South Africa Public Expenditure and Institutional Review for Early Childhood Development

Overview

WORLD BANK GROUP

basic education
Department:
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Foreword

Early Childhood Development (ECD) is a key priority for the South African government and is one of the most powerful levers to unlock the future potential of the country. The period from conception to five years of age is the time in which we can have the largest influence to ensure children thrive throughout life. Investing in ECD is one of the most important tools we have to reduce the acute impact of poverty and ensure better performance of our children in formal schooling. If we lay a good foundation early on, we can reduce a child's likelihood to leave school prematurely, we can improve their performance in school, build the skills they will need to succeed in the workforce and, ultimately, reduce poverty and boost equality.

The Department of Basic Education (DBE) has partnered with the World Bank and the National Treasury to conduct this Public Expenditure and Institutional Review. The DBE has identified two priority outcomes: reduced malnutrition in the early years and improved early learning to guide the review. To improve and strengthen the delivery of the ECD function, the review examines expenditure that is allocated to ECD, identifies opportunities to increase or improve expenditure, and suggests ways to strengthen inter-departmental and cross-government collaboration to help ensure that all children in South Africa receive a comprehensive package of integrated support and services to build the foundations to thrive later in life.

The review considers the extent to which expenditure across various government departments and spheres is aligned with ECD priority outcomes. The analysis includes reporting on relevant and complementary expenditures and conducts analysis of budgets from multiple Departments.

The PEIR identifies the major constraints and opportunities for further expansion of ECD services and quality improvements and options for how to address these going forward. The options are presented in phases to indicate the most pressing priorities and ensure fiscal affordability. Increased funding for ECD will be required, but there are also changes that can be made with more limited fiscal impact, to expand and improve ECD service delivery. We hope that this review and the options it presents will be useful in informing the ECD sector's medium to long-term planning and provide the necessary motivation for increased funding to the sector and for strengthened collaboration between government departments.

The ECD function transfer creates an urgent opportunity to take stock of existing efforts and make changes to ensure a brighter future for our children. More than one quarter of South African children below the age of 5 are stunted, indicating unacceptable levels of malnutrition. An estimated 80 percent of children are living in learning poverty, unable to read and understand a simple paragraph by the age of 10. The moment to change is now. Good progress has been made in the recent decade, including expanded access to grade R, increased funding to subsidise the cost of ECD programmes for poor children and wider implementation of the National School Nutrition Programme.

South Africa can build on these successes to ensure that all children in in the country - and especially the most disadvantaged - have the full support they need to grow and thrive. This effort will require a whole-of-government and whole-of-society approach and the World Bank stands ready to play its part.

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The study team was led by Elizabeth Ninan Dulvy, Program Leader, Human Development at the World Bank and Amanda Devercelli, Senior Education Specialist and Global Lead for Early Childhood Development (ECD) at the World Bank, who were also co-authors of the report. The team was comprised of Servaas van der Berg (co-author, RESEP), Martin Gustafsson (co-author, RESEP), Gunilla Pettersson Gelander (co-author, Consultant), Jesal Kika-Mistry (co-author, Consultant), Frances Beaton-Day (co-author, Consultant), Alasdair Fraser (analyst, Consultant), Mamy Rakotomalala (analyst, Consultant), Martin Moreno (analyst, Consultant), Simon Cresswell (analyst, Consultant), Najma Shaikh (co-author, Consultant), Madelynne Wager (research assistant, Consultant) and Stuti Sachdeva (research assistant, Consultant).

A multi-sectoral advisory committee was established under the PEIR led by the DBE that brought together senior officials from different sectoral ministries (education, health, and social development), the National Treasury, the Department of Cooperative Governance and Traditional Affairs (local government) and the Department of Planning, Monitoring and Evaluation (DPME), which sits in the Presidency. The study team worked closely with the advisory committee to establish the priority outcomes for the PEIR and discuss emerging findings and recommendations. The team is sincerely grateful to Simone Geyer (Deputy Director-General: Planning and Delivery Oversight Unit, DBE) and Patrick Khunou (Deputy Director-General: Finance and Administration, DBE) for chairing the advisory committee meetings, as well as Kulula Manona (Chief Director: Foundations for Learning, DBE) and Janeli Kotzé (Deputy Director: Research, Monitoring and Evaluation, DBE) for providing ongoing support during these discussions. The team highly appreciates the engaging and fruitful discussions and guidance received from officials during the advisory committee meetings, particularly Julia de Bruyn, Mark Blecher, and Spencer Janari from the National Treasury; Mastoera Sadan and Josephilda Hlophe from the DPME; and Lesley Bamford from the Department of Health. The team is grateful to the National Treasury for sharing data, particularly, to Shaneel Ragoo for consolidating detailed financial data from the Basic Accounting System used for this review.

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1. Introduction

The first five years of a child's life are a critical and unparalleled period of development, during which an estimated 90 percent of all brain growth occurs. During this period of early childhood development (ECD), children need nurturing care, which includes adequate healthcare and nutrition, stimulation, protection from stress, and opportunities to play and learn. Conversely, if children do not receive the inputs needed to promote healthy development, early deficits can emerge and disadvantage them throughout life. Recognising the importance of child development, the Government of South Africa has made significant progress over the last decade including, the achievement of almost universal access to one year of pre-primary education as well as increasing public funding to support private ECD service providers that serve poor communities. There have also been significant improvements in infant and child mortality rates, with the under-5 mortality rate declining from 52 to 32 deaths per 1,000 live births between 2010 and 2020.

Despite this progress, access to and the quality of services to promote child development during the early years remain a challenge in South Africa, with vulnerable children being at the greatest disadvantage. The main purpose of this review is to provide options for how to expand and raise the quality of ECD services by increasing and improving public expenditure for areas with the largest expected benefits to individuals as well as the country. The review also identifies how the institutional structures for coordinating, managing, monitoring and delivering ECD services can be strengthened. The review builds on the extensive data and research publicly available in South Africa as well as international evidence, complemented by interviews with key informants engaged in the ECD sector.

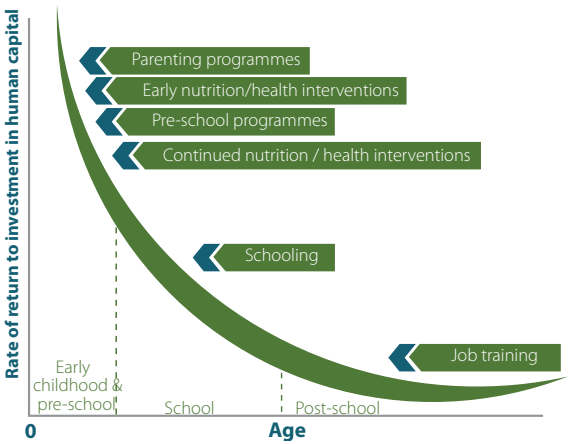
The review was guided by the following research questions:

- What are the **main challenges to child development** in South Africa?
- What are the institutional arrangements to deliver ECD services? What are the **key institutional areas to be strengthened** to support the expansion and improvement of ECD services?
- What are the public expenditure patterns for the examined interventions? How easy is it to measure this expenditure? **Is expenditure adequate** to achieve the desired outcomes?
- How equitable is public expenditure on services to promote child development in terms of child age, socio-economic background and geographic location?
- Is **public expenditure efficient** in terms of allocation between different needs related to child development? Is expenditure aligned with priority outcomes to be achieved?
- How **could public expenditure be adjusted in terms of adequacy, efficiency, and equity** to expand and improve services to promote child development?

2. Why investing in early childhood development is important

Global evidence consistently shows that investments in ECD offer a remarkable return, not only for individuals but for societies as a whole. At the individual level, quality ECD programmes are associated with a better transition to primary school, reduced repetition and drop-out rates and higher learning achievement in school. Investments in children's health and nutrition during their first 1,000 days yield better health outcomes throughout their lifetime. Across all types of interventions, the benefits are more pronounced for children from poor households. Evidence from a range of settings also suggests that the cognitive and socio-emotional skills children develop in their early years are critical to success in the workplace and in life as adults, contributing to the rising living standards of the entire population. At the societal level, the long-term benefits of investing in ECD established across countless studies, include reduced involvement in crime, better health-seeking behaviours and increased social cohesion and equality, all of which promote economic growth and reduce the burden on government systems. These benefits also have implications beyond the individual's lifetime in their potential to stop the intergenerational transmission of poverty.

Figure 1 Rates of return to investing in human capital at different ages



ECD interventions to improve parenting skills and health, nutrition and stimulation for the youngest children have a higher rate of return for each dollar invested compared to other interventions and interventions targeted at older children or adults (Figure 1).

A home-visiting programme in Jamaica that comprised weekly visits from community-health workers supporting mothers to provide psycho-social stimulation to growth-stunted toddlers led to increased earnings for participants by 25 percent after 20 years. A recent study in South Africa which analyses the cost and impact of scaling 10 nutrition interventions for a cohort of children born in 2021 estimates that every USD1 invested in nutrition interventions would yield USD18 in productivity returns. The rate of return from investing in a set of nutrition interventions in 34 countries, including salt iodisation, nutrient and complementary feeding

supplementation for pregnant women and children and nutrition education, at scale during the first 1,000 days of a child's life is estimated at 17 percent. Other recent estimates for South Africa suggest that every USD1 invested in accessible childcare services would generate USD7 in increased economic activity for previously unemployed primary caregivers on average. The investment case for ECD is persuasive.

3. The status of early childhood development in South Africa

To increase access to pre-primary education, the Government of South Africa introduced one year of free pre-primary education, grade R, in 2003. The result is almost universal access to grade R at 97 percent (Table 1), which is comparable to access levels of other Upper Middle-Income Countries (UMICs) like Peru (96 percent) and Thailand (98 percent). Access to ECD programmes by children ages 3 and 4 in South Africa has increased by about 15 percentage points over the last decade to reach 58 percent and 75 percent, respectively. However, further improvements in coverage are needed, especially for children from poorer families and for those living outside urban areas. There is a 30-percentage point difference in enrolment in ECD programmes between children from the richest and poorest quintiles of households, and while children in urban areas travel on average 1.8 km to an ECD programme, those in a Tribal Authority Area need to travel 3.4 km and those in farm areas a striking 8 km. South Africa fares better than regional counterparts and is on par with other UMICs on access to safe drinking water, which is important for children's health, but here again, there are disparities in access by socio-economic status and province.

