M&E systems, **research** was to be commissioned to establish the impact of the programme on the child's health, early learning, and psychosocial development. This meant monitoring and evaluating the key components of the *Tshwaragana ka Bana Programme* - focusing on the primary components: integrated management of childhood illnesses, immunization, nutrition, referral services for health and social security, early learning stimulation and the development and implementation of psychosocial support provided as a continuum of services and support.

At the **level of coordination and management** of the NIPECD, the Inter-departmental Coordinating Committee did establish a monitoring and evaluation (M&E) committee, and work was begun work on an M&E system. A draft monitoring and evaluation system (in 2009 sic) was established by the committee, on the primary and secondary components of the NIPECD. However, the status of implementation of the framework could not accurately be established during this five-year review of the NIPECD.

[117] Internet Source: http://www.pmg.org.za/report/20090130-office-status-disabled-persons-office-rights-child-annual-report-2007
[118] Government of South Africa (2005:10)
[119] Government of South Africa (2005:16)
[120] Government of South Africa (2005:17)

There are a number of indicators in place within government systems:

Table 5. Data Availability in Selected ECD-Related Areas

DEPARTMENT	DATA AVAILABLE	COMMENTS
DoH	• Child Outcomes • Access to Services • Quality Care	**Recommendation**: An essential dataset for ECD must be built up from existing health data to address intersectoral data collection needs
DSD	• Data on registered services • Partial Care Facilities and ECD Programmes • ECD Framework of Indicators	
DBE	Indicators of Child Outcomes in relation to the NELDS	These indicators could be employed for tracking in relation to parent and early stimulation programmes
EPWP		

There are data sources available in government for monitoring vulnerable groups[121], but no standardized indicators for the measurement of intersectoral coordination and integrated delivery. Suggested areas for indicator development are contained in the table immediately below:

Table 6. Suggested Areas for Indicator Development: Coordination and Integration of Service Delivery

COMPONENT	DATA AVAILABILITY (YES/NO)	COMMENT
Increased Scale of Services	No	Indicators to be developed
Reduced Costs	No	Indicators to be developed
Increased Efficiencies	No	Indicators to be developed
Other traditional indicators of leadership and management	No	Indicators to be developed

[121] Such as: Children living in Poor Households and Communities, Children living with Disabilities and Incurable Diseases, Children affected and infected by HIV, Children living in Child Headed Households, Children living in dysfunctional families, Orphans

Further, although the ORC did commission UNICEF to undertake research studies such as reports in the situational analysis on children in South Africa, there was little evidence of the ORC's contribution to **sectoral knowledge generation**, with specific reference to the NIPECD's **impact** on child health, early learning and psychosocial development. And, even though the Office of the President and National Treasury had conducted an evaluation of the ORC to assist the Office in its organisational and institutional structure to improve performance, it appears that the ORC **failed to deliver** on its second goal in relation to the NIPECD. Indeed, even though the ORC claimed that it had "mainstreamed the children rights mandate in line function departments as well as participating in children rights policy and programme processes", there was little evidence to support the conclusion that this had been the case.[122] The Joint Monitoring Committee on Children, Youth and Persons with Disabilities is on record having expressed its dissatisfaction with the ORC for internal instability and the lack of promotion of the ORC's mandate in 2009.

It is, further, concluded that the ORC **failed to set up** an effective **monitoring and evaluation system** at all levels. By early 2009, it reported to Parliament that it had run a workshop to examine case studies that tested the impact of the 2005/06 introductory training of the work performed by the ORC and focal points, and that process guidelines had also been developed that focussed on the strengthening of annual programmes for children's rights awareness.[123] Even though there may have been a few initiatives and activities completed successfully by the ORC, there is overwhelming evidence of huge gaps and deficiencies in information, specifically the supply of quality data regarding the implementation of the NIPECD. This points directly to a **failure to develop an effective performance monitoring system** in the ECD sector in South Africa.

In **conclusion**, there is clearly a need to address how it was possible that the ORC in Presidency performed that poorly in the execution of its goal to provide policy oversight (including performance monitoring and evaluation) in relation to the NIPECD. There was very little or no evidence of meaningful engagement between the ORC and the lead line departments for ECD services (DoE and DSD) to ensure proper sectoral oversight based on solid systems, and there was no evidence of attempts to ensure that line departments complied with providing information to enable assessment of policy implementation in the ECD sector. This area will require strongly focused attention to ensure that similar errors are not repeated in the course of developing and executing a new NIPECD.

Based on secondary and primary data accessed during the course of this five-year review, an examination of the **performance of line departments** in relation to ECD service delivery reveals the following for the **Department of Education**, as the lead department in the education sector:

Department of Education: ECD Capacity Development

The development of the capacity of the ECD sector is an important element of the NIPECD. In the plan, the DoE was the lead department responsible for delivering on the goals to: (1) Develop the capacity of teachers, caregivers and practitioners to deliver integrated ECD programmes for children; and (2) Develop the capacity of community development workers (CDWs) to refer children to the available resources.

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[122] Internet Source: http://www.pmg.org.za/report/20090130-office-status-disabled-persons-office-rights-child-annual-report-2007

[123] Internet Source: http://www.pmg.org.za/report/20090130-office-status-disabled-persons-office-rights-child-annual-report-2007

In order to **improve the quality and scale of ECD provision** for young children, it is clear that capacity development of staff is critical, and it is also required in terms of the Children's Act. There is no new national data on numbers or training levels of ECD practitioners but recent local studies point towards a problem of very large numbers of unqualified and under-qualified practitioners. In 2000, there were 48,561 ECD practitioners working in ECD facilities, including Grade R. Most of these were untrained or under-trained.[124] About 66% of practitioners working in unregistered ECD facilities audited in 2011 were untrained, and 81% of those with training required upgrading.[125] What has been established is that registered qualifications at levels 1, 4 and 5 are suitable for practitioners working in the 0-4 year-old cohort, and that higher qualifications tend to be focused on Grade R.[126] The lack of articulation of ECD qualifications at levels 4 and 5 with those offered by higher education institutions needs addressing.

The need for qualified practitioners is vast. Assuming a DSD level 4 or 5 training and registration requirement, it is estimated that 87,000 practitioners would be required if only the very poorest households are considered in the birth-to-four-age cohort of 2.6 million children.[127] In terms of a global estimate in South Africa, 75,000-100,000 practitioners required training and/or upgrading of training levels, in comparison to the Draft Sector Skills Plan of approximately 33,000 practitioners to ensure universal ECD access at a child/teacher ratio of 30:1.[128]

There is no data available at present on the **infrastructure and resource capacity of suppliers** of ECD teacher qualifications. In terms of needs for capacity development, skills development for leadership and management have been identified[129], as well as financial management[130], administration[131], special needs[132], and general language and literacy[133].

The DoE in partnership with the DSD has provided a large-scale learnership programme to address the training backlog in the ECD sector, mostly through the EPWP. The **major achievements** are:

(1) By mid-2011, 27,419 ECD qualifications had been verified by the ETDP SETA[134];
(2) Between 2009 and 2011, 26,032 learnerships had been made available[135];
(3) Large numbers of the trained have been absorbed by Grade R classes.

