



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

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6: Early childhood development

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Introduction

This document provides a set of core indicators for monitoring early childhood development and the home-care environment. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

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What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

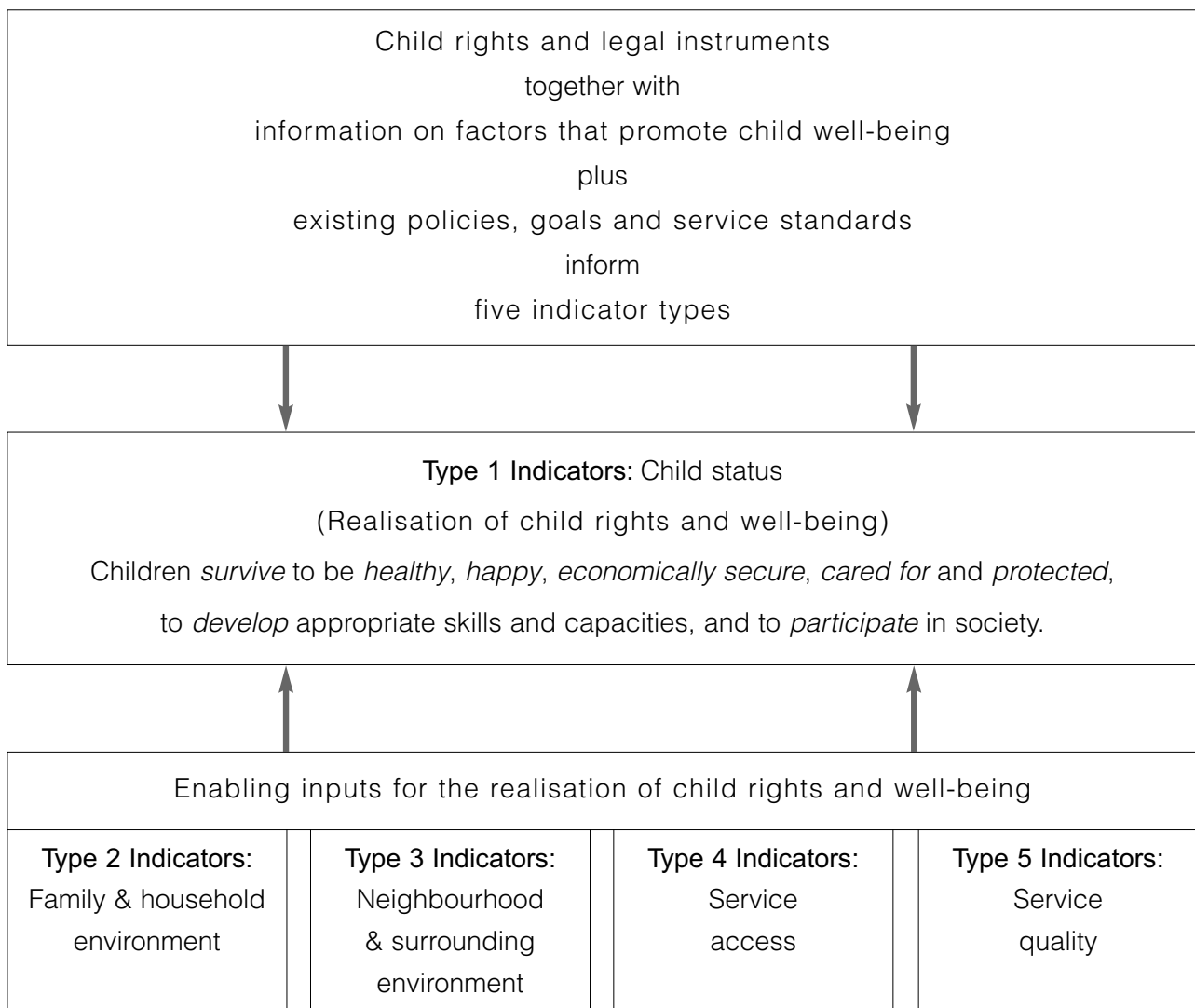
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children's access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring early childhood development and the home-care environment

The early years of life are a particularly sensitive period for survival, growth and psychosocial development. If the contexts in which young children grow up are not supportive, their later participation and inclusion in society may be severely compromised. Early childhood development (ECD) is defined holistically in the Department of Education White Paper on Education and Training, issued in 1995, as the processes by which children from birth to about nine years grow and thrive – physically, mentally, emotionally, spiritually, morally and socially.

