

Theme: Early Childhood Development

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1. What are the major issues you have identified about the manifestations of structural poverty and persistent, deep inequalities?

The persistent inequalities of South African society are replicated from the moment of birth. The most extreme manifestation of poverty and inequality in young children is evident in **survival** rates. Poor children² are more likely than those from wealthier families to die during infancy or before their fifth birthday.ⁱ In the absence of quality interventions, the inequalities are further reinforced during childhood.

Poverty and inequality are multi-dimensional and the dimensions tend to be mutually reinforcing. Inequalities are compounded when disparities in income and living environments are coupled with inequities in access to services or treatment. A third of young children live in households without piped water and a quarter do not have adequate sanitation at home – not even a ventilated pit latrine.ⁱⁱ **Health risks** are greater for young children than older children and adults in the same circumstances because young children are particularly susceptible to infections and disease associated with inadequate household services. Yet poor children are also less likely to access quality

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² As with the general population, income inequality intersects with racial and spatial inequality. Poor children are overwhelmingly black African, and are disproportionately located in poor districts and the rural former homelands.

About this brief

This brief was commissioned by the Mandela Initiative to help inform a synthesis report on its work since the 2012 national conference, *Strategies to Overcome Poverty and Inequality*, organised by the University of Cape Town. The MI provides a multi-sectoral platform to investigate and develop strategies to overcome poverty and reduce inequality in South Africa. While the Nelson Mandela Foundation is a key partner, the Initiative has relied on collaborations between academics and researchers, government, business leaders, civil society, the church and unions.

The synthesis report serves as a framework for reporting on the work of the MI at a national gathering on 12 – 14 February 2018 at the University of Cape Town. The MI *Think Tank* has identified the objectives for the gathering as:

- to anchor the contributions of the MI within an analysis of the current South African political and economic context;
- to share the recommendations emanating from the MI-related work streams at a policy/strategic level to advance the goal of eliminating poverty and reducing inequality;
- to critically engage with the potential impact of the recommendations on eliminating structural poverty and inequality; and
- to discuss ways of promoting popular conversations and debate about what needs to be done to eliminate poverty and reduce inequality, beyond the MI.

The synthesis report aims to assist participants to prepare for the national gathering. The report drew on findings from the sectoral research projects of Think Tank members; the MI's *Action Dialogues*; a report on an MI *Community of Practice workshop* with research chairs from different universities to identify cross-cutting themes emerging from the MI's *research programme*; and the work programmes of others who have expressed an interest in contributing to the goals of the MI.



health care services than those who are better off and carry a lower burden of disease.ⁱⁱⁱ

Many children in South Africa grow up in households and communities characterised by high levels of violence and trauma. Toxic levels of stress impact development in fundamental and lifelong ways, and contributes to high rates of crime and violence. Our failure to address this in early childhood remains one of our biggest challenges.

Poor children are more likely to live in food insecure households and suffer from **undernutrition**, which in turn affects their physical development and health. Malnutrition is a leading cause of child morbidity and mortality, associated with over 60% of child deaths in hospitals.^{iv} Chronic poor nutrition leads to stunting and in turn affects mental development, which exacerbates inequalities as early childhood is a particularly sensitive and rapid period of **brain development**. Coupled with this, there are striking difference in levels of access to **pre-school learning** programmes: a 4-year-old child from the poorest income quintile has a 50% chance of attending a group learning programme, compared to a 90% chance for a child from the wealthiest quintile.^v For those who do access learning programmes, the quality of programmes varies, leading to very unequal outcomes.³ By the time children start school at the age of seven, inequalities are already pronounced and entrenched, so that children have unequal opportunities to realise their potential in childhood and over their life course.

2. What do you think are the main reasons for the persistence of the deep inequalities and poverty? These can include policy, capacity or implementation constraints/problems.

Intergenerational transfer: Children are, by law and in practice, reliant on parents and other adult family members for their care, support and material needs. Because of their unique dependence on adults as mediators of services and support, children inherit the inequalities and deprivations that exist in the adult population unless there are interventions to mitigate these. Poverty is driven by the structural problems of unemployment and low wages, which in turn limit the ability of adult caregivers to provide adequately (or equally) for children, or even to provide them with a healthy start to life. The impact of poverty on women, for example, has immediate outcomes for infants – low birth weight, pre-term births, the risk of undernutrition and disability.