Capacity development is also required within government in all its spheres, especially local government. It is important to have suitably trained officials to undertake various functions as required in support of ECD provisioning in the country.

[124] Biersteker L (2012:1) Human Resource Development for ECD Programmes and Services for 0-4 year-olds. In: Richter L (Ed.) et al (2012)
[125] Biersteker & Hendricks (2012), quoted in: Biersteker L (2012:4) in: Richter L (Ed.) et al (2012)
[126] Biersteker L (2012:1) in: Richter L (Ed.) et al (2012). And Giese S et al (2011)
[127] Biersteker L (2012:4) in: Richter L (Ed.) et al (2012)
[128] Biersteker L (2012:4) in: Richter L (Ed.) et al (2012)
[129] Biersteker L (2012:4) in: Richter L (Ed.) et al (2012)
[130] UNICEF (2011)
[131] Carter, Biersteker & Streak (2008)
[132] ETDP SETA (2011)
[133] Biersteker L (2012:4) in: Richter L (Ed.) et al (2012)
[134] Biersteker L (2012:1) in: Richter L (Ed.) et al (2012))
[135] Biersteker L (2012:1) in: Richter L (Ed.) et al (2012)

In **conclusion**, it is clear that capacity development needs of teachers, care-givers and practitioners have been addressed, primarily through the upgrading and expansion of qualifications. It is also clear that the supply of training has been unable to meet the demand as the ECD sector has expanded during the period of review. There are major capacity needs in the sector, including (1) an overall strategy to improve the supply of teachers, care-givers and practitioners; (2) the quality of educare and teaching provided through upgrading of qualifications; (3) a solid information base on resources in the sector, including human resources; (4) integration and professionalization of the ECD career framework to ensure retention and stability of human resources in the sector.

Table 7. Summary of NIPECD Programme Performance (Results)

PERFORMANCE AREA	RELATIVE PERFORMANCE				
	NON-EXISTENT	POOR	FAIR	GOOD	EXCELLENT
Government Admin (universal birth registration)			?		
ECD Services in Health			?		
ECD Services in Social Development			✓		
ECD Services in Education			✓		
ECD Services in Local Government		?			
ECD Services in Water and Sanitation	?				
ECD Policy Oversight		✓			
ECD Sector Capacity Building			✓		

Conclusion: programme performance

Overall, the NIPECD has delivered (1) a significant expansion of ECD provisioning, especially in Grade R; (2) significant increases in the number of ECD centres registered, the level of the child per day subsidies paid, and the number of children supported; (3) significant increases in the number of practitioners trained, and qualifications upgraded.

The NIPECD has been relatively successful even though targets were not met, and there are major challenges to be resolved in a new NIPECD.

6 The NIPECD's Programme Efficiency

This chapter deals with the programme efficiency of the NIPECD, including issues of organisation, coordination and management, and resource utilisation. Because of the challenges in accessing quality expenditure data as mentioned in the previous chapter, the focus in this one will be on issues of organisation and systems underpinning the NIPECD.

The main argument put forward, **from an integrated delivery perspective**, is that (1) key structures (interdepartmental coordinating committees) were in place (largely), (2) although coordination occurred, there was little or no evidence of overall effective operational management after the DSD took over from 2007. The main underlying reasons for this were (a) management processes and systems were embedded in the line management structures of departments, and service provision, therefore, occurred within existing line structures and systems ("value-chain"); (b) there was no financial provision for operational management to bring to realise an integrated interdepartmental approach to ECD service provision. This draws attention to related issues of (c) poor planning, but also issues of ineffective leadership of the NIPECD.

The **suggested conclusions** are a lack of clarity on integration, deficiencies in institutional management capability and capacity, probably also influenced by issues of a commandist culture, and long-established institutional processes of authoritarian line management (spanning programme planning, budgeting, service provision) in the government sector. This is compounded by poor policy oversight.

Programme efficiency[136] can be defined as a measure of the efficiency of organizational arrangements, resource and time utilisation efficiency associated with the delivery of a given programme. Typically, issues of governance, management, organizational structure, resource utilisation (including staffing (HR), finance, material inputs, etc.), value-for-money, and duration (time taken to undertake activities) are explored to make an assessment of the relative appropriateness of the organizational approach to delivery, efficiency of execution (quality, quantity,

The NIPECD defines **integration** as a method of *networking* with the aim of improving the use of resources, providing effective services and to reduce costs. The definition further extends to an approach where services and programmes are provided in a *comprehensive* and *interwoven way.* The mechanism for integration specifies the activities at each level, the roles, and responsibilities and how integration will be accomplished.

Intersectoral collaboration is defined as different sectors working together in order to achieve a goal. Such collaboration should involve sectors that are dependant on others for the realization of their own objectives or those that may be mutually dependant for the achievement of a common objective.

[136] The OECD defines **programme efficiency** as: "Efficiency measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted. When evaluating the efficiency of a programme or a project, it is useful to consider the following questions: Were activities cost-efficient? Were objectives achieved on time? Was the programme or project implemented in the most efficient way compared to alternatives?" The OECD places a heavy emphasis on issues of financial efficiency. Source: http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html

A further aspect of intersectoral collaboration as stated in the NIPECD is that it brings together knowledge and skills from different professions and disciplines..."to provide services that are mutually reinforcing in their long term effects." In sum, "relationships and links between government departments, non-governmental organizations, and communities to provide comprehensive ECD services."[137]

Some of the **mechanisms for advancing integration** are: collaborative planning, agreeing on the targets, creating inter-organization activities (training and materials), the commitment of budgets, coordinating and monitoring of the Plan, development of management systems and processes across government and non government structures.[138]

Drawing on the Department of Health's vision and approach for intersectoral collaboration in the district health system, the NIPECD adopts these **criteria as guiding principles**: (1) national leadership co-ordination and vision provide a holistic context. (2) That mechanisms for functional coordination with all related sectors be established at all levels of government. (3) That all sectors play their role in ensuring progress of the NIPECD. (4) That intersectoral committees provide the mechanism for coordinating collaborative activities and provide a communication mechanism to address gaps between sectors.[139]

The NIPECD is managed by a formalised Interdepartmental Coordinating Committee at each sphere of government. Its focus is to facilitate the intersectoral work included in the Plan. Extensive functions, roles, and responsibilities at the three government levels are explicit in the NIPECD, and reflect active institutional role-players at each level of government. Further, a detailed matrix provides strategies for each component and the lead departments responsible for delivery.

The **implementation model** sets out the composition and roles of the MECs Committees of the Social Cluster, ECD Intersectoral Committees, the Interdepartmental Coordinating Committee and proposes ECD Integrated Units, at national, provincial and local levels, to be responsible for the operational component of the NIPECD. This unit would comprise staff (hired or seconded) from the active departments, and would be located in the lead department to enable management and operationalisation, of collaborative service delivery.

Integrated Programmes. The Governance and Administration Cluster's Framework for Managing Joint Programmes,[140] define joint/crosscutting programmes as:"requiring a cross-departmental involvement in the planning and budgeting and delivery of services where a number of departments are often responsible for a specific aspect of the programme, but none is responsible for it in its entirety."[141] This suggests that such programmes require integration rather than coordination.

