



# *The Sobambisana Evaluation*

**Implications for our ECD programmes**

**UNICEF Knowledge Building Seminar, November 2011**

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# Outline

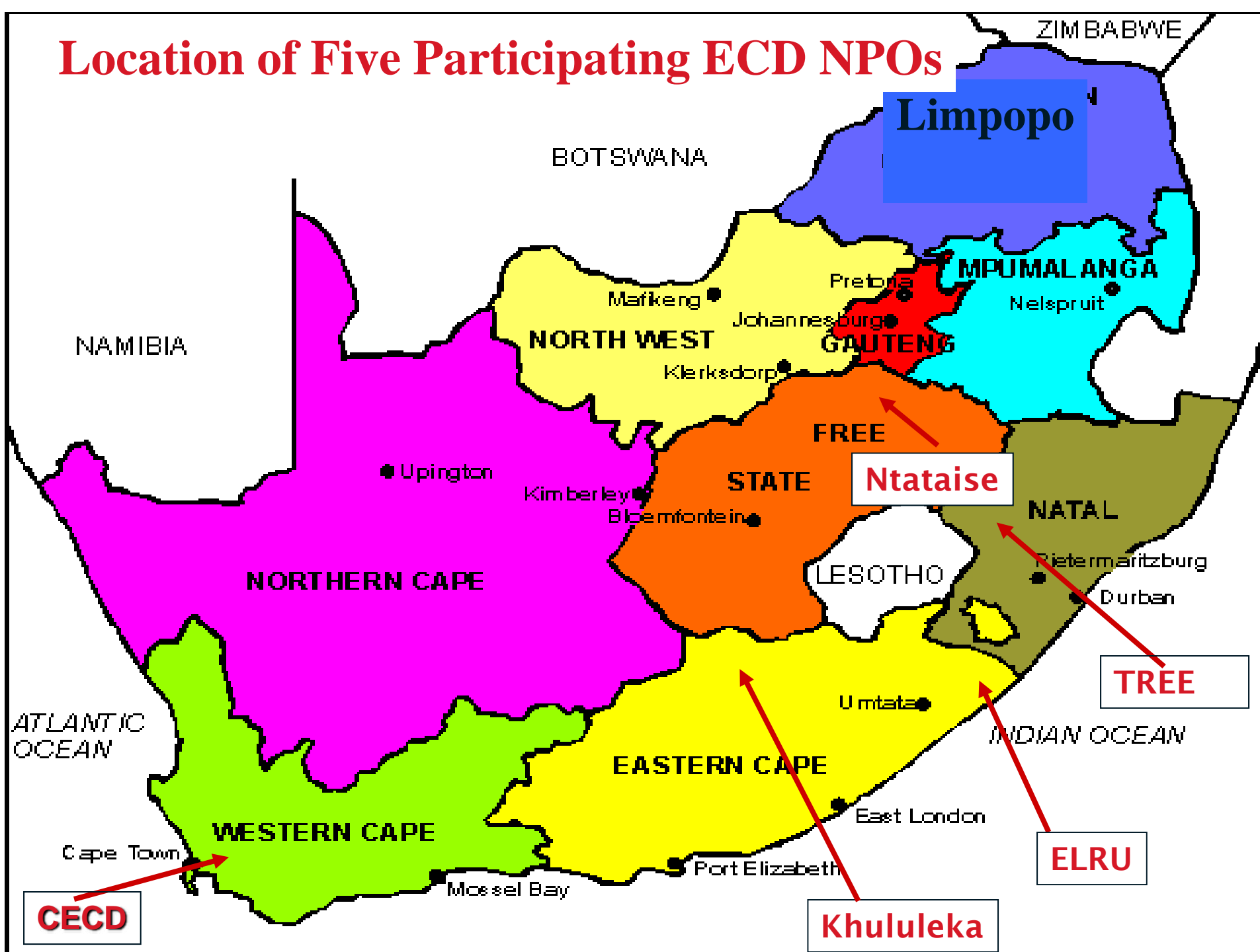
- 1. Sobambisana objectives**
- 2. The different interventions**
- 3. What was measured**
- 4. Findings**
- 5. Implications**

# Purpose of the Sobambisana ECD Project

To present and further refine new and creative models of ECD provision that:

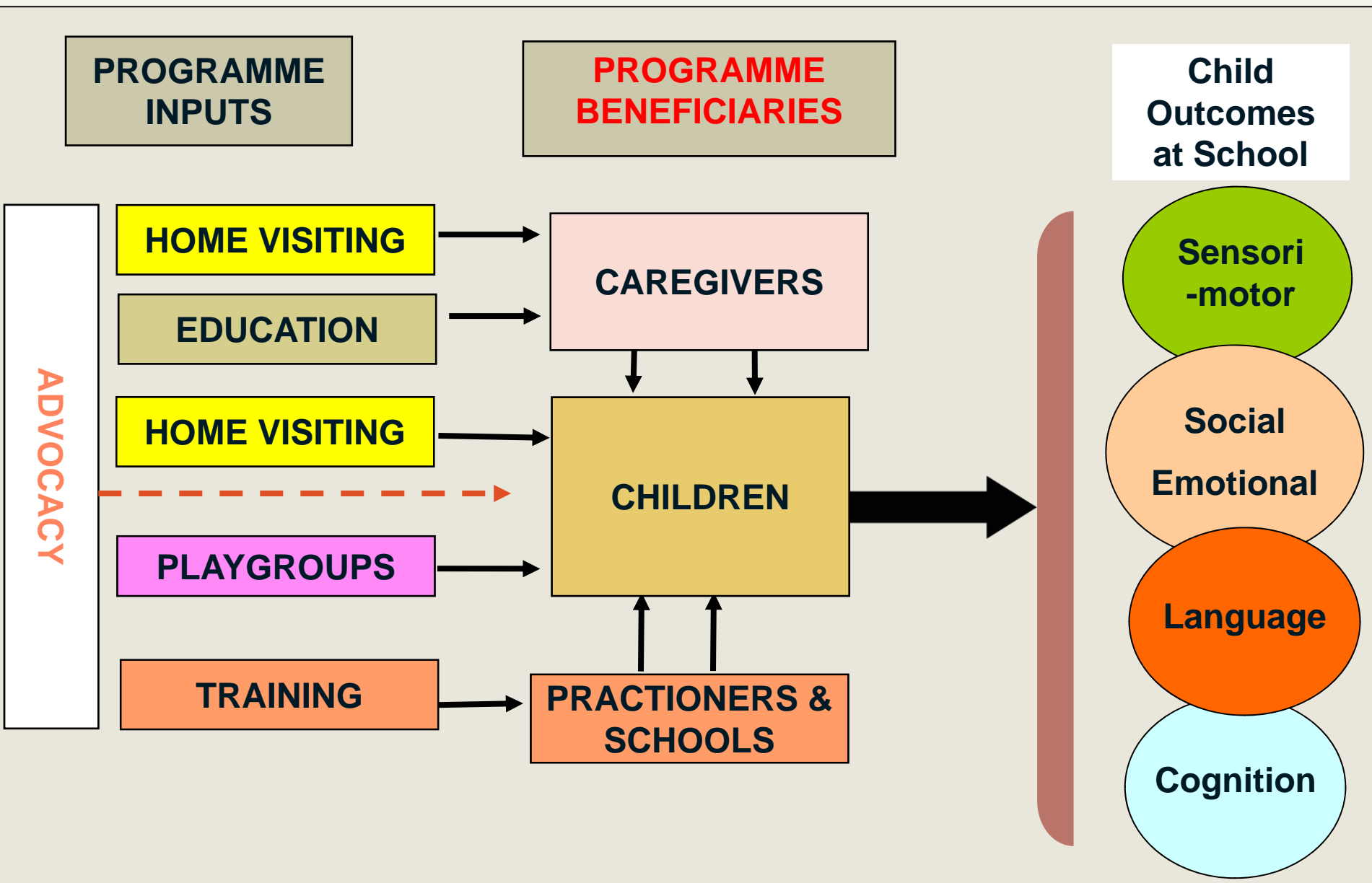
- Dramatically increase access to developmental opportunities for children under the age of 6 years; **(REACH)**
- Are of a high standard and address the very real issue of quality of implementation; **(QUALITY)**
- Ensure the seamless transition between school and the ECD site; **(TRANSITION)**
- Define the relationship between participating NGOs and the State **(INTER-SECTORAL)**

# Location of Five Participating ECD NPOs





# SOBAMBISANA PROGRAMME INPUTS AND DESIRED OUTCOMES FOR CHILDREN AT SCHOOL





# Increasing reach

- Home visiting approaches
- Parent education
- Community playgroups
- Centres (more children enrolled, some were started)

## Implementation Evaluation:

Imparting Caregiver Knowledge: What is more efficient?  
Going to to them or asking them to come to us?

