# Early Childhood Development
## and the Essential Package: A statistical brief

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**Early Childhood Development (ECD) services are fundamental to the overall development of children. With commitment from government sectors to work together, an essential package of ECD services can be delivered to all South Africa's young children. This brief presents a set of indicators to support inter-sectoral planning, delivery and monitoring of an essential package of ECD services.**

***The South African government has an obligation to provide ECD services***

All children have rights to survival, health, protection and development. These rights are protected in the highest law of our land, the Constitution, and also in international law. To make these rights real, the Children's Act says a comprehensive national strategy must be developed to enable a properly resourced, coordinated and managed ECD system. Provincial MECs for Social Development are tasked with developing a provincial strategy. The Act says that planning for ECD services must be led by social development in collaboration with basic education, health, provincial and local government, and the finance and transport sectors.

***ECD services are urgent***

The 1.25 million children who were born this year cannot wait for government to progressively realise comprehensive ECD services. Early childhood, especially the first 1000 days from conception to two years, is a particularly sensitive and rapid period of development, laying the foundation for all future health, behaviour and learning. When children do not get the necessary input and support to promote their development during this critical period, it is very difficult and costly to help them catch up later. In some instances, such as for children whose growth is stunted, it is impossible. While a comprehensive package will be ideal in the long-run, the immediate priority is to deliver a package of essential services for all young children. Such a package, if universally available, would enable the realisation of the most basic of children's rights, and give this generation of children what they need to achieve their potential.

***Delivering an essential package of ECD services requires collaboration***

The essential package covers the period from conception until children turn six. Some services are targeted at children of a particular age or development stage, some at children who have particular risk profiles, while others are necessary for all children. Because young children have a broad range of needs that are interdependent, multiple role-players should be involved in service delivery, and it is important to have good collaboration and referrals between health, education and social services.

The components of the essential package are:

**Maternal and child health services** including antenatal care, PMTCT, screening and immunisation

**Nutritional support** for mothers and children

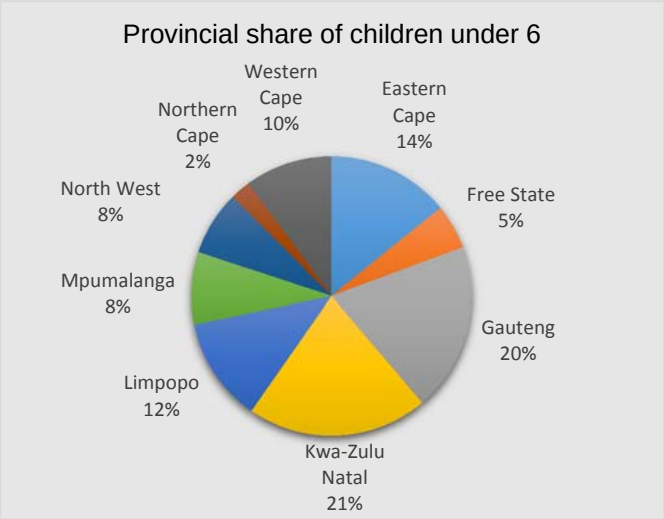
**Support for primary caregivers** including parenting skills and psycho-social support

**Social services** including birth registration, access to grants, responsive child protection services and psycho-social support

**Stimulation for early learning** including access to quality early learning programmes

# Children under 6

**The essential package of ECD services must reach all children under 6. There are still vast inequalities in children's circumstances and opportunities from the time they are born. Nearly two-thirds of children under 6 live in the poorest 40% of households, where unemployment rates are high and living conditions are poor.**




**The pie chart shows that over half of South Africa's young children live in just three provinces: KwaZulu-Natal, Gauteng and the Eastern Cape.** Provincial differences in the rural and urban distribution of children in South Africa relate to apartheid spatial arrangements. While slightly more children now live in urban areas than rural areas, there are still some provinces such as the Eastern Cape and Limpopo where over 60% of children under the age of 6 are rural.

**Poor households have a disproportionately large burden of care for young children.** This includes caring for the children of those who must migrate to find work. Sixty-four percent of children under 6 years live in the poorest 40% of households.

**Many children under the age of 6 live in households where nobody is employed.** Employment is important as a source of regular income, and may come with other benefits like health insurance, unemployment insurance and maternity leave. Regular income and other employment benefits contribute to a child's health, development and education.

**Young children are especially vulnerable to poor living conditions, as they are still growing, have increased nutritional needs, and have a greater risk of infection.** Over a third of children under the age of 6 live in households without access to piped water on site. In some provinces like the Eastern Cape, close to two thirds do not have access to adequate water. This is a problem as young children are particularly vulnerable to water-borne diseases. Children are also exposed to risks when fetching water.