ECD policy is intersectoral, and operates at national, provincial, district and local levels. ECD service provision therefore falls within the policies and programmes of several departments, the major responsibilities residing with education, social development and health. The health and social development departments focus particularly on children up to five years, while the education department is concerned with the full range of 0–9 years. Education policies reflect this, focusing on services for children from five years (Grade R, the reception year). Please refer to Indicator Sets 5 and 8 for indicators relevant to child education. The Indicator Set presented here focuses on 0–5 years (including Grade R), as although increasing numbers of five-year-olds are moving into Grade R in the public schooling system, more are in community services and the majority of five-year-olds are not in any form of ECD service (at the time of publication in 2007).

Indicators of survival, growth and access to preventive health services are so fundamental for young children that they have tended to be the primary focus of monitoring for this age group. Since these are discussed in other Indicator Sets (child health, including HIV/AIDS – Sets 2 and 14), they are reflected here only in so far as they relate to the quality of ECD service provision. Similarly, indicators for young children requiring interventions from the care and protection system are dealt with in Sets 9, 10, 11 and 12).

Indicators for monitoring early childhood development and the home-care environment are fully discussed in Chapter 9 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is ‘live’ and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring early childhood development

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Reduce the number of children living in poverty.	<p>Type 1 Indicator: Child Status Child poverty Reason for use: Child poverty is associated with the widest range of insults to child survival, health and development. Appropriate for national and international reporting: United Nations Children's Fund (UNICEF) State of the World's Children; Millennium Development Goals (MDGs).</p>	<p>Definition & Measure: Proportion of children <5 and <9 years: • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. Sources: Census and other household surveys (Stats SA); provincial poverty data. Period: Every 10 years Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume.¹ A PIMD for children (PIMDC) will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty.</p>
Improve access to prevention of mother-to-child transmission (PMTCT) programmes.	<p>Type 4 Indicator: Service Access Antiretroviral therapy (ART) cover in eligible newborns Reason for use: Marker of health system's ability to prevent new HIV infections in children.</p>	<p>Definition & Measure: Number of newborns receiving nevirapine (or other ART) per 100 babies born to HIV-positive pregnant mothers. Source: Demographic and Health Survey (DHS) Period: Annual</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Increase children's access to ART.	<p>Type 4 Indicator: Service Access Highly active antiretroviral therapy (HAART) cover in eligible children aged 0–9 years.</p> <p>Reason for use: Marker of health system's ability to manage symptomatic HIV infection/AIDS in children. Monitor ARV uptake, PMTCT and early childhood development (ECD) cover for children. Appropriate for national and international reporting.</p>	<p>Definition & Measure: Number of children (aged <5 and 5–9 years) receiving HAART per 100 children eligible for HAART.</p> <p>Source: Department of Health (DoH) ART roll-out surveillance.</p> <p>Period: Annual</p>
Identify the extent to which young children are living with HIV-positive mothers.	<p>Type 2 Indicator: Family & Household Environment Prevalence of HIV and AIDS in women with children <5 and <9 years in the same household.</p> <p>Reason for use: Indicator of vulnerability especially for very young children. High HIV levels strain resources and safety nets affecting the well-being of all children who live in them. Caregivers who have AIDS (particularly if not on HAART) struggle with childcare.</p>	<p>Measures: 1. Proportion of sampled pregnant women attending antenatal clinics who test positive for HIV. 2. Proportion of HIV-positive women with children <5 and <9 years of age.</p> <p>Sources: Annual HIV antenatal seroprevalence survey; Human Sciences Research Council (HSRC) HIV/AIDS prevalence surveys.</p> <p>Period: Annual where possible, otherwise every 5 years if data are available.</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
