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2012/2013
STRATEGY
Facilitating a quantum leap for Early Childhood Development in South Africa
“Every child has the right to the best possible start in life and that early childhood represents the most critical phase in the life cycle of human beings. It provides a window of opportunity that, if capitalized on, will result in many positive benefits for the future of individual children, families and society as a whole.”

http://www.hsro.ac.za/Document-1648.phtml
Preface

llifa Labantwana is a national Early Childhood Development (ECD) Programme. It is a collaborative initiative of three donor agencies; the ELMA Foundation, the UBS Optimus Foundation and the DG Murray Trust.

The llifa programme supports ECD innovation in South Africa. It seeks specifically to enhance and increase the delivery of integrated, quality ECD services and programmes to marginalised and poverty-affected children living in rural or isolated communities.

The programme is in its fourth year of implementation. This strategy document outlines how the programme evolved, the context in which this evolution has taken place, the ideas and concepts on which the llifa programme is based and the particular issues that define its approach.

It sets out and describes the major strategic thrusts of llifa for the next eighteen months (January 2012 – June 2013) describing how llifa will act on its six core objectives which are to:

1. **Design and test a scalable, integrated ECD Package** in South Africa which include five basic elements; (i) nutritional support, (ii) cognitive stimulation (iii) early literacy and numeracy development (iv) parenting and psychosocial support and (v) access to health care and social services.

2. **Generate evidence for scalable, affordable models** for comprehensive ECD provision through the implementation of a formative research agenda.

3. **Strengthen the capacity of the ECD NGO sector** to improve the quality and implementation of ECD training, programmes and services.

4. **Build a case to advocate for expanded access to public funding** for ECD.

5. **Increase the capacity of the state** to implement and support ECD services and programmes by strengthening systemic mechanisms to scale them up.

6. **Increase public demand for ECD services and programmes of quality and advance ECD provision and access** through the implementation of a communication and advocacy strategy.

llifa’s focus is on developing strong motivation at state and treasury level for the scaling up of ECD services and programmes across the country, as well as on developing the necessary momentum and mechanisms to do so.

It seeks to do so by modelling a population-based approach at community level which is able to achieve maximum coverage despite the challenges of poverty, distance and environment.

What follows in this document is a rationale for this strategy, an elaboration of each of the programme objectives, an indication of activities to achieve these objectives.
Introduction

Why a focus on early childhood development (ECD)? The early years of life are a particularly sensitive period for survival, growth and psycho-social development and if the context in which young children grow up is not supportive, their later participation in society is likely to be compromised (Shonkoff & Phillips, 2000). In addition, the evidence shows that the return on high quality early childhood programmes justifies the investment in ECD programs for children living in poverty. (Lynch, 2004; Heckman & Forum, 1999).

In South Africa today, probably less than a quarter of children aged 3-4 years attend registered crèches or pre-schools. Only a further quarter has access to some form of community crèche or out-of-home child-care arrangement, while half never get exposed to any ECD services. Indications of change are, however evident in the Grade R cohort, where figures from the Statistics South Africa’s General Household Survey indicate that the percentage of five-year olds enrolled in Grade R at education institutions increased from 40% in 2002 to 63% in 2008 (i.e. 646 000 children were enrolled in 13 700 registered ECD centres).

While the proportion of 0-4 year olds attending some form of ECD facility has more or less doubled from about 16% over the past decade, linked to a marked increase in learner subsidies over that time (Figure 1), attendance among the poorest 40% of the population is low, with only about one-fifth of children 0-4 years old in ECD facilities (Figure 2).

![Figure 1 Percentage of 0-4 year old children attending ECD facility, 2002 – 2010](source: Statistics South Africa, General Household Survey, 2002-2010)

![Figure 2 Percentage of children 0 – 4 years attending an ECD facility, 2008](source: National Income Dynamics Survey 2008)
So, effectively, while the advent of democracy brought with it greater attention to delivering services for young children, in reality, the situation has not changed substantially in the past twenty years for many of our children. There are a variety of reasons for this, but no doubt a critical factor could be that current arrangements for ECD delivery are not structured to be scaled up effectively.

Given the evidence of the value of early intervention, the failure to do so in South Africa today constitutes a crisis with long-term implications. Ilifa Labantwana, a national early childhood development programme, initiated and supported by a three-donor partnership: the DG Murray Trust, the ELMA Foundation and UBS Optimus Foundation, seeks to address this challenge by prioritising the needs of young children and their right to grow up to achieve their potential.

To this end, the Ilifa programme supports ECD innovation in South Africa. Support is focused on enhancing and increasing the delivery of integrated, quality early childhood services to marginalised and poverty-stricken children living in rural or isolated communities. Particular attention is given to building momentum to scale up services.

Ilifa recognises that early childhood development is a continuum with different kinds of support needed at different developmental levels in the life of the child. Well-co-ordinated or integrated systems should provide a continuity of care from the prenatal period to eight years of age (Ilifa is primarily concerned with the 0 – 5 cohort), with special emphasis on the prenatal period to age three due to the rapid development which occurs in the brain and other areas at that stage. Equal emphasis should be given to the development of girl and boy children and all forms of gender discrimination should be avoided. Special attention should also be given to children with special needs.

In view of the tendency of the state as well as other providers to place emphasis on Grade R and centre-based intervention, Ilifa gives prominence to non-centre-based provision in its strategy, while recognising and supporting the critical role played in children’s development at formalised, quality sites of learning, particularly in regard to the 3-5-year-old group.
time and care.

they are mistreated and used for

their health.

and they have not received proper treatment. Parents are

The cycle of poverty continues.

Some are

become.
The Context of ECD in South Africa

At an international level, agendas such as Education For All (EFA) have placed ECD on the list of global priorities. Nationally, the state has taken these priorities on board and integrated them at the level of policy and legislation. Thus, in South Africa, ECD has become a political priority and one of the apexes of government intervention. National poverty alleviation programmes use ECD as a starting point for implementation.

In 2000, ECD financing was put on the budget of the national Treasury. In 2004, the Office of the President declared ECD a national priority, putting in place directives that municipalities include ECD planning in their Integrated Development Plans (IDPs).

Chapter 6 of the Children’s Amendment Act (2007) clearly states that successful ECD is a joint effort between parents, the community and the government and a process to which many individuals in the community must contribute. ECD, in the context of the Act, thus refers to a comprehensive approach to policies and programmes for children with the active participation of parents and care givers. Its main purpose is to protect the rights of children.

