

Tshikululu Social Investments

Early Childhood Development Non-Centre Based Care Programme

Monitoring and Evaluation Results

This document provides an overview of the results of data obtained from programme partners in the FNB Early Childhood Development Non-Centre Based Care Programme. It reports on two of the programme's outcomes and provides a summary of the results, an interpretation of what these results mean and a recommendation for improvement. It also provides a breakdown of the results by indicator with supporting data visualisations.

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Outcome 1: Increased access of quality ECD services to 0-4 years old Children through structured non centre-based (approved or registered with the DSD) programmes.

Summary of Results

- Most of the 181 FCM/CP/Playgroup Facilitators were African and Female (there were 147 in 2015)
- The ratio of FCM/CP/Playgroup facilitator per household/family/playgroup was 1:8 (compared to a ratio of 1:10 in 2015)
- 66% of the FCM/CP/Playgroup Facilitators who were trained have a good level of competence in ECD Knowledge (compared to 46% in 2015)
- There were no FCM/CP/Playgroup Facilitators who participated in the programme who have a disability. In 2015, 11 FCM/CP/Playgroup Facilitators who participated in the programme had a disability.
- There were 4513 Children participating in the programme, most of whom were African and Female (compared to 2266 Children participated in 2015)
- Most (57%) of the Children participating in the programme were in the age category 0-2 years. In 2015, 48% of Children participating in 2015 were belonged to the same age category.
- 1548 households/families and playgroups had access to age appropriate learning resources (compared to 914 in 2015)
- 63% of children referred to specialised services, accessed Specialised, Social and Health services (compared to 65% in 2015)

Interpretation

The training provided to FCM/CP/Playgroup Facilitators will aid them in assisting Children in meeting their developmental milestones. From an initial scan of the data, it can be said that the Children who participate in the programme are mostly able to meet their key developmental milestones. Most of the Children who participate in the programme do not require specialised services. However, those who are referred to specialised services are highly likely to utilise them (63% of those whom are referred access the specialised services).

Recommendations for improvement

- Programme partners need data need to submit data on time/earlier, while attempts have been made to obtain missing data, there are still gaps in data for some partners.

- Year on year tracking to monitor improvement in Children reaching developmental milestones will help strengthen programme monitoring and the programme’s design.

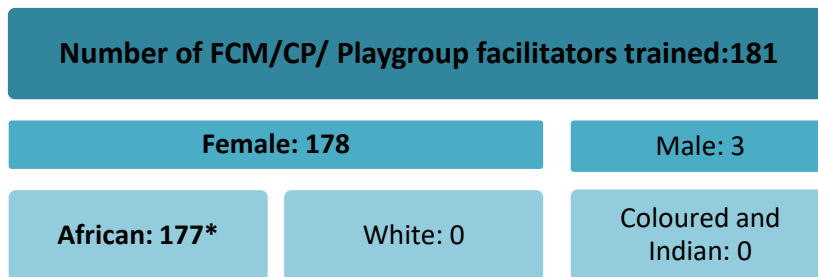
Indicators

This section of the report provides data visualisations relating to the indicators. Indicators are listed, and their corresponding data visualisation is mentioned below.

1.1.1 No. of FCM/CP/ Playgroup facilitators trained

Below, is a demographic breakdown of FCM, CP and Playgroup Facilitators who were trained on Early Childhood Development.

Figure 1. FCM/CP/Playgroup Facilitator demographics



*Note: Total number of FCM/CP/ Playgroup facilitators with disability: n=0, * Programme Partners to provide amended demographic breakdown*