<p>Estimate the numbers of children living with vulnerable caregivers.</p> <p>Ensure the child's rights to appropriate care, survival, protection and optimal development.</p>	<p>Type 2 Indicator:</p> <p>Family & Household Environment</p> <p>Caregiver health status</p> <p>Reasons for use:</p> <p>Measure of capacity of caregiver to give responsible and adequate care to young child.</p> <p>Associated with child survival and development outcomes.</p> <p>At ECD service level, to identify and monitor children who may have extra support needs, including those who live with aging, ill and disabled caregivers.</p>	<p>Definition: Caregiver is over 65 years of age, or is disabled, or has an illness that is incapacitating (has or is eligible for an old age pension or a grant).</p> <p>Measure: Proportion of children <5 and <9 years who live with an aged or disabled caregiver, including the chronically sick and those with a psychiatric condition that significantly interferes with daily functioning (has or is eligible for a grant).</p> <p>Sources: Census; Social Pensions Database (SocPen); HSRC HIV/AIDS prevalence surveys; SADHS.</p> <p>Period: Annual where possible (SocPen), otherwise every 5 years if data are available.</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Reduce the number of infants dying in the first year of life.	<p>Type 1 Indicator: Child Status Infant mortality rate (IMR) Reasons for use: IMR is a basic indicator of well-being and service access. Proxy measure of determinants of survival: socio-economic level and health service access and quality. Determinants of infant mortality include access to safe water, sanitation, nutrition, and maternal education level. Determining factors within the health system include the quality of maternal care, availability of vaccines in the first year of life, and effective referral systems. Appropriate for national and international reporting: UNICEF State of the World's Children; Convention on the Rights of the Child (CRC).</p>	<p>Definition & Measure: Number of deaths between birth and exactly 1 year of age per 1 000 live births in same calendar period. Disaggregate by male and female. Sources: Provincial and national DoH; SADHS; Stats SA; Maternity Registry. Period: Annual</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Reduce the number of children dying in the first 5 years of life.	<p>Type 1 Indicator: Child Status Under-5 Mortality Rate (U5MR) Reason for use: Basic indicator of well-being and service access. Appropriate for national and international reporting; UNICEF State of the World's Children; MDGs; UNICEF Multiple Indicator Cluster Survey (MICS); CRC.</p>	<p>Definition: The U5MR is the probability of children dying between birth and their 5th birthday, expressed per 1 000 children born alive. Measure: Number of deaths between birth and exactly 5 years of age per 1 000 live births in same period. Disaggregate by male and female. Sources: Provincial and national DoH; SADHS; Stats SA. Period: Annual</p>
Attain 90% immunisation coverage in the first year of life for all vaccines. 5-year-old children are covered for immunisation boosters.	<p>Type 4 & 5 Indicators: Child Status and Service Access Immunisation rate Reasons for use: Measure of success of immunisation programme and of health system functioning. Preventive health measure of particular importance for young children who are vulnerable to health risks. Requirement for international reporting; State of the World's Children (up to first year); CRC; UNICEF MICS. To identify children in ECD services to be monitored for follow-up action.</p>	<p>Definition & Measures: Fully immunised children are defined at first visit where all required vaccinations are completed. The primary course of immunisation includes BCG, OPV 1, 2 & 3, DTP-Hib. The denominator is the expected doses (based on mid-year estimates of number of children <12 months and number of required doses for each vaccine) in the same period. Immunisation rate is expressed as children aged 0–12 months inclusive having completed primary courses of immunisation per 100 expected doses (in children <1 year) in the same period. The proportion of children 0–12 months inclusive who are fully immunised divided by the population <1 year old in each province. Source: District Health Information System (DHIS). Period: Monthly; annual</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Monitor the prevalence of childhood disability in children <5 years. Plan for disability services to young children.	<p>Type 1 Indicator: Child Status Age-specific prevalence rate of children with 1 or more activity limitations. Reason for use: To identify the group of children who require services over and above those required by non-disabled children.</p>	<p>Definition: Children <5 and <9 years with a health condition and related impairments, together with activity limitations in one or more domains of functioning. Measure: Proportion of children <5 years with a health condition and related impairments, together with activity limitations in one or more domains of functioning. Sources: Census; SADHS; DHIS (if a disability demographic variable is included in the survey). Period: Every 5 years</p>
