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CONSOLIDATED REPORT ON SCOPING STUDY

Scoping study to determine priority geographical areas for face-to-face training and capacity development of parents/caregivers with children aged birth to six years

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Acronyms

ANC	Antenatal care
CHW	Community Health Workers
DBE	Department of Basic Education
DOE	Department of Education
DOH	Department of Health
DSD	Department of Social Development
ECD	Early childhood development
ELP	Early Learning Programmes
ELRU	Early Learning Resource Unit
ERIC	Education Resources Information Centre
GBV	Gender-based violence
HFA	Height-for-Age
HSP	Home-School Partnership Programme
IMCI	Integrated Management of Childhood Illness
IMCIS	Integrated Management of Childhood Illness Strategy
KFP	Key Family Practices
KII	Key informant interview
LCS	Living Conditions Survey
M&E	Monitoring and Evaluation
NCF	National Curriculum Framework
NECDA	National Early Childhood Development Alliance
NPP	National Parental/Primary Caregiver Capacity Building Training Programme
PED	Provincial Education Department
PHC	Primary health care
SA	South Africa
SASSA	South African Social Security Agency
SONA	State of the Nation Address
SSI	Semi-structured interview
UCT	University of Cape Town
WCG	Western Cape government
UNICEF	United Nations International Children's Fund

Provincial Abbreviations

EC	Eastern Cape
FS	Free State
GP	Gauteng
KZN	KwaZulu-Natal
LP	Limpopo
MP	Mpumalanga
NC	Northern Cape
NW	North West
WC	Western Cape

1. Background and Introduction

1.1. Introduction to the study

Southern Hemisphere has been contracted by UNICEF South Africa (SA) to conduct a scoping study to determine priority geographical areas for face-to-face training and capacity development of parents with children aged birth to six years.

The purpose of this report is to identify indicators for targeting the roll out of the National Parenting Parental/Primary Caregiver Capacity Building Training Programme (NPP). Targeting concerns both who the at-risk parents (and children) are and where they can be found.

After an overview of the methodology and its limitations, this report describes and analyses the strengths and challenges of the NPP, government budget allocations to ECD programmes and parenting, what 'at-risk parents and children' means, potential indicators on at-risk parents and primary caregivers at individual/family, community, and macro/system levels, targeting, before proceeding to a conclusion and recommendations for suitable indicators to determine priority geographical areas for face-to-face training and capacity development of at-risk parents with children aged birth to six years.

1.2. Background

The period up to a child's sixth birthday is a crucial time for their development, and interventions in this period can have a favourable impact on their long-term outcomes (Western Cape Department of Health, 2017). During this period, children start to develop their thinking, speaking, and reasoning skills. In addition, the first six years of life lay the groundwork for subsequent health, personality development, and intellectual growth. As a result, the care and encouragement children receive at this time is crucial (Indakwa, 2011).

During this period, children's ability to self-regulate or take care of themselves is limited and they are therefore heavily dependent on the care they receive from their parents and/or their primary caregiver. However, due to their own struggles with issues in their everyday life, such as poverty, substance misuse, and violence, many parents in SA also find it difficult to give their children the optimal necessary care and stimulation (Adebiyi, 2021) (Donald, 2019) (Lucas, 2018). Children are impacted by these difficulties, which may impede their ability to develop to their full potential. Therefore, parent support programmes are crucial for guaranteeing the survival and optimal development of children.

2. Purpose, objectives, and methodology

2.1. Purpose

The purpose of the scoping review is to identify indicators for targeting the roll out of the NPP. The review also supports policy implementation of programmes targeting parents/primary caregivers of children aged birth to their sixth birthday in South Africa.

Targeting of parents and caregivers considers who the at-risk parents (and children) are and where they can be found, geographically.

2.2. Scoping study aim and objectives

The following are the study objectives:

1. To identify and collate all relevant information and evidence (research and non-research) that can inform the identification of geographical areas for implementation of the parenting programme for at-risk parents, and the specific categories of parents and children within the targeted areas that might be considered at greatest risk.
2. To conduct a systematic scoping review to identify the key risk indicators that would be useful to the government and its partners to identify priority areas for implementation of the parent support programme within the next five years.
3. To recommend criteria, with supporting rationale, for selecting targeted geographical areas for prioritisation, and to develop a strategy to reach the targeted categories of parents in these areas.
4. To conduct stakeholder mapping and analysis to identify existing parenting support programmes targeting parents with children aged from birth to six years at the time of the scoping study.
5. Based on the systematic scoping review, to develop a policy brief, strategy and guideline for use by government departments and their partners.

2.3. Definition of parents and primary caregiver

This study initially utilised the definition of parents and primary caregivers prescribed in the National Integrated ECD Policy (Department of Social Development, 2015). The policy defines parents and caregivers in the following way:

Parents: A biological, foster or adoptive mother and/or father responsible for the care and protection of a young child, who is a stable presence in the child's life, who loves the child and wants to protect the child and/or is not a stable presence.

However, the definition of parents in the National Integrated ECD Policy does not cater for the reality where a parent is not caring for the child, whether on account of death, absence, or some other reason. Hence, the final document review report suggested using the definition

by Gould and Ward, where a parent refers to anyone who plays a primary caregiving role in a child’s life (Gould, 2015).

Primary caregiver: A person, whether related to the child or not, who takes primary responsibility for meeting the daily care needs of the child in question, excluding those who take care of children for remuneration or reward.¹ A person who cares for, nurtures, loves and looks after one or more children; their role is similar to that of a parent. In the rest of the report, the terms “caregiver” and “primary caregiver” are used interchangeably and should be understood as referring to the latter.

2.4. Methodology

The study used a mixed methods approach, which involved review of both secondary qualitative and quantitative literature and collection of both quantitative and qualitative primary data.

The methodology for the literature review was developed in consultation with UNICEF and other stakeholders during an inception meeting, regular meetings with UNICEF and attendance at the inter-provincial ECD Conference held on 17 August 2022. It includes a detailed search strategy, eligibility criteria, key search words, purpose of the review and key review questions.

2.4.1. Methodological process and sample

This scoping review report covers three parts of the parenting scoping study, namely part 2 (literature review), part 3 (data collection, analysis, and synthesis phase), and part 4 (stakeholder mapping) as indicated in the terms of reference. Details of what each part involved are as follows:

Part 2 – Literature review and study preparations

This part of the study involved three sub-parts, namely (i) development of a literature review framework, (ii) development of a detailed methodology to guide the study, and (iii) identification of ethical considerations.

Literature Inclusion criteria

A comprehensive literature review was conducted to identify studies and documentation covering parenting programmes for parents who were at risk, disadvantaged or vulnerable. The inclusion criteria are described in the table below.

Table 1. Inclusion criteria for literature review

Focus area	Inclusion criteria
Population	Parents/primary caregivers; Children aged birth to six (birthday) years
Context and geography	Parenting programmes in South Africa, including sub-regions Vulnerabilities and risk factors in children aged birth to six years

Focus area	Inclusion criteria
Study Design	Any study design including cross-sectional studies, and study designs conducted over time
Language	English language only.
Timeframe of publication	Searches were limited primarily to material published from 2007 onwards to identify more recent content.
Publication Status	Published peer review journals including conference papers, abstracts, grey literature such as technical reports, web-based guidelines, websites, etc.

Key search categories that were used were parents, children aged 0-6 years, parenting programme, early learning programme, at-risk populations– each of these had multiple sub-terms as described in Appendix 1, on page 49.

Key Informant interviews (KIIs)

The KII instrument was initially developed to cover questions related to the identification of relevant literature. However, following agreement at the inception phase, questions relating to second phase primary data collection were included. Thus, KII questions covered identification of at-risk parents and geographical areas to cover.

Purposive sampling was used to select study participants as key informants. Those selected were stakeholders with knowledge about parenting programmes (for parents and primary caregivers of children aged 0-6 years) and who could best inform the literature review.

While it was initially planned that the literature review data be collected from 9 KIIs, data was gathered from 12 individual KIIs and one group KII. Table 2 shows the final KIIs conducted, stakeholders interviewed and their organisational roles.

Table 2. Key informants interviewed

Data collection methods	Organisation	Full name	Position/role
KII	UNICEF	Andre Viviers	Education Manager (ECD)
KII	Department of Basic Education	Mpho Papale	Chief Directorate: Foundations for learning
KII	Department of Health	Sebotse Ngake	Directorate: Child, Youth and School Health
KII	Heartlines	Garth Japhet	Director
KII	Sesame Workshop	Mari Payne	Director of Education and Outreach
KII	Childline	Dumisile Nala	National Executive officer

Data collection methods	Organisation	Full name	Position/role
KII	ELRU	Tracey van de Heyde	Director
KII	Ntataise Trust: ECD Training	Tseli Scharer	Director
KII	Sonke Justice	Patrick Godana	Project Manager
KII	NECDA	Monica Stach	NECDA Chairperson
KII	LEGO Foundation	Nicolas Dowdall	Programme Specialist
Group interview	Hope Worldwide	Gloria Nkosi, Mike Kgoroadira, Monique Scholz, Maggie Ntombi, Moses	Deputy country director; Master trainer, manager, monitoring and Evaluation (M&E) officer
KII	Psychology Department, UCT	Catherine Ward	Consultant (part of the Parenting for Lifelong Health – PLH)
Total	12 KIIs and 1 group interview		

Following the KIIs and production of the desktop literature review, report 2b was produced and submitted, then edited based on comments from UNICEF South Africa and the study team expert.

Part 3: Primary data collection, analysis, and synthesis

The original sample for this primary data collection was meant to be 14 semi-structured interviews (SSIs) and three workshops. Given the comprehensiveness of the KIIs, it was decided together with UNICEF to reduce the sample to 12 interviews, 1 workshop and 1 group interview. This decision was also informed by the fact that saturation point had been reached in respect of questions around the identification of at-risk parents. Furthermore, the research team wanted to conduct a face-to-face strategy development workshop with key stakeholders instead of a virtual workshop. This change aimed to achieve increased engagement and stakeholder buy-in during part 5 of the study, namely strategy development.

As with KIIs, purposive sampling was used to select study participants to obtain information on the implementation of existing parenting programmes and targeted groups. Interviewees were identified in consultation with UNICEF and DBE. Some were recommended by key informants in part 2. The following reflects the final sample for the primary data collection.

Table 3. Primary data collection sample

Data Collection Method	Organisation/ Department	Full Name	Role /Position
SSI	Eastern Cape Education Department	Ms N NKalitshana	Provincial ECD coordinator
SSI	Gauteng Education Department	Ms N Kgokutli	Provincial ECD coordinator
	Limpopo Education Department	Ms S Ngonyama	Provincial ECD coordinator
Paired interview	Mpumalanga Education Department	Ms N Khoza & Nomsa	Provincial ECD coordinator
SSI	Free State Education Department	Ms P Malgas	Provincial ECD coordinator
SSI	North West Education Department	Ms T Tawana	Provincial ECD coordinator
SSI	Western Cape Education Department	Mr C Titus	Project manager
Paired interview	Northern Cape Education Department	Ms Ludike & Ms De Wet	Provincial ECD coordinator
SSI	KwaZulu-Natal Education Department	MS K Mathe	Provincial ECD coordinator
Group interview	Western Cape Office of the Premier	Gwen Dereymaeker, Tristan Görgens, & Ruth Capon	Implementers of governmental strategic priorities in the Policy and Strategy Unit
SSI	Institute for Security Studies	Dr. Chandre Gould	Researcher and advocate
SSI	Uhambo (Western Cape NGO focusing on parents of children with disabilities)	Erna van der Westhuizen, Francisca Velasquez-Turner, Neliseka & Colleen Francis	Non-government parenting programme implementers
SSI	Save the Children	Nomcebo Mthembu	Parenting programme manager
Total	10 SSIs, 2 paired interviews, 1 group interview (20 respondents)		

A total of five data collection instruments (including respondent information and consent) were designed, submitted to UNICEF, and edited based on comments from UNICEF (see Annexure 2 for all instruments). The primary data collection instruments also included questions that would assist during strategy development. For example, for the ECD coordinators, questions were included on the nature of coordination of the roll out of the NPP.

Prior to collecting data, fieldworker training was conducted with the research team on 25 October 2022. Data collectors were familiarised with the purpose, aims and objectives of the parenting scoping study. In addition, the team was trained on each of the five instruments and ethical considerations. Most of the data collectors had already collected key informant data and were therefore familiar with the study. Primary data was collected virtually between 26 October and 4 November 2022.

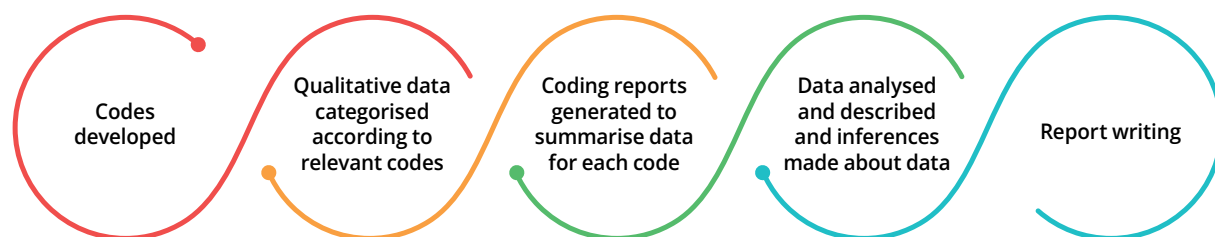
Data analysis

Interview notes were cleaned and edited before qualitative analysis. Primary data and relevant secondary quantitative (and qualitative) data were gathered and analysed. Data from both sources were triangulated for data analysis.

A coding sheet was developed where codes and their hierarchy were outlined. This coding sheet was informed by the literature review framework and by reading through the interviews.

The research team used Nvivo 12, a qualitative data analysis software for analysis of data from interviews. This software tool was used to code and organise data into pre-established categories and identify thematic trends in the data. Following this, coding reports were generated for the next level of data analysis and report writing. Below is an overview of the data analysis followed for this study.

Figure 1. Qualitative data analysis overview



The desktop study (Report 2b) was integrated with the primary data analysis to compile this report (Report 5 – a comprehensive consolidated report).

Part 4 Stakeholder mapping

A list of organisations in the ECD/parenting sector was compiled from a number of sources, including UNICEF, and Impact Consulting, who are conducting another study on ECD programmes for UNICEF. The Southern Hemisphere team contacted organisations via phone and email and requested them to complete the survey. There was a screening question, and only those who responded that they had offered parenting programmes during the period since 2018 were invited to complete the survey. A total of 140 organisations responded to the survey, and of these, 69% (or 97 organisations) indicated offering parenting programmes in the period since 2018.

2.4.2. Limitations

The following limitations apply to this study.

- Initially, parents who had been trained as part of the NPP and are part of a support group were meant to be part of the study. However, due to short timeframes and logistical difficulties, such a sample of parents was not included. As a result, identification of suitable indicators for at-risk parents was not obtained from this group.

- The study team had originally identified staff from the DSD National Family Strengthening Directorate as potential interviewees, but during the course of the study it became apparent that this directorate did not focus on children aged birth to 6 years. Hence, it was decided not to interview them.
- There was limited documentation on the NPP apart from a PowerPoint Presentation from NECDA and the Department of Basic Education (DBE), a presentation from a Bridge seminar, and a draft evaluation report from 2008. A year into the roll out of the NPP (2008), the DSD commissioned a mid-term evaluation of it (van der Watt, 2009). Then, in 2019, NECDA submitted a final narrative report on their Parent Support Programme in collaboration with UNICEF and the National Department of Social Development (NECDA, 2019), and in 2021, Bridge published meeting highlights from the Parenting Young Children (birth to 5 years) seminar (Bridge, 2021).
- To our surprise, the extensive literature/document search resulted in only thirty-one (31) documents being included in this document review. We had assumed there would be more evidence on parenting programmes for children aged birth to six years in South Africa. However, the literature we uncovered aligns with what the key informants were suggesting, so we believe that the findings below represent solid information.
- For child protection and ethical considerations, participants below the age of 18 years (including teenage parents) were not included as participants in the study.
- The study was designed to take place virtually, which limited desired face-to-face stakeholder engagements with certain stakeholders, such as parents.

3. Contextual findings

3.1. Policy and legislative mandate on parenting programmes

The right of children to family and parental care is a constitutional imperative, enshrined in section 28 of the Constitution of the Republic of South Africa (The Republic of South Africa, 1996). This aligns with the rights of children as presented in Article 18 of the UN Convention on the Rights of the Child, and addresses principles on the care and protection of children, including defining parental responsibilities.