The emphasis on ECD service provision in South Africa has resulted in numerous policies, priority statements and programmes located within several government departments. Currently, major responsibility for ECD resides with:

- The department of education (birth to nine: curriculum development, early stimulation, teacher training, learning and teaching resources, becoming the lead agency for five-year-old children as they enter grade R);
- The department of social development (the lead agency for children from birth to five: child grants, registration, financing); and
- The department of health (prenatal to nine: integrated management of childhood diseases, primary health care, HIV and AIDS interventions).

Additional government departments with responsibilities for ECD are: the department of home affairs (birth certificates); the department of women, children and persons with disabilities (which has an oversight role to ensure children’s services are prioritised and delivered accordingly by various government entities); and the office on the rights of the child in the presidency (which monitors the implementation of government programmes).

Further support has been given to the development of the ECD sector via the government Expanded Public Works Programme (EPWP), which is aimed at drawing significant numbers of unemployed people into productive work by increasing their capacity to earn a sustainable income via training. In response, the national departments of social development, health and education developed a Social Sector Plan (SSP) for the EPWP in which the ECD sector was identified as one of the key areas for expansion. From a developmental social-work perspective, both ECD and productive employment are important strategies to alleviate persistent poverty.

Historically, in the absence of effective state intervention, civil society played an important role in the delivery of ECD services as well as the training of ECD practitioners, a role that is still
played to this day. The importance of the relationship between civil society and government in enabling ECD service delivery is acknowledged in various South African ECD policy documents.

Ilifa recognises the experience, role and expertise of the non-governmental-organisation sector in ECD service delivery and capacity development. While its model of intervention is designed to embed integrated ECD service delivery into the system, the NGO sector is seen as pivotal to the materialisation of this goal. Ilifa therefore, seeks to partner with members of the NGO and community-based-organisation sector in conceptualising and implementing the programme.

Furthermore, Ilifa recognises that the holistic nature of child development requires the involvement of multiple partners across ministries, communities and other stakeholder collaboration including parents and caregivers. A holistic approach places the child at the centre of a protective and enabling environment that brings together the elements needed for the full development of that child. Parents or primary caregivers and the family need access to basic social services for their children such as primary health care, adequate nutrition, safe water; basic sanitation, birth registration, protection from abuse and violence, psycho-social support and early childhood care. Ilifa therefore promotes the idea of an integrated package for early childhood development that consists of five basic elements:

i. Nutritional support
ii. Cognitive stimulation
iii. Early literacy and numeracy development
iv. Parenting and psychosocial support
v. Access to health care and social services

Its strategy is thus to interface with the many stakeholders and role-players engaged in the ECD sector in an attempt to develop and ensure a holistic model of intervention that integrates these five elements. This includes ensuring that there is specific support for the needs of children with disabilities and where appropriate, foregrounding equal opportunities for girls and boys.

“Since the 1970s, the integrated approach to early childhood development has grown both horizontally and vertically. At the country level, horizontal growth translates into a requirement to include all relevant ministries and inter-ministerial bodies that deal with young children, their families and special needs. Vertically, the span of service provision has grown from birth to three or five years of age, to a larger range, from preparation for pregnancy and prenatal services…prenatal services are included in order to establish policies for improving birth outcomes as a basis for good child development.” Ilifa recognises the importance of these developments to engage holistically across this vertical and horizontal span of provision.

Challenges to achieving effective ECD coverage

While there is recognition in South African policy documents of the need for integrated quality services, the policy framework still does not ensure sufficient access to quality ECD for the poorest 40%. The lack of a designated agency to oversee integration, implementation and evaluation is a significant gap, particularly given the complexities created by the numerous requirements across ministries and departments. This fragmentation is further reflected in the NGO and civil society sector which has traditionally made provision for ECD implementation.

So, while Ilifa recognises that there are a number of initiatives in place that attempt to bring this agenda and the role-players together to maximise coverage and impact, there are gaps at a systemic as well as an implementation level that need filling. Some of these are covered in the section that follows. They are important because they inform the way in which Ilifa has conceptualised its strategy; as responsive to the needs of children in South Africa, particularly those between 0 – 5 years old (together with their parents and caregivers) who are affected by poverty or do not have easy access to quality integrated services.

Ilifa will thus, while acting within the established policy framework, take a proactive role where appropriate, in order to ensure the realisation, or even the revision, of these policies.
**Fragmented, scattershot services**

Currently, ECD services are largely provided by the non-profit sector. The location and extent of their impact depends on the presence of “ECD motherships” called resource and training organisations (RTOs). It is the RTOs who provide training and in-service support to smaller community-based organisations (CBOs) and individual crèches or centres that provide ECD services.

There are about 65 established RTOs in South Africa, most of which are part of regional and national ECD networks. While these networks do often provide a solid grounding for ECD provision in South Africa, many children still fall between the gaps. Few RTOs, and the CBOs they support, have attempted to achieve “wall-to-wall” coverage of all the eligible children in their catchment area, resulting in fragmented or scattershot programme delivery.

**Funding logjams**

The quality of ECD provision is particularly dependent on the availability of funding for infrastructure, operational expenditure, capacity building, monitoring and support. The overwhelming bulk of ECD-related budget allocations are made at provincial level by the departments of social development (DSD) and education (DoE).

The EPWP and Community Work project also play a role in supporting ECD, although much of this funding is not “new” funding as such. Some funding for ECD is also available from the National Development Agency.

A subsidy is provided to registered ECD centres calculated per child per day for children 0-4 years old whose caregivers pass an income-means test; and

Programme funding exists for non-profit organisations (NPOs) in respect of ECD programmes, most of which are not centre-based.

Despite these challenges, it is clear that the subsidies for ECD centres have increased over the past decade from less than R335-million in 2003/04 to more than a R1-billion in 2011/12. Questions remain, however, about who is able to access these resources. Very often it is not the most needy or deserving.

While well intentioned, the norms and standards required for registration and the means to access funding prejudices centres serving the poorest communities. This reinforces inequality in early childhood care and education.

**Prohibitive norms and standards**

When the Children’s Act was implemented in April 2010, it became illegal for an ECD centre to operate without being registered with the DSD. The complicated processes involved in registration and the large numbers of historically unregistered facilities, have resulted in bottlenecks and backlogs.

The DSD registration process requires compliance with a set of stringent norms and standards which many centres, particularly those serving poor and rural communities, struggle to achieve. While well intentioned, these norms and standards often prejudice centres serving the poorest communities, hence reinforcing inequality in early childhood care and education.

