Building systems of support for young children from the bottom up

It takes a whole village to raise a child.

The growing science of early development increasingly provides solid evidence on which to base stepped-up advocacy and strengthened programs of support for young children and their families. Unfortunately, there are still massive gaps in provision, disadvantaging those most in need and perpetuating inequality. The provision gaps and the related need for knowledge augmentation have resulted in an open field for expanded leadership and program innovation. This article argues for a systems approach to shift current delivery in South Africa, not a top-down approach but a bottom-up model which begins with the child in the context of the family. Shifts to accommodate and support this approach need to be made also at national level, to ensure adequate human resourcing, funding and management.

The bottom-up approach seeks to activate systemically the African world-view that ‘every child is my child’, offering to the parent or primary caregiver the services and support they need to care effectively for their developing child. For vulnerable families, a network of support can include selected mentors from the wider community, supported by civil society organizations in partnership with government. Placing the child at the center of the system enables a convergence of health, nutrition and early stimulation service delivery – key elements of the essential package of early childhood services defined in the draft South African National ECD Policy. The scientific arguments underpinning understanding of why such a system would be beneficial are a compelling reason to push ahead, seeking ways to address challenges that arise, rather than allowing challenges to act as deterrents.

Early Childhood: a time of potential and hope

Early development research emphasises that if young children, from the very beginning of life, receive enough love, good nutrition, health care and early stimulation, they have the best chance of maximising their potential and of playing a positive socio-economic role in society. On the other hand, the same research demonstrates, children who face adversity from conception are at risk of never fulfilling their potential and failure to provide for their needs can result in long term societal consequences. Economist James Heckman’s research on early childhood and the economy provides compelling evidence that supports this position. He argues that investment in early education from birth to age five, particularly for disadvantaged children, “reduces the achievement gap, reduces the need for special education, increases the likelihood of healthier lifestyles, lowers the crime rate, and reduces overall social costs.”

Thus, providing access for every child during the early stages of their development to the services and support that are essential to their optimal growth and development is a potent way of equalising and transforming society.

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ECD does not reach those who need it most

ECD has been prioritised on the international development agenda embodied in the Millennium Development Goals and the Education For All goals, with the African Union adding its advocacy voice more recently. Noteworthy is the evidence of this growing commitment demonstrated by at least 30 countries worldwide now having developed ECD specific policies and strategic plans. Despite this evident increase in political will, young children’s developmental outcomes remain poor, particularly in low- and middle-income countries (LAMICs). In 2007, the Lancet estimated that more than 200 million children under the age of five were unlikely to attain their development potential, citing poverty, nutritional deficiencies, and inadequate learning opportunities as core risk factors. Four years later, UNICEF (2011) reported that 165 million young children globally would be stunted while approximately 6 million would die before they turned five. While, just last year, UNICEF (2014) indicated that fewer than 50% of children under five would access early learning opportunities, the majority from poverty affected communities.

These reports span a decade. In this period, we have failed millions of children. This time cannot be recaptured, repairing the damage of our inaction is improbable, the socio-economic implications dire. Every day, more children are born, how do we ensure that the hope and potential they carry from the moment of their conception is realised?

Inseparable essentials: nurturance, nutrition, early stimulation and primary health

In recent years, early development studies have illuminated just how significant the early stages of childhood are to the realisation of potential, particularly the first thousand days. Indications are that 90% of brain development is complete by age 3, beginning in-utero as a bottom up process with simple circuits and skills set first as the scaffolding for additional layering of complexity and capacity over time. If development is compromised at a lower level, the next layers are diminished. While windows of opportunity do remain open for many years, trying to make changes to existing circuits demand higher levels of input, at increased cost. Excessive adversity during this sensitive time threatens healthy development. Human connection, nurturance (love), security, nutrition and stimulation, enhance children’s potential to thrive and build their resilience. Psychologist Anne Masten stresses the ‘simple’ or ‘ordinary’ elements of human connection as key to the development of resilience in a growing child, even mitigating against harsh circumstances associated with poverty and violence. She calls this ‘ordinary magic’. Without this, children may survive, but often they do not thrive.

Interventions for young children must therefore take into account the continuum of life and provide seamless support, ensuring they access especially the most fundamental building blocks; good nutrition, early stimulation and primary health care. Since it is the primary caregiver who either

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4 Vargis-Baron E (2005), Planning Policies for Early Childhood Development: Guidelines for Action, UNICEF
5 Lancet series on Early Child Development was coordinated by the Global Child Development Group.
6 Lancet series on Early Child Development was coordinated by the Global Child Development Group.
7 Antunovic E, The Second Nine months Exterogestation and the need to be held; http://www.boba.com/the-second-nine-months
10 http://educationinnovations.org/program/lifa-labantwana-sobambisana-initiative
beneficiaries

These complexities can be further complicated within departments as cost inefficiencies and coordination challenges may arise. Support for young children and their families tends to be fragmented and sometimes not effectively aligned with the needs of the child. Instead, responsibility for children from birth to four years old is often divided among different government departments, which can result in a lack of coherence and even conflict between role-players across and within departments.

