

Leave No Young Child Behind: Towards implementation of the ECD Service Package of the National Integrated ECD Policy in Wards 16 and 19, Nkomazi District

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LEAVE NO YOUNG CHILD BEHIND

“

OUR ROLE IS TO ENSURE THAT THE
ECD POLICY COMES ALIVE

- LNYCB STEERING COMMITTEE MEMBER

”



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ACKNOWLEDGEMENTS

This record of the initiation and achievements of the Leave No Young Child Initiative draws on extensive project reports and records as well as interviews with key officials at provincial, district and local level, DO MORE Foundation staff and SITFE representatives, LIMA, ECD practitioners and parents from the different villages in Wards 16 and 19 and community development workers. The time that the respondents gave to the interviews is greatly appreciated, as is the support from Jabu Mthembu-Dlamini in setting up interviews and Zama Mabaso for her interviews with parents, ECD practitioners and community development workers.

ACRONYMS

CRDP	Comprehensive Rural Development Programme
CDW	Community Development Worker
CHW	Community Health Worker
COGTA	(Department of) Cooperative Governance and Traditional Affairs
CSI	Corporate Social Investment
CWP	Community Works Programme
DoE	Department of Education
DoH	Department of Health
DoHA	Department of Home Affairs
DMF	Do More Foundation
DSD	Department of Social Development
EHP	Environmental Health Practitioner
EPWP	Expanded Public Works Programme
HOD	Head of Department
IMCI	Integrated Management of Childhood Illnesses
LNVCB	Leave No Young Child Behind
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding



NDA	National Development Agency
NIECD	National Integrated ECD (Policy)
PPP	Public Private Partnership
SASSA	South African Social Security Agency
SITFE	Sugar Industry Trust Fund for Education
WBOT	Ward Based Outreach Team



EXECUTIVE SUMMARY

The Leave No Young Child Behind (LNYCB) initiative aims to drive a significant improvement in the well-being of young children in Nkomazi where RCL FOODS has a strong presence through the sugar industry. On the basis of community consultation ECD was selected as the CSI focus for Wards 16 and 19 which are poverty nodal areas. LNYCB was an opportunity to pilot implementation of the 2015 National Integrated ECD Policy which acknowledges the need for public private partnerships and provides for a set of essential services to support young child development. These include birth registration, maternal and child health, nutrition, parenting support, child safety and protection and early learning programmes. Effective service delivery depends on coordination between different departments, the municipality, and relationships with families, community and the NGO sector. LNYCB set out to build and strengthen the multi-sector collaborative partnerships needed to deliver services and make a change for young children.

Studies of coordination in ECD have identified key elements which contribute to effective coordination and service delivery. These include high level political endorsement, inclusion of state and non-state partners, commitment to shared vision and goals, allocation of dedicated time and budget for collaboration, trust between partners, a communication strategy and leadership and oversight of the project by a partner with status and authority. Many multi-stakeholder collaborations rely on this 'backbone' support function to coordinate the intervention. LNYCB set out to nurture the necessary enablers for effective partnership towards improving the status of young children in these two wards.

THE SITUATION OF YOUNG CHILDREN IN WARDS 16 AND 19 IN NKOMAZI

Data on the situation of young children in the area is scanty and conflicting, partly due to its proximity to Mozambique and eSwatini with much cross-border in and out migration. Depending on the population figure, only between three and four of every ten children aged 3 – 5 years were enrolled in early learning programmes. There are also health challenges relating to inadequate immunisation, water and sanitation.

LNYCB STAKEHOLDERS –MOBILISATION, COORDINATION AND MONITORING STRUCTURES

In 2015 RCL FOODS held individual sessions with the three key provincial departments, Social Development, Education and Health and the municipality, to get their buy in. This was followed in May 2016 by a



government and civil society workshop to vision and identify service gaps for young children and to develop a collaborative framework. A Memorandum of Understanding between these provincial departments and RCL FOODS/Do More Foundation was negotiated and signed and these form the strategic Steering Committee. At district/local level there is a technical committee which looks to ongoing implementation issues. RCL/DMF have contracted Lima Rural Development Foundation for on the ground implementation support and monitoring.

LNCYB PROGRAMMING INPUTS

The LNYCB Steering Committee identified seven strategic areas for the initiative and in the business plan mapped out activities for each area. These are all aligned with departmental mandates and the NIECD Policy. Areas include

1. **Maternal Health Services** - Healthy mothers – healthy new-borns
2. **Child Health Services** - Every child reaches his/her potential in terms of health, growth and development
3. **Parent Support and Early Stimulation in the First 1000 Days**
4. **Parental and Caregiver Support**
5. **Prevention and Early Intervention Services for Protection of Young Children**
6. **Stimulation for Early Learning**
7. **Infrastructure and Services** –safe, child friendly spaces and facilities

In addition, there is the area of **Collaborative Partnership** in which departmental and other key stakeholders work together, informed by the common vision, to achieve agreed objectives in line with the monitoring and evaluation framework.



OUTCOMES, ENABLERS AND CHALLENGES

Maternal and Child Health and Nutrition and Stimulation in the First 1000 Days (Strategic Areas 1, 2 and 3)

LNyCB has been an added support for our job. (DoH official)

The district health services provide Maternal and Child Health support through facility based and community outreach services through the ward-based outreach teams (WBOTs), home based carers and around 100 community health workers (CHW) in wards 16 and 19. CHW identify children under five years in the households as well as pregnant women for early antenatal care. Mom Connect, a national department of health cell phone-based information service for pregnant women, strengthens awareness and take up of antenatal services.

RCL FOODS assisted by providing scales and covering costs (printing, transport and catering) for training clinic staff, WBOTs, Health Promoters, HBC and ECD practitioners. Food provided by RCL FOODS/DMF incentivised attendance and improved morale at awareness days. Training of the staff had improved their confidence and motivation levels.

LNyCB was instrumental in securing Wards 16 and 19 as a Grow Great (Zero Stunting Initiative) pilot site. Grow Great includes the Flourish antenatal classes and Champions for Children in which CHW support breastfeeding and young child nutrition in the community as well as growth monitoring. Nutrition in ECD centres and playgroups was enhanced by the Environmental Health Officer visiting ECD centres to support the introduction of the new DoH menu and to check on food handling and hygiene; RCL FOODS provided peanut butter and fortified porridge to the playgroups, who reported how the provision of food incentivises regular attendance and improves the health of the most disadvantaged children. The communication campaign in the form of broadcasts from LovePlayTalk and newspaper articles which are programmes that LNyCB has brought into Nkomazi, provide for supportive messaging on maternal and child health and nutrition and early stimulation and positive parenting.

The next step for the health strategy, while continuing to support health and nutrition, is to provide a strong focus on early stimulation and parenting for the first 1000 days through the CHWs.



PARENT AND CAREGIVER SUPPORT (STRATEGIC AREA 4)

It has changed me a lot. Because now I can be patient with my child before I used to just hit them if they were acting funny because that is how I also grew up. I am able to take care of them the right way. I was lacking there and it gave me knowledge of how a child should be treated. (Parent)

The DSD Parenting Programme was introduced to address this strategic area. This workshop programme covers a comprehensive range of ten topics around supporting the holistic development of young children. In partnership with COGTA the LNCYB initiative secured Community Works Programme (CWP) workers to be trained by DSD as parent facilitators. In July 2018 45 CWPs were working with 580 parents focusing on those whose children do not attend ECD centres and most often delivering it to individual or pairs of parents. An evaluation of the programme reported that parents are more focused on helping their children learn, less harsh in discipline and more aware of the value of play and socialisation. These messages are reinforced in the Nkomazi FM Love Play Talk broadcasts and phone-ins.

To more improve programme uptake and delivery the following was noted. If DSD, local leadership and CDWs introduced the programme to the community this would help legitimate it and enhance the status of the facilitators. In addition, the need was highlighted for better support by DSD to facilitators and to the CWP supervisors who oversee the facilitators. Delivery of workshops to groups of parents is likely to be more effective than to individual parents where venues could be found.

PREVENTION AND EARLY INTERVENTION – CHILD PROTECTION (STRATEGY 5)

Referrals (for food parcels) through health – came about through our connection in the LNYCB - it makes it very simple when we get together. And for CSG applications, Home Affairs gives us list of those who are (birth) registered and we follow up. The CDWs and indunas also assist. We also check on children at crèches - are they registered for the grant? I got the list from social workers of centres and enrolment, and check with ID number of my system. Then I trace the parent to see if they are qualifying or unable to come. (SASSA official)



In addition to the ongoing departmental focus on this area by the department of social development and SASSA grants (which requires children having documentation from Home Affairs), the touchpoints for child protection in LNYCB are through the health, parenting and early learning services supported by the LovePlayTalk radio broadcasts. The departments of Health and Home Affairs are developing a catch-up campaign for birth registrations and encouraging mothers of infants to apply for the Child Support Grant. Distribution of SASSA's Zero Hunger food packs for malnourished children) has been facilitated by the LNYCB partnership as had applications for the CSG for infants.

Another key touchpoint for child protection issues is the ECD centres and playgroups. Through LNYCB there was a substantial increase in applications for clearance of all staff in terms of Part B of the Child Protection Register. Practitioners can also play a key role in identifying children in need of referral. DSD is leading a LNYCB referral pilot with five ECD centres to test referral tools and the use of a support Resource Directory developed by LNYCB. The evaluation of the Parenting Programme indicated that it had been helpful in identifying child protection issues and that issues for referral often surfaced during sessions.

Regarding early intervention and supporting of very vulnerable children with disabilities, some training for ECD practitioners has taken place through the Young Child Forum. However, enrolment of children with disabilities remains minimal and this is a gap that needs to be addressed.

EARLY LEARNING STIMULATION AND SUITABLE ECD INFRASTRUCTURE (STRATEGIES 6 AND 7)

(ECD is) much more visible – playground equipment, support for training and orientation, if you visit ECD centres they look brilliant. (DoH official)

Practical training has changed the lives of teachers and learners; they now enjoy what they are doing. They are not bored and stressed any longer. (DBE official).

We've seen a lot of improvement, practitioners are more confident about what they do; the community trusts them more than before. There has been a change in community understanding. (DSD official)

Improvement in access to early learning programmes and facilities as well as improvements in the quality of the infrastructure and services offered is perhaps the most visible achievement of LNYCB so far.



Enrolment in ECD centres and playgroups has increased by about 4% to 1779 children, and about 60% of these receive a DSD subsidy. There are three additional playgroups for children who do not access ECD centres since the LNYCB started. Early learning programmes at 19 of the 24 ECD Centres as well all the playgroups have been registered. Safety has improved through first aid training and provision of fire extinguishers as part of the LNYCB input. Owing to the increase in the frequency of monitoring visits by DSD and the EHP, compliance with the norms and standards has increased.