What has been noted from studies focusing on **crosscutting programming models** is that the main challenge lies at the level of implementation. Despite the intention to work together, government departments often continue to deliver services in a fragmented manner, making overall macro outcomes difficult to achieve.

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[137] Government of South Africa (1995:7)
[138] Government of South Africa (1995:7)
[139] HST (1998)
[140] December 2005
[141] Framework for Managing Joint Programmes, Governance and Administration Cluster,p5

Key weaknesses have been found to lie in the areas of management procedures and processes of planning, budgeting and implementation which hamper the capability to deliver.[142] The framework suggests five core obstacles that hinder the implementation of integrated policies and programmes. These are suggested as: systems and Infrastructure, skills, culture, leadership, budgets, and planning.

The way in which government institutions **organise** themselves to deliver on a complex and huge agenda, such as the NIPECD, is fundamentally about integration, coordination and integrated delivery. The main assumption is that this provides the path to greater efficiency and effectiveness, to ultimately benefit specified target groups, such as young children. Achieving effective coordination and integration in practice, however, reveals a number of challenges in the pursuit of this approach to service provision. Case studies of "successful" coordination and integration are limited (successful delivery of the FIFA World Cup), and the literature suggests that coordination and integration is context-specific.

Organizational Culture: The management of integrated programmes are often impacted by public service culture, characterized by internal departmentally-focused ("silo") and hierarchically based work practices, which makes collaboration between departments difficult. Feedback from representatives of the Inter-departmental Coordinating Committee identified the prevailing organizational culture as contributing to the lack of integrated management of the NIPECD. An enabling organizational culture is, therefore, fundamental to bringing about change within government departments and plays a major role in determining the extent to which change and innovation can be introduced.

Institutional Capacity and Capability: Institutional capacity refers to the work output and productivity of an institution, including its human resources, budgets, delivery systems and infrastructure, and networks. Capability refers to its ability to apply skills and knowledge to achieve goals. Both of these have been indicated as areas needing strengthen in the NIPECD. To illustrate, the Interdepartmental Coordinating Committee's workshops with provinces in 2008 were to establish a common understanding of the overall strategy, but this did not necessarily strengthen the skills, and knowledge required to plan and implement an integrated programme.[143] Indeed, capability is not about the academic qualifications of officials, but the actual skills required for such roles, such as programme and project management skills for integrated programme planning.

It stands to reason that **capability and capacity deficiencies** often lead to compromised processes and outcomes of integrated plans. The absence of dedicated capacity as envisaged in the NIPECD (such as dedicated ECD units at all spheres of government), severely compromised the implementation, strategic management and monitoring of the NIPECD. There were also gaps in the leadership and management capability (integrated programmes), experienced to some extent at national level, but also at provincial and local levels of government.

[142] Framework for Managing Joint Programmes, Governance and Administration Cluster, 2005
[143] National Interdepartmental Workshop, 2008

Strategic and Operational Leadership: Strategic leadership and operational leadership (implementation) are both critical areas to ensure success of the NIPECD. Feedback from respondents suggests that leadership provided within departments should be at Deputy Director-General level. While the terms of reference of the Interdepartmental Coordinating Committee includes the participation of DDGs at its regular meetings, there is a need for dedicated capacity on a consistent basis.

Inclusive Planning: Involvement of all core related departments in joint planning is a fundamental aspect to all departments owning the Plan and ensuring the outcomes. Further to planning, consultation with stakeholders to input from the conceptual phase to the design and development of a monitoring and evaluation framework is crucial for informing and negotiating stakeholder roles and participation. Civil society organizations feedback that a lack of consultation has distanced them from the NIPECD, rendering it the status of "government's Plan" for birth to four years.

Funding Mechanisms and Streams: The lack of funding for the implementation of integrated programmes is one of the biggest barriers to the NIPECD. The Public Finance Management Act (PFMA) does not prevent integrated planning and budgeting, but it does prescribe that resources are appropriated to departmental programmes. Feedback from respondents identified that a weakness of the Inter-departmental Coordinating Committee is that its terms of reference did not include provisions to hold partners accountable. There is a need to strengthen accountability to address this issue.

The Organisation, Coordination and Management of the NIPECD.

Political. In terms of the **institutionalization of the NIPECD**, at **political level**, a Core Group of Ministers was to provide leadership to- and guidance on- its implementation. The Ministers of Health, Education, Social Development and the Minister in the Office of the President constituted the Core Group.[144] The focal point of the plan in Cabinet was, therefore, the Social Cluster[145], designed to ensure appropriate strategic and budget planning for the implementation of the plan across the relevant line function departments. The NIPECD points out that similar arrangements were required at provincial level.[146] During the period of review, there was **little evidence** from documentation or respondents' feedback to suggest that any political leader at ministerial level had stepped forward and **championed the ECD agenda**, and the NIPECD in particular. Ideally, the Minister in the Office of the President should have performed this role, because of its cross-cutting nature across government line ministries and all spheres of the state.

The NIPECD sets out four levels of political and operational arrangements for the co-ordination, implementation and monitoring of the Plan: (1) MECS Committee of the Social Cluster, (2) ECD Intersectoral Committees, (3) ECD inter-departmental committees, (4) ECD integrated Units. The Plan (critically) did NOT **distinguish sufficiently between** its **coordination and management** aspects – perhaps this is its single most important organizational criticism as this line of argument develops further. In fact, management of the NIPECD roll-out is never really explored.

[144] Government of South Africa (2005:13)
[145] Renamed the Human Development, Social Protection and Community Development Cluster
[146] Government of South Africa (2005:13)

The NIPECD dedicates a full section on roles and responsibilities of government departments and NGOs, and addresses the intended kind of partnerships with civil society. Civil society's partnership with government was also highlighted.

The interdepartmental coordinating committees were the primary **coordinating structures** for arranging, organizing and mobilizing the NIPECD's "value-chain". According to the NIPECD, the key functions of the Inter-departmental Coordinating Committee were to: (1) To facilitate, coordinate and collaborate in the implementation of integrated services. (2) To develop, and where possible review policies that impact on ECD. (3) To ensure the availability of the required financial and human resources to oversee and implement the integrated plan for ECD. (4) To guide and direct the process of ensuring that services get to the designated population of children, their families and communities as per the targets contained in the NIPECD.[147] No explicit mention was made of the management aspects of integrated service delivery, although it can be argued that it may have been implied.