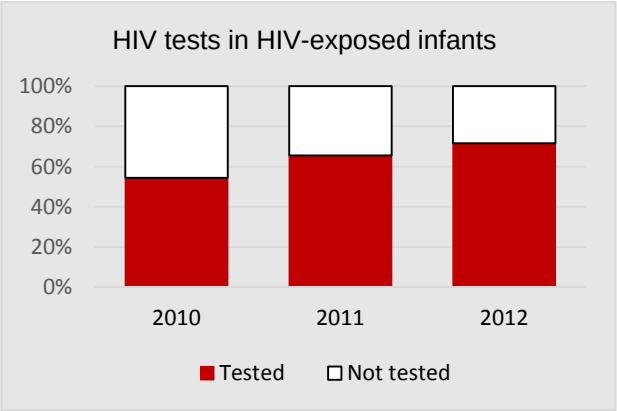
Despite huge progress providing sanitation, South Africa still has 1.9 million children under the age of 6 who do not have a toilet or ventilated pit latrine on the site where they live. Poor living conditions affect hygiene, health and food preparation in households, and can lead to spread of diarrhoeal diseases and other infections such as pneumonia. These diseases remain amongst the main causes of child deaths.

| | Indicator | SA | EC | FS | GT | KZN | LP | MP | NW | NC | WC | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Population | **Number of children under 6 years** | **6 352 535** | 897 702 | 330 487 | 1 237 462 | 1 323 908 | 766 900 | 529 405 | 476 087 | 148 186 | 642 398 | a |
| | **Households with children under 6**<br>Households with children < 6 | **4 387 122**<br>**30%** | 549 977<br>34% | 279 153<br>33% | 1 064 771<br>26% | 722 917<br>29% | 539 538<br>39% | 368 439<br>34% | 341 231<br>31% | 93 160<br>31% | 427 936<br>26% | a |
| Area type | **Urban**<br>Children < 6 in urban areas (formal/informal) | **3 516 029**<br>**55%** | 312 578<br>35% | 268 601<br>81% | 1 204 459<br>97% | 530 938<br>40% | 81 257<br>11% | 188 243<br>36% | 201 426<br>42% | 109 990<br>74% | 618 537<br>96% | a |
| | **Rural - traditional**<br>Children < 6 in rural former homeland areas | **2 615 251**<br>**41%** | 578 132<br>64% | 33 297<br>10% | 20 533<br>2% | 748 600<br>57% | 667 894<br>87% | 293 898<br>56% | 242 553<br>51% | 30 344<br>20% | -<br>0% | a |
| | **Rural - formal**<br>Children < 6 in commercial farming areas | **221 255**<br>**3%** | 6 992<br>1% | 28 590<br>9% | 12 470<br>1% | 44 370<br>3% | 17 749<br>2% | 47 263<br>9% | 32 107<br>7% | 7 853<br>5% | 23 861<br>4% | a |
| Services | **Inadequate water**<br>Children < 6 without piped water on site | **2 141 556**<br>**34%** | 586 690<br>65% | 27 788<br>8% | 95 892<br>8% | 592 241<br>45% | 392 076<br>53% | 196 806<br>38% | 152 186<br>32% | 36 574<br>25% | 61 304<br>10% | a |
| | **Poor sanitation**<br>Children <6 without a toilet or VIP on site | **1 914 320**<br>**31%** | 326 281<br>38% | 61 167<br>19% | 126 157<br>11% | 557 511<br>44% | 389 094<br>53% | 230 622<br>45% | 139 705<br>31% | 28 977<br>20% | 54 808<br>9% | a |
| Poverty | **Child poverty**<br>Children < 6 living in the poorest 40% of households | **4 074 528**<br>**64%** | 714 579<br>80% | 208 787<br>63% | 537 657<br>43% | 957 714<br>73% | 604 403<br>79% | 368 020<br>70% | 324 762<br>68% | 94 589<br>64% | 264 018<br>41% | a |
| | **Household unemployment**<br>Children < 6 in households with no adult employed | **1 973 939**<br>**31%** | 431 911<br>48% | 98 895<br>30% | 172 438<br>14% | 510 767<br>39% | 330 514<br>43% | 155 636<br>29% | 162 199<br>34% | 51 527<br>35% | 60 052<br>9% | a |

# Primary level maternal and child health

**Protecting the health of a mother and child starts with antenatal care. This is particularly important in the context of HIV/AIDS. Immunisation and screening are also key and can reduce the load on health and educational services once the child is in school.**

Across the country, over 1 million children are born each year. With HIV prevalence rates as high as 30% among pregnant women, early ante-natal care is an important gateway to health services, and to preventing transmission of HIV to children. There has been a steady increase in early ante-natal bookings (before 20 weeks in pregnancy), and, as shown in the graph, in early testing of infants who are HIV-exposed. But a quarter of infants whose mothers are HIV-positive have still not been tested for HIV by the age of 2 months. The challenge is to reach them.




