

Scaling up quality ECD (0 - 4) services: Expanding Home and Community Based Care

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Project objectives

- Support efforts to rapidly scale up quality ECD services (0 – 4 years)
- In so doing, promote the creation of large numbers of jobs
- Identify barriers to achieving these goals, and innovations that might enable more rapid expansion

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This project

- DGs Social Cluster approved further investigation with the view to making recommendations for scaling up quality ECD.
- Phase 1 to scope and identify innovations – this project now complete
- Phase 2 to work with implementing agents in testing innovations in the field

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Phase 1 - Outputs

- 1. Early Childhood Development policy and child profile (0-4 year olds) in South Africa; a summary of policies and services.**
- 2. Review of current Early Childhood Development service delivery in South Africa**
 - *2.1 Government indicators and monitoring systems review*
 - *2.2 Review of education and training*
 - *2.3 Review of on the ground delivery models (local case studies)*
 - *2.4 Government budget allocations, processes and systems*
- 3. Innovations to inform improved Early Childhood Development outcomes, scaling and job creation**
 - *3.1 Specification of child and caregiver outcomes and measures*
 - *3.2 Identification of inputs likely to lead to agreed levels of quality of ECD*
 - *3.3 Review of existing and proposed job hierarchies*
 - *3.4 Review of alternative on the ground delivery and supervisory models*
 - *3.5 International case studies*
- 4. Defining approach to innovating in the field**
- 5. Integrated finding of background studies**

+ ECD centre costing case studies

Background

- National Integrated Plan (NIP) for Early Childhood Development in SA 2005 – 2010 aimed to reach 2.6 million poor and vulnerable children by 2010:
 - 20 % children reached through formal sites (e.g. creches, ECD centres etc)
 - 30 % children reached through community based programmes (e.g. IMCI, Grants, PMTCT, playgroups etc.)
 - 50 % children reached through services directly targeting the household (e.g. birth registration, protection, hygiene, psychosocial care and support etc.)
- National Integrated Plan proposes substantial expansion of HCB-ECD - especially for poorest & most vulnerable
- This means that about 600 000 children will be reached through centre based programmes, and about 2m children 0 – 4 years will be supported by other interventions.

Barriers to Scaling Up

There are many barriers to reaching this target of 2 million..

- **Insufficient human capacity** for ECD at all levels of government and civil society (particularly at district level) and finances.
 - Based on varying child – caregiver ratios for different aged children we can assume that you will need approximately 300,000 direct service providers, not including cooks, cleaners, etc.
 - While appropriate ratios for staff in *home and community based* interventions remain as yet uncertain we can assume that although job functions may change in expanding home and community based programmes, preliminary view is that may need similar numbers of service providers.
- Absence of **norms and standards** for non centre based provision.

Funding for HCB ECD

- **Resource allocation** is limited in general and almost for non centre based programmes
- Current funding favours centre-based:
 - Far more children are funded through subsidies of centres
 - Funding channel for centres is simpler than programme channel for HCB-ECD
 - EPWP (a temporary channel) is also geared towards centre-based
 - Non-financial indicators focus predominantly on centre-based delivery

Challenges and Opportunities

Challenges

- Evidence suggests that in countries with high maternal unemployment less than 20% of children likely to attend formal ECD facility.
- Research suggests that the majority of those accessing ECD services are in the 4-6 age cohort.
- Need to develop innovative approaches to addressing the needs of the remaining 80%, particularly the younger children and those living in remote rural areas.
- State to date has not developed or resourced this area of work

Opportunities

- Much innovation and piloting of interventions in respect of home and community based care. Refer to Rapid Appraisal Study – Biersteker et al.
- In KZN examples include FLP, LETCEE, TREE

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Home and Community Based Subsidy Model Study

Purpose of the study

- Come up with a proposal as to how government (provincial DSDs in particular) might frame bids to provide subsidies to providers of services.
- Support the implementation of the NIP for ECD
- (Added): Help develop a form that provinces could use for soliciting requests for funding from service providers.

Scope of the Study

Informed by the vision of “integrated ECD”

- The focus of this exercise is 0-4 years.
- The NIP also envisages a range of cross-sectoral services.
- Funding by DSD from within care & protection services for children sub-programme.
 - This should not absolve other government agencies from responsibility to fund this area of work.
 - It should also not stop DSD funding these initiatives from within other sub-programme budgets.
- But a subsidy must be budgeted for in, and paid out of, a particular department’s budget.
- The funded service should link children and their caregivers with other services. But the subsidy will not cover the cost of these other services.

