

## **Early childhood development in South Africa – progress since the end of apartheid**

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In April 1994, South Africa held its historic first democratic election. The African National Congress overwhelmingly triumphed and Nelson Mandela became the first president of a free and democratic South Africa. In this review, the situation of South Africa's young children under apartheid and the context of young children in South Africa in 2012 are described. A situation analysis of early childhood development (ECD) in South Africa was undertaken using South African government ECD policy and programme implementation reports, and the main challenges affecting children and the ECD sector in South Africa was investigated. There has been progress since 1994, both quantitatively and qualitatively. Children now have access to a Grade R year, government education and social development budgets have increased and a per capita subsidy is available to qualifying children at ECD centres nationally. More children are in provision and in better-quality provision than before. However, much still remains to be done before we can say with confidence that the needs of our youngest children are being met. This study identifies infrastructure, nutrition, ECD programmes, teacher training, institutional capacity and funding as the major gaps in ECD provision.

**Keywords:** early childhood development; educational policy; South Africa; apartheid

### **Introduction**

South Africa lies at the tip of the African continent with a population of 50 million people from diverse religions, traditions, cultures, languages and backgrounds. Due to the policies of apartheid, ours has been a particularly oppressive country to live in for the majority of our people. For several hundred years, it was a country where quality of life depended on skin colour. Black South Africans' human rights were denied and young children lived a life of hunger and malnutrition; insecurity and trauma; instability, family breakdown and dislocation of communities; a lack of primary health care and educational opportunities; and the absence of adequate housing, electricity, running water and sanitation. This was the legacy of apartheid inherited by the newly elected government of President Nelson Mandela after the first democratic elections of April 1994.

Eighteen years after democracy, in 2012, the majority of young children in South Africa are still negatively impacted by a range of social and economic inequalities, including inadequate access to health care, education, social services and nutrition. This continues to undermine the development of our children. The South African constitution, through the Bill of Rights clause, makes provision for children's socio-economic rights,

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including the right to basic education and protection from neglect, abuse and exploitation. However, South Africa still has a long way to go to effectively meet the needs of the majority of children.

This paper provides an overview of the progress made in the early childhood development (ECD) sector in South Africa since 1994. It describes the context of children, what has been done in ECD and the challenges facing the ECD sector in six key areas, namely: infrastructure, nutrition, ECD programmes, teacher training, institutional capacity and funding.

### **ECD during the apartheid years**

Children in South Africa have historically been neglected and abused by the political ideologies and structures of the apartheid government. Apartheid is the system of racial separation that was enforced by legislation in South Africa for over 100 years. The central thrust of apartheid education was best expressed in the 1950s by Minister of Bantu Affairs and later Prime Minister Hendrik Verwoerd, who justified apartheid by saying: 'There is no place for the Bantu in the European community above the level of certain forms of labour. What is the use of teaching the Bantu child mathematics when he cannot use it in practise?' (Clark and Worger 2004, 48). The result was an education system that provided compulsory education for white children and voluntary education for black children. Access to ECD programmes and services for black South African children was severely limited; by 1994, only 6% of black children attended an ECD programme (Padayachie et al. 1994, 6). For black children at primary school, retention rates were very low, with 25% of black children failing the first year of school and then dropping out of school permanently (Taylor 1989).

The lack of access to and the poor quality of ECD programmes and services resulted in low rates of primary school survival and in limited access to health services and nutritional intervention.

During the apartheid years, ECD in South Africa was described by Van Den Berg and Vergnani (1986) as:

- segregated as a matter of state policy;
- fragmented among a bewildering array of departments and bodies;
- totally inadequate;
- occurring inversely proportional to need, with the most resources provided for by far the most advantaged statutory population group;
- characterised by insistence on inflexible and unrealistic standards;
- lacking in co-ordination and co-operation;
- not seeking to provide a comprehensive and integrated service; and
- lacking in democratic participation.

### **ECD: progress since 1994**

There has no doubt been progress in ECD since 1994, with significant initiatives directly affecting the lives of young children. Some have been very positive and others less successful. The successes include:

- (1) The government signed the Convention on the Rights of the Child in 1995.
- (2) Free medical and health care services are now available for all pregnant women and children from birth to six years of age.