South Africa's rates of adolescent fertility, under-five mortality, and learning poverty levels are very high compared to other UMICs. Adolescent fertility rates are particularly high in South Africa, at 71 per 1,000 females ages 15 to 19 as of 2019, and the rate was more than three times as high for girls from the poorest quintile of households compared to the richest quintile. Adolescent pregnancies have adverse consequences for mothers (childbirth complications and maternal mortality, as well as impacts on future education and employment opportunities) and their children (higher risks of low birth weight and severe neonatal conditions that may have lifelong consequences). The under-five mortality rate in South Africa at 32 per 1,000 live births is significantly higher than in most other UMICS, and among children ages 1-4, malnutrition was the third leading cause of death in the country in 2018. By age ten, a staggering 80 percent of children in South Africa cannot read for meaning, according to data from 2016, which is far higher than the learning poverty rates in countries like Vietnam (20 percent) or Sri Lanka (15 percent).

Table 1 International comparison of selected ECD indicators

		South Africa	Regional comparators			Selected actual & aspiring UMICs				UMIC average (50+ countries)
			Kenya	Namibia	Nigeria	Peru	Sri Lanka	Thailand	Vietnam	
1	Under-5 mortality rate (2016-2020)	32/1,000	42/1,000	40/1,000	117/1,000	13/1,000	7/1,000	9/1,000	21/1,000	18/1,000
2	Under-5 prevalence of stunting (2013-2020)	27%	19%	18%	35%	11%	16%	12%	22%	11%
3	Under-5 birth registration completeness (2013-19)	89%	67%	78%	43%	98%	97%	100%	96%	-
4	Access to basic drinking water (2020)	94%	62%	84%	78%	93%	92%	100%	97%	96%
5	Pre-primary ANER one year before primary school (2012-2019)	97%	90%	90%	61%	96%	42%	98%	95%	-
6	Learning poverty at end of primary (2015-19)	80%	-	-	-	60%	15%	-	20%	-
7	Adolescent fertility rate (2019)	71/1,000	73/1,000	60/1,000	104/1,000	55/1,000	20/1,000	44/1,000	27/1,000	29/1,000
8	Female labour force participation (15-64 years) (2018-2019)	53%	64%	57%	53%	73%	39%	67%	72%	57%

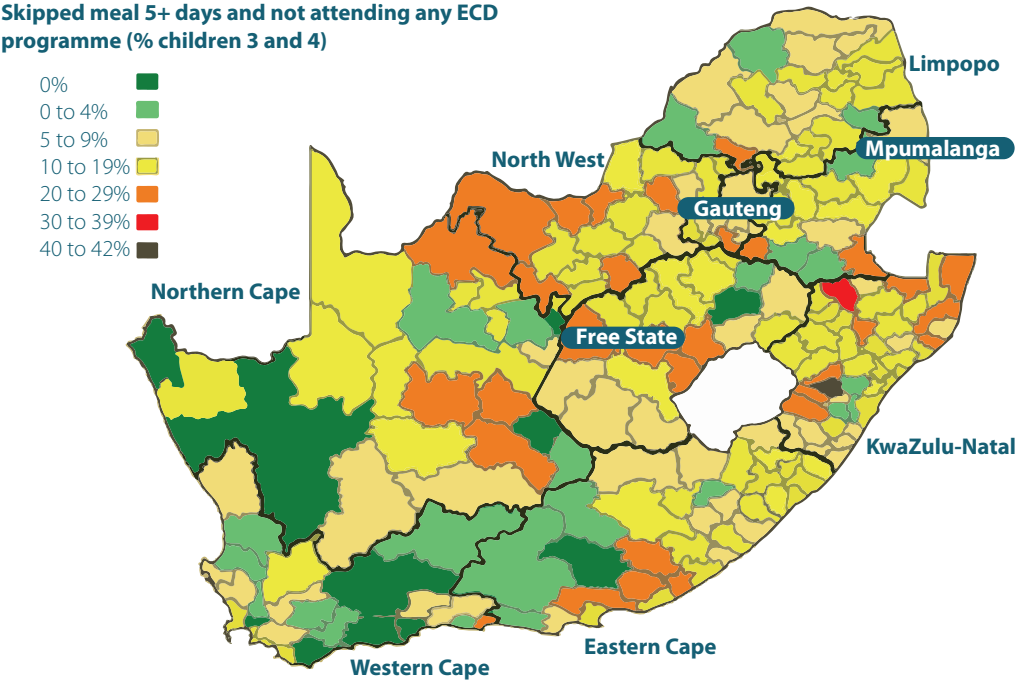
Source: 1 UN Inter-agency Group for Child Mortality Estimation 2022; 2 UNICEF, WHO, World Bank JME; 3 UNICEF SOWC 2021; 4 World Bank Open Data; 5 UNICEF Global database on Adjusted Net Attendance Rate 2022; 6 World Bank EdStats 2022; 7 World Bank Open Data; 8 International Labour Organization, ILOSTAT database 2022. Note: 1) Learning poverty level = proportion of children age ten who are not in school (schooling deprived) or are below the minimum reading proficiency level (learning deprived).

Of critical concern, is the large group of young children in South Africa who are malnourished and/or are not reaching accepted levels of early learning. As of 2016, 27 percent of children under-five were stunted (a measure of chronic malnutrition), with profound impacts on their long-term health, development and productivity. Children from the poorest quintile of households are almost three times as likely to be stunted as those in the richest quintile of households. The under-five stunting rate in South Africa is more than double the average rate for UMICs, and higher than for all comparator countries except Nigeria. At the same time, despite the progress in raising ECD programme and grade R participation, early learning levels are low. As of early 2022, 55 percent of children enrolled in such programmes did not meet the early learning standard by age 5, and within this group, about half were falling far behind and would need intensive intervention to catch up with their peers. This could partly be attributed to the level of engagement between caregivers and their children, which is low in South Africa. For example, in 2018, 47 percent of caregivers reported never reading, and 35 percent reported never telling stories to their child(ren) despite these activities being key activities of early stimulation. South Africa's female labour force participation at 53 percent is close to the UMIC average and neighbouring countries but still well below that of Peru and Vietnam; increasing access to affordable, quality ECD services can help boost such participation.

South Africa's low performance on most of these key indicators warrants greater focus on and investment in programmes that promote ECD, with a focus on the most disadvantaged children.

A large group of children are doubly disadvantaged, suffering from hunger and not attending any ECD programme. In a majority of local municipalities, more than 10 percent of children ages 3-4 were hungry and not attending any form of ECD programme in 2016 (see Figure 2). In some municipalities, this proportion rose to 20 percent or more. This is a stark reminder of the dire situation of many young children across the country.

Figure 2 Doubly disadvantaged children: hungry and not attending any ECD programme 2016[1]



4. Conceptual framework for the analysis and examined interventions

This review focuses on two priority ECD outcomes: reduced malnutrition in the early years and improved early learning. These outcomes are not mutually exclusive, with malnutrition and stunting being significant predictors of child development, including cognitive and social development. Meanwhile, early learning programmes in South Africa provide early stimulation and learning activities, while also providing meals. To achieve these two outcomes, the ECD service delivery system needs to be strengthened, and this review offers suggestions on how that can be done, drawing on global good practice of institutional arrangements in the ECD sector.

1 Source: Community Survey 2016 microdata. Note: 1) Geographical units are local municipalities. 2) 95% confidence intervals per municipality are relatively wide, around 8 percentage points for the median-sized municipality. 3) Households with children ages 3-4 who do not attend any form of pre-schooling.

The conceptual framework underpinning the review identifies 25 interventions that are critical for a child's healthy growth and development, beginning from pregnancy through to transition to primary school. These critical interventions for young children and their families can be grouped by sector and stage/age group (Figure 3).

For the purposes of this review, the focus is on the interventions in this conceptual framework (highlighted in bold) that are among those most likely to contribute to the two priority ECD outcomes: reduced malnutrition in the early years and improved early learning. The review groups these interventions into three 'buckets': (i) **early learning interventions** (ECD programmes and pre-primary programmes); (ii) **family support interventions** (social assistance transfer programmes targeted to children; caregiver education about early stimulation, growth and development; childcare and child protection services); and (iii) **early nutrition interventions** (complementary feeding; adequate, nutritious and safe diet; and micronutrient supplementation and fortification).

While other interventions in this framework also contribute to reduced malnutrition and improved early learning, they are not examined because of the review's scope and data limitations. Expenditure on interventions under the 'water and sanitation' and the 'home affairs' sections and on parental leave in the 'social development' section in the framework are not examined as the focus of the review is on the education, health and social development sectors[2]. Expenditure on the interventions during pregnancy and birth; early child health; prevention and treatment of child malnutrition; and therapeutic zinc supplementation included in the framework, cannot be sufficiently identified in the national or provincial financial data and are therefore not examined.

The key group of interest for this review is children ages 0-5. However, for early learning, interventions aimed at children aged 6 are also covered to capture the transition from pre-grade R programmes to school through grade R. For the early nutrition interventions, the expenditure analysis cannot be restricted to the key age group because the financial data available is not disaggregated by age. But the included interventions are those highly likely to cover young children and estimates of the amounts going to young children are provided.