Parenting programmes in South Africa are covered by a variety of policies, strategies, legislation and plans. The most notable is the National Integrated Early Childhood Development Policy (Department of Social Development, 2015), which acknowledges the importance of the role of parents in the early development of their child and identifies parenting support programmes as one of eight components for comprehensive early



childhood development programming. The policy highlights that parenting programmes include preparation for parenthood; promotion of children's early growth, development, learning, language and education; the importance of learning through play; enablement of appropriate and positive child behaviour management; promotion of parental well-being; and promotion of child protection and safety. Furthermore, it notes that interventions such as parenting programmes have yielded positive outcomes, which include the prevention of behavioural and emotional problems in children alongside an increase in parental skills and self-efficacy.

The National Integrated Implementation Plan for Early Childhood Development in South Africa (Department of Social Development, 2018) operationalises the policy, with goal 3 dedicated to parenting support and parenting capacity building.

The National Early Learning Development Standards (NELDS) (Department of Basic Education and UNICEF, 2009) is a curriculum-related policy initiative focusing primarily on the early learning needs of children from birth to four years. The document is designed to provide children with the best start in life by equipping their caregivers, teachers, practitioners and parents with information and knowledge on how to ensure that their children's early experiences at home, and in institutionalised forms of care and education, are developmentally appropriate. Furthermore, the National Curriculum Framework for Children from Birth to Four (2015) (NCF) provides guidance for those developing programmes and working with babies, toddlers and young children from birth to age four (Department of Basic Education and UNICEF, 2015).

Section 144 (1) in the Children's Act 38 of 2005 (Government of South Africa, 2010) prescribes that prevention and early intervention must focus on developing appropriate parenting skills and the capacity of parents and caregivers to safeguard the well-being and best interests

of their children (and in particular children with disabilities and with chronic diseases), including the promotion of positive, non-violent forms of discipline. Strategic Priority Area 2 in the Revised White Paper on Families (Department of Social Development, 2021) promotes parenting support as a means to strengthen families and promote family life, and the development of individual family members.

Key policy documents on parenting listed by interviewees

Interviewees in the primary data collection phase all said that there were no provincial policy documents to guide their decisions about investing in parenting programmes. However, respondents confirmed using national policies to guide their design and implementation of parenting programmes. These documents include the National Integrated ECD Policy and the Children's Act 38 of 2005.

"The most prominent policy is the National Integrated Policy for ECD but there are others – the Children's Act deals with pro-poor policy – process and funding of those." – KII Funders

"ECD Policy talks about ECD-based planning – prioritising communities with the highest population of children, and most at-risk." KII NGO

3.2. The National Parenting Parental/Primary Caregiver Capacity Building Training Programme (NPP)

3.2.1. Description of the NPP

The NPP was developed in 2006 as a comprehensive programme based on existing policies. It was developed by the Department of Social Development (DSD) with support from UNICEF. DSD took the lead in the implementation of the NPP with support from UNICEF in the first few years of implementation, particularly with regard to the training of trainers and monitoring training implementation. In 2018/2019, UNICEF supported DSD with an additional targeted implementation of the NPP in priority wards, with NECDA as implementing partner.

Five assumptions underlie the NPP design:

1. Parenting can be improved through learning, and being a parent/caregiver requires continuing adjustments to changing circumstances.
2. Parents or caregivers benefit from sharing their emotional reactions with each other and receiving acceptance from their peers.
3. Focusing on the needs of children and parents or caregivers is essential.
4. Parents or caregivers can provide substantial help to each other if the group is well structured and they can begin to regain a sense of competence.

5. Trainers are responsible for giving 'good' information and for modifying misinformation given by participants (Department of Social Development and UNICEF, 2008).

The NPP was implemented using a training manual and the train-the-trainer approach. Thus, DSD officials from all nine provinces were trained as master trainers who then trained appointed social workers, and subsequently NECDA members, to train parents. The study revealed that the current DBE provincial ECD coordinators who were previously situated within DSD were among those trained as master trainers. Unfortunately, the total number of officials trained by these master trainers since 2007 is unknown, and there appears to be no coordinated system for collating this information.

Nevertheless, available data show that during the 2019/2020 and 2021/2022 financial years, master trainers⁵, comprising provincial ECD coordinators and NGO officials, were trained (Department of Basic Education, 2022). While the total of those trained by the NGO master trainers is not certain, the provincial ECD coordinators trained a total of 265 social workers between 2019 and 2021

(Department of Basic Education, 2022). Following this training, the master trainers were responsible for monitoring and ensuring that trained social workers implemented the training locally.

Target group and training duration

The target population for which the NPP was designed are parents and primary caregivers who care for babies and young children aged from birth to five years old (Department of Social Development and UNICEF, 2008) (i.e., until their sixth birthday). Interviews with provincial coordinators revealed that in Limpopo ECD practitioners, rather than parents and primary caregivers, had always been targeted. It seems that such practitioners were also targeted in some other provinces.

To date the NPP has been rolled out primarily within the partial care facilities (primarily ECD centres) providing early childhood development programmes (i.e., ECD centre programmes). During June 2017 to December 2018, NECDA was contracted by DSD and UNICEF to manage and implement the NPP by training parents or primary caregivers who are pregnant or have children aged between birth to school-going age (excluding Grade R) (NECDA, 2019).

This approach aims to ensure that parents collaborate with ECD practitioners in supporting the early learning and development of their children. Where ECD practitioners have been targeted, it was envisioned that the practitioners would pass on their knowledge to parents of children in their ECD centres.

The training is designed for a group of between 15 and 20 people, who participate in eleven sessions of up to three hours long. The manual provides for different circumstances such as larger or smaller groups, and suggests that the activities, number of trainers and time frames may need to be adjusted (Department of Social Development and UNICEF, 2008).

This flexibility was seen during implementation. Thus, some interventions spread weekly sessions over a 10-week period, while others used concentrated sessions over two to three days, sometimes with much larger groups. Some of the literature reviewed suggested that training conducted over a short period is preferable as it requires less commitment from parents. The counter-argument is that spacing the sessions over a longer period allows

participants to practise using the new skills and knowledge gained before having to absorb additional information.

Training content, language and level

The NPP Manual covers 11 topics: (i) health and nutrition; (ii) play and creativity; (iii) physical development; (iv) social development; (v) emotional development and confidence-building; (vi) intellectual and language stimulation; (vii) child safety and protection; (viii) healthy family relationships; (ix) positive discipline; (x) grief and bereavement; and (xi) the parent themselves.

The training material was developed in English, but the manual notes that until it is translated, trainers should adapt the material to local conditions (Department of Social Development and UNICEF, 2008). It is acknowledged that this requires intensive preparation to ensure that the messages in the manual are accurately conveyed by the trainer and correctly understood by the participants.



A simpler version of the manual has also been developed for use with groups that have low literacy levels. This version explains that “as the literacy level of the target group is unknown, the trainer therefore needs to prepare the training in such a way that even illiterate participants will not feel threatened and can benefit from the training. If a specific audience does not have basic literacy skills, the trainer is welcome to adjust the content and methodology of this training manual to a level that will be understood”.

Trainer requirements

In addition to appropriate language competences, the manual stipulates that the “trainers of this programme should be familiar with adult learning principles, have completed the ‘Train the Trainers’ workshop, and should possess at least an NQF [level] 4 or equivalent qualification. Trainers should preferably have a solid knowledge of all the resources in the community where the training is conducted”.

Number of parents reached

As noted above, the study could not determine the exact number of parents that were reached provincially. However, the literature provides some indications of the number of master trainers and parents/primary caregivers reached:

- A training drive saw the capacitation of 147 master trainers in six provinces between September 2016 to May 2017. The expectation was that each of these trained master trainers would train 10 parents and 15 primary caregivers⁶ during the 2017/18 financial year, arriving at a total of 1470 parents and 2205 primary caregivers trained (Department of Basic Education, 2022). However, it is unclear to what extent these targets were reached, or why the targets differentiated between parents and primary caregivers.
- From June 2017 to December 2018, NECDA was contracted by DSD and UNICEF to manage and implement the NPP. The target group was pregnant women and parents/primary caregivers with children aged between birth to school-going age. The literature review and key informants indicated that 17,145 people completed all 11 sessions (NECDA, 2019).

Indicator of success

The study explored which indicators of success were being used regarding the rollout of the NPP.

Below is a table of provincial ECD coordinators’ responses when asked about indicators used by the DSD to track NPP implementation. As can be seen, only two provinces identified outcome-based indicators of success. Both of these were qualitative indicators, and the study did not enquire how these and the other indicators were defined and operationalised. It also did not request information on actual performance against the indicators. KwaZulu-Natal did not provide any response to the questions about indicators.

Table 4. Provincial NPP indicators of success

Province	Output based indicators of success	Outcome based indicators of success
North West	• Number of trained trainers; • Number of parents/caregivers trained; • Number of trainings held for parents and caregivers; • Module /topics trained on; • Reports of practitioners' engagement with parents in homes /communities.	Roles parents play at ECD centres after being trained
Western Cape	• Number of parents reached; • Number of programmes implemented in communities.	
Gauteng	• Number of developed modules introduced to parents; • Review of implementation model; • Number of parents/caregivers attending training; • Monitoring systems set up and functioning.	
Mpumalanga	• Number of parents/caregivers reached; • Number of session/modules.	
Northern Cape	• Number of parents/caregivers reached; • Topics covered with parents.	Parents' reports of developmental practices with children
Free State	• Number of training sessions conducted.	
Limpopo	• Number of practitioners trained; • Number of social workers trained.	
Eastern Cape	• Number of parents trained; • Number of social workers trained.	

Although the NPP is implemented in all provinces using the same manual, the table shows that there is no standard set of indicators to track the level of implementation success. Provinces commonly tracked participants' attendance, sessions trained on, and trainers trained. Post-training behaviour change of parenting practices is only tracked in Northern Cape and North West provinces. Free State's ECD provincial coordinator also acknowledged that in the future, setting outcome indicators would be a useful way to learn more about the effect of their implementation.

Reporting frequency for indicators varied across provinces. For example, in Mpumalanga data was reported on at the end of the 10th session, while in Western Cape service providers produced quarterly reports.⁸

3.2.2. Function shift from DSD to DBE

In 2012, the National Development Programme stated that the Department of Basic Education should take over the core responsibility for the provision and monitoring of ECD programmes. This proposal was sanctioned by the ruling party during its Policy Conference 2017, and subsequently confirmed by Cabinet in mid-2018, and by a clear direction from the President on 14 June 2019. In line with this, the NPP, together with other ECD services, migrated to the DBE (and to the Provincial Education Departments (PEDs)) in April 2022. This study sought to understand the implications of this function shift on implementation of the NPP.

Role change

The study confirmed that, at the national level, the DBE now develops parenting programme policies for this age group of children. At provincial level, the PED directs service provision through non-governmental organisations and also implements and monitors implementation of both centre-based and non-centre-based ECD programmes.

As a result of the shift, ECD provincial coordinators (master trainers) and social workers (trainers) transferred from DSD to DBE & PED. Some coordinators reported that the DSD mandate and their previous roles as master trainers had not changed and they were implementing as before. Others indicated that the NPP was on hold, while still others were told that the parenting programme would remain with DSD. However, upon arrival at the DBE, they were expected to implement as before, but had to do so with limited capacity as some of the DSD social workers with whom they had worked remained with DSD. There was also some confusion among provincial coordinators around who was now responsible for monitoring, evaluation, and reporting.

Impact on NPP

The function shift has, to some extent, disrupted implementation of the NPP. For example, in KwaZulu-Natal (KZN), with no senior officials transferred to drive implementation, social workers had not trained any parents in 2022, while in Mpumalanga and North West, the non-transfer of some coordinators and social workers had hampered implementation. In Gauteng, funding for the NPP had been suspended. Such disruptions are not surprising given the range of different ECD programmes that were shifted. Provincial coordinators recognised the need for time to allow parties from the DSD and within DBE and PEDs to restructure and synergise working systems.

Some provincial PEDs had already started implementing. For example, in Mpumalanga, new social workers were trained in the first quarter of 2022 and implementation proper began in June 2022. In Free State, training for parents only began in September 2022. Northern Cape and Western Cape had relatively seamless transitions.

3.2.3. Collaborations with other departments

The study respondents acknowledged the importance of having other stakeholders to help with providing up-to-date information on specific topics.

In most provinces, Department of Health (DOH) representatives are invited to raise awareness of child health (i.e., immunisation), nutrition, physical development, and prenatal

and postnatal issues during training sessions. Getting the DOH representatives to attend training regularly was, however, sometimes challenging due to limited staff. According to the DOH directorate, the DOH does not have a specific parenting programme but also works with parents in various ways. These include primary health care (PHC) nurses providing information, and community health workers (CHWs) visiting households for maternal and child health interventions. The DOH's MomConnect platform is also a mechanism for providing information virtually, but only the Gauteng province uses it for the NPP. Referrals are another way in which collaboration occurs.

Provincial ECD coordinators indicated that the DSD forums had not been very effective in sharing information about the parenting programme. Respondents suggested future collaboration with the Department of Home Affairs and SASSA to inform parents about birth registration and access to grants.

3.2.4. Municipalities and parenting programmes

The study found only one municipality that was offering a parenting programme. In the City of Cape Town's Strengthening Families Programme⁸, participants attend an eight-week course where they learn about family values, parenting skills, peer pressure, respect, and how to communicate (Anon., n.d.). Both children and parents/caregivers participate in the programme.

Even if not offering programmes themselves, municipalities may act as partners in the implementation of parenting and other ECD programmes more broadly. Their role varies across provinces, and includes raising awareness, providing information on available programmes or service providers, ensuring that ECD facilities comply with necessary regulations regarding safety and child protection, as well as recruiting parents and caregivers.

3.2.5. Strengths and challenges of the NPP

In general, the targets for training parents and caregivers on the NPP have been successfully met. However, in Limpopo, reach has been low since implementation targeted ECD practitioners, and the provincial coordinator reported that ECD practitioners generally did not pass on the knowledge and skills to primary caregivers. To address this, the Limpopo Education Department planned to work with other departments to target parents and caregivers in the community.

Attendance of training sessions is inconsistent, with different parents attending different sessions, and attendance dwindling over time. As a result, many parents do not receive training on all topics. Respondents noted that when sessions were long, incentives such as refreshments would encourage consistent attendance. However, refreshments were not always budgeted for.

"Parents complain about hunger when they attend; we train for 5 days but we cannot provide them with a meal for them to remain for those 5 days of training. So these parents come on the first day, realise that it is just an information-sharing arrangement with no food, and they lose interest." (SSI-Provincial ECD coordinator 1)

The timing of training sessions also affects attendance. For example, training that occurs after working hours does not factor in parents' and caregivers' childcare responsibilities, while sessions during work hours are not attended by school-going (teenage) or employed parents and caregivers.

There are a large number of parents and caregivers who could benefit from a parenting programme. To date, however, only a small number have been reached. Where the NPP has been implemented through ECD centres, parents and caregivers of children who are not enrolled in such programmes are missed.

Study interviewees also noted that many parents did not see the value of parenting programmes when they were faced with other serious challenges such as unemployment. Some interviewees felt that the programme was too prescriptive, with the same modules for all parents. For example, parents and caregivers with problems such as alcohol abuse might need a programme that recognised their specific needs and situations.

Sharing of resources is part of the NPP training model, with additional material made available to participants. According to the evaluation, additional handouts were developed and made available in 2007. However, for various reasons, not every participant has access to these resources. In remote areas, trainers do not have the resources to create copies that parents can take home for reference. Moreover, the manual is developed in English, and translation of the manual into local languages is the trainer's responsibility. This presents challenges for, among others, trainers in deep rural areas where English is not spoken. In Eastern Cape and Western Cape some materials were translated into IsiXhosa; however, many of the grandparents who attended could not read them due to illiteracy.