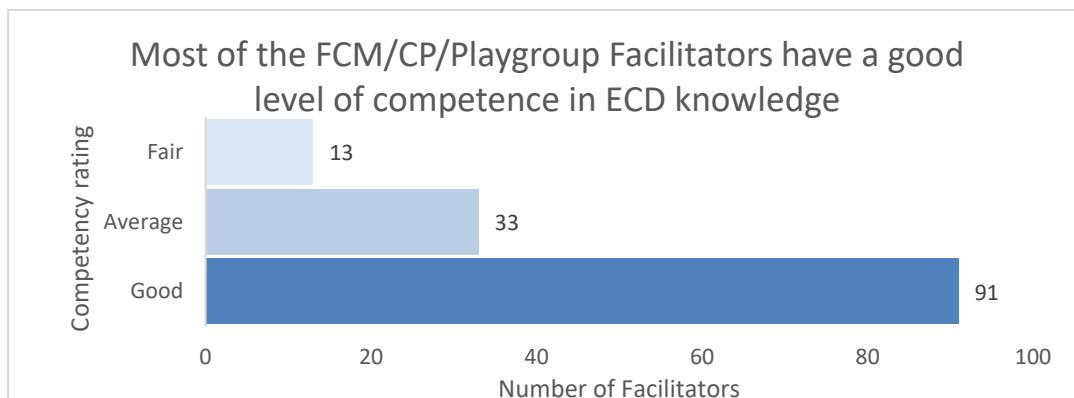
1.1.2 Ratio of FCM/CP/Playgroup facilitator per HH/family/playgroup

The ratio of FCM/CP/Playgroup Facilitators per HH/family/playgroup was 1:8

1.1.3 Number of trained FCM/CP/Playgroup facilitator who have a Good, Average or Fair level of competence in ECD knowledge

The figure below illustrates the number of FCM/CP/Playgroup facilitators who were trained and their level of ECD knowledge. It shows that most of the Facilitators who were trained have an above average level of ECD knowledge.

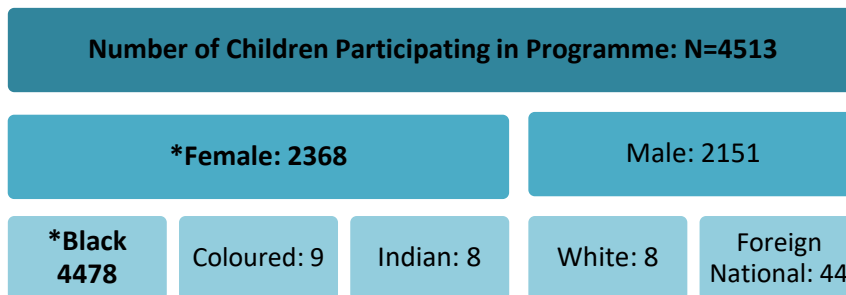
Figure 2. FCM/CP/Playgroup facilitator competence in ECD knowledge.



1.2.1 Number of Children Participating in the Programme

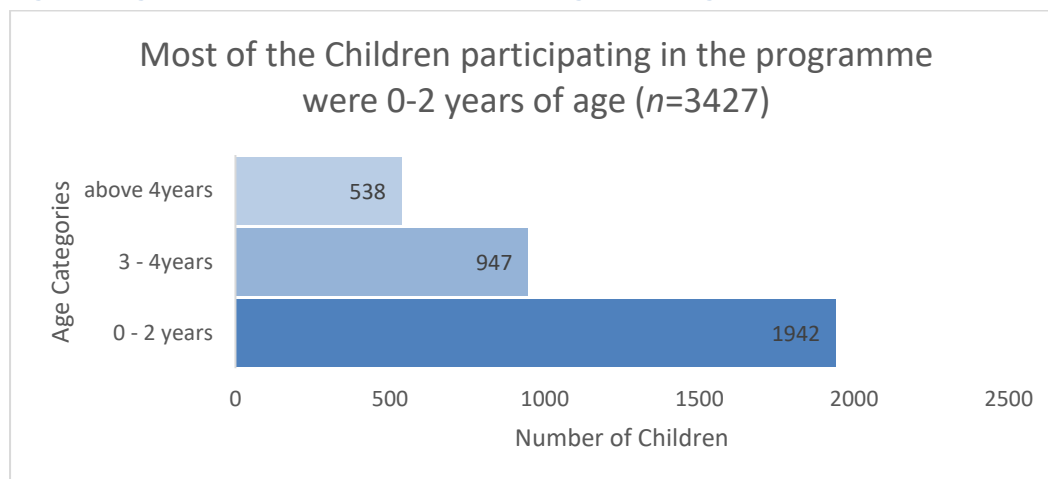
There were 4513 Children participating in the programme, most of whom were Female and African. This is presented in the figure below. Most of the Children participating in the programme fell within the 0-2 years age bracket. This is shown in figure 4 below.

