

Informal settlements: Informal early childhood development centres



GUIDELINES

PPT



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Abbreviations

Children's Act	Children's Act No. 38 of 2005 (amended by the Children's Act No. 41 of 2007 and Child Justice Act No. 75 of 2008)
CBO	Community based organisation
CWP	Community Works Programme
DOE	Department of Education
DHS	Department of Human Settlements
DPW	Department of Public Works
DSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
HDA	Housing Development Agency
IDT	Independent Development Trust
IDP	Integrated Development Plan
NDA	National Development Agency
NGO	Non-government organisation
NPO Act	Non-profit Organisations Act No. 71 of 1997
SAEP	South African Education Project
VIP	Ventilated improved pit latrine

Glossary

Key Term	Definition
Caregiver	Any person providing care to children in a registered or unregistered ECD centre irrespective of their training or lack thereof.
Operator	A person who is responsible for the daily running of a formal or informal ECD centre. The operator is usually the owner as well.
Informal ECD centre	A crèche, preschool or place of care for children between the ages of 0 and 9 in a vulnerable community that is not registered with the Department of Social Development as a place of partial care and is typically unable to.
Means test	A test which is required to determine whether a child is eligible for state support based on their parents or primary caregivers earning less than a set amount.
Partial care	Section 76 of the Children's Act, No. 38 of 2005 (as amended) defines partial care as follows: "partial care is provided when a person, whether for or without reward, takes care of more than six children on behalf of their parents or care givers during specific hours of the day or night, or for a temporary period, by agreement between the parent and care givers and the provider of the service, but excludes the care of a child: a. By a school as part tuition, training and other activities provided by the school; b. As a border in a school hostel or other resident facility managed as part of a school; or c. By a hospital or other medical facility as part of medical treatment provided to the child."

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1. Introduction

1.1. The importance of informal ECD centres

Improving access to quality Early Childhood Development (ECD) is an increasing priority for the South African state, non-government organisations (NGOs) and civil society. Although the Departments of Social Development (DSD) and Basic Education and Health are the lead state actors in improving and scaling up ECD, meeting challenges requires a multi-sectoral approach and support from NGOs that have developed a rich body of experience and expertise. It is also recognised that the backbone of ECD provision in South Africa is the non-governmental and private sector (formal educational institutions and small, privately-owned and managed ECD centres which are either formal and registered or, in most cases, informal and unregistered).

Young children in informal settlements are acutely vulnerable and lack access to quality ECD services which disadvantages them at a critical point in their development and perpetuates cycles of poverty and exclusion. Though poorly capacitated and under-resourced, most informal ECD centres play an important role in informal settlements by providing basic care to young children and enabling parents or primary caregivers to work or pursue other livelihood strategies. Large numbers of young children in South Africa attend such centres. However, due to a range of challenges, most informal ECD centres lack adequate access to state support and funding. Finding ways to more effectively assist and support de-facto informal ECD centres therefore represents a significant opportunity to improve ECD services and should be regarded as a high priority.

1.2. Nature and scale of the informal ECD centre challenge

Currently most state support for ECD (such as operating subsidies and training) is directed toward registered non-profit organisations (NPOs) and those ECD centres with adequate infrastructure that are able to fully or conditionally meet Department of Social Development (DSD) partial care facility and programme registration requirements.

Text box one: Description of partial care in the Children's Act

Section 76 of the Children's Act, No. 38 of 2005 (as amended) defines partial care as follows: "partial care is provided when a person, whether for or without reward, takes care of more than six children on behalf of their parents or care givers during specific hours of the day or night, or for a temporary period, by agreement between the parent and care givers and the provider of the service, but excludes the care of a child:

- a. By a school as part tuition, training and other activities provided by the school;
- b. As a border in a school hostel or other resident facility managed as part of a school; or
- c. By a hospital or other medical facility as part of medical treatment provided to the child.

By contrast, most informal ECD centres can't qualify for assistance because they can't formally register with DSD and meet its high prescribed standards. Large numbers of young children in informal ECD

care therefore receive no state assistance and endure a range of significant challenges. "The current system of provision is blind to the majority of young children who are outside the system. It only 'sees' the children who are registered ECD facilities" (Harrison, 2012a).

Many children attending informal ECD centres face significant health and safety threats. The challenges include poor infrastructure and facilities (e.g. inadequate sanitation and access to clean water, no boundary fencing, poor building ventilation and insulation), poor socio-emotional and learning environments (e.g. inadequate learning materials and equipment, untrained educators) and poor nutrition. The problem is one of significant scale. Approximately 3.8 million children (59%) live in dire poverty in South Africa (Atmore, et al. 2012). There are approximately 1.76 million children living in informal dwellings and 3.06 million living in traditional dwellings (Hall, 2013). Less than 1/5th of the poor (40% of the population) have formal ECD access (Harrison, 2012b). Although ECD has been placed high on the national development agenda (including within the National Development Plan) and whilst there are various efforts underway to achieve change, little has yet changed at grassroots-level. There continues to be a pre-occupation with formal standards and modes of response and insufficient willingness to recognise and work incrementally with informal ECD. There is also no overall framework for a response at-scale and available infrastructure funding instruments are not being utilised.

The majority of ECD services in South Africa are implemented by the non-profit sector and there are "very variable levels of access to and quality of ECD services" (Biersteker, 2011, p. 38) with "many children falling through the cracks" (Ilifa Labantwana, unknown date a). Although 90% of 5 to 6 year olds and 55% of 3 to 4 year olds are attending an educational institution or care facility, attendance doesn't ensure that children are provided with an appropriately stimulating environment or care (Berry et al., 2013). "We sometimes assume that children in day care centres are being stimulated and prepared for school, but this is often not the case as many centres in under-resourced communities function merely as baby-sitting facilities. This does little for later learning as it is vital for children to have access to resources and constructive stimulation if they are to excel at school" (Cotlands, 2013).

1.3. Defining Early Childhood Development

The Department of Education's White Paper 5 (2001) defines ECD as an "umbrella term that applies to the processes by which children from birth to at least 9 years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially" (Department of Education, 2001, p. 9).

Informal ECD centres however typically only care for children up until the ages of 5 or 6 years (i.e. until they are enrolled in school at grade R or grade 1).

The White Paper further states that ECD "conveys the importance of an integrated approach to child development and signifies an appreciation of the importance of considering a child's health, nutrition, education, psycho-social and additional environmental factors within the context of the family and the community ... community-based services that meet the needs of infants and young children are vital to ECD and they should include attention to health, nutrition, physical development, curriculum, and water and environmental sanitation in homes and communities" (Department of Education, 2001, p. 9).

1.4. Research objectives

PPT has undertaken preliminary research into the challenges faced by informal ECD centres in informal settlements with the primary research objectives of:

- Identifying crosscutting challenges and constraints faced by informal ECD centres in informal settlements.
- Identifying ways in which de-facto informal ECD centres can be more effectively and incrementally supported, capacitated and improved.
- Developing practical implementation plans for two pilot sites for testing scalable and cost-effective solutions.

1.5. Scope of work and methodology

This preliminary study is based on:

- Interviews with a range of credible ECD stakeholders working with informal ECD centres;
- A review of a variety of research and reports, including state policies, key legislation, municipal documents and Stats SA reports (including Census 2011); and
- Investigations of informal ECD centres located in two municipalities (Mangaung Metropolitan Municipality and Mbombela Local Municipality).

Particularly useful or important information has been included verbatim in text boxes. The annexures include the contact details for ECD NGO networks working in informal settlements and vulnerable communities that can assist local municipalities as implementing partners for ECD projects in informal settlements.

1.6. Limitations and assumptions

- This study is preliminary and has focused on the challenges faced by informal ECD centres. For example, the number of children that do not attend ECD centres and are not exposed to home based ECD programmes is a widely shared concern. Intervening in order to identify and reach these children hasn't been a focus of this preliminary study. It is noted however, that if ECD centres in informal settlements are strengthened through strategic support (including subsidisation of attendance of the most vulnerable children) more children may possibly be reached.
- This research is based on interviews with selected key stakeholders across South Africa. Whilst the interviewees have provided valuable insights into the challenges faced by NGOs and informal ECD centres across South Africa the interview sample was small.
- Whilst the initial intention of this work included the development of practical implementation plans for two pilot sites, due to time constraints in the field and the absence of available support (in particular functional working relationships with the DSD at centre-level) this was not possible to the extent initially envisaged. In addition, it was apparent that, within the current ECD support framework (which is premised on formality) there is limited scope to provide meaningful assistance to most informal ECD centres and a new and more accommodating framework is required. A broader model and categorisation framework was therefore developed which has the potential for impact at scale. PPT is in the process of seeking funding to test this new approach at area level in two pilot municipalities in collaboration with ECD organisations such as Ilifa Labantwana and TREE.

1.7. PPT-HDA collaboration

The Housing Development Agency (HDA) has kindly made funding available for this Report as part of its collaboration with PPT in respect of informal settlement upgrading. Through this collaboration, ECD emerged as being a critical upgrading issue which was receiving little attention and it is hoped that this report will assist stakeholders in formulating improved informal settlement ECD responses.

2. Key findings

- *Informal ECD is an extremely important issue and addressing it is central to South Africa overcoming broader developmental challenges, noting:*
 - The pivotal role that education and skills play in economic growth and competitiveness;
 - That ECD forms the basis for later education and has other lifelong benefits;
 - That there are high levels of vulnerability and disadvantage amongst young children in informal settlements; and
 - The large scale of informal ECD in South Africa and the lack of immediate alternatives (refer also to 1.1).
- *Informal ECD centres are necessary and critically important for poor households and there is no other readily available alternative (at least in the short to medium-term), noting:*
 - Informal ECD centres are the de-facto backbone of ECD services for poor households due principally to their accessibility and affordability to poor households; and
 - Formal models of ECD (with their current norms and standards), however desirable, cannot be practically realised in the short to medium-term given a range of prevailing constraints (e.g. the capacity to run such centres; the capacity within government to enable, register and monitor; available land/sites in suitable micro-localities; low levels of household affordability etc.).
- *Accessibility¹ (e.g. close ECD centre proximity to residence at low or nil transport cost) is a critical factor that must be taken into consideration in responding to informal ECD:*
 - Most informal ECD centres are a response to a need/demand for very accessible ECD services, mainly for mothers or siblings who drop off and collect young children. Typically they are located 'around the corner' or en-route to work. Cost (affordability) is probably the other main selection factor for poor households. The likely safety for the child, though important, is often compromised on due to a lack of accessible and affordable alternatives. The quality of ECD service (e.g. level of learning and socio-emotional care) is probably the least important factor in terms of the priorities of poor parents.
 - The DSD's suggestions that ECD centres be located principally at local service points or community services nodes (DSD presentation at ECD Conference 27-30 March 2012) is problematic because: a) these will not be sufficiently accessible to many local residents; b) it is premised on a formal mode of ECD response and may negate the importance of large numbers of informal ECD centres.
- *Informal ECD centres face a range of critical challenges including:*
 - Lack of skills and capacity (especially pertaining to care, education and institutional management);
 - Lack of access to training;
 - Lack of retention of trained and skilled ECD personnel;
 - Inadequate facilities and infrastructure (e.g. sanitation, fencing, buildings);
 - Inadequate access to financial support (operational subsidies and other grant funding);

1. Accessibility in this context means that someone (usually a mother) can afford the a) money, b) time and c) physical effort associated with getting a young child to an ECD centre. It must be remembered that most parents work long hours, endure long travel times to and from work, and have no household assistance. Not only is their income low, but their time is highly constrained and they are typically tired from working and travelling for long hours and running homes with little or no assistance.

- Inadequate access to other resources (e.g. learning materials, tables, chairs and educational toys);
 - Overcrowding;
 - Inadequate access to state nutritional support programmes;
 - Poor financial and institutional sustainability;
 - Limited or no monitoring and support which is key to improving their quality; and
 - Limited or no relationship with government (DSD, Local Municipalities etc.)
- *There is effectively no relationship between informal ECD centres and government and no structured programmes to support and assist informal ECD centres which fail to meet minimum requirements² (though occasional ad-hoc interactions might occur). This lack severely constrains the potential for informal ECD centres to overcome the above challenges and thereby improve the quality of the care and early childhood learning and socio-emotional support which they provide. There is significant potential for strategically-focused government support to have a positive impact on informal ECD provided that current minimum norms and standards are relaxed and a model of incremental improvement is adopted which in the first instance seeks to address and mitigate the most pressing challenges including health and safety threats and which recognises that 'acceptable informal ECD services' are necessary in the absence of other available alternatives.*
 - *Most informal ECD centres are interested and motivated to make improvements and improve the care and early childhood education which they provide but lack the necessary capacity, information, relationships and resources to do so unless they receive targeted and proactive support. Most informal ECD centre operators (who are usually also the owners) have already made significant investments of their own resources and are fully committed to ECD as a line of work.*
 - *There are material barriers to most informal ECD centres accessing grants³, capacity building, training and other support from the DSD because they are unable to meet the three main requirements of the DSD:*
 - They are typically unable to meet the minimum norms, standards and requirements as laid down by the DSD pertaining to registration as a '*partial care facility*'⁴, this being probably the biggest challenge centres face (e.g. due to zoning, infrastructure and tenure issues);
 - They typically face difficulties in being able to meet the minimum norms, standards and requirements as laid down by the DSD pertaining to *ECD programmes*⁵ (although with assistance, this is probably more easily overcome than the facility challenges); and
 - They are typically not registered as NPOs – most would be unable to fulfil and sustain the operational requirements (e.g. pertaining to corporate governance) unless they were to receive support (and therefore can't access benefits such as DSD training or raise donor funding).

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2. This support consists mainly of DSD funding and some DSD capacity building which is intended only for registered centres. Although it is recognised that in some localities/provinces, the DSD has conditionally registered many ECD centres (as partial care facilities) which do not yet meet the necessary facility and programme requirements in an effort to extend the subsidy support they are able to offer (though often only for the nutritional component) and in the light of there not yet being any alternative 'mode' of support for informal ECD centres (e.g. no recognition of 'acceptable informal ECD services' as an interim 'stepping stone'). It also appears that the DSD may on occasions also extend its capacity building assistance to non-registered centres on an unofficial basis.
 3. This funding consists of DSD 'operational' grants for children from indigent households which are intended to help pay for nutrition, programme and administrative costs.
 4. The main requirements including approved building plans, a health certificate, a specified constitution, a specified business plan, and adequate centre owner qualifications.
 5. Refer to section 4.3.

- *Resulting from barriers to accessing grants, informal ECD centres cannot access increasing funding for ECD* which has increased from less than R335 million in 2003/2004 to more than R1 billion in 2011/2012 (Giese, et al. 2011. p. 7).
- *Additional operating funding has the potential to significantly improve the ability of informal ECD centres to make improvements.* Centres currently charge between R40 and R250 per month per child (between R480 and R3,000 per annum). By contrast, a DSD ECD indigent subsidy grant for children attending registered partial care facilities contributes more than R3,000 per annum on its own, thereby potentially significantly increasing total income of a centre. This could greatly assist in reducing overcrowding which typically results from pressure to achieve a financial break-even through increasing numbers instead of increasing quality.
- *Children from the most vulnerable households are precluded from attending either formal or informal ECD centres* as informal ECD centres charge fees and there are very few formal ECD centres (i.e. partial care facilities), whose attendance the DSD would subsidise, that exist in or near informal settlements.
- *Informal ECD centres represent significant livelihoods opportunities* for the operators and staff who work at the centres. There are large numbers of such centres which typically employ between one and three people (over and above the operator)⁶. This is regarded as a positive factor since personnel have a commitment and vested interested in making centres successful.
- *NPO registration can be beneficial but only provided the organization has sufficient capacity and ability to sustain compliance* and fully understands the obligations and responsibilities (e.g. a sufficiently strong Board, adequately skilled personnel). There are many cases where this is not the case and pressurising the move to registration prior to readiness will create additional problems.
- *There is a tendency for ECD centres to be easily established and to rapidly proliferate in response to an obviously large and unmet demand for affordable child care amongst the urban poor.* There are relatively high numbers of informal ECD centres. This could pose a resource challenge for the DSD in responding unless there is a clearly prioritised basis upon which engagement and incremental support is offered (i.e. only centres which meet certain basic criteria and have a certain minimum potential become eligible for incremental support – as outlined in section 3.2).
- *Informal ECD centres which have achieved NPO registration and conditional registration as a partial care facility are often not able to make the 'step up' to full registration.* Even so, in some provinces, conditional registration is repeatedly renewed, which suggests that such centres are nonetheless providing a valuable and recognized ECD service. This effectively means that in certain localities/provinces, the DSD is recognizing on a de-facto basis that 'acceptable informal ECD services' do in fact occur – that some level of support and assistance is necessary and appropriate for certain informal ECD centres, even those which in some cases are unlikely to be able to rapidly meet the DSD's requirements for registration.

6. In most instances the owner and operator of the informal ECD centre are the same person.

3. Key recommendations

3.1. Proposed principles for support to informal ECD centres

- *The value and importance of informal ECD centres should be recognised*, noting, as previously indicated that they are the de-facto backbone of ECD services for poor households, that there are no readily available alternatives, and that formal ECD (with its current norms and standards), however desirable, cannot be practically realised at scale in the short to medium-term given a range of prevailing constraints (refer to section 2, bullet 2 for more detail).
- *The state should accordingly adopt an incremental, systematic and inclusive approach towards informal ECD centres⁷ in order to achieve improvements in health, safety and care for large numbers of children:*
 - DSD and state support should not be contingent on NPO or ECD centre registration (i.e. either full or conditional registration as both an approved partial care facility and ECD programme) – although it is desirable for higher functioning informal ECD centres to obtain such registration.
 - There should be a willingness to work with informal ECD centres and recognise that many are able to provide ‘acceptable informal ECD services’ even though they might not be able to achieve formal registration standards.
 - The first and most immediate priority should be to ensure the health and safety of children (e.g. fencing, improved sanitation, clean water, improved health and safety practices). Sustained efforts should then be made over time to more effectively address learning, socio-emotional needs and nutrition.
 - The extent and type of support provided should be according to transparent and clearly defined criteria (see below).
 - The DSD should not require informal ECD centres to have layouts which are ‘uniform’ which appears to be their intention for formal ECD centres (DSD, 2012). Even for formal centres, it is suggested that flexibility in layout is necessary.
- *Accessibility⁸ (micro-location) is a critical factor that must be taken into consideration in responding to informal ECD:*
 - ECD centres (formal or informal) need to be very accessible to poor households (informal ECD centres are typically highly responsive in this respect).
 - Caution must be exercised in assuming that simply locating ECD centres at local service points or community services nodes is sufficient. Micro-locational factors are critical.
 - Refer to section 2 (third bullet) for more information.

7. It is emphasised that this is over and above other ECD measures such as those pertaining to community playgroups, home visits and support to the NGO sector and should not be seen to replace or deprioritise such additional measures which are also important.

8. As previously indicated, ‘accessibility’ in this context means that someone (usually a mother) can afford the a) money, b) time and c) physical effort associated with getting a young child to an ECD centre.

- *In general the criteria for extending support and assistance need to relate to such factors as:*
 - Institutional – Motivation, intent and commitment of operators and willingness to work with the state and NGOs⁹.
 - Care – Current adequacy and potential for improvement (e.g. addressing socio-emotional needs and nutrition).
 - Learning – Current adequacy and potential for improvement.
 - Infrastructure – Current adequacy and potential for improvement (especially in terms of health and safety threats).
- *The DSD, together with Local Municipalities, should rapidly identify and ‘map’ de-facto ECD centres and then rapidly assess and categorise them* (a categorisation framework is suggested in section 3.2. below). Periodic reviews should be undertaken in order to map, assess and categorise new informal ECD centres as well as to re-categorise previously assessed centres where changes have taken place.
- *ECD centres should be divided into six sub-categories and should qualify for various forms of support (or not) accordingly.* Key assessment and categorisation considerations are:
 - The potential to function as an ‘acceptable informal ECD centre’.
 - The extent of health and safety threats and whether or not these can be mitigated.
 - The experience, intent and commitment of the operator (including to work with the DSD and other stakeholders in making improvements)¹⁰.
- The potential for formalisation (but only for categories A and B1, which will only constitute a relatively small proportion of all ECD centres).

3.2. Proposed new approach to achieve scale

It is suggested that a new process' (in the form of a new informal ECD categorisation framework and method) and a new 'model' (in the form of a different, systematic and more inclusive way in which the state partners with, funds and supports private, informal ECD centres) be adopted. These will result in significantly enhanced, more affordable and expanded ECD services at scale for the poor (with a particular focus during the pilot phase on informal settlements, but with the new model also benefiting rural informal ECD in its scaling-up phase).

As previously outlined, the current framework and method utilised in South Africa is premised on formal ECD norms and standards which require high levels of capacity, household affordability, skills, funding and other resources. There is no 'intermediate' level of basic care and no programme of support for informal ECD to achieve incremental change, inclusion and progressive improvement.

By contrast, the proposed new framework is premised on: a) a recognition of the value and importance of informal ECD centres; b) an acceptance that basic but 'acceptable informal ECD services' can be provided by such centres; c) a willingness to provide various forms of assistance and support to informal ECD centres on a systematic, selective and programmatic basis.

9. In most instances the operator and owner of the informal ECD centre are the same person. In instances where the operator is not the owner the motivation, intent and commitment of the owner and willingness to work with the state and NGOs will also need to be determined.

