

Early Childhood Development

Evidence-Based Policy Making and Implementation Case Study

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1 Introduction

Research tells us that good nutrition, positive parenting, protection from harm and from childhood diseases frequently associated with poverty, and opportunities to learn and grow are important determinants of adult health and longevity, education and earnings, and personal and social adjustment. Research has also demonstrated the benefits of interventions to counter the effects of adversity, and the necessity to act early to ensure that all children have the best start in life. Support for these early years has therefore increasingly become a policy and programme priority, as it lays the foundation for the attainment of broader societal benefits. Early Childhood Development, or ECD, is the umbrella term that applies to this package of support and the associated processes by which children from birth to at least nine years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially.

ECD does not fall neatly into any one government department or level of government or sector. The needs and indivisible rights of the young child span the areas of several sectors and also cut across role players. It encompasses all services that promote or support the development of young children. These range from infrastructural provision such as water and sanitation, social security, birth registration and health services to nutrition, safe and affordable day-care, opportunities for children to learn together in structured programmes, and preparation for formal schooling. It targets children under nine years of age and their parents and caregivers. (DSD, 1997) Therefore any ECD programme must involve civil society organisations, the corporate sector, religious organisations, non-governmental organisations, parents and children, and government. In government, the Departments of Social Development, Health, Education along with Local Government all have a role to play.

South Africa recognised the importance of children with the 1994 democratic constitution and in subsequent years, addressing the needs of children became a focus. Increasingly, access to ECD was prioritised as a means to provide a solid foundation for children (of whom more than 40% lived in abject poverty) to enable them to maximise their potential and reduce the deprivation gap in later life. (Public Policy in South Africa: Discussion Document focused on two policy examples, 2011)

This case study provides an overview of the ECD policy and programme implementation process and the lessons for evidence-based policy making. It starts out, after this introduction, by sketching the problem. This is followed by a description of the evidence-based policy process. An account of the ECD policy process over the last 20 years follows. A commentary on the strengths and weaknesses of

this process is then discussed. In the penultimate section of the case study, lessons for evidence-based policy processes and policy makers are shared. The case study concludes with some thoughts on the challenges for evidence-based policy making and implementation moving forward.

2 The context and challenge

Pre-1994 ECD was not a priority and policies severely discriminated against Black people and damaged children through malnutrition, family disruption and instability, exposure to injurious environments and limited opportunities. White children had greater access to ECD services of higher quality and what services there were for other groups had a distinctly urban bias. (Richter L. , 2012)

Over the last 20 years, beginning with the transformation to a democratic State in 1994, government's commitment to help improve the conditions in which children live and their prospects into the future has been evident. The State obligated itself to provide many ECD services through the South African Constitution and a number of Acts and policies. Government has also expressed positive intentions to support ECD and, in particular, to redress inequity, through the Children's Act, the National Integrated Plan (NIP) for ECD, and various White Papers. Importantly, Vision 2030, articulated by the National Planning Commission (NPC), acknowledges the significant role that ECD can play in achieving the country's shared goals for socio-economic advancement. (Richter L. , 2012)

	1994	2011
Water	60% of households with children have access to safe drinking water	87% of households with a young child have access to safe drinking water
Electricity	50% of households with children are connected to mains electricity	82% of households with a young child are connected to mains electricity
HIV treatment	0% of health facilities offer the programme to prevent mother-to-child HIV transmission	98% of health facilities offer the programme to prevent mother-to-child HIV transmission
Delivery of babies	72% of women deliver their babies with the assistance of a professional attendant	91% of women deliver their babies with the assistance of a professional attendant
Child Support Grant	No child support grant	73% of eligible young children receive the Child Support Grant
Nutrition	23% of children under 5 are stunted	21% of children under 5 are stunted
Grade R	No formal reception year	80% of children are enrolled in Grade R

There is though still much to be done to achieve the broad vision of ECD outlined in national policies. ECD services in South Africa have yet to become comprehensive, coordinated, provided in an equitable manner, and funded at a level to achieve their objectives. There is an absence of both a strong leadership structure and a funding model to fill gaps and attain equity. (Richter L. , 2012). Therefore an ongoing policy and programme implementation process is needed to achieve the vision. Evidence on the scale of the problem, cost-benefit analyses and impact evaluations are all crucial in this process.