At an **operational level**[148], the national and provincial line function departments were the leading agencies for delivery. The relevant departments were to utilize integrated and coordinated intersectoral planning and delivery mechanisms. However, each department would only be responsible for the budgeting and delivery of components that fell within its core functions. Inter-departmental Coordinating Committees were to be set up at national and provincial levels, and departments at the two levels were to constitute these committees.[149] Although it appears that there was energy and enthusiasm in the first year of the NIPECD under the leadership of the DoE, it is clear that a major weakness of the plan over its five-year term was that line departments seemed incapable of utilizing integrated and coordinated intersectoral planning and delivery as an instrument to bring about optimal service delivery in the ECD sector. **Coordination** was hampered by a strong culture of hierarchy, bureaucracy and protocol because decision-making in departments is rank-based, and mandates and processes leading to departmental commitments can lead to delays. In the period of review, there was lots of evidence (from minutes of interdepartmental meetings, research reports, and respondents' feedback) that there was awareness of the problem, that it required attention to unlock the institutional collective's combined energies, and there were actual attempts to address the challenges (through provincial visits, for example). Those came to nought.

Resourcing, or rather the lack of required resources to fund the operational needs of the Inter-departmental Coordinating Committee posed as a major stumbling block for effective operationalization of the NIPECD, and caused significant "drag" within the committee, even though an operational plan had been prepared for the NIPECD, and funding had been unsuccessfully sought. Feedback from respondents indicate that neither the NIPECD's operational plans nor the budget had been approved by senior management, and views were expressed that the EPWP as a poverty alleviation and job creation strategy had overshadowed the NIPECD.

[147] Government of South Africa (2005:26)
[148] Getting actual services down to young children, utilising government systems of delivery
[149] Government of South Africa (2005:13)

The main barrier identified to "making the NIPECD work "was expressed by respondents, as a lack of authority to successfully address issues impeding the operationalisation of the NIPECD, such as the lack of funding and human resources. Further illustration is that Inter-departmental Coordinating Committees were not set up in **all of the provinces** as planned, and the **links down to municipalities** were often not in place or worked too slowly creating inefficient and tardy delivery, mainly due to resourcing and capacity constraints.

The feedback from respondents confirms that under the DBE's leadership, the NIPECD was "developed", in other words, operationalized in collaboration with UNICEF/SA. Available data suggests that even though the functions of the national **Inter-departmental Coordinating Committee** were made explicit, the structure battled to perform these because of (human resource) capacity constraints, no financial provision for its own functioning, and associated difficulties in getting down into the provinces and local government. Up until 2007, the DoE played the leading role in terms of coordination, with minor supporting roles played by the DoH and the DSD. A number of other line departments were invited and initially attended Inter-departmental Coordinating Committee meetings, such as the Department of Correctional Services and the Department of Local Government. Their attendance was, however, not sustained and there was no buy-in from these Departments.

A terms of reference for Inter-departmental Coordinating Committee meetings was developed, including roles and responsibilities, to establish a measure of accountability within the structure. Work plans and operational plans were developed, but the challenge was that these responsibilities were overlayed on top of pre-existing departmental policies and strategies within their own line management structures. Feedback from respondents and records of Inter-departmental Coordinating Committee meetings point to four issues about which there was some confusion during the life of the NIPECD: (1) role confusion and clarity especially in the first two years, (2) confusion - uncertainty about what actions should be taken departmentally, about leadership of NIPECD, and about how to ensure integrated delivery; less about coordination and management of the NIPECD, and more about integration; (3) confusion about NIPECD and EPWP – their boundaries, how they were funded, and the relationship between the two programmes; and (4) confusion between the NIPECD overall, and *Tshwaragano Ka Bana*.

An Action Plan of the national Inter-departmental Coordinating Committee (15 February 2006), included the following activities: (a) The development of guidelines on the implementation of the Plan for provinces. (b To lead the development of a Local structure, inclusive of the three lead departments as well as stakeholders such as NGOs and others. Municipalities were mandated to develop an Integrated Development Plan with input from the three Social Cluster departments. Further responsibilities of the structure were to appoint a secretariat, establish an ECD Unit ,appoint a coordinator, and ensure that the unit was resourced and capacitated to manage the ECD Plan and services. (c) The NIPECED Guidelines further notes the importance of Ward Councillors as advocates of the integrated plan.[150] The Action Plan further identified the setting up of 30 ECD municipal units in consultation with national, provincial and municipal authorities.

[150] Inter-Departmental Coordinating Committeee (15 February 2006) Business Plan. Unpublished Mimeo.

The strategy included the identification of a (model) ECD Unit, setting up criteria for the selection of the Units and the communicating the setting up of the ECD Units to the relevant structures.[151] There was little evidence from available data that any of the goals mentioned in the action plan were actually implemented and/or achieved at local government level.

Moving from Coordination to Management of Integrated Delivery: At national-level, an Inter-departmental Structure/Unit on Early Childhood Care and Development was to be established under the lead of the DoE, together with the DSD, DoH, and the ORC in the Presidency as equal partners. The DoE did form an ECD unit, and put in place an official at director level. When the DSD took over as lead department in 2007, it did not follow the good practice demonstrated by the DoE, and failed to form an ECD unit, and attempted to provide leadership through an official at deputy director level. This, in turn caused problems in a protocol-sensitive environment. Leadership figures should have the necessary authority to provide effective leadership. In addition, feedback from respondents suggests that the change in lead department brought a shift away from delivery of a comprehensive package of ECD services to children, towards the provision of sites. Further to these core members, other national departments and institutions were to be invited to participate in the national inter-departmental structure.[152] The DoH did not participate consistently in the inter-departmental committee meetings, reportedly due to capacity constraints and pressures related to the delivery of its programmes in the provinces. With an effective accountability framework in place, an active political champion, and a keen NIPECD programme manager, the inconsistent participation of the DoH in the Inter-departmental Coordinating Committee meetings would have received the required attention, and would have been resolved speedily.

At a **provincial-level**, a Provincial Inter-departmental Structure/Unit on Early Childhood Care and Development would have been established under the lead of the Department of Education, together with the Department of Social Development, Department of Health, and Office of the Premier as equal partners. Further to these core members, other provincial departments and institutions would also be invited to participate in the Provincial Inter-departmental Structure.[153] The responses from line departments in the provincial sphere proved to be uneven, with some developing plans (Western Cape, KwaZulu-Natal, and the Eastern Cape) on their own. However, there appeared to be a key mechanism missing, namely a broad plan to guide the roll out of strategy from national to provincial and down into municipalities. Feedback from respondents points towards a lack of resourcing for implementation, a lack of funded capacity to support the NIPECD, uncertainty regarding the roles and responsibilities amongst the lead partners, and a general lack of effective leadership to build the necessary energy and momentum in support of the plan. Other issues highlighted in fieldwork during this five-year review include: failure to establish a common understanding of the NIPECD and its implementation strategy, the need to review the organizational and institutional structure of the programme, the need to expand the role of civil society in execution of the NIPECD, and the need for continually updated and monitored action and operational plans at all levels of government.

[151] Inter-Departmental Coordinating Committeee (15 February 2006) Business Plan. Unpublished Mimeo.
[152] Government of South Africa (2005:16)
[153] Government of South Africa (2005:17)

There were ongoing attempts to build momentum for the NIPECD, and events were used to **address problem areas** as they emerged. Illustrations of these are: Two workshops were held in 2008/09 and 2009/10, during which the Inter-departmental Coordinating Committee provided support to provinces, to facilitate the implementation of the NIPECD. The main objectives of the workshop in 2008 was to strengthen the understanding of the NIPECD between national and provinces, and to review the targets set for the NIPECD as an APEX priority. Other initiatives include three cluster workshops with the National Religious Leaders Forum to garner support for ECD and to build partnerships.