10. See footnote 9 above.

A central element of the innovation is a ‘rapid assessment and categorisation’ method at area or municipal level which forms the platform for a more systematic, programmatic and scale-able response model. All informal ECD centres will be mapped, assessed and categorised according to their potential, needs and the existence of health and safety threats. ‘High-functioning’ centres (few in number) which are capable of achieving formal status will be assisted to do so. But more importantly, ‘basic-functioning’ or ‘low-functioning’ centres’ (i.e. the bulk of informal ECD centres) which have potential, will also be supported in various ways (e.g. infrastructure improvements such as water, sanitation and fencing as well as with training, learning materials, nutritional support etc.) to improve and provide basic, ‘acceptable’ services. ‘Low-functioning’ centres with low potential but significant health and safety threats may also be assisted with emergency assistance (e.g. infrastructure, nutrition) to protect the safety of children in the short-term.

This is an innovative, much-needed, scale-able and dramatically different ECD model.

3.3. Categorisation of ECD centres

Six sub-categories are proposed, it being noted that these effectively differentiate between the following three main categories:

- **Category A: High potential ECD centres (i.e. fully or conditionally registered partial care facilities or with the potential to achieve this level rapidly).** Significant investments and support are warranted.
- **Category B: Moderate potential providing acceptable informal ECD services or with good potential to reach this level** (i.e. the level of a non-registered ECD centre which is nonetheless recognised to provide a minimum level of acceptable basic care to children and is intent on improving their services). Such centres would typically: a) be owned and run by people with real commitment and the right intentions evidenced by actions taken and investments already made in their informal ECD centre; b) either have no material health and safety threats for children OR these threats can be sufficiently mitigated (e.g. by emergency investments in infrastructure such as improved water and sanitation). Significant investments and support are warranted.
- **Category C: Non-acceptable ECD centres.** Some of these will nonetheless warrant emergency investments to mitigate material health and safety threats in cases where there are not yet alternative ECD facilities available for children at risk.

The six proposed sub-categories are outlined in more detail below:

- **A – High-functioning and formalised already or have conditional registration as partial care facility or have good potential for formalisation** (i.e. registration as partial care facility and NPO). Significant levels of support and investment appropriate across all spheres of ECD for such centre (programmes, training, facilities/infrastructure, nutrition etc.). It is however recognised that only a very small proportion of all ECD centres will fall into this category. It is also recognised that there are conditionally registered ECD centres which are not high functioning and which have limited prospects for formalisation/full registration (in certain localities the DSD has awarded such conditional registration because it is the only way to extend much-needed assistance such as nutritional support).
- **B1 – Basic-functioning and providing acceptable informal ECD services and with moderate potential for formalisation** (with conditional registration as the first milestone) but significant support and improvement still required to meet formalisation requirements. Any health and safety threats are minor or can be rapidly mitigated. In the short-term such centres will continue to function as an informal ECD centre rendering ‘acceptable informal ECD

services'. Significant levels of support and investment across all spheres of ECD are appropriate (programmes, training, facilities/infrastructure, nutrition etc.). It is anticipated that a small proportion of informal ECD centres will fall into this category.

- **B2 – Basic or low-functioning with good potential to be a functional informal ECD centre rendering acceptable informal ECD services (or have already attained this level) but with limited potential for formalisation/registration.** There is an absence of material health and safety threats (or these can be rapidly and easily mitigated). There is significant potential for improvement (e.g. real commitment, plans for improvement, receptiveness to working with DSD etc.). Significant levels of support and investment across all spheres of ECD are appropriate (programmes, training, facilities/infrastructure, nutrition etc.). It is anticipated that a significant proportion of informal ECD centres will fall into this category and consequently that this constitutes a very important informal ECD category upon which the state and other stakeholders should strategically focus their support efforts and resources (with the main focus being on supporting sustainable and acceptable informal ECD centres).
- **C1 – Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with no material health and safety threats and currently no other alternatives for children in care.** No immediate actions warranted, although in the long-term closure would be ideal once other alternatives for care exist.
- **C2 – Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with significant health and safety threats which can and should be rapidly mitigated** through emergency assistance / investments (e.g. sanitation, water supply, fencing, nutrition etc.). Currently no other alternatives for children in care. In the long-term, closure would be ideal once other alternatives for care exist. It is anticipated that a significant proportion of informal ECD centres will fall into this category and consequently that this (along with 'B2') is also a very important category upon which the state and other stakeholders should strategically focus their support efforts and resources (with the main focus being on emergency risk mitigation).
- **C3 – Low-functioning with limited or no prospects for rendering acceptable informal ECD services and with significant health and safety threats which cannot be rapidly mitigated** through emergency assistance/investments (e.g. sanitation, fencing etc.). Such centres should ideally be closed down even if there are currently no other alternatives for children in care, however this should be regarded as a last resort and only after careful consideration of unintended adverse consequences. In the event that an informal ECD centre is closed, where possible, parents or primary caregivers should be assisted with making alternative childcare arrangements.

3.4. Proposed new responses

The DSD, DPW (through the EPWP), NDA and other state stakeholders already provide invaluable support to ECD across South Africa. State support for ECD has significantly increased in the last decade and 432,727 children attending 16,250 ECD centres are subsidised by the DSD (DSD, 2011). As previously indicated, there are still however significant challenges with most children from poor communities receiving informal or no ECD care (in particular prior to enrollment in Grade R in state schools) and large numbers of children are being adversely affected (refer to section 1.1. for more information). In order to bring about meaningful change at scale, incremental support for informal ECD centres (as well as increasing other forms of ECD provision such as home visiting, mobile units and playgroups) is essential and various new forms of response for informal ECD centres will be necessary.

The following additional responses/investments are therefore suggested over and above those already being provided:

1. **Rapid assessment and categorisation** of all informal ECD centres so that all such centres are 'mapped' and the appropriate response category is identified (as per 3.2 and table one in section 3.4).
2. **The adoption of a new principle that various forms of support will be provided on an incremental, inclusive and systematic basis to informal, unregistered ECD centres** (as per section 3.2 and table one in section 3.4 and including in respect of infrastructure, programmes, capacity building, nutrition etc.).
3. **Investments in infrastructural/facility improvements** (e.g. sanitation, tap water, fencing, improvements to structures). The principle should be that investments are made in terms of the above-mentioned categorisation and upon the advice/confirmation of the local DSD office. Further testing by means of pilot projects would be beneficial to determine the optimal grant mechanisms. Existing grant mechanisms should however be utilised where possible to avoid the protracted delays which would most likely result from the development of new ones and noting that the total capital requirements would be small compared to global infrastructure and housing budgets. In the case of basic or emergency infrastructure improvements (e.g. sanitation, water, fencing) it is suggested that this can most easily be provided utilising MIG¹¹ or USDG¹² grants. In the case of more significant facility upgrades, it is suggested that the DHS should provide the capital funding on advice from the DSD (and broadly as per Special Needs Group Housing [SNGH] subsidies that have been provided by the DHS to NPOs in providing shelter and care to vulnerable people for acquisitions, new builds or renovations of accommodation since 2002). In such cases, and as with SNGH, care must be taken to ensure that such ECD centres have the necessary skills and capacity to operate and maintain the project, that initiatives are operationally sustainable, and that the DSD is supportive. It is noted that there is already a provision within the Housing Code for ECD centres attached to community centres to be funded from the housing budget.
4. **Increased involvement and assistance from the Department of Basic Education** with respect to educational methods and resources/materials in order to improve the educational aspects of ECD across all informal and formal ECD centres.

11. Municipal Infrastructure Grant.

12. Urban Settlement Development Grant (intended principally for informal settlement upgrading) available mainly to Metros and certain high-capacity Municipalities.

Text box two: Current Ilifa Labantwana initiatives (KZN)

It is noted that there are already certain initiatives underway which validate the above systematic, programmatic and inclusive ECD approach. One of these is programmatic work being undertaken by Ilifa Labantwana in KZN in various districts such as Ugu. Ilifa are working closely with and supportively of the DSD and Social Cluster¹³ as well as grassroots organisations. Amongst other things their initiatives include:

- Developing an improved information management and workflow system for improved ECD support, registration and funding (centre and non-centre based);
- Mapping all ECD services and centres (including informal ECD centres) and developing a district database;
- Supporting an improved and more efficient referral system in respect of the early identification and redress of risks to young children and pertaining to such interventions as child protection and physical and mental health care/treatment (via the 'Phila Mntwana' Programme);
- Building DSD capacity and systems at district and provincial level (including for population-level planning, budgeting and evaluation in relation to ECD services);
- Training and equipping ECD practitioners to support children with disabilities and strengthening referral networks (e.g. to hospitals, clinics, NGOs etc.); and
- Creating ECD hubs in local municipalities.

Such initiatives would be massively strengthened if the response model outlined in the preceding sections was put into effect (e.g. by enabling informal ECD centres to access much-needed funding for infrastructural improvements as well as DSD and other support without having to meet all registration requirements).

13. DSD along with Departments of Health, Arts and Culture, Economic Development, Sports and Recreation.

3.5. Table 1: Proposed categorisation response model

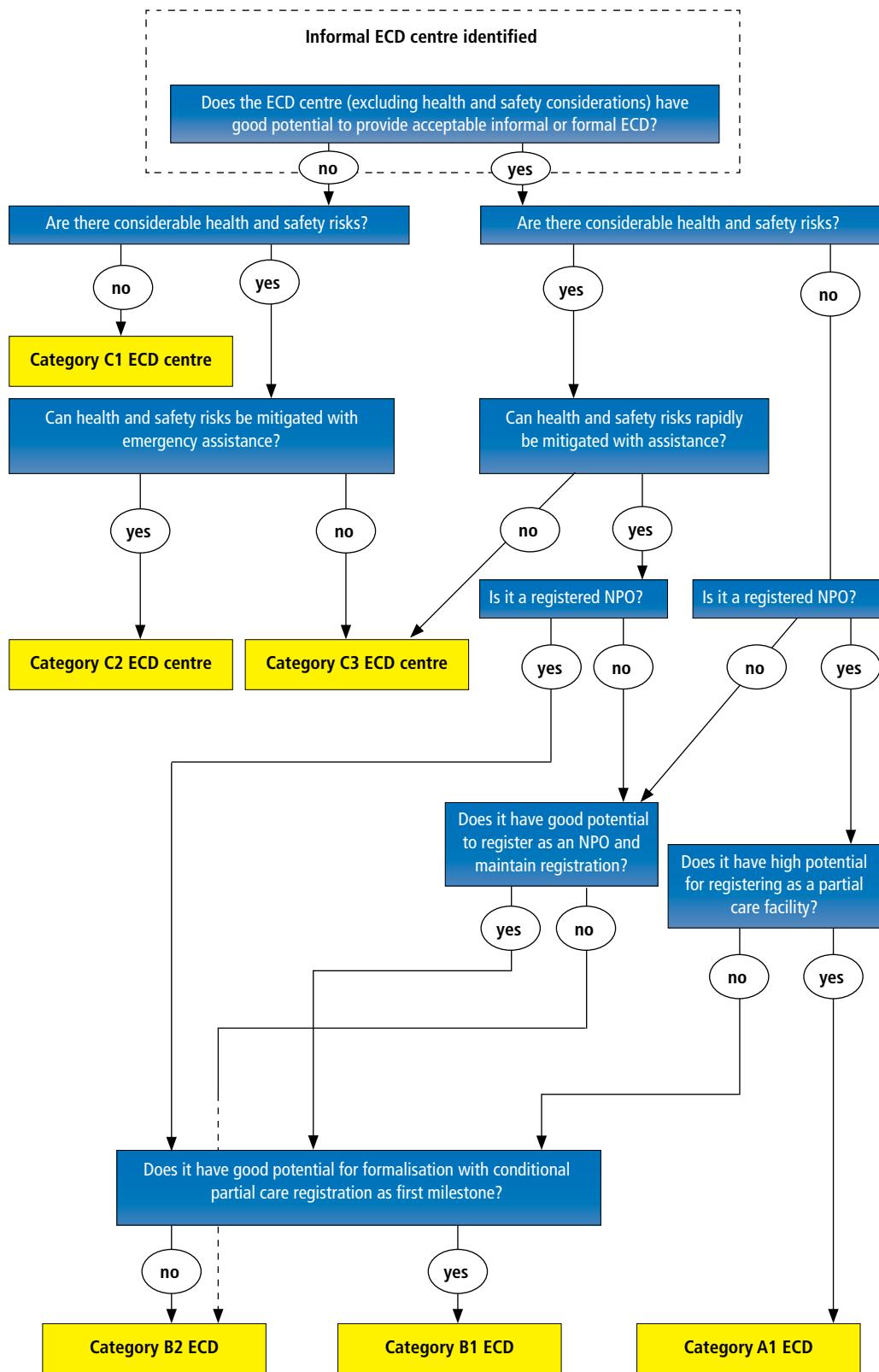
Category	Characteristics of ECD centre/indicative criteria	Response	Indicative action or support	Stakeholders
<i>A1 High-functioning – formalised already or has conditional partial care facility registration or has high potential for formalisation (reg. as partial care facility and NPO). There are very few such ECD centres in informal settlements.</i>	<ul style="list-style-type: none"> • High capacity. • Well-functioning ECD programme. • Evidence of strong commitment by operator. • Good prospect of considerable improvement if supported. • Registered NPO. • Children attending are unlikely to be at considerable risk of harm. If there is risk of harm it can be mitigated through assistance. 	Such centres warrant significant levels of support and investment – Provide incremental and ongoing support (long-term).	<ul style="list-style-type: none"> • Advanced training (e.g. by NGOs or FET colleges). • Board training and mentorship. • Assist with nutrition. • Provide or assist with acquiring educational resources. • Major ECD centre infrastructural improvements aimed at enabling ECD centre to acquire LM certificate of acceptability (necessary for partial care registration). Includes movement to new site if this will enable partial care registration. • Assist with partial care facility registration application (if there is a reasonable prospect of successful registration) including assistance with engagement with the Local Municipality. 	DBE, DSD, NGOs. DSD, NGOs. DSD supported by NGOs (e.g. nutrition programme monitoring). NGOs, DSD, private sector/CSI sponsorship. DHS, LM, DSD, DPW. NGOs, DSD, LM.

Category	Characteristics of ECD centre/indicative criteria	Response	Indicative action or support	Stakeholders
<p><i>B1 Medium-functioning – good potential for formalisation</i> with conditional registration as the first milestone but significant support and improvement still required to meet formalisation requirements. Any health and safety threats are minor and can be easily mitigated. In the short-term it will continue to function as an informal ECD centre rendering acceptable informal ECD services.</p>	<ul style="list-style-type: none"> • Medium capacity. • Well or poorly functioning ECD programme. • Evidence of commitment by the operator. • Good prospects for considerable improvement if supported. • May be an NPO. • Children attending might face health and safety threats but these can be mitigated through assistance. 	<p>Such centres warrant significant levels of support and investment – Provide incremental and ongoing support (long-term).</p>	<ul style="list-style-type: none"> • Formal and/or informal training (e.g. by NGOs or at FET colleges) and informal training. • Assist with NPO registration (including selection of board, board training and mentoring, training on functions and requirements of NPOs). • Assist with nutrition. • Provide or assist with acquiring educational resources. • ECD centre improvements (e.g. improved sanitation, minor improvements to structure, fence ECD centre). 	DBE, DSD, NGOs. DSD, NGOs. DSD. NGOs, DSD, private sector/CSI sponsorship. LM, DHS, DSD, DOH.
<p><i>B2 Low-functioning but with good potential to become a functional informal ECD centre rendering acceptable informal ECD services.</i> Absence of material health and safety threats (or these can be rapidly and easily mitigated). Significant potential for improvement (e.g. real commitment, plans for improvement, receptiveness to working with DSD etc.). However, unlikely or uncertain prospects for full formalisation.</p>	<ul style="list-style-type: none"> • Low capacity. • Poorly functioning or no ECD programme. • Evidence of commitment by operator. • Good prospect for considerable improvement if supported. • Not an NPO. • Children attending may face health and safety threats but this can be mitigated through assistance. 	<p>Significant levels of support and investment – Provide incremental and ongoing support (long-term).</p>	<ul style="list-style-type: none"> • Basic training. • Assistance with nutrition. • Provide or assist with acquiring educational resources. • Minor ECD centre improvements (e.g. improved sanitation, fencing, minor improvements to structure). 	DSD, NGOs. DSD NGOs, DSD, private sector/CSI sponsorship. LM, DHS, DSD.

Category	Characteristics of ECD centre/indicative criteria	Response	Indicative action or support	Stakeholders
<i>C1 Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with no material health and safety threats and currently no other alternatives for children in care.</i>	<ul style="list-style-type: none"> Poorly functioning or no ECD programme in place. Limited or no evidence of commitment by operator. Limited or no prospect of considerable improvement if supported. 	No immediate actions warranted (over and above ongoing monitoring) although in the long-term closure would be ideal once other alternatives for care exist.	<ul style="list-style-type: none"> None, only monitoring to take place. 	DSD, NGOs, LM.
<i>C2 Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with significant health and safety threats which can and should be rapidly mitigated through emergency assistance/investments (e.g. sanitation, improvement to safety of structure, fencing etc.). Currently no other alternatives for children in care.</i>	<ul style="list-style-type: none"> Poorly functioning or no ECD programme in place. Limited or no evidence of commitment by operator. Limited or no prospect of considerable improvement through support. Children attending face health and safety threats which can be mitigated through emergency assistance. 	In the short-term – Emergency support to mitigate risk of harm. In the long-term closure would be ideal once other alternatives for care exist.	<ul style="list-style-type: none"> Minor emergency improvements (e.g. improved sanitation, improved safety of ECD centre structure, fencing). Identify local formal and informal ECD alternatives. 	LM, DHS, DSD.
<i>C3 Low-functioning with limited or no prospects for rendering acceptable informal ECD services and with significant health and safety threats which cannot be rapidly mitigated through emergency assistance/investments (e.g. sanitation, fencing etc.).</i>	<ul style="list-style-type: none"> Poorly functioning or no ECD programme in place. Limited or no evidence of commitment by operator. Limited or no prospect of considerable improvement through support. Children attending face considerable risk of harm which cannot be mitigated through assistance. 	Only as a last resort and in extreme cases: Centre should be closed down even if there are currently no other alternatives for children in care.	<ul style="list-style-type: none"> Close ECD centre. Identify local formal and informal ECD alternatives. 	LM, DSD

Abbreviations: Department of Social Development (DSD), Local Municipality (LM), Department of Human Settlements (DHS), Department of Basic Education (DBE), Department of Health (DOH), Department of Public Works (DPW).

3.6. Categorisation flow chart

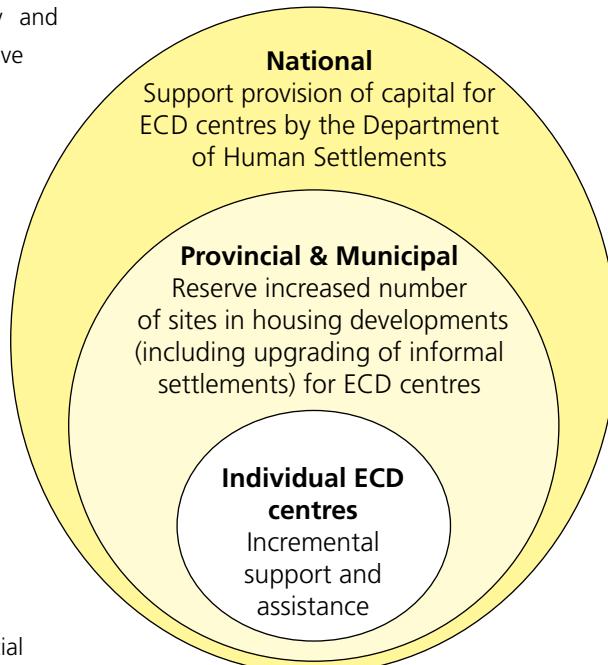


3.7. Informal ECD centres should be supported at multiple levels

The state working with civil society and NGOs has an opportunity to improve ECD activities in informal settlements and vulnerable communities more generally. Improved informal ECD centres can best be achieved by increasing support for ECD activities at the national, provincial and municipal levels and at the local level (i.e. to individual informal ECD centres).

3.7.1. National level support

At the national level the DSD, with state agencies (e.g. the NDA) can engage the Department of Human Settlements (DHS) and request financial support for upgrading informal ECD centres as socio-economic assets in informal settlements.



The 2009 South African Housing Code makes provision for infrastructure for ECD services under the Programme for the Provision of Social and Economic Facilities (Volume 3, Part 3). The stated objective of the Programme is "to facilitate the development of basic amenities which are normally funded by municipalities in cases where municipalities are unable to provide such facilities" (DHS, 2009. p 13).

The Programme promotes,

"the provision of certain basic social/community amenities and economic facilities within existing and new housing areas as well as within informal settlement upgrading projects in order to achieve the following policy objectives:

- Social development: to facilitate the provision of social services through the development of primary, social amenities and community facilities such as parks, playgrounds, sports fields, crèches, community halls, taxi ranks, municipal clinics and informal trading facilities" (DHS, 2009. p. 13).