3 The evidence-based policy making and implementation process

Policy processes typically result in huge budget commitments being made to particular interventions and programmes. Ensuring these allocations are made to the right priority areas, and the right programmes within these priority areas, is key to the overall success of government's performance. Better policies and programmes can help save lives, reduce poverty and inequality, and improve developmental outcomes.

Evidence-based processes are an approach and set of tools which enable a more rational, rigorous and systematic approach to policy making and implementation. The pursuit of evidence processes is based on the belief that it will help policy makers and providers of services make better decisions and achieve better outcomes, by drawing upon the best available evidence from research, evaluations and other sources.

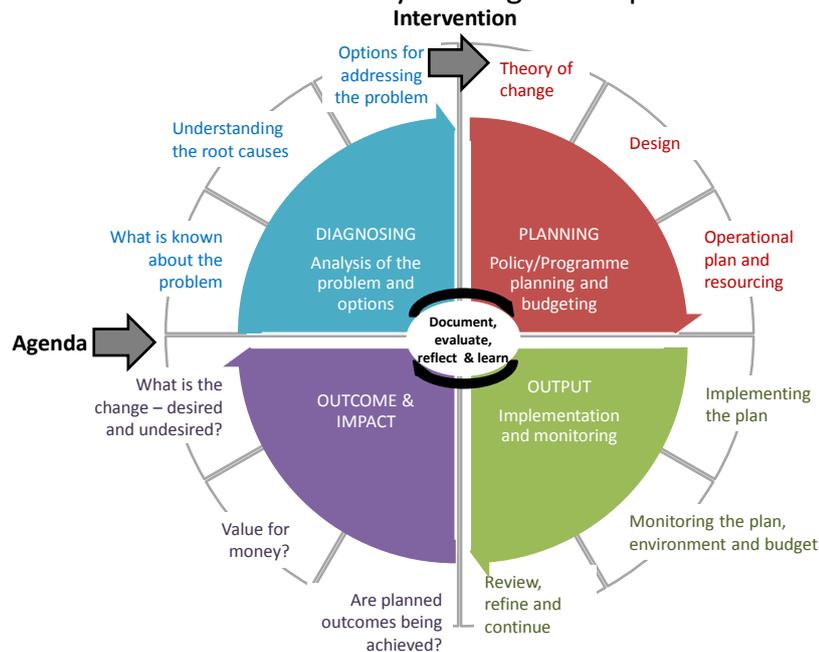
The democratic South African government's interest in evidence-based processes was ignited with the introduction, in 2005, of the National Monitoring and Evaluation System aimed at improving government performance. This was followed in 2010 with the establishment of a Department for Performance Monitoring and Evaluation in the Presidency, and in 2011 with the adoption of the National Evaluation Policy Framework and a major push for evaluations. This was facilitated by the visit of a team from different departments to Mexico, Colombia and the United States to explore how to use evaluations. As consultation was happening on the approved Policy Framework, work started immediately to get some evaluations moving to pilot the system. (Davids, 2013) ECD was one of the first targets. This move towards increased evaluation of key government programmes provided an important framework for shifting the focus amongst programme managers and policy makers towards programme outcomes rather than only programme outputs. (Samules, 2014)

Evidence-based policy and implementation processes typically go through 4 stages – a diagnostic to determine what the problem really is, the size and scale of the problem, and why it is happening; planning to determine what is needed to address the problem (or opportunity); an implementation or output stage where the work is rolled out; and, an outcome or evaluation stage where the impact of the policy and programme is evaluated¹.

Ideally, a policy and programme goes through this cycle a few times and is constantly improved and refined. The diagram below captures the cycle and four stages of an evidence-based process. Feedback, reflection and learning is needed at all stages. (DPME, 2014)

¹ Note the evaluation types in South Africa relate to these stages and include a diagnostic evaluation, to address the diagnosis phase; an implementation evaluation to understand how the policy or programme is working in stage 2 and in stage 3 an impact evaluation to assess final outcomes and why these are happening; and an economic evaluation to understand cost-effectiveness/cost-benefit.