To register with the DSD, centres also have to comply with the health and safety by-laws of the relevant municipality. Municipal environmental health inspectors are responsible for determining compliance. Municipal capacity constraints often mean that inspection visits may be delayed for months, holding up the registration process.

While norms and standards are critical to guarantee quality, when they exist in an under-resourced system, they may become obstacles to access resources and thus to the provision of much needed ECD services for underserved communities.
Absence of clear career paths for ECD practitioners

If the ECD sector is to grow, it must become more attractive and viable as a career option. The Expanded Public Works Programme was first introduced in 2004 as a means to support the evolution of the sector and to put in place possible career options, particularly for the unemployed. It focused specifically on two components related to ECD, namely:

increasing the number of registered ECD centres and subsidised children and the value of the subsidy; and

training ECD practitioners servicing the 0-4 age group.

EPWP II, which started in April 2010, brought about several important changes relevant to ECD. These included the introduction of a minimum stipend, a new category of EPWP not managed by government and training for ECD practitioners beyond the 0-4 year age group.

EPWP reporting is even more unreliable (and contradictory) than reporting for other sources of government funds. Some of the existing ECD-related funding (for example, centre subsidies and funding for community-based ECD assistants) has been “relabelled” as EPWP achievements. There is, therefore, a serious danger of double-counting. This means that the ECD activities reported as EPWP activities do not necessarily reflect “new” funding.

Furthermore, although the EPWP has trained a large number of ECD practitioners (to Level 4 qualification), many have nowhere to go afterwards. As a result, a large number either leave the sector completely or are absorbed into Grade R teaching (which is a central focus of the current orientation of the EPWP). The consequence is that ECD practice has not expanded in capacity where it is most needed.

“ECD continues to be facilitated largely by black women who are not professionally recognised, whose work is undervalued and who are not remunerated fairly and equitably in comparison with mainstream educators. ECD practitioners are among the most vulnerable workers in the economy and the ECD sector itself remains marginalised and fragmented.

In addition, there is presently no accredited training for non-centre-based community ECD. The reality is that NGOs remain the largest provider of education and training in the ECD sector and those qualifications that were introduced to provide access and redress for previously disadvantaged ECD practitioners still fail to do so.”
Not enough programmatic focus on ECD provision

The Children’s Act clarifies the difference between and ECD service and ECD programming, stating that:

- An ECD service is one that promotes the development of children from birth to school-going age. It is provided regularly by a person who is not a child’s parent or caregiver. An ECD service may, for example, be a crèche, a pre-primary school, or a home-based intervention focused on the development of young children.

- On the other hand, an ECD programme exists within a service and provides learning and support suitable to a child’s level of development. It is a planned schedule of activities designed to promote development. Some refer to this as the learning programme or curriculum. The age, stage of development and abilities of the child must be considered when developing an ECD programme. Programmes may be offered at ECD centres or in other settings. An ECD service can have more than one programme.

There is little understanding within provincial and municipal government departments about a programme-based approach to ECD, as envisaged by the Children’s Act. Essentially, the ECD focus remains on issues related to facility inspection, registration of services and the subsidisation of these services. As long as this is the case, the quality and impact of what is offered programmatically will be compromised.

The scenario is further complicated by the sometimes liberal use of vague terms such as “holistic” or “comprehensive” ECD service delivery without consensus on the meaning and implication of these terms. Clarification of terminology, together with a definition of what an integrated programme consists of will assist in creating cohesion in the sector by providing a shared framework of understanding within which to focus on programme development aimed at the achievement of quality ECD for all children.

Limited and fragmented capacity

A pattern of parallel administrative organisations still dominates ECD policy with different responsibilities given to diverse ministries and non-governmental organisations. This creates multiple levels of decision-making and execution and impedes progress and the full implementation of a co-ordinated and integrated policy. The division of provision into social, health and educational sectors, strongly based on traditional beliefs about who is responsible for the care of young children, maintains the gap in access and quality provision for children. So, while there are committed individuals at the national level,

i. There is no national programme for ECD;

ii. There is no central agency responsible for ECD provision. Responsibilities are split between various department with primary responsibility carried by the departments of social development and education; and

iii. There are few people in each department responsible for ECD.
Ilifa Labantwana

It is in this context that Ilifa Labantwana emerged. Basing its evolution on perceived needs in the sector; it places priority on addressing the issues outlined above, with particular emphasis on finding mechanisms for provision that will shift delivery significantly, enabling ECD provision to take a **quantum leap**.

Ilifa, recognising the experience of role-players in the sector, developed partnerships with a group of RTOs who were in a position to implement strategies that they believed would have a significant impact on the sector; providing integrated, quality community coverage. Interventions that supported both home-based and centre-based programming were sought.

Based on a modelling process, Ilifa, through its Sobambisana initiative, has created real-life examples of service delivery. Case studies extract the implication for broader systems and policy development. These grassroots innovations in different communities were tracked by a robust formative-research process which sought to document the models, their impact, as well as their cost implications.

The diagram on the following page illustrates the Ilifa strategy which evolved through this innovation with partner service providers, mapping out an approach to the implementation of integrated early childhood services and programmes.

**1. Design and test an integrated ECD package**
- Nutritional support, cognitive stimulation, early literacy and numeracy development, parenting and psychosocial support, and access to health and social services

**2. Formative research creates evidence for programme decisions and a communications/advocacy agenda**

**3. Strengthen the capacity of the ECD NGO sector**

**4. Build a case for expanded public funding of ECD**

**5. Increase state capacity by supporting systemic development**

**6. Targeted communication and advocacy agenda**

**7. Increased demand for quality ECD**

**8. Increased provision of quality ECD services**

**9. Increased access to integrated ECD services and programmes of quality (60% - 70% coverage in selected communities)**
Over the next eighteen months, ilifa will continue this process at an increased tempo and depth of engagement. Greater attention will be given to activating and fine-tuning details of the mechanism which enable it to scale-up activities, resulting in 60 to 70 per cent of children and their carers within selected localities being reached. The intervention will offer increased access to quality ECD while generating an increase in demand for ECD at community level.

In addition to tracking the implementation process and its impact, the cost and resourcing of the model will also be traced in order to gain a comprehensive picture of what will work and what it will cost. The evidence generated by means of these models will be used to engage and motivate the state, especially national Treasury to further support ECD implementation at national level. In other words, the emergent model and its related costing will provide a solid case for ilifa to motivate for the quantum leap required to propel quality ECD achievement in South Africa.

What follows in this document is an elaboration of this emerging model and its implementation process, leading into an operational outline for furthering its evolution and reach over the next eighteen months.