Key issues raised by provinces regarding integration specifically, were: address coordinated planning, mainstream ECD plans into strategic planning, make financial provision for the implementation of the NIPECD (operations), and establish protocols and accountability within NIPECD structures and amongst its role-players. Human capital needs were expressed as a need for capacity to implement the NIPCED in the provinces, as well as the need for accredited service providers. Specific capacity needs expressed by provinces in this review included: improve project management and financial skills, planning and knowledge of policies and legislation, and general information and training on ECD.

Similarly at **municipal-level**, a Structure/Unit on Early Childhood Care and Development would be established, consisting of the Departments of Education, Social Development and Health, and the Mayor's Office as equal partners. Further to these core members, other government service providers at a municipal level would be invited to participate.[154] This did not occur. The first business plan of the NIPECD refers to the short-term objective to set up coordinating inter-departmental dedicated units in rural municipalities to expand the reach of quality, integrated ECD models through a variety of innovative models of delivery.[155] The second business plan refers to the establishment of 100 municipalities. It is not clear if the 100 municipalities were intended to be based in rural areas exclusively.

The NIPECD also indicated that **partnerships with other stakeholders**, such as non-governmental organisations, faith-based organisations, business, donors, academic institutions, and community-based organizations, could be arranged to develop common goals and programmes between the Government and civil society.[156] According to available data from fieldwork in this review, the actual implementation of the NIPECD did not put much emphasis on effective partnerships, especially those with “non-welfare” civil society organisations.

[154] Government of South Africa (2005:17)
[155] Inter-Departmental Coordinating Committeee (July 2005) Business Plan. Unpublished Mimeo.
[156] Government of South Africa (2005:13)

Leadership of the Inter-departmental Committee

The promulgation of the Children's Amendment Act (2008) brought about a new mandate for the DSD. While the DoE provided leadership 2005-2007, the period was characterized as one of transition during which there was the preparation of a handover process between the two departments, and it is evident from respondents' feedback that an absence of clear leadership was experienced. The shift of leadership **from the DoE to the DSD** based on the DSD's new role and the Children's Act created tension in the Inter-departmental Coordinating Committee as this shift was not formally facilitated.[157]

A handover of responsibilities to the DSD from the DoE was tabled in an Inter-departmental Coordinating Committee meeting. The perception amongst committee members is that the DSD did not provide strategic leadership and vision to the Inter-departmental Coordinating Committee or support the provincial IDCs, subsequent to taking over as the lead department. The Department of Health's role was also minimal due to the fact that it did not have a dedicated ECD portfolio or focal person, and the exclusive manner in which health services were delivered.

Feedback from respondents pointed towards the following leadership needs in the Inter-departmental Coordinating Committee itself: political visibility, advocacy planning (including funding), the management of accountability, strategic planning for ECD vision and mission, capacity to manage strategic operations of the committee, strengthening institutional arrangements and enhancing ECD as an Apex priority in the government sector.

There was also feedback from respondents that the EPWP's relationship with the NIPECD appeared to shift the focus to job creation through learnerships and employment, and overshadowed the NIPECD even though it was meant to be sub-project. This occurred when the NIPECD was still developing, and not really ready to work with learnerships and pay stipends. The EPWP also brought its own challenges along, for example, that: provincial business plans of government departments were not aligned to the national framework for the EPWP ECD component; there was no integration of programmes highlighted; the DoE was not providing a lead in ECD coordination in the provinces; and there was a lack of an integrated monitoring and evaluation system.[158] These challenges dovetailed neatly with those of the NIPECD, tending towards consolidation of problems as opposed to their resolution.

[157] Interview with DSD ECD Team, 5th March 2012

[158] EPWP (2005:1) Early Childhood Development, Expanded Public Works Programme and the Department of Education. Presentation to HEDCOM, 05 December 2005.

Monitoring of the NIPECD covers two main areas: policy monitoring and oversight (covered in the chapter dealing with programme effectiveness), and operational monitoring (covered in this chapter dealing with programme efficiency.) Policy monitoring (it has already been argued and demonstrated in this report) was very poor, even though there were regular Inter-departmental Coordinating Committee meetings. There was, ironically, a clear understanding of what was required in terms of monitoring, that "M&E should as far as possible be integrated into existing reporting mechanisms (in government – own insert) and that, in addition, …[various] evaluation methods…" should be used.[159] The monitoring that did, however, take place was to review and discuss the activities of line departments during Inter-departmental Coordinating Committee meetings. Slow movement in implementation of plans that had been agreed on were noted; possible reasons were identified for slow implementation, including a lack of capacity, administrative bottlenecks, technical problems, funding or a combination of all. But, an understanding of what was required in monitoring terms did not translate into appropriate action by individual line departments as well as the collective.

The problems and weaknesses with NIPECD data previously noted and discussed in this report, resulted in major monitoring gaps. Combined with poor sectoral policy oversight, and poor planning, it was almost inevitable that operational monitoring of the plan would also be poor and ineffective, and contribute to further downstream inefficiency of programme delivery. **Poor monitoring** has proven to be a critical weakness of the NIPECD, and has made it difficult, and in some respects impossible, to undertaken all aspects of this five-year review as comprehensively as may have been desired.

In terms of **allocative efficiency**, a 2012 study argued that[160]: investments in ECD are low relative to related sectors. Child development is a cumulative process and, as a result, investments at younger ages tend to generate higher returns than later investments. Missing the opportunity to invest in ECD, therefore, can lead to significant losses. As ECD is a public good these losses will cost not only the child and their family, but also broader society. Within ECD budgets, investment opportunities focusing on very young children are being missed. Emphasis has been placed on reaching 3-4-year-olds through ECCE[161] centres and 5-year-olds through Grade R, leaving 0-2-year-olds and their families with few services other than health care. Missing such opportunities is a missed opportunity given that the younger the child, the higher the potential returns.

In conclusion, the examination of institutional organization, coordination and management has identified a number of areas of weakness. These deficiencies have resulted in major programme inefficiency of the NIPECD, with the result that performance has not been optimal and has fallen short of the goals and targets which were lay down at the outset of the plan in 2005.

[159] UNICEF (2006: 1) An Exploration of UNICEF's possible role in supporting the EPWP Social Sector Plan in South Africa. Unpublished Mimeo.
[160] Taken from: Martin P (2012) "Government Funding for ECD in South Africa". In: Richter L (Ed.) et al (2012).
[161] Early Childhood Care and Education

What was the failure to utilize integrated and coordinated intersectoral planning and delivery due to? Was it due to a single factor, or a multiple and complex "syndrome" of causes? Did officials understand what was required? **What went wrong?** This review report argues that the failure of line departments to appropriately and effectively employ integrated and coordinated intersectoral planning and delivery had to do with the fact that (a) there were **six areas of poor performance** – poor execution of policy oversight, a relatively weak NIPECD accountability framework, poorly functioning coordination and integrated management mechanisms (at provincial and local government especially), failure to have aligned structures from national to provincial to local government, poor NIPECD management systems and support to line departments, poor internal and external communication; and (b) **two critical elements were lacking** - the absence of political leadership in the ECD sector (champion), and the failure to appoint and provide for a full-time programme manager for the NIPECD (part of a broader problem of failure to fund the NIPECD operationally). Whilst this may appear overly managerialist in perspective, this chapter is focused on questions of organizational and programme efficiency, and it has been concluded in the initial chapters of this report that the NIPECD is appropriate and relevant.