Evidence Based Policy Making and Implementation



In practice evidence-based processes are not as linear as the evidence process map suggests. Various other factors impact on the policy and programming process as well as the extent to which evidence is used. Some of these issues include the speed with which policy makers generally want decisions made and policies developed, values, traditions and cultural beliefs which result in suspicion towards science, and resource constraints. The example of Early Childhood Development detailed in this case study is a case in point. However over the years the evidence work to support ECD has increased, providing valuable data to motivate for policy and programmatic interventions.

As the cycle depicts evidence is needed at each stage in the process. Evidence comes in different forms and from a variety of sources. It can consist of statistical data from surveys, censuses and the administrative data that are used to run government departments and other agencies. Evidence can also be qualitative information or data that comes from consultation with key stakeholders, delivery partners and localised sources. These consultations may use in-depth interviews, focus groups, and direct observations of the problem at hand, and the work of the agencies that seek to solve these problems.

A key challenge when working with evidence is the fact that not all evidence is of equal value. Some evidence has more credibility, validity and reliability than others. Even evidence from scientific and research-based sources is of variable validity and quality, some of which falls below accepted scientific standards. This means that someone, or some agency, has to separate high quality evidence (the 'wheat') from lower quality evidence (the 'chaff').

Another important feature of evidence is that the message from the evidence is rarely self-evident, and it cannot tell its user what to do or how to proceed. Evidence merely provides its user with information on what is likely to happen if certain actions are undertaken. The users of evidence have to use their judgement as to the meaning, significance and relevance of the available evidence for the problem at hand, given the priorities of the government of the day. These judgements will be

informed by factors other than the available evidence, including the experience and expertise of the decision maker, the resources that are available, and the beliefs, values and priorities that influence the political environments within which decisions are being taken. (DPME, Evidence Based Policy Making and Implementation Overview Paper, 2014)

In the next section, we detail the ECD policy and implementation process and conclude with some comments on the role of evidence in this process.

4 The Early Childhood Development policy process

South Africa has recognised the importance of ECD, and the first round of ECD policy and programming began in 1994, with the introduction of democracy and a commitment to the development of all children. This was followed by two further rounds of policy interventions. The paragraphs which follow briefly describe the ECD policy and implementation process.

The Agenda

The need to address ECD or the Agenda for ECD was set with the arrival of our democracy and the adoption of the South African Constitution which formalised a commitment to address the needs of all children. In addition, the State obligated itself to provide many ECD services by virtue of being a signatory to international and regional agreements, such as the African Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child, Education for All, and the Millennium Development Goals. (Richter L. , 2012) A 1994 World Bank commissioned *Report on the South African Study on Early Childhood Development*, undertaken by the Centre for Education Policy Development, highlighted the importance of ECD and provided some diagnostic to inform the policy making process.

ECD Policy, programming and institutional arrangements

The Interim ECD Policy adopted in 1996 provided for the implementation of a National Reception Year Pilot Project, to test a lower cost model and curriculum for implementation of the Reception Year, in partnership with non-governmental organisations and community-based ECD service providers.

At the same time, the ECD Directorate was created in the Department of Education. This was followed two years later with the establishment of the Coordinated Committee for Early Childhood Development (CCECD) which was a platform for stakeholder participation. Stakeholders in the CCECD were drawn from NGOs, universities, trade unions, research bodies, and government departments. Key non-state stakeholders in the policy process were South African Democratic Teachers Union (SADTU), the Wits Education Policy Unit (EPU), the Centre for Education Policy Development (CEPD) and the Human Sciences Research Council (HSRC). (PSPPD, 2011)

As part of implementing the interim policy, an ECD Pilot Programme funded through the RDP was launched. This aimed at establishing methods of accrediting practitioners, determining appropriate models of subsidy provision, and devising effective ways of providing reception year education. (PSPPD, 2011)

This was followed in 1997 by the White Paper for Social Development which describes the principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa and highlights the need for extension of ECD services to those who are most disadvantaged. 1998 saw the introduction of the Child Support Grant. This social cash transfer programme targets poor children and their caregivers with a view to improving their well-being. Over 10 million children are currently beneficiaries of the grant which has over the years been progressively expanded in terms of reach and impact. In 2009, the Department of Social Development (DSD), the South African Social Security Agency (SASSA) and UNICEF South Africa commissioned the Economic Policy Research Institute (EPRI) to undertake an assessment of the Child Support Grant, the first rigorous impact evaluation of the programme to date. This found that the Child Support Grant is used primarily to buy food and serve the consumption needs of the whole household. It also found that for many respondents the Child Support Grant plays a vital role in securing access to ECD services which would otherwise be unaffordable. (Department of Social Development, 2012)

In 1998 the Integrated Nutrition Strategy was adopted and provided another pillar to ECD service provision.