2 Parental leave falls under the Department of Employment and Labour.

Figure 3 Critical interventions for early childhood development

<table>
<tr><th></th><th>Pregnancy</th><th>Birth</th><th>6 months</th><th>12 months</th><th>24 months</th><th>36 months</th><th>48 months</th><th>60 months</th><th>72 months</th></tr>
<tr><td rowspan="5">Health</td><td>Antenatal care visits</td><td>Attended delivery</td><td colspan="7"></td></tr>
<tr><td colspan="2"></td><td colspan="5">Immunisation</td><td colspan="2"></td></tr>
<tr><td colspan="3"></td><td colspan="7">Deworming</td></tr>
<tr><td colspan="9">Access to family planning and sexual reproductive health (including youth-friendly services)</td></tr>
<tr><td colspan="9">Access to healthcare</td></tr>
<tr><td colspan="9">Prevention and treatment of parental depression</td></tr>
<tr><td rowspan="4">Nutrition</td><td rowspan="2">Counselling on adequate diet for pregnant women</td><td rowspan="2">Exclusive breastfeeding</td><td>Complementary feeding</td><td colspan="6">Adequate, nutritious and safe diet</td></tr>
<tr><td colspan="7">Therapeutic zinc supplementation for diarrhoea</td></tr>
<tr><td>Iron-folic acid supplementation</td><td colspan="8">Prevention and treatment of acute child malnutrition</td></tr>
<tr><td colspan="9">Micronutrient supplementation and fortification</td></tr>
<tr><td rowspan="4">Social development</td><td colspan="2" rowspan="2"></td><td colspan="7">Parental leave and childcare</td></tr>
<tr><td colspan="7">Child protection services</td></tr>
<tr><td colspan="9">Social assistance transfer programmes</td></tr>
<tr><td colspan="9">Caregiver education about early stimulation, growth and development</td></tr>
<tr><td>Education</td><td colspan="3"></td><td colspan="4">Early childhood development programmes</td><td colspan="2">Pre-primary programmes</td></tr>
<tr><td rowspan="3">Water and sanitation</td><td colspan="9">Access to safe water</td></tr>
<tr><td colspan="9">Adequate sanitation</td></tr>
<tr><td colspan="9">Hygiene / handwashing</td></tr>
<tr><td>Home affairs</td><td colspan="2"></td><td colspan="7">Birth Registration</td></tr>
</table>

Source: Reproduced from Denboba et al. 2014 with some modifications. Note: 1) Some caregiver education and support interventions are in the health sector. 2) Parental leave is under the Department of Employment and Labour in South Africa.

For the expenditure analysis, the review maps national and provincial budget programmes and sub-programmes to the interventions in the early learning, family support and early nutrition buckets (Table 2), setting out the responsible departments, sub-programme numbers and names and the relevant interventions from the conceptual framework.

For early learning, public expenditure on ECD and pre-primary programmes was through the provincial departments of education (PDoEs) and national and provincial departments of social development (PDSDs) until April 1, 2022, when all expenditure was transferred to the education sector. The key intervention which rests with PDoEs is the provision of Grade R in public schools and in ECD programmes. In addition, ECD and partial care expenditure through the PDSDs (until April 1, 2022) supported ECD programmes through the transfer of subsidies aimed at poor children. Other important (though much smaller in terms of expenditure) interventions include: ECD infrastructure development and maintenance; human resource development; and training for ECD practitioners and grade R educators, where a small proportion of the training expenditure is funded through the Expanded Public Works Programme (EPWP) Social Sector grant. The relatively greater emphasis of this review on the early learning interventions is to help inform decision-making and planning after the recent ECD function shift from Department of Social Development (DSD) to Department of Basic Education (DBE).

The family support interventions include the child support grant (CSG), the care dependency grant (CDG) and the foster child grant (FCG), which all fall under the DSD and are administered by provincial South African Social Security Agency (SASSA) offices. These grants can serve to help families provide food and pay for ECD programmes and access other services essential to child development. Other sub-programmes supporting child development under the ambit of PDSDs include 'Childcare and child protection' which seeks to ensure children are safe and live in protected family environments, through parental education and training programmes, psycho-social support for children and prevention and awareness campaigns on child protection. There are other smaller sub-programmes which provide residential care services for children who need alternative forms of care and protection and support and early intervention services for vulnerable children, including orphans. The four PDSD sub-programmes are aimed at children from birth until they turn 18. It is not possible to directly identify expenditure for the age group 0-5; instead estimates of expenditure on these interventions likely to flow to this age group are provided.

Expenditure for early nutrition interventions fall under the departments of education, health and social development at national and provincial levels, and is more challenging to identify than for the early learning and family support interventions. The National School Nutrition Programme (NSNP) provides meals for poor learners in grade R in public schools under the purview of DBE. The 'Child, youth and school health' and the 'Health promotion and nutrition' sub-programmes under DoH and the 'Nutrition' sub-programme under provincial departments

of health (PDoHs) provide nutrition services targeted at specific groups. Under PDSDs, food and food supplies under various sub-programmes are included and under the national DSD, the 'Social Relief of Distress' (SRD)[3] that provides food parcels over short periods of time to families in distress. For the early nutrition interventions, the expenditure analysis cannot be restricted to the key age group but estimates of the amounts going to young children are provided.

Some interventions serve to improve both nutrition and early learning; to avoid double counting, however, each intervention was assigned to the 'bucket' deemed most relevant. For example, ECD programmes provide opportunities for early learning but also provide an important avenue to reducing malnutrition through the provision of meals. Since the programmes' main role is to promote early learning, the ECD programme subsidy which also covers meals for enrolled children is assigned to the early learning bucket.

3 This SRD grant predates the SRD-350 grant which was introduced following the COVID-19 pandemic.

Table 2 Overview of the interventions examined by the review

	Spending agency	Sub-programme number	Programme name	Sub-programme name	Interventions from conceptual framework
EARLY LEARNING	PDoE	5,1	Early childhood development	Grade R in public schools	ECD programmes and pre-primary programmes
		5,2		Grade R in ECD programmes	
		5,3		Pre-grade R training for educators/ practitioners	
		5.4, 5.5		HR development for educators/ practitioners and non-educators in Grade R at public schools and ECD centres	
		6,4	Infrastructure development	ECD infrastructure (grade R classrooms in public schools)	
	DSD	Programme 4	Children	Nationally administered expenditure	
	PDSD	3,4	Children and families	ECD and partial care (includes ECD subsidy)	
FAMILY SUPPORT	DSD	Programme 2	Social assistance	Child support grant Care dependency grant Foster care grant	Social assistance transfer programmes, caregiver education about early stimulation, growth and development, childcare and child protection services.
	PDSD	3,2	Children and families	Care and services to families	
		3,3		Childcare and child protection	
		3,5		Child and youth care centres	
		3,6		Community-based care services for children	
EARLY NUTRITION	DBE	Conditional grant	National School Nutrition Programme		Complementary feeding; adequate, nutritious and safe diet; micronutrient supplementation and fortification
	DoH	3,5	Communicable and non-communicable diseases	Child, Youth and School Health	
		3,8		Health promotion and nutrition	
	PDoH	2.6, 2.7	District health services	Nutrition	
	DSD	2,8	Social assistance	Social Relief of Distress	
	PDSD	Various programmes and sub-programmes classification: Inventory: Food and food supplies			

Source: PEIR team.

Note: 1) Sub-programme numbers at national level are from ENE and at province level from EPRE. 2) The spending by PDSD on inventory: food and food supplies under the early nutrition package excludes such spending under sub-programme 3.4. 3) For simplicity a small amount of expenditure was reclassified. Expenditure on sub-programme 5.7 EPWP Grants which is spent on pre-grade R training was moved under sub-programme 5.3 Pre-Grade R training and expenditure on sub-programme 5.5 Conditional Grants was moved under programme 6 Infrastructure development, sub-programme 6.4 Early Childhood Development.

5. Key findings from the review

5.1 Early learning interventions

Early learning interventions in South Africa can be classified in two main categories. First, is one year of pre-primary education, grade R, that is targeted at children who are 5 years old. Though grade R is not yet compulsory, it is almost universal, enrolling around 97 percent of all children in the relevant age group. Second, are early learning interventions targeting children below grade R age, which are offered solely through private providers in ECD centres, crèches and nurseries. For the purposes of this review, this category of early learning services is referred to as ECD programmes. There are around 17,500 ordinary public and independent schools offering grade R, and there are at least 42,420 ECD programmes, some of which also offer grade R. Other relevant data related to grade R and ECD programmes can be found in Table 3 below.

Table 3 Basic information on grade R and ECD programmes

	Grade R (ordinary public and independent schools)	ECD programmes
Total number of ordinary public and independent schools with grade R/ECD programmes	17,445	42,420
Total number of learners/children enrolled	779,511 (plus an estimated 300,000 in ECD programmes)	2.2 million (estimates based on the ECD census data puts this at around 1.7 million)
Estimated number of children of grade R/ECD programme age	1.1 million (5 years)	5.7 million (younger than 5 years)
Total number of grade R educators/educational staff	Not available	131,000
Average learner-educator ratio/child-educational staff ratio	35:1	15:1
Average educator/educational staff salary	R165,000	R31,000

Notes:

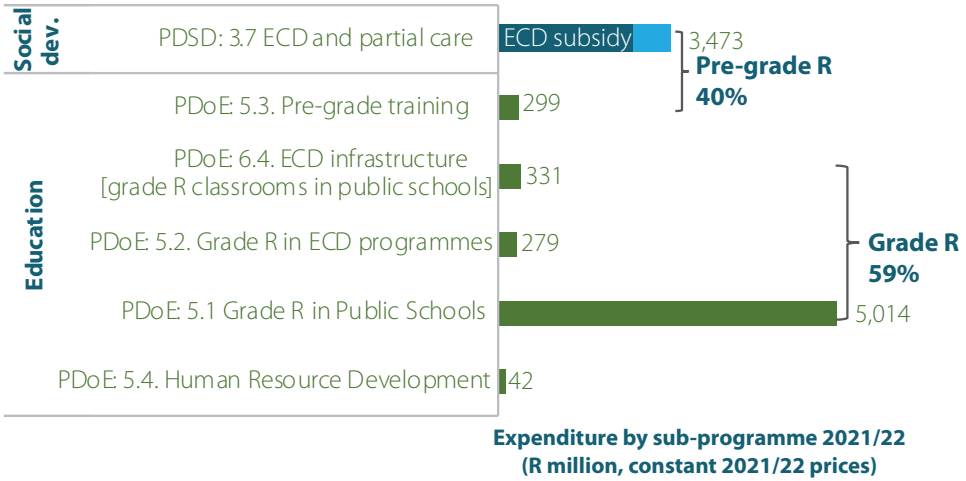
1) The grade R numbers are for learners in ordinary public and independent schools. Around 28 percent of grade R learners are in ECD programmes (DBE, 2020).