**Inpatient early neonatal mortality rate indicates the quality of antenatal, intrapartum and postnatal care.** Neonatal mortality rates in facilities have not changed substantially in the past 10 years, and are a key contributor to South Africa's high infant mortality rate, which is estimated to be 27 infant deaths per 1000 live births in 2012. The under-5 mortality rate is 41 per 1000. These rates are robust estimates which adjust for bias as the vital registration is incomplete.

**Immunisation coverage is an indicator of how well the health system is functioning.** The proportion of children who are completely immunised by their first birthday has increased from under 70% in 2002 to 94% in 2012. It is a great achievement that the vast majority of babies are returning to clinics in their first year, given that many children (25% of those under six years) live far from their nearest facility.

**Every visit by a caregiver to a health facility is an opportunity to improve access to the essential package.** This includes maternal education and support for adequate nutrition, education about child care and development and encouragement to stimulate children. Caregivers should be referred to other assistance like social grants, and to specialised services for mental health or other challenges.

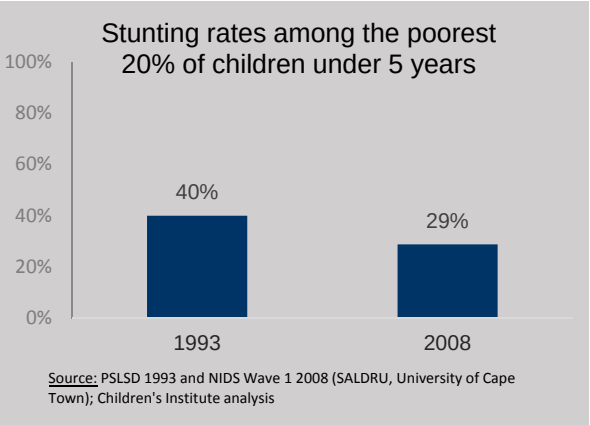
**Some districts have immunisation rates over 100%.** This is partly because children may be immunised in areas that are different to where they are counted in the population. It has also been suggested that immunisation rates are over-estimated in the District Health Information System, where the rates tend to be higher than those recorded in comparable surveys.

| | Indicator | SA | EC | FS | GT | KZN | LP | MP | NW | NC | WC | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Population | **Number of infants**<br>Children < 1 | **1 064 747** | 132 563 | 53 527 | 193 403 | 226 968 | 136 865 | 103 054 | 86 352 | 23 017 | 108 998 | a |
| | **Poor access to clinics**<br>Children < 6 living more than 30 mins from nearest health facility | **1 592 236**<br>**25%** | 331 201<br>37% | 69 651<br>21% | 132 233<br>11% | 442 516<br>33% | 194 414<br>25% | 158 899<br>30% | 136 217<br>29% | 37 443<br>25% | 65 132<br>10% | a |
| | **HIV prevalence in pregnant women**<br>Ante-natal clients testing HIV+ | 30% | 29% | 32% | 30% | 37% | 22% | 36% | 30% | 18% | 17% | b |
| Service access | **Prenatal early booking**<br>1st visit before 20 weeks, out of all antenatal 1st visits | **44%** | 40% | 53% | 38% | 46% | 42% | 42% | 53% | 44% | 58% | c |
| | **Antenatal HAART**<br>Antenatal clients on ART as % of eligible total | **82%** | 80% | 82% | 83% | 83% | 69% | 81% | 83% | 75% | 94% | c |
| | **Early infant HIV diagnosis coverage**<br>Infants born to HIV+ mothers who receive HIV test before 2 months | **74%** | 62% | 67% | 87% | 79% | 64% | 75% | 71% | 61% | 75% | c |
| | **Immunisation**<br>Children <1 who complete the primary immunisation course | **94%** | 83% | 95% | 108% | 95% | 94% | 83% | 99% | 89% | 89% | c |
| Outcome | **Early neonatal mortality**<br>Inpatient infant deaths within 7 days, per 1000 live births | **10.2** | 16.4 | 10.8 | 8.8 | 8.7 | 11.5 | 9.5 | 10.4 | 11.7 | 6.2 | c |
| | **Infant mortality rate**<br>Number of deaths under 1 year, per 1000 live births in same year | **27** | d Mortality rates not currently available at provincial level. | | | | | | | | | |