It is clear that in the period of review, the ECD Sector did not have all of the **institutional/operational elements** in place, required for optimal performance, and that his affected the execution of the NIPECD negatively. Policy Environment: assessed as good. Areas still to be addressed as identified earlier in this report.

(1) Political Decision-Making: cannot be faulted. Appropriate and relevant decision taken to undertake NIPECD to address ECD needs in the country.
(2) Political Leadership: no follow-through on NIPECD. Plan is launched and executed without a political champion in the government sector.
(3) Policy Oversight: very poor performance of the ORC in the Presidency. Failure to deliver on its responsibilities in relation to NIPECD policy oversight goals.
(4) Sectoral Management Structures: assessed as fair. Inter-departmental Coordinating Committee in place, and functions but is unable to address operational challenges effectively in the provinces and local government. Under-resourced, over-stretched. Leadership is provided in the sector, but it is ineffective and unable to decisively resolve critical problems.
(5) Programme Manager: Failure to plan for- and provide funding for- a programme manager to drive NIPECD as a whole is a critical failure. Results in operational leadership vacuum, weaknesses in NIPECD coordination and integration, Inter-departmental Coordinating Committee capacity stretched, operational delays, etc.
(6) Accountability framework: assessed as poor. Line departments underperform, and are not held accountable within the confines of the NIPECD. They continue to operate within their own accountability structures and systems, resulting in failure to successfully employ coordination and integration mechanisms, and ultimately the ECD delivery outcomes sought.
(7) Coordination and Integrated Management Mechanisms: these are assessed as poor, because although the Inter-departmental Coordinating Committee is in place, and functions effectively at national level, the mechanisms needed to operationally deliver services at provincial and (especially) local level are lacking/not in place.

(8) Aligned structures at national/provincial/local level: assessed as poor. The NIPECD is not sufficiently focused on delivery. For efficient and effective delivery of services, a clear delivery strategy must be in place, and all operational supply chain elements must be in place, working smoothly to deliver optimal output. Besides coordination and integrated management issues, the required capacity at local level and at provincial level was not in place or was lacking, thereby resulting in service delivery weaknesses to young children.

(9) Operationalised management systems, and support to line departments: assessed as poor. Operational management occurred within line departments (provinces and local government), there was insufficient integration, monitoring was weak, and there was no support for provinces and local government in integrated delivery of ECD services.

(10) Programme Management Cycle: the operational programme management cycle as assessed to be fair. Planning was evident, execution through line departments occurred, but monitoring was weak.

(11) Resources for Delivery and Support: Funding was provided for the NIPECD. Although there were funding shortages, the main weakness that emerged from poor planning and a lack of resources was that there was no funding for support of the plan. Provinces and local government were, therefore, not supported effectively in terms of integrated coordination and delivery.

(12) Internal and External Communication: assessed as poor. Within the sector, NIPECD communication amongst internal stakeholders (party to the plan) was fair, but could have been improved significantly according to feedback from respondents.

Table 8. NIPECD Institutional Assessment for Programme Efficiency

INSTITUTIONAL REQUIREMENT	RELATIVE PERFORMANCE				
	NON-EXISTENT	POOR	FAIR	GOOD	EXCELLENT
(1) Conducive and Enabling Policy Environment				✓	
(2) High-level Political Decision-Making					✓
(3) Political Leadership (champion)	✓				
(4) Policy Oversight		✓			
(5) Sectoral Management Structure			✓		
(6) Full-time Programme Manager	✓				
(7) Accountability framework		✓			
(8) Coordination and Integrated Management mechanisms		✓			
(9) Aligned structures at national/ provincial/local levels		✓			
(10) Operationalized management systems, and Support to line departments		✓			
(11) Operationalized programme management cycle			✓		
(12) Sufficient Resources for Delivery and Support			✓		
(13) Effective internal and external communication		✓			
(14) Strong local capacity to deliver			✓		

Conclusion: Programme Efficiency

Overall, the NIPECD has performed relatively poorly in terms of programme efficiency. It demonstrated poor performance in a number of important areas, with the result that it was effective in coordination and collaboration, but failed in its efforts to achieve integrated planning and delivery.

The argument can be made that the NIPECD has been relatively successful despite the fact that it was inefficient in terms of organisation and programme delivery, and that there are major challenges to be resolved in a new NIPECD.

7 The NIPECD's Programme Performance (Impact)

Programme impact can generally be described as the higher-order outcomes (results) that were produced as a consequence of programme delivery. It is beyond the immediate control of the institution delivering the programme, because it generally refers to what the programme target(s) or beneficiaries did as a consequence of the development intervention or services rendered, whether this was intended or not.[162] Impact is not to be confused with the results of the programme (see relevant chapter five).

In the case of the NIPECD, it is an even more challenging exercise to determine its development impact, not only because of the unavailability of reliable and valid data especially a baseline, but also because it involved multiple large national, provincial and local government line departments, and some civil society organisations. The **unavailability of a baseline**, as well as **good monitoring data** collected over the period of review makes accurate impact measurement of the NIPECD impossible, although this report, nevertheless, will offer some tentative thoughts on the subject.

It is important to note that very few studies have examined the **impact of ECD services** on child outcomes in South Africa. A 2012 study noted that the studies that have been done, report **benefits for children**, particularly with regard to nutrition and growth outcomes. However, all these studies have been hindered by a lack of objective data. Children are non-randomly assigned to receive ECD services which introduce biases and appropriate measures to control for such biases is limited.[163] However there is a great deal of **strong international evidence** for the benefits of interventions of young children, including for nutrition supplementation, parent and family support, and ECCE programmes. The known benefits of quality ECD services for children's growth, health, cognitive performance and personal and social wellbeing justify its provision by the State from a **human rights perspective**. Additional individual and social benefits that accrue over the longer term, making ECD a public good, further **justify State intervention**.[164]