2) The child to educational staff ratio for ECD programmes is child weighted and programmes missing the data required to calculate the ratio and those where the required staff data was inconsistent were excluded.

Total expenditure on these two early learning interventions stood at R9.5 billion in 2021/22 (see Figure 4), which was equivalent to 0.5 percent of total public expenditure and to 0.15 percent of GDP. Expenditure on grade R, which falls under the purview of PDoEs accounted for about 59 percent of this total amount and included expenditure on grade R in public schools as well

as in some ECD programmes, and some expenditure on infrastructure for grade R classrooms in public schools. Expenditure on children below grade R age accounted for the remaining 40 percent and was dominated by the ECD subsidy[4] at R2.8 billion for providers serving children from poor households and some infrastructure development. There was also some expenditure on training for ECD practitioners, with a very small proportion funded through the Expanded Public Works Programme (EPWP) Social Sector Grant

Figure 4 Expenditure on the early learning interventions by sub-programme 2021/22



Source: National Treasury (ENE of 2021 and Excel EPRE file published 2021).
Note: 1) R91 million of nationally administered expenditure under DSD programme 4 Children not shown here for simplicity's sake.

When considering the adequacy and efficiency of expenditure on the early learning interventions, the main issue that stands out is that the Government spends the bulk of funding on children in grade R rather than on children in ECD programmes, when the science of childhood development is clear that early stimulation is most important during the first 1,000 days of a child's life. The much larger expenditure on grade R compared to ECD programmes is mainly driven by the large difference in the average cost of grade R educators compared to ECD practitioners. The average annual cost of ECD practitioners (Table 3) is estimated at R31,000 (0.3 times GDP per capita), which is five times less than that for grade R educators, estimated at roughly R165,000 (1.6 times GDP per capita) and close to the national minimum wage. While it is not possible to compare expenditure on ECD in South Africa to other countries, there is general agreement in the country that expenditure for early learning is inadequate given the

4 The ECD subsidy is provided on a per-child per-day basis to children in registered ECD programmes. For a child to qualify for the subsidy (increased to R17 per-child per-day in 2021), registered ECD providers need to demonstrate that the child meets the requirements of an income means test whereby the joint income of the child's household members is less than a certain threshold. Although means-testing is linked to the child, subsidies are directed at providers.

needs, and that moving forward, any additional funding should prioritise younger children in ECD programmes.

In terms of equity of expenditure on the early learning interventions, as stated earlier, there was a 30-percentage point difference in enrolment for children from the richest quintile of households compared to children from the poorest quintile of households. Unsurprisingly, enrolment rates are low where there is no ECD programme accessible to children in the area they live in (6 percent) and notably higher in areas where programmes are located nearby (59 percent). These findings underline the importance of better targeting of support to children from poorer households and to direct expenditure to facilitate the establishment of ECD programmes in under-served areas.

To improve equity, the Government introduced the ECD conditional grant in 2017/18, with the aim to allow provinces to subsidise a larger number of children from poor households in order to increase participation in ECD programmes. Access to this grant by a province is conditional on there being no reduction to its existing expenditure on such programmes through its equitable share allocation. While the introduction of the ECD conditional grant in 2017/18 did coincide with a real increase in expenditure on ECD programmes, there has not been a concurrent statistically significant increase in enrolment in such programmes nationwide[5]. This points to potentially two issues. First, it is possible that some provinces substituted their equitable share funding directed to ECD programmes with conditional grant funding. Second, increased public funding for the ECD subsidy may have displaced private fee expenditure, which would be desirable if the beneficiaries were from low-income households. The overall message is that more public funding will not automatically result in proportionally higher levels of ECD participation at the national level. However, if funding is targeted to areas where access to ECD programmes is low, the risk of displacing private fees would also be low, suggesting the need for better targeting of funds to poorer communities.

The ECD subsidy amount of R17 per-child per-day (for 264 days per year) is inadequate to cover programme operating costs, which a recent estimate of a minimum of R31 per-child per-day. As a result, most programmes need to charge families private fees. Families were paying about R1,400 per year on average in private fees for each subsidised child, while the annual payment for children attending ECD programmes that were not subsidised came to an average of R11,200 in 2019. Private fees pose a major barrier for children from poor households, with the poorest 40 percent of households paying an estimated R280 per month on average, equivalent to 48 percent of the monthly food poverty line per person[6]. Total national household expenditure to attend ECD programmes is estimated at around R14 billion (of which R3.7 billion is spent by the

5 Specifically, the 2014 to 2019 trend for children ages 0 to 6 enrolled in ECD programmes is estimated to have remained in the range of 41 percent to 45 percent.

6 Analysis for this review based on General Household Survey (GHS) 2019 data.

poorest 60 percent of households), compared to total public expenditure of roughly R2.8 billion on the ECD subsidy.

While the ECD subsidy amount itself is inadequate to cover the cost of basic early learning services for children in ECD programmes, provinces report that there is often insufficient overall budget to reach all children that are eligible for the subsidy[7]. Technically, all children who are eligible for the Child Support Grant (CSG) should also qualify for the ECD subsidy. The review found that in 2019/20, there were 1.6 million children ages 4 and 5 that received the CSG, but only about 627,000 children in the age range 0 to 5[8] received the ECD subsidy. This means that at most, only 40 percent of eligible (whether attending an ECD programme or not) children ages 4 and 5 received the subsidy. Because of this lack of budget to cover all eligible children, provinces inevitably end up 'rationing' the subsidy, with some provinces covering a certain number or proportion of eligible children, while others reduce the daily rate or fund fewer days per child.

The concerns regarding the adequacy and equity of expenditure on early learning interventions are compounded by inefficiencies in the registration system for ECD programmes as well as the application process for the ECD subsidy. The ECD programme registration requirements are not well understood and differ from one province to another; they are also complex and involve multiple documents and processes and require engaging with stakeholders from multiple departments across a three-tiered governance system. Most stakeholders interviewed for this review referenced the bureaucratic and time-consuming processes to register as an ECD programme, which preclude service providers from accessing the ECD subsidy and disincentivises the establishment of new ECD programmes.

More specifically, there are three steps: (i) ECD programme registration (depending on the province); (ii) partial care registration (centre-based providers); and (iii) registration with the National Not-for Profit Organisation (NPO) Directorate within DSD (compulsory for providers operating on a NPO basis). Many ECD programmes fail to register because of challenges in obtaining certain documents such as building plans and land zoning requirements (compliance with municipal by-laws) as well as complying with infrastructure standards and obtaining environmental health and safety certificates. Even if a service provider completes the process, there is a requirement for re-registration every five years, which creates a recurring burden both for providers and officials.

In the recent past, there has been some room for ECD programmes to be 'conditionally registered' if they do not meet all the ECD registration standards. However, the process for conditional registration is not standardised across provinces, and there is no clarity on how

7 Key informant interview.
8 Data on the number of ECD subsidy recipients is not available by single age.

long a programme can remain conditionally registered nor on what kind of support they would be entitled to. The national departments of education and social development have begun a process to reduce the onerous registration requirements and to ensure more clarity in the conditional registration process through the Second Children's Amendment Bill[9].

In addition to the registration challenges, ECD programmes face challenges applying for and claiming the ECD subsidy. Currently, the eligibility criteria for accessing the ECD subsidy are only loosely specified in the 2015 National Integrated Early Childhood Development (NIECD) policy, which indicates that ECD programmes should be in an 'under-serviced geographic area' and that children who are eligible for the child support grant (CSG) should be prioritised, regardless of location. But details relating to how geographic areas should be identified (there is no agreed list of poverty declared wards), and what to do if demand for the subsidy exceeds the available budget, are not provided. Moreover, the subsidy application process is not standardised across provinces. Some provinces process funding applications as a stand-alone process, whereas others combine the registration and funding application processes. Once providers receive the subsidy, they are expected to sign a Service Level Agreement (SLA) with their provincial department. Then the service provider needs to claim the subsidy monthly, based on child attendance, which is problematic given the fixed cost of rent and staff, and programmes need to submit expenditure receipts and documentation for different categories of funding.

Box 1 Working with private intermediaries to support early learning

To help address the barriers associated with ECD programme registration, the Vangasali campaign, established by the Nelson Mandela Foundation and Impande (a foundation focused on catalysing community driven, quality ECD) in partnership with DSD, has been supporting providers to register their ECD programmes since 2020. Significant progress has been made in certain districts such as the Ugu district in KwaZulu-Natal where of the approximately 500 ECD centres recorded, 72 percent are now registered compared to 36 percent in 2013.

The Project Preparation Trust (PPT), an NGO in KwaZulu-Natal has been instrumental in strengthening coordination and supporting programmes to become registered in Ethekwini municipality. PPT works collaboratively with stakeholders to prioritise funding for infrastructure improvement and new builds, and works with local municipalities to simplify environmental health, childcare, and land use bylaws to streamline registration.

Kago Ya Bana, an initiative funded by the Hollard Foundation, worked with a municipality in Gauteng in 2018/19 on a process to bring together ECD providers, city officials and the Kayo Ya Bana support team to simplify, streamline, and track the many steps involved in the municipal compliance chain.

9 This will be the second amendment to The Children's Act of 2005

This enabled context-based compliance concessions across the full municipal compliance value chain. For example, contextualising requirements on land use for informal and unproclaimed areas; providing a 12-month exemption from building plan approval if an ECD centre can demonstrate disability access; and issuing health reports to enable conditional registration for ECD centres that comply with agreed minimum health standards.