There has been a substantial improvement in learning programme quality and management and administration noted from the early learning baseline study in April 2017 to the follow up in October 2018. These changes are due to a focused programme of training and support and increased access to books and indoor and outdoor equipment through donations and membership of the Ntataise Lowveld toy library. These were enabled through a wide network of partners including funding accessed through LNYCB from RCL FOODS/DMF, the Sugar Industry Trust Fund for Education (SITFE) and other donors; labour provided through CWP /COGTA; training from Ntataise Lowveld, Riverview Preparatory School and the Department of Education; capacitation of management and administration through the department of social development; and support with infrastructure improvement from the municipality in the form of jojo tanks and fixing taps. Ongoing practitioner support has been offered through the Young Child Forum attended by principals, officials and practitioners. The improvement plan was informed by the baseline mapping of facilities by Lima, reports by the Environmental Health Practitioner and the baseline quality audit of ECD centres and playgroups.

Changes in staffing support (service conditions, on site mentoring) and service integration have so far shown little change. However, the current referral pilot is focused on service integration for the provision of the holistic ECD package to children.

Sustainable funding remains a major challenge faced by both ECD centres and playgroups. For ECD centres the DSD subsidy does not cover all children registered at the centre and many parents do not pay school fees. Delays in subsidy payment affect practitioner salaries and the nutrition component of the programmes. Playgroup facilitator stipends are also a challenge with a gap in payment due to the end of EPWP funding.



COLLABORATIVE PARTNERSHIP

We have been able to work together as different stakeholders and through the initiative we have been able to expand ECD services to those poorest areas (DSD official)

There was consensus among the stakeholders that the collaborative partnership had been extremely beneficial with key benefits including information sharing, better understanding including of the NIECD Policy, role clarification and provision of additional human and financial resources. The development of a partner community had enabled teamwork and coming up with common ideas. T

While NIECD Policy provides for district and local ECD coordinating structures, which facilitate service integration and two structures exist, stakeholders explained that departmental staff are thinly spread, short of resources and staff and cannot give a dedicated focus to a particular area. An advantage identified of LNYCB is that it provides facilitation from outside of government though within the framework of a signed Memorandum of Understanding. Attendance at the Steering and Technical committees is generally good, but the involvement of the municipality has been slower probably because of the difficulty of identifying an available ECD point person, and this is a gap.

Key facilitators for the partnership include alignment with policy and existing departmental priorities, the MoU which binds parties to objectives and sets up reporting channels and the additional human and financial resources LNYCB has leveraged. In addition to the estimated government investment in the time of officials, subsidies to practitioners and CWP of near to R 5,7 million in 2017 and 2018, DMF/RCL as the anchor civil society partner contributed about R3,3 million. In addition, LNYCB was also able to raise R3,092 million from other sources.

The role that RCL/DMF has taken as the coordinating anchor for the process and feet on the ground (in the form of LIMA mobilisation, facilitation and logistical support and data gathering) were widely recognised as essential to the partnership. There had been a period of trust building and adjustment to the way that business and government systems work, allowing time and open and regular communication had been key to this.



WHERE TO NEXT?

While stakeholders agree that there has been considerable progress and that children in Wards 16 and 19 are better off than in other parts of Nkomazi, LNYCB is work in progress and that there are areas for development or consolidation. Key gaps have been identified for delivery of the package including the ongoing improvements reflected above and new areas such as parenting especially in the first thousand days through training up health cadres, improving child protection and early intervention and embedding LNYCB in the municipality.

Respondents from all three key government departments talked about the need for proof of concept. While there are undoubted benefits in the ECD centres, it would be important to see how children in Wards 16 and 19 are progressing overall. For this there needs to be a move from reporting on inputs to measuring progress as has been done for the ECD centres and playgroups. This will require much more robust data on the situation of young children in Wards 16 and 19.

What is extremely clear and articulated by all the stakeholders is that to deliver an effective coordinated ECD package there needs to be someone to coordinate it and additional resources to enable it. These are functions that RCL FOODS/DMF have enabled for Wards 16 and 19 but may not have the capacity to expand to other areas though certain components such as the Young Child Forum and Grow Great could be offered to adjacent wards.

CONCLUSION

While LNYCB is still a young partnership, it demonstrates the significant benefits for children when different stakeholders coordinate their efforts and gives life to the goals of the National Integrated ECD Policy. However, LNYCB has also highlighted just how much is required for a successful coordinated response for young children at local level in terms of buy in, commitment at different levels of government and with civil society partners, and in particular driving the process and leveraging the necessary resources for this process.



1. INTRODUCTION

The Leave No Young Child Behind (LNYCB) initiative aims to drive a significant improvement in the well-being of young children in Nkomazi. Nkomazi is an important area for RCL FOODS in which their Sugar Land Reform team and CSI department have a history of activity. RCL FOODS' CSI strategy had shifted from donating to a range of local causes to focusing on a few key areas in support of government's Comprehensive Rural Development Programme (CRDP). The CRDP had identified two poverty nodal sites in Nkomazi (Wards 16 and 19) and requested the company to provide assistance in these. Consultation with councillors, villagers and community development workers had identified with areas such as youth development, ECD, food security, livelihood initiatives and community empowerment as critical needs. ECD was the selected focus because of the very difficult situation of children in those areas and its enormous potential to break the poverty cycle by helping children develop as they should so impacting on education, health and social outcomes and leading to social upliftment.

Instead of business as usual such as a CSI investment in training, equipment or infrastructure for ECD centres, the Nkomazi project was seen as an excellent opportunity to pilot implementation of the National Integrated ECD Policy (NIECD) approved by cabinet in 2015¹. The NIECD policy provides for a set of essential services to support young children and their primary carers from pregnancy to four years (i.e., before they turn five or school going age). These include birth registration, maternal and child health, nutrition, parenting support, child safety and protection and early learning programmes. Delivery of the full package depends on coordination of services from different departments, the municipality, and relationships with families, community and the NGO sector. The policy acknowledges the need for public private partnerships.

While coordination and integration have been on the agenda for ECD for some time including in the 2005 National Integrated Plan for ECD and the Children's Act, it has proved challenging to operationalise especially at local level². LNYCB therefore set out to demonstrate how the multi-sector collaborative partnerships needed to deliver services and make a change for young children, could be achieved.

¹ Republic of South Africa. (2015). National integrated early childhood development policy 2015. Pretoria: Department of Social Development.

² Viviers, A., Biersteker L. & Moruane, S. (2013). Strengthening ECD service delivery: addressing systemic challenges. In L Berry, L Biersteker, A Dawes, L Lake, L. & C. Smith Eds Child Gauge, Children's Institute, University of Cape Town



1.1 WHAT MAKES FOR EFFECTIVE COORDINATION, POINTERS FROM RESEARCH

Studies of coordination in ECD have identified key elements which contribute to effective coordination and service delivery. These include bringing non state services within effective regulative systems (Woodhead & Streuli, 2013)³ and promoting integration by including non-state actors in national and local coordination groups along with key government officials (World Bank, 2013)⁴. Other important factors that have been identified include

- High level political endorsement to secure ECD on the national agenda
- A defined institutional anchor to engage different sectors and overcome turf issues
- Involving stakeholders from a number of sectors
- Engaging local governments to ensure ownership and sustainability
- Supporting a participatory approach to encourage buy in and relevance of the policy framework
- Ensuring adequate funding to support effective implementation⁵.

Public private partnerships (PPP) are a growing area of interest for expansion of ECD services which many governments cannot provide at scale. PPPs are used as “an approach to solving development problems through a coordinated and concerted effort between government and nongovernment actors, including companies and civil society, leveraging the resources, expertise, or market efforts to achieve greater impact and sustainability in development outcomes.” Depending on the type of partnership, private and public actors can perform a range of roles and tasks, including providing funding, implementation, training of staff, producing curriculum and materials, and providing technical assistance⁶. The private sector may have more

³ Woodhead, M. & Streuli, N. (2013). Early education for all. Is there are role for the private sector? In P. Britto, P Engle & C Super (Eds) Handbook of early childhood development research and its impact on global policy. New York: Oxford University Press

⁴ World Bank. (2013). Colombia country report: Early childhood development. Washington DC: World Bank.
http://wbfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/CountryReports/EC/SABER_ECD_Colombia_CR_Final_2013.pdf

⁵ Nadeau, S.; Katoaka, N, Valerio, A et al. (2010). Investing in young children: An early childhood development guide for policy dialogue and project preparation. WashingtonDC, The World Bank. **pp 72 – 74**

⁶ Gustaffson-Wright,E; Smith, K & Gardiner, S. (2017). Public-private partnerships in early childhood development: The role of publicly funded private provision. Washington DC: Center for Education at Brookings Institute



flexibility around management and budget allocations than exists in the public sector. A results-based approach can enhance transparency and quality.

Many of these enabling factors are also identified in a recent conference paper produced by Bridge, a education non-profit that promotes collaboration⁷. Enablers included commitment to shared goals, allocation of dedicated time and budget for collaboration, trust between partners, a communication strategy and leadership, nurturing and curation of the project by a partner with status and authority. Conversely challenges included the absence of these enabling factors but also unequal power relations, lack of understanding of context, staff turnover and a mismatch of organisational cultures.

Many learnings about what builds multi-stakeholder partnership have identified the role of backbone support to coordinate participating organisations and agencies as well as the importance of a shared measurement framework to ensure that efforts remain aligned, and partners are accountable⁸.

While diverse literature has identified common factors, which enable and challenge collaborative or coordinated efforts, we do well to take a lead from King (2019:6)

“Collaboration always takes place in a context, and its features will be shaped by the dynamics and players in this context. To understand the dynamics of any particular collaborative project, it is useful to map out the who, why and how of collaboration in the context of practical delivery aspects of that programme.”

In telling the story of LNYCB these aspects are explored in turn.

1.2 THE SITUATION OF CHILDREN IN WARDS 16 AND 19 IN NKOMAZI

At inception, data on the situation of young children in Wards 16 and 19 was extremely limited. Population estimates from Census 2011 are given in Table 1.

⁷ King, M. (2019). Collaboration in education interventions: learning from practice. Paper prepared for the 2019 NASCEE Conference, May 2019. Johannesburg: Bridge.