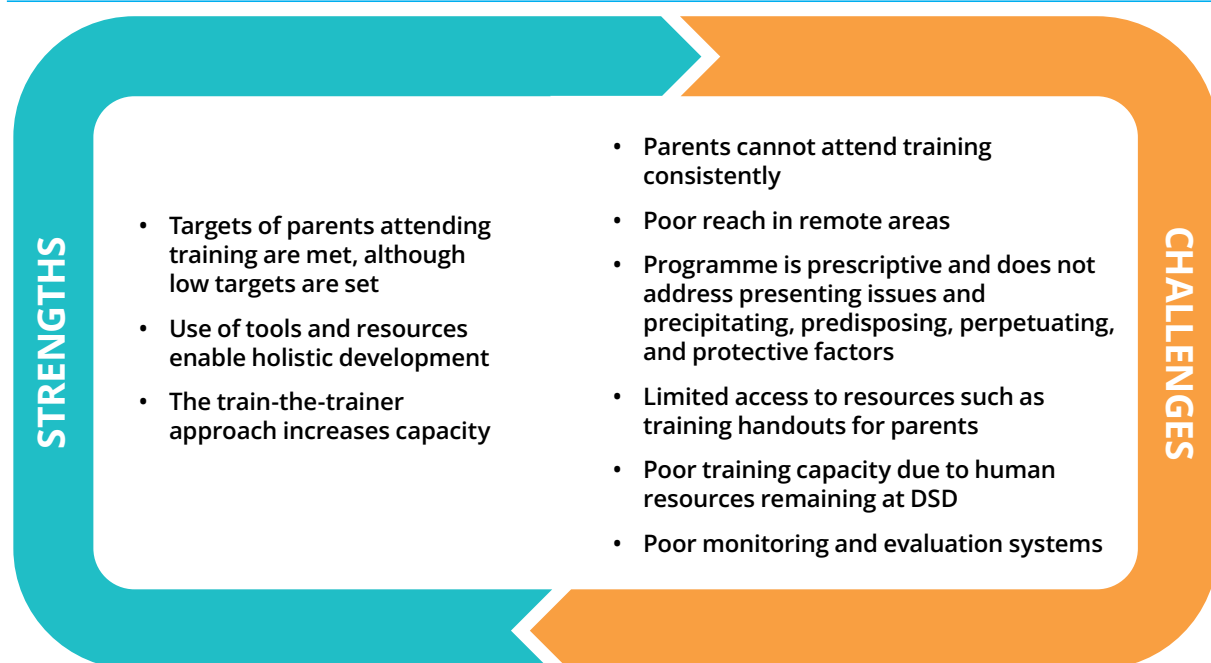
The programme model relies on trained social workers (and/or ECD practitioners) being available to do the training. Capacity varies across the provinces. In some instances, master trainers have become unavailable, for example, after moving into other positions. Some ECD coordinators, despite having done the master training, did not feel confident to train other government officials.

To address capacity shortages, ECD coordinators in Mpumalanga trained a large number of CHWs to train parents over the weekend in Nkomazi district. In provinces such as Western Cape, Gauteng and Mpumalanga, DSD has collaborated with non-governmental organisations to increase capacity.

However, that is less of an option for provinces such as Northern Cape, where there are no strong NGOs with which to work. This province, therefore, resorts to setting very low targets (300 per year).

There has been no impact study conducted and hence the extent to which the training is resulting in improved parenting outcomes is not clear. Figure 2 summarises strengths and challenges reported when implementing the NPP.

Figure 2. Strengths and challenges of implementation of NPP



3.3. Government budget allocation

The Children’s Act provides that the provincial MECs of social development “must” provide for prevention and early intervention services – whether through government providing these services itself, or funding others to do so. The Act, in defining prevention and early intervention services, includes programmes that “[develop] appropriate parenting skills and the capacity of parents and caregivers to safeguard the well-being and best interests of their children, including the promotion of positive, non-violent forms of discipline” (s144(1)(b)). There is also specific reference to programmes that develop “appropriate parenting skills and the capacity of parents and caregivers to safeguard the well-being and best interests of children with disabilities and chronic illnesses”.

Budgets are important because they reflect actual policy, i.e., which aspects of the formal legislation and policy documents government is committing to.

The Joint DBE-DSD Function Shift Presentation to the Joint PC on 24 August 2022 notes that DBE is using two methods of supporting ECD programmes financially, namely the subsidy to programmes paid through the equitable share and the conditional grant. The equitable share is the pot of money that each provincial treasury receives from national revenue and which it then uses to provide funds for each of the provincial departments. Each province has discretion as to how they allocate these funds. The early childhood development conditional grant, in contrast, is channelled to provinces through the responsible national department – DBE as from 2022/23. These funds must be used for the specified purpose.

The 2022/23 schedule describes the purpose of the ECD grant as: *“To increase the number of poor children accessing subsidised early childhood development services through centre and non-centre-based programmes; to support early childhood development providers delivering an early childhood development programme to meet basic health and safety requirements for registration; to pilot the construction of new low-cost early childhood development centres.”* In our view,

only the first of these might allow some of the grant funds to be used for a parenting course. Annexures to the Division of Revenue Bill reveal that in 2022/23, R1,094.8 million is allocated through this grant to support subsidies to ECD programmes, with a further R1 million allocated for maintenance of centres.

The function shift presentation notes that, to promote standardisation, DBE used guidelines for provinces on implementation of subsidies. All references to these guidelines highlight that they propose that the subsidy be set at R17 per day per child. This suggests that the guidelines envisage all, or the bulk, of the subsidy going to ECD centres rather than non-centre-based programmes such as parenting.

The function shift presentation notes that 683 officials were transferred from national and provincial DSD to national and provincial education departments – seven national, and 676 provincial. This implicitly reflects a fairly substantial transfer of resources. The presentation further notes the need to appoint more social workers “to support and monitor ECD programmes”. The current shortage suggests that there will not be social workers readily available for use as trainers or facilitators for parenting programmes. The national DBE and DSD budget votes for 2022/23 make no mention of parenting programmes.

The provincial education votes have a budget programme for ECD. This includes provisions for Grade R, but also for other ECD. Historically, the Pre-Grade R in ECD centres sub-programme contained funding for training of ECD practitioners, including the related stipends for trainees where relevant. It seems that most provinces are now using this sub-programme for their allocations for ECD, even though the description of the sub-programme still focuses on training. Two provinces have, however, introduced a new sub-programme – “Pre-Grade R in community sites.” This better reflects the use of the funds to pay subsidies to ECD centres. It still does not, however, capture all possible types of programmes, some of which – including some parenting programmes – might not be site-based.

Also relevant in the provincial education votes is the table showing receipt of conditional grants, as for 2022/23 these include the early childhood development grant which was previously located within DSD. Some of the provinces have included a separate conditional grant sub-programme under the ECD programme to show spending of the conditional grant. Some have recorded part of the conditional grant under the infrastructure programme. Some have recorded part or all of the conditional grant under the pre-grade R sub-programme. This makes comparisons across provinces difficult.

The provincial DSD votes have two sub-programmes that are relevant for our purposes. Firstly, there is the ECD & Partial Care Sub-Programme within the Children and Families programme. This is where the budget for funding of ECD centres as well as other ECD programmes was previously located. Secondly, there is the Care & Services to Families Sub-Programme within the Children and Families programme. Some of the narratives in provincial budget votes reveal that this sub-programme is used to fund parenting programmes (see below). With the main responsibility for ECD shifting to education, it is not clear whether a parenting programme for parents of pre-school children would fall under education or social development. What is noteworthy at this point is that while virtually all the votes refer to the function shift, none of the education votes mentions parenting.

The table that follows shows provincial allocations in 2022/23 for the relevant sub-programmes within the two departments. Unfortunately, provinces have not all used the same approach in reflecting the function shift. The green-shaded cells show cases in which the 2022/23 allocation

is substantially higher than the 2021/22 allocation. Yellow is used for cases in which the 2022/23 allocation is substantially less than the 2021/22 allocation. The shift is depicted exactly as one might expect in KwaZulu-Natal, Limpopo, and Northern Cape. In other provinces, the departments have “restated” budgets either completely or partially, i.e., they have recorded past allocations in line with the current allocation of functions so as to show the trend more clearly. (The increased allocation in Western Cape is a “real” increase unrelated to the function shift, and reflects additional funds for families negatively affected by COVID-19. North West is shown in light green because, although the amount for the DOE sub-programme is much higher in 2022/23 than 2021/22, there are no allocations shown for 2019/20, 2020/21, and in respect of adjusted and revised estimates for 2021/23.)

Table 5. Relevant allocations in provincial departments of social development and education, 2022/23 (Rm)

Dept	Sub-programme	EC	FS	GT	KZN	LM	MP	NC	NW	WC
DSD	Care & services to families	108.616	27.400	265.773	17.170	82.430	53.553	47.898	62.101	105.608
DSD	ECD & partial care	128.516	13.700	9.000	98.179	52.261	39.124	0.000	72.350	15.384
DOE	ECD grant	199.688	52.167	232.715	187.203	184.858	99.860	23.126	104.100	95.866
DOE	Pre-Grade R in ECD centres	250.387	258.303	459.910	422.769	324.348	204.212			289.900
DOE	Pre-Grade R in community sites							62.614	127.123	

Key: *Green* – Allocation is substantially higher than previous year
Orange – Allocation is substantially lower than previous year

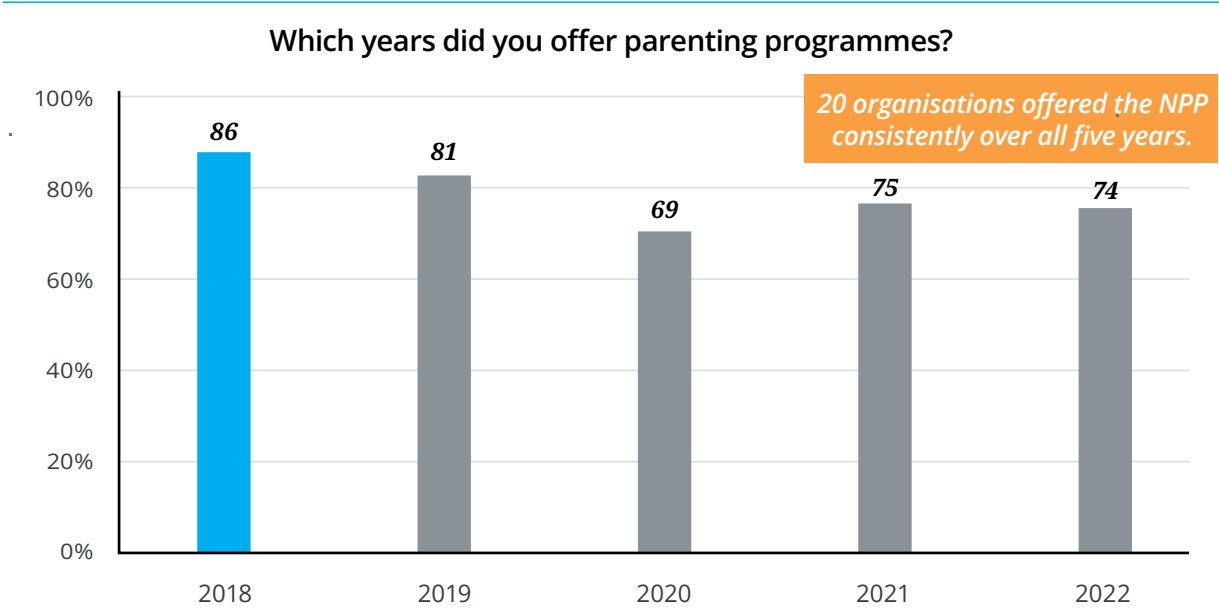
4. Stakeholder mapping study

The results presented below are based on a sample of 97 organisations that have offered parenting programmes since 2018. Analysis reveals a slight decline in the number of parenting programmes offered over this period. Thus, while 86 per cent of organisations offered parenting programmes in 2018, this dropped to 74 per cent in 2022. The real drop might be even larger if some organisations were offering parenting programmes in the earlier years but are no longer operating and were thus not captured in the survey.

The lowest number of respondents reporting offering parenting programmes was recorded in 2020 at 69 per cent. It is likely that the COVID-19 pandemic resulted in the temporary or permanent cessation of some programmes. Looking forward, the majority of respondents (96 per cent) indicated they had plans to continue with the parenting programme in the next two years, 2023 and 2024, signalling some opportunities for recovery.

In total, 47 organisations offered parenting programmes consistently over the five years, and 20 of these offered the NPP.

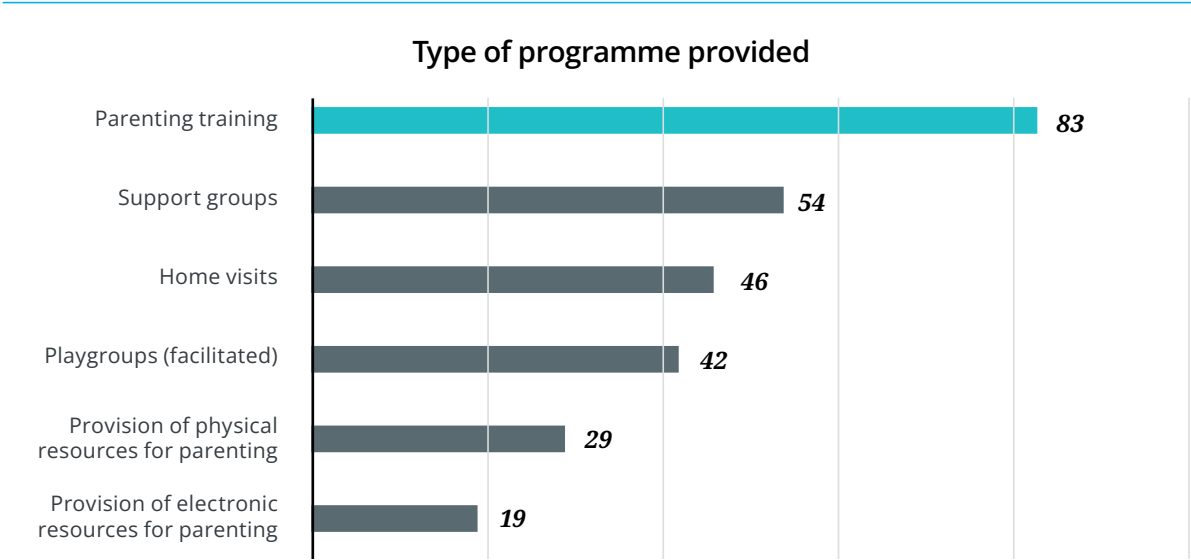
Figure 3. Percentage of organisations offering parenting programmes by year (n=95) (multiple mentions possible)



4.1. Description of parenting programmes

Surveyed organisations offered a variety of parenting programmes and approaches. Most organisations offered parenting training programmes (83 per cent), followed by support groups (54 per cent); just under half of the surveyed organisations (46 per cent) offered home visits, and 42 per cent facilitated playgroups. Fewer programmes provided physical resources (29 per cent) or electronic resources (19 per cent) for parents.

Figure 4. Percentage of organisations offering parenting programmes by type (n=93) (multiple mentions possible)



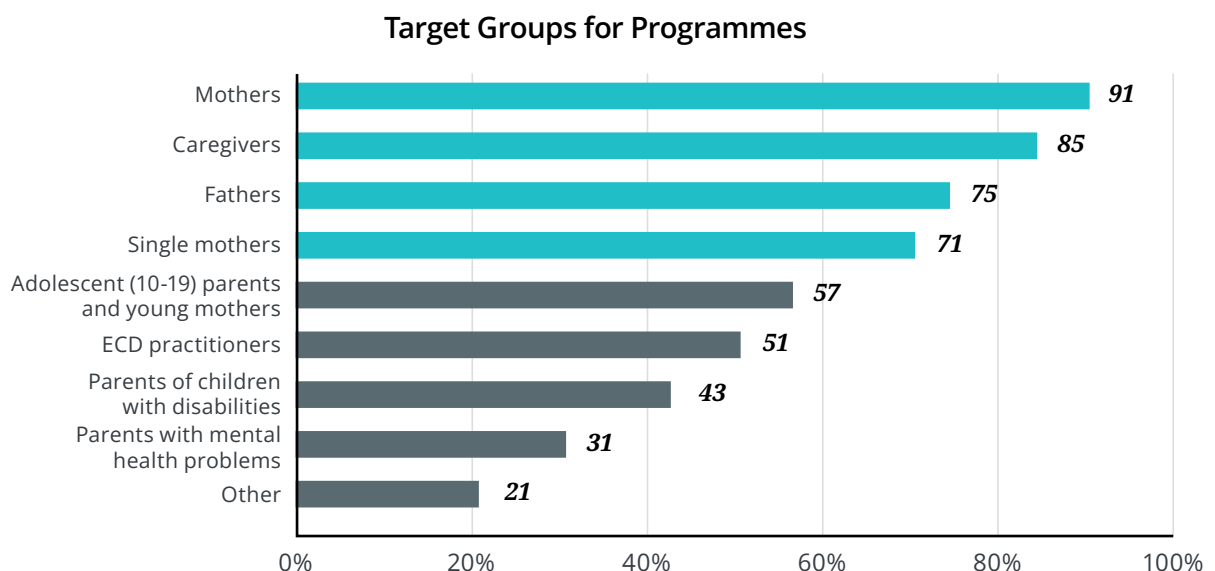
The largest share of respondents (43 per cent) indicated that their programmes are community based (that is, offered directly in the community), 23 per cent are centre-based (that is, facilitated at the centres), and 17 per cent are home-based (which means that they engage beneficiaries directly at their homes). The remaining 17 per cent of respondents responded “other”. Under other, most responses indicate that they do more than one type of delivery – such as centre and home-based. One respondent said that the programme is offered at a school (suggesting that it is not for the birth to 6 age group) and another at a healthcare facility.

In terms of language, 57 per cent of the programmes are offered in English. The other languages offered were not specified in the data. The fact that more than half are offered in English, which is the home language for a far lower proportion of the population, suggests that materials such as manuals need translating into the languages in which they will be delivered.