Identify children with moderate to severe disabilities for early intervention.	<p>Type 1 Indicator: Child Status Children <2 years with moderate and severe disabilities. Reasons for use: Early identification of children with developmental disabilities for early intervention. Important for CRC reporting. To identify children in ECD services to be monitored for follow-up action.</p>	<p>Definition: Children <2 years screened for developmental disability at 6 weeks, 9 months and 18 months in the provincial primary healthcare system. Measure: Proportion of children attending health facilities who test positive using provincial DoH developmental screening tools. Sources: Provincial DoH (DHS); facility/ECD service level data – captured on admission forms and from Road to Health Card. Note: There are currently no provincial databases of children identified as disabled on screening. These should be established to provide routine administrative data. Period: Annual when provincial level data are available; otherwise audit every 5 years.</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Reduce the prevalence of wasting among children <5 years.	<p>Type 1 Indicator: Child Status Wasting rate.</p> <p>Reason for use: Measure of the nutritional status of young children. Indicator associated with extreme vulnerability to death, disease and poor developmental outcomes. Appropriate for national and international reporting: State of the World's Children; UNICEF MICS; CRC. To identify children in ECD services to be monitored for follow-up action.</p>	<p>Definition & Measure: Proportion of children <5 years with weight for age <2 standard deviations below the median weight for age reference value in a defined population of <5s per 100 children under the age of 5 years in that population in the same period (disaggregate by male and female).</p> <p>Sources: Provincial and national DoH; SADHS; Food Consumption Survey.</p> <p>Period: Every 5 years if data are available.</p>
Reduce the prevalence of stunting among children <5 years.	<p>Type 1 Indicator: Child Status Stunting rate.</p> <p>Reason for use: Measure of nutritional status of children. May indicate economic hardship, infection or neglect. To identify children in ECD services to be monitored for follow-up action. Appropriate for national and international reporting: State of the World's Children; CRC; UNICEF MICS; MDGs.</p>	<p>Definition & Measure: Proportion of children <5 years with more than 2 standard deviations below the median weight for height reference value in a defined population of <5s in a given period.</p> <p>Sources: Provincial and national DoH; SADHS; Food Consumption Survey.</p> <p>Period: Every 5 years if data are available.</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Ensure survival and development of young children. Reduce household food insufficiency and child hunger.	<p>Type 1 & 2 Indicators: Child Status and Family & Household Environment Child hunger; household food insecurity (insecure and at risk) Reason for use: Under-nutrition and hunger affect attention and concentration and have a major bearing on growth and cognitive development, especially for <5s.</p>	<p>Definitions: Household food insecurity, experience hunger: a score of 5 or more on the Hunger Scale Questionnaire of the National Food Consumption Survey (NFCS); At risk for hunger: A score of 1 to 4 is an at-risk household. Child hunger in the last 30 days: An affirmative response to any child question on the NFCS Hunger Scale (as used in the NFCS). Measures: Proportions of children <5 and <9 years in food insecure households and at-risk households; proportion households with children <5 and <9 years, in which children were reported to have experienced hunger in the last 30 days. Sources: NFCS (national DoH) Period: Every 5 years if possible Note: Not regularly monitored in this manner. Food insecurity is measured in some other household surveys but not with the degree of precision used in the NFCS.</p>
Improve adult literacy levels. Improve intellectual capital available to children in the home.	<p>Type 2 Indicator: Family & Household Environment Caregiver or female household member literacy Reasons for use: Caregiver literacy is associated with wide range of positive child outcomes. Appropriate for national and international reporting: State of the World's Children.</p>	<p>Definition: The United Nations Educational, Scientific and Cultural Organisation (UNESCO) definition of functional literacy is a person over 14 years who has completed 7 years formal education (Grade 7). For this indicator it is preferable where possible to measure <i>caregiver</i> literacy. However, as many surveys do not permit linkages between specific children and caregivers in the household roster, and as females are more likely to care for children than males, literacy in female household members older than 14 years could be used as a proxy. Measure: Proportion of children <5 and <9 living in households in which the caregiver is literate/females over 14 years are literate. Alternatively, use the PIMD data for adult education (see child poverty above). Sources: Census and other household surveys. Period: Depends on survey: Census every 10 years for small-area data (see also PIMD above); other national surveys provide data at more frequent intervals but only at provincial level.</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Ensure the right to a name, nationality, and access to social security for young children.	<p>Type 4 Indicator: Service Access Birth registrations in children 0–5 and 0–9 years. Reason for use: Registrations are essential for access to social security and the public schooling system. Appropriate for national and international reporting: CRC; State of the World’s Children; UNICEF MICS.</p>	<p>Definition: Children <5 years and <9 years whose births are registered with the Department of Home Affairs (DoHA). Measure: Proportion of births not registered relative to estimated population for 0–5 and 0–9 years. Sources: DoHA; Stats SA population estimates. Period: Annual</p>