Failure of the state to mitigate the effects of intergenerational poverty and inequality: Both international law⁴ and the South African Constitution are clear that while families have a primary duty towards providing for children's needs and realising their rights, the state is the ultimate duty bearer. It is required to intervene and support children when families are unable to fulfil their obligations to children. There are a number of reasons why it has failed to do so in the case of young children:

³ The Early Learning Outcomes Measure (ELOM) assesses standards in five developmental domains: 1) gross motor development; 2) fine motor coordination and visual motor integration; 3) emergent numeracy and mathematics; 4) cognition and executive functioning; 5) emergent literacy and language.

⁴ For example, through the UN Convention on the Rights of the Child.

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- *Political imperatives:* Young children (unlike students, for example) are a silent and mostly invisible constituency – they do not have political voice, they cannot vote or protest. Early childhood development (ECD) is easily cast as a “soft” issue and overlooked in the national development discourse, rather than been treated as both urgent and fundamental to achieving a socially just and equitable society.
- *Lack of a coherent and coordinated approach:* Responsibility for ECD does not “belong” to any one sector; it requires an integrated set of services and programmes that cut across departments (social development, health, basic education, home affairs, human settlements, justice, public works, labour, transport, water and sanitation, rural development) as well as over-arching departments like the national treasury and the Department of Planning, Monitoring and Evaluation, and the different spheres of government (national/provincial/local). Bringing these disparate departments and spheres together to focus on young children is enormously challenging, as are the practicalities of budgeting, planning and implementing complex programmes.
- *Reliance on non-government agencies:* While some early childhood services (notably in the area of health) are mainly provided by government, others have relied heavily on non-profit organisations (child care and group learning programmes, mental health, parent support and welfare services). The NPO sector delivering services to young children has been over-stretched and under-resourced; even where subsidies are available, there are challenges with registration and compliance. Fragmented approaches in turn limit accountability, cross-sectoral referral systems, and the development of information systems needed for monitoring and evaluation. NPO services need to be recognised and adequately funded, and there needs to be better integration of services offered by government and non-government agencies.
- *Insufficient or inadequate interventions:* Some programmes, especially in the health sector, have achieved broad reach (for example most children are born in health facilities and are fully immunised in their first year). Others (such as child care and learning programmes) are often inaccessible or unaffordable. The service infrastructure is insufficient, and there is a strong urban bias in the provision of programmes.^{vi} Even the child support grant, often described as the most successful poverty alleviation intervention, has large errors of exclusion for very young children, and the amount (R380 per month in 2017) is not enough to substantially reduce poverty or inequality. It does not even cover the cost of the minimum amount of nutrition that children need.^{vii}
- *Unfunded and under-resourced services:* centre-based and community/home-based services that provide child care, stimulation and early learning are not universally and publicly available because they are simply not in the national budget. Great advances have been made in access to grade R, which is publicly funded and now universally and freely available, (though generally of poor quality). The same needs to happen for ECD, and the quality issues addressed simultaneously.



3. What is being recommended at a macro policy/strategic level to deal with the major issues you have identified?

The country's first National Integrated Early Childhood Development (NIECD) Policy was approved by Cabinet in December 2015. Because it was drafted by a consortium of experts from civil society, many of the findings and recommendations arising from a wide array of research, engagement and practical experience found their way into the policy. The policy provides an overarching, multi-sectoral framework for a comprehensive package of ECD services and presents several strategic shifts in supporting early childhood development, including:

- Locating ECD service provision as a state-led responsibility and a public good;
- Identifying and prioritising the developmental period from conception to two years (first 1,000 days) as most critical for investment to enable the greatest long-term gains;
- Using a rights-based approach to define an essential and comprehensive package of services and support which should be publicly available, and identifying programmatic priorities to specifically address the current gaps in services;
- Redressing current inequities by prioritising service delivery to the most vulnerable: very poor children, those with disabilities, those living in poorly serviced areas, pregnant women and children younger than two years;
- Scaling up ECD services through home-, community- and facility-based delivery platforms, to enable universal availability and equitable access for all young children; and
- Defining mechanisms for implementation and improved service delivery including leadership and coordination structures, funding, infrastructure, staffing and monitoring and evaluation.