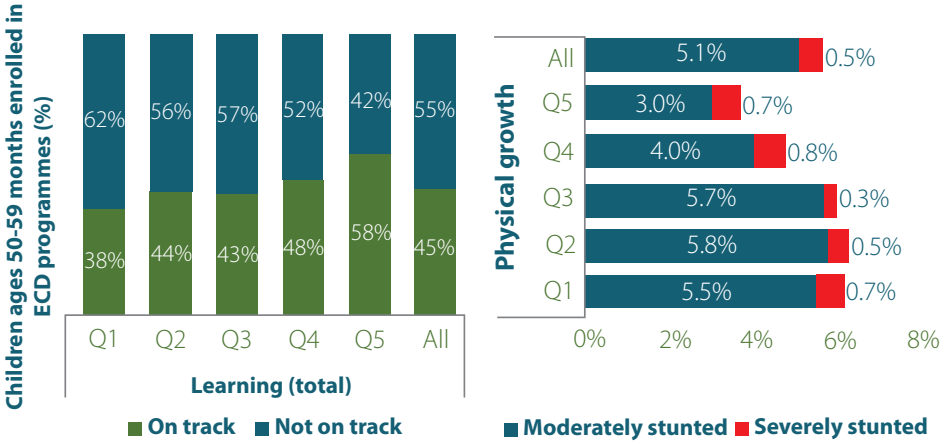
While these intermediaries have been instrumental in supporting numerous ECD providers to register and access the subsidy, a change to the registration process to reduce bureaucracy and red tape would allow intermediaries to instead focus on supporting improvements in quality of ECD services and better targeting of the poor to receive services.

Source: Correspondence with Impande February 2022; PPT (2021); Kago Ya Bana (2019).

Another important aspect to consider in the expenditure analysis is the quality of early learning interventions. In South Africa, the Government first measured early learning outcomes in 2022 when the Thrive by Five Index Survey was launched to provide a national baseline to measure the proportion of children ages 50-59 months developmentally on track on early learning, health (height for age) and psycho-social well-being. While this is a truly commendable achievement, measurement of these outcomes needs to be extended to children ages 0-4, and to children 50-59 months who are not in early learning programmes. To measure these child development outcomes is critical to understand early learning levels and how these differ, to allow for more efficient targeting of expenditure.

The Thrive by Five Index Survey found that by age five, most children who are in early learning programmes have not achieved the expected levels of early learning and/or physical growth. A mere 43 percent of children ages 50-59 months who were enrolled in an early learning programme met the expected early learning standards and were within the expected range of height for age. Of most concern, is the 4 percent of children who were not on track for either. On average, children from the top income quintile did better developmentally than children from lower income quintiles. However, although more children in the bottom income quintile were not on track for early learning (62 percent) and were moderately or severely stunted (6 percent), surprisingly, this applied to a relatively large group of children from the top income quintile also (42 percent and close to 4 percent respectively) (see Figure 5). For early learning, the domains where most children performed poorly were on fine motor skills and visual motor integration and on emergent numeracy and mathematics, followed by cognitive and executive functioning, which will all negatively impact their ability to learn once they start school, as well as their overall life chances.

Figure 5 Learning and stunting levels by age five by income quintile 2022



Source: Based on data from Giese et al. (2022).

The first comprehensive census of ECD programmes in South Africa was completed in 2021. It collected data that allows for measurement of some aspects of programme quality, including child to educational staff ratios; qualifications, experience and conditions of employment of ECD practitioners; ECD programme infrastructure; and the availability and use of ECD curricula in programmes.

The average child to staff ratio at 15:1[10] compares well to international norms, but there was a large group of programmes with much higher ratios. The bottom quartile of programmes had a child to educational staff ratio of 19:1 or higher, and for the bottom decile, it was 26:1 or higher, indicating that these programmes were severely under-staffed with consequences for the quality of interactions and child safety. There were also large provincial differences, with ratios on average being most favourable in Gauteng (12:1) and Western Cape (13:1) and least favourable in KwaZulu-Natal (18:1) and Eastern Cape (19:1). This makes clear the need to increase funding to under-staffed ECD programmes.

A majority (66 percent) of ECD practitioners do not have the required qualification level (National Qualifications Framework level 4 for ECD practitioners and level 5 for grade R educators), and in-service training and support is minimal. The combination of low and irregular expenditure on in-service training and development as well as very low practitioner wages on average, contributes to the high turnover of ECD practitioners and a lack of continuity in ECD programmes which adversely impacts the quality of services delivered.

10 This ratio is child weighted and is calculated for ECD programmes that provided the required enrolment and staff data and for which this data was consistent (total staff count greater than the count of educational staff).

The large majority of ECD programmes were housed in conventional buildings (86 percent), had fences (95 percent), had access to a safe water source on site (88 percent) and had an outdoor play area (82 percent). Among the programmes not housed in a conventional building, most were in informal housing/shacks, and some were also in shipping containers. This indicates the urgent need for provinces to provide support to ECD programmes for infrastructure upgrades, and also to make suitable facilities available in under-served areas.

While UNICEF supported the Government to develop a curriculum framework for early learning for children ages 0-4 in 2015, this curriculum is yet to be rolled out and implemented widely in ECD programmes across the country. Inadequate expenditure on support materials in the form of ECD practitioner guides and accompanying play and reading materials, and on training for ECD practitioners, has been a critical impediment to curriculum implementation.

To ensure ECD programmes provide quality services it is necessary to monitor quality, not only in terms of early learning levels as discussed above, but also in terms of the services delivered. The approach to quality assurance of ECD programmes has largely been focused on monitoring compliance with standards, for example, child-staff ratios, and financial reporting. But has not been concerned with other key aspects of quality such as staff-child and child-child interactions; conditions of employment for ECD practitioners; and programme engagement with parents, or with providing feedback to providers on areas to improve in and how. Improving the quality assurance of ECD programmes is on DBE's agenda after the shift of the ECD function, and DBE is currently working to develop a Quality Assurance and Support System (QASS) with DSD in partnership with Ilifa Labantwana, that examines many of these aspects.

5.2 Family support interventions

The examined family support interventions include the Child Support Grant (CSG); the Care Dependency Grant (CDG); the Foster Child Grant (FCG)[11] which are earmarked at the national level and are administered by the South African Social Security Agency (SASSA); and PDSD services that seek to ensure that children are safe and live in protected family environments, residential care services for children in need of alternative care and protection and support and early intervention programmes for the care and protection of vulnerable children.

These family support interventions - in particular the child grants - received, by far, the most funding in 2021/22 compared to early learning and nutrition interventions. In 2021/22, expenditure on the CSG for ages 0-5 stood at R23.7 billion (4.2 million beneficiaries), at R466 million for the CDG (19,115 beneficiaries) and R160 million for the FCG (11,394 beneficiaries), together equivalent to 0.4 percent of GDP (see Table 4). Total expenditure under the four PDSD sub-programmes targeting child protection services was only about R1.7 billion in 2021/22 (see

11 Only one of the three child grants can be received per child.

Table 4), despite the urgent need to substantially expand care and protection services for young children.

Table 4 Expenditure on the family support interventions by sub-programme 2021/22

R million	2021/22
National Department of Social Development	
Foster child	160
Care dependency	466
Child support	23,746
Total national department of social development	24,371
Provincial social development departments: programme 3 'Children and families'	
3.2 Care and services to families	221
3.3 Childcare and child protection	755
3.5 Child and youth care centres	533
3.6 Community-based services for children	213
Total provincial social development departments	1,722
Grand total	**26,093**

Source: National Treasury (ENE of 2021 and Excel EPRE file published 2021); SASSA Statistical Report: Payment system of March 2021.

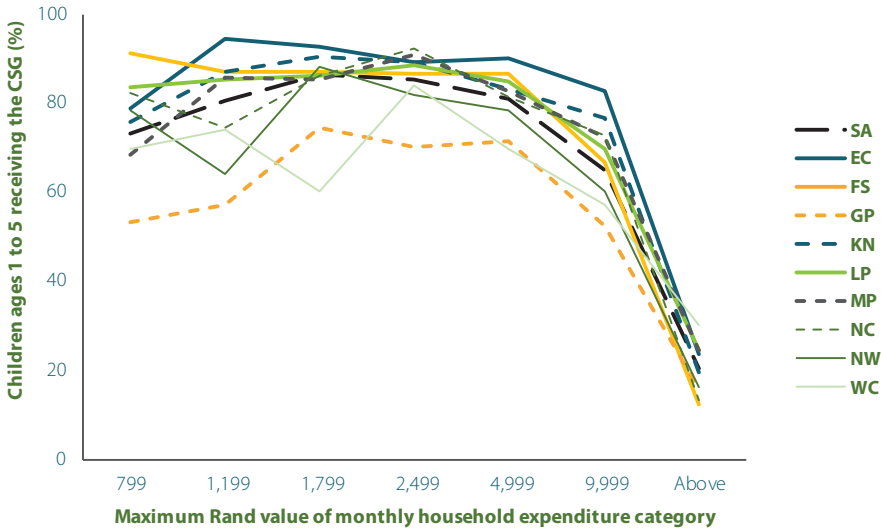
Note: 1) Expenditure on the three child grants reflects expenditure directed to children ages 0-5, using SASSA beneficiary numbers for disaggregation. 2) For the PDSD sub-programmes the share likely to flow to children ages 0-5 is estimated as number of children ages 0-5 over the number of children ages 0-18 using Statistics SA MYPE data (32.5%).

Coverage of the CSG, which accounts for most of the expenditure on the three child grants, is overall high and well targeted towards poor households. The CSG is a key instrument for families to provide nutritional and early learning support to young children. However, there are delays in initial receipt of the grant which restricts families' ability to provide adequate nutrition during the critical first year of a child's life. In 2019, the coverage of the CSG at age 0 as a proportion of average coverage at ages 1-3 stood at 82 percent, declining to 74 percent in 2021 during the COVID-19 pandemic. This means that children, to likely those most at risk of poor nutritional outcomes, fail to access the CSG during this critical period. Reasons for families not receiving the CSG promptly, include the substantial amount of documentation required for the grant application as well as the need to submit it in-person at a SASSA office after a child is born, as parents are not allowed to apply for the CSG during pregnancy.