4.2. Targeting

Target group: Most organisations surveyed (71 per cent) specified a target group for their programmes, and most have more than one target group. The majority of programmes that specified a target group, target mothers (91 per cent), followed by primary caregivers (85 per cent) and fathers (75 per cent). Fewer programmes target parents with mental health problems such as depression (31 per cent), and parents of children with disabilities (43 per cent). About a fifth (21 per cent) of respondents reported that their programmes target “other” groups. Other target groups mentioned included foster and temporary safe care parents; parents who have lost parental responsibility and wish to reintegrate with their children; mothers from conception (5 antenatal sessions) to after birth (15 post-natal sessions); migrant parents; parents of children who identify as LGBTIQ+; and primary caregivers or parents with addiction problems.

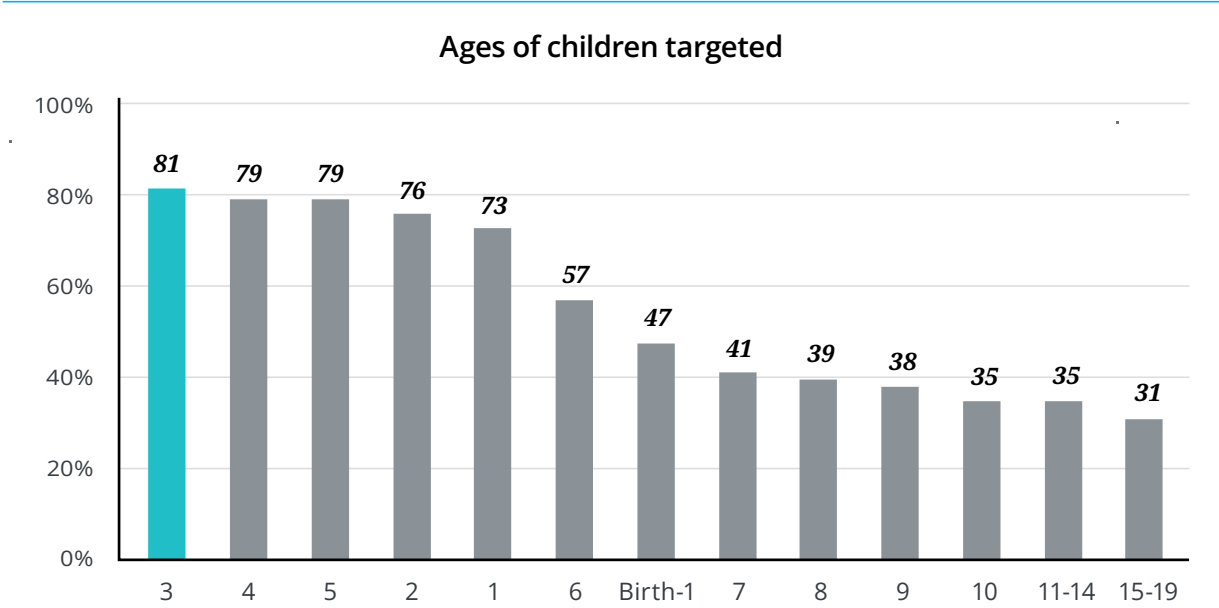
Figure 5. Percentage of organisations offering parenting programmes by target group (n=69) (multiple mentions possible)



Recruitment: Participants were targeted and recruited to the programmes in a variety of ways. Most respondents recruited participants through other programmes offered in their organisations (66 per cent), word of mouth (63 per cent), schools (47 per cent), and social workers (29 per cent). Some programmes did not specify how they recruited.

Age of children: Most of the programmes target parents with children within the age range of one to five years old (combined average of 77 per cent). Around four in ten (79 to 81 per cent) target parents of children aged 3 to 5 years old. A steady decrease in parenting programmes is observable as children become older. Programmes in the sample were least likely to be offered for parents of pre-adolescent and adolescent children (aged 10 to 19 years).

Figure 6. Percentage of organisations offering parenting programmes by age of children (n=95) (multiple mentions possible)



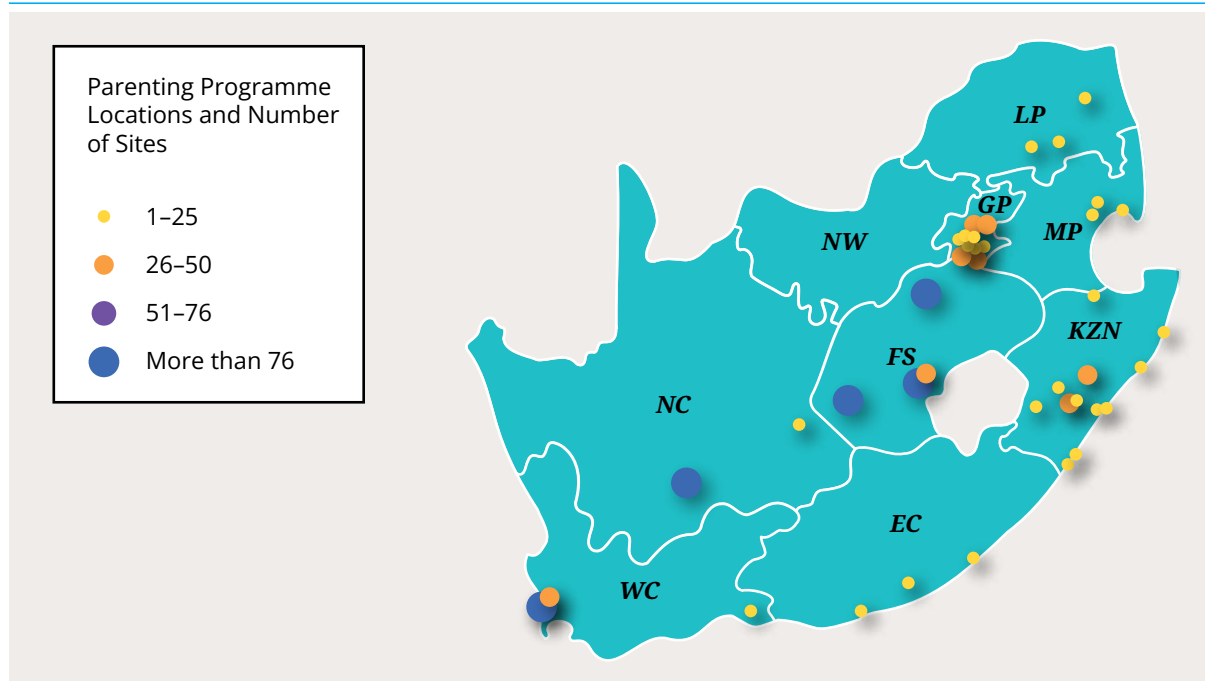
Geographical spread: About 70 per cent (68) of the organisations had addresses/coordinates that could be mapped within South Africa. In at least some cases, these addresses reflect the head office, which may not be the same as the address at which the programmes are offered. The table below shows a heavy concentration in Gauteng, KwaZulu-Natal and Western Cape..

Table 6. No. of organisations offering parenting programmes by province of head office

LP	NC	MP	EC	FS	WC	KZN	GP
2	2	3	4	4	17	17	19

The map in Figure 7 shows the number of programmes reported for different municipalities. Further details of municipalities where organisations are offering parenting programmes are provided in the stakeholder mapping spreadsheet – see Appendix 3 on page 53.

Figure 7. Graphic representation of parenting programmes in our sample 2018 – 2022



The addresses provided by the 68 organisations included only four which were in municipalities that scored 4 or 5 on the composite index suggested for targeting, which is presented in section 6.3¹. These are Nkomazi (Mpumalanga); Hlabisa (KwaZulu-Natal), Mtubatuba (KwaZulu-Natal) and Mbizana (Eastern Cape).

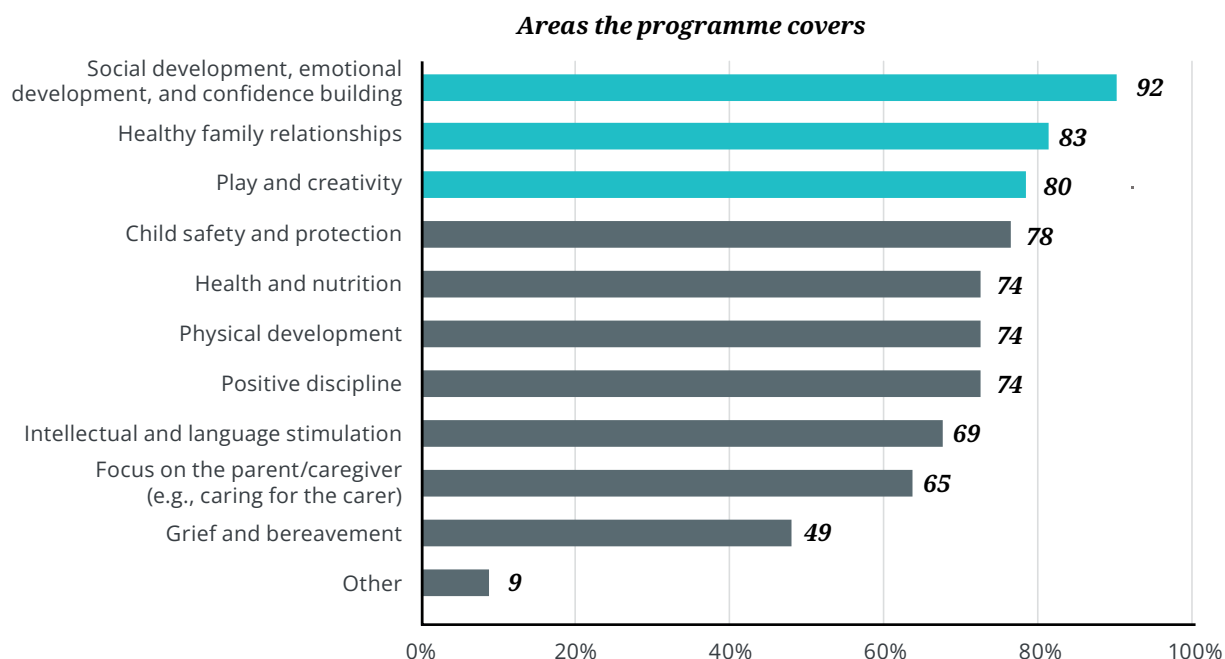
4.3. Design and implementation

Incentives: Respondents indicated that parents receive different types of support to encourage participation in the programme. Just over half offered a meal as an incentive (52 per cent), while others offered educational or other resources (43 per cent). Fewer programmes offered groceries, transport, airtime or a cash allowance. Some programmes did not offer any incentive to parents to encourage participation (23 per cent).

Topics covered: We asked organisations which topics they covered in their parenting programmes, and we provided a list of the modules in the NPP manual. The responses indicate that most of the organisations cover a range of different topics, with more than 80 per cent offering social development, emotional development, confidence-building support, healthy family relationships, play and creativity. The graph below shows the other topics covered by parenting programmes in the survey.

The “other” category included: gender-based violence (2 programmes); sexual and reproductive health and rights / HIV (4 programmes); child rights (which is part of the introductory session of the NPP manual) (2 programmes); support for parents of children with disabilities (1 programme), and support for foster parents/temporary parents/safe care (1).

Figure 8. % of areas covered by parenting programmes (n=95) (multiple mentions possible)



Qualitative Descriptions: Some of the descriptions of the parenting programmes are provided below as examples:

Our work is focused on empowering parents and caregivers to be confident in their parenting role, to be responsible and involved parents who are able to build positive, loving relationships with their children and manage their children's behaviour effectively and without using violent methods of discipline. The centre believes that all families, even the most vulnerable and over-burdened, can thrive with the necessary support and guidance; that all children and youth have unlimited potential and will flourish in a secure family environment; and the best place for any child is in a stable home with effective, nurturing and resilient parents and caregivers."

Learning through play: *"To support parents, as the first teachers of their young children, to encourage and focus on their children's learning through play in the home environment."*

"The purpose is to provide parents with parenting skills to be involved in play and to learn for their children, and to be able to take care of their children holistically."

Violence prevention/child protection: *"Reducing violence against children, improving child development and learning outcomes, improving caregiver mental health, reducing family violence."*

Promote parental involvement in learning: *"To raise awareness amongst parents of how they can be involved in the development of their children, and to share skills and knowledge."*

National parenting programme manual: Just over half (54 per cent) of the organisations use the national parenting training manual in their work.

Partnerships: More than half (60 per cent) of the organisations responded that they partner with other organisations to implement parenting programmes. A total of 84 partner organisations

were named. The most prominent partners were The Parent Centre in the Western Cape, which reportedly worked with five programmes, and Mkhululi, which worked with three programmes. Other organisations named one or two partners. Only six programmes reported working with the DSD as one of their partners.

Referral pathways/access to other services: The majority (86 per cent) of programmes facilitate access to other services for parents and/or have referral pathways linked to their programmes.

Programme delivery agents: With regards to programme delivery agents, 43 per cent of programmes were implemented through community members, 34 per cent through professionals (e.g., teachers and social workers), and 23 per cent through lay professionals (e.g., child and youth care workers or lay social workers). Additionally, 68 per cent of programmes offered training to others who train parents, i.e., training facilitators.

Most organisations implementing parenting programmes had a small staff/volunteer complement, indicating that few human resources (fewer than 10 staff and volunteers) were allocated to parenting programmes. More than a third (36 per cent) reported having four or fewer staff members, and 32 per cent had 5–10 staff. Only 18 per cent had over 20 staff members. These numbers probably represent an overestimation of the staffing available for the parenting programmes, as the staff may not have the parenting programme as their only responsibility. In addition to paid staff, 53 per cent of programmes used four or fewer volunteers, and 23 per cent reported the support of 5–10 volunteers.

Personnel mentioned in the qualitative responses as working with the parenting programmes include child and youth care workers, CHWs, and ECD practitioners. Social workers were not mentioned.

5. Possible factors to consider in targeting

5.1. Defining at-risk parents and primary caregivers and children

This section of the report focuses on at-risk parents and primary caregivers of children aged birth to six years. A basic socio-ecological model was used to analyse the risks associated with parents/caregivers on three different levels, namely: 1) individual/family level, 2) community level, and 3) system/macro level. The research team identified potential risk factors at each of these levels and then analysed the literature and answers from interviewees to unearth evidence to support our hypothesis about risk factors. Allocation of a particular factor to one of the three levels is not always simple. For example, proximity and access to ECD centres and programmes could be considered as both an individual and community level factor. On the one hand, such programmes are absent or scarce in some communities, making it

a community-level indicator. On the other hand, even if such programmes are present in a geographical area of a community, many individual children may not attend.

There are also cases where the same indicator can be used for different aspects of programme design and targeting. For example, the rate of grants per child or population in an area is an indicator of poverty, since child support grants are means tested. So this provides a clue for geographical targeting. However, the child grant is also a protective factor. Hence, for programming in a particular area, the trainers might want to identify parents who have not accessed the child grant for whatever reason.

Box 1. Examples of risk factors for parenting at individual, community, and system levels

Individual and family level: The at-risk parents or primary caregivers could include single parents, teenage parents, parents at-risk due to sexual orientation, migrants, and disabled parents. Such parents or caregivers are likely to be found in all or most geographical areas, and this is therefore not an appropriate basis for geographical targeting.

Community level: Parents living in informal settlements or rural settings, as well as those living in communities with high levels of crime, gender-based violence, and a high level of stigma, could be at higher risk.

Macro/system level: Here, factors such as unemployment, poverty, HIV, and malnutrition rates in areas where parents and caregivers reside suggest both higher risk and – especially in the case of poverty – a likely inability to purchase parenting support.

5.2. Current targeting of at-risk primary caregivers

The primary data collection interviewees were asked which at-risk parents and primary caregivers they are targeting with their parenting programme, and the rationale for this targeting. A total of 26 interviewees answered these questions.

Three organisations said that they targeted all primary caregivers, regardless of socio-economic background or race, while two others named only the age of the child as the basis of their targeting.

Several organisations based their targeting on convenience or feasibility. This included three that targeted primary caregivers in the areas where NGOs were present, while two accessed parents and caregivers through early childhood development (ECD) centres.

Five organisations said that they targeted primary caregivers living in informal settlements. These caregivers are seen as being at-risk on account of having lost their traditional support network when moving from rural areas. Further, interview respondents reported that informal settlements have been identified by government as high-risk areas. Two others targeted those in remote and rural areas on the basis of lack of access to basic services and information about parenting, as well as the paucity of NGOs available to assist. One organisation targeted caregivers on farms.

Four organisations reported that they targeted “vulnerable” primary caregivers, with vulnerability seemingly defined on the basis of socio-economic circumstances. A further two targeted unemployed primary caregivers, on the basis of socio-economic vulnerability and difficulty in accessing ECD services for their children.