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Methodology

- Three steps:
 - Development of position paper on possible funding approaches based on available literature.
 - Workshop with key actors to discuss the position paper.
 - Primary research in the form of collection through mock application forms of costs of a sample of organisations providing home- and community based ECD services.

Defining Home and Community Based ECD

- Biersteker (2007) identifies following “elements”:
 - Location-based integrated ECD strategies
 - Community child protection strategies
 - Use of ECD centres as supports for outreach work
 - Service hub
 - Parent education courses (** 2nd most common)
 - Playgroups
 - Home visiting (***) most common)
 - Toy libraries
 - Support to child minders
 - Care and support for HIV-infected and affected children.
- Berg (2007) distinguishes two main categories of HBC-ECD:
 - I-ECD-I delivered primarily through family facilitators
 - Equipping caregivers programmes.

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Some Questions we grappled with....?

- **“All for few” or “something for many”?**
 - How do we ration the available money given enormous need and limited likely funds?
 - We propose partial costs are funded but we must ensure that the proportion is realistic and sufficient to give some confidence that quality services can be delivered.
- How do we define quality?

Cont.

- Subsidy or programme funding?
- Centre-based ECD is currently funded through a subsidy based on the number of children attending each day. We consider even this model to be flawed.
- HBC-ECD, where currently funded, gets money through programme funding. This route is complicated and time-consuming for both providers and government. And it can be inequitable.
- If we agree on a subsidy approach, do we agree:
 - that programme funding should still be a possibility, e.g. for non-covered services and experimentation?
 - that programme funding could come from different parts of DSD as well as from other government agencies?
 - that all applicants would need to declare all other sources of funding?

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Which costs to include?

- The centre-based subsidy is based on number of children, and intended for recurrent costs. (But it is not clear WHICH costs.)
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- **If we accept that all costs cannot be covered for HBC-ECD we propose:**
 - that only recurrent costs be considered (but other ways are found of covering non-recurrent costs)
 - that the subsidy focus on costs that are directly related to the chosen elements/services
 - that the subsidy excludes core/general organisational costs.
 - But that supervision and ongoing training are seen as part of recurrent costs.

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What are the cost drivers?

- For centre-based ECD the number of children is the cost-driver.
- In terms of expenditure, salaries are the largest expenditure.
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- What are the cost-drivers for the HCB-ECD elements/services that we identify?
 - Children? Homes visited? Number of visits? Number of caregivers in workshops?
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- What are the largest expenditure categories for different elements/ services within HCB-ECD?

Actual costs or desirable costs

- To illustrate this question, we can refer back to the previous slide about cost drivers.
- We ask:
 - To what extent are the current expenditure patterns reflecting reliance on unpaid or underpaid workers from the community?
- Is it fair that workers serving somewhat better-off children in centres get paid more than workers serving the poorest and most vulnerable children?

What proportion of the costs to cover

- A partial subsidy implies that the organisation must find other sources of funding.
- For centres, fees serve as an alternative source.
- For HCB-ECD, fees are generally not a viable option.
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- Where else will HCB-ECD providers get the funds to top up the subsidy?
- What proportion of the core costs can we expect them to get from elsewhere?
- Do we base the subsidy on a proportion of key costs, or a proportion of what total costs are likely to be?

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Advance or post-hoc calculation

- The centre-based approach is a post-hoc subsidy as it is based on children who attended.
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- A post-hoc subsidy makes budgeting and planning difficult.
- Further, many costs are incurred regardless of whether all children attend each day.
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- For HCB-ECD, which will serve the poorest areas, an advance subsidy seems advisable.

Study Sample

- 6 organisations completed the mock application forms:
 - Early Learning Resource Unit (ELRU)- [WCape and ECape]
 - Family Literacy Project (FLP) [KZN]
 - Little Elephant Training Centre for Early Education (LETCEE) [KZN]
 - Lesedi Educare Association [Free State]
 - Parent Centre [W Cape]
 - Training & Resources in Early Education (TREE) [KZN]
- TREE completed the form in respect of only one of its HCB-ECD programmes.
- The sample covered both rural and urban activities.

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How the form-filling worked

- Sample bias towards larger organisations with multiple activities so as to “catch more birds”.
 - But there is no obvious reason why the form could not work for a (registered) smaller organisation.
- Organisations agreed to try to fill in the form themselves rather than being “interviewed”.
 - Very few queries were received from organisations while they were filling in forms.
 - In some cases the responses to particular questions could have been improved, e.g. with more detail.
- The exercise pointed to some (minor) ways to improve the form.