# Nutritional support

**Lack of proper nutrition can result in poor health and educational outcomes for children, which in turn contribute to persistent inequality. To break this cycle, the starting point is maternal nutrition during pregnancy. Interventions to improve maternal and child nutritional outcomes include micronutrient supplementation, education about breastfeeding and child nutrition, and income support through social grants.**

When children are chronically under-nourished, they don't grow as expected. This is called "stunting", an irreversible condition where the child is too short for their age. Stunting is the most prominent form of malnutrition in the country, with about a quarter of children under 5 years suffering from it. Usually, stunting is associated with poverty and prolonged exposure to infections. As shown in the graph, a comparison of malnutrition rates over a 15 year period from 1993 to 2008 suggests stunting has reduced, and the inequalities in stunting across the relatively poorer and relatively richer income groups have narrowed.




**Children with vitamin A deficiency have increased risk of infection and are more prone to diseases.** While vitamin A deficiency has decreased since 2005, over 40% of young children still suffer from lack of vitamin A. Vitamin A coverage among children aged 12- 59 months is below 50% in most of the provinces.

**There are no available statistics on the vitamin A supplementation coverage amongst women of reproductive age.** This is despite the fact that a considerable number of women continue to suffer from vitamin A deficiency. Statistics from a national survey show that 13% of women in reproductive age (16-35 years) suffered from vitamin A deficiency in 2012. Some provincial samples were too small to provide reliable estimates.

**Anaemia amongst pregnant women can result in low birth weight and increases the risk of maternal morbidity and death.** The prevalence of anaemia amongst women of reproductive age is 23% and is higher than 30% in some provinces**.** Anaemia is a major maternal nutritional problem caused by dietary iron deficiency, blood loss from menstruation, and chronic infections. Information on anaemia is lacking in some provinces as the survey sample was too small to draw reliable estimates.

**Infants with low birth weight are at a risk of various health conditions that include poor physical growth.** Nationally, 14% of infants born in public facilities have low birth weight.

**World Health Organsiation (WHO) recommends exclusive breastfeeding for 6 months after a child is born.** Available statistics from a 2010 survey involving public health facilities and which covered infants aged 4-8 weeks (irrespective of HIV status) found that only 28% of the infants were exclusively breastfed while another 27% did not receive any breast milk at all. A similar survey in 2011 found that exclusive breastfeeding amongst HIV exposed infants had increased from 21% in 2010 to 36% in 2011.

**Child hunger is a proxy for food insecurity and has decreased over time.** While child hunger is based on subjective reporting, it allows for comparisons across provinces and over time. Between 2002 and 2012, child hunger reduced by half from 29% to 13%.

| | Indicator | SA | EC | FS | GT | KZN | LP | MP | NW | NC | WC | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Population | **Vitamin A deficiency in women** Women (16-35 yrs) below the WHO standard | **13%** | 9% | 8% | 18% | 16% | * | * | 9% | * | 7% | e |
| | **Anaemia in women** Women (16-35 yrs) below the WHO standard for iron-deficient | **23%** | 20% | 18% | 19% | 36% | * | 30% | 17% | * | 16% | e |
| | **Low birth weight** Infants born in public facilities weighing below 2.5kg | **14%** | 14% | 14% | 15% | 13% | 11% | 12% | 13% | 18% | 16% | c |
| | **Child hunger** Children in households where children suffer from hunger | **13%** | 20% | 10% | 13% | 15% | 4% | 9% | 16% | 19% | 13% | a |
| Service access | **Breastfeeding** HIV-exposed infants 4-8 weeks exclusively breastfed | **36%** | 23% | 35% | 38% | 43% | 28% | 35% | 39% | 44% | 19% | c |
| | **Vitamin A coverage in children under 5** Supplementation for children | **43%** | 44% | 50% | 46% | 44% | 40% | 40% | 36% | 36% | 39% | c |
| Outcome | **Vitamin A deficiency** in children under 5 | **44%** | | | | | | | | | | |
| | **Stunting** in children under 5 | **25%** | | | | | | | | | | |