The DSD provides operational grants for informal ECD centres but ordinarily not capital for facilities (though in rare instances the DSD is reported to have provided capital to ECD centres to improve their structures to meet DSD norms and standards). In order to meet the requirements of the DSD for registration as partial care facilities, informal ECD centres must submit: 1) a public health permit, 2) a certificate of acceptability and 3) fire clearance certificates. Informal ECD centres in informal settlements ordinarily cannot meet these requirements as:

- They don't own or lease the land that they are situated on from the owner and have no legal right over the land on which they are situated;
- Their structures are inadequate and cannot meet health and safety regulations; and
- The land on which they are built is incorrectly zoned for use as an ECD centre.

Although local municipalities may support ECD services many don't have the resources to provide land and infrastructure to enable informal ECD centres to meet DSD partial care norms, standards and registration requirements. Without capital for upgrading informal ECD facilities from the DHS; higher functioning informal ECD centres won't be able to fully register as places of partial care and will remain unable to access subsidies. (It is noted that partial care registration also requires ECD programme registration, and relaxation of certain partial care norms and standards – e.g. zoning requirements – will be necessary).

The Housing Code only provides for crèches attached to community halls, however this is problematic because it: 1) likely restricts DHS ECD infrastructure investments below the demand in communities and 2) determines the location of crèches based on the presence of community halls and not by demand. The intention of the DHS in restricting the location of crèches to the same sites as community halls is arguably to safeguard its investment, however this can be achieved by other means. For example, Edutainers (shipping containers converted for ECD purposes) are often owned by well capacitated NGOs and leased to informal ECD centres for a nominal amount. (Refer to <http://www.brightkidfoundation.co.za/> for further information on the Bright Kid Foundation.) Leasing facilities to informal ECD centres has the benefit of enabling NGOs to maintain an oversight and support role.

Recommendation for engagement with the National Department of Human Settlements:

- ECD stakeholders (the DSD, NDA, NGOs) should engage the DHS to secure its support for the use of DHS capital for ECD facilities in a variety of settings (i.e. not just attached to community halls).

3.7.2. Provincial and local municipality level support

At the provincial and local municipality levels, DHS and municipalities can be assisted by the HDA to better include provision for ECD centres in informal settlement upgrading projects and greenfield housing projects. ECD stakeholders across South Africa report that it is common for ECD centres to not be sufficiently accommodated in RDP housing projects. This is also said to be the case in the Free State. Asked for comment, a Mangaung Municipality town planner said that when consulted communities strongly identify housing as their primary need and make little mention of any ECD needs. The need for ECD facilities might be under reported by communities when engaged by housing or town planning officials.

Recommendations for inclusion of ECD in informal settlement upgrading projects:

- Ensure enumeration exercises are adequately provided for in the design phases of housing projects, and that they record the number and ages of children in the informal settlement, whether they attend a formal or informal ECD centre (or receive home visits from an ECD practitioner).
- Undertake broad stakeholder engagement (including benefitting informal settlement communities, local municipal officials, the DSD and NGOs) during the pre-feasibility and feasibility stage of projects in order to identify and accommodate informal ECD centres in human settlements projects (e.g. through reserving sites with the correct zoning for ECD).

3.7.3. Local level support to individual ECD centres

Refer to sections 3.1. to 3.6.

4. Inability to meet DSD registration requirements

4.1. Status quo

In order for an ECD centre to access support from the DSD (consisting of subsidies¹⁴, training, and capacity building) they need to meet three main requirements:

- Partial care facility registration (and related norms and standards) – refer to text box three;
- ECD programme registration¹⁵ (and related norms and standards); and
- NPO registration.

In informal settlements, where the provision of ECD is constrained by high levels of poverty, lack of ECD skills among caregivers and lack of access to resources, informal ECD centres face significant barriers to accessing support due to their inability to meet these three main requirements due to a range of significant barriers. Most informal ECD centres are unable to overcome these barriers and meet the stipulated requirements and are consequently unable to access DSD and other support and enter into a functional working partnership with the DSD.

The Ekukhanyeni Relief Project (Ekukhanyeni) in Gauteng has for example struggled to register informal ECD centres in the informal settlement of Lawley Ext 3 (Johannesburg) as partial care facilities with the DSD. Ekukhanyeni states,

"Experience shows that until land is proclaimed as a 'township', crèches - even those that do have brick structures - will not meet the requirements for DSD registration. There seems to be an either/or situation where crèches that cannot meet requirements for DSD registration as 'Places of Care' are overlooked by government and in many cases these crèches are the ones that provide a much needed service to the children and communities in which they are situated" (Ekukhanyeni, 2012).

Of the fifteen informal ECD centres that Ekukhanyeni has assisted, one has registered as a partial care facility.

Informal ECD centres are important as they allow parents and primary caregivers to work with the assurance that their child is receiving supervised care and they provide livelihoods to ECD service providers.

Some informal ECD centres register conditionally, but this only enables them to access a lower subsidy amount (generally only for nutrition) and is dependent on them having a plan for reaching full registration (Berry, et al. 2011). Conditional registration is reportedly at the discretion of DSD officials and varies between provinces. For example, in the Free State DSD officials apparently conditionally

14. This funding consists of DSD 'operational' grants for children from indigent households which are intended to help pay for nutrition, programme and administrative costs.

15. Refer to section 4.3.

register informal ECD centres as partial care facilities for two years and renew the conditional registration indefinitely. In such cases, DSD officials effectively overlook the conditional registration requirement on condition that the ECD centre improves and fully registers. In Mpumalanga it is reported that conditional registrations can be extended but not indefinitely so. While some DSD officials may err on the side of leniency, other DSD officials may recognise that an informal ECD centre is unlikely to improve its programmes and facilities sufficiently to fully register and therefore not conditionally register the ECD centre at all. Likewise partial care registration is dependent on how strictly municipal officials apply by-laws, as partial care registration depends on local municipalities issuing certificates of acceptability. Very few informal ECD centres have the capacity to achieve the norms and standards required for full registration.

4.2. Barriers to registration as a partial care facility

The biggest problem which informal ECD centres face is in achieving registration as a partial care facility. In order for ECD centres to achieve this registration they need to meet a number of municipal and DSD requirements including national norms and standards for partial care facilities contemplated in section 79 of the Children's Act and published in the DSD 2010 "Consolidated regulations pertaining the Children's Act, 2005".

The DSD and local municipalities have discretion as to how to apply registration requirements and evidence suggests that in some provinces a degree of leniency is afforded to informal ECD centres. Cape Town Municipality for example is said to disregard the zoning of land on which informal ECD centres are situated (Mitchell, 2014) whereas in the Northern Cape partial care norms and standards are reportedly strictly applied.

The majority of informal ECD centres cannot meet partial care registration requirements due to their low capacity and the poor quality of their facilities. Barriers to registration for informal ECD centres in informal settlements include:

- Lack of building plans;
- Structures that don't meet environmental health requirements;
- Informal land tenure;
- Incorrect zoning of land;

Text box three: Documents required for partial care facility registration

(Quotation from Berry, L., Jamieson, L., & James M., 2011. *Children's Act Guide for Early Childhood Development Practitioners*. p. 26 & p. 27)

- A business plan containing the business hours of the centre, the fee structure, the day-care plan, the staff composition and the disciplinary policy.
- The constitution of the centre. This should contain:
 - The name of the centre;
 - The types of services to be provided;
 - The composition, powers and duties of management, and, where applicable, the powers, obligations and undertaking of management to delegate all authority regarding the care, behaviour management and development of children to the head of the centre;
 - The procedure for amending the constitution; and a commitment from the management to ensure that the centre meets the national norms and standards for partial care centres.
- A copy of the approved building plans or a copy of the building plans that has been submitted for approval if the plans have not yet been approved.
- An emergency plan.
- Clearance certificates certifying that the names of the applicant and staff members do not appear in the National Register for Sex Offenders or in Part B of the National Child Protection Register.
- A health certificate issued by the local municipality where the centre is or will be located, confirming that the centre meets the health requirements of that municipality.

- Lack of knowledge of partial care registration requirements by ECD centre; and
- Insufficient ECD skills and inability to submit an adequate business plan.

Most informal ECD centres in informal settlements are unable to overcome the above challenges unless they receive support and assistance. Although it is recognised that certain high-functioning informal ECD centres may be able to meet registration requirements without assistance, they represent a very small proportion of all such centres.

Although it is recognised that there are certain support NGOs that specialise in assisting informal ECD centres to register with the DSD, the number and accessibility of these organisations to informal ECD centres is highly constrained. The South African Education and Environment Project (SAEP) for example provides capacity building support to NPOs that have not registered with the DSD as partial care facilities (Mitchell, 2014).

Without support, few can effectively and proactively engage the DSD and local municipalities to meet requirements for partial care registration or secure assistance. Yet without support, informal ECD centres cannot overcome challenges pertaining to land (e.g. lack of legal tenure, incorrect zoning for land use, and inadequate space) and facilities (e.g. structures that cannot meet environmental health requirements or building regulations) or provide adequate ECD programmes even if they are able to achieve partial care registration.

Even if an informal ECD centre is able to formalise (i.e. register as a partial care facility) it isn't assured of receiving subsidies. First the centre must register its ECD programme with the DSD and also register as an NPO. In addition, the allocation of subsidies is according to a means based test and is at the DSD's discretion.

This underscores the need for careful decision making and stakeholder engagement (e.g. the DSD, NGOs, DHS and DPW) in identifying which centres do in fact have the potential to achieve all formal registrations and requirements in order to access DSD funding. This is important in order to prevent centres commencing on the costly and challenging process of various registrations only to fail in one respect or another and eventually be unable to access the funding and other support they require. It is recognised that high-functioning informal ECD centres with high formalisation potential should certainly be supported in moving towards formalisation and accessing DSD subsidies and assistance within the current framework. However, more importantly, the majority of informal ECD centres which do not have such potential also need to be assisted and supported in various ways to improve the care they are able to provide. This clearly indicates the need for an alternative, more flexible and incremental ECD model which recognises that informal ECD centres can and must provide a basic but acceptable informal standard of ECD services (even if they are unable to meet all formal requirements).

It is further noted that spatial norms and standards in the regulations, if strictly applied to ECD centres in informal settlements, will invariably reduce the number of children that such centres can accommodate. Although ECD operators may be willing to reduce the number of attending children in order to acquire subsidies and other support, reductions in attending children should not be made to children's detriment. It is acknowledged that overcrowding is a considerable problem in informal ECD centres; it reduces the efficacy of care and programmes and places strain on caregivers. However not admitting children when there is no alternate care, especially when it means young children will be unsupervised, has potentially worse consequences. In addition, given the lack of funding received by informal ECD centres, they are compelled to maintain relatively high numbers in order to earn sufficient income.

It is recognised that the DSD in limited instances provides support to informal ECD centres that do not yet meet its registration requirements. This includes assistance with achieving NPO registration and certain provincial DSDs have also made discretionary investments in infrastructure at informal ECD centres that are not yet registered as partial care facilities. The DSD recognises that the informal ECD centres struggle to meet DSD norms and standards and is reportedly investigating ways to assist ECD centres with infrastructure. The DSD in 2012 at the National ECD Conference in East London stated that it is considering an NPO infrastructure grant to enable ECD centres to "bring their infrastructure to a minimum standard of functioning" (DSD, 2012).

The current de facto situation remains however, that without achieving partial care facility registration (with attendant programme and NPO registration) the relationship between the DSD and most informal ECD centres remains very limited and such centres receive little or no support and assistance.

4.3. Barriers to ECD programme registration

Further to registering the ECD centre, the Children's Act requires that persons providing ECD services register their programme with the DSD. This applies to both centre-based and non-centre based ECD programmes or activities. The "Consolidated regulations pertaining to the Children's Act, 2005", published in 2010, regulate the registration of ECD programmes.

The regulations require that ECD programmes must:

- Provide appropriate development opportunities;
- Aim at helping children realise their full potential;
- Care for children in a constructive manner and provide support and security;
- Ensure the development of positive social behaviour;
- Respect and nurture the culture, spirituality, dignity, individuality and language of children; and
- Meet the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children.

Whilst higher functioning informal ECD centres may, with assistance, be able to develop (and adhere to) these ECD programme norms, operators of lower-functioning informal ECD centres are unlikely to be able to develop programmes to the standards set out in the regulations, although with assistance they should be able to achieve programme improvements.

In addition to submitting information on the proposed ECD programme to be registered, applications must include information about the caregivers, including their experience and records of any formal training or qualifications and certificates¹⁶. An ECD operator applying for registration of an ECD programme must have the following qualifications and training:

- The National Certificate in Early Childhood Development at National Qualification Framework (NQF) Level 1 to 6 of the South African Qualifications Authority; OR
- An appropriate ECD qualification; OR
- A minimum of three years' experience implementing ECD programmes (Berry et al., 2011. p. 45).

The majority of caregivers and informal ECD centre operators lack sufficient training, skills and qualifications and receive little or no mentoring and support. Without knowledge of the ECD programme requirements, they will typically be unable to independently implement an ECD

16. Furthermore, certificates must state that caregivers have not been registered on the National Register for Sex Offenders or Part B of the National Child Protection Register.

programme to the standard of the DSD without prior mentoring support. There are significant obstacles to developing and retaining a body of skilled caregivers working in informal ECD centres due to such factors as financial constraints. Often ECD centres are “poorly managed and unsustainable, resulting in centres being opened and then forced to close and children being placed with a different caregiver with regular frequency” (Save the Children SA, 2013).

The regulations for ECD programmes set ratios of caregivers to children which vary depending on the age group, and are an onerous requirement for informal ECD centres (see the table below).

<i>Ratio of staff to children, by age group:</i>	
One staff member to:	For children aged:
6 children	1 – 18 months
12 children	18 months – 3 years
20 children	3 – 4 years
30 children	5 – 6 years

(Reproduced from Berry, L., Jamieson, L., & James, M., 2011. *Children's Act Guide for Early Childhood Development Practitioners*. Children's Institute, University of Cape Town and LETCEE. Cape Town: University of Cape Town. p. 46.)

In addition to the staff (i.e. caregivers responsible for the implementation of ECD programmes), there must be one assistant for every staff member. This is unaffordable for most ECD centres (Berry et al. 2011) and is particularly unaffordable for informal ECD centres located in poor and vulnerable communities.

Financial statements must be provided with both ECD programme registration and partial care facility registration applications. Research by the DBE, DSD & UNICEF in 2010 indicates that maintaining adequate financial records is a significant challenge for ECD centres¹⁷. The study, found that “the financial management of many of the registered community-based ECD facilities is poor, as it was found that more than 50% of these sites do not have many of the necessary administrative documents and structures in place, including such items as a petty cash book. The study found that only 70% of community-based ECD facilities had annual financial statements” (Atmore et al., 2012. p. 135).

4.4. Barriers to maintaining NPO registration

ECD centres cannot access DSD subsidies or support from other organisations (e.g. Lotto and NDA) unless they are registered as NPOs with the NPO Directorate (although it is noted that registration as an NPO is not a requirement for partial care facility or programme registration).

Whilst less difficult than meeting partial care facility and programme requirements, this requirement is nonetheless an obstacle for poorly-capacitated informal ECD centres. Many informal ECD centres are likely to be able to achieve NPO registration if assisted, although it is recognised that the most poorly capacitated are unlikely to succeed. Once registered, NPOs must comply with the reporting requirements of the NPO Directorate. Evidence suggests that maintaining NPO registration is a challenge for new NPOs and in recent years many NPOs have been de-registered: 23,034 of 64,476 NPOs were deregistered and 35,190 were non-compliant in 2012 (Oliphant, 2013).

17. See: Department of Basic Education, Department of Social Development, & UNICEF. 2010. *Tracking Public Expenditure and Assessing Service Quality in Early Childhood Development in South Africa*.

5. Importance of prioritising support for ECD

5.1. Value of ECD to individual development

Quality ECD is recognised as vital to the social, emotional, cognitive and motor skill development of infants and young children. However ECD does far more than only ensuring that young children have the best possible start. Early care, support and stimulation provide lifelong benefits. Positive benefits of ECD recognised by the National Development Plan (National Planning Commission, 2012, p. 296) include:

- Better school enrolment rates, retention and academic performance;
- Higher rates of high school completion;
- Lower levels of antisocial behaviour;
- Higher earnings; and
- Better adult health and longevity.

5.2. ECD is the foundation of education

Improving South Africa's education system to equip and skill its population to more effectively participate in and contribute to the economy is a key challenge. As the National Development Plan (2012, p.296) states, "the single most important investment any country can make is in its people. Education has intrinsic and instrumental value in creating societies that are better able to respond to the challenges of the 21st century."

South Africa's education system faces challenges and the results of the Annual National Assessments (ANAs) of learners in grades 1 to 6 and 9 are concerning. Grade 9 learners score an average of 14% for mathematics with only 3% scoring above 50% (South African Government News Agency, 2013). According to the Rhodes University Centre for Social Development, the poor ANA results "highlight the importance of quality education during the Early Childhood Development phase (0-9 years) of a child's life" (Centre for Social Development, 2011). David Harrison, CEO of the DG Murray Trust, similarly writes, "The platform for successful education needs to be built bottom up. To use an analogy, you can't build a tower from children's building blocks by starting in the middle. The building blocks need to be stacked up from the floor. Yet, for most children, we start trying to lay down the building blocks from the middle – when they enter Grade R" (Harrison, 2012a).

If South Africa is to create a society in line with the NDP's vision, one that is "better able to respond to the challenges of the 21st century", then education and ECD need to be prioritised and improved in a cost-effective and systematic manner. And although "there is no quick fix for the current educational crisis, with recognition and application of quality ECD interventions, at least a solid foundation will be there to build on, and the impact of such interventions will show in years to come" (Centre for Social Development, 2011).

5.3. Breaking the cycle of poverty

Supporting ECD in informal settlements is about addressing intergenerational poverty, sometimes referred to as a “cycle of poverty” which results from poor health and nutrition, deficient care, and limited stimulation which negatively affect ECD and can contribute to poor health and schooling outcomes (Biersteker, 2013. p. 26). Lack of access to ECD services is particularly acute for children in vulnerable communities and only 20% of children in the poorest 40% of households attend ECD centres (Richter, et al. 2012. p. 22).

5.4. State commitment to ECD

Early Childhood Development (ECD) is an increasing focus and priority in South Africa as the state seeks to increase the quality of education and opportunities for participation in the South African economy. In 2004 ECD was declared a national priority and municipalities were directed to incorporate ECD into their integrated development plans (Ilifa Labantwana, unknown date a). In 2005 the comprehensive National Integrated Plan (NIP) for ECD, focusing on prenatal care to age of four, was published by the DSD and in 2005 the Children’s Act was passed. In 2010 the NIP was extended for a further five years.

There are a number of key statements, acts and policy documents committing the state to addressing ECD in vulnerable communities. These include:

- The Constitution section 28(1)(c), which enshrines the right to “basic nutrition, shelter, basic health care services and social services”.
- Section 74(4) of the Children’s Act, which states: “the funding of partial care facilities must be prioritised in communities where families lack the means of providing shelter, food and other basic necessities of life to their children”.
- The National Development Plan 2012, which emphasises the importance of ECD and education.
- The Minister of Social Development, Ms Bathabile Dlamini, emphasised increasing the number of children who benefit from ECD services in rural and informal settlements.¹⁸
- The 2012 Buffalo City declaration, resulting from the South African National Early Childhood Development Conference, commitment to “adequate resourcing of ECD services, including infrastructure provisioning”.

It is also worth noting that the Minister for Public Service and Administration, Mr. Roy Padayachie, at the 2012 South African National Early Childhood Development Conference declared that “infrastructure in the ECD sector is of critical importance” and called for an ‘ECD infrastructure fund’ to be considered (Padayachie, 2012).

5.5. ANC commitment to ECD

Further to commitments made by the state it is worth noting that the African National Congress (ANC), at its 53rd National Conference recognised that “ECD contributes to accelerated development and that participation in ECD and grade R is key to develop the basic skills for future successful

18. Statement made in key note address to the 2012 South African National Early Childhood Development Conference in East London.

learning" (African National Congress, 2012, p.17). The ANC 2014 election manifesto further prioritises ECD; 'making ECD a top priority' is the first aim listed in the "Improving and Expanding Education Training" section of the manifesto. (See the text below).

Text box four: ANC 2014 election manifesto – improving and expanding education training

Make early childhood development a top priority:

- We will work towards realising two years of compulsory pre-school education and strive for fuller integration of grade R educators in the post and remuneration structure.
- About one million poor families will benefit from access to an early learning stimulation programme through community-based initiatives and home visits to prepare children before the foundation phase of formal schooling (Grades R, 1 to 3).
- We will strengthen coordination between departments responsible for Early Childhood Development, and the non-profit and private sectors

(Reproduced from African National Congress, 2014. "Together we move South Africa forward: 2014 election manifesto, a better life for all", page 35.)

6. Study 1: Caleb Motshabi and Dinaweng/Motshabi 2 (Mangaung)

6.1. Settlement overview

Caleb Motshabi is one of several burgeoning informal settlements to the south of formal Mangaung townships. 10,000 erven are planned for Caleb Motshabi according to the Mangaung 2013/2014 IDP and electrification of informal dwellings has taken place in the last year. There are standpipes and the only sanitation is self-constructed pit latrines. It is said there is no waste removal. Access is by badly rutted road. The area has poor drainage and there is no storm water control. Many of the residents are said to be employed and at about mid-morning during the week few adults appeared present during a visit, which supports the claim. The informal dwellings are built on individual stands, sometimes with more than one dwelling, which residents have fenced off. Yards generally appeared well kept. Dinaweng (Motshabi 2) appears to be a newer settlement and doesn't have electricity.



