

Terms of reference for Early Childhood Development Diagnostic Review

1. Background

Given the mounting international evidence through research that attention to the earliest years is critical to the individual development of the child and to society as a whole. In this regard early brain research has been the most compelling, including evidence shown by Nobel laureate James Heckman and others; on the highest returns on investment in the early years. Investing in early childhood is seen as an increasingly important social and economic investment in a country's future productivity. In the long term; failure in attending to these formative years, show negative prospects in poor school performance, high crime stats, under productivity, etc.

There is agreement on the definition of early childhood development in South Africa – as the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children in their early years¹. The 1997 White Paper for Social Welfare and the 2001 Education White Paper on Early Childhood Development 2001 define ECD to cover children from birth to nine years. Provisions of the Children's Act (as amended) however cover children from birth to the school going age.

Seventeen years have passed since democracy took hold in South Africa. Two White Papers²³, one piece of legislation (the Children's Act⁴), one integrated plan and several sectoral plans have been instituted to guide and ensure the provision of quality ECD services for all of South Africa's children. We have signed international conventions, eg the Moscow Programme of Action, which we need to comply with. A number of policy instruments and programmes have been designed and implemented by both government and non-government actors. Progress has been realised. Coverage of facility-based ECD services for children 0 to 4, for example increased from 12% in 2006 to 30% in 2009⁵. Birth registration increased dramatically from 25% in 1998 to 85% in 2009⁶.

Yet it appears, the country is far from the aspirations of the White Papers, law and plans. The ECD enrolled child subsidy, for example reaches less than 15% of children 0 to 4 years who live in poverty, and just 43% of children under 5 are exposed to an ECD programme at home, a centre or elsewhere. About 18% of children under five were stunted in 2005, a situation virtually unchanged since

¹ The Education White Paper on Early Childhood Development 2001, and White Paper for Social Welfare, August 1997, defines ECD to cover children from birth to nine years. The Child Act (as amended) defines ECD to cover children from birth to the school going age.

² Department of Social Development (1997), White Paper for Social Welfare, Pretoria

³ Department of Education (2001), Education White Paper 5 on Early Childhood Education. Pretoria Africa

⁴ Government of South Africa (2005), Children's Act, no 38 of 2005, as amended. Pretoria. Government Printer

⁵ DSD, DBE and UNICEF (2010), Public Expenditure Tracking Study on ECD, Pretoria

⁶ UNICEF and SAHRC (2011), South Africa's Children: A Review of Equity and Child Rights, Pretoria.

1999. Very poor test scores by Grade 3 learners point to severe gaps in both school readiness as well as quality of learning at the foundation stages⁷.

There has been no rigorous evaluation in spite of the changes in terms of new legislation and policies. However, several studies have been conducted on various aspects of service delivery. These points to significant questions about the scope and pace of delivery of ECD services and the extent to which these match or meet the challenges faced by children in their early years. Questions have also emerged about the sufficiency of the paradigm that has guided the role of the state in the provision of ECD services.

This assignment will build on the range of research already conducted, the PETS study, other research etc.

2. Purpose

The **purpose** of this evaluation is to undertake a diagnostic review of ECD policy and its implementation in South Africa. It will ultimately draw together the diagnostic review and results of the NIP review to provide an overall sector report.

It will include the extent to which various programmes and policy instruments (such as White Papers, legislation, and plans) have worked and/or not worked and why, with recommendations for policy change and improvement in the provision of ECD services

The services of service providers are being sought in this regard.

3. Scope of Work

The service provider will be expected to cover the following:

Part A

3.1. Paradigm and Policy issues

- a) In the context of international conventions and paradigms that underpin universal provision of quality ECD services, assess the adequacy/relevance/appropriateness of ECD-related provisions from the White Paper on Social Welfare 1997, Education White Paper Five on ECD 2001, the National Integrated Plan on ECD 2005-2010, Education Action Plan 2010-2014, the Children's Act and its related regulations, relevant documents on health/nutrition. The assessment should be undertaken from a conceptual point of view, focusing on definitions, scope and role of the state in ECD service provisioning
- b) Draw attention to incoherence, inconsistencies and ambiguities within and across policies
- c) Highlight the theories of change assumed by the various policy instruments.
- d) Indicate that if the paradigm was different, how would this be affected?