Based on this ‘story’ of early development, a number of key issues for policy, strategy and programming should be noted:

1. Early development begins in-utero with consequences for life
2. Early environments matter, and nurturing relationships are essential;
3. Early development cuts across different domains (e.g., cognitive, socio-emotional, physical, linguistic);
4. Positive development requires multiple layers of input including health, nutrition, sanitation, child and social protection, and early learning;
5. Parents and families are the fabric of societies, supporting them provides the support that children need

Complex and fragmented provision and management

The span of services needed for effective ECD is, by nature, multi-disciplinary, requiring an inter-departmental agenda and strategy to be effective. Unfortunately, policy and program environments often do not match up to what we know children need to optimize their development. Responsibility for the needs of young children and their families is often broken down into different areas of responsibility and then ‘shared’ between government departments leading to a fragmentation that often creates complexity and can be prohibitive of access. For example, in many countries, the ministry of health is positioned as lead agency responsible for young children from conception to 3 years, with a primary focus on prenatal care, childbirth, immunizations, and growth monitoring programs. The role of education ministries during this time is often related to practitioner training, with increased responsibility for children as they enter formal educational settings (usually at around 4–6 years). Psycho-social support is offered across these age groups by ministries responsible for social welfare, in some countries such ministries are primarily responsible for children from birth to four years old. Additional ministries pick up on other key needs, like birth registration or water and sanitation, though these are seldom framed as early childhood services.

The development of young children is a seamless continuum. Fragmenting their overlapping development needs in this way sets up artificial divisions at systemic and implement levels. The child is thus lost as the central focus of a single systems. Instead, the systems architecture which is meant to support young children and their families tends to be characterised by a lack of coherence, systems and cost inefficiencies and ccomplicated political and territorial conflicts between role-players across and within departments.

These complexities can be further complicated by the interface that is required with numerous program beneficiaries (children, parents, and families), the many settings (homes, centers, schools, and non-

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Vargis-Baron E (2005), Planning Policies for Early Childhood Development: Guidelines for Action, UNICEF
formal settings) in which, services are delivered, as well as the collection of cross-sectoral service providers (often NGOs) who implement service delivery programs. Unfortunately, it is most generally the most vulnerable children in our communities, dependent on government services, whose essential needs are not met and who are therefore most at risk of not achieving their development potential.

Facilitating systems convergence

International ECD policy expert, Emily Vargas-Baron (2005), reminds us that “the holistic nature of child development requires the involvement of multiple partners across ministries, parents, communities, non-governmental organisations, and other stakeholders.” Evidence suggests that addressing co-occurring risk factors such as stunting and lack of stimulation together will achieve the maximum effect. Given the number of children who are urgently in need of care and support, there are critical reasons to get behind policies and programs that promote holistic development and speed up access. Shankoff (2013) proposes that the overlapping of the life saving features of programmes that save children’s lives and maximise their development potential, will provide the most impactful solutions.

While there is still need for further testing and research, programs that converge services by combining nutrition and psychological stimulation have shown promising outcomes for children in the short and long terms. Early Child Development programmes have consistently been shown to be effective in promoting children’s development, particularly when they are comprehensive, high quality, and available to the most vulnerable children. Several combinations exist and some have been tested. What has been demonstrated is that integrated strategies tend to be more effective if addressing risks that co-occur, and if the program can coordinate interventions to minimize extra work. Approaches to the integration of nutrition, early stimulation and primary health programs have been tested in a number of countries, including India, Pakistan, Chile, Uganda and Jamaica. Here in South Africa, a study was conducted by a community based organisation, the Philani Project, in 20 neighborhoods in Khayelitsha, a poverty affected part of the city of Cape Town. The program trained and supported paraprofessional mentor mothers to deliver a home-based maternal and child health intervention demonstrating improvement to both maternal and child outcomes over the first 18 months of life. The benefits crossed multiple domains of risk rather than impacting a single factor.

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13 New York Academy of Science, Issue: Integrating Early Childhood Development and Nutrition Interventions, p 232–244
14 Emily Vargi-Baon (2005), Planning Policies for Early Childhood Development: Guidelines for Action, UNICEF
16 Lancet Series (2011), Executive Summary
19 Delpio PV, Vega MC + de Chile S (2011), 'Chile Crece Contigo' Success factors in an integrated early childhood development policy, Bernard van Leer Foundation | Early Childhood Matters | November 2011, p12 - 16
22 Published online October 19, 2005 Webappendix
23 http://educationinnovations.org/search/site/philani
Programme Collaborators in a brief on their programme make the point that despite, the interconnected nature of challenges faced in the community, “intervention strategies remain stuck in a paradigm in which health risks are addressed one at a time, whereas the integration of interventions and programmes would contribute enormously to improve maternal and child health. It would also promote a more efficient and effective use of resources.”

The results of these integrated interventions are promising, adding incentive to pursue policy and program convergence. It is however, not an uncomplicated route to take. Different priorities exist for different entities, moves toward system integration or one system can unsettle role-players, spark interagency conflict and even sector insecurity. There are thus risks in seeking a system of convergence, amongst them the possibility that, rather than enhance access and quality, both may be weakened as attempts to navigate through existing politics, systemic inefficiencies, and disjointed responsibility, lead to further complexity, rather than its reduction. If we are to rapidly increase the scale and quality of programmes reaching young children in our communities, then we have to address the significant gaps that exist at systemic level and clarify the program combinations that work best.