Other organisations were targeted based on perceptions of vulnerability to violence. For example, three focused on caregivers in violent or crime-ridden areas, while a further two focused on caregivers of children without a father figure, on the basis that these were perceived to be at higher risk of abuse, violence, mental health issues and low educational performance.

Three organisations targeted primary caregivers who are migrants, because they often lacked the resources or capacity to support their children, and often lacked access to basic services.

Other targeting factors used, each mentioned by one organisation, were caregivers of children with disabilities; substance abusers; those with a low educational background; teenage parents; and caregivers of children not accessing ECD.

One NGO explained how they used multiple indicators (including poverty, limited access to services, highest concentration of children) to target at-risk primary caregivers.

“We did a strategic plan and we looked at population data from Statistics South Africa, and we looked at areas where there are not a lot of services, we looked at EMIS data for teacher to children rate and we also looked at the highest concentration of children. Although, we target via ECD centres we target all key adults in the area.” – KII-NGO

A government official argued for a mix of at-risk and well-functioning parents in parenting groups:

“Evidence has emerged from parenting programmes that it is important to mix at-risk parents with parents who are doing well to balance out the dynamics in the parenting groups. If you have a parenting group with only at-risk parents, there will be a negative environment in the group and the key message will struggle to land.” – SSI, Provincial government

This government official also emphasised the importance of the implementing partner having an adequate support network to provide psychosocial support and/or refer parents to where they might find needed help.

5.3. Literature review

In this section, the findings from the literature review are presented.

5.3.1. Findings from the literature review on individual-level factors

A total of thirteen studies/programmes implemented across nine provinces highlighted risks associated with parents/caregivers of children aged birth to six years. Because the literature is so sparse, we cannot conclude that any of the risk factors identified are more prevalent in one province or another simply because a study was done in a particular province.

Four studies implemented in Northern Cape, Western Cape and an unspecified province demonstrated that many parents had low literacy levels, with limited or no education. Ten parents who participated in the Home-School Partnership Programme (HSPP) (for Grade R age) within Western Cape said that they were only able to communicate with their children using their home language [non-English]², and were not directly involved in the day-to-day learning of their children (Condy, 2015). A study on the therapeutic programme for pre-school children and their parents implemented in Western Cape highlighted that most parents lacked formal education and knowledge to support their school-going children (Pitt, 2013), which suggests that parents might not have access to, or be confident enough to access, information. Another study based in Gauteng focused on high-risk, vulnerable pre-school children, with developmental delay. The developmental delays were statistically significantly more prevalent among single caregiver-headed households and children exposed to more than one language (du Toit, 2020). The link to single caregiver-headed households is unsurprising, as these households tend to be poorer than other households, and the developmental delays are thus likely linked to poverty. The finding in respect of language is surprising, and contradicts other evidence that the use of more than one language in a child, or code switching, is good for brain development.

Statistics South Africa revealed that 46% of children aged 0-6 live with their mother only; female-headed households were more likely to have members skipping meals, and 16.3% of pregnant women stayed in households experiencing hunger, with the figure higher on farms (22.1%) (Statistics South Africa, 2016). In Western Cape, the Philani Mentor Mothers highlighted that depressed pregnant parents who do not receive a home visit from the programme are at risk of having children who are stunted (Tomlinson, 2015)³. Thus, children of mothers who benefited from the Philani intervention had significantly lower rates of stunting, fewer hospitalisations, and greater vocabulary.

Similarly, a study showed that mothers of children with disabilities in KwaZulu-Natal need counselling and psychosocial support to assist them to accept their children, and to subsequently move toward contributing toward shaping the future of their child (Lachman, 2017). Another study in KwaZulu Natal Province underlined a different individual level of risk, including for parents of refugee/immigrant children (Moletsane, 2019). Both studies highlighted the need to offer psychosocial support to parents of disabled and immigrant children to help them contribute to shaping the future of their children.

A study by Diketso Eseng Dipuo Community Development Trust (DEDI) in Free State found that some parents at high risk of HIV, whom the organisation assisted to access child grants, then misused the funds (Marais L, 2011). Other evidence, however, reveals that it is a small minority of parents who might “misuse” grant money, with the bulk of the money going on necessities, and food in particular (Mpikwe, 2016).



Three other studies in North West, Western Cape and Gauteng Provinces targeted teenage/young parents (Condy, 2015) and their children in Grade R (Tomlinson, 2015), and areas with high incidences of teenage pregnancy (Lachman, 2017).

5.3.2. Findings from the literature review on community-level factors

A common risk that was noted in studies in KwaZulu-Natal, Western Cape and North West related to families who resided in informal settlements or remote villages, which are far from services such as ECD services. The Western Cape study reported that “about 60% of children from 0-4 did not have access to ECD services and programmes” (according to ECD audit data for the province) (Western Cape Government, 2011). Another study in North West revealed that families frequently reside in remote villages, which are far from services and where poverty is extreme with high incidences of teenage pregnancy (Lachman, 2017). Many more young children living in the predominantly rural provinces of Limpopo (76%), the Eastern Cape (75%) and KwaZulu-Natal (67%) live in poverty than in the largely urban Western Cape and Gauteng (35%).

Almost 80 per cent (79.6%) of children living in rural traditional areas live in poor households, compared to 57 per cent in urban informal and rural formal areas and 38 per cent in urban formal areas (Department of Social Development, 2015). Similarly, child poverty rates are higher in rural areas (88.4%) and in non-metropolitan areas (73.7%) than in urban areas (41.3%) and metropolises (39.6%). Limpopo and Eastern Cape record the largest proportions of multidimensionally poor children (of 82.8% and 78.7% respectively) while Gauteng and Western Cape present the lowest (33.6% and 37.1% respectively). Rates of child poverty tend to be higher among children from bigger households (i.e., those with seven or more household members), households where there are many children, households where there are no adults employed and households where the household head has no education or low levels of education. Black African children (68.3%) are more likely to be in poverty than those in

other population groups. In addition, single orphans where only a mother is alive have higher poverty rates compared to single orphans where only a father is alive. Double orphans have higher multidimensional poverty rates compared to other children. Finally, for children under five years, child poverty tends to be higher where children's births are not registered (Statistics South Africa, 2020).

A study of the Sinovuyo Caring Families Programme implemented in Khayelitsha, Western Cape, revealed that parents were living in peri-urban areas with high levels of intimate partner violence, drug and alcohol abuse, and violent crime, and that these factors were strongly associated with child maltreatment (University of Cape Town, 2017). Likewise, another study showed that mothers reached through a home visiting programme would be less likely to consume alcohol during pregnancy (Tomlinson, 2015).

In 2021, 64.6 per cent of children aged birth to 4 years were reported to remain at home with either their parent and/or caregiver without exposure to any ECD programmes (Statistics South Africa, 2021). Furthermore, the recent ECD census provides an overview of where children have access to early learning programmes (ELPs), identifying a total of 42,420 ELPs in South Africa, reaching 1.66 million children. Almost half (48%) of ELPs are based in areas where public schools would be categorised as quintile 1 or 2. The percentage of enrolled children per province is highest in the Free State, where 40% of the 332,000 children aged 3-5 attend ELP, while it is lowest in the North West (27%) and in the Eastern Cape (26%)⁴ (Department of Basic Education, 2022) (Giese S, 2022).

In its 2016 education series, Statistics South Africa revealed that 49 out of 100 children aged 3 did not attend any ECD facility. Close to half of the children in the lower income quintile did not participate in any learning activities. There was also less stimulation (for example, being told stories or read a book) in the lowest quintile, and in particular for Black children (Statistics South Africa, 2016).



5.3.3. Findings from the literature review on system and macro level

The intersection of high levels of poverty and low levels of access to quality early childhood development services perpetuates the patterns of inequity in South Africa (Department of Social

Development, 2015). The highest poverty rate for young children is in Limpopo, KwaZulu-Natal and Eastern Cape (Hall, 2019). The majority of poor young children are African (65.6%), followed by children from the coloured population group (29.7%), compared to only 7.6 per cent of Indian/Asian and 2 per cent of young white children (Department of Social Development, 2015).

Studies conducted in at least four provinces suggested that the major risk faced by parents/ caregivers was that they lived in poor, under-resourced communities where most parents lacked a consistent source of income. The Sinovuyo Caring Families Programme implemented in Western Cape revealed that 97% of the participants were unemployed, with their main source of income being government grants (68%), while 82% reported cutting the size of meals at home due to lack of money (Lachman, 2017). A study conducted in the Northern Cape revealed that parents of children attending crèches were only able to pay a small amount for their children's fees and, in many cases, could not even afford to do so as they struggled to find employment and very few had an income (de Witt, 2016).

The report on a programme implemented in Western Cape revealed that 20% of households covered by the programme were not receiving a child grant (Tomlinson, 2015). Two studies/ programmes in the Northern and Western Cape found evidence of lack of access to basic services such as water and sanitation, including in some cases at the ECD programme site (de Witt, 2016).

Malnutrition is another risk factor for children's growth and learning. The Thrive by Five Report reveals that 25 per cent of children in South Africa have stunted growth, with 5 per cent severely stunted. Overall, one in four children in this study is identified as having long-term malnutrition. Children's health and development is most compromised in the Northern Cape, where 36 per cent of children are either stunted or severely stunted, and the Free State and Eastern Cape (at least 30% in both provinces). Rates of severe stunting are highest in the Eastern Cape, with almost one in ten children severely stunted (Tredoux, 2022).

Another risk factor for children is low immunisation coverage. Immunisation coverage for children aged 12 to 23 months is lowest in Gauteng (52%), followed by Mpumalanga and North West (56%) (Statistics South Africa, 2016). However, the lowest immunisation coverage for children under one is found in the Eastern Cape and North West (Hall, 2019).

5.3.4. Limitations of the literature review as a guide for targeting

Unfortunately, the review revealed that the literature on parenting programmes in South Africa is limited and consists largely of descriptions of the parents, caregivers and children involved in a particular programme. These descriptions do not constitute evidence that the characteristics of those involved are the characteristics of people who would benefit most from a parenting programme and/or that people with these characteristics are more "at-risk". It shows only that those responsible for this particular programme focused on or reached people with these characteristics.

A further challenge is that even if parents and/or children with particular characteristics might have an increased need for assistance with parenting, this does not necessarily mean that the rollout of UNICEF/DSD's NPP should focus on these parents/children. For example, there is likely to be widespread agreement that parents of children with disabilities might be in special need of assistance. However, (some of) the disability-specific knowledge and skills that these parents require are not included in the NPP. These parents should rather be targeted for a tailored parenting programme that can meet their special needs and those of their children.

Finally, most of the documents are based on limited experiences and thus do not provide very reliable evidence on which to base a national rollout. For example, an intervention that was implemented in only one or two districts in the country is unlikely to provide useful information on whether other districts should be more or less highly prioritised.

A further danger of basing targeting on limited studies is that a small study may produce results that differ from what larger studies find. An example here is the finding in the document review that children exposed to more than one language are more likely to suffer from developmental delays. This contradicts the international literature⁵, which suggests earlier exposure to multiple languages is beneficial for, among other things, cognitive and social development. The authors of the study themselves acknowledge that the finding is unusual and needs further investigation. The unusual finding might well be because the two-language characteristic is a proxy for other factors correlated with developmental delays, for example, levels of poverty and population group. Exposure to English should surely be encouraged when the school system in South Africa requires all teaching to be done in English from Grade 4 onwards.⁶

5.4. Strategies used to attract and retain parents/primary caregivers

Attracting and retaining parents and primary caregivers, especially those who are at risk, is a regular challenge experienced by parenting programmes. Participants often live in poverty, are unemployed or must travel long distances to access this support. In addition, "parents do not know the value of attending these programmes" (SSI, NGO representative). These circumstances contribute to challenging recruitment processes and high attrition rates.

Interviews reported the use of the following strategies to facilitate recruitment and discourage attrition:

- Understanding the target audience and choosing a suitable time and session duration for sessions.
- Providing transport and/or a transport stipend for participants.
- Making provision for childcare for parents who cannot leave their children unattended.
- Providing refreshments, a nutritious meal and/or a food parcel that can be taken home and shared within the household.
- Running awareness-raising campaigns to make parents and caregivers aware of the value such support can bring, using TV, radio, messaging systems such as WhatsApp and the like.
- Providing detailed information about what the programme entails and expected commitments from each parent or caregiver before the start of the programme.
- Targeting a 'captive audience', i.e., parents whose children are enrolled in an ECD centre or programme, or mothers attending a primary healthcare facility.

- Other incentives provided by programmes included airtime vouchers, certificates of attendance, and resource boxes (containing play and educational material) (Pitt, 2013).

5.5. Interviewees' suggestions for targeting

The above discussion draws mainly on the literature and studies of different programmes. The 26 interviewees in the primary data collection were also asked who parenting programmes should target and why. The following reflects the views of respondents about which primary caregivers should be targeted.

Eight interviewees felt that all parents and caregivers should be targeted.

Twelve interviewees suggested that primary caregivers in remote rural areas should be targeted as they cannot access basic services and information, while six suggested a focus on informal settlements and four a focus on farms.

Eleven interviewees suggested focusing on areas with a high rate of teenage pregnancies, with particular emphasis on rural areas where teenage parents might face "cultural barriers". Five suggested focusing on grandparents, especially where the children's parents had left the children in their care. It was suggested that grandparents would need support, particularly in the areas of stimulation and emotional development.

Eight suggested focusing on parents and caregivers of children from birth to three years, given the importance of the parent-child bond and stimulation in the child's first 1000 days for child development. They also noted that this age group is generally neglected in terms of stimulation and early learning programmes.

Four suggested targeting fathers or young boys on the basis that men often do not engage sufficiently in parenting their children, and may not attend a parenting programme unless specifically targeted.

Primary caregivers of children with disabilities, those with children not attending early childhood development (ECD) centres, substance abusers, those suffering from mental health problems, those living in areas with a high rate of gender-based violence and single parents were each suggested by three interviewees. In addition, three interviewees suggested that ECD practitioners be targeted so that they can advise parents and caregivers how to stimulate children.

Pregnant women; caregivers who are unemployed; foreign nationals; caregivers living in areas with high crime rates; those living in areas with high rates of violence; those in poor areas; and caregivers who engage in harsh parenting were each suggested by two interviewees.

Finally, incarcerated mothers; primary caregivers with a low educational background; and parents of foetal alcohol syndrome children

6. Recommendations for geographical targeting

The preceding sections of this report have pointed to a wide range of indicators of at-risk parents. All these parents and caregivers might benefit from parenting assistance. Some interviewees and survey respondents explicitly stated that all parents and caregivers need to be targeted. However, if budget and resources are limited, prioritisation is necessary

It is, however, impractical to use all these indicators to map the geographical areas where the NPP should be rolled out. Furthermore, many of these indicators do not have nationwide disaggregated statistical data available at municipal or even district level, let alone at ward level. It will be more useful to choose a few key indicators for geographical mapping and then, within those areas, focus on parents with particular characteristics. This approach is in line with the purpose of the task at hand, which is to identify the priority geographical areas where the NPP could be rolled out.

The term “priority” implies that the focus should be on those in greatest need – or, perhaps better, whose children are in greatest need. The term “geographical” implies that this study is intended to produce a guide to the geographical areas where NPP implementation should be concentrated. Within that, there will need to be further, programmatic decisions regarding which parents and caregivers to target within the identified areas.

6.1. Characteristics appropriate for geographical targeting

A first step in developing the targeting approach is to distinguish between characteristics that one would expect to differ across geographical areas and/or cluster in particular geographical areas, and characteristics that will be found within all or most geographical areas. For example, there is likely to be little difference in the distribution of children with disabilities across geographical areas except to the extent that children in better-off areas are more likely to have had access to services and resources that limit the extent of the disability or prevent it altogether. (One exception to this is foetal alcohol syndrome, which is concentrated in areas with high levels of alcohol abuse because of historical practices such as the tot system.)

The focus here is therefore on characteristics where there is a noticeable difference across geographical areas. Within that targeted area, a particular intervention can then focus on parents (or children) with other characteristics that are less geographically determined.

The number of factors to be used for targeting

In practice, targeting based on a large number of factors is not feasible, and probably not desirable.

In terms of feasibility, rigorous multi-factor geographical targeting would require a single dataset that included information on all the factors. Further, it would need to specify geography at the subprovincial level if the targeting framework is based on the assumption that all provinces will implement the NPP. For some of the factors in the long list of factors suggested above, this level of geographical disaggregation is not available at all for the country as a whole.

Poverty

Poverty is referenced repeatedly in the document review.