Electricity poles in Dinaweng in preparation for electrification.

Numerous informal ECD centres are said to operate in Motshabi and Dinaweng. The presence of many informal ECD centres appears to have both positive and negative results. The informal ECD centres compete for the enrollment of children encouraging them to improve their services but the competition has reportedly led to conflict between informal ECD centres. The limited support NGOs and CBOs operating in Mangaung offer cannot assist all informal ECD centres, and presumably without cooperation between ECD centres opportunities for sharing resources is limited.

6.2. Kamohela Crèche

6.2.1. Number of attending children

28 children (approximately 18 present on the day of the visit).

6.2.2. History

Kamohela Crèche (Kamohela) was established in 2009 and a woman is employed to look after the children. The owner-operator has a second crèche. The parents pay fees of between R120 and R150 per month for the children's attendance. The informal ECD centre is not registered as a partial care facility or NPO and has reportedly not been visited by the DSD, Municipality or any other Department. The informal ECD centre was apparently linked to another centre which was previously registered as an NPO. As a result of a conflict the two centres split and Kamohela didn't retain the NPO registration. The owner-operator doesn't live on site.

6.2.3. Support

Kamohela is supported and mentored by Ke Na Le Matla Community Based Organisation (Ke Na Le Matla)¹⁹, a registered NPO operating from the Rocklands township that supports ECD in Mangaung informal settlements and Lesedi Educare Association (Lesedi). Lesedi is a Tweefontein ECD support NGO that operates provincially. Kamohela has been provided with material support by the local Christian Revival Church and parents that provided paint and corrugated iron sheeting.

6.2.4. Observations of site

Kamohela is situated on a large site set off a main road by about 40 metres and appears free of obvious hazards other than the self-constructed pit latrines. Each child had a chair. A programme was stuck on the wall - there was a year plan and daily routine. The caregiver has no formal training. There was clear evidence of an effort to create an appealing informal ECD environment. The building appears well constructed, has been painted on the outside and inside, and a separate kitchen area has been constructed (with concrete blocks). Children are fed porridge on site which is paid for from fees paid by parents. Few toys were observed and the only play equipment outside were tyres embedded in the soil. The toilets were rudimentary pit latrines.



Inside Kamohela.

19. Ke Na Le Matla is a member of and receives support from the Letsema Programme which is a collaborative initiative of 16 NGOs in four provinces working with informal ECD caregivers and practitioners. Ke Na Le Matla provides mentoring and capacity building support to informal ECD centres including assisting operators and caregivers to access training; assistance with the setup of NPO boards; and assisting informal ECD centres strengthen their financial sustainability through fundraising support. Ke Na Le Matla is a link for informal ECD centres to ECD NGOs like Lesedi and the DSD.



Pit latrines at Kamohela.



View of Kamohela from the street. Note there is no fencing.

6.2.5. Self-described challenges and needs

Staff and adults at the centre described the toilets, lack of fencing and lack of toys and play equipment (particularly outside) as the biggest challenge.

6.2.6. Comments

A clear attempt has been made to develop a stimulating environment and the informal ECD centre appears to have support from a variety of sources. The informal ECD centre clearly lacks adequate outdoor and indoor play material. Kamohela has chairs and mattresses but no tables. The building, though larger than other informal ECD centres, lacks sufficient indoor space to divide the building into designated areas (e.g. free play and work areas).

The large size of the site may lend itself to substantial investment (e.g. installation of a converted shipping container which could serve as an ECD centre).

6.3. Tigang Bana Crèche

6.3.1. Number of attending children

Approximately 43 children (ages 5 months to 5 years).

6.3.2. History

Tigang Bana Crèche (Tigang Bana) was established in 2012 when the owner-operator saw a need in the area. The owner-operator has had ECD training at a local FET college.

6.3.3. Support

Ke Na Le Matla provides mentorship support.²⁰

6.3.4. Observations of site

The site has a colourfully painted informal structure constructed from corrugated iron and a newer brick structure which is not yet furnished or painted though it is already in use as part of the ECD centre. The yard appeared small for the number of children that attend. Children are sharing potties which is against health regulations. There is a separate cooking area and it does not appear that anyone lives on the site. The site does not have water, but there is a stand pipe nearby. The children are divided into two groups, children aged four and five comprise one group and children younger than four the other. There is one assistant caregiver.



View of Tigang Bana from the street.



Tigang Bana outside play area with old slide and swing set (looking out to the street).

20. Ke Na Le Matla is a Mangaung based CBO that provides assistance to informal ECD centres. Refer to section 6.2.3. for further information on Ke Na Le Matla.



Inside one of the two structures (one an informal corrugated structure and the other a brick structure). There were cots and mattresses, but too few for all the children to use at the same time. Posters on the walls set out schedules to be followed.



Pit latrines for children's use.

6.3.5. Self-described challenges and needs

Payment of caregivers is a problem and not all parents pay the R120 monthly attendance fee. Tigang Bana lacks equipment (e.g. mattresses, tables and chairs) and does not have enough play equipment. Children are fed at Tigang Bana but providing food is a challenge.

6.3.6. Comments

Tigang Bana reportedly hasn't been visited by the Municipality or DSD. The owner-operator has applied for Tigang Bana to be registered as an NPO and has a reference number but doesn't know the status of the application.

6.4. Khanyisile Day Care

6.4.1. Number of attending children

Approximately 16 children (ages 18 months to 5 years).

6.4.2. History

Khanyisile Day Care (Khanyisile) was started in 2010 when the owner-operator who had been working at an informal ECD centre recognised that she could run her own. The owner-operator hasn't received any formal training. An afternoon aftercare programme is also run at the site.

6.4.3. Support

Ke Na Le Matla provides mentorship support.²¹ A local church has assisted with toys and clothing. Nurses visiting the area inoculated the children. The DSD reportedly visited Khanyisile two years ago and undertook to assist with improved sanitation but there has been no further contact. Parents are said to be supportive and provide toys for the children.

6.4.4. Observations of site

Khanyisile is one of the smaller informal ECD centres though established on a mid-sized ECD site. The centre is a single informal structure attached to the owner-operator's home. The inside of the ECD centre is crowded and an assortment of material used for the care of the children is stored there. There is little space for indoor activities. Outside play equipment consists of a single swing and tyres embedded in the ground.



View of Kamohlele from the street. Note there is no fencing.



View of Kamohlele outside play area. The structure on the left is the owner-operator's home, Kamohlele adjoins the owner-operator's home and is obscured from view.

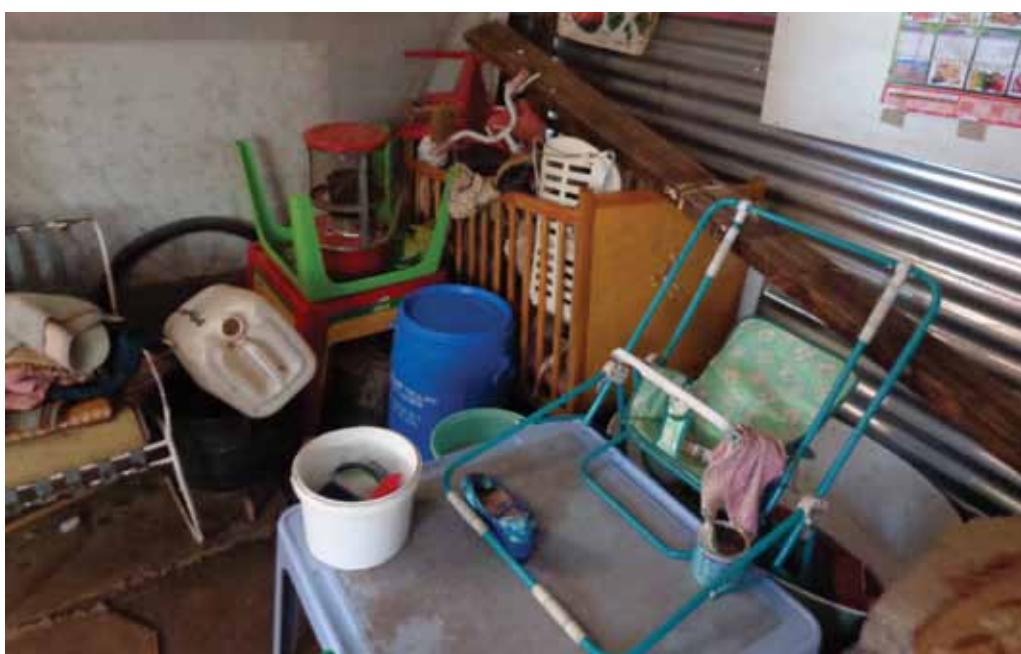
21. Ke Na Le Matla is a Mangaung based CBO that provides assistance to informal ECD centres. Refer to section 6.2.3. for further information on Ke Na Le Matla.



A potty is placed outside for children that are too small to use the pit latrine.



Posters inside Khanyisile.



Equipment and toys take up limited space at Khanyisile. Storage is a problem for most informal ECD centres.

6.4.5. Self-described challenges

The owner-operator would like to provide a grade R or school readiness programme but reports that they lack information and don't know how to set up such a programme.

6.4.6. Comments

Khanyisile highlights the complexity of supporting informal ECD centres and improvements to the site may benefit the owner-operator personally. Improvements that benefit the owner-operator personally may prove a source of conflict in informal settlement communities if they are seen as unfairly receiving preferential treatment.



Inside Khanyisile.

7. Study 2: Khayelitsha (Mangaung)

7.1. Settlement overview

The Khayelitsha informal settlement is situated to the south east of Bloemfontein along Meadows Street, which roughly runs in the direction of the Russfontein dam and Botshabelo. The informal settlement borders the Grasslands RDP housing area. Prior to being developed as an RDP housing area and informally settled, the Grasslands area was characterised by small holdings with houses situated approximately every 200m to 250m. The Grasslands RDP housing development and Khayelitsha informal settlement have encompassed the small holdings. This is an interesting development as it means formal buildings exist alongside informal structures. If acquired, the formal buildings could be used for the benefit of the community (e.g. through their use as clinics, satellite police stations, ECD centres etc.).

The Renosterspruit river lies to the east of Khayelitsha and the area appears to have drainage problems as the ground is waterlogged in places. There are small dams and what appear to be marsh areas. Drainage problems in the area might be exacerbated by storm water runoff from neighbouring formally developed areas.

Khayelitsha appears particularly impoverished and it was observed that more adults and children were present during working hours than in other Mangaung informal settlements. The settlement is said to not receive any municipal services.



A view of Khayelitsha from Meadows Street.



This image shows the flat, poorly drained terrain. The combination of inadequate sanitation, together with the poor drainage, may constitute a health hazard.

7.2. Katlehong Day Care Centre

7.2.1. Number of attending children

Approximately 40 children (from a few months old to 5 years).

7.2.2. History

Katlehong Day Care Centre (Katlehong) has been running for three years. The operator attended a three-month (part-time) ECD training course ten years ago and hasn't received any further training.

7.2.3. Support

Katlehong is a registered NPO but is not a registered partial care facility and therefore doesn't receive subsidies. The operator has shown initiative and as a result received a once off food donation from Pick 'n Pay as well as a toy donation from the Post Office. Ke Na Le Matla provides mentorship support.²²

7.2.4. Observations of site

Katlehong is situated on Meadow Street and is fenced. It is a large site which has the potential for further structures to be added. Although neighbouring sites have electricity, Katlehong doesn't (see the comments under 7.2.6. for further details). The site has a number of play structures for children and, like many informal ECD sites, a clear effort has been made to beautify it. The operator doesn't live on site but a security guard does.



Katlehong Day Care Centre. The furthest building to the left is an informal dwelling for a security guard, the middle structure is the crèche and on the right is a toilet area for children.

22. Ke Na Le Matla is a Mangaung based CBO that provides assistance to informal ECD centres. Refer to section 6.2.3. for further information on Ke Na Le Matla.



To reach Katlehong, children must cross a pool of stagnant water and pass a pile of solid waste.



The inside of Katlehong. Each child had a chair but there were too few tables. This appears to be a general trend in informal ECD centres and may be the result of the expense of acquiring furnishings and severe space limitations.



Katlehong's outside play area is spacious and has two jungle gyms and swings. Few informal ECD centres in Mangaung have as much equipment.

As with other informal ECD centres, recent rainfall has proved a challenge for Katlehong. It ruined purchased carpeting and forced a change to the programme at Katlehong as all children had to be kept inside. It is unclear whether the damage to the carpeting was the result of seepage, leaks in the informal structure or a combination of the two.

As previously indicated, while neighbouring sites are electrified Katlehong is not. Mangaung Municipality reportedly requested a payment of R3,000 to electrify the site as Katlehong is regarded as a business. The operator would like a formal structure, toys, mattresses, blankets and toys. Parents pay fees but not all do so regularly.

7.2.6. Comments

Katlehong is next to a main road which is a potential hazard for children. Although Katlehong is fenced, if children walk home unaided some may have to cross the street. The operator appears intent on providing a valuable service and has made an effort to improve the informal ECD centre and meet registration requirements, including registering as an NPO. The Katlehong board reportedly plays a limited role in the running of the informal ECD centre and exists to satisfy the requirements of the NPO Act. Katlehong appears to be one of the better capacitated informal ECD centres and should be considered for support by external stakeholders.

7.3. Itumeleng Day Care

7.3.1. Number of attending children

Approximately 10 children.

7.3.2. History

Itumeleng Day Care (Itumeleng) has been operating since 2010. The operator is currently undertaking a six-month (part -time) ECD level one training course. Itumeleng has been a registered NPO since 2013.

7.3.3. Support

Itumeleng doesn't receive any support other than mentorship from Ke Na Le Matla.²³

7.3.4. Observations of site

Itumeleng is situated in a formal dwelling on the edge of Khayelitsha informal settlement in a formal structure. One room is set aside for use as an informal ECD centre. Other than tyres there is no outside play equipment.



Exterior of Itumeleng with no play equipment other than a few tyres.

23. Ke Na Le Matla is a Mangaung based CBO that provides assistance to informal ECD centres. Refer to section 6.2.3. for further information on Ke Na Le Matla.



Interior of Itumeleng.

7.3.5. Self-described challenges

Itumeleng would like fencing and jungle gyms.

7.3.6. Comments

Of the various informal ECD centres visited in Motshabi, Dinaweng and Khayelitsha, Itumeleng appeared to be the ECD centre where the least investment has been made by the centre operator. No toys, chairs or tables were seen and there was little stimulating material generally. One room in the house is dedicated to Itumeleng.

7.4. Confidence Day Care Centre

7.4.1. Number of attending children

Approximately 40 children (ages 6 months to 6 years) attend.

7.4.2. History

Confidence has been running for approximately five years. It applied to be registered as an NPO in 2011 but the application hasn't been finalised yet. It was inspected by the DSD in 2011 but reportedly no feedback was received.

7.4.3. Support

Ke Na Le Matla provides mentorship support. It doesn't receive any other support.²⁴



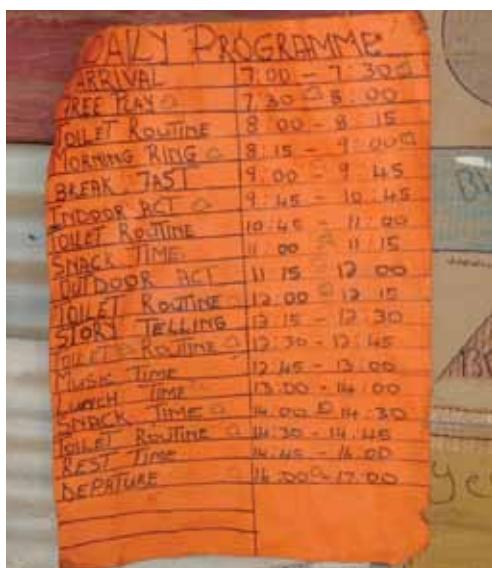
24. Ke Na Le Matla is a Mangaung based CBO that provides assistance to informal ECD centres. Refer to section 6.2.3. for further information on Ke Na Le Matla.

7.4.4. Observations of site

Confidence has three classrooms, a separate kitchen and a small outside play area with a jungle gym and slide. A clear effort has been made to make it attractive with shade netting, for example, being added to the jungle gym. The structures are neat and tidy and colourfully painted, and it is fenced. The extent of the play area outside appears insufficient. Children wear red and black clothing and the caregivers have shirts with 'Confidence' printed on them. Each child has a chair but there are insufficient tables.



The Confidence site which is fenced. Children's bedding and mattresses are hanging out to dry.



The Confidence daily schedule.



The kitchen area which appears well kept.



Confidence's outside play area.



Inside one of the three classrooms.



Pit latrines used by the children.

7.4.5. Self-described challenges

Space is reported to be a major challenge at Confidence. The owner-operator would like bigger classrooms, a larger kitchen (it already has a small separate kitchen) and office space. The owner-operator would also like water on site and improved sanitation (e.g. VIP latrines).

7.4.6. Comments

Confidence appears to be one of the better organised informal ECD centres in the area. The owner-operator appears to be putting in substantial effort to make Confidence a professional ECD centre (going so far to print staff t-shirts) and is making an effort to provide a quality service. Confidence reportedly has a parents committee which meets once a month to discuss the children's activities and well-being. Few other informal ECD centres appear as well organised. The owner-operator apparently isn't collaborating with any other informal ECD centre operators, which is disappointing since it appears they may have skills and knowledge that could benefit other informal ECD operators.

8. Observations on ECD centres in Mangaung settlements

8.1. Importance of ECD centres to women's livelihoods

Informal ECD centres appear to be viewed among many women in informal settlements as a potential means to a livelihood. In many instances the operator of an informal ECD centre will employ several assistants (i.e. one to four women). In informal settlements where jobs are scarce, informal ECD centres appear to be an important source of employment and income. They furthermore liberate mothers to work.

8.2. Overcrowding

As informal ECD centres are ordinarily funded entirely by fee-paying parents, there is a motivation for accommodating as many children as possible rather than the number that can reasonably fit into an informal structure or be adequately cared for. Overcrowding is a significant barrier to partial care facility registration and accessing operational subsidies unless the DSD and municipalities relax spatial norms and standards. Overcrowding further prevents the division of informal ECD centres into different areas (e.g. play, rest, work, kitchen and storage areas).

8.3. Competition between informal ECD centres

Since the barriers to forming an informal ECD centre are low, there are frequently several centres within close proximity of one another. Informal ECD centres compete for the attendance of children, which appears to motivate them to improve their service and particularly their structures (e.g. through colourful and attractive paint schemes). The competition for children is also said to place informal ECD centres in conflict with one another and is a barrier to collaboration and resource sharing.

8.4. Lack of basic services, resources and training

Most informal ECD centres in the Motshabi, Dinaweng and Khayelitsha informal settlements don't have electricity. In one instance it was reported that an informal ECD centre in an area that does have electricity was requested by the Municipality to pay R3,000 for an electrical connection as it is viewed as a business. None of the informal ECD centres (with one exception which is in a formal building) have access to adequate sanitation. They either use self-constructed pit latrines or potties that are shared by multiple children (which is against health regulations). Though interested in the well-being of the children, few caregivers have received any training and most informal ECD operators appear to have established their centres without any prior experience. Informal ECD centres lack sufficient tables, outdoor play equipment (i.e. jungle gyms) and toys.

Few informal ECD centre operators had any experience or training prior to opening their centre and some are undertaking training courses at FET colleges. Informal ECD centre operators lack knowledge of the NPO registration requirements and functioning of NPOs, and more importantly the DSD registration requirements and regulations pertaining to partial care facilities and ECD

programmes. The informal ECD centres that are registered as NPOs have set up boards only to meet the requirements of the Act. Their boards have little influence in the running of the informal ECD centres.

Some informal ECD centres have been visited by the DSD or Municipality, though the majority have not. The DSD and Municipality might not be aware of many of the informal ECD centres which can open and close with relative ease. The informal ECD centres that have been inspected by DSD or municipal officials report not receiving advice or feedback (though if officials were critical, informal ECD centre operators might be reluctant to share feedback on their centres and activities).

9. Planned support for ECD centres in Mangaung settlements

9.1. Informal ECD centre visits

PPT visits to the informal ECD centres in Motshabi, Dinaweng and Khayelitsha informal settlements were undertaken with George Nkhoma, Director of Ke Na Le Matla Community Based Organisation (Ke Na Le Matla). Ke Na Le Matla is a member of the Letsema Programme, which is a collection of ECD support organisations across South Africa²⁵. The ECD centres that were visited receive mentorship support from Ke Na Le Matla and the organisation is positioned to act as an intermediary between informal ECD centres and Mangaung Municipality and the DSD²⁶. Responses received during the site visits indicate that without assistance of an intermediary organisation (like Ke Na Le Matla) the informal ECD centres are unlikely to be able to meaningfully engage the state. Ke Na Le Matla is able to draw on advisory support from the members of the Letsema Programme. It is noted that Ke Na Le Matla has a close relationship with the Lesedi Educare Association, a well-established ECD support and training NGO, which works with informal ECD centres in Mangaung informal settlements.

The following are the key points arising from PPT's discussions with Ke Na Le Matla:

- Ke Na Le Matla recognises the low capacity of informal ECD centres and their limited ability to represent their interests, and (partially due to competition for children) that they are unlikely to work together to engage the Municipality and DSD.
- It is recognised that partial care registration requirements and municipal environmental health norms and standards should take into account the circumstances of informal ECD centres in informal settlements.
- There is almost universal lack of knowledge of the regulations of the NPO Act and Children's Act among caregivers at informal ECD centres.