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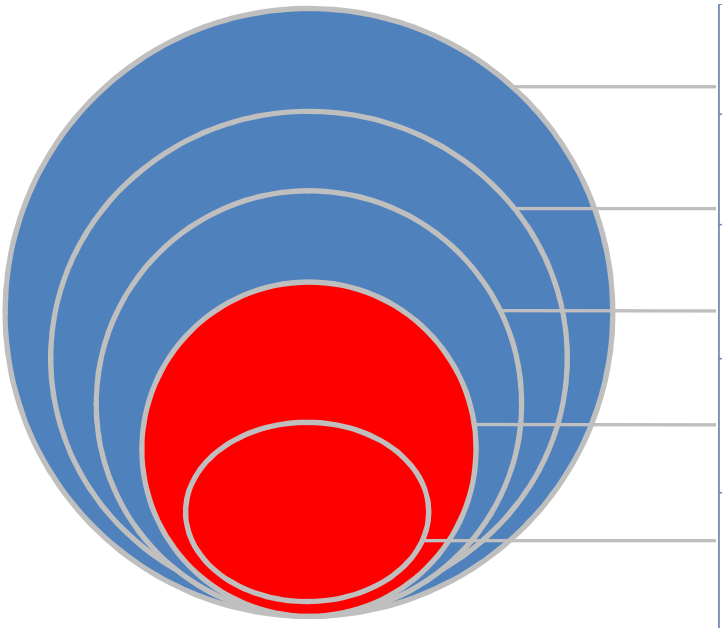
[162] The OECD defines impact in the following way: The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators. The examination should be concerned with both intended and unintended results, and must also include the positive and negative impact of external factors, such as changes in the terms of trade and financial conditions.
When evaluating the impact of a programme or a project, it is useful to consider the following questions: What has happened as a result of the programme or project? What real difference has the activity made to the beneficiaries? How many people have been affected?
Source: http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html

[163] Taken from: Martin P (2012) "Government Funding for ECD in South Africa". In: Richter L (Ed.) et al (2012:34). Two studies, one using data from 2008 National Income Dynamics Survey (NIDS) found participation in some form of out-of-home care at 3-4 years of age to be beneficial for children in rural informal areas; another using data from the 2007 SACMEQ III found that exposure to out- of-home care improved test scores at Grade 6 level in reading, math and health knowledge. The greatest impact came from the first year of participation and somewhat less impact from subsequent years of participation. However, both analyses are problematic because they are based on non-random participation. Without adequate controls – some of which were adopted in the SACMEQ analysis - the family characteristics associated with sending a child to an ECCE centre are similar to those associated with encouraging school performance, regardless of ECCE attendance. This means that the differences in performance at school cannot unambiguously be attributed to ECCE.

[164] Taken from: Martin P (2012) "Government Funding for ECD in South Africa". In: Richter L (Ed.) et al (2012:34).

To return to the *raison d'être* of the NIPECD, to introduce into government systems, an integrated approach to providing ECD services and programmes for young children from birth to four years old. The plan was designed to create a foundation upon which government departments, together with other relevant stakeholders such as civil society, would work together in providing ECD programmes for young children to access early stimulation, immunisation and Integrated Management of Childhood Diseases (IMCI), psychosocial support and nutrition. These services would be further supported through training of practitioners, parents and caregivers, infrastructure development, research and monitoring and evaluation. In the absence of quality data, what can tentatively be argued as far as the **impact of the NIPECD** is concerned?



Other Impact of NIPECD

Undeterminable

Fourth Order Impact of NIPECD

Undeterminable

Third Order Impact of NIPECD

Macro- social and economic impact of the NIPECD. Unquantifiable at present.

Second Order Impact of NIPECD

A percentage of poorer children access better life chances

First Order Impact of NIPECD

Children (from poorer communities)…

1) Are better prepared for Grade One; and
2) Experienced enhanced growth, health, cognitive performance, and overall personal and social well-being

Immediate Results of NIPECD

78% of children are enrolled in Grade R (Source: Richter L (Ed.) et al (2012:16))

Figure 1. Impact of NIPECD

This report has argued that the NIPECD was relatively effective (results), despite not being very efficient. The major programme results were: (1) Significant expansion of ECD provisioning, especially in Grade R; (2) Significant increases in the number of ECD centres registered, the level of the child per day subsidies paid, and the number of children supported; (3) Significant increases in the number of practitioners trained, and qualifications upgraded. (4) Relatively successful NIPECD even though targets were not met, and there are major challenges to be resolved in a new NIPECD. It can certainly be argued (even in the absence of good empirical data) that children who benefited from Grade R enrolment and attendance were better prepared for Grade One from a schooling perspective, and that the NIPECD, therefore, contributed directly to the growth, health, cognitive performance and overall personal and social wellbeing of these children.

It also stands to reason that as a result of the **unmeasured contribution** to growth, health, cognitive performance and overall personal and social well-being of these children, that a given percentage of poorer children will, therefore, access better life chances, and ultimately better life outcomes in terms of jobs, income generation, career prospects, and quality of life. There is an understanding that these outcomes are dependent on a range of other factors operating at local and country levels, such as the economic and political environment. Nevertheless, in the absence of the NIPECD, a measurably tangible negative impact would have been evident, particularly in the personal and social well-being of poorer children in South Africa.

What **other impact** is evident from programme delivery of the NIPECD in the period of review? The NIPECD has contributed to the following areas:

1) A greater level of **awareness of ECD issues** in the country within the state sector (Presidency, line departments), and of their importance for development of the country as a whole. As a result, there is a greater level of recognition and awareness of the importance of ECD amongst officials, line departments, legislators and civil society activists.
2) ECD **Sector-building**: The NIPECD has contributed to professionalization of the ECD sector, through the funding of skills development and training programmes of ECD practitioners.
3) **Policy Advocacy**: the advent of the NIPECD and its implementation has facilitated policy advocacy in the ECD arena. It is now easier to advocate for ECD policy reform because the NIPECD has focused attention onto ECD matters in the country, and together with new knowledge generated on the subject, has led to the identification of a clear policy reform agenda to advance changes to enhance ECD service provision.[165]

The most recent 2012 study on the ECD sector argues that the quality of evidence on the impact of ECD services could be enhanced by: a) improving the quality of questions in existing national surveys; b) conducting randomised control trials which provide the gold standard for evidence on impact, and c) longitudinal cohort studies.[166] Further, the need is identified that future impact studies must address: a) selection effects of parents enrolling their children in services; b) assessment of the quality of services, and also to prevent averaging out the effects of services which differ widely in quality; c) direct measurement of outcomes to prevent distortions arising from the use of routinely collected administrative data which is often incomplete or inaccurate, and d) evaluation of more than one outcome for interventions.[167]

In **conclusion**, the measurement of the impact of the NIPECD is difficult to quantify in the absence of quality empirical data. Whilst the NIPECD has had a positive impact on the lives of the children it has supported, particularly in Grade R, this study is unable to offer a more accurate assessment of the impact of the plan.

[165] See chapter four dealing with relevance and appropriateness of NIPECD in this report
[166] Richter L (Ed.) et al (2012:36)
[167] Quoted in Richter L (Ed.) et al (2012:36). For example, nutrition interventions not only affect growth, but attention and activity levels; sociability, play and peer relations; exploration and school performance, and health.

8 The NIPECD's Programme Sustainability

Sustainability can be defined in many different ways – from creative non-traditional ways, which assert that it is "leadership plus adaptability plus programme capacity equals sustainability"[168], to well- established norms such as "sustainability is the ability of an organization to secure and manage sufficient resources to enable it to fulfil its mission effectively and consistently over time without excessive dependence on any single funding source"[169].