The ECD pilot led to another research project, the National ECD Audit of 2000/2001, which was a country-wide research study on the situation and status of ECD in South Africa. The audit concluded that access to ECD provision in South Africa was low and unequal. Of concern in the findings of the audit was that only 43% of the 960 000 children in the 5-6 year age group were accessing ECD. The study further provided data on the size and shape of the ECD sector in the country and concluded that a base of sites existed from which to expand access and develop quality improvements. This information provided a strong motivation for the formalization of provisioning for the Reception Year for the 5-6 year age group.

Also in 2001, the White Paper 5 on ECD was formulated through the Departments of Education, Social Development and Health as a further step of government commitment to ECD in education. The priority of White Paper 5 was the implementation of the pre-school Reception Year (Grade R) for five-year-olds, and the medium-term plan was to achieve universal access to Grade R for all learners going into Grade 1 in 2010. The White Paper 5 also prioritized the development of a strategic plan for inter-sectoral collaboration in ECD provision. It was followed in 2001/2 with the ECD conditional grant which aimed to extend ECD services to children.

In 2005 the Children's Act was adopted. This gives effect to certain rights of children as contained in the Constitution; and sets out principles relating to the care and protection of children, including the provision of ECD services.

In 2005 as well, an Integrated ECD Plan (2005 – 2010) was formulated, and is part of government's initiative to improve and increase care and education services in the ECD sector. The Integrated Plan includes the overall Integrated Policy Framework, *Tshwaragano Ka Bana*, a government programme to facilitate delivery of integrated services to vulnerable children and families, and the Expanded Public Works Programme (EPWP), which provides job creation opportunities in the ECD sector. The EPWP programme was initiated through the Social Sector. This created work opportunities for early childhood development practitioners and addressed provision for the 0-4 year age group.

2011 marked the start of a review of ECD services and another round of policies and programmes. The review of the National Integrated Plan for ECD was the start of the process. In 2012 this was followed by the ECD Diagnostic Review and the ECD Plan of Action which flowed from this diagnostic. The Diagnostic Review was commissioned by the Presidency Department of Performance Monitoring and Evaluation as one of its first evaluations. It focused on the existing ECD paradigm, current services, human resources, funding and impact. The Review was based on 112 relevant policy documents, evaluations and studies, as well as consultations with ECD practitioners, civil society and researchers.

The Review found that practice falls short of the broad vision of comprehensive ECD services spanning early childhood, encompassing home-, community- and centre-based services across health, education, social protection, and socio-economic development sketched in the White Paper 5 on Early Childhood Education and the Children's Act. Different sectors act largely in isolation from one another without shared vision, goals and accountability, and there are significant gaps in services – particularly with respect to nutritional support for women and children, support for parenting and families, and childcare support for very young children and children with special needs. Services and resources need to be better balanced across the age range, with State assistance for 0-2-year-olds, more support for 3-4-year-olds more equitably provided, and support for all parents and families across the ECD age range. (Richter L. , 2012)

In the National Development Plan of 2012, the National Planning Commission underlines the need for access for all children to at least 2 years of pre-school education and the need to improve ECD services. This is based on an understanding that ECD is critical to ensure better performance in formal schooling which will later result in improved levels of employment. This affirmed and strengthened government's commitment to ECD.

In 2011 and 2012 national government issued the Green Paper on Families and adopted a Policy Framework for Universal Access to Grade R. Around the same time, the new Minister for Social Development called an ECD conference and decided to launch an awareness campaign for social development and make ECD a priority focus area.