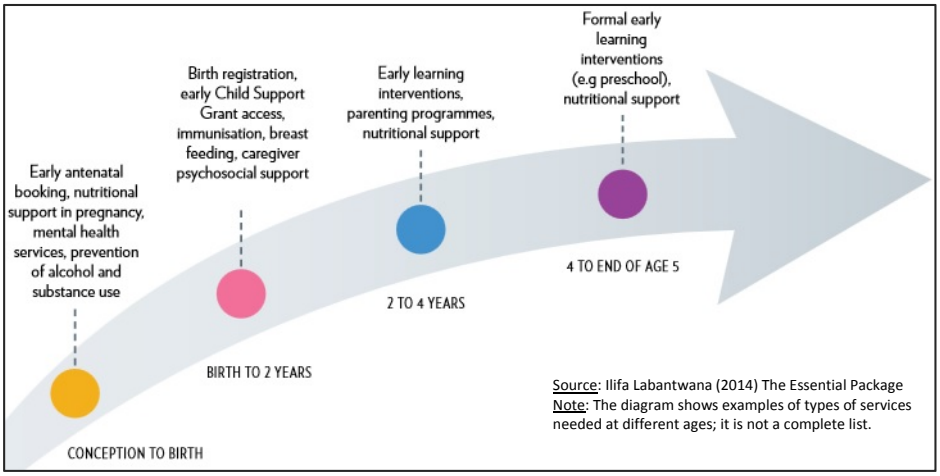
e Sample too small for analysis at provincial level

f Sample too small for analysis at provincial level

# Support for primary caregivers

**Children need caregivers who are responsive and nurturing. To do this caregivers should have clear information about parenting as well as access to psychosocial services and material support if they need them. Antenatal visits are a good place to start educating and supporting mothers.**

**Interventions and support services targeting mothers will benefit young children.** The vast majority of children under 6 years live with their biological mother, even though many older children in South Africa live separately from their parents (due to death, labour migration, and other reasons).



Source: Ilifa Labantwana (2014) The Essential Package
Note: The diagram shows examples of types of services needed at different ages; it is not a complete list.

**Repeat antenatal visits are a key opportunity to prepare pregnant women for childbirth and parenting, and for supporting women experiencing particular challenges, such as mental health conditions or domestic violence.** Women who attended public ante-natal facilities in 2012 visited an average of 3 to 4 times during pregnancy. And about 40% of women who accessed ante-natal facilities had their first visit before 20 weeks of pregnancy. Pregnant women should be encouraged to attend ANC as early as possible, to gain access to the range of benefits attached to this service.

As of 2012, the Western Cape province no longer reports on follow-up ante-natal visits, other than the first visit. This is why the province's average number of follow-up ANC visits is 1.0 in the District Health Information System (and in the table below). Similarly, there is lack of data from the province on post natal follow-up visits 6 days after birth, as shown in the table.

**The provision of infant feeding education and support to mothers is crucial to the child's health**. Available statistics from a 2011 survey on infants aged 4-8 weeks point to improvements in infant feeding education amongst HIV-positive mothers. In the majority of the provinces, over 90% of HIV-positive mothers surveyed in public health facilities received infant feeding counselling.

**There have been substantial improvements in the coverage of post natal care.** Women who give birth in public health facilities are meant to have a check-up after 6 hours, and should visit a health care facility for further follow-up care after 6 days and 6 weeks, during which checks for infection and other complications are performed. In 2009, only 5% of women were recorded as having received follow-up care after 6 days. In 2011 this had increased to 53%.

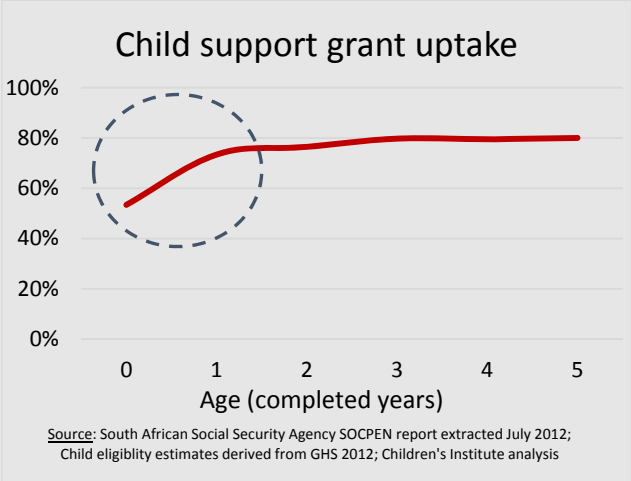
**There are no recent reliable statistics on maternal mental health.** Post-natal depression is a huge problem, affecting an estimated one third of mothers and often not treated because maternal mental health services are not part of the suite offered to mothers in the public health system. Domestic violence and substance abuse are also prevalent. Poor physical and mental health negatively affect both the caregiver and child.