9.2. Action plans for Ke Na Le Matla

Ke Na Le Matla will follow two strategies for improved ECD responses. The actions will focus on 1) capacitation support to individual ECD centres, and 2) collective engagement with the DSD and Mangaung Municipality.

25. The Letsema Programme grew out of the ECD Learning Community (ECDLC) and is described by the ECDLC as a "united and constructive community-level advocacy initiative to foster partnerships between community-based organisations, government, business, NGOs and academics to ensure the joint provision of services to young children" (ECDLC, unknown date).

26. Ke Na Le Matla is a Mangaung based CBO that provides assistance to informal ECD centres. Refer to section 6.2.3. for further information on Ke Na Le Matla.

9.2.1. Capacitation support to ECD centres

i. Board and constitution setup

Ke Na Le Matla recognises that a functioning board, together with a constitution which is understood and adhered to, can effectively monitor and direct activities at informal ECD centres and assist with planning and fundraising. Ke Na Le Matla will assist informal ECD centres to identify and appoint board members with specific skills, e.g.:

- Leadership skills;
- Business skills;
- Experience in working with children; and
- Knowledge of the Municipality and its functions.

ii. Board capacitation

A workshop for board members and informal ECD centre operators will be held to inform board members of their responsibilities and provide basic training in fundraising and financial governance. ABSA (which Ke Na Le Matla has previously worked with) will be requested to assist with fundraising and finance training. Jacre (a local book keeping business which Ke Na Le Matla has previously worked with) will be requested to assist with training in basic book keeping. The DSD will be invited to provide information on the NPO act.

iii. Action plans for informal ECD centres

Ke Na Le Matla will assist individual informal ECD centre operators together with their boards to form action plans aimed at fundraising, improving programmes and increasing the skills of caregivers.

9.2.2. Support in achieving incremental improvements

i. Exploratory and information workshop for informal ECD centre operators

There is currently little cooperation amongst informal ECD centre operators. A workshop will be held with them to identify common challenges, explore ways to share resources and identify ways to work together toward common goals. The DSD and Municipality's Environmental Health Department will be invited to attend to provide information on the minimum requirements of ECD centres.

ii. Assessments of needs of individual informal ECD centres

Ke Na Le Matla will meet informal ECD centre operators and representatives from their boards to identify the key needs of the informal ECD centres. The DSD and Municipality's Environmental Health Department will be invited to inspect informal ECD centres and provide advice. Plans for incrementally improving ECD centres' plans will be developed.

iii. Engagement with Mangaung Municipality to secure interim services

Once the needs of informal ECD centres are known, the Municipality will be requested to provide support. Key municipal support is anticipated to include:

- Electrification (where electricity is available and provided to neighbouring or nearby plots).
- Improved sanitation (e.g. installation of VIP pit latrines with seats designed for young children).
- Further basic improvements to informal ECD centres (e.g. fencing, provision of material for strengthening structures, possibly 'whirly birds' for cooling, shade cloth, and insulating material).

Informal ECD centres with Ke Na Le Matla support will establish a strategy for engaging Mangaung Municipality. Ke Na Le Matla and representatives of the informal ECD centres will familiarise themselves with norms and standards for ECD centres before engaging the Municipality.

iv. Engage Mangaung Municipality and the DSD on norms and standards

The DSD and Municipality's Environmental Health Department recognised in informal discussions that informal ECD centres cannot meet all norms and standards if they are strictly applied. There is recognition that while norms and standards are important, they are a barrier to assisting informal ECD centres. The DSD and Municipality will be engaged to reach a common agreement on how norms and standards will be applied to informal ECD centres, and which norms and standards can be relaxed.

v. Partial care registration applications

Once improvements to informal ECD centres have been made (e.g. to structures, sanitation and programmes), Ke Na Le Matla will assist informal ECD centres to apply to the DSD for partial care registration. Ke Na Le Matla will assist informal ECD centres to follow through on their applications.

10. Study 3: Msholozi (Mbombela)

10.1. Settlement context

Msholozi informal settlement is situated at Rocky Drift off the R40 between Mbombela (formerly Nelspruit) and White River. The settlement appears well situated allowing residents access to employment and livelihoods opportunities in Mbombela, White River and Rocky Drift. Its southern boundary borders an RDP housing area. The stands are large and the settlement is dispersed. Msholozi was reportedly established between 2008 and 2009 by former farm workers, some of whom are said to have formed a self-appointed settlement committee and sold plots in the area.

Msholozi is rapidly changing character and informal dwellings (or shacks) are being replaced by cinder block houses. Block making is taking place at several points in the settlement. Some of the houses, especially those along the main road, are large multi-room structures. The main road is severely rutted and is only drivable at very slow speeds, and secondary roads are virtually impassable. Sanitation consists of self-constructed pit latrines or VIPs though some larger houses may have septic tanks. Informal electrical connections are widespread and a hazard (i.e. many electrical cables and wires on the ground). It is reported that three children have died after coming into contact with them. There is no high mast or street lighting in the settlement and travel on foot at night requires knowledge of the location of the wires. Some households have piped water or a standpipe that has informally been installed. Residents report that they don't receive any interim services. There are said to be no public facilities (e.g. clinic or schools). The Mbombela Municipality 2013/2014 medium-term expenditure framework includes several projects for the Msholozi area, including the development of general plans and precinct plans, and the completion of a social survey (Mbombela Local Municipality, 2013).

There appears to be little external support to Msholozi informal settlement, although school and church outreach groups provide some assistance to its most vulnerable residents through feeding schemes, clothing donations etc. Some private individuals from outside the settlement reportedly assist elderly vulnerable residents. Child Welfare (White River) is the only NGO known to be supporting ECD in Msholozi.



Msholozi informal settlement.



Msholozi informal settlement.



Msholozi area. Image from SHiFT. Monica Albonico and the professional team of the Housing Development Agency (unknown date), "Neighbourhood development for informal settlement upgrade" (presentation).

The following information was provided by the Minister of Public Works in response to questions about Msholozi informal settlement on June 2012 (Nxesi, 2012):

- The land occupied by Msholozi informal settlement is owned by the Department of Public Works).
- The property is portion 2 of farm Dingwell 276 JT and measures 244.2896 hectares.
- The land is occupied by approximately 3,000 people who live in shacks and some in brick built structures.
- No services are currently rendered to the people occupying the land.
- There is no agreement between the Department and Mbombela Municipality; however the Municipality once indicated that they have an interest in establishing a township in the area. Formal documentation requesting the transfer of the property to the said Municipality is still awaited.



Electrical wires strung across a road.



Uncontrolled runoff has eroded secondary roads in the settlement to the point where they are virtually impassable.



A house under construction. It is a good example of the size of many of the houses being built in the area.



Block making in Msholoz.

10.2. Thandulwazi Day Care Centre

10.2.1. Number of attending children

Approximately 13 children attend (ages 5 months to 5 years).

10.2.2. History

Thandulwazi Day Care Centre (Thandulwazi) opened in February 2014 and is built opposite the home of one of the two caregivers that are operating the centre in partnership. It was opened after the owner-operators observed another informal ECD centre in a neighbouring community.

10.2.3. Support

Thandulwazi hasn't received any support and hasn't requested any yet.

10.2.4. Observations of site

The site is large and unfenced. It doesn't have any play equipment. Three classrooms have been built though two are still being completed. The small building on the right in the photo below is a VIP with an adult seat. Children that are too small to use the VIP use a bucket which is emptied into it. Piped water is available at a nearby site. Thandulwazi doesn't have any electricity. There are chairs for the children but no tables.



Thandulwazi Day Care Centre.



Children reciting the months of the year.



Self-made posters.



The one classroom already in use. Some children have just woken up from their midday nap and are about to receive porridge for lunch.

10.2.5. Self-described challenges

The owner-operators would like to have a small library section with books for the children and acquire outside play equipment. The owner-operators would like to register as an NPO and comply with DSD norms and standards for the care of young children but are uncertain of the DSD requirements.

10.2.6. Comments

Thandulwazi appears well constructed and is purpose-built as a place to care for young children. Although Thandulwazi has only been operational for one month it has accumulated toys, puzzles, drawing materials etc. The caregivers have made a significant investment and appear intent on providing a valuable service. Neither caregiver has received formal ECD training, however one of the two has been a volunteer with Child Welfare (White River) for approximately a year and received on-the-job-training in the care of children.

10.3. Mama Esther's Safe Haven

Mama Esther's Safe Haven (Mama Esther's) occupies warehouses that are said to have belonged to the South African military. They are large and the interior of at least one has been sub-divided into large rooms with partitioning walls but no ceilings.

The history and activities of Mama Esther's and its relationship to the Msholozi community is unclear. According to the owner-operator, Mama Esther's started in 2004 and accommodates 60 children, of which 18 are 'very young'. The children haven't officially been placed at the centre and are said to have either been 'dumped at it or found abandoned in the community'. Children reportedly stay at the centre into adulthood and it is said that some are now at university. Mama Esther's apparently has a limited relationship with DSD. Children are fed one meal a day at 3:00 pm consisting of pap and a broth. No separate space appears to have been set aside for very young children (although the whole site wasn't visited). It is unknown how the centre is funded.



Inside the boys' dormitory.



The main living area. The photograph shows the dividing walls. The doors on the left and right were labeled 'stock room' and 'clinic'.

11. Observations on ECD Activities in Msholozi

11.1. Limited ECD activities

ECD activities in Msholozi informal settlement appear limited and informal ECD centres aren't immediately apparent. The absence of informal ECD centres in Msholozi contrasts with the clear presence of informal ECD centres in the Mangaung informal settlements. In Mangaung, though no informal ECD centre operator said as much, it appeared that ECD activities are undertaken largely as income generating opportunities (though it is emphasised that informal ECD centre operators also reported a concern for children as a strong motivating factor).

Ke Na Le Matla reported that in Mangaung many women opened informal ECD centres after observing informal ECD centres in their communities, and perhaps informal ECD centres have not started in Msholozi because residents lack exposure to informal ECD centres. The owner-operators of Thandulwazi Day Care Centre reportedly decided to start an ECD centre after viewing an informal ECD centre run by a relative in another settlement. If decisions to open informal ECD centres are influenced by exposure to informal ECD centres, then perhaps Thandulwazi will prove a catalyst for the start of informal ECD centres in Msholozi. It does not appear that the absence of informal ECD centres is due to a lack of income among Msholozi residents given that, based on housing quality, income levels appear higher than those in the Mangaung settlements visited (although it is also recognised that there may also be differing household dynamics concerning household expenditure and who in the family controls it – e.g. a preference for investment in housing as opposed to ECD).

12. Planned Support for ECD Centres in Msholozi

12.1. Thandulwazi Day Care Centre

12.1.1. Current support

White River Child Welfare (Child Welfare) provides support in the form of donations (e.g. educational materials and toys) to a number of informal ECD centres in Mbombela and White River area, and more widely in Mbombela Municipality, including Thandulwazi.

12.1.2. Plan for Assistance to Thandulwazi Day Care Centre

Child Welfare (White River) is interested in providing continued assistance to Thandulwazi and other informal ECD centres. At present it provides limited material support, but it is reported that it intends providing further organisational, programme and training support.

12.2. Mama Esther's Safe Haven

12.2.1. Current support and recommendation

Mama Esther's Safe Haven appears known to the DSD and in the broader Mbombela community, and although it reportedly initially received support from local businesses, this assistance reportedly ended due to conflict. Mama Esther's activities include providing shelter and care to orphaned and abandoned children that have not formally been placed with the organisation. The DSD appears to have a limited relationship with Mama Esther's. It is suggested that the DSD should assess Mama Esther's, making use of the categorisation framework outlined in section 3.3.-3.5. and determine the potential for the centre to be formalised or else to provide 'acceptable informal ECD services'. This would assist in determining the potential to provide various forms of assistance (e.g. nutritional support, training, and improved infrastructure etc.). A lack of compliance with the Children's Act and norms and standards for child and youth care centres should not in and of itself prevent the DSD from providing emergency assistance to Mama Esther's.

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Attachment 1:

NGO ECD support networks

NGOs across South Africa have formed several ECD support networks, the largest being the National Early Childhood Development Alliance which operates nationally. The member organisations of these networks have key insights into local ECD conditions and support needs. NGOs are sometimes members of more than network.

Name	No. of members	Information	Area of Operation	Contact details
National Early Childhood Development Alliance (NECDA)	90	Serves about 24 000 centres	National	Tel. 021 683 2420 Fax 021 683 5838 cecd@iafrica.com 20 Rosmead Avenue Claremont Cape Town
Ntataise Network	18	The Ntataise's Network has been developed over 20 years and has made its mark in areas where there would otherwise be no ECD provision for young children. The first eight organisations were started by Ntataise in the Free State and Mpumalanga. Over time these organisations came to be selfsufficient and independent.	<ul style="list-style-type: none"> • Free State • Northern Cape • Gauteng • Mpumalanga • KwaZulu-Natal • Limpopo • North West 	Ntataise Network Support Programme Tel: (+27) 56 343 2331 Fax: (+27) 56 343 1318 E-mail: ecd@ntataise.co.za
The Early Childhood Development Learning Community	16	The Early Childhood Development Learning Community was launched in March 2007 in KwaZulu-Natal. The ECD Learning Community is owned by 16 Early Childhood Development NGOs in South Africa who have established an ECD Learning Community. Its purpose is to improve the quality of practice in the field and to seek ways to cooperatively and positively influence policy-making and implementation.	<ul style="list-style-type: none"> • Limpopo • KwaZulu-Natal • Eastern Cape • Free State • Western Cape 	Tel. 021 4623902 Fax: 021 462 3918 Email: linda@cdra.org.za 52/54 Francis Street Woodstock Cape Town 7915

Name	No. of members	Information	Area of Operation	Contact details
The Early Childhood Development Learning Community	16	The Early Childhood Development Learning Community was launched in March 2007 in KwaZulu-Natal. The ECD Learning Community is owned by 16 Early Childhood Development NGOs in South Africa who have established an ECD Learning Community. Its purpose is to improve the quality of practice in the field and to seek ways to cooperatively and positively influence policy-making and implementation	<ul style="list-style-type: none"> • Limpopo • KwaZulu-Natal • Eastern Cape • Free State • Western Cape 	Tel. 021 4623902 Fax: 021 462 3918 Email: linda@cdra.org.za 52/54 Francis Street Woodstock Cape Town 7915
Letsema Programme	16	The Letsema Programme provides a collaborative platform to connect all the community groups and forums with each other to nurture a groundswell of community-level learning, solidarity, collaboration and initiative. The core work here is to unlock the resourcefulness that exists in communities in South Africa and to positively connect this to the work of Government and Business as key role-players for young children.	<ul style="list-style-type: none"> • Western Cape • Eastern Cape • Free State • KwaZulu-Natal • Limpopo 	Tel. 021 462 3902 52/54 Francis Street Woodstock Cape Town 7915
Ilifa Labantwana	NA (not a network but a well resourced and high capacity organisation)	Ilifa Labantwana is a national ECD programme. Ilifa seeks to contribute to the sector by providing real-life examples for taking integrated quality ECD services to scale, focusing on the most underserviced rural communities. Ilifa Labantwana is focused on finding and promoting models and mechanisms that will significantly shift the way ECD programmes and services are delivered and accessed, enabling ECD provision in South Africa to take a quantum leap. Ilifa's strategy is to interface with key stakeholders and role-players engaged in the ECD sector.	<ul style="list-style-type: none"> • National 	Tel. 021 670 9848 Fax 021 670 9850 Douglas Murray House 1 Wodin Road Claremont Cape Town 7915

ATTACHMENT 2:

DGMT
THE DG MURRAY TRUST

Investing in South Africa's potential

EARLY CHILDHOOD
DEVELOPMENT

Hands-on

Learning from our implementing partners

Ekukhanyeni Relief Project

How to develop a crèche in a poor and marginalised area

The process of assisting our 15 beneficiary crèches¹ in the informal settlement of Lawley Ext 3 (City of Johannesburg's Region G) to register with the Department of Social Development (DSD) as a Place of Care to allow them to access enabling grants, has been a significant challenge. Their location in an informal settlement where the land has not yet been proclaimed poses a challenge of compliance with the City by-laws and, in consequence, the ability to be registered. These crèches, which started off as the commonly known 'backroom crèche', have been upgraded either to brick structures or to safer, more hygienic structures that are nurturing environments for the children. But, despite these upgrades, it is still a long road to full compliance.

We were successful in helping one crèche to register with DSD because the crèche is positioned on a community Ministry site, but our efforts directed at the other 14 crèches have proven fruitless thus far. Experience shows that until the land is proclaimed as a 'township', crèches - even those that do have brick structures, will not meet the requirements for DSD registration. There seems to be an either/or situation where crèches that cannot meet requirements for DSD registration as 'Places of Care' are overlooked by government and in many cases these crèches are the ones that provide a much needed service to the children and communities in which they are situated.

How it works currently:

Crèches based in informal settlements where land has not yet been proclaimed:

Crèches that are located in marginalised areas where the land has not yet been proclaimed currently stand no chance to obtain permits and register with DSD as a Place of Care. Furthermore, when the site is in an informal settlement it is difficult to upgrade crèches according to the City Health by-laws which currently do not take into account the informal settlement environment. In our experience City officials who visit the crèches



for inspection tend to be less stringent on the regulations because of the informal settlement location, but this is not supported by official policy. Under new stricter policies and regulations crèches can no longer obtain any permits or official recognition (other than NPO status), unless they are situated in a formalized area and their structures are formal, such as brick.

¹ The word "crèche" is used to refer to places of child care outside of the home that are being upgraded to early learning centres. The term is used because many of the centres are still informal and require systematic improvement before they could be deemed early childhood development centres.

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These stringent regulations are meant to ensure that children are protected from crèches that threaten their safety and well-being, but unfortunately they also tend to exclude a large number of crèches that are doing good work. There are hundreds of informal settlements nationwide that face this challenge. An alternative policy and adjusted health by-laws governing informal human settlements should be put into place to assist this level of crèche to succeed and contribute to the development of its children and community. Although Government has identified and is looking to upgrade various informal settlements by 2014, this number is small compared to the existing and ever increasing number of human settlements on various pockets of land. As a result many children and communities continue to be neglected.

Registration with DSD as a Place of Care:

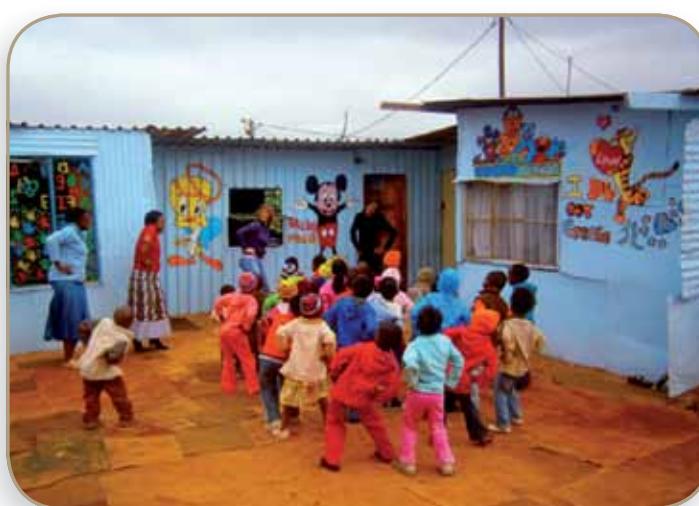
To register with DSD as a Place of Care, crèches have to submit (i) a Public Health Permit; (ii) a Certificate of Acceptability and (iii) a Fire Clearance Certificate. To qualify for a Public Health Permit and Fire Clearance Certificate the crèche has to be a formal structure, such as brick with approved building plans and relevant title deed. Title deeds cannot be issued if the land has not yet been proclaimed.

Land Registration Township Establishment and Proclamation:

The process of proclaiming and registering land in South Africa has two components to it.

For our sites it entails the establishment and zoning of a township for ownership of individual plots. Governed by various laws, the Township Establishment Process is highly regulated and, in the case of informal settlements, very lengthy because the existing human settlement adds dynamics to the process. It can take from 1 to 3 years from the initial layout plan to Township Registration and freehold Individual Titles (or title deeds). Proclamation in our beneficiary area, Lawley, will not happen for at least another 3 years. The primary delay is the resolution of the underlying land rights – in our case it was originally zoned as agricultural land. Specifics of the delay are not given to the public. But the process can be hampered by missing information, deceased rights holders, or right holders not being contacted and general inaccuracies in recorded data. In many cases, municipalities and provinces do not have sufficient access to technical specialists and lack the internal capacity to administer the process.

The legislation governing the Township Establishment Process is in itself very complex and needs to be streamlined to deal with the hundreds of informal settlements that have sprung up nationwide. Government should review its paradigms for town planning and incorporate current trends and realities in order to assist the poor in securing tenure, basic services and to build communities sustainably. Adequate support should be given to emerging communities to lift them out of dire poverty with sustainable results for human settlements.



It also seems pertinent that communities should be involved in the process of town planning and zoning, or at a minimum, there needs to be engagement between community members and their local authorities to ensure locally appropriate solutions. Each community has different needs which should be taken into consideration when determining the zoning rights. For example, often when densely populated informal settlements become formalized there are limited zoning rights for crèches. In communities such as these, the amount of zoning rights allocated for crèches cannot meet the demand of the thousands of children in the community that need early childhood development facilities.