⁸ Turner, S; Merchant, K.; Kania, J. & Martin, E. (2012) Understanding the value of backbone organisations in collective impact. Part 1. Stanford Social Innovation Review. Accessible at https://ssir.org/articles/entry/understanding_the_value_of_backbone_organizations_in_collective_impact_1



Table 1: Child population and enrolment in ECD services in Wards 16 and 19

Ward	No of children < 5 years	Children 0 - <3 years	Children 3 - <6	Children 3 – 5 enrolled in ECD services
16	1448	724	724	355
19	1281	653	628	129
Total	2729	1377	1352	868

Source: <https://wazimap-ecd/cpde4sa.org/>

However, provincial Department of Health administrative data from the five clinics in wards 16 and 19 collected in November 2017 reflects an under 5 population of 5567 suggesting that the census may have been an undercount (probably due to cross border children and parents from eSwatini and Mozambique avoiding being recorded). Census 2011 indicates challenges with sanitation with 13% of household in Ward 16 and 16% in Ward 19 having no toilets, and 84% of Ward 16 and 76% of Ward 19 having pit toilets. Only 40% of the population under one year were fully immunised. 92% of Ward 16 and 87% of Ward 19 had household income of less than R 500 per month. 75% of the Ward 16 and 64% of the Ward 19 population were either school going or unemployed. Anecdotal evidence points of high levels of teen pregnancy, high levels of corporal punishment⁹.

A May 2017 baseline survey of the nine playgroups and 24 ECD centres in the area (identified in a mapping exercise by LIMA) showed an enrolment of 1697 children, 519 under three years. 15 of the centres had partial care registration and 735 children were receiving the ECD subsidy. Overall quality scores for the learning programme and for governance and administration at baseline were 49 and 50 per cent respectively, using measures derived from an internationally used quality measure for the learning programme¹⁰ and DSD forms and norms and standards for governance and administration.

Regardless of the paucity of accurate information the situation indicated is one in which there are likely to be health challenges relating to inadequate immunisation, water and sanitation. Depending on the population figure, only between three and four of every ten children aged 3 – 5 years were enrolled in early

⁹ Picken, P. (2015). Early childhood development [ECD] situational analysis report and recommendations. Report for TSB Sugar Nkomazi. DSD Household profiles 2014.

¹⁰ Biersteker, L. (2017). Baseline quality assessment of ECD programmes in Nkomazi. LNCYB, Malelane.



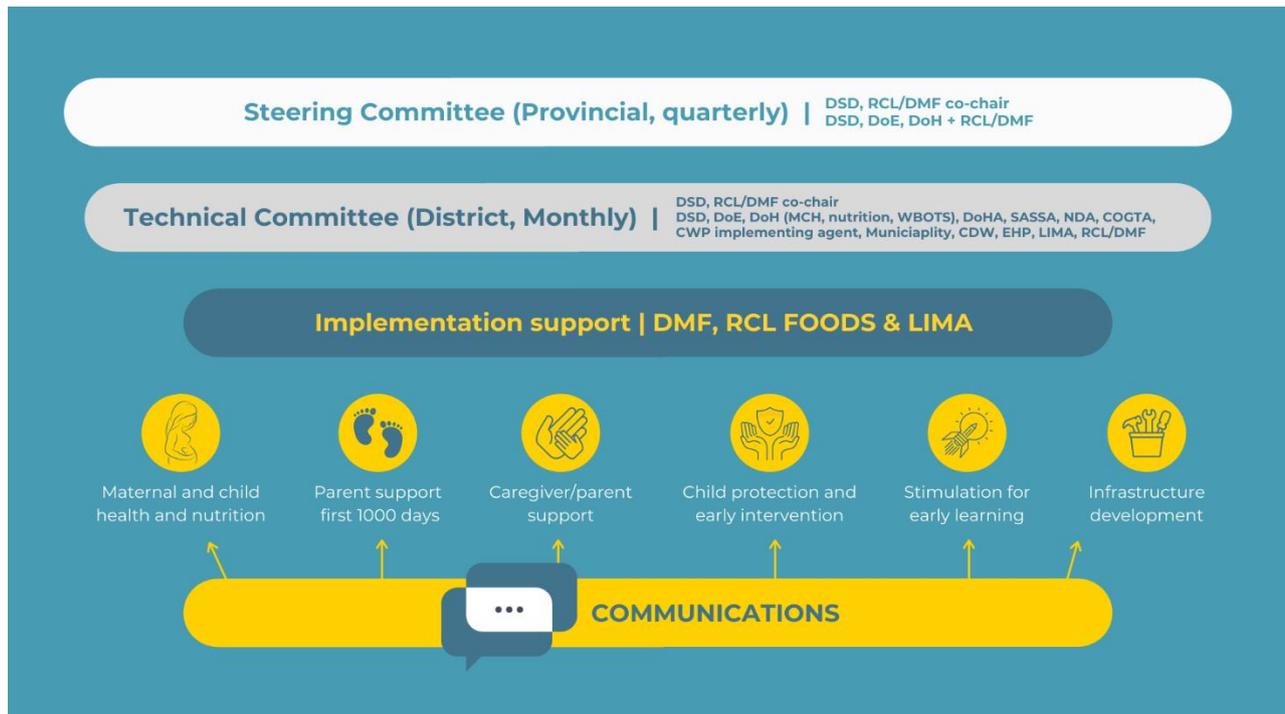
learning programmes. However, given the importance of accurate data for planning and monitoring progress and the provision for data sharing in the Memorandum of Understanding (MoU), this is an area for attention in the next strategic planning.

2. LNYCB STAKEHOLDERS –MOBILISATION, COORDINATION AND MONITORING STRUCTURES

Mobilising stakeholders began in 2015 with RCL FOODS holding individual sessions with the three key provincial departments, Social Development, Education and Health and the municipality, to get their buy in. This was followed in May 2016 by a two day government and civil society workshop to vision and identify service gaps for young children and to develop a collaborative framework. Inputs from the workshop were developed into a draft monitoring and evaluation (M&E) framework and a process of feedback on the draft framework and indicators with several revisions followed. This follows two factors recommended for effective integration in the World Bank (2013) guide – a participatory approach and involving stakeholders from a number of sectors.

Subsequent to the workshop a committee was established. There were different ideas about who should be represented provincially but once it was decided that a Memorandum of Understanding would be necessary, membership was limited to the provincial departments with most responsibility for ECD and RCL FOODS/Do More Foundation. After prolonged negotiations this was finally signed in August 2018. The Steering Committee of signatories to the MOU meets quarterly and a more inclusive Technical Committee charged with monitoring ongoing implementation meets monthly. Lima Rural Development Foundation has been contracted by RCL/DMF to provide on the ground implementation support including stakeholder mobilisation, data collection and management, monitoring and logistical support. Community level stakeholders including ECD practitioners and parents were mobilised as part of the different programming inputs discussed in 3 below.

Figure 1: The LNYCB Coordinating Structures



3. PROGRAMMING INPUTS

The LNYCB Steering Committee identified seven strategic areas for the initiative and in the business plan mapped out activities for each area. This comprehensive set of activities across the different areas is summarised in Table 2. Activities are all aligned with departmental mandates and the NIECD Policy. Stakeholder reports on the outcomes of these interventions are provided in section 4 below.

Table 2: The LNYCB strategic areas and key programme inputs to May 2019

STRATEGIC AREA	LNYCB INPUTS
1. MATERNAL HEALTH SERVICES - Healthy mothers – healthy newborns	<ul style="list-style-type: none"> • Data verification • Flourish (Antenatal classes as part of Grow Great) • Clinic staff & community health worker training
2. CHILD HEALTH SERVICES - Every child reaches his/her potential in terms	<ul style="list-style-type: none"> • Road to Health Book training for health professionals (DoH Side by Side Campaign)



STRATEGIC AREA	LNYCB INPUTS
of health, growth and development	<ul style="list-style-type: none"> • IMCI training for health professionals • WBOTs and CHW trained • DoH Vitamin A and deworming at ECD centres • ‘Champions for Children’ (Grow Great zero stunting) CHWs trained on growth monitoring and support for breastfeeding mothers and young child nutrition • SASSA works with DSD to identify children at risk of hunger for provision of monthly food parcels • Community jamborees have taken place on early childhood health and nutrition and catch up immunisation campaigns implemented. • Food gardens have been established at 14 of the ECD centres. • Do More Foundation (RCL FOODS) provides a daily nutritious snack to all playgroup children
3. PARENT SUPPORT AND EARLY STIMULATION IN THE FIRST 1000 DAYS THROUGH HOME VISITING	<ul style="list-style-type: none"> • Planning with DOH on the role of CHW in providing support to pregnant women and mothers and families of babies and toddlers. • Possible home visiting support programmes investigated. • Meetings with COGTA about the potential of CWP stipends for CHW focussing on first 1000 days and responsive care
4. PARENTAL AND CAREGIVER SUPPORT	<ul style="list-style-type: none"> • 45 CWP trained by DSD are facilitating DSD Parenting Programme for parents/caregivers of young children and being paid CWP stipends. • A weekly ECD ‘LovePlayTalk’ radio programme is broadcast on Nkomazi FM for pregnant women and caregivers or teachers of young children on a wide variety of topics. • Monthly press articles for parents of young children in local newspapers.
5. PREVENTION AND EARLY INTERVENTION SERVICES FOR PROTECTION OF YOUNG CHILDREN	<ul style="list-style-type: none"> • Referrals for birth certificates and social grants with DSD and SASSA support. • Referral task team set up to pilot an integrated child-centred referral process and tools with ECD programmes • A comprehensive Resource Directory of services for pregnant women and young children compiled. • DSD trained 27 ECD centre managers on identification and referral for child protection. • Most ECD centres have submitted national Child Protection Register screening applications for their staff. • Some training has been done on protection of and inclusion of children with disabilities.