One child, one system

Jack Shonkoff (2011) makes it clear that the “persistent disconnections among the multiple policy streams that affect young children have become increasingly untenable”, as they are “guided by divergent, historical traditions rather than convergent, contemporary knowledge.” He urges a step beyond integration to a unified system, “guided by a single underlying science of early childhood development.”

In my work with government and civil society organisations in South Africa, we have sought innovative ways to increase population based coverage of essential services for children. This has included support across and within government systems. While over the past there years we have enjoyed a number of successes in terms of interest, access to various stakeholders and take up of elements of the programme we were implementing, change is often slow. It became clear to me that perhaps some out of the box thinking was needed. It was while sitting in an Anganwadi Centre in India where I was learning from their Integrated Child Development program which began in 1975 with a plate of food a day in an attempt to address malnutrition that I began to wonder about the possibilities of engineering a system from the bottom up. Such an approach would enable service delivery to be the focus and would potentially provide real answers to policy implementation gaps and simultaneously provide a backward feedback loop into policy evaluation and revision.

The idea is to build a system of support around the child ensuring that provision is made through service convergence for essential needs and thus the maximizing of potential. In the community, this would

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involve creating an ECD ecosystem in which the ‘whole village’ is activated around the child, to serve the child’s key needs starting with the primary caregiver and the immediate family. Support would be provided to the primary caregiver as the crucial to the wellbeing of the child. The provision of services would be galvanised via a unique identifier mechanism for each child. This tool will track access of each child in the community to services, flag vulnerabilities and activate support as needed. This idea was noted as one of the successes of the Chilean system by programme coordinator Paula Valenzuela Delpiano who noted that; “a single information system makes it easier to identify children at risk and refer them quickly to appropriate support services”. Wherever possible, services should be co-located on one site and initiated into the community and home from that site. This would mean that rather than requiring caregivers to chase services from one delivery site or government office to the next, access is facilitated holistically and the child is seen as a fully integrated being with their primary caregiver as the lead provider of support and care.

The lead agency in South Africa for children between birth and four is the Department of Social Development. With them playing a pivotal role, the challenge would be to get the Departments of Health and Basic Education to come to the table. Policy shifts in South Africa at the moment provide the right environment for the testing of such an approach with an acknowledgement of the need to integrate services prioritising vulnerable children. The diagram below provides an overview the activation of this systems convergence at community level through the establishment of an ECD hub linked to a clinic. Services would be provided from the clinic as a base within a 2 – 3km radius depending on population density. This will include home visiting for vulnerable pregnant mothers and young children from birth to four, it will also enable the provision of early learning playgroups as an outreach initiative where centres are not yet well established. In addition, the hub would support exiting centres with training, mentorship and quality management.

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This approach would reduce duplication across departments, reduce fragmentation of services, and increase capacity to track and respond to the needs of vulnerable children and increase access to services at community level. It pursues a model put forward by UNESCO which claims that an “effectively integrated system is a project of societal co-construction based on a new concept of extra-familial care and education as a concern that is at once public and private, a matter of shared family and state responsibility”.

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29 Haddad Lenira (2002), EDUCERE - Centro de Formação para a Educação Infantil (Center for Early Childhood Education Training) (São Paulo, Brazil) UNICEF Early Childhood and Family Policy Series nº 3 October 2002
Conclusion

Integrated strategies targeting multiple risk factors, including nutrition, are necessary to reduce inequality and promote cognitive, motor, and socio-emotional development in disadvantaged children worldwide, ensuring that all children have the opportunity to fulfill their developmental potential. Neglecting the most vulnerable children in society is a massive tactical error.\(^{30}\) Given what we now know about early childhood, its potential and the related risks, we should be compelled to act with urgency to redress these childhood realities: the damage done to children and society by inaction will, in all probability, never be put right. Jack Shonkoff, the influential Director of the Harvard Center on the Developing Child, underlines the “unprecedented opportunities to catalyze a new era in early childhood policy and practice guided by science. This research-based future must be driven by leadership that combines a strong sense of civic responsibility, an informed understanding of the positive returns that can be generated by wise investment, and a willingness to explore new ideas”.

No doubt as he stresses, the leaps in knowledge about early childhood have created a platform from which to advocate for increased support for early interventions and a weighty argument to step up economic investment in ECD. However, what is apparent is that we are not addressing the extent of the needs of young children globally despite the increased knowledge and the added political, financial and programmatic attention. While we have seen numerous attempts and a range of successes globally, many of these have been within specific communities with limited reach. The big questions about systems that work, how we converge and what, particularly at scale without compromising quality remain. The multiple tested approaches that have proven successful should provide impetus to endeavours to transform systems of delivery, from the bottom up, with children at the centre of provision, making sure that they get all of those things they need, when they need them and so are enabled to grow to their full potential.

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