| | Indicator | SA | EC | FS | GT | KZN | LP | MP | NW | NC | WC | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pop | **Maternal care** Children < 6 who live with their biological mother | **83%** | 73% | 85% | 91% | 75% | 81% | 86% | 84% | 84% | 95% | a |
| Service access | **Antenatal visits** Average number of antenatal visits (of mothers having at least one visit) | **3.7** | 3.4 | 4.4 | 4.0 | 4.8 | 3.7 | 3.5 | 3.5 | 4.5 | 1.0 | c |
| Service access | **Breastfeeding education** HIV+ mothers remembering receiving information during ante-natal visits | **93%** | 94% | 96% | 92% | 97% | 82% | 94% | 91% | 94% | 95% | g |
| Service access | **Post-natal follow-up** Women birthing in public facilities who received follow-up care 6 days after birth | **53%** | 44% | 80% | 64% | 56% | 65% | 40% | 76% | 38% | ? | c |

# Social services and income support

**Early registration of births is important because a birth certificate is the gateway to other services and benefits such as the Child Support Grant (CSG). The CSG is the main grant for children and offers income support for children living in poverty.**

The graph shows slow uptake of the Child Support Grant (CSG) for infants under a year. The CSG is available to all children whose caregivers have a monthly income below R3100 (the means test increases to R3200 in October 2014). For children whose births are registered, the CSG application only takes 3 days to process. Eligible caregivers should be able to start receiving child support grants within the first month of a child's life. This is important because early access to the CSG is associated with improved nutritional, health and education outcomes for children.




Source: South African Social Security Agency SOCPEN report extracted July 2012; Child eligiblity estimates derived from GHS 2012; Children's Institute analysis

**Birth registration has increased, but many children's births are still being registered "late."** Births are meant to be registered within the first 30 days, but some are not even registered in the first year. Of all the births registered in 2012, only 79% were for births in the preceding year, while 21% were for earlier births.

**The relatively urbanised and wealthy provinces (Gauteng and the Western Cape) have the lowest CSG uptake rates.** Poorer and more rural provinces perform better in rolling out the CSG to eligible children. This spatial patterning is strikingly different from many other indicators. In 2011, 49% of eligible infants in the Western Cape and 45% in Gauteng were not receiving the CSG. This "error of exclusion" is of concern because it tends to be the most vulnerable and needy children who do not access the grant.

**There are no reliable data on the number of children who need social services, or on the extent of services delivered.** Services for young children defined in the Children's Act include partial care (crèches and centres) and ECD programmes; prevention and early intervention services such as child and family counselling, parenting skills programmes, support for young mothers,; protection services for children who have been abused, abandoned or neglected; and provision of alternative care including foster care, adoption and child and youth care centres.

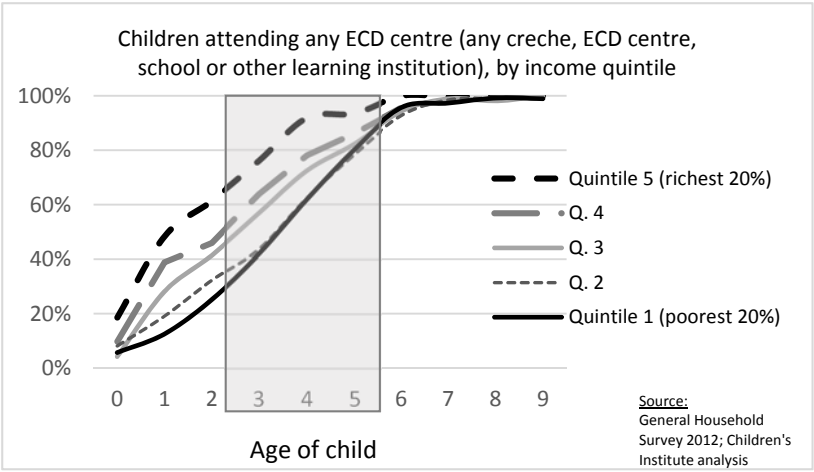
**Budget allocations could indicate the resources available to deliver children's social services.** But it is not possible to differente the cost of social services to young children under 6. Budget analysis of the allocations to implement the Children's Act shows a significant gap between the budget required to reach all vulnerable children and the actual budget allocated. In seven of the nine provinces, the amount allocated in the 2013/14 budget for the Childrens Act services could not even meet 50% of the estimated cost of implementing the services at the lowest level. At a national level, the allocation constituted only 7% of the amount needed to implement the Children Act services at full cost level.