Figure 3. Demographic breakdown of Children participating on the programme



Note: Programme Partners to provide an update on demographic breakdown. There were 12 children with disabilities who participated in the programme.

Figure 4. Age break down of Children participating in the programme



Note:* Figure based on data submitted by Partners who completed all the reporting criteria.

1.3.1 Number of HH/family/playgroup with access to age-appropriate learning resources

There were N=1548 households, families and playgroups who had access to age appropriate learning resources.

1.4.1-1.4.5 Indicators relating to (language development, cognitive development, emotional, motor development)

The table below illustrates the status of early childhood development milestones of Children who participate in the programme. It highlights that across some indicators most of the

Children do fall within their Early Childhood Development milestone category. However, this is not the case with the cognitive development and fine motor development milestones where fewer children fell within their age-appropriate development milestone.

Table 1. Early Childhood Development Milestones that Children on the programme fall within.

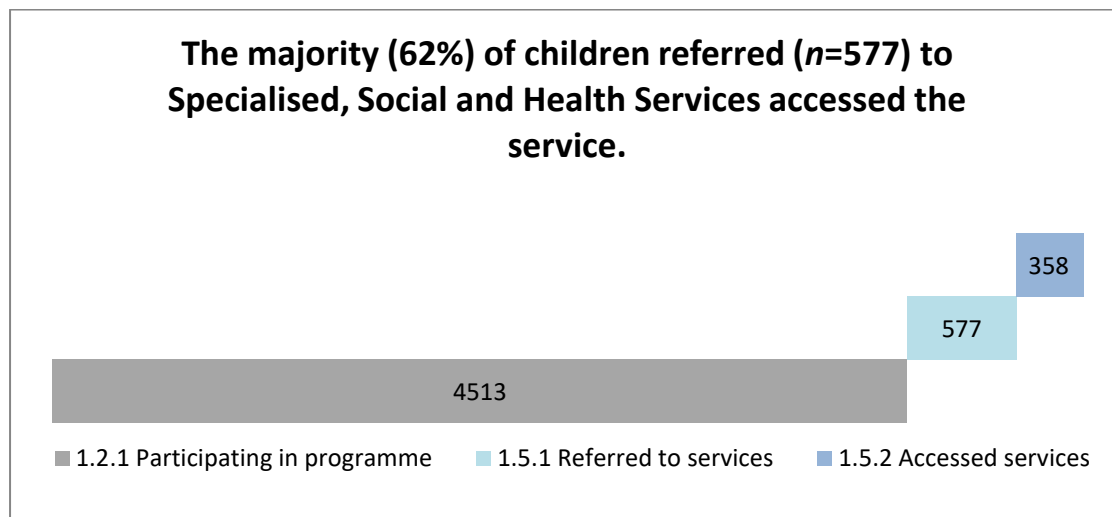
Indicator	<i>n</i>	%
1.4.1 Number of Children that fall within age appropriate language development milestone	1749	51%
1.4.2 Number of Children that fall within age-appropriate cognitive development milestone	1645	48%
1.4.3 Number of Children that fall within age-appropriate social and emotional development milestone	2089	61%
1.4.4 Number of Children that fall within age-appropriate gross motor development milestone	1699	50%
1.4.5 Number of Children that fall within age-appropriate fine motor development milestone	1670	49%

Note: Based on available data submitted by programme partners, *N*=3427

1.5.1 and 1.5.2 Indicators relating to Children referred to and accessing special services

The figure below illustrates the utilisation of specialised services offered through the programme. Most of the Children who are part of the programme are not referred to specialised services. However, there is a 63% utilisation of these service afters being referred by specialised services. This is depicted in the figure below.

Figure 5. Children utilising specialised, social and health services.



Note: Based on available data submitted by programme partners.