To inform this latest round of policy and programme design, the Department of Performance Monitoring and Evaluation has undertaken a range of impact evaluations to determine the impact and outcome of interventions. This includes the 2014 Evaluation Report on nutrition interventions for under 5s and the 2014 Impact Evaluation on the introduction of Grade R on subsequent learning. A draft "Integrated Programme of Action for Early Childhood Development- Moving Ahead 2013-2018" was drafted following the national conference and proposed action plan, the Diagnostic Review and the 2011 ECD National Integrated Plan Review. The opportunity created by the political focus on ECD put pressure on researchers and practitioners to speed up the evidence-gathering processes. In response, draft reports and findings were released and fed into the policy making process, based on the understanding that politicians want quick decisions and policy movement.

The nutrition evaluation found that South Africa has made limited progress in improving child nutrition since 1999. Among all children under 5, stunting rates remain high at 21% and poor nutrition is the principal factor in deaths of South African children. The relevant departments have sufficient policies, regulations, and strategies to guide their respective portfolio of nutrition interventions. However, no policies or regulations currently exist which govern the inappropriate

marketing of unhealthy (obesogenic) food to children. Evidence further points to unequal commitment to nutrition across departments with varying leadership, management, planning, budgeting, and staffing. The absence of both a coordination body above the line departments (to hold each department accountable) and a consolidated operational plan with a common goal/objectives and common metrics for tracking interventions across all sectors, has led to a silo and somewhat fragmented approach to addressing child nutrition in South Africa. (DPME, 2014)

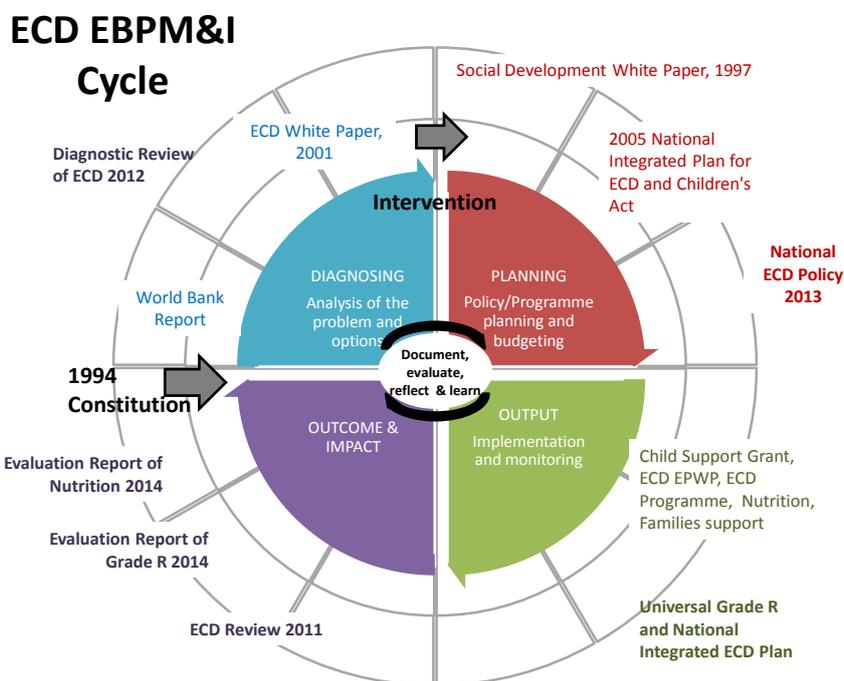
The Grade R evaluation confirmed that government is on the right track prioritising the expansion of ECD services. The evaluation demonstrated an overall positive impact of Grade R on later learning outcomes in both language and mathematics. The estimated benefits were somewhat larger for language than for mathematics, though in both cases the size of the effects was fairly small relative to what one might have hoped to see. Further the findings revealed that children in more advantaged schools benefited more from Grade R (no doubt because these are well functioning schools) than children in poor schools. This points to the importance of a focus on quality not just access. The impact evaluation report made a number of recommendations. These have been fed into an improvement plan, which has been approved by the Department of Basic Education. The improvement plan includes a focus on curriculum development, a Human Resource Development Strategy, to ensure optimal and expanded capacity of public and private training institutions to offer appropriate in-service training and pre-service training for Grade R practitioners, and an M&E plan. (DPME, Impact Evaluation of Grade R, 2014)

The ECD Diagnostic Review and subsequent work by a range of institutions highlighted the key challenge facing ECD provision, namely, the coordination of an essential package of services. In particular the following gaps were prioritised:

- Home-, community- and clinic-based support for pregnant women, and children up to two years of age, as this is the period of life most susceptible to positive and negative environmental influences;
- Support for children's early learning from birth;
- Nutrition support to prevent stunting and moderate to severe malnutrition;
- Emphasis on the poorest 65% of children (those eligible for the Child Support Grant), as these are the most vulnerable and the ones who will benefit most from the Essential Package;
- Areas without services, especially rural areas and informal urban areas, because the vulnerability of young children is compounded by the absence of services to moderate the effects of risk. (Richter, 2014)

Government has responded to the body of evidence with the development of the new National ECD Policy presented to Cabinet in 2013. The implementation of this policy was delayed as Cabinet asked for the policy to be costed. This highlights the importance of costing the implications of policy recommendations at the time of policy development, to hasten the policy making process. In 2014, Cabinet approved the National ECD Policy for gazetting for public consultation. The Policy provides a framework for government's responsibility to provide a comprehensive package of quality Early Childhood Development services that would be universally available, in sufficient quantities and proximity, so that all children enjoy an equal opportunity to access them. The policy also introduces a number of new services, to fill gaps identified in the range of services currently available, especially within the first 1 000 days of a child's life. This requires changes to existing legislation to create the enabling environment, including the Third Amendment Bill of the Children's Act.

The diagram below provides a graphic picture of the interventions described above on the evidence-based policy making and implementation cycle.



5 Analysis on the ECD evidence-based policy making process

5.1 Diagnosing and understanding the problem

Globally there is significant evidence in the early childhood development field, and a large body of evidence exists around the importance of the early years in a child's development and chances of a productive adulthood. This has been confirmed in several systematic reviews. A systematic review of evidence explicitly seeks to establish the balance of evidence on a topic or issue by searching for *all* of the evidence from academic and scientific sources, as well as other sources. This total body of evidence is then *critically appraised* by establishing those studies and reports that meet explicit and transparent standards of quality, and those that do not. In this way, higher quality evidence (the 'wheat') is separated from lower quality evidence (the 'chaff'). Having established high quality evidence, systematic reviewers then go about extracting key data and information from the studies and reports that are included. These data are then analysed rigorously, to establish what the *general and overall* evidence from these studies is, and what is particular and applicable only to certain contexts.

This global body of evidence was used to motivate for the prioritisation of ECD in South Africa. South Africa has also developed a body of evidence on ECD which has been used to inform programme and policy decisions. A 1994 World Bank commissioned *Report on the South African Study on Early Childhood Development* highlighted the importance of ECD and provided some diagnostic to inform the policy making process, and assisted in motivating for the agenda. The 2001 Audit of ECD provisioning in South Africa provided invaluable data on the extent of the problem. The 2012 ECD

Diagnostic provided information on the problem and policy options. The Impact Evaluations on Grade R and the Nutrition Programme have been invaluable in reviewing the impact of interventions.

The body of evidence collectively informs us that ECD interventions in the early years, impact on the health outcomes of children well into adulthood, on social communication skills, language development, and improvement on standardized measures of academic achievement and school readiness, and has provided a solid evidence base to inform the latest National ECD Policy. This has played a key role in helping policy makers, practitioners and programme managers understand the nature and scale of the problem and what support is needed to ensure universal provision.

5.2 Planning the policy or programme intervention

The policy intention has been clear and consistent since 1994. However the theory of change has not been robust enough, resulting in siloed policies, and challenges with the implementation of the intention to achieve universal access to ECD provision.

Since 1995 numerous laws have been promulgated and policies developed which acknowledge and seek to advance the importance of early child development for South Africa. These include but are not limited to the White Paper on Education (1995), the Interim Policy for Early Childhood Development (1996), the National Programme of Action for Children in South Africa (1996), the White Paper for Social Welfare (1997) and the subsequent introduction of the Child Support Grant, the White Paper on Early Childhood Development (2001), the National Integrated Plan for Early Childhood Development 2005–2010, the Children’s Act No. 38 of 2005, the National Development Plan and the 2013/4 National ECD Policy. With each new policy, the basket of services and support for ECD has been broadened, requiring further changes to legislation and policy frameworks to create a consistent and enabling legislative and policy environment.

To assist with the policy-making process, practitioners and experts have completed costing models, cost-benefits studies and reviewed global best practices.