- (3) A Directorate for Early Childhood Development has been established within the national Education Department.
- (4) A children's section has been established within the national Social Development Department.
- (5) Education White Paper 5, on ECD, has been published, as well as a Welfare white paper with a section on ECD.
- (6) Grade R<sup>1</sup> has been introduced, for children aged 5–6 years.
- (7) A nationwide ECD Audit surveying 23,482 ECD sites was successfully completed in 2000.
- (8) The nine provincial Social Development Departments now make ECD subsidies available for ECD sites each year.
- (9) The nine provincial Education Departments make Grade R grants-in-aid available.
- (10) A new Children's Act was passed by the parliament, including chapters that deal with ECD programmes.
- (11) As of March 2012, 10.9 million children received social assistance through the Child Support Grant (South African Social Security Agency 2012, 18).

### **A picture of ECD in South Africa**

In the year 2000, the author was contracted by the national Department of Education to manage a national study on ECD. This nationwide ECD audit (Department of Education 2001a) provided the first accurate information on the nature and extent of ECD provisioning, services and resources across the country. The audit of ECD in 2000 found in the following list:

- 23,482 ECD facilities across the country;
- 1,030,473 children enrolled in these centres;
- an even gender split between boys and girls;
- using the previous statutory population group definitions, 74% of children enrolled were black African, 10% were coloured, 2% were Indian and 14% were white;
- the majority of enrolled children spoke IsiZulu (24%), followed by IsiXhosa (19%), Afrikaans (14%) and English (12%);
- only 11,779 children (1.14%) were reported to have a disability;
- the teacher–child ratio was 1:19 nationally;
- 54,503 teachers were identified, 99% were female and fewer than 1% male;
- 68% of teachers were black African, 11% coloured, 2% Indian and 19% white;
- 3623 ECD facilities (17%) were school-based, 10,816 (49%) were community-based and 7453 (34%) were home-based;
- 49% were in urban areas, 11% in urban areas with wood and iron structure housing and 40% in rural areas;
- 53% of facilities had mains electricity, flushing toilets and piped water;
- 8% of facilities (1669) were not equipped with mains electricity, flushing toilets or piped water;
- 38% of facilities were registered with the Department of Education and 43% with the Department of Social Development, with some facilities having dual registration;
- fees paid by parents were the major source of income for ECD centres, with 90% of centres charging fees;

- 23% of adults working with young children had no training at all and only 12% had a Department of Education-recognised qualification;
- the non-profit organisation (NPO) sector trained most ECD teachers (43%), however, at that time such qualifications were not recognised by government;
- most teachers (44%) earned less than R500 per month (about US\$60), with 74% earning less than R1500 per month (about US\$180).

### **ECD policy priority**

In 2001, the South African Department of Education released Education White Paper 5, which established a national system of provision, called Grade R, for children aged 5–6 years. This was to be progressively rolled out with full provision by the year 2010. This has been partially achieved, with enrolment at February 2012 standing at 767,865 children representing 63% of the eligible age cohort. Based on the Department of Education (2001b) statistics, 526,340 additional children entered Grade R in the first 11 years after the release of the 2001 White Paper on Education. The rate of take-up of Grade R places has continued thus:

- 37,201 in 2002;
- 36,661 in 2003;
- 41,100 in 2004;
- 48,710 in 2005;
- 36,444 in 2006;
- 45,884 in 2007;
- 56,274 in 2008;
- 76,424 in 2009;
- 86,980 in 2010;
- 27,451 in 2011; and
- 33,211 in 2012.

Realising that the target of full provision would not be reached by 2010, the government first revised the target date to 2014 and more recently to 2019.

Financial responsibility for Grade R lies with provincial education departments, and provision is made for subsidies to be paid to schools to allow them to establish Grade R facilities. Grade R programmes are expected to function at ‘a cost considerably lower than primary school-based provision since the latter uses provincially-employed educators, whereas the practitioners at community-based sites are not employed by government and are paid considerably less’ (Department of Education 2001b, 30).

Provincial Grade R spending was at R1.3 billion in 2008/2009. Provincial Grade R spending, as a percentage of total education spending, for all provinces was 0.74% in 2003/4 – that is, less than one per cent. Expenditure on Grade R by 2008/2009 had increased to 1.3% of the total education expenditure.

### **Challenges facing the ECD sector**

Notwithstanding the progress made in ECD and Grade R provision since 1994, children in South Africa still face significant challenges, especially around infrastructure, nutrition, programme options, ECD teacher development, institutional capacity and funding.