The amount of the CSG is inadequate to cover a basic per child food cost. Although it is unlikely that the full CSG would be spent on food for the child beneficiary, it is instructive to compare the grant amount to estimates of what it costs to feed a child adequately per month. In 2021, the grant amount of R460 (raised to R480 from April 2022) came to only 74 percent of the per capita food cost (R624) used for Statistics South Africa's food poverty line. This means households cannot rely on the CSG to meet their young children's nutritional needs, even if they were to spend it all on food.

While coverage and targeting of the CSG is good overall, there is still room for improvement. In 2019, only an estimated 74 percent of the poorest children accessed the grant (see Figure 6) and there are notable differences across provinces. In Gauteng, only 67 percent of children among the poorest 40 percent accessed the grant followed by 76 percent in Western Cape and 80 percent in North West, compared to at least 87 percent in the remaining six provinces. At the same time, given the eligibility criteria, one would expect CSG coverage for households with monthly expenditure above R10,000 to be zero, but it is around 20 percent. Addressing these errors of exclusion and inclusion would benefit the children most at risk, and improve the efficiency of expenditure, which is key in an environment of limited resources.

Figure 6 Child support grant coverage by household expenditure level and province 2019

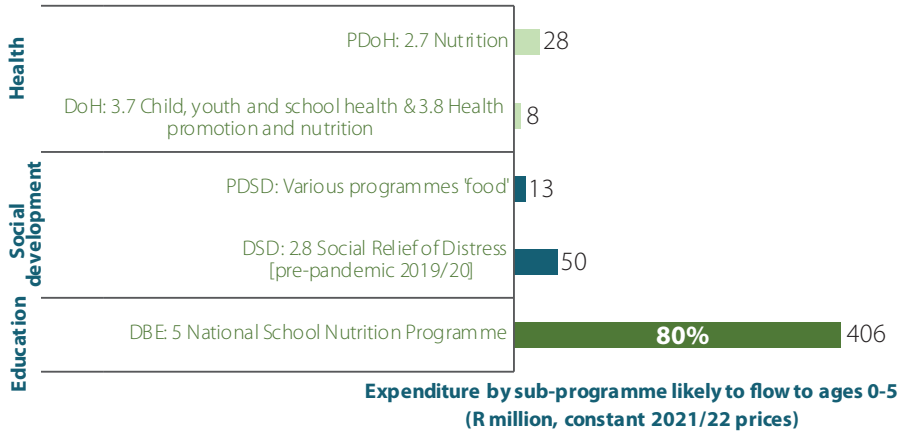


Source: Weighted estimates based on GHS 2019 data

5.3 Early nutrition interventions

Expenditure on the examined nutrition interventions aimed at young children outside the early learning and family support interventions is abysmally low. In 2021/22, estimated total expenditure on the early nutrition interventions for ages 0-5 was only R505 million (see Figure 7), corresponding to a mere 0.02 percent of total public expenditure and 0.01 percent of GDP.

Figure 7 Expenditure on the early nutrition interventions by sub-programme 2021/22



Source: National Treasury (ENE of 2021 and Excel EPRE file published 2021).

The bulk of expenditure on the examined early nutrition interventions, around R400 million (80 percent), went to the National School Nutrition Programme (NSNP) in 2021/22, which is administered through DBE (see Figure 7), and most of this was directed to children in grade R in public schools. This programme does not benefit younger children who have not entered school yet, or even children who are enrolled in grade R in private low-fee schools. Malnutrition among young children is widespread and nutrition interventions during the first 1,000 days have the highest expected return both for individual children and society. But currently, expenditure on the examined nutrition interventions favours older children, making it imperative to increase funding for younger children while preserving funding for the former.

In budgetary terms, the social development sector's Social Relief of Distress (SRD) grant was the second largest at R50 million in the year before the COVID-19 pandemic[12]. This grant's purpose is to provide 'temporary income support, food parcels and other forms of relief to people experiencing undue hardship'. There were also various strands of social development expenditure on food in provinces that amounted to around R13 million.

The provincial departments of health 'Nutrition' sub-programme aims to provide 'a nutrition service aimed at specific target groups and combining direct and indirect nutrition interventions to address malnutrition'[13]. Expenditure on this sub-programme for children ages 0-5 stood at an estimated R28 million in 2021/22, while national Department of Health (DoH) spent R8 million on child, youth and school health and on health promotion and nutrition.

12 This amount is 11.4 percent of total SRD expenditure, which is the proportion of the population ages 0-5.
13 Standard text across the Estimates of Provincial Revenue and Expenditure (EPREs) of several provinces, for instance, Gauteng.

Reporting by provincial departments of health (PDoH) on nutrition interventions and key nutritional outcomes for young children is patchy at best. Key data on number of beneficiaries and unit costs for essential interventions to improve nutritional outcomes, including micronutrient supplementation for pregnant women; breastfeeding promotion and support; growth monitoring and micronutrient supplementation for young children; and nutrition information/training, is incomplete or in some cases entirely lacking in the public domain. For instance, in 2019/20 only three PDoHs reported any intervention to promote or support breastfeeding in their Annual Reports, while no PDoH reported monitoring of growth during the first 1,000 days or provision of iron supplementation for children ages 6-59 months[14] (Table 5). This reporting gap makes it difficult to monitor whether appropriate interventions are being implemented and at sufficient scale, and whether interventions are achieving their goals of improving nutritional outcomes for young children. It also makes it hard to ensure efficient allocation of resources in the budgeting and planning processes where difficult trade-offs continuously need to be made given the resource- constrained environment.

14 Analysis for this review.

Table 5 Early nutrition interventions reported by PDoHs in annual reports 2019/20

	Micronutrient supplementation (folic acid, iron, vitamins) for pregnant women	Breastfeeding promotion and support (other than standard post-natal visit)	Growth monitoring and micronutrient supplementation for young children	Nutrition information/training
EC	Not reported	Not reported	Vitamin A (63% coverage)	Not reported
FS	Not reported	Not reported	Vitamin A (53% coverage)	Not reported
GP	Not reported	472 healthcare professionals trained in lactation management	Vitamin A (70% coverage)	Standard protocol to treat children with moderate or severe malnutrition taught to 553 health workers
KN	Ante-natal supplementation of calcium	Breastfeeding promotion	Vitamin A (69% coverage)	Nutritional information and posters in clinics
LP	Not reported	Not reported	Vitamin A (target of 47% not reached)	Not reported
MP	Not reported	Not reported	Vitamin A (66% coverage)	Working with SASSA on young child feeding policy
NC	Not reported	Quality assurance visits for the Mother Baby Friendly Initiative conducted in 3 hospitals	Vitamin A (48% coverage)	Not reported
NW	Not reported	Not reported	Not reported	Not reported
WC	Not reported	Not reported	Nutrition intervention service to address malnutrition through financial transfer to Cape Town metro	Not reported

Source: PEIR team based on review of PDoH Annual Reports 2020.
Note: 1) Interventions reported under budget programme 2 'District health services' in 2019/20. 2) Coverage for Vitamin A for young children is for ages 12-59 months, this is an MTSF indicator.

In 2017, the South African Presidency released what can be considered South Africa's first major plan aimed at aligning work on food and nutrition security across the various relevant sectors, the *National Food and Nutrition Security Plan for South Africa: 2018-2023*. A key feature of the plan was the creation of a multi-sectoral Food and Nutrition Security Council to oversee the

alignment of policies, legislation and programmes; coordinate implementation of services to address food and nutrition security; and draft new policies and legislation. But the Council was not established, and the lack of a strong coordinating agency and accountability system means that nutrition interventions remain fragmented and uncoordinated across multiple departments, rather than being addressed holistically.

Box 2 The COVID-19 pandemic effects on child hunger and ECD programme participation

There is a lack of data on child development outcomes in South Africa which limits the measurement of the impact of the COVID-19 pandemic on young children[15]. Nonetheless, there is strong reason to believe that the pandemic has had detrimental effects on child development outcomes based on evidence emerging from other countries such as Bangladesh, Brazil, Chile, Rwanda and Uruguay, and the observed effects of the pandemic on hunger and ECD attendance and enrolment in South Africa.

The National Income Dynamic Study-Coronavirus Rapid Mobile Survey (NIDS-CRAM) is a nationally representative survey of individuals which collected data every few months on key outcomes including child hunger and ECD attendance over one year of the COVID-19 pandemic (2020 to 2021).

Child hunger in South Africa rose dramatically during the pandemic. Estimates based on the NIDS-CRAM Survey and the General Household Survey, show that child hunger almost doubled from 8percent in 2018 to 15percent in 2020.[16]

Estimates based on NIDS-CRAM data show that ECD programme attendance dropped significantly as a result of hard lockdowns in South Africa. In February 2020 (pre-pandemic), among adults living with children younger than six, 39 percent reported their child(ren) attending an ECD programme, this dropped to 5percent in June 2020 and recovered slightly to 7 percent in February 2021. This severe decline in attendance is corroborated by enrolment trends from the South African Quarterly Labour Force survey, especially for children ages 3 to 4. These declines in attendance and enrolment represent a sharp disinvestment in this cohort of children with negative effects on their school readiness.

15 The recent *Thrive by Five* survey (2022) provides insights into child development outcomes, but only for children ages 4 to 5 years who attend an ECD programme, while there is no data on child development levels for younger or for those not attending any such programme.

16 The questions on child hunger in the GHS and NIDS-CRAM are not directly comparable. NIDS-CRAM asks whether a child in the household has gone hungry in the past seven days, compared to the past year for the GHS. Van der Berg et al. (2020) convert questions on child hunger in the past year to child hunger in the past week.

However, there has been a recovery with 36 percent of NIDS-CRAM respondents reporting that a child aged 0 to 6 was attending an ECD programme in April 2021, close to the 39 percent in early 2020. But while provinces such as the Western Cape report recovery relative to pre-pandemic levels, some provinces still lag behind.

Source: Statistics South Africa 2020 and 2021; Van der Berg et al. 2020 and 2021; Wills and Kika-Mistry 2021; World Bank 2022.