In respect of allocations for ECD, there were increases in allocations from R12 million in 1995 to R538 million in 2004/5, and to over R1.4 billion in 2013/14 reflecting the significant increase in commitment to the provision of ECD services across the country.

5.3 Implementing and monitoring the programme

The implementation of the policies and plans has been the weakest element of the programme largely due to the siloed nature of government, institutional capacity issues, a lack of leadership, and resource constraints.

Despite the weaknesses in implementation, the ECD National Integrated Plan was supported by an inter-governmental task team, and the Departments of Social Development and Education have both created dedicated posts to support ECD provision.

Management information from the Expanded Public Works ECD programme and the RDP-funded Grade R pilot have provided some useful insights into the challenges of implementing the policy intent. In addition, management information collected annually as part of the management of the ECD National Integrated Plan and the 2011 ECD Review, resulted in a refinement of the approach

and programmes, and has given rise to another cycle of evidence-based policy making and implementation.

Post the Impact Evaluation, the Department of Social Development is taking forward the improvement plan and is costing the implications of comprehensive services. Further, the Department is splitting the ECD role from the broader responsibilities around children to allow for more dedicated capacity.

The Department of Education has developed a plan to focus on its role in the recommendations going forward.

The Department of Health has stepped in to address gaps identified and is focusing on building capacity around maternal and neonatal health and nutrition.

The Department of Performance Monitoring and Evaluation has supported and continues to support the technical work to ensure the recommendations of the new policy – namely a comprehensive package of services – are delivered.

5.4 Evaluating the impact

Information on the impact of programmes is key to measuring the success of government interventions. Ongoing M&E information has revealed that significant progress has been made in a number of areas relevant to ECD. In addition, the three impact evaluations conducted as part of the roll out of the new National Evaluations Policy Framework - the 2011 ECD Review, the Grade R Impact Evaluation, and the Nutrition Impact Evaluation – have all provided invaluable information on the impact of programmes and the ongoing challenges and gaps which need to be addressed.

6 Lessons for other policy making and implementation processes

Policy intent: The policy intent has remained consistent over the last 20 years with a commitment by the South African Government, dating back to the mid-1990s, to provide universal access to the full spectrum of early childhood services, to support the cognitive, emotional and social development of children. Over time the policy intent has become more specific in detailing the basket of services, in particular, in expanding this to include services beyond early care and education services. This has required changes to legislation and policies to ensure an enabling environment is sustained.

Evidence: The use of evidence has been a priority throughout this policy process. Evidence was generated through academic research as well as commissioned research, both on the part of government as well as the NGO and donor communities. However, the evidence did not always precede the policy development in the early cycles. Also, the evidence produced was not always integrated into the policy cycle. In addition, evidence on the impact of the programmes has only recently been compiled and used to strengthen the evidence-based policy making process and the latest policy proposals, and to motivate for additional institutional capacity. The ECD Diagnostic has been particularly significant in this regard as have the Grade R and Nutrition Impact Studies. Ongoing management information, which is low cost, is a key source of evidence that is often ignored and needs to be better integrated into the policy making process.

Strategic opportunities: Policy making processes are never linear and are influenced by political priorities, global and local events, the leadership of politicians, and beliefs and values. In the case of ECD, the appointment of a new Minister of Social Development and the ECD conference which she convened created a unique opportunity for ECD advocates. Leveraging this opportunity meant releasing interim findings of impact evaluations and working on several stages of the evidence cycle simultaneously.

Institutional capacity to support policy intent: Despite the early commitment to the policy intent and the numerous interventions, the provision of services to all children has been slow. This is largely due to institutional and financial capacity constraints, and the lack of a clear and dedicated champion for the integrated programme with enough authority to mobilise the entire capacity of government.

Cross-government coordination: Coordination across departments is never easy. It is however essential as very few policies involve just one line department. The ECD case study highlights the importance of cross-government coordination in expanding the ECD package of services and processes, and the impact of the lack of such coordination as reflected in the nutrition evaluation findings. Government recognised the challenges of coordination and commissioned a coordination evaluation which looked at the cluster system and how it could be improved. This now needs to be extended to focus on the challenges of multi-department programmatic coordination and to make recommendations on how to improve such processes and in particular, leadership of such processes.