Sustainable organizations have a minimum number of essential organizational attributes and characteristics: (1) a clear mission and strategic direction; (2) the skills to attract resources from a variety of sources; (3) the know-how to manage resources efficiently for the maximum benefit to communities; (4) the ability to scan the environment, adapt to it, and seize the opportunities it offers; (5) strong leadership and management; (6) the ability to attract and retain qualified staff; (7) the ability to provide relevant benefits and services for maximum impact in target communities; (8) the skills to demonstrate and communicate this impact to leverage further resources; (9) community support and involvement; (10) commitment to building sustainable (not dependent communities), to maintain accountability to all stakeholders of the organization. An adapted 10-point sustainability scan will be applied to the NIPECD as a summary of a short review of its performance of the concept.

Over the period of review, the NIPECD has certainly been aware of its sustainability challenges from its inception. Issues of funding, coordination and integration, and accountability rank highest amongst its list of concerns.

Financial sustainability

The NIPECD performed relatively well in raising (1) revenue from within government systems to fund the delivery of ECD services. Even though income streams were problematized in this report, and there was no operational funding to deliver the NIPECD, it was still, nevertheless, possible to significantly expand access to ECD during the period of review, particularly for poorer communities. (2) supported by legislation and policy, the institutionalization of funding through the multi-year MTEF system and procedures more-or-less guarantees financial sustainability for ECD in the short- medium- and long-term.

Programmatic sustainability

The NIPECD's programme delivery in the 5-year period of review has been dealt with, in detail in the chapter assessing its programme effectiveness (results). The plan has largely achieved programme sustainability - major elements of its work is reflected in the annualized programmes of line departments, particularly the DoH, DSD and DBE, even though there are specific problems with coherence, and in terms of integration of ECD service delivery.

[168] TCC Group. Web Reference: http://www.tccgrp.com/pdfs/SustainabilityFormula.pdf

[169] Cannon L (1999) Life Beyond Aid: Twenty Strategies to Help Make NGO's Sustainable. Initiative for Participatory Development and Interfund: Johannesburburg.

Conclusion: Programme Sustainability

Overall, the NIPECD has performed well in terms of programme sustainability. It has demonstrated poor performance in a number of other important areas, with the result that it was effective in coordination and collaboration, but failed in its efforts to achieve integrated planning and delivery. The NIPECD was bolstered by strong performance in programme sustainability (financial sustainability and institutionalization) and relatively good performance in ECD service provision.

9 Lessons Learnt and Recommendations

There are a few specific **lessons** that are reached on the basis of the assessment and analysis of programme effectiveness and efficiency of the NIPECD. These are:

(1) The **information base** for management of the NIPECD needs to be strengthened significantly. This includes issues: (a) establishing a clear baseline for programme measurement of effectiveness (results); (b) establishing a sector-wide performance monitoring framework which includes empirical and qualitative data management, and operational performance as the NIPECD is rolled out. (c)
(2) **Scoping of the NIPECD**: Scoping and joint planning of the NIPECD is a joint responsibility and should be included in all departmental plans.
(3) **Joint Accountability**: Integrated delivery requires proper administrative arrangements to be put in place, governed by formal agreements between departments for how aspects of delivery (from planning, budgeting, through actual service provision) should be handled. These arrangements can take the form of legally-binding Memoranda of Understanding, protocols for how processes of decision-making should occur, and even possibly legal reform in the long term to write integration into the mandates of line departments.
(4) **Programme Manager and other Human Resourcing**: As motivated in the NIPECD, ECD units at all spheres of government should be established to manage and implement the Plan.
(5) **Roles and Responsibilities** made explicit: The lead department should have a clearly defined role and explicit responsibilities in relation to the NIPECD. The current draft developed by the DBE serves as a starting point for such provisions.
(6) **Financing Arrangements**: There is a clearly established need to fund the operations of the NIPECD, in addition to the existing funding for service provision. This relates to both government and non-government funding of the NIPECD.

Implications for an integrated service: In order to create a system of provision requires the linking up of the different services in order to provide a comprehensive system of ECD service. The need for integration of services for more effective and efficient delivery is recognized in documents produced by the Departments of Basic Education, Health and Social Development[170] but has not been implemented systematically. There is a need for significant further exploration of the most effective structure and delivery process for the integrated delivery of a package of services for children in South Africa.

A number of areas of weakness identified by this five-year review of the NIPECD suggest that there are critical requirements that need to be satisfied for success – in other words, effective implementation of services. Successful coordination and integration is about a simple idea: getting relevant line departments involved to ”to talk to one other about what they plan to do, where and when they plan to do it, how they plan to execute, and what budgets they have available to do it with.” It is, therefore, implied that departments will need to relinquish a degree of (planning, administrative and service provision) autonomy in order to achieve this greater, collective and desired impact. **Strong accountability** is required, both internally- to the immediate inner-circle” of stakeholders, and externally- to other relevant stakeholders, such as the media, civil society, the research community, etc. But **leadership** is required to identify the incentives in order to make

[170] Departments of Education, Health & Social Development, 2005).

coordination happen, the risks of non-compliance, and ultimately to drive complex government programming through a combination of directive **programme management** and persuasion to elicit cooperation. Underpinning all of this, is **sound administration** and reliable systems, and **sufficient funding** to enable delivery. When the principles of large complex programme management are applied to the NIPECD, the following critical requirements were identified:

(1) A conducive and enabling Policy Environment.
(2) High-level Political Decision-Making, and achieved through dialogue and participation by critical stakeholders. (Required to produce an accepted results-based NIPECD)
(3) A Political Champion at ministerial level, accountable to a Cluster, and ultimately accountable to Cabinet.
(4) A government institution to provide effective Policy Oversight, and provide ongoing evidence-based policy implementation/Performance Assessment; and operationally accountable to Presidency and the political champion/cluster.
(5) A sectoral Management Structure to provide hands-on management and coordination guidance and support. Must report to the Political Champion and Presidency, and include National Treasury, policy oversight institution, civil society bodies, etc.
(6) A full-time Programme Manager (government official in the lead department), dedicated to drive the programme, provide operational leadership – (a) build the accountability framework, and make logical links with existing state accountability framework - legislative oversight, departmental line management, results-based programme management strategic framework and plans, etc., (b) establish coordination and management mechanisms – inter-departmental committee, performance management review meetings, input mechanisms for stakeholder feedback, protocol management, roles and responsibilities mapping, etc., (c) align institutions - for example, ensure that linked operational structures to guarantee delivery coherence and capacity are set up within line departments in national/provincial/local spheres, such as ECD units, focal points, etc., (d) operationalize programme systems within existing government system framework, and provide support to line departments – research, evidence-based planning, annual- and medium-term bids/budgets, expenditure-tracking-enabled programmes in line departments, reporting frameworks, roll-out plan to get NIPECD into provinces and municipalities, etc. (e) operationalize programme management cycle (joint planning and budgeting, service delivery, performance monitoring and reporting, etc.), (f) ensure sufficient resourcing to fund delivery as well as the support required to deliver, and (g) ensure effective communication with all internal and external stakeholders. Operationally accountable to the sectoral management structure.
(7) Strong dedicated and available capacity (infrastructure, human resources, resourcing) at local government level, to ensure that services are actually provided to the target groups as intended.