I. Design and test a scalable, integrated ECD package in South Africa.

A report from the Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO) (2009), indicates that there is strong evidence that high-quality, pre-school provision which integrates childcare and education benefits children in terms of cognitive and behavioral outcomes. Furthermore, it states that there is some evidence to suggest that the quality rather than the type of integration is what matters in terms of improving outcomes.

It suggests that what is therefore needed is:

- a clear and shared understanding of what we mean by “quality” in integrated delivery of early years services; and
- services that adopt agreed quality standards and that cut across both centre and non-centre-based interventions.1

Ilifa Labantwana seeks, through its approach to addressing the poor delivery of services (both in terms of quantity and quality), to support grassroots innovation to scale up ECD. Support was initially given to five RTOs in order to track and understand their mechanisms and their potential for scaling up activities. Through the Sobambisana project, Ilifa began to formulate what the components of an ECD “package” might look like. While the relationships defined by the Sobambisana initiative come to an official close at the end of 2011, Ilifa will continue to build on these partnerships in order to take forward its strategy.

Sobambisana provided a learning platform for Ilifa. Over the next eighteen months, it will extend this learning to provincial level in North West province through a formal memorandum of understanding (MOU) with the department of social development and possibly a similar intervention in KwaZulu-Natal via a similar MOU.

On a lesser scale, in other provinces, Ilifa will continue to collaborate with strategically positioned partners, able to take forward its agenda to develop affordable, scalable comprehensive models. In addition, Ilifa will continue to collaborate with existing partners, including those from Sobambisana to ensure that they integration the lessons from the first phases of implementation into a new iteration of their model.

Over the next eighteen months, Ilifa will thus seek to:

- continue to strengthen and develop partnerships across the sector which take forward the Ilifa agenda to generate scalable, affordable models;
- expand the community of practice started under the Sobambisana initiative to contribute to the development of the sector as a whole;
- strengthen the sector by providing resources and grants that enable Ilifa partners to provide services;
- interact with relevant government officials and departments to create momentum for and buy-in to the Ilifa integrated model;
- support the implementation of the North West MOU and formalizing a partnership with KwaZulu-Natal; and

- provide sufficient evidence on integrated ECD service delivery including cost implications in order to argue for a quantum leap in ECD services and programmes.

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<th>Area of work</th>
<th>Objectives</th>
<th>Activities</th>
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<td>1. Transition of Sobambisana partnerships</td>
<td>• Refine models of intervention based on research&lt;br&gt;• Strength existing implementation partnerships</td>
<td>• Revise existing partnerships&lt;br&gt;• Capacity development focused on scale up, advocacy and other emerging issues</td>
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<td>2. Grant making to take forward work started under the Sobambisana initiative</td>
<td>• Development and refashioning of models started under Sobambisana to demonstrate its ability to scale up and contribute to sector development</td>
<td>• Appraisal of new proposal submissions&lt;br&gt;• Work with partners to refine and make decisions based on research evidence from Sobambisana evaluation&lt;br&gt;• Grant making, monitoring and evaluation</td>
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<td>3. Expand integrated quality early childhood development services and programmes in NW Province</td>
<td>• Strengthen the ECD sector in the NW province&lt;br&gt;• Embed mechanism for further implementation within DSD&lt;br&gt;• Promote community support and collaboration&lt;br&gt;• Model and cost a scalable integrated package of ECD services that address the context of NW Province</td>
<td>• Upgrade sites to enable registration&lt;br&gt;• Develop capacity of practitioners on sites as part of site enrichment&lt;br&gt;• Capacity development and training for FCMs, auxiliary social workers and other stakeholders involved in implementation&lt;br&gt;• Support systemic capacity development for scale up&lt;br&gt;• Document the experience by capturing the implementation narratives&lt;br&gt;• Collaborate with other potential ECD providers in the province&lt;br&gt;• Put in place NW co-ordinator as well as training co-ordinator&lt;br&gt;• Mechanism for scaling up modeled and costed</td>
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<td>4. Expand integrated quality early childhood development services and programmes in KZN Province</td>
<td>• Put in place an MOU between llifa and KZN DSD&lt;br&gt;• Strengthen the ECD sector in the NW province&lt;br&gt;• Embed mechanism for further implementation within DSD&lt;br&gt;• Promote community support and collaboration&lt;br&gt;• Model and cost a scalable, integrated package of ECD services that address the context of KZN Province</td>
<td>• Identify and engage potential implementation partners&lt;br&gt;• Refine model for implementation in collaboration with stakeholders&lt;br&gt;• Develop capacity for implementation&lt;br&gt;• Put in place partnerships for implementation&lt;br&gt;• Contribute to ECD sector development to build implementation capacity&lt;br&gt;• Implementation by mid-2012&lt;br&gt;• Grant making enable implementations</td>
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<td>5. Cultivate strategic partnerships and relationship</td>
<td>• Identify and engage with strategic actors engaged in ECD policy and implementation&lt;br&gt;• Promote further dialogue and sector development&lt;br&gt;• Develop strategic relationships at government level promoting systemic take up&lt;br&gt;• Draw in new partners where appropriate</td>
<td>• Participation in relevant meetings and conferences&lt;br&gt;• Use llifa learning to contribute to debate in the sector and to motivate sector development&lt;br&gt;• Host meetings and functions that raise the profile of llifa based on its grassroots interventions&lt;br&gt;• Focus on the development of relationships with relevant government departments responsible for ECD implementation at national and provincial level</td>
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2. Generate evidence for scalable, affordable models for comprehensive ECD provision through the implementation of a formative research agenda.

Running parallel to grassroots innovation is a formative research agenda. Formative research is the basis for developing effective strategies, including communication channels to influence behaviour change. It is a tool through which ILisa, with its partners, through a community of practice, is able to identify and understand the characteristics - the interests, behaviour and needs - of its target populations which influence their decisions and actions.

The formative-research component of the programme is integral to its growth and development, as well as to creating opportunities for improvement in partner programmes and increasing capacity and improving implementation strategies across the sector generally.

llasa’s research agenda fulfills a number of objectives which include:

- Providing evidence which will inform the provision of integrated ECD services of quality across the age spectrum of early childhood;
- Creating space for collaboration and collective learning between implementers and researchers, thereby creating a community of practice;
- Strengthening the ECD sector by enabling responsive programmatic interventions based on evidence; and
- Generating robust data which will form the basis of broader intervention in the ECD agenda in South Africa.