Improve access to the Child Support Grant (CSG) and other relevant grants for young children. Ensure the children’s right to social security.	<p>Type 4 Indicator: Service Access Social grant uptake by eligible children and caregivers. Reasons for use: Monitors access of children to social security, which protects their right to an adequate standard of living for survival and development. At ECD service level, to enable intervention and support for qualifying children or their caregivers.</p>	<p>Definition: Social grants include the CSG, Care Dependency Grant, Foster Care Grant and food parcels. Measures: Proportion of eligible children <5 and <9 years in receipt of the appropriate grant. Source: Department of Social Development (DoSD) Social Pension Database (SOCPEN) data. Period: Annual</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Access to ECD services of different kinds in accordance with different family needs.	<p>Type 1 & 4 Indicators: Child Status and Service Access</p> <p>Gross and net enrolment in ECD centres; gross and net enrolment in Grade R classes.</p> <p>Reason for use: Monitors phasing in of Grade R and access to provision for children pre-Grade R.</p> <p>International reporting requirement for education for all (EFA) (3–5 years); UNICEF MICS.</p>	<p>Definitions: The Gross Enrolment Ratio (GER) refers to the number of children enrolled in a given level of service, regardless of age, expressed as a percentage of the population in the relevant official age group.</p> <p>The Net Enrolment Ratio (NER) refers to the number of children in the official age group for a given level of service who attend an ECD or educational facility in that level, expressed as a percentage of the total population in that age group (ECD for <5s; Grade R for 5 years).</p> <p>Measures: GER and NER for children in registered ECD facilities and Grade R classes. GER and NER for children in Grade R classes.</p> <p>Sources: DoSD; Department of Education (DoE)</p> <p>Period: Annual</p> <p>Note: DoSD does not currently capture by age breakdown though these data are available from the registration and quality assurance forms.</p>
Access to ECD services of different kinds in accordance with different family needs.	<p>Type 4 Indicator: Service Access</p> <p>Attendance ratio of children enrolled in registered ECD facilities and Grade R.</p> <p>Reason for use: Indicator of value placed on service by parent or capacity of family to allow children to attend. If attendance is significantly lower than enrolment, this could be further explored.</p> <p>International reporting requirement for EFA, UNICEF MICS.</p>	<p>Definition: The attendance ratio is the number of days attended in relation to the possible number of days' attendance in the quarter. Poor attendance at a registered ECD facility or Grade R class is defined as: Enrolled children who are absent two or more consecutive days per week for more than a month.</p> <p>Measures: Number of days' attendance as a proportion of possible days of attendance at ECD facilities and Grade R.</p> <p>Source: ECD facility attendance registers (DoSD). These data are not currently aggregated. They can readily be collected for registered facilities during normal facility reviews. DoE for Grade R data.</p> <p>Period: Every 5 years based on special studies.</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Improve the quality of ECD services.	<p>Type 5 Indicator: Service Quality ECD and Grade R educators with Level 4 or above (or equivalent). Reason for use: Training is associated with quality of service delivery. Level 4 is required for Grade R classes and for supervisors of facilities registered with social services. There are several upgrading programmes in the sector for raising qualifications of practitioners.</p>	<p>Definition: Number of staff in ECD facilities and Grade R classes, with responsibility for working with children, who have been trained at this level. Measure: Proportion of educators with Level 4 and above. Sources: This information is not generally available but as this is a key quality indicator, efforts should be made to remedy this problem. Departments of Education and Social Development-registered facilities; could also use Education, Training and Development Practitioners; Sector Education and Training Authorities; and National Learners' Records Database to track increases in trained staff; South African Council for Educators registrations for Level 5 and above. Period: Every 5 years based on special studies (should be available annually from administrative data).</p>