Outcomes Expected

- Two-fold purpose:
 - To get an indication of the nature and size of costs involved in delivering HCB-ECD; and
 - To test whether the mock application form “works” in terms of ease of completion and whether it provides useful and sufficient information.

Results: Home visiting

- Responses seem to confirm that a “one-size-fits-all” approach would not work as a basis for subsidy or for monitoring indicators.
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- Stipends vary widely, but in all these organisations home visiting is the largest single cost, and stipends account for a large proportion of the costs of this activity.
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- Important note: Other organisations might provide HCB-ECD but not do home visiting.

Other specified activities

- **Caregiver capacity building:** Lesedi and ELRU completed.
 - Others do this activity, but not always separately from home visits.
 - Form allows for flexibility in how organisations budget and report.
- **Playgroups:** Parent Centre, Lesedi and TREE.
 - Frequency and nature of group meetings vary widely.
- **Community support structures:** Lesedi, ELRU and TREE.
 - ELRU did not indicate any budget as no direct role.
 - Non-zero cost items varied widely.
- **Other activities:** Only LESEDI, for income-generating projects

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Study Findings

- A simple subsidy approach is not possible.
- Instead, need a simplified programme funding application form that reflects core activities of HCB-ECD, namely:
 - Home visiting
 - Caregiver capacity building
 - Playgroups and related
 - Community support structures
- Approach should not force inclusion of every activity
- Approach must allow for diversity within each type of activity.
- Approach should be based on DSD's standard approach to programme funding.

Recommendations

Starting assumption:

- HCB-ECD has been prioritised in government policy. The question is not whether it is worthy of funding, but instead how to get substantial funding to it quickly and effectively.

Mode of funding:

- A conditional grant is unlikely to “fly”.
- Instead, we suggest “earmarked” funding that is added to provincial equitable share.
- The “pot” allocated for HCB-ECD should increase substantially each year as capacity to deliver increases until the pot is at least equal to funding provided for centre-based ECD.

Cont.

- Provinces should use the (slightly amended) form to allocate funds from the pot.
- Provinces would decide what proportion of costs and which costs of organisations to cover depending, among others, on the number of applications received.
- The funding choices should avoid favouring one type of delivery over others e.g. by focusing only on home visitor stipends.

•Home visit budget summary

Cost item	Parent Centre	FLP	Lesedi	ELRU	TREE	LETCE E
Stipends for home visitors	636566	56160	576000	230400	354240	190000
Mentoring & supervision for home visitors	257070		96000	223343	78750	110000
Equipment & material for home visitors	1950	61500	71360	12480	50000	20000
Transport for home visitors	31866				172720	
Transport for mentors & supervisors		10800	12000	106955	22480	72000
In-service training for home visitors	8840	209412	459600	10040	172800	
Training of new home visitors	104132			16900		70000
Other costs	6930	45000				
TOTAL	1070764	382872	1368560	901237	850990	462000

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•Hours and pay of home visitors

	Parent Centre	FLP	Lesedi	ELRU	TREE	LETCEE
Average hours per week	20 full-time 40 part-time	9*	20	15	24**	38
Minimum monthly pay	3800	108*	300	1200	350	400
Maximum monthly pay	4800	108*	1200	1200	500	600

* per school term rather than per month

** calculated on the basis of the reported 12 days per month assuming 8 hours per day

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•Caregiver capacity building budget summary

Cost item	Lesedi	TREE
Payment for facilitators		93920
Transport costs		7680
Venue & accommodation costs		4080
Catering costs		
Other costs		25200
Wishlist	7680	
TOTAL	7680	130880

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•Playgroup budget summary

Cost item	Parent Centre	Lesedi	TREE
Payment for facilitators	11200		51200
Equipment & material for playgroups	20000	6400	83200
Transport costs	3672		
Venue & accommodation costs	1000		14000
Catering costs	16200		
Other costs			50000
Wishlist		256000	
TOTAL	52072	262400	198400

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•Community support structure budget summary

Cost item	Lesedi	TREE
Payment for staff involvement		59600
Transport costs	2880	
Venue & accommodation costs	10350	
Catering costs	22080	
Other costs	28980	
Wishlist		
TOTAL	64290	59600

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•Total budgets across all types of activity

	Parent Centre	FLP	Lesedi	ELRU	TREE	LETCEE
Home Visits	1070764	382872	1368560	901237	850990	462000
			7680		130880	
Playgroups and Related	52072		262400		198400	
Community Support Structures			64290		59600	
Other			83125			
TOTAL	1122836	382872	1786055	1032117	1108990	462000
Home visit percentage	95%	100%	77%	100%	69%	100%

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