Part B

⁷UNICEF and SAHRC (2011), South Africa's Children: A Review of Equity and Child Rights, Pretoria.

3.2. Services and Programmes

- a) What is the stated and actual government-based model(s) for the delivery of services at the home, community and facility levels? What is the coverage and gaps of each model? Are there some good examples of services eg provided by NGOs that should be considered?
- b) Determine the extent of provision of ECD services for various age, gender, racial and income groups; define reasons, opportunities and implications for policy review. What is the core package of services provided to various groups as indicated above? Instruments to be reviewed should include but not limited to the ECD per learner subsidy, Child Support Grant, Funding for public school Grade R, EPWP training of caregivers, CIMCI, EPI, etc.
- c) Determine the extent to which various components of ECD are planned and executed in a sequential manner birth to age 9
- d) Assess the strengths and weaknesses of current approaches to targeting.
- e) Establish where government funding priorities lie in terms of the types of services provided?
- f) Identify which instruments are not in place, according to the goals of the White Papers, NIP (all six components) and Children's Act and why? E.g. for infrastructure, remuneration of caregivers, etc.
- g) What are the lessons?
- h) If the paradigm was different, how would this affect services and programmes?

3.3. Institutional Issues – (Human resource development)

- a) Examine the human resource structure available to deliver on ECD services across the sector and to monitor these services
- b) Identify the gaps
- c) What are the specific gaps in the provision and capacity of ECD practitioners and the reasons for the gaps?
- d) If the paradigm was different, how would this be affected?

3.4. Effectiveness of institutions and intersectoral coordination

Assess institutional arrangements and strategy for providing quality ECD services from the perspective of effectiveness, accountability and efficiency, including but not limited to the following:

- a) Mapping responsibilities for aspects of the delivery of ECD services not covered by the NIP Review at different levels and within various age groups to determine possible duplication, gaps and mismatch of roles – in relation to the theoretical description.
- b) Assess the role of NGOs, FBOs, CBOs and the small enterprise sectors in ECD service delivery, including their strengths and weaknesses, and draw implications for policy review
- c) Assess what the strengths, weaknesses of the current arrangements for management of ECD service provision are?
- d) Establish what strategies exist for intersectoral coordination of ECD service provision at national, provincial, municipal, sub-municipal levels, according to what are currently in place vis-à-vis the provisions of the White Papers, NIP and the Children's Act? (this would cover areas not addressed by the NIP Review)

- e) Define what the strengths, weaknesses of the current arrangements for intersectoral coordination are?
- f) Draw lessons from the current very diverse service provision arrangements
- g) If the paradigm was different, how would this area be affected?

3.5. Funding adequacy and efficient delivery

- a) Map the types of existing funding instruments for the delivery of ECD services to determine adequacy and possible gaps and duplication.
- b) Assess the extent to which various service delivery models are funded equitably and the underlying reasons
- c) Assess the effects of the state's co-funding arrangement/subsidies on the provision of ECD services
- d) If the paradigm was different, how would this be affected?

3.6 Impact and Cost Effectiveness

- a) What does research tell us about the most cost-effective interventions for improved child outcomes for the early years - estimate the cost of not investing in the universal provision of ECD services
- b) Provide an analysis of the cost effectiveness of core package of services on offer
- c) Consider whether these interventions are adequately supported by government resources
- d) Draw analysis from using data sets such as NIDS, GHS, Systemic Evaluation, ANA, etc to indicate the possible impact of ECD services (note it may be difficult to prove causality)
- e) If the paradigm was different, how would this be affected?