STRATEGIC AREA	LNYCB INPUTS
<p>6. STIMULATION FOR EARLY LEARNING</p>	<ul style="list-style-type: none"> • 2017 ECD programme quality baseline assessment informed improvement plans. • DSD and DoE district officials responsible for monitoring and supporting quality ECD programme implementation participated in training on ECD programme quality • SITFE funded toy kit for each ECD centre, as well as membership of the Ntataise Lowveld Toy Library and Biblionef is providing each of the centres with kits of siSwati children’s books. • DoE provided registered ECD centres with teaching and learning support materials. • Partial Care Registration support from DSD – more facilities conditionally or fully registered. Use of workflow boards to track progress towards compliance. • DSD subsidies to children in 19 centres and 9 playgroups • Training offered: DoE on National Curriculum Framework, Riverview Preparatory School quarterly workshops on making equipment from waste; Ntataise playgroup training; SITFE has funded accredited ECD practitioner skills development training, as well as an ECD Enrichment Programme for ECD practitioners from LNYCB ECD centres • LNYCB Young Child Forum established for all stakeholders working with or for young children and their families to share information and build capacity. • Follow up quality study of ECD programmes to track improvements and identify further gaps in October 2018.
<p>7. INFRASTRUCTURE AND SERVICES –safe, child friendly spaces and facilities</p>	<ul style="list-style-type: none"> • First Aid kits distributed and First Aid training done for the LNYCB ECD centres • Fire extinguishers distributed/serviced, emergency fire training centre staff • Ehlanzeni Environmental Health Officer has audited health and safety requirements at all ECD centres. Infrastructure included in centre development plans. • SITFE has funded some of the minor infrastructure improvements such as provision of stoves, a freezer, roof repairs, shade structures, a pit latrine and fencing for eligible community owned ECD centres • Outdoor play equipment including climbing frames, slides and swings have been constructed at 24 of the ECD centres. • Nkomazi Local Municipality provided JoJo tanks for some ECD centres



STRATEGIC AREA	LNKYCB INPUTS
<p>COLLABORATIVE PARTNERSHIP Inter-departmental and inter-sectoral key stakeholders of LNYCB work together in a collaborative partnership, informed by common vision and values, to achieve agreed objectives in line with the monitoring and evaluation framework</p>	<ul style="list-style-type: none"> • MOU has been signed by DSD, DOH, DOE and RCL FOODS (represented by the DO MORE Foundation). • A provincial LNYCB Steering Committee with Business Plan for implementation 2018 and 2019 and M & E framework to report developments and outcomes. • An inclusive local LNYCB Technical Committee meets monthly to report on developments for young children • Lima Rural Development Foundation provides on the ground management, coordination and stakeholder mobilisation for the LNYCB. • Variety of other stakeholders drawn in to provide expertise, inform programme strategy and leverage additional resources.

Source: Do More Foundation (November 2018) Overview of the Integrated ECD Initiative ‘Leave No Young Child Behind’ In Wards 16 and 19 of Nkomazi, Mpumlanga; Technical Committee Report May 2019.

4. OUTCOMES, ENABLERS AND CHALLENGES

4.1 MATERNAL AND CHILD HEALTH AND NUTRITION AND STIMULATION IN THE FIRST 1000 DAYS

Strategic Area 1, 2 & 3

The district health services were providing Maternal and Child Health support through facility based and community outreach services through the ward based outreach teams (WBOTs), home based carers and around 100 community health workers (CHW) in wards 16 and 19. CHW identify children under five years in the households as well as pregnant women for early antenatal care. Mom Connect, a national department of health cell phone-based information service for pregnant women, strengthens awareness and take up of antenatal services. However, health officials explained that

“LNYCB has been an added support for our job.”

After launching the LNYCB initiative provincial health staff visited clinics in these wards to identify gaps. RCL FOODS was able to assist by providing scales and covering training costs including printed materials as well as transport and catering for training of 60 clinic staff, WBOT, Health Promoters, HBC and ECD practitioners. Training by the department was conducted in August 2016 and covered the Road to Health Booklet, IMCI,



growth monitoring, Vitamin A, de-worming; immunisation; feeding practices; danger signs of illness. A further 107 community health workers and 25 professional nurses were trained in 2018.

There were a number of comments on how support from RCL FOODS (DMF) had assisted ongoing departmental activities. For example the department runs health campaigns but the food provided by RCL FOODS/DMF incentivised attendance and improved morale. Similarly RCL FOODS had enabled DoH to provide training of their manager, health promoters and nurses concerned with young children by providing venues, catering and printing materials. Training of the staff had improved their confidence and motivation levels, for example

The CHWs that have been trained know what to do and are very motivated. (DoH official)

There were resources to do the trainings of professional nurses, health promoters and CHWs. This worked well and it empowered them. It is our duty as a department to make sure that they are empowered and provide correct and up to date information. (DoH official)

LNYCB has provided a boost for nutrition services by inviting Grow Great (Zero Stunting Initiative) to use Wards 16 and 19 as one of their pilot sites. Grow Great includes the Flourish antenatal classes and Champions for Children in which CHW support breastfeeding and young child nutrition in the community as well as growth monitoring. Champions for Children reached 2494 children in Wards 16 and 19 in the last quarter of 2018. Other nutritional support services included the Environmental Health Officer visiting ECD centres to support the introduction of the new DoH approved menu and to check on food handling and hygiene; RCL FOODS provided peanut butter and fortified porridge to all nine playgroups, and through the Jobs Fund initiative seasonal food gardens were established at the 14 ECD centres that had access to water. These gardens were largely to provide additional food for use at the ECD centres but with some possibility of sales to supplement ECD centre income. ECD practitioners were trained on the importance of hand washing and basic hygiene.

While health data is insufficiently robust to confidently demonstrate improvements in maternal and child health, respondents reported on how LNYCB had assisted in improving health and nutrition services for pregnant women and young children as follows:



The inclusion of these wards as a Grow Great pilot site had enhanced maternal and child health and nutrition “RCL brings along other people that can assist. Flourish for pregnant women, Grow Great for children to check for stunting” and was reported to have increased referrals and helped DoH in accessing the younger children. The breast-feeding clubs were reported to improve breastfeeding. In turn the fact that LNYCB was an established initiative smoothed the entry of Grow Great because of the good working relationships with people on the ground and the fact that the work fell under an existing MoU.

The partnership also enabled better linkages to services from other departments - for example to SASSA food parcels for malnourished children.

Having an approach that puts child at the centre allows experts to focus on what they are good at. Working in a group with different sectoral experts and getting them to understand that we all play a role – became a lot clearer to those who attend the Technical Committee regularly (Grow Great programme leader).

With regard to the provision of food to the playgroups, playgroup facilitators felt that it is one of the main motivations behind regular child attendance at the playgroups. They reported on how children have benefitted from the food provided:

I will start with this Monate and Yum Yum. It helps us a lot. When children register at the beginning of the year, we saw them. They were not okay. You can tell the type of home a child comes from by just looking at them. We give them this Yum Yum because most of the children love it. Especially because we give them milk as well, Nespray. And then when you mix this peanut butter with Monate the children become okay. Even those who come from impoverished homes, at least they eat here. They look so much better now. (Playgroup facilitator)

I would say everything you have done is important. But if I had to choose one; I liked this thing of donating food. I have reasons why I like that most. We have children who come from really really poor homes. This child will taste peanut butter for the first time here. And you know Nespray is expensive. Very few homes will buy milk for children, and it is important for the growth of a child. There are children who come here looking seriously malnourished but in no time after they are here you see them looking healthier and beautiful. When you look at them you smile now. (Playgroup facilitator)



...food...ja... you know when children get there, you rest assured that they will eat. But, they will eat in the morning and eat before they go home. On that part, you are satisfied that they will eat when they get to school. And then when they get home, the trouble starts again. Ja, but at least a parent does not have to worry when their child is at school. That gives us relief and it also assists parents.
(CDW)

An Environmental Health Practitioner (EHP) working with ECD centres in the two wards noted that one of the changes he has observed since the inception of LNYCB is that: “...more centres are now reaching compliance status with the health standards.”

The increase in the level of compliance with the standards and norms of the ECD policy can be attributed to more frequent monitoring with the inception of LNYCB. A principal explained how being monitored regularly encouraged them to be more compliant.

...them coming to check on us, every now and then, is good for us. It pushes us to make sure that we are always up to date because we do not know when they will come.

While there was a strong feeling from the health officials that more needed to be done about early stimulation, the psychological development of the child, it was recognised that the partnership provides support for this.

It (LNYCB) supports because it integrated departments, not only the department of health but also the other departments, making life easier for parents. If we are all clear what we have to do and then there are no gaps for the child. The parenting workshops that are conducted support children aged 0 – 2. (DoH official)

Lastly the communication campaign in the form of broadcasts from *LovePlayTalk* and newspaper articles which are programmes that LNYCB has brought into Nkomazi, provide for supportive messaging on maternal and child health and nutrition and early stimulation and positive parenting. Some parents phoned in to appreciate the programme on Nutrition saying it was important as parents spend money in the shops buying unhealthy FOODS. A father called in to say that he would never call his child names again.

Challenges and gaps for these health-related strategic areas included the need to do more on early stimulation and parenting for the first 1000 days, an area currently under discussion. The challenge of young



parents in Nkomazi, some 15% of children have mothers under 18 years and this has implications for antenatal care take up, the need for improvements in EPI take up which is poor, and which is attributed to inadequate knowledge of the significance of full immunisation. One of the nutrition challenges identified was the need to promote greater food diversity. While many households grow food, they do not provide sufficiently balanced meals for children.

4.2 PARENT AND CAREGIVER SUPPORT

Strategic Area 4

The national DSD Parenting Programme was introduced to address this strategic area. This manualised workshop programme covers a comprehensive range of ten topics around supporting the holistic development of young children. DSD provides the training, manuals and materials. After months of negotiation with COGTA the LNCYB initiative secured Community Works Programme (CWP) workers to be trained to deliver it in communities. In July 2018 45 CWPs were working with 580 parents on this programme focusing on those whose children do not attend ECD centres and most often delivering it to individual or pairs of parents. An evaluation of the programme¹¹ in 2018 reported the following benefits.

The Department of Social Development Parenting Programme Sessions

- Health and Nutrition
- Play and Creativity
- Physical Development
- Social Development, Emotional Development, and Confidence Building
- Intellectual and Language Stimulation
- Child Safety and Protection
- Healthy Family Relationships
- Positive Discipline
- Grief and Bereavement
- Me, The Parent/Caregiver

Different stakeholders spoke positively of the impact of this programme. For example

¹¹ Mabaso, Z. (2018). Parenting programme report. LNYCB.



It has changed many of them (parents) in that it has helped them be focused on their child. They know everything about the child and before the only thing they knew about the child is the fact that they birthed them, only. This programme helps parents focus on their child and be alert to things their child does and even when the child is struggling with school work, they are able to notice this a lot quicker now and help their child with learning. (CWP Supervisor)

The community has been helped in that many parents, things they were doing to children; they have changed and stopped them. That a child would go to school and they have not eaten. They now know that they must make porridge for the child before they go to school. You must give your child lots of love and do not give a child chores that are greater than their age and punishment that is not suitable for their age. (CWP facilitator)

Parents also gave examples of being more patient, being less harsh in their discipline and about how they now understand the value of play.

It has changed me a lot. Because now I can be patient with my child before I used to just hit them if they were acting funny because that is how I also grew up. I am able to take care of them the right way. I was lacking there and it gave me knowledge of how a child should be treated. (Parent)

The programme is good because it teaches us how to take care of a child. How you should speak to a child. For example, do not use abusive and demeaning words on your child because they will grow up believing that they are that which their parents tell them. And when we are angry we tend to use abusive language on our children, not knowing that we are damaging them in the long run. (Parent)

“It has helped me a lot because my children, I can now allow them to go and play. Before, I did not like the idea of them playing all over the place and having many friends. And then you will find them playing on the street. I hated that. But now their friends can come and visit them and play around my yard. I do not have a problem with it anymore because a child must good relationships with other children. And know how to treat other children and play with them. (Parent)

The report however also noted a number of programme delivery challenges including the need for more support of the facilitators. Securing parent buy in is not always easy and an introduction of the programme to the community by DSD involving local leadership and CDWs would be helpful in legitimating and promoting the programme. This would enhance the status of the facilitators and could improve morale. Small incentives to parents for participation, like a certificate, could encourage participation.