5.4 Institutional arrangements to deliver ECD services

The existing multi-sectoral structures for leading and coordinating the ECD sector require strengthening. The 2015 NIECD policy articulates the structures required to lead and coordinate the ECD sector. At a national level, this includes: an Inter-Ministerial Committee (IMC) supported by an Inter-Departmental Committee (IDC) to coordinate between national departments; an Inter-Governmental Forum (IGF) to facilitate coordination across different levels of government; and an Inter-Sectoral Forum (ISF) for collaboration with civil society (NGOs, international partners, ECD training institutions, research institutions, relevant government agencies, donors and private foundations). These structures are not currently functioning robustly or serving their intended functions. The IMC, for example, is known to have only convened once in 2015 around the launch of the NIECD Policy. These committees were led and coordinated by the DSD until March 2022, but they are considered largely ineffective, and various concerns have been raised related to the lack of strategic direction or a clear plan to guide the committees and the inability to use these forums for meaningful collaboration, for example, to improve the registration process for ECD programmes. This lack of effective coordination is a common challenge across countries in contexts where one line department does not have authority over another or where accountability mechanisms are not well defined. DBE received the mandate for ECD in April 2022 and has several new roles and responsibilities. To effectively promote the multi-sectoral nature of ECD could be challenging in an environment that is focused on early learning and taking on a more robust coordination role could lead to additional pressure in an already under-capacitated and under-resourced environment.

The national coordination structures (the IMC, IDC, IGF and ISF) need to be replicated to some extent across provincial and local governments to support planning, coordination and monitoring of ECD services at each level. But these committees are often not replicated without additional support from NGOs, or when they are, there are no clear coordination mechanisms across the different spheres of government, particularly between national and local levels of government. eThekwini municipality in KwaZulu-Natal, has successfully established a functioning multi-sectoral committee for ECD, but this is led by an NGO (the Project Preparation Trust) and there are concerns that if the NGO leaves, the coordination structure will cease to exist.

The linkages between planning, budgeting and ECD outcomes are weak. Annual performance plans (APPs) and annual reports of national and provincial departments represent an important nexus for improving planning and accountability, but they often omit key interventions and indicators required to measure performance against these outcomes. For example, PDoHs are not reporting consistently on essential nutrition interventions for young children, as discussed earlier (see Table 5). Moreover, the APPs and annual reports do not allow for easy comparison over time or across provinces, and it is common for departments to make plans available online only a few years after they have been approved. A broader problem with departmental APPs and annual reports is that they tend to focus extensively on populating standard tables with expenditure values and non-financial indicator values, but very little on matters such as unit costs, purchasing power trends within budget programmes, balancing of non-staff and staff inputs, and the relationship between expenditure patterns and service delivery outcomes.

The annual budget sets out the funds that have been allocated to an institution to deliver services. It provides the resource envelope for the year ahead for each department and sets indicative budgets for the Medium-Term Expenditure Framework (MTEF). It is developed within the framework of the Strategic Plan and must be informed by its APP. But there is no holistic approach to budgeting for child development across key departments and key interventions; this results in inadequate funding levels and disparate funding flows, particularly for areas which span multiple departments, such as nutrition which spans across the education, health and social development sectors.

6. Options to improve the priority ECD outcomes

A substantial increase in funding for the ECD system is required if the Government's goals of reduced malnutrition in the early years and improved early learning are to be achieved. To adequately fund the ECD system is challenging in an environment of limited fiscal resources and uncertainty over the future economic outlook. Therefore, additional investments in ECD should involve focusing on a set of key interventions with the highest expected returns, sequenced to ensure fiscal affordability, as well as targeting of additional funding to groups of children currently at a disadvantage in terms of access to ECD services.

Overall, ECD expenditure in South Africa tends to favour older children. For early learning, expenditure on grade R is much greater than that on ECD programmes, and expenditure on the examined nutrition interventions, even though tiny, also favours older children. Expenditure on the family support interventions is more evenly distributed across ages but access to the main intervention, the CSG, is lower during the first year after birth. Increased funding for ECD should focus on improving nutritional outcomes and early learning for younger children. In

addition to the lifelong benefits to children, it would accomplish cost savings in the education system through increased retention and enhanced learning outcomes and in the health system through improved health outcomes; and contribute to economic development and growth in the country.

Currently, total expenditure on the three buckets of interventions examined by this review stands at R36.1 billion (see Table 6). This is equivalent to 1.7 percent of total public expenditure or 0.6 percent of GDP.

Table 6 Total expenditure per intervention bucket 2021/22

Expenditure (constant 2021/22 prices)			
Early learning	Family support	Early nutrition	Total
R9.5 billion	R26.1billion	R0.5 billion	**R36.1 billion**

Source: PEIR team.

Options to improve the priority ECD outcomes based on the findings of this review are discussed below[17]. These options are expected to yield the largest impacts in terms of improved ECD service access, quality and outcomes over the next few years. The indicative cost of implementing the options (not all costed) is R11.3 billion annually after the first year (Table 7). This compares to an estimated annual cost saving of reducing child malnutrition in South Africa of R62 billion, and there would be further cost savings stemming from improved early learning levels. Some options are not costed as part of this review because they require additional data or capacity needs assessments to be completed first.

17 To see how the indicative costs in this section were calculated see Chapter 10 in World Bank (2022) *South Africa: Public Expenditure and Institutional Review for Early Childhood Development*. For some interventions no indicative cost is provided as it would be necessary to undertake further work, for example, a capacity needs assessment of ECD practitioners to estimate the cost of providing training.

Table 7 Summary of options and selected indicative costs

First phase (1-2 years)	Second phase (3-4 years)
IMPROVED EARLY LEARNING	
Improving access to early learning services	
Option A1: Streamline the processes for ECD programme registration and subsidy application **Indicative cost:** Within existing budget.	**Option A2:** Provide more access to infrastructure grants for private providers of ECD programmes. **Indicative cost:** Not costed.
	Option A3: Provide provinces with sufficient funds to provide subsidies for all children attending ECD programmes who meet the eligibility criteria while returning the subsidy amount to its 2015 purchasing parity. **Indicative cost:** Additional R6.8 billion per year.
Improving the quality of early learning services	
Option A4: Conduct a capacity needs assessment for DBE and provincial departments of education and recruit and train staff as required in light of the ECD function shift. **Indicative cost:** Not costed.	**Option A7:** Train ECD practitioners to follow effective practices. **Indicative cost:** Not costed.
Option A5. Measure child development outcomes regularly. **Indicative cost:** Not costed. **Option A6:** Establish a system to assure the quality of ECD programmes that is focused on supporting and incentivising providers to improve quality **Indicative cost:** Not costed.	**Option A8:** Improve the attractiveness of a career as an ECD practitioner through higher remuneration. **Indicative cost:** Additional R820 million per year.
REDUCED MALNUTRITION IN THE EARLY YEARS	
Option B1: Allow women to apply for the child support grant (CSG) while they are pregnant. **Indicative cost:** Additional R1.1 billion per year.	**Option B3:** Raise the CSG amount for children ages 0-24 months from its current level to cover a basic per child food cost. **Indicative cost:** Additional R2.57 billion per year.
Option B2: Link the provision of the CSG with information and support for better nutrition and stimulation of young children. **Indicative cost:** Not costed.	
STRENGTHENED INSTITUTIONAL ARRANGEMENTS TO SUPPORT ECD SERVICE DELIVERY	
Option C1: Revive and strengthen existing coordinating structures in the ECD sector with support from higher levels **Indicative cost:** Within existing budget.	**Option C2:** Strengthen linkages and work towards holistic planning, budgeting and implementation to achieve ECD outcomes and allocate funding adequately and efficiently **Indicative cost:** Within existing budget.
Total additional annual cost	
R1.1 billion + costs to be established for A4, A5, A6 and B2	R10.2 billion + costs to be established for A2 and A7

Source: PEIR team.

A. Improved early learning

Improving access to early learning services will require three priority actions:

A1. Streamline the processes for ECD programme registration and subsidy application, in cooperation with private intermediaries (within existing budget). The forthcoming Second Children's Amendment Bill should streamline the onerous processes relating to the two separate forms of registration (as an ECD programme and as a partial care provider) required by some provinces and abolish the requirement for NPO registration to be eligible to apply for the subsidy. Another challenge is that municipal bylaws are not always suitable for ECD programmes. To amend this would require agreement and coordination between national, provincial and municipal governments on the regulations or bylaws that should apply to ECD programmes. More effective quality assurance of ECD programmes (see below), could help negate the need for re-registration every five years, though building a quality assurance system will take some time. It would also be important to standardise the eligibility criteria for accessing the ECD subsidy, which is currently only loosely specified in the 2015 NIECD policy.

A2. Provide more access to infrastructure grants for private providers of ECD programmes (not costed). One of the reasons ECD programmes remain unregistered is that they do not meet the infrastructure standards in the ECD registration framework. Although local government is responsible for supporting ECD programmes to meet the minimum infrastructure requirements, in practice, very few do. One reason is that most municipalities do not seem to interpret the legislation to mean that infrastructure for ECD programmes is a local responsibility and historically there has been some aversion to providing infrastructure funding to private entities. With the transfer of ECD responsibilities to DBE, there is an opportunity to increase funding for ECD infrastructure through the Education Infrastructure Grant (EIG), which is a provincial grant used by PDoEs for school construction. Of critical importance will be: (a) to establish construction standards and norms for ECD programmes; (b) to ensure all providers are aware that they can have access to the funds if they are serving poor communities with early learning services; and (c) to ensure the procurement processes for small construction is not overly cumbersome and where capacity exists, management of the construction is decentralised to the community level.