Part C

3.7. Recommendations

- a) Would a different paradigm allow us to improve the impact of ECD?
- b) What would need to change if the current service provision model is to move towards a public model (from the current largely private model?) – what would be the implications for changes to legislation, funding, institutional arrangement and capacity?
- c) Make proposals about how progressive realisation, in the context of universal provisioning, should be designed to ensure quality coverage for the poor? Propose alternative funding models to ensure equitable and adequate coverage of quality services
- d) Determine what it will take for the state to fund salaries of all ECD practitioners?
- e) On the basis of evidence, propose delivery options that will take to scale services for children 0 to 4
- f) Make proposals for the improvement of ECD programmes and services
- g) What would this require in terms of changes to institutional arrangements – within and across sectors
- h) Make recommendations for further evaluation work that is needed
- i) Note that a national conference on ECD will be held in January 2012, which may produce relevant recommendations

4. Methodology and indicative allocation of resources

- a) Secondary analysis of documents (paradigmatic work 10 days, 60 days on the other secondary data work including reports)
- b) Analysis of existing data sets around impact and cost effectiveness (25 days, including report, Consultations with key players in government and civil society as required)
- c) Working closely with the team undertaking the NIP review
- d) Drafting a report based on the Diagnostic Review of the ECD sector (time included in the above)
- e) Drawing up a combined sector review drawing on the Diagnostic Review and the NIP Review (5 days)

5. Milestones

Activity/deliverable	By when
Proposals received	15 October
Service provider contracted	22 October
Inception report	29 October
Draft report on data analysis	25 November
Preliminary findings from NIP Review	25 November
Interim report on overall evaluation	2 December
Final data analysis report	3 January 2012
Draft overall report	10 January 2012
Final report on Diagnostic Review	31 January 2012
Final combined report including the NIP Review Findings	30 April 2012?

The findings would be tabled at a national workshop in early May.

6. Competences of the service provider

The service provider must have a track record of success in managing evaluation or research assignments working with national government, including both qualitative and quantitative research assignments.

The team needs to include the people with the following competences:

- Strong understanding at a deep level of international experience of different ECD paradigms
- Good understanding of the operation of ECD from 0-9 years including from the social, educational and health perspectives
- Strong expertise of quantitative data analysis, to generate data on impact and cost effectiveness

7 Skills and Knowledge Required

Though the contract will be awarded to a consultant and or an institution, experts in areas relevant to impact evaluation should be sub-contracted by the appointed consultant and or Institution. It should be noted that the consultant must provide a

portfolio of the skills and experience of the sub-contracted individuals/company in their proposal to the Department that will demonstrate their expertise, especially in the ECD sector.

Specific skills that are required in the team include:

1. Proof of previous experience in conducting research and/or evaluation works in the ECD sector (e.g. the extract of report, letter of references over previous work, etc.)
2. Proven knowledge of legislative frameworks, relevant inter-sectoral plans, as well as ECD policies and programmes.
3. Experience and level of skills of the portfolio of individuals (experts) that the consultant or an institution would sub-contract/approach as required.
4. Demonstrable experience in using datasets such as anthropometric data and methodologies for evaluations.
5. An in-depth understanding of the ECD sector, policies and legislation as far as it pertains to ECD
6. An in-depth understanding of the socio-economic context of children 0 – 9 in South Africa and the effects of inequity particularly on vulnerable children

7. Duration of assignment

6 months, with final report on diagnostic review by 31 January 2012, and final summary report by 30 April 2012

8. Funding

Part of the funding will be provided by DPME, and part from other partners.

9. Deliverables

- a) A clear and concise proposal on approach for the review
- b) A comprehensive inception report
- c) An in-depth analytic report of the diagnostic review with clear recommendations drawn from the analysis as per the brief on the scope of work
- d) A summary report combining the findings of the diagnostic review and NIP reviews with clear recommendations drawn from the analysis as per the brief on the scope of work
- e) A power point presentation on both reports
- f) Soft and 5 hard copies of each report

10. Payment schedule

Stage	% of payment due
Inception report accepted	10%
Final data analysis report	20%
Interim report on diagnostic review	30%
Final report on diagnostic review	30%
Final combined report	10%