In addition, the need for better support was highlighted. To date though DSD has trained the facilitators they report that they do not provide *“one on one support to see that they are doing what we want them to do”*. There is a need for regular meetings of the CWP supervisors to plan so that there can be standard delivery of the programmes. If DSD could provide this opportunity the CWP supervisors should be invited as they are not sure what they should be monitoring. Recent refresher training by DSD in response to a need highlighted in the evaluation, revealed that though the content is understood *“for some of the facilitators getting the information across is a challenge.”* The 2018 review also indicated that delivery to groups (which is how the DSD programme was designed) could be more effective in villages where venues could be found. Studies of parent programme effectiveness often highlight the value of group support.

Another channel for the delivery of parent and caregiver support is the *Love Play Talk* broadcasts and phone in feedback from parents suggests that messages about spending time with children are being received. For example, a father called in to say that he spends more time with the kids and now knows how to spend quality time with them, a *“big up to the LOVEPLAYTALK programme and Nkomazi FM”*.

4.3 PREVENTION AND EARLY INTERVENTION – CHILD PROTECTION

Strategic Area 5

In addition to the ongoing departmental focus on this area by the department of social development and SASSA grants (which requires children having documentation from Home Affairs), the touchpoints for child protection in LNYCB are through the health, parenting and early learning services supported by the *LovePlayTalk* radio broadcasts. The departments of Health and Home Affairs are developing a catch-up campaign for birth registrations and encouraging mothers of infants to apply for the Child Support Grant. Distribution of SASSA’s Zero Hunger food packs for malnourished children (a food voucher of R 1500 for 6 months in addition to the child support grant) has been facilitated by the LNYCB partnership as had applications for the CSG for infants.

Referrals (for food parcels) through health – came about through our connection in the LNYCB - it makes it very simple when we get together. And for CSG applications, Home Affairs gives us list of those who are (birth) registered and we follow up. The CDWs and indunas also assist. We also check on children at crèches - are they registered for the grant? I got the list from social workers of centres



and enrolment, and check with ID number of my system. Then I trace the parent to see if they are qualifying or unable to come. (SASSA official)

Another key touchpoint for child protection issues is the ECD centres and playgroups. Firstly, there is the Children's Act requirement for clearance in terms of Part B of the Child Protection Register for all staff. By October 2018 the vast majority (87%) of practitioners had obtained or applied for clearance, an increase from 58% at baseline in 2017. But secondly ECD practitioners can play a key role in identifying children in need for referral. DSD is leading a pilot to test referral tools and the use of a support directory with five ECD centres in Tonga and five playgroups with two social workers in charge of the tool. Participation in LNYCB has enabled this. As the official leading the pilot explained

We realise we need each other now. Being together gives the opportunity for my other colleagues to understand what I am doing. It has linked things up better – the DMF consultant was so useful as far as my work is concerned – she came up with Directory, Source Book. The referral forms are also really useful and I have copied that and brought in some of what I had. She was on par. When you refer elsewhere they end up falling through cracks, you refer and expect feedback. The forms provide for this. (DSD official)

As another respondent indicated there have always been plans for a referral process but through the LNYCB partnership facilitation processes and Child Protection Services there was more urgency and accountability. Regarding early intervention and supporting of very vulnerable children with disabilities, some training for ECD practitioners has taken place through the Young Child Forum. However, enrolment of children with disabilities remains minimal and this is a gap that needs to be addressed.

The evaluation of the Parenting Programme indicated that it had been helpful in identifying child protection issues e.g.

The programme is doing well because there are parents who did not know how to spot the symptoms of a child who is sick, or how to see a child who is abused, because there is physical, emotional abuse. They [facilitators] are able to see these things and then they speak to the parent of that particular child. Tell them that 'I have noticed 1, 2, 3 about this child, is there anything that has happened to



cause this?' Then if the parent is able to open up to them [facilitators], they will do so. (CWP supervisor)

However, the evaluator noted that most parents also had a lot of questions for the facilitators about relevant issues that have nothing to do with the parenting programme and that facilitators are barely equipped to deal with. This included issues such as children without birth certificates not being allowed to attend school. Parents want to know the options available to them to address these issues, because the prevalence of children without birth certificates in this region is high, and there is a significant number of children whom as a result of not having a birth certificate, cannot access their right to basic education. Facilitators therefore need to be equipped with additional knowledge. Once the referral process has been finalised it would be useful for the parenting programme facilitators to be included in roll out training.

4.4 EARLY LEARNING STIMULATION AND SUITABLE ECD INFRASTRUCTURE

Strategic Area 6 & 7

(ECD is) much more visible – playground equipment, support for training and orientation, if you visit ECD centres they look brilliant. (DoH official)

Practical training has changed the lives of teachers and learners; they now enjoy what they are doing. They are not bored and stressed any longer. (DBE official).

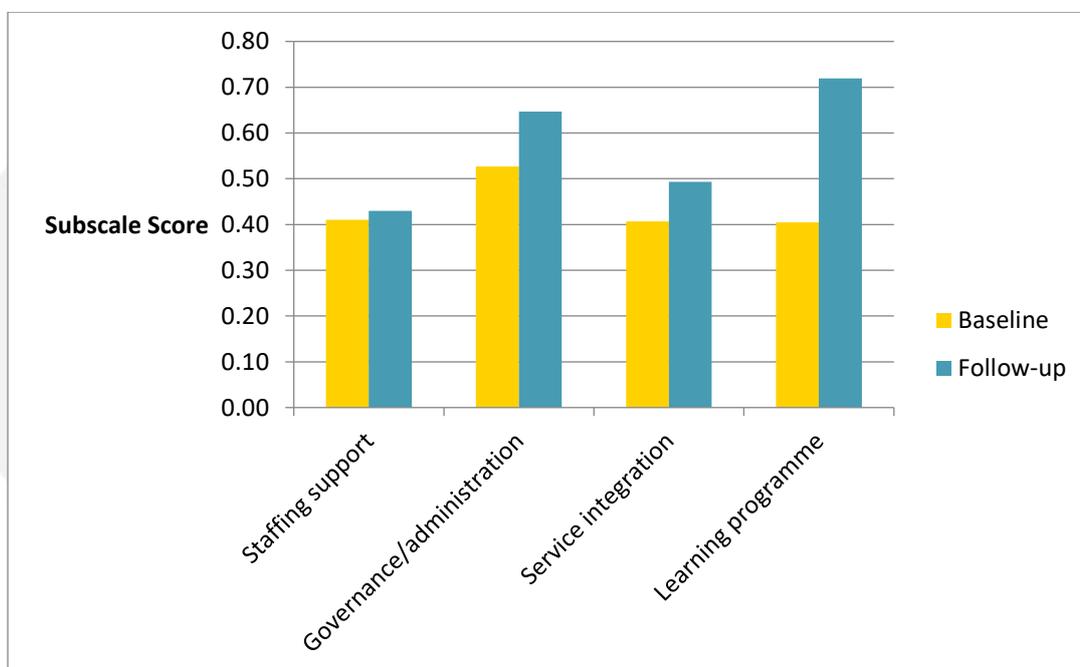
We've seen a lot of improvement, practitioners are more confident about what they do, the community trusts them more than before. There has been a change in community understanding. (DSD official)

Improvement in access to early learning programmes and facilities as well as improvements in the quality of the infrastructure and services offered is perhaps the most visible achievement of LNYCB so far. Access to ECD centres and playgroups has increased by 238 children to 1888 children, with increased enrolment and additional playgroups and a preschool. Fifty five percent of children receive a DSD subsidy. Playgroups cater for children who do not access ECD centres and while at baseline there were six playgroups in Wards 16 and 19 at present there are nine. In terms of partial care registration, two additional centres have

achieved full registration. Programmes at 19 ECD Centres as well as the playgroup programme have been registered. Safety has improved through first aid training and provision of fire extinguishers as part of the LNYCB input.

There has been a substantial improvement in learning programme quality and management and administration noted from the early learning baseline study in April 2017 to the follow up in October 2018 shown in Figure 2. The learning programme for 2 – 5-year olds improved from 25% to 71% of total possible score; and management and administration by 12% to 65% of possible total score.¹² These are the most critical aspects for the support of the delivery of an early learning programme. Changes in staffing support (service conditions, on site mentoring) and service integration have so far shown little change. However, the current referral pilot (see 4.3) is focused on service integration for the provision of the holistic ECD package to children.

Figure 2: Baseline and Follow-up Scores on Aspects of ECD Programme Quality



¹² Biersteker, L. (2019). Follow-up Quality Assessment of ECD Programmes in Nkomazi. LNYCB.



International and local research is clear that hands on practitioner training, on- site support and the availability of learning and teaching materials are essential for quality ECD programme delivery.¹³ The improvements came about as a result of a concerted programme of training and support and increasing learning materials through allocations of books and equipment and membership of the Ntataise Lowveld toy library as well as practitioners making their own resources from waste. This was enabled through a wide network of partners including funding accessed through LNYCB from RCL FOODS/DMF, Sugar Industry Trust Fund for Education (SITFE) and other donors; labour provided through CWP /COGTA; training from Ntataise Lowveld, Riverview Preparatory School and the Department of Education; capacitation of management and administration through the department of social development; and support with infrastructure improvement from the municipality in the form of jojo tanks and fixing taps. The findings show that one of the successes of the LNYCB project is that it has resulted in an increase in the number of ECD practitioners in ward 16 and 19 who have the necessary skills and qualifications. DSD and DoE participated in the National Curriculum Framework organised by LNYCB which is crucial for ensuring a common approach. However, what was extremely useful in informing the initiatives was the extensive mapping of facilities by LIMA and later the Environmental Health Practitioner as well as the Baseline report on the centres. As officials commented

When we started we already knew what was there and it helped with setting up projects and setting targets. (DSD official)

We have data in those two wards, how many are registered, mapping assisted where government can improve etc. It is something very reliable we can work on (DSD official)

The value is evident when we consider that prior to the mapping of centres the DMF consultant reported that “only 9 were known to DSD and the national ECD audit had identified 11 or 12. By work on the ground LIMA found 24.”

¹³ Biersteker, L, Dawes, A, Hendricks, L & Tredoux C.(2016). Predictors of center-based early childhood care and education program quality: A South African study. *Early Childhood Research Quarterly*, 36 334 – 344.