Through this robust research agenda, llasa establishes itself as a change agent. It links ECD practitioners to a research process, promoting practice informed on evidence. In order to develop a scalable model, llasa seeks to deepen its knowledge of what works and what it costs.

Thus for the next eighteen months, llasa will:

- Strengthen its research agenda by further developing the ideas which emerged from the Sobambisana initiative;
- Develop an advocacy and communication agenda based on the Sobambisana recommendations;
- Use the findings and recommendations of the follow-the-money study to leverage access to resources for ECD implementation;
- Develop a communication campaign to facilitate greater involvement of parents and caregivers in the cognitive stimulation of their children;
- Engage other ECD role players and stakeholders in debate and deliberation on critical ECD issues based on evidence gathered through llasa’s research agenda; and
- Conduct Stellenbosch longitudinal study to measure the impact of a maternal and child health/nutritional intervention on school readiness at age 5.
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<tr>
<th>Areas of Work:</th>
<th>Objectives</th>
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| 1. Take forward the Sobambisana research | • Influence current debate and action on ECD provision, programmes and services | • Sobambisana publication and learning briefs  
• Build strategy for further intervention based on findings and recommendations  
• Participation in various forums to present research findings  
• Host a roundtable to launch the Sobambisana publications and draw together stakeholders and state to consider recommendations |
| 2. Resource mobilisation | • Develop understanding and critical debate on resource flows for ECD  
• Create opportunities for critical thinking, capacity building and resource mobilisation to unblock funding | • Disseminate research publication  
• Host roundtables and publish newspaper articles  
• Train municipal reps in EC and NW with the possibility of KZN and Mpumalanga  
• Conduct presentations at various forums on research and findings and recommendations  
• Develop tools to support beneficiaries’ knowledge of funding available and way of accessing these resources |
| 3. Inform and strengthen programme development and implementation through research processes | Build evidence to advocate for ECD programming and services through a research focus on the implementation of the lila programme in NW; KZN with specific attention to:  
• Systems building, financing and scale-up mechanisms  
• Social currency and social cohesion  
• Child specific outcomes over 3 – 5 years | • Develop a research agenda for the provincial scale up programme of lila  
• Put in place a multi-disciplinary research team  
• Document overall programme implementation process from start up to end 2012  
• Researchers participate in the ops management team as part of a community of practice  
• Publish a learning brief for each research focus area  
• Develop basis for future publication based on projections for ongoing research based on outcomes during and at the end of 2012  
• Identify potential for communication and advocacy agenda as research evolves |
| 4. Stellenbosch longitudinal study to measure the impact of a maternal and child health/nutritional intervention on school readiness at age 5 | • Increase critical engagement with maternal and child intervention’s impact on quality ECD provision  
• Informed advocacy agenda informing practice, policy and implementation | • Manage grant to Stellenbosch including M&E  
• Publication of learning brief July/August  
• Build partnership relationship with Stellenbosch  
• Explore further engagement and the effective use and dissemination of research outcomes |
| 5. Care-giver behaviour change research | • Develop understanding of parental/caregiver motivators  
• Motivate behaviour change  
• Make an impact on demand for quality ECD service provision | • Develop TOR and engage service provider  
• Host an advocacy and communication forum  
• Develop intervention strategy based on research findings  
• Identify and contract partner to implement public advocacy and communication programme |
| 6. Build a body of evidence to support affordable ECD scale up | • Build a research community and a broader community of practice | • Establish connections with researchers, research institutions and programmes  
• Promote the sharing of and development of ECD knowledge and practices for scale up and affordable models of intervention  
• Publish lila research and findings regularly  
• Draw on lila research to contribute to broader debate and knowledge building on ECD provision in SA |
3. Strengthen the capacity of the ECD NGO sector to improve the quality and implementation of ECD training, programmes and services.

Recognizing that this level of upscaling requires particular capacity within the sector, Ilifa has focused on the development of a strong, professional and skilled cohort of ECD implementers. According to Linda Biersteker, the South African ECD sector has experienced historical neglect that has resulted in “numerous challenges to quality, including an under-skilled workforce with low pay and poor conditions of service”. In addition, there is no single worker who possesses all the skills needed to work across all the areas involved in the ECD sector.

It, therefore, requires a multi-layered, comprehensive, sector-development approach at the core of which should be “…capacity development both as means and objective in itself”. (OECD, 2010). This is the understanding that informs Ilifa’s approach to sector development. It is an approach that incorporates the development of capacity within government, enhancing the capacity of frontline practitioners to lead and thus to deliver a better quality of service, as well as that of grassroots, community based implementers responsible for direct intervention with children, their families and other stakeholders.

This multi-pronged approach is elaborated as follows:

- **Broadening the community of practice**
  Ilifa aims to enhance cohesion within the sector by developing a community of practice which will include bringing partners together for advocacy meetings focused mainly on building and maintaining the programme’s momentum.

- **Learning pathways**
  Central to sector development is an increase in its ability to provide much needed services and programmes of quality. This means attention to the professionalisation of the sector together with an increase in the cohort of providers. Support should thus be given to growing the sector’s capacity to provide from grassroots level up. Providing learning opportunities and support for practitioners and community based workers is one means of achieving this objective. This approach should navigate the current Sector Education and Training Authority terrain to define learning pathways within the ECD sector that will further professional development.

Thus, amongst the issues Ilifa will address in this endeavour are:

- Defining career-path options for ECD practitioners through engagement with the Education Training and Development Practices (ETDP) and Health and Welfare Setas;
- Clarification of the relationship between (and or integration with) community-based ECD workers and social auxiliary workers; and
- Contributing to the strengthening of the RTOs’ provision of training for practitioners.

- **Curriculum development processes**
  Support for the sector and its capacity must go beyond training and include the development of the capacity and the much-needed resources to make training delivery and implementation possible at grassroots level. Thus, in 2012, Ilifa will complete the curriculum-development process it started in 2009 with the National Early Childhood Development Alliance. It will also extend the process by means of broader engagement and consultation within the sector.

It is envisaged that this dialogue will contribute to a sharing of resources, greater articulation between role-players and clarity regarding any additional gaps to which Ilifa and its partners may be able to respond. This intervention will be undertaken with the South African Institute for Distance Education in collaboration with other partners such as the United Nations Children’s Fund (UNICEF) and the ETDP Seta.

Furthermore, Ilifa will continue its dialogue with UNICEF regarding the curriculum for community and home-based ECD practice. The intention is that Ilifa support the process of development in order to strategically influence outcomes as well as provide support for the dissemination of the resources developed.