Improve local level commitment to holistic ECD servicing.	<p>Type 4 & 5 Indicators: Service Access and Service Quality Provision for ECD in Integrated Development Plans (IDP) at local level. Reason for use: Monitors implementation of holistic services for young children at local level (measure of political will).</p>	<p>Definition: IDPs with specific mention of ECD. Measure: IDPs with ECD activities and budgets. Source: Local Authority statistics/LPA Period: By IDP period which is currently annual in some local authorities but moving to multiple years.</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Existence of quality public programmes in support of ECD.	<p>Type 4 & 5 Indicators: Service Access and Service Quality</p> <p>Public policies in support of ECD are monitored against departmental plans, programmes, budgets and delivery.</p> <p>Reason for use:</p> <p>Indicator of political will and departmental capacity – useful for tracking delivery against targets.</p>	<p>Definition: A monitoring system is in place. Measure of stage and degree of implementation in accordance with stated policies.</p> <p>Measure: Number of departmental programmes for young children being planned, resourced and implemented in the stated time period per department.</p> <p>Sources: Relevant departments (DoSD, DoE, DoH): departmental documents and records.</p> <p>Period: Every 5 years based on special studies.</p>
Improve intersectoral collaboration for efficient and holistic ECD services.	<p>Type 4 & 5 Indicators: Service Access and Service Quality</p> <p>Intersectoral ECD administrative information units are established in all provinces.</p> <p>Reason for use:</p> <p>ECD services are intersectoral. For sound planning, data from all relevant sectors should be taken into account. Provinces should establish central information systems from which departments can assess information for planning. Intersectoral planning is required in terms of the Integrated Plan for ECD.</p>	<p>Definition: The ECD information unit acts as an information hub and repository for all aggregated data and reports on ECD drawn from all relevant sectors.</p> <p>Functions: The unit is responsible for improving the efficiency and quality of data collection and ensuring smooth administrative data flow within ECD. The unit compiles intersectoral reports based on data from all relevant departments to facilitate planning at provincial and district levels. Reports from the Research, Monitoring and Evaluation, and Developmental Social Services Directorates pertaining to ECD should be housed in this unit. The unit creates a portal that houses ECD data and reports from all sectors and provincial departments, and ensures that the information is made available on the Provincial Government Intranet for access by all departments and directorates concerned with ECD. The unit requires at least the following capacities: The unit is headed by an appropriately senior person with ECD knowledge and research skills. The unit has the necessary staff compliment and equipment. The unit must have the capacity to source data and update information.</p> <p>Measure: Number of provincial departments with intersectoral ECD administrative information units by 2008.</p> <p>Source: Provincial DoSDs</p> <p>Period: Audit conducted in 2008.</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
Improved quality of services, meeting of regulations under ECD service guidelines.	<p>Type 5 Indicator: Service Quality</p> <p>Services meeting the registration requirements of the DoE for Grade R classes.</p> <p>Facilities meeting registration requirements of the DoSD for group care of more than 6 children up to 5 years.</p> <p>Reason for use: Acts as a composite indicator of quality, which is easy to measure regularly. Quality indicators such as pupil–teacher ratios and practitioner qualifications used in EFA reporting. Provincial departments are required to provide capacity development for ECD service delivery, to keep a provincial register of all registered ECD services and to monitor provision of registered and non-registered ECD services. Monitor compliance with the Children’s Act (No. 38 of 2005), and the Children’s Amendment Bill (No. 19 of 2006). Monitor compliance with facility regulations; monitor norms and standards for Grade R.</p>	<p>Definition: ECD and Grade R facilities that meet minimum benchmarked standards set by the DoSD and DoE. In terms of the ECD guidelines these should include: staff–child ratios, training levels of practitioners, physical standards, nutrition and health requirements, administrative and management requirements, meals and educational programmes.</p> <p>Measure: Proportion of facilities and Grade R classes that meet the standards.</p> <p>Note: Benchmarks for quality standards should be set and validated. Recommended standard levels: below minimum standard (does not meet registration requirements); at minimum standard (meets registration requirements); exceeds minimum standard (to be determined).</p> <p>Sources: DoSD; DoE</p> <p>Note the data gap: A number of facilities are not known to departments.</p> <p>Period: Annual (data for registered ECD facilities to be updated on routine inspection visits by district offices).</p>