Programme	Average Participation
Rammulotsi Parent Education (2010)	<b>26% attended</b> 70% of Sessions
Queenstown Home Visits (2009)	Adults <b>81%</b>
Grabouw Home Visits (2010 only)	Adults <b>89%</b>
Lusikisiki HV (2009 & 2010)	Adults:Home Visits: <b>98%</b> Monthly Group meetings: <b>64%</b>
Queenstown Playgroups (2009)	Child <b>38%</b> Adult <b>40%</b> ( <b>29% attended</b> >50%)
Rammulotsi Playgroups (2009 & 2010)	Child: <b>50%</b> Adult with their child: <b>32.5%</b>
Indaka Playgroups (2010)	Child: <b>53% attended</b> 66-100% of sessions offered



# Key Outcome Evaluation Questions

1. Does home visiting (HV) change: carer early stimulation behaviour, home hygiene and safety; service access?
2. Does HV change child cognitive and language outcomes?
3. Do community playgroups improve cognitive and language outcomes?
4. Is there a difference in development outcomes between Sobambisana children and those with no ECD in Grade R?
5. What effects do programme attendance, child growth and age have on child outcomes?
6. What are the effects of initiatives to enrich low capacity preschools on the quality of the learning environment?



# Project Phases: 2008-2011

2008	2009		2010		2011
Start-up	Enroll Cohort 1	Cohort 1	Enroll Cohort 2	Cohort 2	Cohort 2
Engage	Baseline	Follow-up	Baseline	Follow-up	Follow-up Grade R
DGMT	✓✓✓✓✓	✓✓✓✓✓	✓✓✓✓✓	✓✓✓✓✓	✓✓✓✓✓
Develop Eval. Designs & M&E systems	C1-T1	C1-T2	C2-T1	C2-T2	C2-T3



# Home Visiting Interventions

Does home visiting (HV) change: carer early stimulation  
behaviour, coping, home hygiene and safety; service access?

Carer early stimulation ✓

Hygiene and Safety ✓

Service Access ✓

Caregiver coping ✓

# Key questions for the Outcome Evaluation: Children

Do:

1. home-based interventions
2. community playgroups, and
3. parent education

lead to:

- An improvement of the cognitive and language development of children as measured on standardised instruments?



# Rammulotsi playgroups

- Children who attend more than 15 of 27 sessions 1.5 times more likely to be within norm for age on cognition than those who attended less
- Children who start the programme at an older age, are better nourished, have better growth status (less likely to be stunted), and who do better on cognitive development at the start of the programme do best in the end.
- Approach reaches fairly small numbers, uses qualified staff, equipment – considerations for scalability







# ECD Site Enrichment Findings: Classroom quality – language & reasoning, activities and interaction

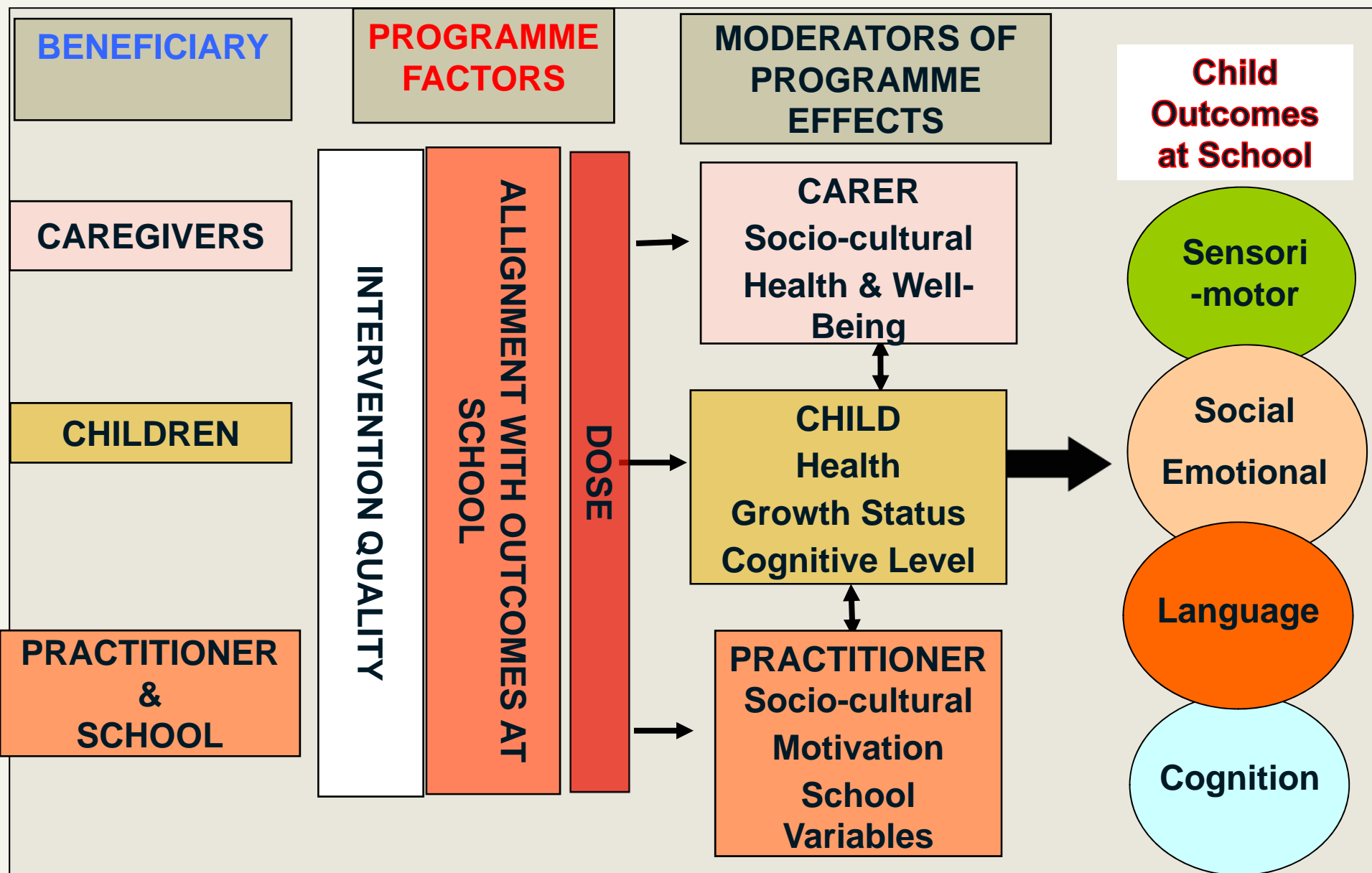
- Partners undertook different interventions –
  - workshops with site visits to untrained or previously trained
  - Level 1 and 4 training
- All showed improvement in classroom quality
- Smaller gains in public Grade R than in community preschools
- Value of including management/HOD and principals demonstrated