Many of the factors suggested for targeting are interdependent and strongly correlated with poverty, including low education levels, unemployment, rurality, and poor living conditions. A parenting programme might be especially needed for people with low education levels because their knowledge of contemporary parenting approaches may be less comprehensive. However, it is equally important to recognise that adequate parenting is significantly more difficult for those experiencing poverty, who may be unable to provide nutritious food and the range of stimulation available to more affluent parents. It is primarily a deficit in circumstances rather than a deficit in the parent. Further, poor parents cannot afford the knowledge, advice, toys, books, or childcare that better-off parents can purchase, even though they can make their own toys from whatever is available to them.

Take-up of the child support grant is extensive enough to represent a possible means of targeting parents of children living in poverty. Furthermore, rates of take-up are higher in rural than urban areas, which aligns with suggestions to use rurality as a targeting mechanism. One challenge with using the grant is that take-up is lower for children in their first year of life than for older children. Targeting via the grant might thus miss out on some of the most marginalised children, or reach them only when they are a few years old.

Unfortunately, surveys conducted by Statistics South Africa do not have samples of sufficient size to allow for disaggregation to municipal level. Only the population census has sufficient observations to be reliably disaggregated, and it includes the key variables needed. While income data in the census are known to be somewhat unreliable and the most recent available data is from 2011, it remains the best available tool for our purpose. We therefore draw on poverty analysis conducted using the 10% sample of the 2011 census (David et al, 2018). The relative poverty patterns are unlikely to have changed much since then—which is fortunate for our purposes, though regrettably not for those living in the poorer areas.

The dark red municipalities in the map that follows are those where households are most income-deprived—in the lowest decile (10%). The map reveals that this level of poverty is not found in all provinces; Western Cape, North West, Free State, and Gauteng have no municipalities at this level. This makes nationally defined levels of poverty a poor instrument for targeting a programme that should be rolled out in all provinces if used in isolation.

Figure 9. Targeting characteristics

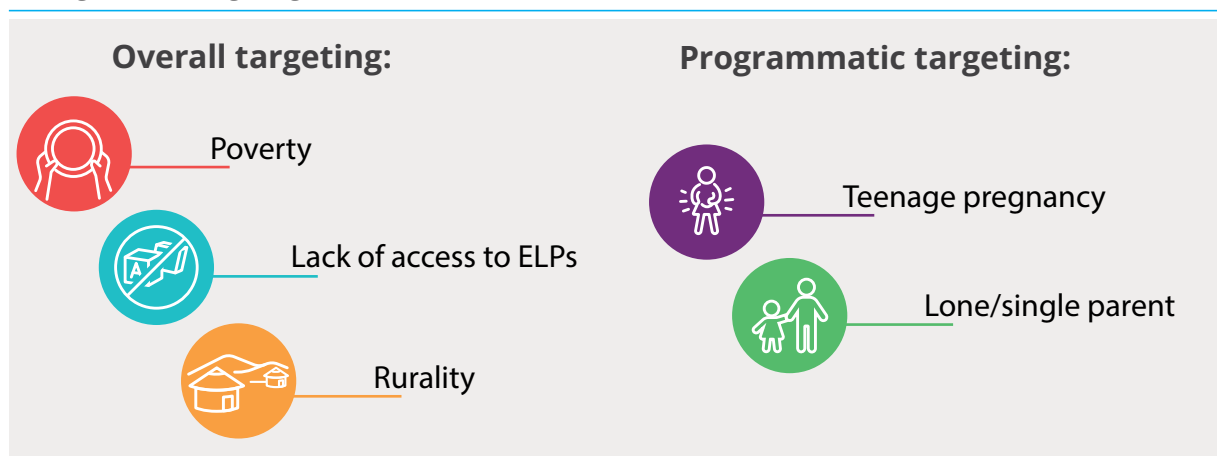
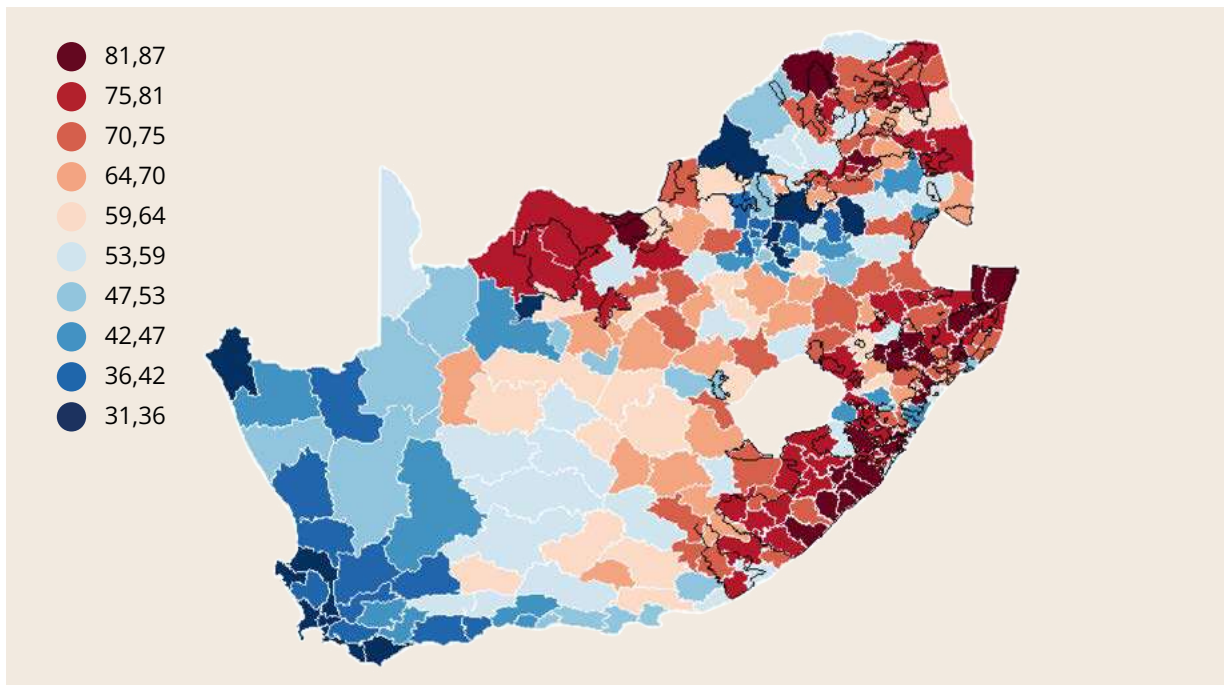


Figure 10. Income poverty map in South Africa



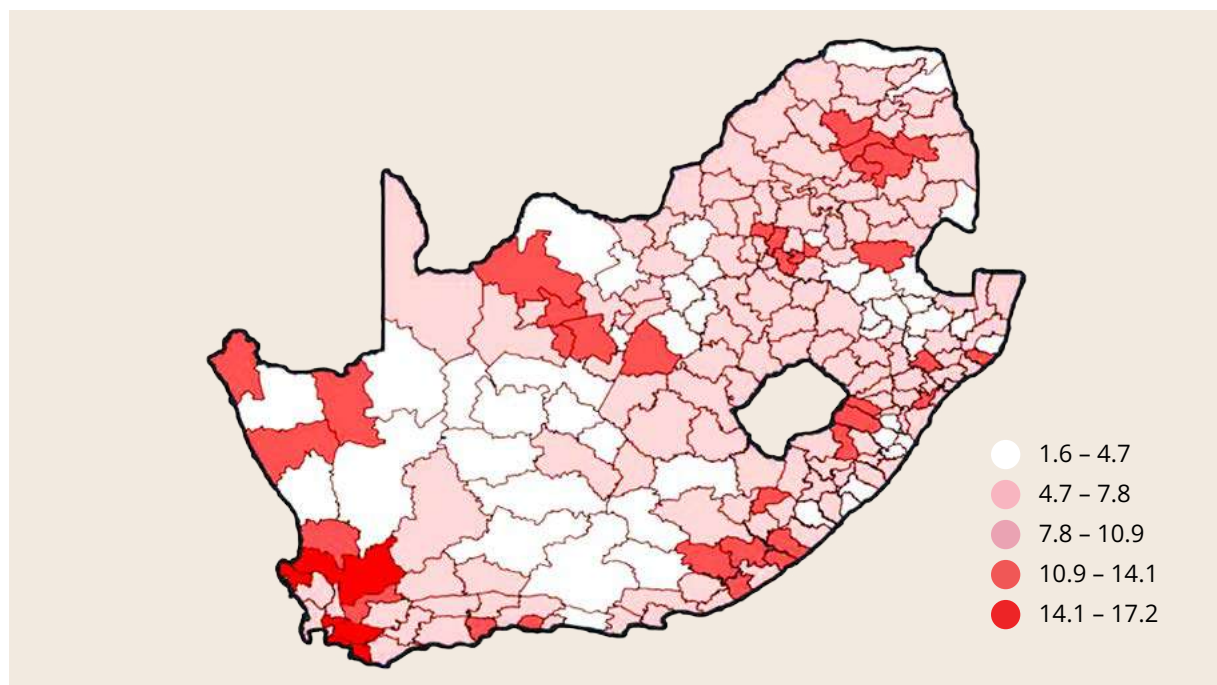
The map is nevertheless useful in indicating, within each province, which municipalities tend to be poorer than others. Relative poverty can thus be used as one of the criteria for targeting the NPP rollout.

Lack of access to early learning programmes

To date, it seems from our primary data collection that the NPP has been implemented primarily by existing ECD centres, most probably targeting parents and caregivers of children who attend these centres. These children already benefit from the opportunities for stimulation, monitoring, and other benefits that help children thrive. Further, the parents of these children can already be reached on an ongoing basis with parenting-related messages. We, therefore, recommend that targeting going forward should instead focus on parents of children who are not accessing other ECD stimulation programmes, as these are likely to be in greater need than those reached by other programmes. ECD centres can still be used to scale up access to parenting programmes, in an outreach-type format.

The recent census of ECD programmes is useful in this respect. The very pale pink areas in the map below⁷ are the municipalities which have the smallest number of ELPs per 1,000 children. (The names of these municipalities can be identified in the index listing of municipalities below, being those with a “1” in the ELP column.) All provinces except Gauteng have at least one municipality that is among the least well-provisioned in terms of ELPs.

Figure 11. Early learning programmes per 1 000 children 0-5 by municipality



As with the population census data, the dataset utilised for targeting of municipalities with fewer ELPs per child population has weaknesses. The census exercise covered all types of ELPs, ranging from ECD centres through day-mothers to playgroups, although it is not clear that it would have included parenting programmes if these were not linked to another form of ELP. Unfortunately, the census database does not distinguish between the types and Jan Schenk, who led the data collection and analysis exercise, notes that one of the insights from the exercise was that the distinctions between the different types of ELP “are often less clear-cut in reality than what they are supposed to be in theory” (personal communication, 15 December 2022).

The census asked about four different types of registration: registration as an ECD programme, as partial care, as a non-profit organisation, and with DSD (unspecified as what). The responses for each ranged from full registration to non-registration and lapsed registration. If the responses to all forms of registration are considered together, 7% of the ELPs were neither fully nor conditionally registered in any way. The table below reveals that the highest rates of non-registration are found in Northern Cape, Gauteng and Free State. The poorest provinces – Eastern Cape, Limpopo and KwaZulu-Natal – have the lowest rates of non-registration.⁸

Table 7. Number and percentage of non-registered ELPs by province

Province	Unregistered	Total	% Unregistered
Eastern Cape	188	5426	3%
Free State	205	2076	10%
Gauteng	1318	10376	13%
KwaZulu-Natal	361	8089	4%
Limpopo	211	5368	4%
Mpumalanga	173	2951	6%
North West	142	2494	6%
Northern Cape	126	925	14%
Western Cape	437	4715	9%
Total	3161	42420	7%

Source: Own calculations using ECD census database

Some might argue that including unregistered ELPs in the index is inappropriate, in that some of the unregistered services might be of inferior quality. We use this database for several reasons. Firstly, it is the most comprehensive and up-to-date dataset available. Secondly, with the rollout of the NPP to date having happened primarily through ECD centres, targeting areas with fewer of these seems a sensible compensatory approach to reach areas that are very unlikely to have been reached previously. Thirdly, while some of the unregistered services may not meet the prescribed standards for registration, many if not most will provide some sort of care and protection for children, and also bring the child into contact with one or more adults outside their family. It will also expose them to the stimulation associated with being in the company of other children of their age. Fourth, some of the programmes – for example, a crèche or day-mother with six or fewer beneficiary children – might not be required to register. Finally, the fact that the non-registered programmes are a small proportion of the total in the poorest provinces, which are the proposed focus for the NPP rollout, reduces the impact of this factor in these provinces.

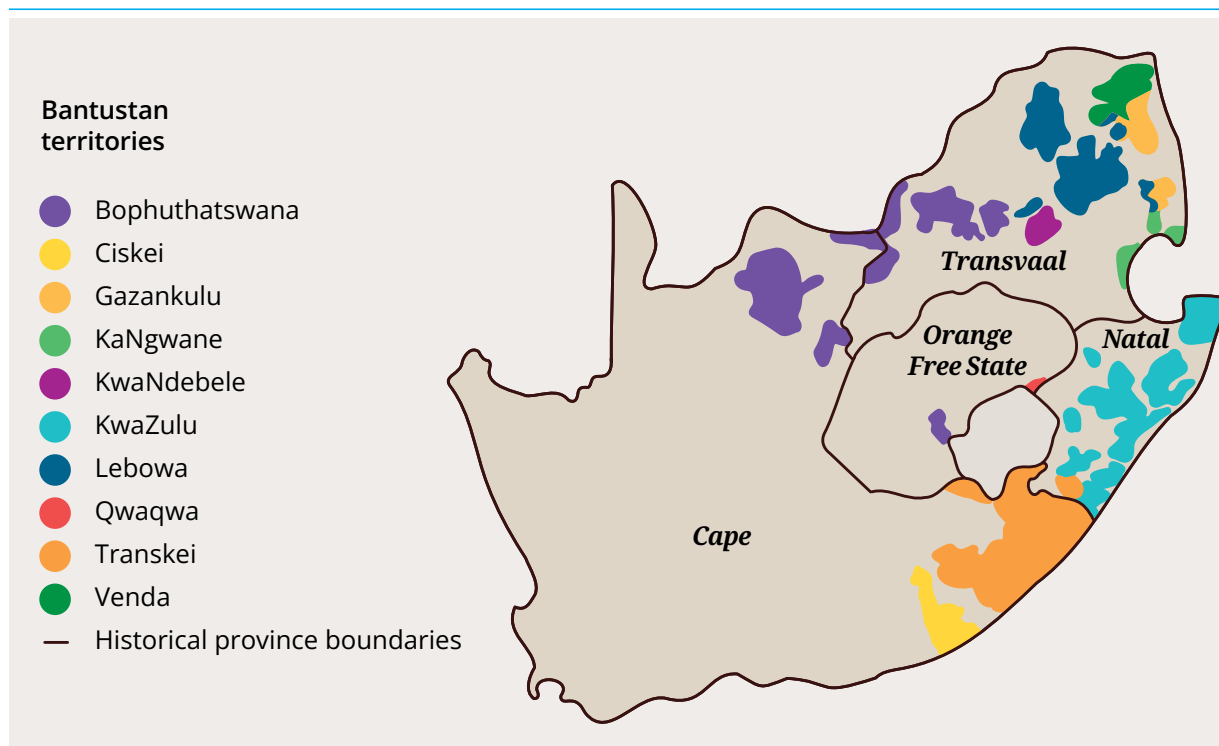
To cater for those who might not want to include this factor, the weighted targeting index described below includes composite scores both including and excluding the ELP factor

6.1.1. Rurality

Rurality is a key poverty indicator, as can be seen in the map above. Including it as one of the indicators in the index ensures that it is considered, but this does not exclude other areas, such as informal settlements in urban areas, from being included in the final selection, as they could correlate with the indicators on poverty and low ECD centres. What is noteworthy about the poverty map shown above is the extent to which the dark red areas coincide with what

were homeland (Bantustan) areas in the apartheid years. The latter areas are shown in the map below.

Figure 12. Map of former Bantustan Territories in Apartheid South Africa



Children and parents in rural areas are at a disadvantage, among others, because of the higher levels of poverty that characterise the areas. They are also less likely to have access to services, ranging from household-level services (such as running water inside their dwelling, decent sanitation and electricity) to other services such as affordable transport, and nearby clinics and ECD services.

Statistics South Africa distinguishes between “formal urban” and “informal urban” areas. The former areas constitute what were white commercial farming areas in the apartheid era, while the latter are more or less aligned with what constituted “deep rural” “homeland” areas at that time. Black people in both types of areas still tend to be poverty-stricken, as confirmed by the maps shown above.

In the past, Statistics South Africa distinguished between formal and informal urban areas. The latter consisted primarily of peri-urban informal settlements. Unfortunately, the agency no longer distinguishes in this way. However, some datasets can be analysed in terms of type of dwelling, thus distinguishing those who live in informal shacks, either stand-alone or in other people’s backyards.