Outcome 2: Strengthen the capacity of primary Caregivers to be involved with, care for and stimulate their Children through training and support

Summary of results

- Most of the 3172 Caregivers who participate in the programme are African and Female. In 2015, there were 1451 Caregivers participating in the programme.
- The majority (97%, $n=1604$) of Caregivers who receive psychosocial support in the programme are Female (compared to 993 in 2015)
- Most (91%, $n=1604$) of the Caregivers report having a moderate to high-level of psychosocial well-being (compared to 93% in 2015)
- More (49%, $n=600$) households participating in the programme have a high level of safety and hygiene (the remainder have a moderate, $n=425$ or; low, $n=200$ level of hygiene). In 2015, 44% of households participating in the programme had a high level of safety and hygiene.
- 46% of caregivers participating in the programme have an average level of parenting knowledge as a result of the programme. In 2015, the 38% of caregivers fell in the same category.
- There was a 22% referral rate of caregivers participating in psychosocial support being referred to special services. In 2015, the rate of referral was 11%.

Interpretation

The distribution of primary Caregivers across gender follows the norm of parenting dynamics in South Africa. It is encouraging to know that the psychosocial well-being of the Caregivers are at a moderate to high level as this plays a role in how they engage with their Children. This in turn has a direct effect on their child's developmental outcomes. Furthermore, most of the households that are participating in the programme have a high level of safety and hygiene. This is important as it has a direct influence on the health of the Children participating on the programme. Lastly, most of the Caregivers who participate on the programme have an average level of knowledge on Early Childhood Development following the training provided. This along with the aforementioned factors all play a role in facilitating an optimal environment in which a child develops.

Recommendations

The training programme needs to be strengthened to ensure that more Caregivers have an improved level of knowledge and skill in Early Childhood Development. Strengthening the training may include practical assignments, making the material easier to understand or providing summary guides to keep at hand so that should they need to be used they are easy to access.

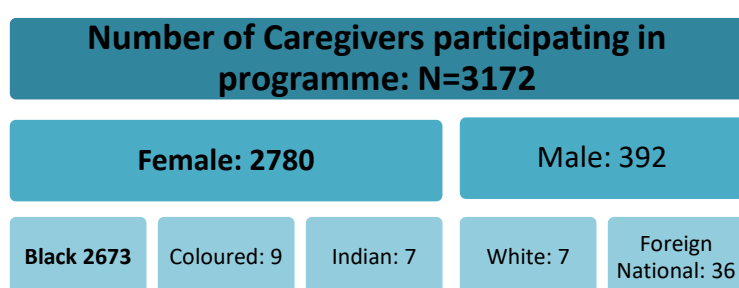
Indicators

This section of the report provides data visualisations relating to the indicators. Indicators are listed, and their corresponding data visualisation is mentioned below.

2.1.1 Number of Caregivers that participate in the programme

The figure below provides a demographic breakdown of the Caregivers who participated in the programme. Most of the Caregivers were Female and African.

Figure 6. Demographic breakdown of Caregivers participating in the programme.

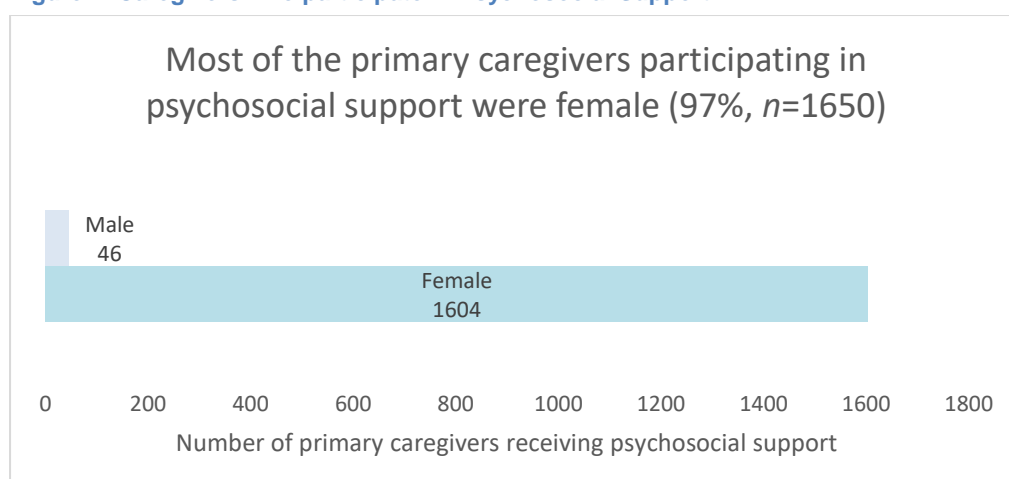


*Based on programme partners who have submitted demographic data. Number of people with disabilities participating in the programme: $n=31$

2.2.1 Number of Caregivers that participated in psychosocial support

Most of the Caregivers who participated in psychosocial support were Female. The gender breakdown of Caregivers accessing psychosocial support is illustrated in the figure below.