Policy goal	Indicator and reason for use	Definition, measure, period and data source
<p>Improve and monitor budgetary allocations to ECD services in accordance with policy. Improvement of funding to enable poor children to access quality services.</p>	<p>Type 4 & 5 Indicators: Service Access and Service Quality Annual provincial budget allocations to ECD services. Reasons for use: Monitors whether budget share for ECD services is increasing in real terms. Monitors whether budget follows policy commitment to supporting services to families and community-based programmes in integrated plan and guidelines to ECD services.</p>	<p>Definition: Annual budgets allocated for ECD services in each relevant department: Social Development, Health and Education (including services to families and community-based programmes). Measure: Rand amount allocated for ECD services per year compared with previous annual allocations. Sources: Provincial DoSDs; provincial Treasuries Period: Annual</p>
	<p>Type 4 & 5 Indicators: Service Access and Service Quality Registered ECD facility child subsidy cover. Reason for use: Subsidies enable poor children to attend facilities; subsidies should assist facilities to improve service quality.</p>	<p>Definition: The subsidy is paid by the province to the facility so as to contribute towards salaries and nutrition costs of facilities serving poor communities where fees do not cover running costs. Measure: Proportion of children <5 years in registered ECD facilities in receipt of subsidies relative to the estimated eligible population of qualifying children. Sources: Provincial departments: subsidy records of provincial departments of education and social development as well as local authorities (also health in some provinces); Stats SA for population estimates. Note: Unregistered facilities are not covered. Period: Annual</p>



Policy goal	Indicator and reason for use	Definition, measure, period and data source
→	<p>Type 5 Indicator: Service Quality Facilities in receipt of state subsidy covering 75% of operational costs.</p> <p>Reason for use: Sustainability of a facility is related to staff motivation, ability to offer a feeding programme, equipment available, etc.</p>	<p>Definition: Percentage of budget covered by subsidy. Measure: Proportion of subsidised facilities with 50% or more of operating costs covered by subsidy. Source: Not readily available. Requires a special survey of financial statements of subsidised facilities. Period: Every 5 years</p>

Note:

1 See <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.