Ongoing practitioner support has been offered through the Young Child Forum attended by principals, officials and practitioners. Convened by DSD this forum draws on the other LNYCB stakeholders as necessary and provides an integrated platform for example an education official indicated

All structures have the opportunity at the LNYCB Young Child Forum to workshop their own department – management of ECDs, mothers on motherly things. A lot happens there.

It is clear that there is improved enthusiasm and morale among the ECD practitioners. For example

... the morale of the practitioners and principals in these wards. They are passionate about what they are doing; they feel important through platforms such as the Young Child Forum where they meet and share. (Lima respondent)

The Young Child Forum met monthly from August to date. The 2019 programme includes a range of health and safety topics (first aid, hygiene, prevention of communicable disease, behavioural disorders, electrical safety as well as management (registration compliance requirements, funding and parent meetings, lesson plan development). DSD has also trained management committees on registration requirements. Riverview Preparatory school offers workshops on extending early learning and literacy. To date the Forum has largely been attended by ECD centres, though the intention is for it to include all ECD stakeholders including health workers and playgroup facilitators.

Assistance with compliance and registration has been provided through DSD fieldworkers paid through the Expanded Public Works Programme, two of whom work in Wards 16 and 19. In addition the LIMA fieldworker visits ECD sites and playgroups for ongoing support and monitoring as well as to ensure the distribution of resources.

When asked about the impact of the skills training classes, principals and practitioners interviewed made the following observations about changes to their practice, understanding and personal development.

Ntataise also helped us teaching us about content that is relevant to age groups. This has helped us because we now know that you cannot just stand in front of the class and start to ramble from the top of your head. (ECD centre principal)



Before we did the Ntataise trainings we had very limited information. For instance, the layout in a classroom, before, we just used to do it however we like. But then Ntataise taught us that this layout should be relevant to the age group of the child and that we must not put charts very high up on the wall. A child learns by seeing and touching things. (ECD practitioner)

I have benefitted because now I have certificates that I did not have before. I used to only have a matric certificate, and it was at home collecting dust. I was not doing anything productive. I had no work experience. Now I have both work experience and skills that I did not have before. And who knows, maybe these skills I learnt here will lead me to a better job one day. So...yes, I am so grateful for the trainings. (Playgroup facilitator)

The improvement in the quality of the ECD programme of some ECD centres has been recognised by members of the broader community as well. A parent shared that at a parents' meeting, at her child's primary school, his teacher asked her which crèche her son had attended because he was more advanced than the other children in his class. She had assumed that he had attended a crèche in Malelane.

ECD programme staff had the following to say about efforts to help them comply with ECD norms and standards. This has been due to efforts from the Environmental Health Practitioner (EHP) working with ECD centres in the two wards as well more frequent monitoring from DSD.

"...more centres are now reaching compliance status with the health standards." (EHP)

The increase in the level of compliance with the standards and norms of the ECD policy can be attributed to more frequent monitoring with the inception of LNYCB. A principal explained that:

... (DSD and EHP) coming to check on us, every now and then, is good for us. It pushes us to make sure that we are always up to date, because we do not know when they will come. We are now working better because we now have more knowledge of what we should be doing for and with young children from the knowledge we get from the trainings they give us. (ECD centre principal)

Owing to the increase in the frequency of monitoring visits in ECD centres, staff at ECD centres appreciate the importance of complying with the norms and standards of ECD centres for the wellbeing of children. The findings show evidence that practitioners understand the norms and standards of an ECD centre and are making an effort to be compliant with the policy. For example



...Our structure at the moment only accommodates 111 kids as instructed by our health inspector. As a result, at the moment we already have additional classes that are under construction, because we need to accommodate more children whilst abiding by the ECD policy. (ECD centre principal)

In addition, a number of respondents commented on the on the ground support role from LIMA for example

The Lima people are working very hard. They go to the centres when there is a challenge and verify and support. RCL also sends them if there are things that are needed like checking on outdoor provisioning. (DBE official)

LIMA checks food gardens, stimulation, infrastructure, welfare of the ECD centres in general. (NGO respondent)

Both ECD practitioners and playgroup facilitators identified the donation of toys by the LNYCB project as one the most important benefits that they have received as part of the project.

RCL has helped us a lot, especially with the donation of educational toys because we are a new centre. We only started last year, so there are many things that we do not have. (ECD practitioner)

I will start by saying that we have children from different backgrounds here. We have children here who do not have any toys at home, but when they get here they have access to different toys. They get a chance to play. There are puzzles here; many of them have never seen them before they got here. They do not even know what to do with them, but when you as a teacher begin to sit down with them and show them how it works, their mind is opened up. We go to the art area. A child's mind is also opened up. They learn mostly about colours. It is not easy for parents to teach children at home because they do not have the material to do that and also many of them do not have time to do so. Therefore, it is our job here at the playgroup to open up a child's mind. (Playgroup facilitator)

The provision of outdoor play equipment was also seen as one the greatest benefits received by centres who part of the project, developing the children but also incentivising attendance.

You really helped us with this outdoor play. Before you built this outdoor for us, our children only use to push tyres and play with sand when it was playtime. It was really sad... (ECD centre principal)



It has also helped with the physical development of children. Other children, we could see that they struggle to use their muscles but because we now have this outdoor play equipment, we encourage them to climb ladders, because that is when their muscles become stimulated. (ECD centre principal)

The outdoor equipment helped us a lot because the children we have are at an age where they like to play. And if you do not have equipment that they can play with, they do not enjoy being at the centre. But now that we have it the children enjoy being at the centre. The absenteeism rate has decreased. (ECD practitioner)

The inception of the LNYCB project, has led to an increase in the level of awareness of the importance of ECD in ward 16 and 19, and this has generated increased demand for ECD programmes. According to a CDW in ward 16:

It (LNYCB) has benefitted the community a lot...children were staying at home and not going to school, not going to playgroups and not going to crèche. The reasons are different. One parent will tell you the child has no documents, no certificate, so why should I take them there because when they finish there they will not be able to carry on in school with no documents. But now, because of this programme parents were carefully explained to; the importance of children attending a crèche or playgroup in their initial years of growth. I can say maybe about 30% of children were not attending a crèche or playgroup, but now there (are fewer children that sit at home doing nothing. So, even those with no money are now attending playgroups. They know that you do not need money to learn. So, in that way it has assisted us a lot. This is for the benefit of the children, and the future, and we hope a few years from now we will begin to see the positive change.

Infrastructure improvements have included water provision to some sites, provision for water harvesting from gutters, all centres now have tippy taps for hygienic hand washing. Five centres in these two wards have accessed the ECD Conditional Grant for improvements in infrastructure ¹⁴ A donation of trees from SANPARKS is to assist with shade for outdoor areas.

Gaps identified for further work include infrastructure, the need to improve the quality of infant and toddler classes, greater inclusion of children with special needs and related training to enable early identification of

¹⁴ Technical Committee Meeting May 2019



children with delays and appropriate referral. In addition there needs to be work on parent involvement at the ECD programmes. As respondents have indicated

We need more training of practitioners to facilitate learning interactions and to do activities. Not training with certificates - a practical training with coaching support, workshops with resources. (DoE official)

Still have to do a lot for the babies. Training and resources have made a big difference. (NGO partner)

Lobbying and mobilising parents to have an interest in ECD still needs work (they should want to know what is happening at the centre where their child attends). (Lima respondent)

As a senior DSD official pointed out infrastructure improvement will be a long-term project however sanitation concerns were noted as urgent by several respondents.

...but I think you need to focus on infrastructure more. Some centres do not have proper structures. Others, you find that the toilets are of a standard that is not good. That is dangerous because children could fall into the toilets and die. There are a handful of centres that do not comply with the norms and standards of an ECD centre. Infrastructure is what I see as lacking. (CDW)

...we do not have enough toilets. Even though we are a new centre there are a lot of children in this area. We have 110 children and only two toilets. This means that we are not complying with the ratio of toilets to the number of children like the ECD policy says, and the health inspector will complain about that when they come. (ECD centre principal)

...we also do not have a toilet. So we dig a hole and use that as a toilet. Right now it's cold so we ask the neighbours to use their toilets. (Playgroup facilitator)

Sustainable funding is a major challenge faced by both ECD centres and playgroups. For ECD centres the subsidy from DSD which does not cover all children registered at the centre as only those with child support grants are eligible which excludes non-South African children. Many parents do not pay school fees and therefore the centres operate on a very tight budget. When DSD subsidies are not paid on time (for example



during DSD strikes) this affects practitioner salaries and the nutrition component of the programmes as this is the only funding that most of them receive.

There have also been challenges with playgroup facilitator stipends which were last paid in January due to the end of EPWP funding. Because playgroups operate mornings only three days a week, facilitators also only earn a part time stipend which is difficult for them.

Further, despite substantial support from donors, many of the operational costs of delivering the skills programme and toy library have to be raised by Ntataise Lowveld itself which limits how much they can do.

4.5 PUBLIC AWARENESS

The content of the weekly LovePlayTalk broadcasts on Nkomazi FM links to specific strategic areas as reflected above and provides a platform for the different stakeholders to raise awareness. It has also raised the profile of ECD in the area more generally. For example

With the media hype around the area, the project is reported on constantly and so everyone knows what is on offer. (DSD official)

Feedback from call-ins to the *LovePlayTalk* broadcasts indicate that parents are more aware of the importance of their role with the home as the 'first classroom' for their children and parents being *first teachers* as well as the importance of reading to their children.

As the *Corridor Gazette* monthly column is in English it probably reaches a different audience but this too will expand awareness among other stakeholders and constituencies.

4.6 COLLABORATIVE PARTNERSHIP

As has been seen, the achievements of LNYCB reflect the impetus and multiplier effect provided by the collaborative partnership. This section looks more closely at what the partnership has been able to bring to service delivery and also the enablers and challenges to effective partnership.