# Grade R Findings : Overall

**Question:** At Grade R, are there differences between children who attended ECD and whose teachers were trained and those who had no exposure to ECD prior to Grade R?

Measure	Findings	
	No ECD	Teacher Training (All)
<b>Cognition</b>	30.99	37.35 
<b>Language</b>	45.26	47.85
<b>Numeracy (Counting Raw Score)</b>	4.37	4.96 
<b>Numeracy (Number Concept Raw Score)</b>	3.07	4.22 
<b>Emotional Dev. (School Readiness)</b>	11.72	13.54 

# SOBAMBISANA PROGRAMME INPUTS AND OUTCOMES: MODERATORS OF EFFECTS



# Findings: Malnutrition in all sites

	<b>Stunting</b>	<b>Underweight</b>
<b>National 2005 (0-4yrs)</b>	<b>23%</b>	<b>11%</b>
<b>Rammulotsi (N= 54)</b>	<b>19%</b>	<b>13%</b>
<b>Queenstown</b>	<b>Awaiting final data</b>	
<b>Indaka (N=60)</b>	<b>17%</b>	<b>20%</b>
<b>Grabouw (N=34)</b>	<b>32%</b>	<b>24%</b>
<b>Lusikisiki (N= 83)</b>	<b>38%</b>	<b>12%</b>





# Findings: Cognitive Development All

	<b>% Children Within Norm for Age at Baseline</b>
<b>Average across sites</b>	<b>11%</b> of children are performing as expected for age.
<b>Grover counter test using rural norms</b>	



# Preliminary Conclusion

On these measures:

- Enrichment / Teacher Training shows up across partners as being associated with better outcomes than other interventions.
- This does not mean that the other interventions did not benefit the children to some extent on these variables, or that they did not benefit children in other ways.

# WHAT HAVE WE FOUND OUT? HOW AND WHEN TO INTERVENE

ANTENATAL

0 – 36 MONTHS

36-60 MONTHS

5-9 YRS

CLINIC-BASED CAREGIVER AND CHILD SUPPORT

**HOME-BASED (CHILD & CARER)**  
(HEALTH; NUTRITION; WELFARE; PROTECTION;  
PSYCHO-SOCIAL SUPPORT TO CAREGIVER)

**QUALITY ECD SITES**

**GREATEST  
PROBABILITY OF  
IMPROVING  
READINESS FOR  
SCHOOL**

**HIGH DOSE  
PLAYGROUP INPUTS  
ALLIGNED TO  
SCHOOL READINESS**

**ECD PRACTITIONER  
&  
SCHOOL TRAINING AND SUPPORT**