***Infrastructure***

Infrastructure in ECD is a particular problem in the South African context. Many ECD facilities function without basic infrastructure such as running water, access to electricity or suitable sanitation. The nation-wide ECD audit of 2000 showed that about 8% of ECD centres in South Africa have none of these basic infrastructure requirements (Department of Education 2001a). The infrastructure in community-based facilities is of a poor standard, with a significant number of buildings in a bad or very bad condition.

A significant portion of ECD facilities had more than 40 children per playroom, whereas, the national Department of Education norms set for class ratios are 30 children per class for Grade R and 20 children per class for pre-Grade R. Many ECD facilities do not have any form of secure fencing around their premises, and in many, food is prepared in the same area in which children spend the majority of their time.

Poor infrastructure at ECD facilities not only presents significant health and safety risks to children attending these facilities, but can also point to poor quality ECD service provisioning. Furthermore, an unsafe and impoverished learning environment is often associated with substandard ECD.

***Nutrition***

For young children, hunger, malnutrition and food insecurity are significant challenges. The absence of adequate nutrition greatly affects a child's early development. The physical effects of inadequate nutrition are severe. Malnourishment can cause direct and irreversible structural damage to the brain; impair motor development; cause significant developmental retardation; affect cognitive development; impair exploratory behaviour; impair learning abilities and educational achievement; and can have long-lasting impact on a child's health (Duggan, Watkins, and Walker 2008; Victora et al. 2008).

In terms of learning, malnutrition and hunger have a profound affect on a child's ability to concentrate, focus attention and perform complex tasks (Wildeman and Mbebetho 2005). Therefore, children who lack certain nutrients or those who suffer from general malnourishment, or simply hunger, do not have the same readiness for learning as their healthy, adequately nourished counterparts. These negative consequences affect the child's ability to achieve their full potential, stunting not only the individual child's ability to flourish in adulthood, but also collectively limiting the country's human capital.

Interventions in nutrition at ECD centres are offered mainly by non-profit organisations and faith-based organisations. These interventions include school feeding schemes and the provision of food gardens. There have been no government interventions and the Primary School Nutrition Programme only includes children from Grade 1 upwards.

***ECD programme quality***

The ECD sector offers a number of ECD programme options to meet the needs of children and their caregivers. These include the traditional centre-based ECD model of provision, playgroups and family outreach programmes. However, the quality of much provision is poor.

Traditional provision involves the common practice of ECD teachers providing ECD care and education for a class of children, whose ages range from zero to six years. Classroom space is provided in an assortment of physical structures. These are situated

in public schools (in the form of Grade R classes), and at community-based facilities (in pre-Grade R and Grade R classes). Community facilities are often based in private homes where an ECD practitioner converts a portion of her house to accommodate children, or classes can be provided at centre-based facilities where a community has a dedicated building for the children.

Family outreach programmes involve the provision of ECD services within a residential home. These outreach workers work with a number of families in a community and visit each one for a set amount of time each week or month, depending on the nature of the specific programme. During a home visit, the family outreach worker works directly with the caregiver by sharing knowledge on how to provide early learning stimulation and on various other important topics such as health, safety and nutrition. The family outreach worker also works directly with the children in their homes – demonstrating to the caregiver the various activities that can be done at home, and providing the children with a foundation for their early learning. These programmes empower parents and primary caregivers to provide early learning opportunities to their own children (Atmore, van Niekerk, and Ashley-Cooper 2012).

With informal playgroups, a fieldworker works on a session basis with a group of parents and children on early learning activities; this type of ECD contact can take place in a local park, a residential home or at a community hall. The activities focus mainly on the education activities that the parents can do in the home with their children.

### ***ECD teacher development***

Quality teaching and learning is essential for effective early development to take place. A good teacher can provide a learning environment in which a child can develop optimally and in a holistic manner. To produce quality ECD teachers, various training and education opportunities are made available through full ECD qualifications, as well as short skills programmes.

In South Africa, qualifications are established via the National Qualifications Framework by the South African Qualification Authority. Training in these ECD qualifications is offered mainly at Further Education and Training colleges and ECD non-profit organisations.