4.6.1 BENEFITS OF THE LNYCB PARTNERSHIP

We have been able to work together as different stakeholders and through the initiative we have been able to expand ECD services to those poorest areas (DSD official)



There was consensus among the stakeholders that the collaborative partnership had been extremely beneficial with key benefits including information sharing, better understanding, role clarification and provision of additional human and financial resources. A workshop session with Technical Committee members on what had been the most important learnings from involvement in LNYCB highlighted the importance of sharing information about the role of other departments, understanding the needs and importance of ECD and the policy. Also that development of a partner community had enabled team work and coming up with common ideas. In the individual interviews with the stakeholders and at the Steering Committee meeting in May, the following responses summarise the key benefits experienced:

LNYCB supports because it integrates departments, not only DOH, but also the role of other departments. (DoH official)

It gives a platform for all partners/stakeholders involved in services for young children to discuss issues of common interest. (DoH official)

I think we now have a culture of sitting and meeting which makes our work easier. If I say Home Affairs I know who to talk to so don't have to start from scratch all the time. We have had this kind of forum before but were selfish about what's in it for me. We did something out of the usual to sit on a monthly basis. (DSD official)

We realise we need each other now. Being together gives an opportunity for my other colleagues to understand what I am doing. Has linked things up better. (DSD official)

The technical team is doing a good job with RCL and partners to make sure we don't fall out of our mandates. Our project is good benchmarking for the partnerships. We are learning to understand government with private and trying to compromise to work together for the children. (DSD official)

LNYCB has been able to bring in additional resources more than networking. Additional resources are crucial but networking goes beyond what we have on our own, we are focused on our mandate and they bring in experts and different perspectives from all over the country. We as the province may not be able to get them because of the focus on our mandates. Partnership allows for monitoring while we are not there as a department. (DBE official)



RCL brings along other people that can assist. Flourish for pregnant women, Grow Great for children to check for stunting. (DoH official)

Good sharing information and working together. The public private partnership was very great they assisted us in getting resources, business partners and also NDA were part of us, resourced some centres. COGTA assisted – EPWP cleaning, dig sandpits bring sand in. Home Affairs certificates some learners, some SASSA grant applications. (DBE official)

The committee improves accountability, smooths relationships. (SASSA official)

It came just after the NIECD policy and we thought 'This is going to be brilliant we as an ECD NPO cannot get access to different departmental stakeholders and this brings everyone under one collective. Someone would convene it and make everyone be present and active'. (NGO respondent)

The fact that we get all these different government departments and NGOs to sit down and update each other on what they are doing has been really beneficial and it also helps so we don't waste resources by duplicating. It really helps everyone involved to do what they are supposed to do even where they are constrained by resources, other stakeholders can step in and assist (LIMA)

While there is provision in the NIECD Policy for district and local ECD coordinating structures, which facilitate service integration and two structures exist, stakeholders explained that departmental staff are thinly spread, short of resources and staff and cannot give a dedicated focus to a particular area. According to more than one respondent these structures are bedevilled with turf battles and concerns about which department has the greater budget. An advantage identified is that LNYCB provides facilitation from outside of government though within the framework of a signed Memorandum of Understanding.

An indicator of commitment to the process is attendance at the Technical Committee meetings. Records indicate that since 2017 the key government departments and COGTA have been represented at between 75% and 100% of meetings. SASSA joined in 2018 and has attended all meetings since then. RCL and LIMA as the convenors have attended all the meetings and Ntataise Lowveld has attended most meetings. Relatively poorer attendance by the municipality despite their initial engagement is probably related to difficulty in identifying an available ECD point person (the *right door to knock on*). An infrastructure official has attended some of the meetings but the municipal department responsible for social development would



be a better fit even though they have numerous responsibilities in addition to children. To encourage municipal involvement and promote the LNYCB a mayoral visit to the ECD centres took place in 2018. Greater involvement is seen as crucial to the sustainability of the LNYCB. A promising connection has recently been made with Chairperson of the Local Reference Committee, which may remedy this.

There was no formal agreement with the municipality and that may be why there was less political will. As time went on they seem to have seen the value. (And) at the tail end of the process the municipality came in – that was very good as it (LNYCB) is something that municipality could keep going. (DSD official)

We need to get buy in from the local municipality and report on LNYCB once a month. (SASSA official)

It is interesting that these stakeholders bear out the World Bank (2013) focus on the significance of local government engagement for ownership and sustainability.

4.6.2 Enabling factors and challenges for collaboration

Table 3 summarises common enablers and challenges to working in a collaborative way. It has been useful to consider the LNYCB experience with reference to these.

Table 3: Enablers and challenges for effective collaboration

Enablers	Challenges
Explicit commitment	Lack of buy in and accountability
Time and resources	Lack of time and resources
Trust between partners	Lack of trust and openness/competition
Communication	Poor communication/unequal power relations
Leadership, nurturing and oversight(curation)	Lack of monitoring of collaborative processes
	Lack of understanding of context
	Lack of fit between organisational cultures
	Participant or staff turnover
	Financial imbalances or blockages

Source: Summarised from King (2019)

ENABLERS

(A) Explicit commitment

Commitment is strengthened by alignment with policy and existing departmental priorities, and so the link to the NIECD was an important driver:

Our take is ECD is not just one government department, there is a role for all stakeholders to take - DSD, DoE and Health and private sector, communities. When this came about the ECD policy was just launched and we saw the possibility to begin implementation comprehensively. (DSD official)

The vision and over-arching objective for LNYCB are clear and explicit and there was a lengthy careful process of reaching agreement on the direction of the initiative.

While getting it signed was a very protracted process the MoU with the three key departments has proved to be essential to success of the LNYCB and as several stakeholders indicated binds attendance.

As government official explained

With government this is one of the key documents that can glue the relationship together, it becomes a commitment and we cannot pull out. In a gentleman's agreement there is the possibility of leaving. It is a legal document and from experience for you to be able to work with other stakeholders you need a written agreement. We are just technocrats but the MoU binds our political principals – it is signed at the highest level (by the HOD who is a political appointment). (DSD official)

The MoU – is a frame of reference where we work well as an organisation. Made it very easy to communicate among ourselves, make positions, set objectives and time frames etc. If there was no MoU they would not attend meetings. HOD signed and we have to comply. We report to the Provincial Programme Manager. – reporting channel to province. The way it was presented was professional – all stakeholders there – participating on the very same project. Although with change and you bring something new to people some are a bit reluctant but when they see results they become more enthusiastic, and things have improved since inception. (DSD official)

They are compelled to attend because of the MoU which holds them accountable. Can ask questions to our principals if don't come. (SASSA official)

The MoU is very helpful, we know who is doing what, what to expect etc. (DoH official)

(B) Time and resources

Adequate funding is essential for effective implementation and integration (World Bank, 2013).

Government investment in LNYCB includes the time of officials, ECD per child subsidies and a smaller component of equipment (DoH, DoE, DSD, COGTA (CWP for parent programme), EPWP stipends to some ECD centre practitioners, municipal community development workers and the environmental health practitioner, the NDA). Investment from 2017 to 2018 is estimated at close to R 5.7 million.

The private sector contribution of DMF/RCL as the anchor civil society partner included Do More Foundation staff time and costs and the RCL FOODS contribution at approximately R 3.3 million LNYCB was also able to raise R3, 092 million from other resources leveraged through the partnership. The resources that RCL/DMF as a private sector partner has been able to allocate and leverage and the engagement of Lima to help manage the process were frequently identified as key contributors to the process.

Table 4: Additional resources leveraged by LNYCB 2017 and 2018

SOURCE	CONTRIBUTION
SITFE	ECD skills training, learning resources and some infrastructure development
Ntataise Lowveld	Supplemented SITFE contribution.
Jim Joel Fund	Biblionef books in Siswati and training
Grow Great	Flourish programme and Champions for Children programme
Ilifa Labantwana	Radio programme training, training of officials and resource referral directory
Riverview Preparatory School	Quarterly training ECD practitioners, resources & mentoring

Barrows	ECD learning material (print)
Nkomazi FM	Discounted rates on airtime
SAN Parks	Trees for playgrounds
Nal'ibali	Siswati story books
Mhlati Guest House	Discounted rates
Siyabhabha Trust	Baby weighing scales

Having additional resources and especially the SITFE fund proved to be a significant rallying point for the partnership and the negotiation around equitable sharing of a limited resource.

LNYCB has shifted and increased levels of cooperation between the partners to make it work and to maximise the effect of the resources for ECD services in wards 16 and 19. (LIMA report, October to December 2017).

A big spin off has been bringing in other donors, other pilots like Grow Great. This is a way that bigger PPPs can bring in extra resources. Also there has been care to avoid political links for the initiative. (DoH official)

RCL was one of the leading stakeholders and supporters which made it effective – well managed and well resourced. (DSD official)

As was explained by the SITFE respondent it is important that donors can see value for money and that their investment is making a difference. In this regard the regular reporting, field research and communications have been critical.

(C) Trust between partners

As these selected stakeholder comments indicated trust takes time to build and one of the ways that it is built is to ensure that no one partner imposes on another.

When the new project started there was a lot of anxiety – when we had a chance to present we saw it was relevant but we needed understanding of the different ways different stakeholders work. When we started working things start to unfold, we could clarify our understandings, how



it works in government, and find each other. The meeting itself, formulated structures to discuss issues, we made inputs in best interests of our communities to the Business Plan. I could see where I fit in now ... (DSD official)

Want to thank DMF project coordinator – initially the municipality was relaxed (not engaging) and she made an appointment with municipal manager and took me there and then they saw this thing was working for the community, not just wanting them to come to a meeting. Initially they may have thought the company was trying to make mileage out of it. (DBE official)
It worked well - by agreement. (DMF asked us) 'How do you want us to assist'? (DoH official)

(D) Communication

This works best when it is intentional, well targeted to the audience, and regular and includes information about the collaboration as well as the activities.

Technology, the way we communicate, share information, technology. Very helpful, picture that attest to this happened on a specific day etc. The way of conveying information is very important. (DSD official)

Good chair, diverse and regular stakeholders, great minutes and we are held accountable. It creates a space where stakeholders from different departments are in direct contact. They speak about particular cases, and it does not have to go via the Head of Department. (NGO stakeholder)

Elevation of the importance of ECD – it was raised. The mayoral visit also shone a spotlight, this is very valuable, and somewhere it drops (awareness dawns). (Government official)

(E) Leadership, nurturing and oversight

“Collaboration also requires leadership ... by a project champion with status and authority. Roles here would include the active promotion of collaborative activities and attitudes, and the structuring of space and time for collaborative activities” (King 2019: 16)

It is here that RCL/DMF has acted as the anchor or backbone support for the process, a key requirement for effective integration (World Bank 2013). Roles have been very clearly delineated with the Steering Committee as the strategic think tank. DSD leads the government sector and DMF/ RCL FOODS leads the civil society sector. Civil society’s role is to support and enable integrated delivery of services and long-term sustainability. Lima has been appointed as managing agent on the ground responsible to DMF/RCL



FOODS and looks after stakeholder mobilisation, facilitation and logistical support and data gathering.