A3. Provide provinces with sufficient funds to provide subsidies for all children attending ECD programmes who meet the eligibility criteria while returning the subsidy amount to its 2015 purchasing parity (additional R6.8 billion per year). Many ECD programmes do not receive the ECD programme subsidy for all eligible children because of insufficient provincial budget allocations. Currently an estimated 1.1 million children enrolled in ECD programmes who are eligible for the subsidy are not receiving it. To expand subsidy funding to cover all eligible children attending ECD programmes would help improve access

for the poorest children and raise the quality of services provided. Moreover, past increases in the subsidy amount (currently R17 per-child per-day) have not compensated for the effect of inflation and increasing the subsidy amount to R21 per-child per-day would bring it to its real value in 2015. It should be noted that even after such an increase, this amount would not cover the estimated minimum cost of operating a programme of R31 per-child per-day. Expansion of the number of ECD programmes through increased subsidy funding would also serve to create jobs in the informal sector, benefitting mainly low-skilled women.

Improving the quality of early learning services will require five priority actions:

A4. Conduct a capacity needs assessment for DBE and provincial departments of education and recruit and train staff as required in light of the ECD function shift (not costed). Several of the options will require increases in the number and capacity of staff supporting ECD services. Given the new mandate of DBE and PDoEs for coordinating ECD services, an assessment of required versus existing roles and skills in these departments to coordinate and support service delivery will be essential. Once staff capacity needs are identified, there will be a need for training and support as well as some hiring of new staff. While this intervention will require additional funding for training and new staff, having adequate capacity to deliver is a prerequisite for success of the other options.

A5. Measure child development outcomes regularly (not costed). The Thrive by Five Index Survey launched in April 2022 provides nationally representative data on early learning and physical growth outcomes for children 50-59 months attending ECD programmes for the first time, and this should be made a regular exercise. It would also be important to extend the measurement of child development outcomes to children not attending ECD programmes and to children who are younger in order to monitor progress on a regular basis. This would likely require adding a module to collect the required data as part of an existing household survey such as the South Africa Demographic and Health Survey (SADHS) or every two rounds of the annual General Household Survey for more frequent measurement.

A6. Establish a system to assure the quality of ECD programmes that is focused on supporting and incentivising providers to improve quality (not costed). Data on the quality of services provided by ECD programmes is essential to monitor and improve quality but is currently not collected at regular intervals or in enough detail. DBE has begun the design of a new management information system (MIS) for ECD programmes, with lessons being drawn from the 2021 ECD Census. This work should involve several components including, to select and standardise key indicators for ECD programme quality across provinces; regularly collect data on the standardised indicators; and making these indicators and underlying data publicly available. DBE will need to consider what type of management information system (MIS) is required for ECD programmes, rather than simply integrating it into the current Education Management Information System (EMIS).

A quality assurance system is more than an MIS and to improve ECD programme quality assurance there are additional issues to consider moving forward:

- Shift to monitor process quality within ECD programmes.
- Development of easy-to-use guidance to help providers improve without regular visits from an inspection or quality support teams, such as simple self-monitoring tools and basic scripted activities.
- Preparation by DBE of periodic and at least partially standardised reports, on the state of ECD programmes. Such reports could provide frameworks within which provinces then conduct their own quality assurance.
- Introduction of incentives for providers to improve quality, for example, additional payments or distribution of materials linked to quality improvements.
- Provision of information to parents on ECD programme quality so they can make informed decisions about enrolment (where there is adequate service provision).
- Collaboration with NGOs active in the ECD sector to support the quality assurance process given limited human resources in DBE and PDoEs.

Regardless of the design of the quality assurance system, all providers should receive guidance and a pathway to quality improvement once they have registered.

A7. Train ECD practitioners to follow effective practices (not costed). With the current qualifications' requirements (NQF levels 4 and 5), the amount of time required to train ECD practitioners will be too long due to constrained financing and training facilities, and because it is difficult for ECD practitioners to be absent for substantial periods of training. A more practical, and effective, option followed in several countries would be to conduct a needs assessment of practitioners followed by the development of a shorter, entry-level national qualifications subsidised and widely rolled out through accredited training providers. For example, some countries, such as Ghana, Hong Kong and Kenya, have successfully contracted NPOs to undertake such training and such an approach could also be used in South Africa.

A8. Improve the attractiveness of a career as an ECD practitioner through higher remuneration (Additional R820 million per year). ECD practitioners often have low levels of formal education, and most are poorly paid, earning close to the minimum wage. Insecure funding flows of ECD programmes exacerbate practitioners' financial insecurity. This makes it difficult to retain better trained and more experienced staff. As ECD practitioners become professionalised, this should result in more generous ECD programme subsidy amounts so that practitioners can be paid a decent and competitive salary to help improve retention and raise the quality of services provided. To ensure increases in the subsidy amount intended to raise practitioner remuneration are used for that purpose, child-practitioner ratios could for example, be monitored through the new system to assure the quality of ECD programmes.

B. Reduced malnutrition in the early years

B1. Allow women to apply for the child support grant (CSG) while they are pregnant (additional R1.1 billion per year). Delays in the initial receipt for the CSG following birth is a widely acknowledged problem. The reason for these delays is largely attributed to the amount of time it takes to collate and submit all the necessary documentation, including a birth certificate, to apply for the grant. Parents are not allowed to apply for the grant before the child is born, and for poor households dealing with a new-born, the cost and time involved in applying for the CSG is prohibitive. A potential solution is to allow parents to apply for the CSG when the expecting mother is in her second trimester. The application could be processed during the pregnancy, and the approval from SASSA could be conditional on the provision of the birth certificate after the child is born. This would also necessitate further improvements in the speed at which birth certificates are issued. In addition, health workers should be encouraged to provide information on the CSG to eligible expecting mothers when they go in for antenatal care visits, and the CSG application form could be made available at all health facilities. This is particularly important given that the poorest children are less likely to access the CSG.

B2. Link the provision of the CSG with information and support for better nutrition and stimulation of young children (not costed). Evidence from other countries shows that linking child grant programmes with information about stimulation as well as improved nutrition support services yields better child development outcomes. This could involve regular home visits by trained Community Health Workers (CHWs) to CSG beneficiaries or group meetings with community facilitators to talk with new parents about hygiene, nutrition and early stimulation for children through games, play and storytelling, both of which have shown significant improvements in parenting practices and child cognitive, language and socio-emotional development outcomes. This approach would require better integration and coordination of services between the social development and health sectors working through community-based health and social workers. One way to help achieve this level of coordination and collaboration is to have joint reporting of intervention implementation and coverage as well as outcomes within APPs related to nutrition services. There are also opportunities for disseminating information on ECD during in-person applications at SASSA offices.

B3. Raise the CSG amount for children ages 0-24 months from its current level to cover a basic per child food cost (additional R2.57 billion per year). There is a compelling argument for raising the CSG amount from its current level of R480 per month to a basic per child food cost of R624 per month for children ages 0-24 months as nutrition has its biggest impact on developmental outcomes during this period, and because improved nutrition at this stage has one of the highest expected rates of return among the different types of ECD investments. Yet, raising the amount of the grant will not be easy unless the economic outlook in South Africa improves; however, favourable demographic trends could reduce the cost of doing so.

C. Strengthened institutional arrangements to support ECD service delivery

C1. Revive and strengthen existing coordination structures in the ECD sector with support from higher levels. A key first step would involve reviving the existing Inter-Ministerial Committee for ECD to strengthen policy direction in the system, given that the structure already exists but has not been as functional. Prior to the ECD function shift, having a single line ministry as the institutional anchor for ECD has not been successful in the South African context. In light of the constraints facing DBE, it may need to focus on what it can do most effectively given its comparative advantage and what challenges it has in the capacity and capability to solve in the short- to medium-term, while consensus is built around effective approaches to improve cross-sectoral coordination and a more cohesive vision for ECD.

There are several approaches that could be adopted to strengthen coordination across departments and spheres of government. First, a higher-level structure could serve as the institutional anchor – mandated to lead ECD planning and coordination. This could be the Department of Planning, Monitoring and Evaluation (DPME), a unit within the Office of the Presidency (and the Premier's Office in provinces), or an executive committee comprising the three core departments (education, health and social development), which could provide high-level visibility and political thrust for ECD services, as well as reducing bias toward specific sectors. Second, DBE could remain the institutional anchor for overall coordination but be empowered by a higher-level structure within the Presidency – similar to the structures established to deal with the HIV/AIDS crisis in South Africa or the institutional coordination structures adopted by Chile. Third, to reconsider the proposal in the NIECD Policy of establishing an ECD agency, but this is unlikely to transpire in the face of fiscal constraints. Regardless of the approach adopted, it is essential that the designated lead for coordinating ECD services has a clear mandate, political authority and adequate resources.

Given the focus on reducing malnutrition and improving early learning, the key departments involved in the Inter-Departmental Committee – supporting the Inter-Ministerial Committee, should include relevant and core line departments such as DBE, DoH, DSD, the Department of Cooperative Governance and Traditional Affairs (COGTA), the Department of Water and Sanitation, as well as DPME, National Treasury and the Office of the Presidency, which includes a unit specifically related to children. Other departments mentioned in the NIECD policy (2015) could be brought into the committees as required.

C2. Strengthen linkages and work towards holistic planning, budgeting and implementation to achieve ECD outcomes and allocate funding adequately and efficiently. A stronger focus on outcomes and the efficiency and adequacy of expenditure would require a greater change in the existing planning system. Data collection and overall quality assurance systems would need to be centred around ECD outcomes. Two priority ECD

outcomes are to reduce malnutrition in the early years and improve early learning. Given the multi-sectoral nature of ECD, these outcomes have implications for several departments.

Holistic planning needs to be instituted to ensure that outcomes are achieved collectively, with relevant departments being held accountable for implementing necessary programmes to achieve the agreed outcomes through the measurement and reporting of standardised indicators on key outcomes and interventions. The standardised indicators across departments and provinces should be intermediate indicators, such as reporting on service delivery outcomes. The annual budgets for each responsible department could be assigned based on the achievement of relevant ECD outcomes in the previous year. APPs and annual reports should clearly show the links between expenditure, implementation and outcomes. These processes would require strong leadership and regular dialogue across the main departments to ensure that key budget gaps are addressed and that complementarities are explored to achieve the largest possible improvements in ECD outcomes for any given expenditure. If a department can demonstrate that it has spent allocated funding on a particular intervention to improve child development outcomes and there is improvement, it could receive top-up financing in the next financial year.

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