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• **Leadership development**

Given the need to develop a new generation of leaders and managers in the ECD sector and the value of creating career-path opportunities for people working in the sector, llifa has created an ECD fellowship programme. The main feature of the programme thus far is the participation of the llifa fellows in a Regenesys management programme.

llifa regards the continued engagement and support of llifa fellows as an opportunity to support much needed leadership transformation in the sector. It is envisaged that the fellowship will lead to the growth of a leadership network supported by llifa. Through this network, opportunities will be provided for fellows to work collaboratively to effectively support leadership change, workplace-based peer training and ongoing leadership development events.

In 2012, the fellowship will be further developed, central to llifa’s broader commitment to the development of a strong cohort of new, younger leaders with innovative ideas and strategies for ECD. As a first step in this direction, llifa will undertake a review of the fellowship programme, followed by the development and implementation of a network of llifa fellows. llifa will track the progress of the fellows as they employ their new skills in the workplace and move up the career ladder.

**For the purposes of sector development in the next eighteen months, llifa will:**

- Facilitate dialogue and learning in the sector on issues specific to its intervention for scaling up resources and costing through support to the formation of an ECD community of practice;
- Assist in the development of learning pathways for practitioners as a mechanism for strengthening the system for delivery and enabling social transformation;
- Support and promote the development of open source, quality curriculum resources as a means to strengthen the quality of training of RTOs;
- Participate in a broader dialogue on curriculum interventions in the sector;
- Contribute to the development of the 0 - 4 curriculum and programme for practitioners and children in collaboration with UNICEF; and
- Promote sector transformation through the development of an llifa fellowship focused on the expansion of leadership and management skills in the sector.
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<thead>
<tr>
<th>Areas of Work:</th>
<th>Objectives:</th>
<th>Activities</th>
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</table>
| 1. Establish an Ilifa Forum         | • Strength the sector by contributing to ongoing learning, collective problem solving and professional development | • Host 2 Ilifa forum meetings a year bringing together those responsive to emerging issues in the ECD sector  
• Develop a shared practice i.e. a repertoire of resources experiences, stories, tools, ways of addressing recurring problems in the ECD sector  
• Engage in collective problem solving and strategy development focused on the achievement of the ‘quantum leap’ |
| 2. Contribute to the professionalisation of the sector | • Assist in the development of learning pathways for practitioners as a mechanism for strengthening the system for delivery and enabling social transformation | • Engage the relevant Setas and EPWP on learning pathways and opportunities for the ECD sector  
• Develop a collaborative strategy for the development of learning pathways for community based practitioners  
• Provide enabling support to RTOs and other service providers to enable practitioner training |
| 3. Provide support for curriculum development endeavours | • Contribute to the strengthening of the capacity of the sector through targeted curriculum interventions | • Host a sector dialogue on current national curriculum status, needs and provision  
• Partner with UNICEF and the DOE to finalise, publish and build capacity for the implementation of a national 0 – 4 curriculum  
• Finalise the ECD fundamentals, publish and disseminate as open-source learning |
| 4. Prompt sector transformation and leadership development | • Facilitate transformation in the sector through the development of a leadership cohort of young people  
• Promote ongoing leadership development through an Ilifa Fellowship programme | • Final round of Regenesys training - May 2012:  
• Review the Regenesys initiative in order to make further decisions about the leadership programme and the Ilifa fellowship  
• Define and launch the Ilifa fellowship  
• Provide a forum for engaging with fellows via the Ilifa website  
• Host an annual Ilifa fellowship meeting or workshop |
4. Build a case for expanded public funding for ECD

Ilifa recognises that without adequate resourcing, ECD will not move forward. Imperative to its strategy for scaling-up services is an enhanced understanding of resourcing, where it comes from, how to access it, and how to use it effectively. As part of its overall strategy, Ilifa seeks to make strategic use of its financial resources as a means to the “unlocking” of resources and to enhance sector capacity.

In the next eighteen months, Ilifa will thus act on the findings and recommendation of the 2011 “follow the money study” which set out to determine the extent to which ECD service providers are able to access state funding for ECD; explore government ECD funding sources; the prescribed procedures, systems and requirements for funding; the actual procedures for accessing state funding; the support from local government for ECD services within selected municipalities; and the factors that enable and inhibit access to state funding for ECD service providers.

Thus, over the next eighteen months, Ilifa will seek to:

- Deepen its understanding of where resources are available and how to access them;
- Integrate this knowledge into capacity development interventions and public debate;
- Provide resources for capacity development across a range of stakeholder groups;
- Provide input for the sector and relevant stakeholders to contribute to the unlocking of resources; and
- Undertake a costing of ECD interventions in order to make recommendations on cost-effective programmatic strategies to achieve the quantum leap.

These outcomes are covered in the research and advocacy agendas of Ilifa for the next eighteen months. What is described in the table below is a plan to ensure that their articulation is central to the Ilifa model itself and to ensure they are not lost in the process of their integration into other aspects of the model. The table below provides an overview of the areas of work and the activities for the next eighteen months.

<table>
<thead>
<tr>
<th>Areas of Work</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Formative research</td>
<td>• Training and capacity development across a range of stakeholder groups</td>
</tr>
<tr>
<td>Informed public advocacy agenda and communication</td>
<td>• Presentations at public forums</td>
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<tr>
<td>e.g. ECD registration, caregiver behaviour change, creating demand for ECD services</td>
<td>• Facilitation of stakeholder dialogue</td>
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<tr>
<td>Input models for scaling up as well as national ECD agendas for integrated, quality ECD dialogue</td>
<td>• Further publication of research findings in relevant media</td>
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<tr>
<td>Demand for unlocking resources and finance for the quantum leap</td>
<td>• Development and production of appropriate tools for use in the sector e.g. curriculum development, research reports, learning briefs</td>
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<td></td>
<td>• Hosting of dialogue forums and deepened engagement with ECD stakeholders</td>
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<td></td>
<td>• Hosting of an Ilifa ECD forum</td>
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<td></td>
<td>• Participation of Ilifa staff in broader ECD debates, platforms and discussions</td>
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<td></td>
<td>• Build state partnerships to strengthen prospects for take up of Ilifa model to scale up at national level</td>
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</table>
5. Increase the capacity of the state to implement and support ECD services and programmes by strengthening systemic mechanisms for scaling up.

Without embedding mechanisms for scaling-up activities within relevant government departments and appropriate civil society organisations, the interventions started by liifa will have no continuity or sustainability. It is therefore essential that liifa pay attention to the issues of systems and governance with a particular view to capacity enhancement.