For the purposes of the targeting index, we propose focusing on municipalities that are predominantly “deep rural”, given the relative preponderance of children in these areas, and the much larger population when compared to formal rural areas.

The three factors above were all suggested in the literature/document review, as well as by interviewees and survey respondents. They are all ones for which relatively reliable nationwide data are available.

6.2. Possible factors to be used in programmatic targeting

As explained above, the purpose of the current investigation was to provide guidance on geographical targeting for the rollout of the NPP. However, the literature/document review, as well as the interviews and surveys, also provided many ideas for programmatic targeting, i.e., which categories of parents to target within the targeted areas.

This section discusses a few of these factors for which strong arguments can be made both on grounds of vulnerability or risk, and in terms of practical feasibility.

Teenage pregnancy

There are logical and strategic reasons for using teenage pregnancy as an indicator for programmatic targeting. Firstly, delivering the NPP to the young women while they are still pregnant or during the first year of the baby's life would mean that the child would benefit from better parenting from the start. Secondly, teenage parents are less likely than older ones to have had previous children, and thus will tend to have less parenting experience. Thirdly, teenage parents could be identified through local clinics and schools, as well as through any other existing teenage pregnancy initiatives that exist in an area.

South Africa's Demographic and Health Survey of 2016 reveals that 18.6% of women aged 15-19 in non-urban areas have begun childbearing compared to 13.6% in urban areas [page 82]. The rate is higher among African women (16.0%) than among coloured women (11.9%). It is much higher for young women who have not completed primary school than for those with more education. However, here the causation probably occurs in the opposite direction, with pregnancy and childbearing interrupting schooling.

In practical terms, pregnant teenagers and those who have recently given birth should be relatively easy to identify and locate through primary health care facilities and maternity hospitals and wards, as well as through schools.

The focus on teenage parents could be extended to mothers of all ages whose first child is under three years of age. Again, antenatal clinics and public facilities where babies are delivered could be helpful partners for recruitment purposes. Targeting mothers whose first children are very young will mean that the benefit of the learnings will be felt for longer, both by the individual child and by later siblings. Further, use of this targeting approach should ensure that the target audience is never exhausted, as babies will continue to be born.

Lone parents

Single parents⁹ – that is, parents, whether married or not, who are living with their children but not with their partner – are identified in many of the documents as a group that should be targeted by parenting programmes. There is statistical and other evidence that single parenthood is often an indicator of vulnerability. Thus, African children are more likely than

those in other race groups to live with only one parent (typically the mother). Among children in the poorest 20% of households, only 21% have both parents living with them.[10]

What is often forgotten is that most children who live with only one parent nevertheless have other adults in the household. These adults might well assist with looking after the children, even if not contributing financially. The term “lone parent”, as used within UN Women’s flagship 2019 report *Families in a Changing World* (UN Women, 2019), provides a useful further distinction within the relatively large category of single parent in that it specifies that the household in which the parent (usually a mother) and her children live does not include any other adults.

The percentage of South African children who live in households with a single parent and no other adults stands at only 5.5% for the country as a whole – 5.9% in deep rural areas, 5.4% in urban areas, and 2.9% in formal rural areas.[11] This distribution supports the suggestion that lone parenthood should not be used as a key geographical targeting criterion, but could be used as a programmatic criterion alongside others.

Lone parents seem an appropriate target for parenting programmes for several reasons. Firstly, these households tend to be poorer than other categories of household both in South Africa and elsewhere. This poverty reflects higher unemployment rates among women than men, generally lower earnings of women compared to men, and – especially important – the fact that the lone mother must take responsibility for both income-earning and the unpaid care work associated with child-rearing. The latter burden is especially intense for pre-school children given their lesser capacity to care for themselves, and the fact that they often do not – as older children do – spend a large part of their weekdays being looked after in school.

6.3. Constructing and implementing a targeting index

As discussed above, we use three factors to arrive at a geographical index that identifies the local municipalities in each province that should be prioritised for the rollout of the parenting programme. The three factors are:

- The poverty rate, as calculated for SALDRU Working Paper No 122 using census 2011 data. Municipalities with a poverty rate under 40% score 0, those with a poverty rate between 40% and 59.9% score 1, those with a poverty rate between 60% and 79.9% score 2, and those with a rate of 80% or more score 3.
- A small number of ELPs (or centres) per young child as recorded in the ECD census of 2022: The worst-off municipalities score 1.
- Rurality, with municipalities in which more than 50% of women aged 15-44 years live in deep rural areas score 1.

The composite score is calculated as a simple sum of these three factors. The fact that the poverty rate scores range from zero to three while the other two factors have a maximum of one reflects that the poverty rate has a higher weighting.

The districts at the top of the list for each province are the priority districts when using the three-factor composite score. (The final column gives a composite score based only on rurality and poverty.)

The table below lists the municipalities by priority within province.[12] The list is presented by province as the different scores are distributed differently across the provinces. The idea is that each province would start at the top of the list with the municipalities scoring the highest score found in that province. Where two municipalities have the same score, the order of the two in the table does not imply any priority. Thus, a province could, with any given score, apply its own further prioritisation in determining which municipalities to target first. For example, the province could decide to start with municipalities deemed priorities because they are identified in national or provincial strategies.

There are two scores to guide selection. The composite score includes all three indicators (low ELP, rurality and poverty); the final column excludes low ELP as requested by the client, as there may not be agreement as to whether this should be an indicator for targeting.

Priority districts to roll out the NPP

Province	Municipality	Low ELP	Rurality	Poverty	Composite; Low ELP + Rurality + Poverty	Excluding Low ELP
Eastern Cape (39)						
EC	Mbhashe		1	3	4	4
EC	Emalahleni-EC		1	3	4	4
EC	Engcobo		1	3	4	4
EC	Ngquza Hill		1	3	4	4
EC	Port St Johns		1	3	4	4
EC	Nyandeni		1	3	4	4
EC	Mhlontlo		1	3	4	4
EC	Mbizana		1	3	4	4
EC	Ntabankulu		1	3	4	4
EC	Blue Crane Route	1		2	3	2
EC	Mnquma		1	2	3	3
EC	Amahlathi		1	2	3	3
EC	Ngqushwa		1	2	3	3
EC	Nkonkobe		1	2	3	3
EC	Tsolwana		1	2	3	3
EC	Intsika Yethu		1	2	3	3
EC	Elundini		1	2	3	3
EC	Senqu		1	2	3	3
EC	Walter Sisulu 2	1		2	3	2
EC	King Sabata Dalindyebo		1	2	3	3
EC	Matatiele		1	2	3	3
EC	Umzimvubu		1	2	3	3
EC	Camdeboo			2	2	2

Province	Municipality	Low ELP	Rurality	Poverty	Composite; Low ELP + Rurality + Poverty	Excluding low ELP
EC	Ikwezi			2	2	2
EC	Sundays River Valley			2	2	2
EC	Kou-Kamma	1		1	2	2
EC	Great Kei			2	2	2
EC	Nxuba			2	2	2
EC	Inxuba Yethemba	1		1	2	1
EC	Inkwanca			2	2	2
EC	Lukanji			2	2	2
EC	Sakhisizwe			2	2	2
EC	Walter Sisulu 1	1		1	2	1
EC	Buffalo City			1	1	1
EC	Makana			1	1	1
EC	Ndlambe			1	1	1
EC	Baviaans			1	1	1
EC	Kouga			1	1	1
EC	Nelson Mandela Bay			1	1	1
Free State (20)						
FS	Tswelopele	1		2	3	3
FS	Maluti a Phofung		1	2	3	2
FS	Kopanong			2	2	2
FS	Mohokare			2	2	2
FS	Naledi-FS			2	2	2
FS	Masilonyana			2	2	2
FS	Tokologo			2	2	2
FS	Nala			2	2	2
FS	Setsoto			2	2	2
FS	Nketoana			2	2	2
FS	Phumelela			2	2	2
FS	Mantsopa			2	2	2
FS	Ngwathe			2	2	2
FS	Mafube			2	2	2
FS	Letsemeng			1	1	1
FS	Matjhabeng			1	1	1
FS	Dihlabeng			1	1	1
FS	Moqhaka			1	1	1
FS	Metsimaholo			1	1	1
FS	Mangaung			1	1	1

Province	Municipality	Low ELP	Rurality	Poverty	Composite; Low ELP + Rurality + Poverty	Excluding low ELP
Gauteng (10)						
GP	Emfuleni			1	1	1
GP	Lesedi			1	1	1
GP	Westonaria			1	1	1
GP	Merafong City			1	1	1
GP	Midvaal			0	0	0
GP	Mogale City			0	0	0
GP	Randfontein			0	0	0
GP	Ekurhuleni			0	0	0
GP	City of Johannesburg			0	0	0
GP	City of Tshwane			0	0	0
KwaZulu-Natal (51)						
KZN	Umzumbe	1	1	3	5	4
KZN	Ray Nkonyeni 1	1	1	3	5	4
KZN	Nqutu	1	1	3	5	4
KZN	Nongoma	1	1	3	5	4
KZN	Dannhauser	1	1	2	4	3
KZN	Nkandla		1	3	4	4
KZN	Maphumulo		1	3	4	4
KZN	Vulamehlo		1	3	4	4
KZN	Impendle		1	3	4	4
KZN	Richmond	1	1	2	4	3
KZN	Indaka		1	3	4	4
KZN	Okhahlamba		1	3	4	4
KZN	Msinga		1	3	4	4
KZN	Umkhlabuyalingana		1	3	4	4
KZN	Jozini		1	3	4	4
KZN	Hlabisa		1	3	4	4
KZN	Mtubatuba	1	1	2	4	3
KZN	Ntambanana		1	3	4	4
KZN	Ndwedwe		1	3	4	4
KZN	Ingwe		1	3	4	4
KZN	Ubuhlebezwe	1	1	2	4	3
KZN	Umuziwabantu		1	2	3	3
KZN	Ray Nkonyeni 2	1	1	1	3	2
KZN	Newcastle	1		2	3	2
KZN	Emadlangeni	1		2	3	2
KZN	Abaqulusi	1		2	3	2

Province	Municipality	Low ELP	Rurality	Poverty	Composite; Low ELP + Rurality + Poverty	Excluding low ELP
KZN	Umdoni	1	1	1	3	2
KZN	Mkhambathini		1	2	3	3
KZN	Imbabazane		1	2	3	3
KZN	eDumbe	1		2	3	2
KZN	Uphongolo		1	2	3	3
KZN	Ulundi		1	2	3	3
KZN	The Big 5 False Bay		1	2	3	3
KZN	Mfolozi		1	2	3	3
KZN	uMlalazi		1	2	3	3
KZN	Mthonjaneni		1	2	3	3
KZN	Mandeni		1	2	3	3
KZN	Umzimkhulu			3	3	3
KZN	Emnambithi/Ladysmith			2	2	2
KZN	uMhlathuze		1	1	2	2
KZN	uMshwathi			2	2	2
KZN	Mpofana			2	2	2
KZN	Umtshezi			2	2	2
KZN	Umvoti			2	2	2
KZN	uMngeni			1	1	1
KZN	The Msunduzi			1	1	1
KZN	Endumeni			1	1	1
KZN	KwaDukuza			1	1	1
KZN	Kwa Sani			1	1	1
KZN	Greater Kokstad			1	1	1
KZN	eThekwini			1	1	1

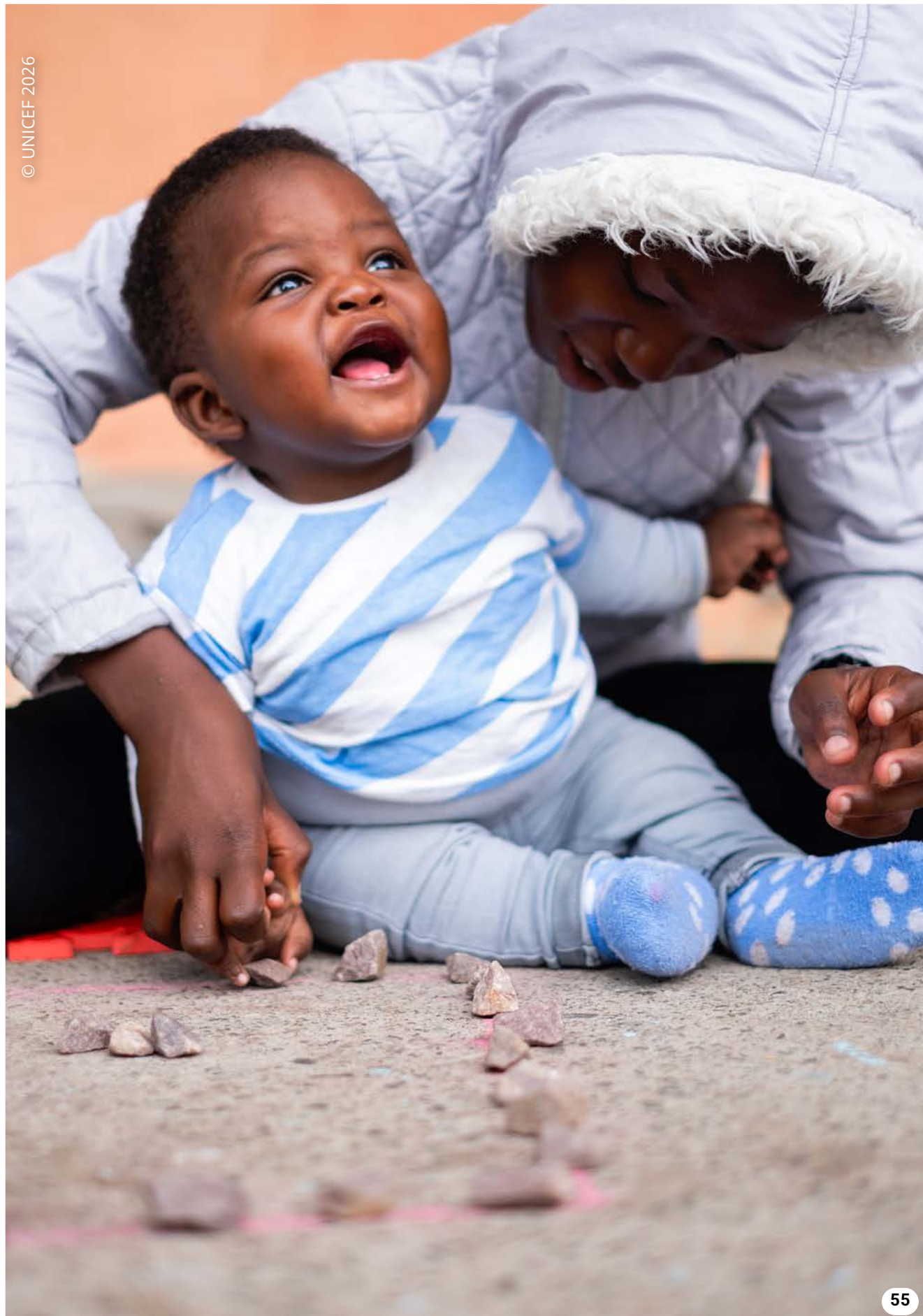
Limpopo (25)

LP	Collins Chabane 1	1	1	2	4	3
LP	Collins Chabane 2	1	1	2	4	3
LP	Blouberg		1	3	4	4
LP	Makhuduthamaga		1	3	4	4
LP	Greater Giyani		1	2	3	3
LP	Greater Letaba		1	2	3	3
LP	Greater Tzaneen		1	2	3	3
LP	Ba-Phalaborwa		1	2	3	3
LP	Maruleng		1	2	3	3
LP	Mutale		1	2	3	3
LP	Aganang		1	2	3	3
LP	Molemole		1	2	3	3

Province	Municipality	Low ELP	Rurality	Poverty	Composite; Low ELP + Rurality + Poverty	Excluding low ELP
LP	Lepele-Nkumpi		1	2	3	3
LP	Mogalakwena		1	2	3	3
LP	Ephraim Mogale		1	2	3	3
LP	Elias Motsoaledi		1	2	3	3
LP	Fetakgomo		1	2	3	3
LP	Greater Tubatse		1	2	3	3
LP	Musina	1		1	2	1
LP	Polokwane		1	1	2	2
LP	Lephalale			1	1	1
LP	Mookgopong			1	1	1
LP	Modimolle			1	1	1
LP	Bela-Bela			1	1	1
LP	Thabazimbi			0	0	0
Mpumalanga (18)						
MP	Nkomazi	1	1	2	4	3
MP	Albert Luthuli		1	2	3	3
MP	Mkhondo	1		2	3	2
MP	Pixley Ka Seme	1		2	3	2
MP	Thembisile		1	2	3	3
MP	Dr JS Moroka		1	2	3	3
MP	Bushbuckridge		1	2	3	3
MP	Lekwa	1		1	2	1
MP	Dipaleseng			2	2	2
MP	Victor Khanye	1		1	2	1
MP	Mbombela		1	1	2	2
MP	Msukaligwa			1	1	1
MP	Govan Mbeki			1	1	1
MP	Emakhazeni			1	1	1
MP	Thaba Chweu			1	1	1
MP	Umjindi			1	1	1
MP	Emalahleni-MP			0	0	0
MP	Steve Tshwete			0	0	0
Northern Cape (27)						
NC	Joe Morolong		1	2	3	3
NC	Ga-Segonyana		1	2	3	3
NC	Renosterberg	1		2	3	2
NC	Siyancuma	1		2	3	2
NC	Kheis	1		2	3	2