The Department of Social Development has minimum standards for ECD teacher requirements. The entry-level qualification is the Further Education and Training Certificate: ECD (Level 4), which provides ECD practitioners with the necessary skills to facilitate the holistic development of young children and to offer quality ECD services in a variety of settings.

In a recent study assessing the quality of ECD services in the Western Cape, researchers found that qualification level was not always associated with higher-quality outcomes, such as quality of care and learning (Human Sciences Research Council 2009). They also found that only 35% of practitioners responsible for infant and toddler classes had any form of ECD qualification, and only 47% of practitioners responsible for older children had any form of ECD qualification.

### ***Institutional capacity***

With regard to ECD facilities within the public school sector, the institutional capacities of public schools appear to be more sophisticated than those within community-based ECD centres and to have more structured governance and financial reporting systems.

This could be due to the fact that these ECD facilities form part of public schools and have close ties with the Department of Education's administration. With their superior institutional capacity, Grade R facilities in public schools are seen as the benchmark for community-based ECD facilities. Evidence indicates that within public schools, the school governing bodies are well established and have effective methods of accountability to parents.

However, for community-based ECD centres, proper administrative and management systems are lacking. For these centres to meet the minimum standards set by the Department of Social Development, specific processes and structures are required to be in place. However, the financial management of many of the community-based ECD facilities is poor; more than 50% of these centres do not have many of the necessary administrative documents and structures set up.

### ***Funding***

The largest portion of ECD centre funding nationwide is derived from parent fees. Government funding for ECD comes mainly from the provincial departments of Social Development and Education. The Department of Social Development in each province provides funding through a subsidy for registered ECD facilities, calculated at R15 per child per day (but varying by province) for those children from birth to four years of age. Only those children whose parents' or caregiver's income falls under a specific level, as assessed by an income means test, qualify for the subsidy. This means that only those ECD facilities that cater for the poorest of families benefit from this subsidy.

The funding and expenditure of various governmental departments and programmes show that funding for ECD facilities through the subsidy has increased over the last decade from R335 million in 2003/2004 to more than R1 billion in 2011/2012. While this increase is encouraging, there are significant disparities across the provinces in terms of the number of centres accessing the subsidy as well as the actual amount they receive, with many ECD centres not receiving any subsidy at all.

The provincial Departments of Social Development also provide funding for ECD, through targeted funding for NPOs aimed at a variety of ECD programmes. These are usually non-centre-based models of ECD provision, such as family outreach programmes, toy libraries, home visiting programmes and informal playgroups.

The Department of Education provides funding for Grade R programmes. The three primary channels of funding are: funding for Grade R in public schools; subsidies for registered community-based Grade R facilities and funding for training fees.

The ECD budget as a percentage of the total education expenditure has increased from 0.7% in 2006/2007 to 2% in 2012/2013. While this increase is encouraging, there are also significant variations in Grade R funding across the provinces, with most of the funding going towards Grade R facilities in public schools.

### **How government and donors can support the ECD sector in South Africa**

With the preceding situation analysis as a basis for advancing the right of young children to quality ECD in South Africa, there are a number of options for government and the donor community to consider in supporting the ECD sector. These follow, in no particular order.

### ***ECD centre infrastructure upgrades***

Improvement of the ECD infrastructure through minor and major building upgrades is essential to increase access and improve quality. Infrastructure upgrades will ensure that our youngest and most vulnerable citizens receive a quality early learning programme in an environment that is safe, secure and hygienic.

Proper ECD infrastructure will also enable ECD centres to meet the minimum registration requirements and thus be eligible for the per capita ECD subsidy, which is available from the provincial Education and Social Development Departments. This will in turn increase the likelihood of the ECD centre being financially and educationally sustainable.

### ***Nutrition support***

Due to the extraordinarily high prevalence of poverty in South Africa, hunger, malnutrition and food insecurity are significant challenges facing children in communities across the country. Nutrition is a basic physical need that requires urgent attention; since the absence of adequate nutrition greatly affects a child's early development, which can lead to significant, negative adult outcomes such as reduced earning potential. These negative consequences affect children's ability to achieve their full potential, stunting not only the individual child's ability to flourish in adulthood, but collectively limiting the country's potential development.

An intervention in nutrition supplementation is critical and could include:

- school feeding schemes;
- the provision of deficient micronutrients through fortified sachet powders/pap to homes and community-based ECD facilities;
- skills development and training on nutrition; and
- establishing food gardens, allowing ECD centres to grow food for the children.