While this is clear, the “how” of it is not? The position of liifa in this strategy is that there needs to be continued engagement with the processes together with documentation of how they unfold in order to articulate them in the next iteration of the liifa scale-up model.

So, while the systems-development process is integrated into the broader strategy through a number of strategic processes, the specific focus of liifa on systems and governance must not be lost. At the same time, the partnership between the state and civil society in achieving ECD coverage must be noted.

How the system supports this and provides mentorship across the sector to all providers is part of the system and governance focus of this intervention. It should thus be a focus area and should be nurtured and documented.

*liifa will thus in the next eighteen months:*

- observe, document and learn about the systems in the North West and KZN in order to define more clearly the imbedding of the model for scaling at systemic level,
- appoint a project facilitator for NW to be based in the offices of DSD;
- facilitate management and ownership of the process by various stakeholders through regular communication and contact;
- identify and strengthen the role of civil society in the demand for and implementation of ECD services and programmes;
- monitor and support service providers involved in implementation at community level, and
- deepen the capacity of the system to scale up and sustain the model of intervention.
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<tr>
<th>Areas of Work:</th>
<th>Objectives</th>
<th>Activities</th>
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</table>
| 1. Embed the model systematically to enable capacity for scale up | • Ensure the sustainability of the liifa intervention at systemic level  
• Monitor and support implementation  
• Support capacity needs of DSD and RTOs involved in the intervention  
• Facilitate processes to enable effective management, communication and coverage | • Document the evolution of the model and the processes used to achieve the entrenching of the model in the system  
• Appoint a facilitator in the NW (and possibly in other provinces)  
• Hold quarterly operational and management meetings to assess and plan implementation  
• Provide feedback on progress to the chief director of DSD and other stakeholders  
• Play a co-ordinating role across departments to ensure integration of part five of ECD model (health, education, social services etc)  
• Mentor, monitor through regular communication and site visits  
• Deepen relationships with the DSD and DOE (provincial and national) as well as the treasury in order to enhance the take up of the model |

6. Increase public demand for ECD services and programmes of quality and advance ECD provision and access through the implementation of a communication and advocacy strategy.

As the programme of liifa unfolds, so too will its core messages to the sector. As part of its advocacy and communication agenda, liifa is committed to providing the resources and mechanisms for taking forward these key messages to ensure their impact on sector transformation. Liifa therefore has a two-pronged agenda for communication and advocacy, one focused on the creation of demand for ECD and the other on enhancing integrated service delivery of quality.

The two strands of liifa advocacy and communication can be explained as follows:

1. Public communication: should be based on understanding what drives caregiver decisions (not on messaging), to influence behavior in favour of stimulating the child and demanding access to ECD services. In this regard, liifa should encourage institutions to host advocacy debates rather than doing so itself (as liifa is not a child-care institution); and

2. Advocacy and communication: should be drawn from research conducted at the demonstration sites and should describe and cost what is required to run community-wide ECD in terms of implementing systems and financing mechanisms. Evidence of quality ECD at scale should be drawn from sites and used as motivation to the national treasury for conditional grants for 2015.

Over the next eighteen months, liifa will use the following mechanisms to increase its broader impact and profile and ensure that its core learning generates knowledge and information that can have a much-needed impact on the sector:

• Re-launch the liifa website as a cutting edge, up-to-date reflection of its work and as a tool for other ECD stakeholders;

• Publish core programme learnings for broader use in the sector in the form of learning briefs and other appropriate media;

• Publish core research reports as a means to inform and generate new knowledge in the sector;

• Host forums and think tanks on critical ECD issues that emerge via the work of liifa which have the potential to have a more broad impact on the sector if taken up by other ECD organisations or stakeholders;
• Carry out research which will inform core advocacy and communication agendas relevant to different stakeholder groups;

• Strengthening its relationship with the state, particularly the DSD, DOH and DOE at provincial and national levels as well as the national treasury;

• Develop a public campaign to effect a change in behaviour in the parents and caregivers of young children;

• Promote access to early childhood development and needs at community level in such a way that parents and caregivers understand their needs and are able to advocate more specifically for access and services.

• Website
The current website, though informative, is static, with outdated information and does not adequately serve our target audience, namely policy makers, researchers and ECD practitioners.

A complete revamp will enable us to create a website that will provide up-to-date information on various aspects of the ECD sector, a website that will be the first point of call for anyone who wants to access the most relevant, up-to-date information on ECD in South Africa.

It will, therefore, be an interactive site that will include, amongst others: discussions; ECD policy tracking, focusing on points of engagement; and links to an active Facebook page and partner websites and a national ECD events calendar: The new website will enable Ilifa to monitor traffic on the site as well as the use of the available resources.

• Learning briefs
The purpose of a learning brief is to provide research-grounded commentary and group-discussion on a particular issue of interest. A learning brief is therefore meant to be a learning tool that stimulates debate and highlights areas for further enquiry.

It should raise critical questions about how implementation can be strengthened as well as highlight areas for further research and enquiry. It should also be informed by questions that Ilifa is interested in exploring further within each of the programme areas.

The learning briefs will not merely be uploaded on the website, but will be used as discussion documents to encourage engagement among partners, fellows, researchers and the broader ECD sector.
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<tr>
<th>Areas of Work:</th>
<th>Objectives:</th>
<th>Activities:</th>
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</table>
| 1. Relaunch and sustain a cutting edge lifa website | Transform into a dynamic and interactive site | • Regular updating of lifa website  
• Provide access to key lifa documents, learning and experiences online  
• Host lifa forum online  
• Provide lifa activities on site  
• Give access to lifa publications, partners and other key resources online  
• Develop and use other social media platforms linked to the website |
| 2. Develop and publish lifa learning briefs as a tool for knowledge generation and sharing | • Share knowledge and generate public debate on key learning generated by lifa and its partners | • Publish 4 learning briefs annually  
• Targeted distribution of lifa learning briefs to stakeholders and ECD actors  
• Facilitate dialogue using learning briefs |
| 3. Develop and implement an effective communication and advocacy agenda | • Strengthen advocacy initiatives across the sector  
• Develop appropriate evidence-based public advocacy agenda enhancing both the demand for and provision of integrated quality ECD services | • Based on formative research agenda, develop advocacy agenda focused on improving integrated, quality ECD service provision  
• Host ECD advocacy and communication with relevant stakeholders  
• Appoint appropriate advocacy and communication service provider/s  
• Use appropriate media and communication tools for public advocacy and communication, creating greater demand for integrated, quality ECD service provision |

7. Ilifa programme administration and governance

Fundamental to the success of the lifa programme is its effective management and implementation. As was emphasised at the recent retreat, it is important that the division between operations and strategy be managed and understood more in terms of a feedback loop between the two, with operation and strategy informing each other on an ongoing basis as the programme evolves.