Figure 7. Caregivers who participate in Psychosocial Support.

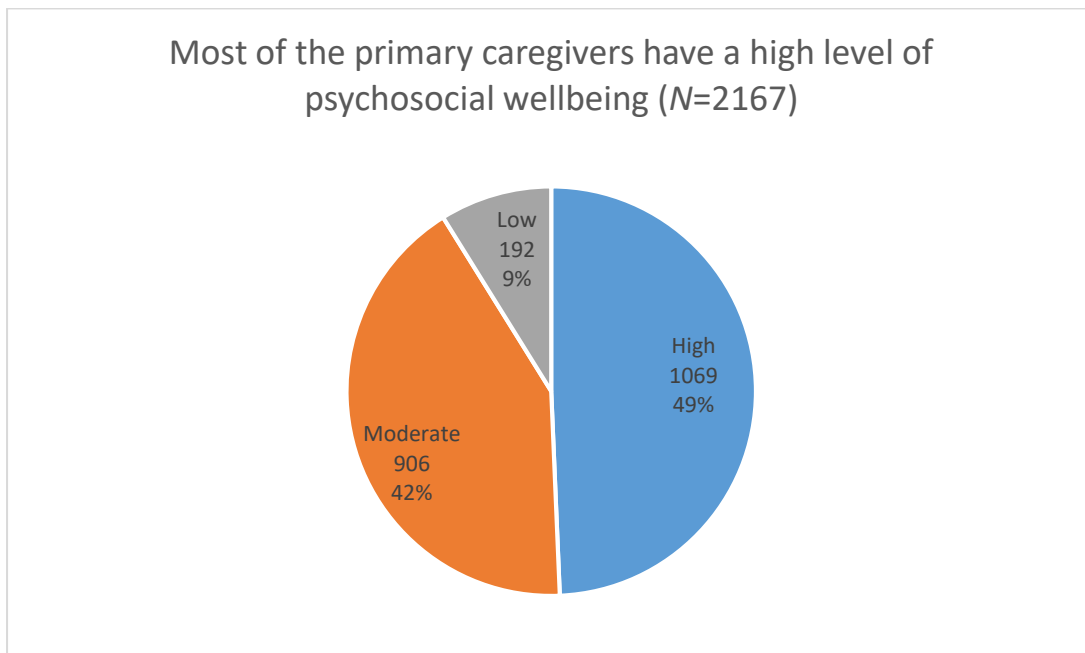


Note: Number of primary caregivers with disability receiving psychosocial support: $n=15$

2.2.2 Number of primary Caregivers observed as having either a High, Moderate or Low level of psychosocial well-being

Most of the Caregivers participating in the programme had moderate to high level of psychosocial well-being. This is important as the psychosocial well-being of a Caregiver determines their ability and availability to provide adequate care for Children during their early stages of life. The breakdown of Caregiver psychosocial well-being is illustrated in the figure below.