Provision of essential elements of an ECD service package in the short-term

The ECD policy sets out a comprehensive package of services for young children, but this will take time and childhoods do not wait. There is a sub-set of “essential” services designed to ensure children's survival and development from conception to the age of six. These services are related to socio-economic rights that are not subject to progressive realisation, but which must be realised immediately. They include birth registration and access to the child support grant from birth; basic health care and nutrition for pregnant women, infants and young children; preventive and curative maternal, infant and child nutrition services; support for parents; safe quality child care; early learning support and services from birth; and public information about ECD services. These essential services are prioritised in the policy, and implementation should take effect in the short-to-medium term to be available and accessible to all young children and caregivers by 2024. The policy envisages the roll-out of the comprehensive package by 2030.

A key aspect of the NIECD is the coordination across government departments and with the NPO sector. This remains a weakness both in terms of human resource capacity (requires time to undertake) and the lack of incentives in the government system for departments to work in an integrated and coordinated manner.

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For the policy to amount to anything in practice, it needs a good implementation plan. A draft plan has been developed but is not yet publicly available. Given that components of the ECD programme are delivered by NPOs, engagement with the NPO sector and civil society more broadly is important, however this process will further delay implementation.

In the meantime, there are other important developments:

- a National Curriculum Framework for birth to four years has been approved and roll-out is in progress;
- an Early Learning Outcomes Measure has been designed and piloted, and if used widely will help to monitor and inform improvements to the quality of early learning programmes;
- a conditional grant was introduced in April 2017 to support the maintenance of ECD facility infrastructure and increase the number of children receiving subsidised pre-school services. The grant also requires provinces to review administrative and monitoring systems which will lead to greater systems efficiency and better data. This is the first time that ECD has had a ringfenced provincial budget – it will help, but is not enough and there is a risk that it will promote expenditure on ECD centres rather than home and community-based services;
- a diagnostic review on child nutrition was undertaken and a strategy and implementation plan have been finalised and a national zero-stunting campaign was launched in 2017;
- an expanded role for community health workers and a strengthened public health system will provide health and nutritional support and interventions, such a promoting breastfeeding, to vulnerable women and infants. The policy requires that the Department of Health take the lead on the 0 – 2 age cohort;
- the policy promotes that the Department of Health adopts a more developmental approach to maternal and child health and nutrition; there are indications of a more holistic approach to care in the department's revisions to the Road-to-Health Booklet, due for implementation in early 2018.

4. What do you think the potential impact of the recommendations will be on eliminating structural poverty and reducing inequality?

Children who are born to poor parents and grow up in poor households are likely to remain poor, and in this way the inequalities of apartheid are reproduced. Roughly a million children are born every year. Each cohort of new births is an opportunity for interrupting intergenerational cycles of poverty and inequality. Children could be healthier, better nourished, less traumatised by violence, better prepared for school and further education – with long-term payoffs for future generations. For this reason, the implementation of a comprehensive programme of early childhood services and support cannot be delayed. By not implementing the NIECD we are losing the opportunity to give our children a better and more equal start in life.

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For more information on the Mandela Initiative:



ⁱ WHO World Health Statistics

ⁱⁱ Hall K, Sambu W, et al (2017) *South African Early Childhood Review 2017*. Cape Town: Children's Institute, UCT & Ilifa Labantwana.

ⁱⁱⁱ Hall L, Woolard I, et al (2012) *South African Child Gauge 2012: "Children and inequality: Closing the gap."* Cape Town: Children's Institute, UCT.

^{iv} Berry L, Biersteker L, et al (2013) *South African Child Gauge 2013: "Essential services for young children."* Cape Town: Children's Institute, UCT.

^v Hall K et al (2017) – note 2 above.

^{vi} Richter L, Biersteker L, et al (2012) *Diagnostic Review of Early Childhood Development*. Pretoria: DPME & Inter-Departmental Steering Committee on ECD.

^{vii} Smith J, Abrahams M & Chita N (2017) *PACSA Food Price Barometer Annual Report*. Pietermaritzburg: PACSA.