Given its involvement in the evolution of a model for scaling up its mode of operation, lifa will function best as a reflexive, dynamic programme which requires high levels of flexibility and energy from its implementation team. Basic principles of professionalism, co-operation, consultation and collaboration will inform the manner in which the team works, as well as its approach to the executives within the ordinary executive and special executive.

Furthermore, the engagement of lifa staff with stakeholders and service providers is fundamental to the successful implementation of the programme as is its relationship with the state. Maintaining solid relationships and building the profile of the programme in appropriate ways will be an important aspect of governance and delivery on the part of staff. Attention in 2012/2013 will thus be given to the lifa’s relationships with state departments with specific responsibilities for the implementation of ECD services.

Support for this process of communication and relationship building will be provided via the formation of an lifa forum, which will comprise experts on issues under discussion, as well as strategically positioned participants who are able to influence the overall vision of lifa to realise its envisioned quantum leap. The composition of the group might therefore change in keeping with the issues under consideration. Meetings of this forum will be co-ordinated in keeping with the broader programme of lifa and as a means to support progress and process.
Ilifa over the next eighteen months will thus:

- Improve efficiency and turnaround on OE and SE planning, reporting and related action;
- Integrate regular reflection and strategic thinking opportunities into the programme to inform operational endeavours;
- Undertake a full evaluation of the Ilifa programme from the inception of the partnership;
- Convene OE meetings on a monthly basis and SE meetings twice a year;
- Communicate effectively with the respective executive members of OE, SE and Ilifa partners;
- Further enhance and, where appropriate, develop management systems that enable programme efficiency and impact;
- Ensure effective, strategy driven budgeting and budget reporting;
- Manage project reporting and accountability, grant making and partner relationships effectively;
- Ensure the effective selection, management and implementation of consultancies and service-provider assignments; and
- Provide strong leadership for its partners in collective endeavours and where appropriate, for the sector.

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<tr>
<th>Areas of Work</th>
<th>Objectives</th>
<th>Activities</th>
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<tbody>
<tr>
<td>1. Reflect and review</td>
<td>• Establish Ilifa as a learning organisation</td>
<td>• Regular staff-performance reviews and reflections on programme implementation</td>
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<td></td>
<td>• Develop a context rich and responsive model able to have an impact across the South African context</td>
<td>• Two Ilifa retreat meetings to be hosted in 2012</td>
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<td></td>
<td>• Ensure the Ilifa programme acts within its strategic mandate</td>
<td>• Collect evidence for the development of an agenda for Ilifa 2 post June 2013</td>
</tr>
<tr>
<td>2. Conduct monthly OE meetings</td>
<td>• Maintain overall programme oversight, due diligence and financial accountability</td>
<td>• Prepare for OE meeting agenda and related documentation</td>
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<tr>
<td></td>
<td>• Ensure the Ilifa programme acts within its strategic mandate</td>
<td>• Distribute minutes and reports on meetings within 7 days of meeting</td>
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<td></td>
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<td>• Provide monthly financial reports</td>
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<td>• Put recommendations about project support to OE for decision making purposes</td>
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<td></td>
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<td>• Provide reports and updates on Ilifa programme activities</td>
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<td></td>
<td>• Ensure due diligence and process in all administrative and financial aspects of the programme</td>
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<td></td>
<td>• Efficient communication with OE by Ilifa team on operational issues</td>
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<tr>
<td>3. Arrange bi-annual SE meetings</td>
<td>• Ensure overall programme oversight, decision making, accountability and approvals at strategic level</td>
<td>• Preparation for SE meetings</td>
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<tr>
<td></td>
<td>• Sanction ongoing development of the liifa strategy, vision and implementation</td>
<td>• Minutes and reporting on meetings</td>
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<td>• Action on meeting decisions</td>
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<td></td>
<td></td>
<td>• Regular appropriate communication with SE by liifa team</td>
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<td></td>
<td>• Integrate SE decisions and insights into the overall strategic direction of the liifa programme</td>
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<td></td>
<td></td>
<td>• Provide reports, financial updates and information on programme achievements</td>
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<tr>
<td>4. Manage liifa partnerships</td>
<td>• Build partnerships and contribute to sector development through strategic grant making and management of grants (M+E)</td>
<td>• Monitoring and evaluation strategies</td>
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<td></td>
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<td>• Tracking of grants including feedback</td>
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<td></td>
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<td>• Site visits and follow up</td>
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<td>• Appraisals of new applications and seeking of appropriate partners where needed</td>
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<td></td>
<td></td>
<td>• Strategic relationship building and grant making to match liifa strategy</td>
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<tr>
<td>5. Management of consultants and service providers</td>
<td>• Put in place processes and procedures that ensure due diligence financially and administratively</td>
<td>• Standardise liifa approaches to consultancies i.e. TORs, contracting, calls for proposals etc.</td>
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<td></td>
<td></td>
<td>• Develop and update database of service providers and stakeholders</td>
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<td></td>
<td></td>
<td>• Follow up, support and manage various consultancies</td>
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<td></td>
<td>• Quality management of deliverables in keeping with broader strategic objectives</td>
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<tr>
<td>7. Evaluation of liifa programme and activities</td>
<td>• Effective liifa monitoring and evaluation processes established</td>
<td>• Conduct a full evaluation of the liifa Labantwana programme in order to understand its impact, its potential and to strategise for its continuation beyond June 2013</td>
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<td>• Enhance mechanisms of accountability</td>
<td>• Organise a post evaluation-review process with OE and SE</td>
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<td>• Strengthen partnership and collaboration between donor partners and liifa implementation team</td>
<td>• Integrate regular monitoring and evaluation into the day to day running of the programme</td>
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<td></td>
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<td>• Undertake reviews of liifa activities from time to time as deemed necessary</td>
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Ilifa Labantwana is a multi-donor partnership which supports integrated early childhood development (ECD) in South Africa. The donor partners include the ELMA Foundation, the UBS Optimus Foundation and the DG Murray Trust. Ilifa Labantwana aims to increase access to, and improve the quality of integrated early childhood development services for children in under-served communities; and to support South African policy implementation of integrated ECD interventions in a sustainable manner.