Province	Municipality	Low ELP	Rurality	Poverty	Composite; Low ELP + Rurality + Poverty	Excluding low ELP
NC	Magareng	1		2	3	2
NC	Phokwane	1		2	3	2
NC	Nama Khoi	1		1	2	1
NC	Hantam	1		1	2	1
NC	Ubuntu	1		1	2	1
NC	Umsobomvu			2	2	2
NC	Kareeberg	1		1	2	1
NC	Thembelihle	1		1	2	1
NC	Siyathemba	1		1	2	1
NC	Kai!Garib	1		1	2	1
NC	Dikgatlong			2	2	2
NC	Kamiesberg			1	1	1
NC	Karoo Hoogland			1	1	1
NC	Khoi-Ma			1	1	1
NC	Emthanjeni			1	1	1
NC	Mier			1	1	1
NC	Khara Hais			1	1	1
NC	Tsantsabane			1	1	1
NC	Kgatelopele			1	1	1
NC	Sol Plaatjie			1	1	1
NC	Gamagara			0	0	0
NC	Richtersveld			0	0	0
North West (19)						
NW	Ratlou		1	3	4	4
NW	Kagisano/Molopo	1	1	2	4	3
NW	Moretele		1	2	3	3
NW	Moses Kotane		1	2	3	3
NW	Mafikeng		1	2	3	3
NW	Ditsobotla	1		2	3	2
NW	Ramotshere Moiloa		1	2	3	3
NW	Greater Taung		1	2	3	3
NW	Maquassi Hills	1		2	3	2
NW	Madibeng		1	1	2	2
NW	Tswaing			2	2	2
NW	Naledi-NW	1		1	2	1
NW	Mamusa			2	2	2
NW	Lekwa-Teemane			2	2	2
NW	Ventersdorp			2	2	2

Province	Municipality	Low ELP	Rurality	Poverty	Composite; Low ELP + Rurality + Poverty	Excluding low ELP
NW	City of Matlosana	1		1	2	1
NW	Kgetlengrivier			1	1	1
NW	Tlokwe City Council			1	1	1
NW	Rustenburg			0	0	0
Western Cape (25)						
WC	Matzikama	1		1	2	1
WC	Beaufort West	1		1	2	1
WC	Breede Valley			1	1	1
WC	Langeberg			1	1	1
WC	Swellendam			1	1	1
WC	Kannaland			1	1	1
WC	George			1	1	1
WC	Oudtshoorn			1	1	1
WC	Bitou			1	1	1
WC	Knysna			1	1	1
WC	Prince Albert			1	1	1
WC	Cederberg			0	0	0
WC	Bergervier			0	0	0
WC	Saldanha Bay			0	0	0
WC	Swartland			0	0	0
WC	Witzenberg			0	0	0
WC	Drakenstein			0	0	0
WC	Stellenbosch			0	0	0
WC	Theewaterskloof			0	0	0
WC	Overstrand			0	0	0
WC	Cape Agulhas			0	0	0
WC	Hessequa			0	0	0
WC	Mossel Bay			0	0	0
WC	Laingsburg			0	0	0
WC	City of Cape Town			0	0	0



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Appendix 1: Detailed methodology for document review

Document review framework and KIs

The research team developed a framework to guide the implementation of the systematic scoping document review. It was informed by the inception meetings, weekly meetings with UNICEF, the initial document review, and attendance at the inter-provincial ECD Conference held on 17 August. It provides a detailed search strategy, eligibility criteria, key search words, the purpose of the review, and key review questions.

The framework was also informed by key informant interviewees, who highlighted relevant documents and databases to access data for review. UNICEF and the DBE collectively identified the key informant interviewees. Interviewees represented the core stakeholders in the parenting sector and included staff from UNICEF, the DBE, the DOH, foundations, NGOs and academia. In total, 12 KIs and one group interview were conducted.

Search strategy

As an initial step in developing a database search strategy, the research team reviewed keywords outlined in the framework report. The following keywords formed the basis of the search strategy: “parents”, “children aged 0-6 years”, “parenting programme”, “early learning programme” and

“at-risk populations”. Additional possible synonyms were generated, refined, and agreed upon by UNICEF and the research team. These were incorporated into the key search terms using a Boolean operator (OR) to identify relevant studies. The final search terms agreed upon are outlined in the table that follows.

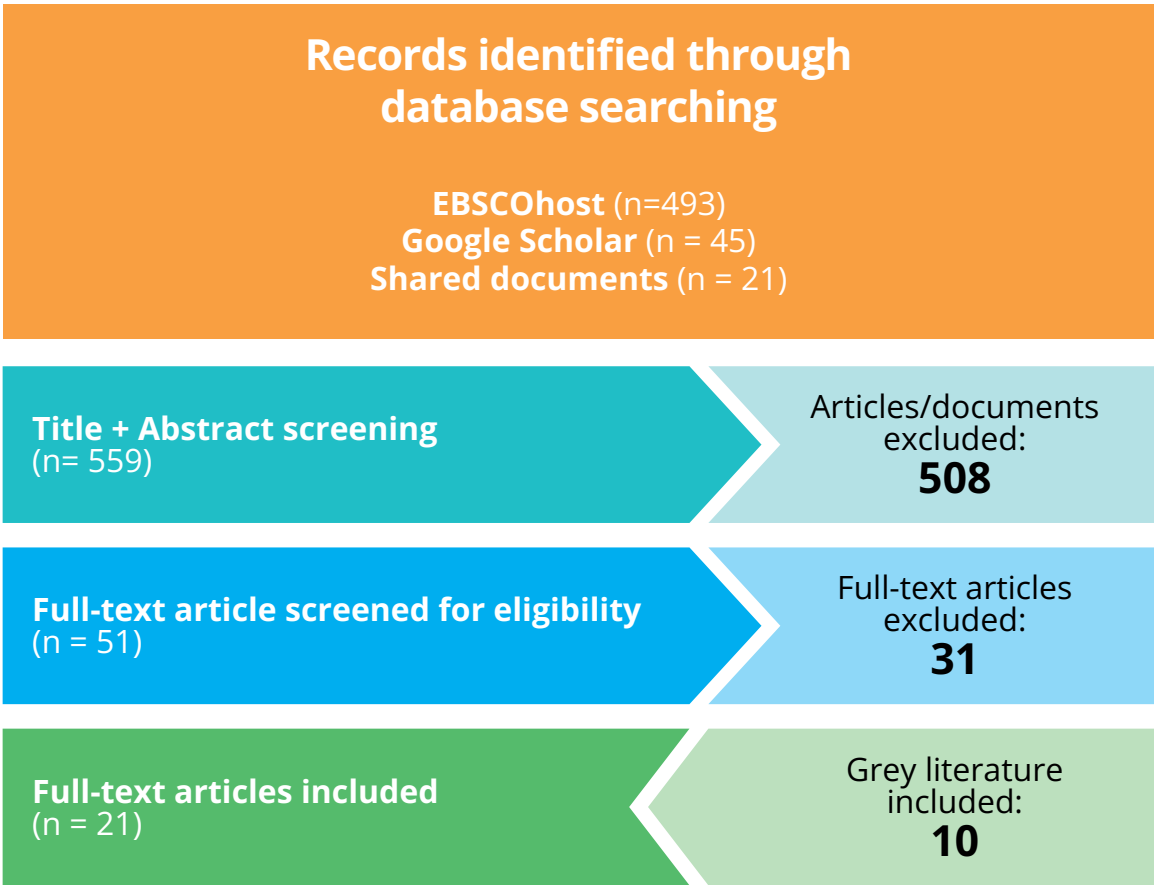
Table 8. Search terms used

Key word	Search key	Search terms
Parents	S1	“Caregiver” or “guardian” or “father” or “mother” or “grandparent”
Children aged 0-6 years	S2	“Child or children or “toddlers” or “pre-schoolers”
Parenting programme	S3	“Mother’s groups” or “mother’s support groups” or “Caregiver training” or “parenting support” or “Parent training” or “Parenting workshops”
Early learning programme	S4	“ECE” or “early childhood education” or ECD or “early childhood education” or “Community-based Childcare services” or “Learning for children” or “Education programme for children” or “National ECD programmes” or “School readiness” or “Education programme” or “School preparedness” or “Child self-care”

At-risk populations. The use of vulnerable and risk.	S5	"Disadvantaged" or "vulnerable" or "migrant or refugee" or HIV or "human immunodeficiency virus" or disability or unemployment or orphans or "rural areas" or "township areas" or "social discrimination" or "risk factors" or "protective factors" or "peri-urban areas" or "service delivery" or "School dropout" or "low literacy levels" or "inclusion" or "Adverse Childhood Experiences factors"
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Using the search strategy, the research team systematically utilised the search string to explore and retrieve studies. A comprehensive search was undertaken using the following databases: EBSCOhost, Academic Search Premier, Africa-Wide Information, Education Resources Information Centre (ERIC), SocINDEX with Full Text, and Google Scholar. In EBSCOhost, MeSH terms were applied across all key terms to ensure that all relevant articles were extracted for review. This was supplemented by more focused internet searches to gather information related to the review, including grey literature from various websites. The PRISMA diagram below summarises the search findings from the aforementioned databases.

Figure 13. Prisma diagram summarising search findings



Article screening

All articles generated from search engines were screened to determine their relevance. Three reviewers screened titles and abstracts before articles were deemed relevant for full-text screening. Following the initial screening, each reviewer was allocated a specific number of

articles for full-text screening. After full-text screening, all relevant articles were reviewed, and data were extracted and recorded in a data extraction form on Google Drive. The review and extraction process was iterative, with weekly discussions held to establish a consensus on provisionally included articles.

Appendix 2: Instruments for primary data collection

See separate zipped folder

Appendix 3 – Programmes by municipality – head office and sites

The four municipalities highlighted in pink are those that appear as high-risk municipalities in our composite index. These are Nkomazi in Mpumalanga, Hlabisa and Mtubatuba in KwaZulu-Natal, and Mbizana in the Eastern Cape.

Province	Municipality Name	Priority ward score <i>(4-5 are highest priority wards)</i>	Organisations With Base Offices	Organisations With Programme Sites
EC	Buffalo City	1	Institute Of Training And Education For Capacity Building	Cotlands, Mkhululi
EC	Makana	1	Centre For Social Development, Rhodes University	
EC	Mbizana	4	Happy Hearts Kindergarten	
EC	Nelson Mandela Bay	1	Bulungula Incubator, Early Inspiration	Hope Worldwide SA
FS	Kopanong	2	Grassroots Educare Trust	Lesedi Educare Association

Province	Municipality Name	Priority ward score (4-5 are highest priority wards)	Organisations With Base Offices	Organisations With Programme Sites
FS	Mangaung	1	Lesedi Educare Association, Realebogabakubung Training And Development Agency	Hope Worldwide SA, Lesedi Educare Association
FS	Mohokare	2		Lesedi Educare Association
FS	Moqhaka	1	Ntataise Trust	
GP	City of Johannesburg	0	Child Health And Parenting Teaching, Cotlands, Ebotse Development And Training Centre, Egugulethu Preprimary School, Flying Children, Gp Department Of Education, Hope Worldwide SA, Mosamaria Aids Ministry, Nelson Mandela Children's Fund, Newlovelife Trust, Nokuphila School, Read Educational Trust, Regional Psychosocial Support Initiative (REPSSI), Sesame Workshop International, SOS Children's Villages Of SA	Umthombo Wolwazi Training And Construction, Hope Worldwide SA, Cotlands, Regional Psychosocial Support Initiative (REPSSI)
GP	City of Tshwane	0	Bathopele NGO, Project Literacy, Save The Children	Hope Worldwide SA
			South Africa, SAVF, Tswelopele Youth Centre	
GP	Ekurhuleni	0	Katlehong Early Learning Resource Unit Trust [Kelru], Montessori Education Center, Motheo Training Institute Trust, Safe And Sound Learning Association, Umthombo Wolwazi Training And Construction	Umthombo Wolwazi Training And Construction, Hope Worldwide SA, Motheo Training Institute Trust
GP	Midvaal	0	Dinokaneng	
GP	Mogale City	0	Preschools 4 Africa, The Character Company	Preschools 4 Africa
KZN	eDumbe	3	Dumbe Hiv/Aids Action Group	

Province	Municipality Name	Priority ward score (4-5 are highest priority wards)	Organisations With Base Offices	Organisations With Programme Sites
KZN	eThekweni	1	Focus On The Family Africa, Gandhi Development Trust, Intsusa Community Development Projects, Mkhululi, Progressive Community Development, Real Vision Development Organisation, The Do More Foundation, The Ububele Educational And Psychotherapy Trust, Training And Resources In Early Education (TREE), Zero2five Trust	Community Care Project Trust
KZN	Hibiscus Coast		Give A Child A Family Africa	
KZN	Hlabisa	4		Cotlands
KZN	Kwa Sani	1	Family Literacy Project	
KZN	Mtubatuba	4	Sizabantu	
KZN	The Msunduzi	1	Clowns Without Borders South Africa, Community Care Project Trust, Dlalanathi, National Department Of Health	
KZN	Ulundi	3		Mkhululi
KZN	uMlalazi	3	Holy Cross Aids Hospice	Mkhululi, Holy Cross Aids Hospice
KZN	uMngeni	1	Midlands Community College	
KZN	Umvoti	2	Letcee	
LP	Greater Giyani	3	Khanimamba Training And Resource Centre	
LP	Greater Tzaneen	3	Thusanang Trust	
LP	Mutale	3		Khanimamba Training And Resource Centre

Province	Municipality Name	Priority ward score (4-5 are highest priority wards)	Organisations With Base Offices	Organisations With Programme Sites
LP	Polokwane	2	Department Of Education Lp	
MP	Mbombela	2	Ntataise Lowveld, Penreach	Holy Cross Aids Hospice
MP	Nkomazi	4	Thembaletu Nkomazi	Ntataise Lowveld
MP	Pixley Ka Seme	3		NC Department Of Education
MP	Thaba Chweu	1		Cotlands
NC	Dikgatlong	2		NC Department Of Education
NC	Ga-Segonyana	3		NC Department Of Education
NC	Hantam	2		NC Department Of Education
NC	Karoo Hoogland	1	Grassroots Educare Trust	
NC	Phokwane	3		NC Department Of Education
NC	Renosterberg	3	Child Welfare Tshwane	
NC	Sol Plaatje	1	NC Department Of Education	NC Department Of Education, Bathopele NGO, Wordworks
WC	Bergrivier	0		Grassroots Educare Trust
WC	Bitou	1		Grassroots Educare Trust
WC	Breede Valley	1		Foundation For Community Work
WC	Cederberg	0		Grassroots Educare Trust, Mkhululi, Intsusa Community Development Projects, Holy Cross Aids Hospice

Province	Municipality Name	Priority ward score (4-5 are highest priority wards)	Organisations With Base Offices	Organisations With Programme Sites
WC	City of Cape Town	0	Abigail Women's Movement, Centre For Early Childhood Development, Early Learning Resource Unit, Early Years Services, Foundation For Community Work, Mikhulu Child Development Trust, ORT SA Cape, Philani Maternal, Child Health and Nutrition Trust, Shonaquip Social Enterprise, Sikhula Sonke Early Childhood Development, The Parent Centre, Uhambo Foundation, Wc Education Department: Directorate ECD, Wordworks	The Parent Centre, Foundation For Community Work, Philani Maternal, Child Health And Nutrition Trust, Sikhula Sonke Early Childhood Development, Cotlands, Abigail Women's Movement
WC	Drakenstein	0	Inceba Trust	Foundation For Community Work
WC	Knysna	1	Knysna Education Trust	Knysna Education Trust
WC	Matzikama	2		Grassroots Educare Trust
WC	Oudtshoorn	1		Foundation For Community Work
WC	Overstrand	0	Blompark Ikamva Jeugontwikkeling En Rekenaarsentrum	
WC	Saldanha Bay	0		Early Learning Resource Unit, Grassroots Educare Trust, Bathopele NGO
WC	Stellenbosch	0	Pebbles Project	Foundation For Community Work,
WC	Swartland	0		Grassroots Educare Trust
WC	Witzenberg	0		Grassroots Educare Trust

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