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Title Deeds:

Once land has been registered and proclaimed, obtaining a title deed reflecting the ownership of the crèche site is essential. It is a relatively easy step and can be made through the Deeds Office. From the title deed one can determine whether or not the property qualifies for the relevant zoning rights. If the crèche is not on a site zoned for child care-services, approval or consent for a site development plan has to be obtained for the rezoning of the site. A site development plan is submitted to the local authority for approval prior to the submission of building plans. This can again be a very lengthy process.

Approving building plans:

A building plan application can only be considered if the piece of land on which the building is to be erected has been proclaimed as a township. Submission for approving building plans goes to the Local Authority (City of Johannesburg's Municipality's Department of Development Planning Directorate: Development Management and Town planning in our case). Building plans have to be drafted by an architect registered with the regulatory authority, the South African Council for the Architectural Profession (SACAP). It is best to have an architect who can 'walk' the plans through from concept to council for submission and ultimately obtain that final approval.

Submission for building plan approval should include the following:

- Application forms obtained from your Local Authority
- Building Plans
- Standard forms from engineers who have consulted on the plans
- A copy of the title deed
- Zoning certificate
- EMS stamp of approval (Fire clearance Certificate)

Public Health Permits:

To qualify for an Environmental Health Permit, submission to the Local Authority (City of Johannesburg's Sub-Directorate: Environmental Health, Region G in our case) must be made. Criteria for submission:

- Crèche has to be a brick structure with approved

building plans. This is the most difficult stage of upgrading crèches.

- Crèche should comply with Local Authority's Health by-laws (City of Johannesburg's Public Health by-laws (requirements 101-116 of Chapter 14 Child-Care Services of the City of Johannesburg Metropolitan Municipality Public Health by-laws)
- Crèches are obliged to apply for a Certificate of Acceptability (COA) in terms of Regulation 3(3) of the Regulations Governing General Hygiene Requirements for Food Premises and the Transport of Food (Regulation no R918 of 30 July 1999 GN No 2318 framed under The Health Act, 1977 (Act no 63 of 1977).
- The application is submitted to the Local Authority (City of Johannesburg's Sub-Directorate: Environmental Health, Region G). This application gives the crèche approval to handle food and permit food on the premises of the crèche. Inspection by Environmental Health officials of crèche kitchens is made.
- Fire Clearance Certificate (from the City of Johannesburg's Directorate Emergency Management Services (EMS)) must be obtained. Inspection of crèche will be made and advice also given on number of fire-extinguishers required for the size of premise. A fire clearance certificate will not be issued to informal structures.

What does the future look like?

Placed on the backburner? If the land proclamation process remains the same, registration with DSD will be placed on the backburner until such time that the land is registered and title deeds can be issued for approval of building plans. Or there must be a change in government policy and regulations to make provision for circumstances in an informal settlement environment. Being involved and contributing in ECD networks in the Region and the City could offer opportunities to encourage this change.

Call for government intervention – Although there seems to be some movement by the City to support and develop ECD facilities in the poorest and marginalised areas, this is clearly constrained by the various health by-laws, which are in many



Hands-on

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cases counter-productive to the development of ECD in informal areas. The Township Establishment Process with particular reference to informal human settlements is also an obstacle. Where development is inhibited by by-laws, a change in the existing regulations is a necessity. This is not only pertinent to registration with DSD as a Place of Care, but also for working towards compliance. Children in marginalised areas depend on easily accessible crèches for their safety and development and would otherwise be on the street during the day without any support.

The future of our children is in our hands – Ekukhanyeni will continue with its efforts to develop the crèches as much as is possible to be compliant with health by-laws, we will up-skill the adult support network in each crèche and continue with the early education component for the children, as well as register crèches as non-profit organizations (NPO) where requirements are less stringent. Hopefully, a new set of regulations will be created which will support those crèches that cannot meet the stringent requirements for DSD registration which in our learning experience only perpetuates social exclusion.

Unfortunately Ekukhanyeni currently does not have the capacity to lobby with government for policy change. We hope that this brief may help other crèches in similar situations and raise awareness of the difficulties faced by many NGOs and crèches country-wide in their endeavour toward the implementation of affective Early Childhood Development initiatives and community development.

This learning brief tells of the hands-on experience of:



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ATTACHMENT 3:

Background Paper 7

Opportunities for learning (ECCE)

David Harrison

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Key Points

Issue: Shift to population- and programme-based planning for ECD provision

Despite an increase in the number of subsidies to early childhood development (ECD) centres, only one third of young children are exposed to formal childcare or education outside of the home. Among the poorest 40 percent of our population, that proportion drops to one fifth.

Recommendations:

Planning for early childhood development should aim to achieve universal coverage of all eligible children in a defined geographical area, starting with the poorest municipal wards in each province.

Programme-based planning should ensure that the necessary human, physical and financial resources are in place to support and monitor implementation.

Multiple nodes of support including clinics, ECD centres, NPOs, one-stop centres as well as municipal and provincial service points should be used as outreach service delivery hubs to ensure coverage to the most vulnerable young children.

Issue: Define a clear-age differentiated strategy for early childhood care and education

The National Integrated Plan gives priority to home- and community-based approaches to early childhood development. Yet the current system is geared around the inspection and registration of centres.

Recommendations:

Programmes for 0-2 year olds should focus on the quality of parent-child interaction that promotes cognitive and language development, as well as psychosocial support for parents. Given the vital role of primary caregivers in this age-group, delivery should be principally through home-visiting and community programmes that dovetail with other community-level programmes.

In addition to the above, programmes for 2-3-year-olds should focus on socialisation, achieved largely through group-interactions such as community playgroups.

Children aged 3-4 years of age will benefit from home-visiting and community programmes, together with a clear plan to expand access to centre-based programmes. This could be on a part time basis unless full day childcare is required.

A minimum package of ECD interventions should be defined for each of the modes of delivery described above. This should include specific structured interventions related to nutrition,

parenting and psychosocial support, cognitive and language stimulation, literacy and numeracy development, and access to health and social services.

Issue: Break the cycle of exclusion of the poorest children

Centre registration is a precondition for registration. At present, the poorest communities get locked into a vicious cycle of exclusion. They either don't have centres or they don't have the finances to improve their buildings, so they can't meet infrastructural standards for registration. Most of the fees paid by parents are spent on food for children. That means less money for teachers and fewer teaching materials, and little chance of meeting the quality standards for learning that are required for registration.

The administrative complexity of registration is a further obstacle. ECD centres must register through two separate systems within the Department of Social Development, and meet municipal quality standards as well.

Recommendations:

Access for poor children can be improved immediately by making available funding for the approximately 25 percent of registered facilities that receive no subsidy.

Section 98 of the Children's Act, which makes provision for conditional registration, should be used to further expand access to subsidies for children in facilities in areas classified as quintiles 4 and 5. This can be done by conditionally registering facilities that meet basic safety standards, and which require resources to meet other quality standards.

The requirement that facilities should register as both an ECD programme and facility should be abolished. There should be a single registration process for all ECD programmes, with specified sections dealing with centre- and non-centre-based programmes.

Issue: Establish a funding formula for non-centre-based programmes

Currently, there is no funding formula for non-centre based provision. The means-tested per capita subsidy for learners applies only to children in ECD centres.

Recommendations:

A financing mechanism for community- and home-based ECD programmes must be devised, based on a specified allocation per child per month. To facilitate this, monitoring systems must be improved to allow for tracking of individual children, both for financing purposes and to ensure participation. This will require the use of unique identifiers for every child, namely the identity number, supplemented by a substitute number where the ID number is not available.

Issue: Ensure that there is sufficient capacity at provincial level to provide programme support

Responsibility for ECD is spread thinly across three government departments (DSD, DBE and DoH), and delegated to relatively junior officials in most provinces.

Recommendation:

Just as a single agency is required at national level to coordinate implementation of an integrated programme, so a single agency should be replicated at provincial level. This agency (department or stand-alone agency) should be capacitated to provide the level of support required to implement a province-wide strategy for early childhood development, as contemplated in Section 93 of the Children's Act. The focus of the support should be to improve access to quality ECD services.

Issue: Define a clear staffing structure and career path for ECD practitioners

There are few opportunities for further educational development and career path progression of ECD and ECCE practitioners. There are no accredited courses for non-centre based programmes, and the links between community-based ECD practitioners and other cadres of community workers have not been clarified.

Recommendation:

The shift to a programme-based approach to ECD provides the opportunity to define a clear framework for human resource development, including different levels of workers at community- and facility levels, with opportunities for progression into programme support and management positions. This structure should be supported by appropriate accredited training for all levels and positions. Community level workers should have clear means of articulating with other cadres of community-workers (such as community health workers and auxiliary social workers).

Issue: Monitoring

There is no reliable monitoring system.

Recommendation:

Implement a monitoring system based on unique child identifiers for both centre- and non-centre-based programmes

Opportunities for learning (ECCE)

Major gaps in quality ECD learning opportunities in South Africa 2012					
	COVERAGE	PROGRAMMES	FINANCES	HUMAN	QUALITY
POLICIES	<p>ENSURE THAT ALL CHILDREN IN POOREST QUINTILES HAVE ACCESS TO ECD PROGRAMMES</p> <ul style="list-style-type: none"> No coverage targets and no national implementation strategy, as required by the Children's Act, to put into effect the National Integrated Plan for ECD Age-differentiated strategy for ECD scale-up (clarifying modes of provision) not in place 	<p>SHIFT FOCUS FROM SITES TO PROGRAMMES THAT COMBINE VARIOUS MODES OF DELIVERY</p> <ul style="list-style-type: none"> There is no strong central agency for ECD to facilitate implementation of quality programmes at scale. Current arrangements for intersectoral collaboration are insufficient and constrain effective scale-up. The specific elements of 'comprehensive ECD' and the systems required to implement them are not well-defined. 	<p>ENOUGH MONEY TARGETED – BOTH IN POLICY AND PRACTICE - TO THE POOREST</p> <ul style="list-style-type: none"> State spending on learning opportunities for 0-4 yr olds is <1% of spending on basic education. This is a missed opportunity to improve child health, development and educational outcomes No obligation on provinces to fund ECD provision Facility-linked subsidies constrain expansion of ECD 	<p>ENOUGH, SKILLED MOTIVATED STAFF WITH CLEAR CAREER PATHS AND OPTIONS</p> <ul style="list-style-type: none"> Cognitive stimulation & literacy/numeracy fundamentals in Level 4 curriculum for ECCE practitioners are inadequate. Few opportunities for career progression for ECD practitioners No career path for community- and home-based practitioners Very low salaries, not related to experience or qualifications 	<p>SHIFT FROM INSPECTION TO PROGRESSIVE QUALITY IMPROVEMENT</p> <ul style="list-style-type: none"> Current application of norms and standards further disadvantages the poorest Infrastructural standards are often major barrier to registration of centres, despite the fact that children live in similar conditions Access to learning & training resource material is a major barrier to quality
MANAGEMENT	<ul style="list-style-type: none"> ECD management is not structured for scale-up Criteria for registration and site-based financing effectively exclude those children most in need 	<ul style="list-style-type: none"> ECD management in provinces is typically delegated to junior ranks, with different sections responsible for subsidy payment and programme support Planning is focused on inspection, registration and subsidies for facilities – instead of systems support for a population-based ECD programme 	<ul style="list-style-type: none"> Budget lines for ECD are not standardised across provinces, leading to opacity and double counting of expenditure. Contracts with NGOs tend to be piecemeal and not focused on sustainable high coverage provision Monitoring systems open to fraud. 	<ul style="list-style-type: none"> No learnerships for home-and community-based ECD practitioners, despite accredited training. Generally weak leadership and management of ECD facilities and programmes 	<ul style="list-style-type: none"> Dual registration requirement (partial care facility & ECD programme) is onerous Inspectorate system viewed as punitive and not conducive to progressive quality improvement

National priorities to expand access to quality ECD learning opportunities 2012-2015					
	COVERAGE	PROGRAMMES	FINANCES	HUMAN	QUALITY
POLICIES	<p>ENSURE THAT ALL CHILDREN IN POOREST QUINTILES HAVE ACCESS TO ECD PROGRAMMES</p> <ul style="list-style-type: none"> Section 92(1) of Children's Act 2007 to be implemented: DSD to develop a comprehensive national strategy for a 'properly resourced, coordinated and managed ECD system' Implement age-differentiated strategies: 0-2 yrs home-based and parenting focus; 3-4 yrs expand access to group services 	<p>SHIFT FOCUS FROM SITES TO PROGRAMMES THAT COMBINE VARIOUS MODES OF DELIVERY</p> <ul style="list-style-type: none"> Establish a national agency for ECD Shift from site- to population-based planning for ECD scale-up Define minimum ECD package as nutrition support, cognitive stimulation, language development, numeracy & literacy, psychosocial support and access to health & social services 	<p>ENOUGH MONEY TARGETED – BOTH IN POLICY AND PRACTICE - TO THE POOREST</p> <ul style="list-style-type: none"> Address the immediate funding gap for those qualifying ECD facilities that are registered but not subsidised. Introduce a per capita subsidy for non-centre based service provision Separate subsidy for personnel from other (protected) expenses Allocate funds for ECD programme support. 	<p>ENOUGH, SKILLED MOTIVATED STAFF WITH CLEAR CAREER PATHS AND OPTIONS</p> <ul style="list-style-type: none"> Develop a complete national Level 4 ECD training curriculum Introduce a Level 5 National Diploma for ECD (0-4yrs) Create career paths for practitioners linked to programme expansion Define ECD specialty for auxiliary social workers and community development workers Establish minimum salaries linked to qualification & experience 	<p>SHIFT FROM INSPECTION TO PROGRESSIVE QUALITY IMPROVEMENT</p> <ul style="list-style-type: none"> Introduce context-cognizant norms & standards at local government level to expand access to poorest, with supported time goals for improvement Separate basic safety and environmental standards from others to be progressively achieved Register and fund all programmes that meet basic standards Provide basic learner & training support material
MANAGEMENT	<ul style="list-style-type: none"> Design & support innovative mechanisms for scale-up (eg. social franchises, ECD 'plug-ins' to other home-based programmes, umbrella-body support for networks of local ECD programmes and facilities) Define municipalities' role and capacitate 	<ul style="list-style-type: none"> Strengthen ECD management capacity in provinces with an ECD unit/chief directorate in DSD Planning should include coverage targets, modes of provision, human resources, access to training materials, in-service support and monitoring 	<ul style="list-style-type: none"> Establish standardised budget lines for ECD in provincial budgets Contract with NGOs to provide high-coverage services in defined geographical areas of highest need and greatest disadvantage Implement a monitoring system with unique identifiers 	<ul style="list-style-type: none"> Expand access to learnerships for home- and community-based ECD practitioners Develop strong leadership and management training for both facility and training managers 	<ul style="list-style-type: none"> Stop dual registration requirement and introduce single DSD registration system Implement a quality improvement system based on self-assessment, facilitated improvement and external assessments linked to incentives

1. Relationship to early childhood development

The first few years of life determine the long-term trajectories of school attainment and learning. Brain development is extremely rapid in early childhood, and opportunities for learning - together with good health and nutrition - can break the cycle of poverty and lay the foundation for the social and economic wellbeing of subsequent generations (Walker et al., 2011). Even among children who do not get enough food, cognitive stimulation can improve learning outcomes to some extent (Walker et al., 2005). In South Africa, there are encouraging signs from the National Income Dynamics Survey of 2008 that preschool participation improves Grade 4 outcomes among children living in urban areas as well poorer rural children (Gustaffson, 2010).

However, cognitive stimulation does not happen automatically in all situations of childcare, although motivated and caregivers intuitively provide opportunities for learning for children through their interest and engagement. Where these processes are suppressed or interrupted, as can occur in conditions of poverty, stress and disadvantage, opportunities for learning need to be created. Supervised, creative play is important to stimulation, socialisation, language acquisition and cognitive development (Irwin, Siddiqi, & Hertzman, 2007). An explicit, appropriate and interactive curriculum is similarly important (Peralta 2008); and children need to be able to participate regularly and intensively throughout the year, interacting with their peers (Biersteker & Kvalsvig, 2007). Such experiences need to be built in to a national programme of early learning that reaches all children – and most particularly children from poorer communities. This programme should include support to parents who are critically important to early learning; and opportunities for group interaction and learning that can occur in both playgroup and facility-based settings

In South Africa, analysis of the 2007 SACMEQ survey of a large sample of Grade 6 school children across all nine provinces found significantly higher literacy and numeracy scores among those who had attended preschool compared to those who had not (Moloi & Chetty, 2011). Similarly, there are encouraging signs from the National Income Dynamics Survey of 2008 that preschool participation improves Grade 4 outcomes among children living in urban areas as well poorer rural children (Gustaffson, 2010).

2. Innovations since 1994

This section summarises key policy and programming milestones for children under five emanating from the Departments of Education and Social Development, which together with the Department of Health have the major service responsibility for this age group. These policies should be understood within the framework created by the ratification of the Convention on the Rights of the Child (CRC) in 1996 and the African Charter on the Rights and Welfare of the Child in 2000, as well as inclusion of guaranteed child rights in Sections 28 and 29 of the South African Constitution of 1996 which prioritises children in service delivery.

The summary makes a judgement on whether progress has been good, fair or poor (Table 1). The basis for these assessments is presented in the subsequent sections.

Table 1: Summary of progress with policy implementation related to learning opportunities for children 0-5 years old

Good progress	Fair progress	Poor progress
White Paper on Education and Training 1995		
Early childhood as the starting point for human resource development		Red
Commitment to providing 10 years of free and compulsory schooling per child, starting with a reception year for 5 year-olds		Green
An integrated definition and servicing perspective of ECD, recognizing that service delivery depends on partnerships both intra-governmental and with other stakeholders.		Yellow
Recognized that the participation of local authority representatives would also be essential		Red
Interim Policy for Early Childhood Development 1996		
Covered children 0-9 years, but had a particular focus on phasing in a reception year for 5 year-olds to facilitate the transition to formal schooling.		Green
Took a broad integrative approach to ECD services (following the 1995 White Paper), including "(p)programmes aimed at reconstruction and development which address the basic needs of families for shelter, water and sanitation, primary health care, nutrition, employment and adult basic education.		Yellow
White Paper on Social Welfare 1997		
Primary target for ECD services would be given to disadvantaged children under five years. Within this group urgent attention would be given to children birth to three years and disabled children.		Red
Accepted that no single model or programme is appropriate to meet the varied ECD needs of families and a range of options will be made available including centre-based services, part day programmes and family programmes.		Yellow
Reinforcing programmes would be offered by existing role players (government, local government, NGOs, CBOs and parents). In under-serviced areas ECD services would be initiated through community development interventions.		Yellow
Department of Social Development Draft Issue Paper on the Transformation of the ECD System in South Africa 1998		
Promoting subsidisation of varied ECD programmes: centre-, community- and home-based, with means-test as a criterion		Yellow
Rooting ECD services within the community		Yellow
Education programmes for parents as part of ECD programmes for children		Red

Table 1: Summary of progress with policy implementation related to learning opportunities for children 0-5 years old

Good progress	Fair progress	Poor progress
Increasing access of young children to ECD programmes (through promotion of home based and community based facilities for daycare, targeting at risk communities, sustaining programmes in communities that are remote and isolated).		
Targeting disadvantaged children in a variety of programmes		
Providing appropriate ECD programme options (daycare, stimulation, health and nutrition programmes)		
Inclusion of children with special needs in the mainstream		
Inter-ministerial Committee on Children and Youth at Risk (1995 - 1999)		
Identified four levels of intervention: Prevention, Early Intervention, Statutory Process, Continuum of Care.		
Some strategies at the level of prevention with relevance to the children under 5 included <ul style="list-style-type: none"> - A range of early childhood care and development programmes in each community - Parent education and support - Sufficient daycare 		
White Paper No 5, Early Childhood Development (2001)		
Prioritised the development of a strategic plan for intersectoral collaboration through the ECD priority group of the National Plan of Action for Children.		
During the period up to 2010 plan will prioritise subsidisation of early learning programmes for 4 year olds from poor rural and urban families, HIV positive children and children with special learning needs		
Improve the quality of Pre Grade R programmes, inclusion of health and nutrition aspects and appropriate curricula.		
Practitioner development		
Career pathing		
National Integrated Plan for ECD, 2005 (DoH, DoE, DoSD)		
Interdepartmental initiative (led by DoSD) to coordinate and integrate service delivery to young children at home, in the community and at centres including access to social security, primary health care and nutrition, birth registration, psychosocial support and early stimulation.		
Access target of 2.5 to 3 million poor children: Social security & birth registration Primary health care and nutrition Psychosocial support & early stimulation		

Table 1: Summary of progress with policy implementation related to learning opportunities for children 0-5 years old

Good progress	Fair progress	Poor progress
Children's Act No 38 of 2005 as amended (<i>key points only</i>)		
ECD age definition: children up to school going age (i.e. DoSD mandate)		Green
Defines tiers of Government responsibility for ECD: Provinces to develop ECD programmes		Yellow
Regulates ECD centre services and programmes and provides for norms and standards and recognises multiple forms of ECD programming.		Yellow
Government Apex Priorities 2008		
Massively speed up implementation of ECD programme: expand the number trained staff and double number of sites and child beneficiaries by end of 2009; (changed in 2009 to 2014)		Yellow
National Early Learning Development Standards (NELDS) DBE 2009		
Curriculum-related policy initiative focusing on the early learning needs of children from birth to four: <ul style="list-style-type: none"> • Stakeholders involved in validation process (practitioners, parents) and an age validation • Specifies desired results (competencies to be achieved in formal programmes and at home) • learning standards (with age indications) 		Yellow
Minister of Social Development's commitments launched as part of the ECD Awareness campaign 2011.		
<ul style="list-style-type: none"> • Commitment to a Rural and Informal Settlement Strategy for ECD. • 1 million 0-5 year olds accessing ECD Services and programmes. • Standardisation of ECD Subsidies to R15.00 per child per day over MTEF • Improving ECD infrastructure • Ensuring completion of the ECD Curriculum for 0-5 years. 		