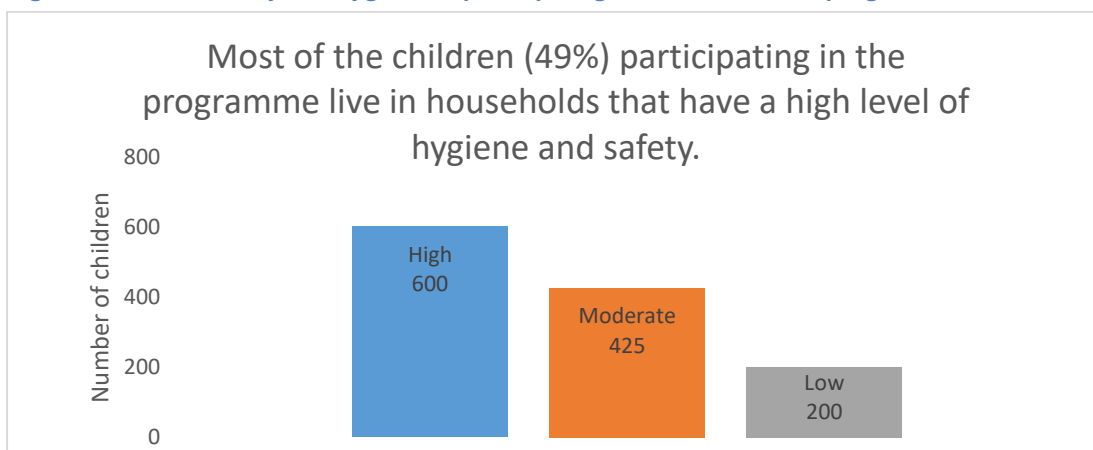
Figure 8. Caregiver levels of Psychosocial Well-being



2.3.1 Number of Children living in homes observed to have a High, Moderate or Low level of safety and hygiene

Caregivers who participate in the programme are mostly able to provide a safe and hygienic environment for their Children. This is shown in the figure below.

Figure 9. Level of safety and hygiene of participating households in the programme.



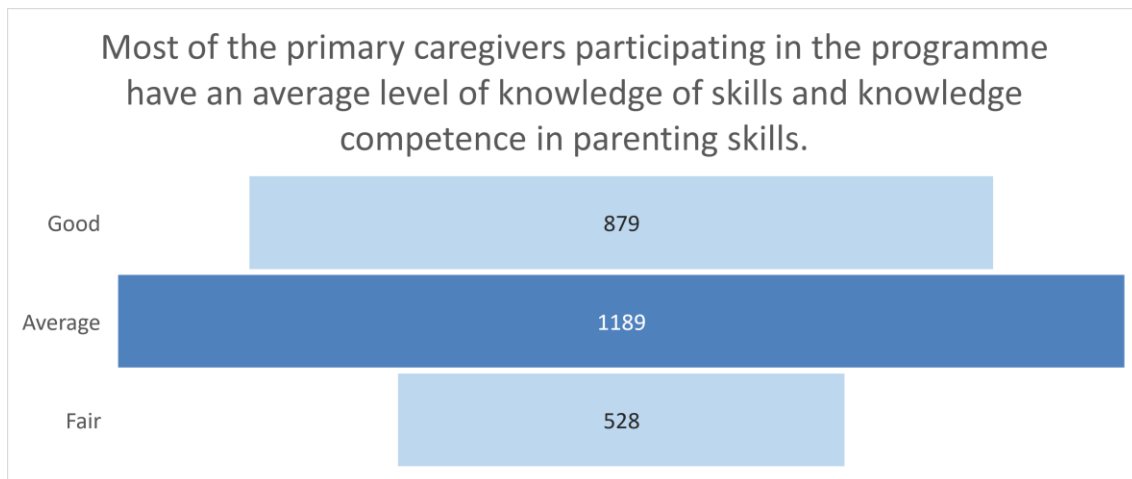
n=1225

2.3.2 Number of parents showing Good, Average or Low level of parenting skills and knowledge

Most of the Caregivers participating in the programme display an average (with some displaying good) level of knowledge and skill related to parenting. This is displayed in the figure below.

This finding is important as it means that they are aware of what they need to in order to take care of their Children so that their development is supported. However, even though this is encouraging, more should be done to ensure that all parents have a good level of knowledge and skill in relation to parenting. Doing this will support Caregivers in their ability to provide a conducive environment for early childhood development milestones to be reached (or surpassed).

Figure 10. Level of knowledge of primary Caregivers on the programme.



N=2596

2.4.1 Number of Caregivers referred for social, health and specialised services and 2.4.2 Number of referred Caregivers that accessed social, health and specialised services

Primary Caregivers who participated in the programme mostly do not need to be referred to specialised services. However, 63% ($n=224$) of Primary Caregivers who were referred to the specialised services accessed the available support. This is shown in the figure below.

Figure 11. Primary Caregiver utilisation of Psychosocial Support