This is a considerable and valued investment as attested to by various stakeholders:

Having a powerful, influential business partner is a huge advantage. Government has good intentions but no money. Having a partner who can create awareness, some resources even if small, write reports, do interviews, bring another set of skills and contacts and have some independence. There is so much red tape in government. (NGO respondent)

The role RCL has played is also important, able to pull together to make sure the centre holds, providing coordinating for the process, also facilitating for provision of services, for instance costs for capacity building so we were able to reach areas we would not have been able to reach. (DSD official)

An anchor partner is very important. Feet on the ground to keep things on track, oiling wheels, collecting data seeing things are happening. (DMF respondent)

DMF is an exceptional (technical committee) chair and holds people accountable and things really shift from month to month – that is the winning formula. In terms of collaborative approach to creating a safe space for children to grow this has been incredible to witness. She is not a government employee and a bit removed but in this case this is not a stumbling block. She is respected by everyone. She is very inclusive does not wag her finger at people, doesn't stand with a stick. Calm, secure, knowledgeable, she takes a keen interest in the individuals in the committee and people feel their voices are being heard. (NGO respondent)

Lima is the backbone of this; it pushes on the ground, doing the spadework. (DBE official)

CHALLENGES

While the collaboration has generally worked well and has potential to move to more sustained joint initiatives it has taken time to evolve. Some of the common challenges to effective collaboration have been avoided by the structure and process of the LNYCB initiative. For example, the use of a locally based Technical Committee to drive implementation ensures **familiarity with the local context**. The only area in which this is challenging is in regard to communication protocols for some departments. As a national government official explained:

Only official departmental spokespeople can speak on radio and they are from province but they have little local information on the district. Media could be better used if not for red tape.

There is also provision for **monitoring of collaborative processes** in the M&E framework, follow-up centre quality audit, parent programme report and this current exercise.

(A) Lack of buy in and accountability

Developing buy in has taken a while as many stakeholders indicated and a learning has been that one has to allow time for the process:

When we started it was confusing, seemed extra and I didn't see any benefits. I had to come to extra meetings. It really has changed over time, I came to realise no additional work involved, it is what we are doing, but zooming in to particular area with extra efforts. (DSD official)

At first it was challenging – there was no understanding but as we go on, people started to understand. With this project there is no challenge in terms of prioritising, they looked at what we said was needed and verified needs on the ground which was a help to us. (DBE official)

(B) Lack of time and resources

All the departments lack sufficient staff which impacts on what they are able to do even though RCL/DMF has provided for many of the costs for example of training and awareness raising.

We struggle with the time frames – some are overwhelmed with other work, unable to adhere to what we agreed upon e.g. how many trainings we are supposed to do so we have to postpone to the next quarter. This delays the process as we have planned. (DSD official)

The fact that DMF/RCL has dedicated resources to the coordination process has been a key enabler. As several respondents indicated it is not something that overburdened officials could have taken on:

She (DMF project coordinator) is dedicated to provide support – no other department can do so.

We are focused on our mandates for us to put more emphasis on an area won't be possible.

One other thing we have scheduled meetings, planned in advance, stick to the dates and don't forget those, especially at Steering Committee level. If the secretariat was based at a department it would be difficult for them to coordinate other departments competing priorities and different management structures. (DBE official)

It couldn't work, if I had to do it, I have too many caps, managing a branch office. It would be ideal if we had one specific person to just focus on ECD. The DMF coordinator being there is really helpful. (DSD official)

(C) Lack of trust and openness/competition / poor communication/unequal power relations

Several respondents indicated that relations between some departments started with some tension but have improved over time. Similarly, it has to be recognised that NGOs and practitioners are not on an equal footing with government stakeholders who *call the shots* even if the NGOs have greater professional expertise. These are challenges to negotiate.

Another important learning is that it is extremely critical that government departments do not feel that business/civil society is usurping their mandated expertise, areas or activities and this is an area that PPPs need to take seriously.

(D) Lack of fit between organisational cultures

One of the challenges was business understanding of government protocols - one needs to be respectful of government time frames (business expects quick responses). If you want to go fast go alone, if you want to go far go together. (DMF respondent)

Usually communities see the private sector partner as delivering resources. But you need to plan for support. We have a two year business plan which we will redo in September. Because of delays we have had to keep reviewing. Government and the private sector work at different paces. Government have insufficient staff with multiple responsibilities. (DMF respondent)

When it started we had our fair share of challenges RCL coming from business side and not necessarily understanding our way of working. But through constant engagement we have reached understanding. The fact that we have the same understanding and mandate, best interests of children ...and everyone in that project – we may have differences but a bigger goal that is common to reach. We need each other more than the differences that we are having. (DSD official)

(E) Participant or staff turnover

On the whole Steering and Technical committee meetings have involved the same participants, though there has been an enormous turnover of provincial DoH staff. However, buy in from senior officials has ensured a smooth transition and excellent participation from all the different DoH departments.



5. WHERE TO NEXT?

While stakeholders agree that there has been considerable progress and that Wards 16 and 19 are better off than others in the district, they also note that LNYCB is work in progress and that there are areas for development or consolidation. As an official explained:

It's like planting a seed; you can't expect anything to happen overnight. You plant it, water it and eventually it germinates and grows into a lovely plant. Changing behaviours and attitudes takes time. (DoE official)

Key gaps have been identified for delivery of the package including the ongoing improvements reflected above and new areas such as parenting especially in the first thousand days through training up health cadres, improving child protection and early intervention and embedding LNYCB in the municipality.

Respondents from all three key government departments talked about the need for proof of concept. While there are undoubted benefits in the ECD centres, it would be important to see how children in Wards 16 and 19 are progressing overall. As was indicated in the Steering Committee in May,

One of the things needed for this is to report on indicators rather than activities, and there is a need to have tools to assess the progress that is being made. A tool exists for the early learning stimulation but will be needed for other strategic areas.

It goes without saying that proof of concept requires much more rigorous data on the situation of young children in Wards 16 and 19.

A shift to evaluating outcomes rather than inputs would be a valuable shift in strategic focus of LNYCB. As one official indicated

Each stakeholder must just do what they were supposed to do in the first place, the Forum should be there to build on and mover forward and not to just report on what you were anyway supposed to do and haven't done. If everyone would do their part the Forum could take a different dimension supporting moving forward not just battling about the basics.

Uncertainty about the forthcoming function shift of responsibility for ECD centres from DSD to the DoE was also noted as a constraint.



What is extremely clear and articulated by all the stakeholders is that to deliver an effective coordinated ECD package there needs to be someone to coordinate it and additional resources to enable it. These are functions that RCL FOODS/DMF has enabled for Wards 16 and 19 but may not have the capacity to expand to other areas. There are discussions about extending certain aspects of LNYCB to adjacent wards such as the Young Child Forum and Grow Great but the full suite of LNYCB services could not be offered more widely.

6. CONCLUSION

While this is still a young collaboration, it demonstrates the significant benefits for children when different stakeholders coordinate their efforts and gives life to the goals of the National Integrated ECD Policy. However, LNYCB has also highlighted just how much is required for a successful coordinated response for young children at local level in terms of buy in, commitment at different levels of government and with civil society partners, and in particular driving the process and leveraging the necessary resources for this process.



APPENDIX 1: INTERVIEW SCHEDULES

1. LNYCB INTERVIEW QUESTIONS: PROVINCIAL/DISTRICT OFFICIALS/NGOs

Date of Interviews:

Name and Project Title:

Background and understanding of LNYCB

When the LNYCB programme was introduced in 2016 how did you understand its purpose and what did you see as its potential benefits? Has your view changed over time and if so how and why?

What is your role and responsibility in the LNYCB project?

- List the contributions your department/organisation has made to LNYCB?
- How long have you been involved?
- What do you do to help your organisation's/department's contribution to LNYCB to work smoothly?

How LNYCB is working?

- What do you think are the achievements of LNYCB?
- What have been the benefits to young children in Wards 16 and 19?
- What still needs to be worked on?
- What in your view has worked well?
- What are the main challenges?

Partnerships in LNYCB (LNYCB is about partnership)

- 1) Describe how the collaborative partnership between govt depts & business/civil society work.
- 2) What has enabled this partnership to work?
- 3) What have been barriers to effective partnership and collaboration?

Moving Forward

- How do you see the future of LNYCB in the district, or the province?



- If you were to give advice to the ECD Coordinating Committee in another district about implementing a project of this kind, what would you say to them? What are the key features that could be effectively used/implemented in other areas?
- Are there adaptations required that would make it more practical and achievable?

2. LNYCB INTERVIEW QUESTIONS: COMMUNITY RESPONDENTS

Interview Guide- Community Development Workers

- 1) According to your understanding, what is the purpose of LNYCB? (After their initial response probe for all the aspects of LNYCB). Who is involved in it and what activities do they undertake)?
- 2) Have you played any support role in the implementation of LNYCB? If so, what?
- 3) What has helped you in implementing LNYCB?
- 4) Have there been any challenges in implementation, Explain?
- 5) Has LNYCB benefitted the community? How?
- 6) Are there other problems facing young children that LNYCB should be doing more about?
- 7) Do you have any specific examples that you feel are the greatest achievement of LNYCB, so far?
- 8) How can LNYCB have a greater impact on the lives of its beneficiaries?

Interview Guide-Environmental Health Practitioners

- 1) According to your understanding, what is the purpose of LNYCB? (After their initial response probe for all the aspects LNYCB). Who is involved in it and what activities do they undertake)?
- 2) What do you think, has been the benefits of LNYCB? How well is it working?
- 3) What is the role of an EHP in a crèche or playgroup facility?
- 4) In what ways, if any, has LNYCB enabled your role at ECD centres? (Probe: any advantages in terms of link ups with other stakeholders)
- 5) In what ways, if any, has LNYCB been a challenge to you fulfilling your role?
- 6) Since the inception of LNYCB, have you seen changes at ECD centres? If so, what...
- 7) What more/ would you like to see LNYCB doing at ECD centres?



Interview Guide-Parents

- 1) Why did you choose to enrol your child at this ECD centre?
- 2) Have you heard about the LNYCB project? What do you know about the LNYCB? (Who is involved in it and what activities do they undertake) Have they been involved in any of the health campaigns etc?
- 3) According to your understanding, what is the purpose of LNYCB?
- 4) In what ways has LNYCB improved the service at the ECD centre/creche/pre-school?

Interview Guide- ECD principals, practitioners and playgroup facilitators

1. What is your understanding of the LNYCB project? (After their initial response probe for all the aspects of LNYCB). Who is involved in it and what activities do they undertake)?
2. Have you had any benefits as a result of being part of LNYCB? Explain (supervision, trainings, food, equipment, infrastructure, help with referral system)
3. In what ways (if any) have these benefits impacted you (the ECD centre or playgroup, teachers/facilitators, learners/children etc.)?
4. What do you think has had the greatest impact on the quality of service your ECD centre/playgroup gives to the children?
5. How do you think your ECD centre/playgroup can improve the quality of the service it offers? What steps do you think need to be taken in order to get there?
6. What do you think LNYCB needs to do in order to make a greater impact than it currently is?