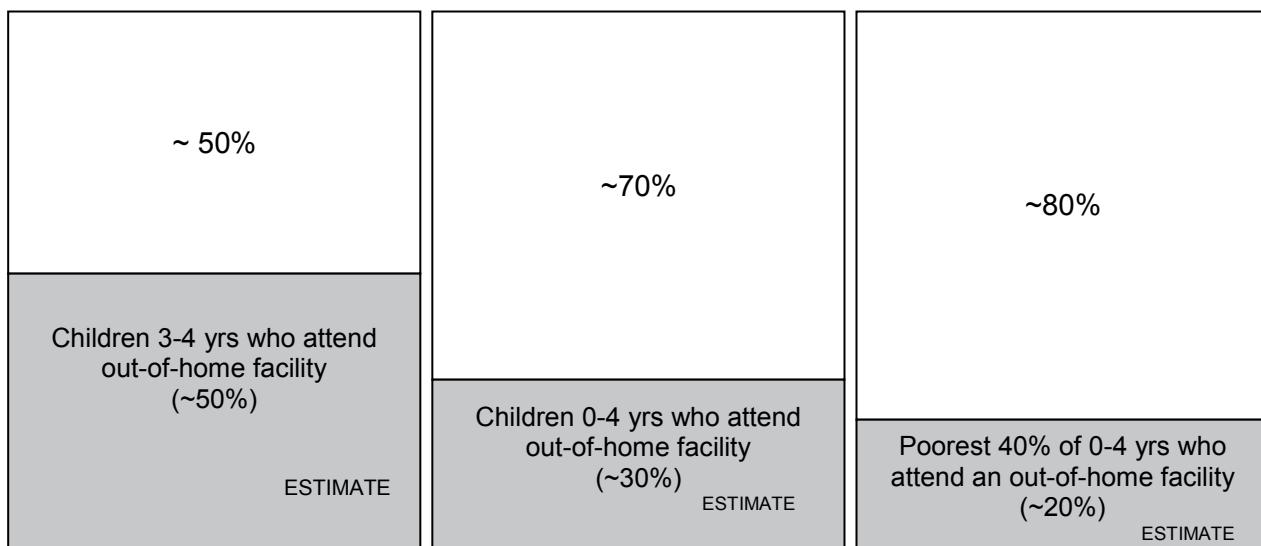
3. Current provision – services and programmes

3.1 Coverage

We are missing a major opportunity to improve health, educational and social developmental prospects in South Africa, in that at least 70 percent of children still do not participate in structured early childhood development services (whether centre- or non-centre-based). Participation in ECD programmes has been shown to be particularly beneficial for children from

low income communities (as higher income children generally receive adequate nutrition and the type of home stimulation that facilitates the transition to schooling). Yet poorer children have the least access (Figure 1).

Figure 1: Participation in out-of-home child care or ECD service

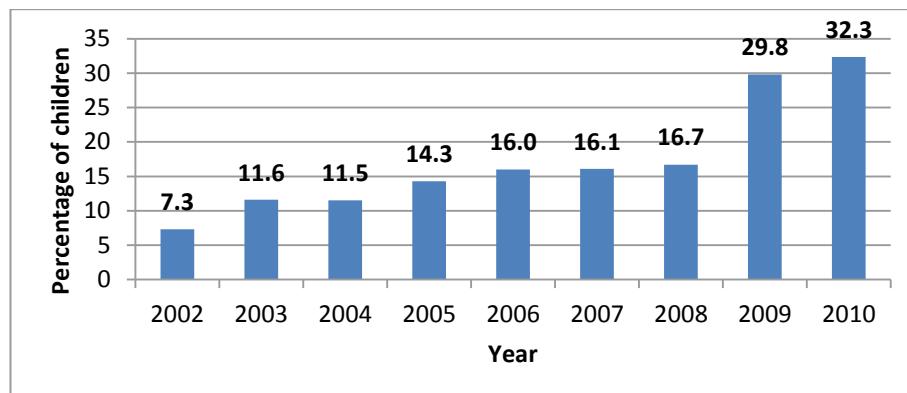


Data on access to ECD facilities is derived from i) a national ECD facilities audit conducted in 2001 and ii) population-based surveys (National Income Dynamics Study of 2008 and the General Household Surveys 2002-2010). Note that the analysis does not include Grade R provisioning.

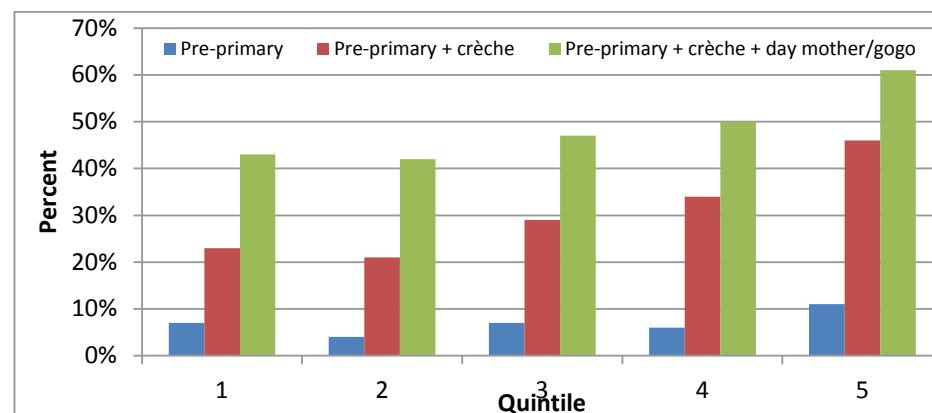
- The proportion of 0-4 years old attending some form of out-of-home facility has more-or-less doubled from about 16 percent over the past decade, linked to a marked increase in learner subsidies over that time (Figure 2).
- However, attendance among the poorest 40 percent of the population is low, with only about one-fifth of children 0-4 years in out-of-home facilities (Figure 3)¹. Roughly two-fifths of children aged 3-4 years from households with incomes < R1,200 attend some form of ECD facility; attendance is highest in Gauteng (43 percent) and the Western Cape (39 percent), and lowest in KwaZulu-Natal (25 percent) and the Northern Cape (21 percent) (Figure 4).
- Attendance in formal preschool is low among 0-4 year olds (about 6 percent), with most children who attend an ECD facility accommodated in crèches² (about 22 percent).
- Coverage of non-centre-based programmes is very low, and we estimate it at no more than 3 percent.

¹ Note that the questions related to exposure to Early Childhood Development in the General Household Surveys are too broad to be of use in assessing participation in ECD programmes, as they do not exclude cognitive stimulation offered by caregivers at home.

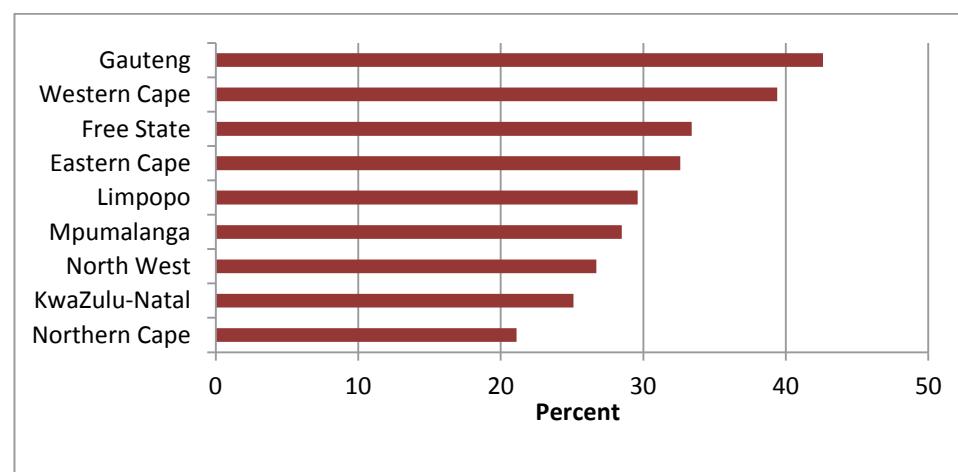
² Formal preschools are typically stand-alone structures accommodating twenty to sixty children, while crèches typically offer child care to fewer children in the home of a child care provider.

Figure 2: Percentage of 0-4 year old children attending an ECD facility, 2002 – 2010

Source: Statistics South Africa, General Household Surveys, 2002-2010

Figure 3: Percentage of children 0-4 years attending an ECD facility, 2008

Source: National Income Dynamics Survey 2008

Figure 4: Percentage of 0-4 year old children attending out-of-home facility, by province

Source: Statistics South Africa, General Household Surveys, 2002-2010

3.2 Infrastructure

We do not have a current picture of the state of ECD facilities. The most recent nationwide data is now a decade old. However, the Public Expenditure Tracking Survey (PETS) conducted in 2008 described the state of infrastructure in a representative sample of 390 community-based ECD facilities in three provinces. The provinces (the names of which have not been made public) included a relatively well-resourced province, a large and poorly resourced province and one in-between. The following estimates are based on the Nationwide ECD Facilities Audit of 2001 and the PETS studies (Figure 5).

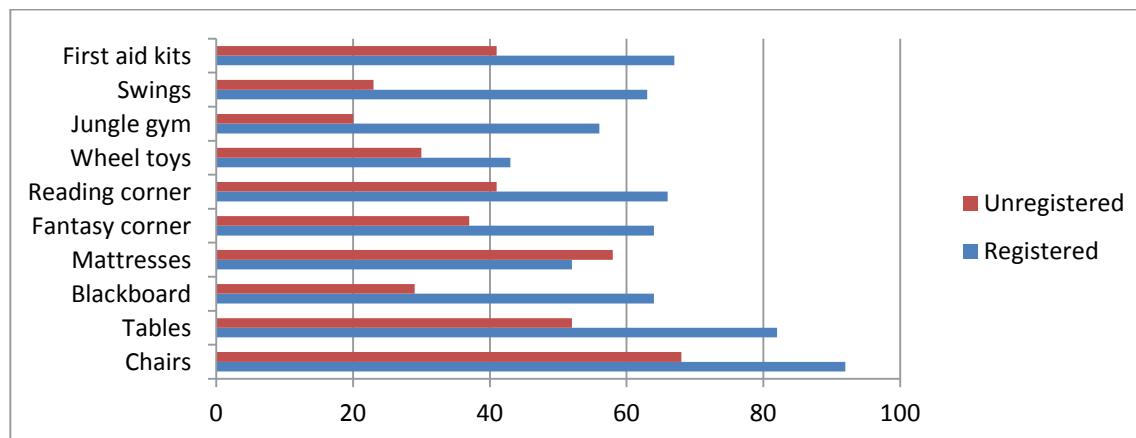
Figure 5: Estimates of the state of infrastructure for early child care and education

Nationwide estimates (2001)	Access to piped water	(~70%)	
	Access to mains electricity	(65 - 75%)	
	Access to all flush toilets	(~65%)	
PETS study in 3 provinces	Registered facilities in good or very good condition	(64%)	Fair 25% Bad
	Unregistered facilities in good/v. good condition	Fair 32%	Bad/ v. bad 24%

3.3 Availability of learning and training support material in ECD facilities

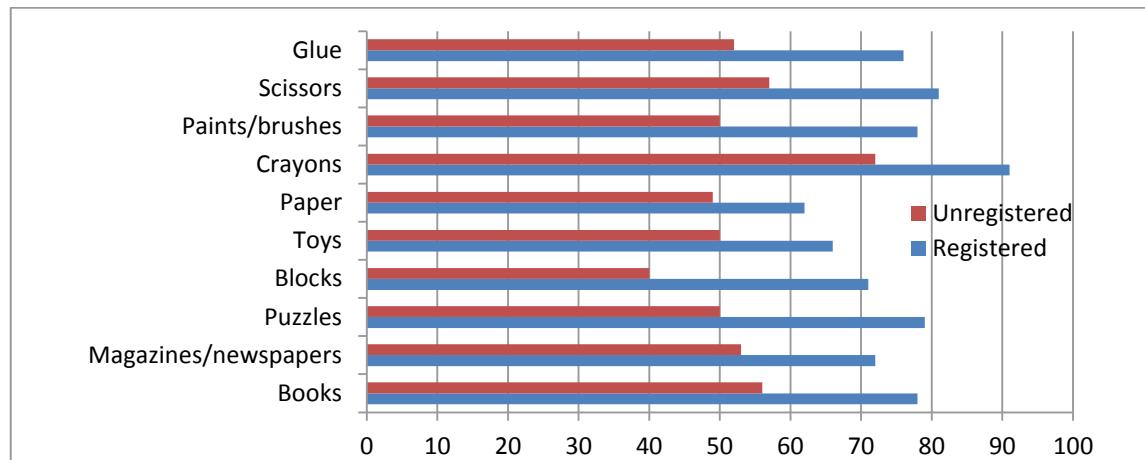
We do not have a national picture of the availability of learning and training support material (LTSM) in ECD facilities. However, the PETS survey of three provinces in 2008 presents a bleak picture, with fewer than half of facilities having basic play equipment (Figure 6). The situation is particularly bad in unregistered facilities, where less than half have access to books, toys and puzzles - and even paper (Figure 7).

Figure 6: Presence of various LTSM furniture and equipment by type of facility (2008)

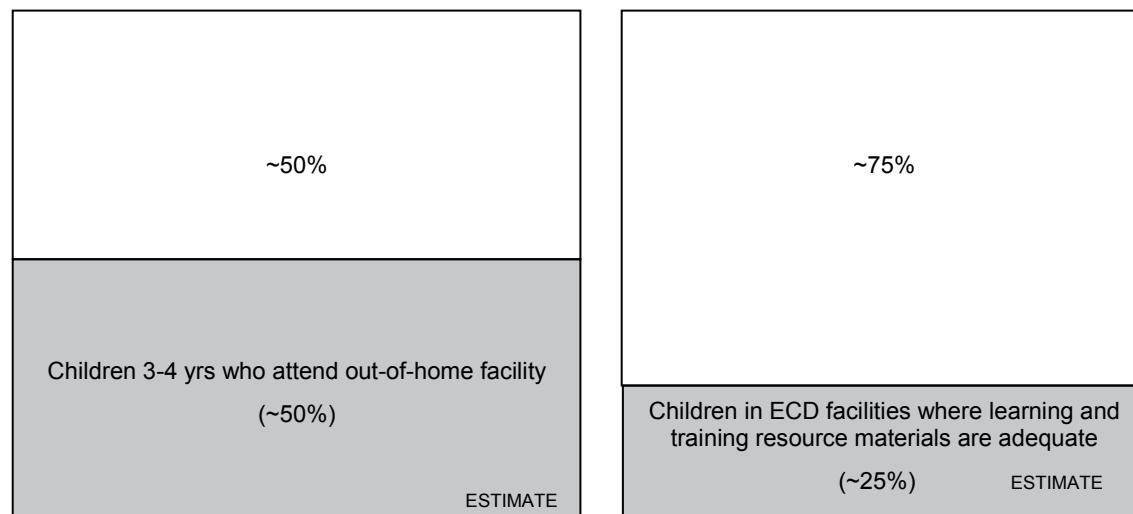


*percentages not weighted by province

Source: Source: Van den Berg S, Williams B, Burger C et al, Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010, Department of Economics, University of Stellenbosch

Figure 7: Presence of various LTSM, by type of facility (2008)

Extrapolating from the above, we can conclude that, at most a quarter of children aged 3-4 years of age attend facilities that expose them to experiences that may stimulate their cognitive and educational development. Another quarter may be in out-of-home facilities providing essential services of keeping children safe while parents work and providing some nutrition. The other half is not exposed to any regular out-of-home ECD experience (Figure 8).

Figure 8: Estimated exposure to resource environments that facilitate structured cognitive and educational development

3.4 Essential elements of provision

Early learning opportunities for all children require at least the following elements:

- Nutrition support
- Cognitive and language stimulation
- Early literacy & numeracy development
- Mediated group social experiences

- Basic companionship and psychosocial support
- Access to health & social services

In addition, there are specific learning-support needs for children with disabilities.

3.4.1 Nutrition support

In centres where per capita subsidy is paid, part of this subsidy is intended to cover nutrition. However, the PETS study indicates that far less was expended on food annually than the food menus provided by the Nutrition Directorate of the Department of Health actually cost to buy. The Early Learning Resource Unit (ELRU) calculated that, in Feb 2011, it cost R4.12 per day for the stipulated ingredients to feed a 1-3 year old child and R4.54 for a 4-6 year old child. The PETS study found expenditure on food averaged for the bottom two quintiles of R511 per child per year – 43 percent of the costed menu (Figure 9).

WHAT NUTRITION SUPPORT IS NEEDED

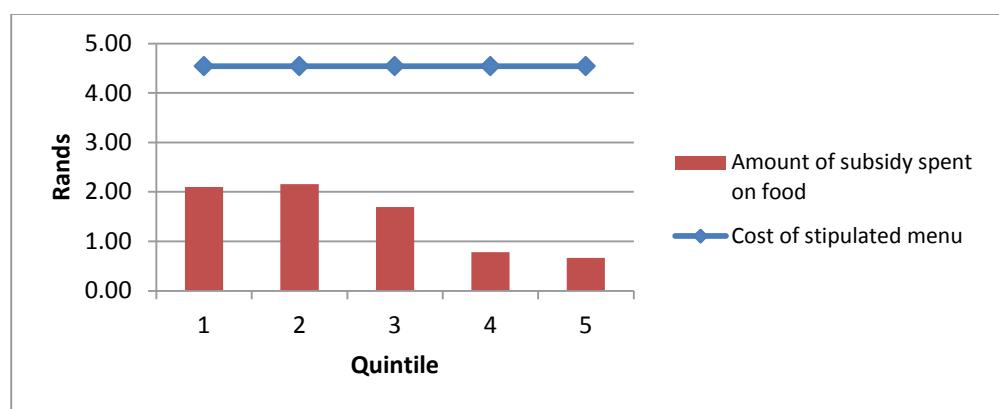
For all children in ECD programmes

- Regular growth monitoring
- Regular deworming
- Vit. A & iron supplementation
- Where practicable, promote vegetable gardens
- Advice and counselling for caregivers
- Early referral to health and social services, when needed

At ECD centres

- Provision of snacks and meals
- Training for cooks

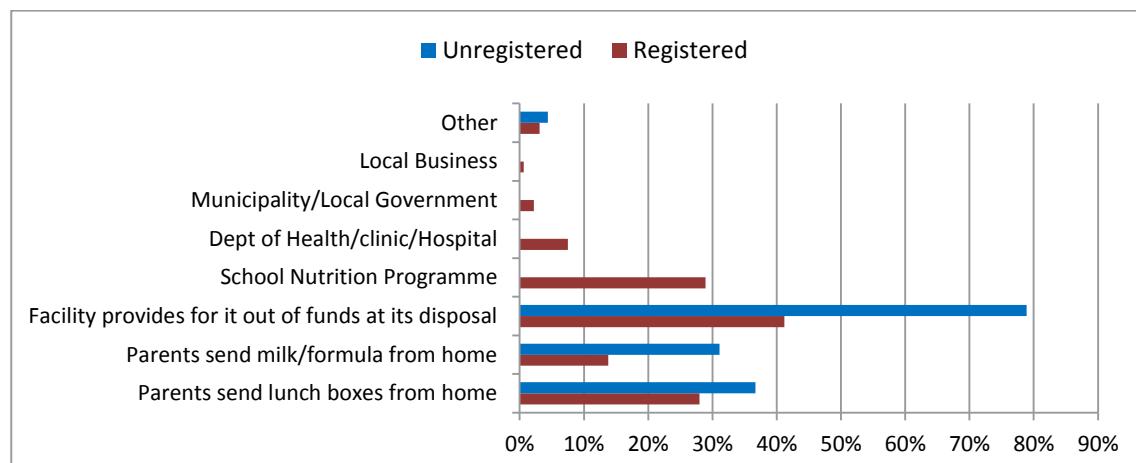
Figure 9: Daily cost of food (based on DoH stipulated menu) compared to amount of per capita subsidy spent on food in registered ECD facilities in three provinces, 2008



Source: ELRU costings of DoH menus (Feb 2011) and PETS Survey 2008

The lower expenditure on food in wealthier communities reflects the fact that parents tend to provide food from home (enabling more of the subsidy to be spent on staff salaries, equipment and learning materials). Children in poorer registered facilities are thus triply disadvantaged by: i) the scarcity of food at home; ii) the relative lack of money for teachers; iii) and poorer infrastructure and learning materials. Children in unregistered facilities are even worse off, in that they are more likely to come to the ECD facility hungry, receive food for which no State subsidy is received, leaving even less to fund the salaries of teachers (Figure 10).