Role of DPME: The Department of Performance Monitoring and Evaluation (DPME) has a key role bringing together different stakeholders and facilitating inter-government and stakeholder coordination, as well as overseeing the evaluation and implementation of findings.

Using external experts and resources more as partners than as contractors: A key feature of the ECD process has been the consistent involvement of a group of experts both as contractors commissioned to do the evaluations and as partners to inform the policy process. This unique relationship with external experts as partners in the process, rather than just contractors, has been critical to the advancement of ECD policy making.

Cooperation between analytical services: A related strength of the ECD process has been the close cooperation between practitioners, researchers and sector experts and the financial experts sitting in National Treasury. This was particularly important in the last policy process and the final adoption of the ECD policy and plan, and ensuring this was linked to budget allocations.

Keeping politicians on side: The ECD case study highlights the importance of keeping political leaders informed and briefed through the process so that there aren't political pressures to move in different directions. (Davids, 2013)

Multi-stakeholder: At the outset the need for a multi-sectoral approach was recognised. Opportunities for multiple stakeholder participation were facilitated to enable participation from all key stakeholders by way of a representative ECD Committee. However, over time, there have been criticisms that the opportunities for participation of non-government stakeholders have not been sustained. (PSPPD, 2011)

The rationale for adopting a more open policy process during the initial formulation of the ECD policy could be attributed to the fact that there was broad consensus that ECD needed to be provided - within government (across departments and tiers of government) as well as within civil society and international and donor circles. Furthermore, the provision of ECD was not politically-laden as it did not involve an 'overhauling of a system', but rather the strategising of how to develop an innovative response to ECD. (PSPPD, 2011)

However, as the policy moved towards finalisation, opportunities for consultation, specifically with civil society sector groups, diminished. It appears that the reason for this was based on an assumption on the part of government, that adequate consultation from non-state stakeholders had been provided and obtained over the course of developing this policy, a view not shared by non-state stakeholders, who strongly felt that their experiences relating to ECD were constantly affected by the context, and thus the need for ongoing opportunities to input into the policy process was necessary. (PSPPD, 2011)

Planning the evidence processes: Evidence-based processes require conscious planning to ensure every opportunity to leverage evidence is used. Sometimes the execution of the plan is not aligned with the political process and this requires flexibility and pragmatism. In addition, budgets need to be allocated for evidence processes.

Programme costing and linking planning and budgets: The latest ECD policy highlights the importance of costing policies and of giving political principals a clear indication of the impact of the policies being advocated.

Knowledge management systems: Every programme in government generates a host of knowledge. Systems are needed to ensure this information is collected, quality-assured, shared and used to inform policy processes. In the case of this case study, the experiences of the ECD pilot and the National Integrated Plan were key informants of the final round of policy making.

Accessibility of evidence findings: Finally, open access to evidence findings is key. This enables civil society and other interest groups to leverage the findings, and also encourages a cohort of researchers working on the topic.

On-going process: Policy processes are ongoing and there is almost always room for improvement. Reflection and learning are therefore a continuous process.

7 Conclusion

What the ECD case study reveals is that evidence has a role to play in policy making and that more evidence-based processes could assist with better targeting government services, accelerating delivery and improving impact. South Africa has strengthened its evidence-based processes with the adoption of the National Evaluation Policy Framework and the work of the DPME. However, factors other than evidence continue to play a role and more work is needed to entrench evidence-based processes across government.

Evidence is not needed at a single point, it is needed throughout the process – but different evidence is needed at different points and different tools exist to collect the required evidence at different stages of the evidence cycle. Understanding what is needed when is a key task for policy makers and advocates.

Time constraints will affect the mechanisms which can be used to mobilise evidence. Urgent political priorities might need different approaches from the more systematic strategic processes.

The policy process is typically contested with competition over the agenda, turf, interpretations of what is needed and budgets. Policy makers and practitioners need to recognise this contestation and the fact that policy processes are not linear or static. Strategic opportunities arise and need to be leveraged. This means there is a need for close collaboration between policy makers, researchers, advocates and practitioners to ensure these opportunities are not lost.

Finally, while significant progress has been made in ECD, there is still a long road ahead. In particular, there is a need for more work around nutrition and early learning from birth. Policy making is an ongoing process as is the collection of evidence.

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