| | Indicator | SA | EC | FS | GT | KZN | LP | MP | NW | NC | WC | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service access / | **Birth registration within first year**<br>% birth registrations that are for current year births | **79%** | 85% | 88% | 69% | 79% | 87% | 83% | 85% | 90% | 91% | h |
| | **Access to Child Support Grant**<br>Children <6 receiving the CSG | **4 145 105** | 640 273 | 240 218 | 567 358 | 989 176 | 602 418 | 373 532 | 305 781 | 100 978 | 325 371 | i |
| | **CSG uptake in infants**<br>Proportion of eligible children <1 year receiving CSG | | 61% | 69% | 55% | 67% | 71% | 51% | 57% | 66% | 51% | j |
| Budget investment | **Children's Act funding**<br>Budget allocation to Children's Act services for 2013/14 (Rm) | **R5 714** | R750 | R414 | R1 604 | R891 | R497 | R413 | R342 | R197 | R605 | k |
| | Budget allocation as % of the amount needed to implement Childrens Act services… | | | | | | | | | | | |
| | … at minimum level | **44%** | 34% | 41% | 49% | 46% | 33% | 53% | 60% | 54% | 46% | k |
| | … at full cost level | **7%** | 6% | 8% | 11% | 4% | 6% | 6% | 5% | 17% | 12% | k |

# Stimulation for early learning

**Mental stimulation in the early years is important for children's cognitive and emotional development. It enhances children's ability to benefit from formal education later on. While many children under two years are cared for at home, group learning environments (community- or centre-based) may be more appropriate for children from the age of three. Channels to promote early learning include home visiting, community playgroups and centre-based programmes (such as creches or pre-schools).**

The graph shows that children from wealthier households have greater access to early stimulation through group programmes, from earlier on in their lives. This inequality only disappears at the point where education becomes widely available, free and compulsory, i.e. at age 7.




Early learning results in improved educational outcomes with all the associated advantages, and is therefore important for enabling children to realise their potential and, in the longer term, interrupting cycles of inequality.

**Enrolment in early learning programmes has risen dramatically: 67% of children aged 3-5 are enrolled in a group programme** (this includes playgroups, community-based programmes and nursery schools). But a third of children aged 3-5 (about a million children) still do not attend programmes. There is clear evidence that children who attend good quality programmes are more school ready when they enter the formal education system. Additional services which can be delivered via centre-based early learning facilites include sight and hearing tests, immunisations as well as deworming and early identification of learning difficulties.

**The Essential Package emphasises the importance of access to play and learning materials, for example through the establishment of community toy and book libraries.** There are no reliable national data currently that enable an assessment of children's access to these types of resources.

**Standardised tests in numeracy and literacy indicate that many children are not able to perform at the expected level by the end of the foundation phase.** Nationally, only 57% of Grade 3 learners achieved the 50% benchmark in language, and 36% obtained 50% or more in mathematics. These ANA results also reveal striking inequalities across the school quintiles, which are based on the socio-economic status of the surrounding population.

| | Indicator | SA | EC | FS | GT | KZN | LP | MP | NW | NC | WC | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pop | **Children aged 0-2** | **3 162 447** | 410 698 | 158 963 | 641 935 | 643 703 | 397 339 | 269 758 | 238 336 | 69 499 | 332 216 | a |
| | **Children aged 3-5** | **3 190 088** | 487 003 | 171 525 | 595 528 | 680 205 | 369 561 | 259 647 | 237 751 | 78 687 | 310 183 | a |
| Service access | Enrolment in early learning programmes<br>Proportion of children 3-5 reported to attend an early learning group programme | **67%** | 73% | 75% | 76% | 53% | 74% | 61% | 66% | 54% | 63% | a |
| | No access to early learning programmes<br>Number of children 3-5 not attending any early learning group programme | **1 066 472** | 132 927 | 43 453 | 144 722 | 320 847 | 95 427 | 100 260 | 79 960 | 36 068 | 114 743 | a |
| Outcome | Through-put<br>Proportion of children who complete foundation phase at expected rate | **85%** | 78% | 84% | 86% | 84% | 88% | 86% | 83% | 91% | 93% | a |
| | Numeracy<br>Gr.3 learners who achieved more than 50% in maths | **36%** | 35% | 42% | 48% | 38% | 24% | 25% | 23% | 31% | 48% | l |
| | Literacy<br>Gr.3 learners who achieved more than 50% in language | **57%** | 53% | 65% | 62% | 59% | 49% | 49% | 46% | 51% | 67% | l |