### ***Education equipment provision***

For optimal learning to take place at the ECD centre, it is necessary that sufficient age-appropriate education equipment is available for use by children. Age-appropriate education equipment at the ECD centre must be durable, safe to play with and fun. With proper teacher guidance, the equipment can be used to stimulate children's early learning with a focus on literacy, numeracy and life skills. The training of teachers in how to use education equipment appropriately is essential.

### ***ECD teacher development***

To offer an ECD learning programme which is efficient, sustainable and effective in educating and caring for young children, we need to ensure that ECD principals, supervisors, teachers and governing body members are appropriately trained. Teacher training on a wide range of topics, selected as they relate to a specific group of teachers/practitioners, is essential. Amongst other aspects, this training can include: teaching practice, child development, financial management, fundraising, human resource management and guidance on report-writing and registering with the provincial Departments of Social Development.



South Africa requires significant ECD teacher training and enrichment programmes that focus on the acquisition of essential skills for ECD teachers. These must be implementable over a short period of time and be of significant benefit to young children.

### ***Literacy, numeracy and life skills programmes***

There has been an under-emphasis on the development of the basic skills of reading, writing, numeracy and life skills at the early childhood and the formal Foundation phase (Grade R to Grade 3) levels. The very poor results achieved on the South African Annual National Assessments each year and the equally poor results of South African children on Grade 3 and Grade 6 assessments, when compared to other African countries, are indicative of this.

Quality literacy, numeracy and life skills programmes in the first six years of life (pre-Grade 1) are essential for the optimal social and educational development of young children. Such programmes provide children with innovative and interesting ways of acquiring literacy, numeracy and life skills and can also be used to encourage parents to be more involved in their children's early education and development.

### ***Family outreach programmes***

The majority of South Africa's children cannot access formal ECD provision (Department of Education 2001a), and as a result they are not exposed to quality early learning programmes prior to entering Grade 1. This means that our poorest children are generally not ready for formal education. These children enter Grade 1 not having experienced even one year of a structured learning programme and are poorly prepared for formal schooling.

In this programme option, family outreach workers partner with parents and caregivers in their homes to provide an early education programme which encourages parent-child interaction and learning through play. These home visits provide support, advice and hands-on, practical guidance and activities on various topics, including: health, nutrition, child safety, discipline, cognitive development, assistance with accessing social assistance grants and making educational toys and resources from recyclable materials.

### ***Integrated ECD programmes***

Integrated ECD programmes combine various programme options to serve an entire community. These programmes are comprehensive and provide quality ECD programmes by assisting ECD centres, ECD teachers and families through services that offer support, resources and skills training. Programmes can be structured to specifically and comprehensively meet the needs of local communities.

### ***Funding***

Increased national and provincial Social Development and Education Departments budget allocations are urgently required. Current allocation levels are inadequate for scaling-up ECD access and improving the quality of ECD and Grade R. Funding for new programme models, which target families and caregivers at a community and household

level, are also needed. Private, donor and humanitarian funding for ECD programmes and services must also be increased.

### **Research**

Quality research can assist the government, the donor community and ECD organisations in providing structured programmes that are more effective, serve those most in need and produce models that are cost-effective and easily replicable. With an investment in research, we can improve ECD programme quality and improve early learning opportunities for our youngest citizens.

### **Conclusion**

There have been considerable improvements in ECD in South Africa since the fall of apartheid. The number of children in Grade R has trebled and the quality has improved slightly. Government expenditure on Grade R has increased three-fold since 2008/2009. The number of ECD centres registered with the national Department of Social Development has increased to 19,500 and there are currently approximately 836,000 children in a registered ECD centre, of which 488,000 (58%) received the ECD subsidy (Dlamini 2012, 1). Many more children are in unregistered ECD centres and no recent survey of ECD provision has been completed. However, it is correct to say that much work is still needed if we want to improve the quality of children's lives in South Africa. Given the critical importance of ECD in combating poverty and inequality, ECD must be an immediate priority for the South African government. Our youngest children deserve nothing less.

### **Note**

1. Grade R is the year before entry into Grade 1 and is the first year of basic education provided to all children in South Africa. Beginning in 2001, compulsory coverage was envisaged for all children by January 2010. When this did not happen, the government revised the target date to January 2014.

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