# Notes on the data and data sources

**The data provided in this brief are drawn from the most recent available sources.**
Data sources for the indicators are indicated by the letter keys to the right of the statistical tables.

| Key | Data source | Year reported | Frequency | Lowest level |
|---|---|---|---|---|
| a | Statistics South Africa: General Household Survey. Data analysed by Children's Institute, University of Cape Town. (also see www.childrencount.ci.org.za for more indicators) | 2012 | Annual | Province |
| b | Department of Health: National HIV and Syphillis Prevalence Survey (http://www.health.gov.za/docs/reports/2013/report2014.pdf) | 2012 | Annual | Province |
| c | Department of Health: District Health Information System. Published by Health Systems Trust (http://www.hst.org.za/content/health-indicators) | 2012 | Annual | District |
| d | Medical Research Council: Rapid Mortality Surveillance Report 2014 (http://www.mrc.ac.za/bod/RapidMortalitySurveillanceReport2012.pdf) | 2012 | - | National |
| e | HSRC (2013) The South African National Health & Nutrition Examination Survey (SANHANES-1) (http://www.hsrc.ac.za/en/research-outputs/view/6493) | 2012 | - | National (some prov) |
| f | SALDRU: National Income Dynamics Study (NIDS) – Wave 1, 2008. Data analysed by Children's Institute, University of Cape Town. (see http://www.nids.uct.ac.za/ for more about NIDS) | 2008 | 2-yearly (panel) | National |
| g | Medical Research Council, Dept of Health & PEPFAR: 2011 SAPMTCTE Report "Early (4-8 weeks post-dlivery) Population-level Effectiveness of WHO PMTCT Option A, South Africa 2011" (http://www.mrc.ac.za/healthsystems/SAPMTCTE2011.pdf) | 2001 | - | Province |
| h | Statistics South Africa: Recorded Live Births (http://beta2.statssa.gov.za/publications/P0305/P03052012.pdf ) | 2012 | Annual | National |
| I | South African Social Security Agency SOCPEN data extracted by special request (see http://www.childrencount.ci.org.za/social_grants.php for grant updates) | 2012 | - | Province |
| j | SASSA & UNICEF (2013) Preventing exclusion from the Child Support Grant: A study of exclusion error in accessing CSG benefits. (http://www.unicef.org/southafrica/SAF_csgexclusion.pdf) | 2011 | - | Province |
| k | Budlender D & Proudlock P (2013) Are children's rights prioritised at a time of budget cuts? Assessing the adequacy of the 2013/14 social development budgets for funding of Children's Act services. http://www.ci.org.za/depts/ci/pubs/pdf/researchreports/2013/ Summary_ Childrens_Act_budget_analysis_Aug2013.pdf ) | 2013/ 14 | Annual | Province |
| l | Dept of Basic Education: Annual National Assessments (http://www.education.gov.za/Curriculum/AnnualNationalAssessment/tabid/424/Default.aspx) | 2012 | Annual | Province |

**Many elements of the essential package cannot easily be measured through existing data**. These include:

- The number of women who have at least four antenatal visits, beginning in the first trimester
- Provision of support, information and advice to pregnant women and young mothers
- Mental health screening during pregnancy and after birth, and referral for treatment
- Developmental screening for infants to identify disabilites or developmental delays at 6 weeks, 9 months and 12 months
- Deworming for children aged 1-5 years
- The delivery of responsive child protection services and psychosocial support for children who are abused or neglected
- Access to subsidised childcare services for children whose caregivers cannot care for them during the day
- Caregivers and young children who receive home visiting interventions to provide (and promote) early learning stimulation
- Differentiated access to home-based and centre-based learning programmes for children under 6 years
- Access to community learning resources for ECD (specifically toy libraries and book libraries)

Much of this information is difficult to collect through standard questions in household surveys. It would be very useful to address current data gaps by establishing local-level information systems that record services delivered and the numbers of children receiving services.

ECD services must be delivered to all children who need them. The size of the population of children who need a particular service is therefore important. Having population numbers helps with setting appropriate targets and obtaining the required budget and other resources. It enables us to track progress toward reaching all children with the services they need.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| ***Suggested citation*** | **Hall K, Sambu W and Berry L (2014) Early Childhood Development: A statistical brief. Cape Town: Children's Institute, University of Cape Town *and* Ilifa Labantwana.** |

The authors gratefully acknowledge guidance and comments from Justine Jowell, Carol-Ann Foulis, Sonja Giese, Sherri le Mottee, Fiona Burtt, Andy Dawes and Paula Proudlock. Any errors are the resposibility of the authors.



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