Figure 10: Source of funding for food for children in ECD facilities in three provinces, 2008



Source: Van den Berg S, Williams B, Burger C et al, Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010, Department of Economics, University of Stellenbosch

In many cases, a nutritious snack is provided at community playgroups (i.e. non-centre based services), often as an incentive to attend. But most community playgroups operate infrequently and the snack does not contribute significantly to nutritional security. Many home-visiting type programmes distribute food fortification products (sometimes on behalf of the clinic, as in Lusikisiki). In addition, home visiting programmes also assist in accessing grants, and poverty relief food parcels.

Vegetable gardens, at the scale and setup of most food garden projects, are not able to address the increased energy consumption requirements needed to overcome the high level of stunting among South African children. However they do have the potential to provide an important source of increased micronutrient intake, to fill the gaps not met by supplementation and fortification, and therefore support improved nutritional status and immunity to disease. They also have a proven ability to act as a buffer against extreme poverty and therefore play an important food security role.

WHAT MAKES A GOOD VEGETABLE GARDEN?

All round harvesting of Vitamin A rich foods	Fencing
Adequate, safe & affordable water	Rural and farm localities
Continuing access to quality seed & seedlings	

There is no data on the extent of food gardens linked to ECD services, but some centres and many home and community based ECD interventions encourage gardens. The Community Works Programme of the Expanded Public Works Programme has established food gardens at a number of ECD centres.

3.4.2 Cognitive and language stimulation

According to the norms and standards regulated by the Children's Act (as amended), all ECD partial care and programmes should include a cognitive stimulation component and the National

Early Learning Development Standards (NELDS) are currently the basis for this. They have been designed to cover the range of programmes of the National Integrated Plan, from what should be done at home to more formal settings.

The intention is to develop an explicit national curriculum for 3 to 4 year olds based on NELDS norms and standards. However, we caution that a single *compulsory* curriculum could stifle the creativity and diversity of programmes for early childhood development. A curriculum will only be helpful if it is flexible, practitioners have been trained in the principles of child development that enable them to adopt a variety of approaches which are consistent with the NELDS, and if implementation is supported (with materials as well if necessary). We need to avoid a situation of regulation without assistance and support.

Table 2 shows the proportion of ECD facilities surveyed in three provinces in 2008 (PETS) which have a structured daily programme of cognitive stimulation, play, reading, resting and feeding. The high proportion of registered and unregistered facilities that follow a structured programme is impressive, and reinforces the point that adequate provision of learning and training material could significantly enhance learning outcomes.

NATIONAL EARLY LEARNING DEVELOPMENT STANDARDS: CHILDREN WHO CAN...	
Think critically, solve problems and form concepts	Have a positive self-image and manage their own behaviour
Be aware of diversity and respect and care for others	Use language and communicate effectively
Learn about mathematical concepts	Develop physical and motor skills and understand a healthy lifestyle

Table 2: Presence of a formal daily programme at ECD facilities in three provinces, 2008

	Registered	Unregistered
Yes, observed	84.0	72.2
Yes, but not observed	9.7	8.9
No	6.3	18.9

Source: Van den Berg S, Williams B, Burger C et al, Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010, Department of Economics, University of Stellenbosch

Table 3 shows the proportion of ECD facilities in the PETS survey which differentiated their programme by age group (to facilitate age-appropriate learning).

Table 3: Differentiation of the daily programme by age group in ECD facilities in 3 provinces, 2008

	Registered	Unregistered
Yes, observed	57.9	52.2
Yes, but not observed	12.9	4.4
No	29.2	43.3

Source: Van den Berg S, Williams B, Burger C et al, Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010, Department of Economics, University of Stellenbosch

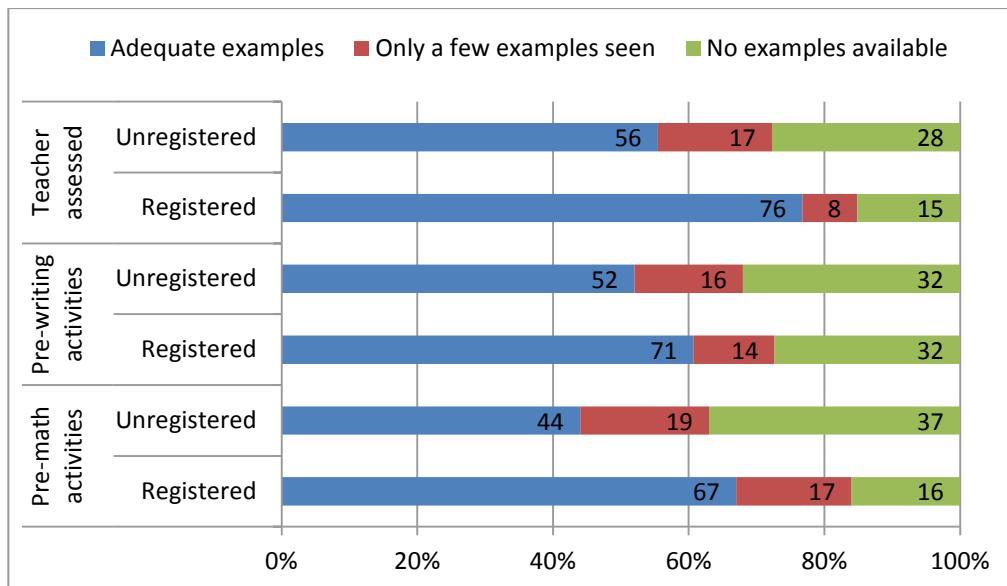
The majority of registered and unregistered community sites have a daily programme including play and care routines. Over half of community-based facilities have programmes differentiated for younger and older children. Language development activities (e.g. story time, language games, reading of picture story books, rhymes and singing) and creative activities (drawing, painting, perception games, puzzles, fantasy play, etc.) were common at registered community facilities.

3.4.3 Early literacy & numeracy development

It is clear from both province-specific and local data that activities related to literacy and numeracy development are weakly formulated in most early learning programmes. The Western Cape Audit Study showed that scores on the Language and Reasoning and Activities subscales of the Early Childhood Environmental Rating Scale (Revised), that measures provisions that promote language and cognitive and mathematical skills, are relatively weak (Dawes et al, 2010). An evaluation of a multi-site non-centre based ECD initiative (Sobambisana) found similarly low baselines in Eastern Cape, and Western Cape (Biersteker and Dawes, forthcoming).

Figure 11 shows the prevalence of pre-maths and pre-writing activities in ECD facilities in the three provinces surveyed as part of PETS 2008. It shows that over a third of facilities did not show required evidence of pre-writing and pre-maths activities.

Figure 11: Learning activities assessed in ECD facilities across three provinces, 2008



Source: Van den Berg S, Williams B, Burger C et al, Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010, Department of Economics, University of Stellenbosch

Centres: There is need for a big focus on providing a range of activities, support for language, literacy and numeracy development and practitioner-child interaction to scaffold and mediate learning. This will require training, follow up and support and ensuring that there is equipment some of which could be improvised.

The creative aspects of exploration and choice of activity which promote active learning through child initiatives - which are strong in programmes such as Montessori and HighScope (among others) - need to be strengthened across the board.

Families: As part of interventions targeting primary carers, interaction with children should be encouraged, using household activities as learning opportunities. In particular, talking to children, telling stories and, where possible reading to them, are vital for cognitive and language development. Programmes should build on local childrearing practices and games, and find ways to involve older children as well as parents and grandparents.

3.4.4 Mediated group experiences

Preschool services provide obvious platforms for mediated group experiences that are critical for socialisation and peer-stimulation. Numerous resource training organisations across South Africa have developed models for providing group experiences to children who are not in centres. A number of these models have recently been evaluated as part of the Sobambisana initiative of Ilifa labantwana. The most promising of these models combine child-child interaction with a parent education component (Biersteker & Dawes, forthcoming).

3.4.5 Basic companionship and psychosocial support

ECD programmes involving parents and particularly those delivered through home visiting have a strong focus on supporting the caregiver to be able to manage nutrition better, cope with childrearing, provide a safe and hygienic environment, stimulate their children's curiosity and intellect, and provide counselling with respect to child protection. This is covered in the section on parenting. Alcohol abuse is a major risk factor for children, and community workers should also be trained to provide specific counselling, and know when to refer for professional help.

3.4.6 Access to health & social services

Registered centres require health records for admission (Dept of Social Development/UNICEF, 2007), so this is a point at which immunisation default should be detected and remedied. Similarly, children should be referred to social services in the case of poor home circumstances or suspected abuse. However, it seems that many ECD centres do not refer children appropriately and do not know what to do in cases of child abuse, despite their statutory duty to report (Dawes et al., 2010).

ECD practitioners should be trained to be able to refer families, not only to clinics and for social grants, but to other community support services as well. This responsibility should be reinforced by integrating child protection measures into the norms and standards of quality ECD provision.

As community- and home-visiting programmes are expanded, routine health assessment through growth measurement, review of Road-to-Health cards and basic screening should be inbuilt.

3.4.7 Children with special needs

Both the PETS survey of 2008 and the Nationwide Facilities Audit of 2001 found a prevalence of disability of 1 percent among children attending ECD facilities (Figure 4). The 2001 Census

estimated a disability prevalence of 2.1 percent among 0-9 year olds. Based on general coverage of about 30 percent, this suggests that only about 15 percent of disabled children aged 0-4 years of age are in ECD facilities. Given the paucity of community-based services for disabled children, this is an area that requires urgent attention.

Table 4: Prevalence of disability among children attending ECD facilities, 2001

Variable	Sub-variable	Number*	% within category	% range across (provinces)	
				Lowest	Highest
Disability	Overall	11,779	1		
	Physical disability	6,395	55	43 (NW)	67 (KZN)
	Mental disability	3356	28	9 (NC)	46 (NW)
	Behavioural/ autistic	828	7	2 (NW)	10 (EC)
	Multiple disability	1,200	10	1 (MP)	25 (FS)

Source: Williams T, Samuels M-L, The Nationwide Audit of ECD Provisioning in South Africa, Pretoria: National Department of Education, 2001.

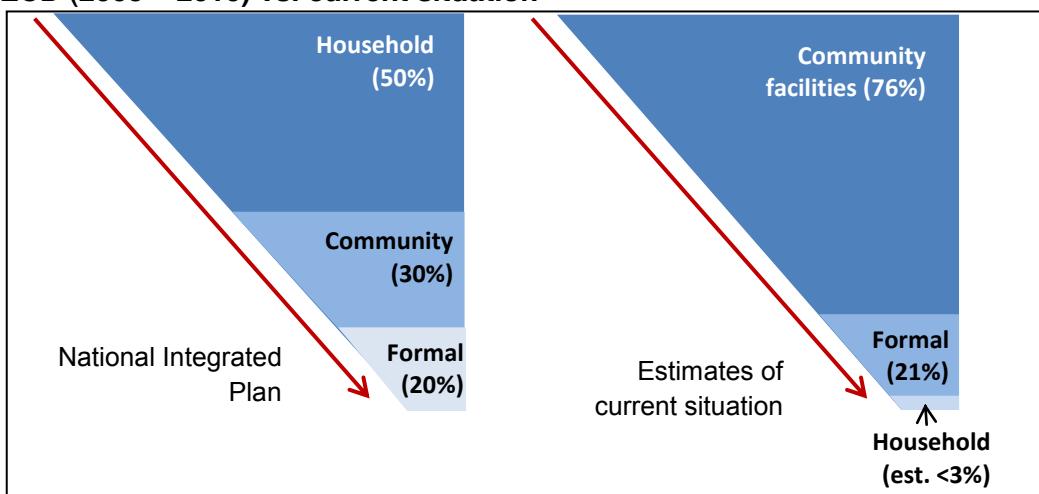
3.3 Programmes and services

The National Integrated Plan for ECD 2005 – 2010 (p35) committed Government to a continuum of intervention for early childhood development.

- The primary level of intervention for care and support is with the family at a household level. This includes quality care, nutrition, hygiene, safe shelter, water provision, primary health care and many other key caregiving practices.
- The community level includes access to services at clinics, community help groups and care centres, one-stop service centres, playgroups, parental support programmes, community management of childhood illnesses, etc.
- Formal services include crèches, day-care centres and preschools.

Actual ECD provisioning support by the DSD is largely centre-based, which is inconsistent with the weighting given to home and community levels interventions in the National Integrated Plan for ECD (Figure 12).

Figure 12: Service provision weightings as described in the National Integrated Plan for ECD (2005 – 2010) vs. current situation



Source: National Integrated Plan for ECD, 2005 and National Income Dynamics Survey, 2008

Improving supply: Substantial expansion of ECD services in South Africa will only be feasible if several modes of integrated delivery are combined to reach all the eligible children in any defined geographical area. Our view is that provision for children up to two years of age should focus on home-visiting, while that for 3-4 year olds should aim to provide opportunities for group interaction and learning. What is critical is substantially higher levels of coverage, and in the phase of accelerated scale-up, service provision for 3-4 year olds should focus on: i) extending subsidies to facilities that are registered but not subsidised; ii) improving access to resources of existing facilities; and iii) expanding non-centre-based services (including home visitation and community playgroups).

An effective strategy will be to: i) define the modes of service delivery (home-based programmes, community outreach and group activities, and centre-based services); ii) define per capita allocations per mode; iii) set specific targets for coverage with quality; and iv) implement the most appropriate mix of the modes of delivery to achieve high levels of exposure to one or more modes of delivery.

Creating demand: Educational programmes on radio and television are now widely used to reach children directly and engage caregivers in different countries (e.g. Philippines). Takalani Sesame, a partnership between Children's Television Workshop and the Department of Education initiated in 2000 is probably the best known programme in South Africa. In a study of media habits 69 percent of South African children (3-9 years) sampled in urban areas and 49 percent of sampled rural children view Takalani Sesame (Nielsen, 2003). A household survey in rural areas (Bub, 2005) indicated that children 3-9 years were familiar with the Takalani Sesame radio insert, and that the programme enjoyed the highest level of spontaneous recall of any children's radio programme amongst rural caregivers. This suggests that media do reach potentially large numbers of children and their caregivers who do not have ready access to other supports. Takalani has also had a community component using caregivers as mediators. Pre-post assessments of Season 1 show that children under five years show some improvement in the areas of literacy and numeracy, and life skills gains which were greatest when mediated by a caregiver or teacher (HSRC, 2003). An impact assessment of Season 2 (Khulisa Management Services, 2005) showed gains across all learning areas tested: literacy, numeracy, and life skills. The greatest improvements were evident among children exposed to television, both by itself or in a mediated condition. Radio had a greater effect on literacy than numeracy.

Sponsored newspaper supplements have also been quite widely used to provide ideas and resource materials such as books (e.g. Read Right Supplement). New forms of social media should be explored (especially cellphone technology) as a means of raising parent and community awareness of young children's needs.

Public education is required on the needs of young children, the important roles that parents and other caregivers play in their day-to-day interactions with young children, and the necessity to promote language and cognitive development, and the damaging nature of harsh punishment.

4. Institutional issues

Three fifths of children in the poorest two quintiles have no exposure to early childhood development services or even daycare (See Figure 3 on page 11). Despite significant attention to policy-related issues, access for poorer children has not improved significantly in the past 18 years. A critical reason is that current arrangements for ECD are not structured for scale-up. This section describes some of the key structural constraints and ways to restructure ECD provision in South Africa to enable scale-up to happen.

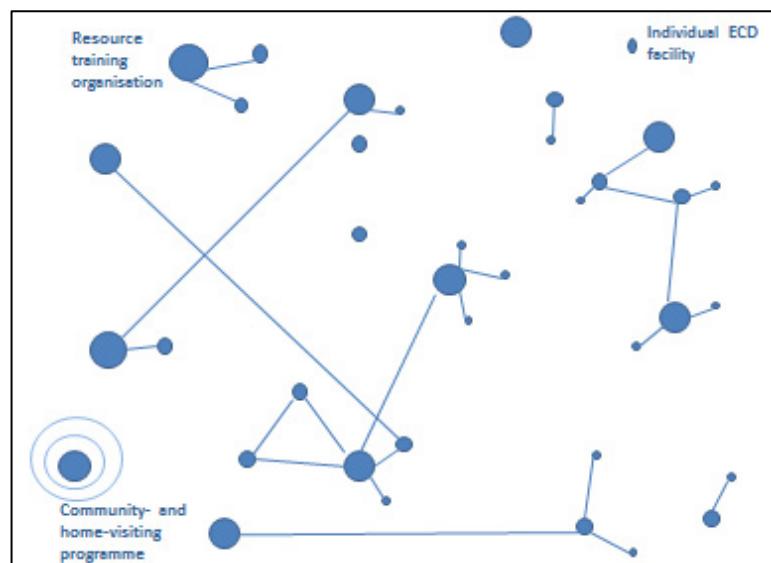
An immediate question is whether scale-up can happen while retaining quality of service provision. In the short-term, it is unlikely that accelerated scale-up will achieve the same quality as is achieved in formal, registered preschools. Unfortunately, the stalemate in the quality/scale-up debate has contributed to the low coverage of ECD in South Africa. What we need is a quantum leap in ECD provision, and good but pragmatic systems of quality assurance for the different types of programmes implemented.

4.1 Structure of ECD provision in South Africa

4.1.1 Service provision

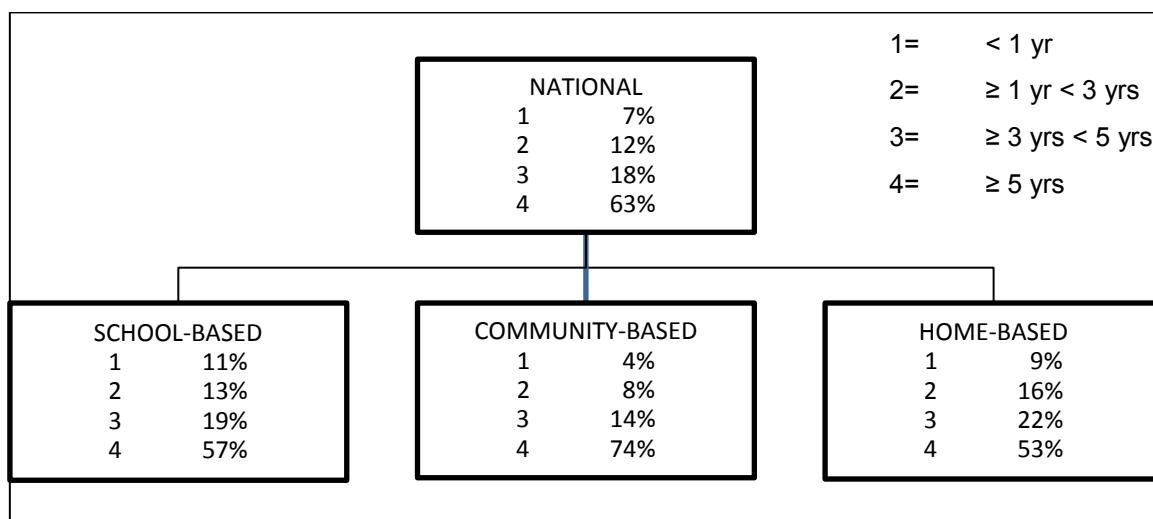
ECD services are largely provided by the non-profit sector. Resource Training Organisations (RTOs) provide training and in-service support to smaller community-based organisations (CBOs) and to individual crèches that provide ECD services. There are about 75 established RTOs in South Africa. They provide a solid grounding for ECD provision in South Africa, but the problem is that many children falls between the gaps – especially in communities where there are no RTOs, but even in communities where they are RTOs. Many individual childcare facilities have no relationship with an RTO. Few RTOs, and the CBOs they support, have attempted to achieve high levels of coverage for the most needy children in their catchment area; and few provide the comprehensive programme of support required to ensure quality (Figure 13).

Figure 13: Current organisation of ECD provision in South Africa



Despite the piecemeal nature of ECD provision, there is relative stability in terms of the durability of individual facilities. **Error! Reference source not found.** shows the time that ECD sites surveyed had been in existence at the time of the Nationwide Audit in 2000. The relatively low proportion of school-based ECD sites that had existed for longer than five years reflects the fact that Grade R was not yet implemented as national policy at the time of the survey. But it is notable that three-quarters of community-based sites had operated for five years or more. The remainder tend to come and go quite rapidly, usually as a result of financial unpredictability.

Figure 14: Duration of existence of ECD sites (National Audit 2001)



4.1.2 Government support and oversight

The Children's Act makes provision for the delivery of a national programme of early childhood development in South Africa. Further, it tasks provincial departments to develop ECD strategies to meet the early learning needs of children (although it places no obligation on provinces to fund them). An effective national programme will require a strong, central co-ordinating agency to set clear targets for expanded coverage and develop financing, human resource, management, monitoring and quality assurance strategies to achieve them.

National: There is no single Government department responsible for early learning opportunities for young children. The Department of Health is principally responsible for the nutrition and development of children to two years of age. The Department of Social Development is responsible for ECD for 3-4 year olds, while the Department of Basic Education is responsible for Grade R provision and above. It also is responsible for the education and training related aspects of all ECD provision. Relative to the need, the capacity of the respective Departments is very limited – currently with an ECD directorate in DSD and a Chief Directorate in the DBE, both under-resourced relative to their national responsibilities.

Provincial: Provincial responsibilities are still largely focused on the processes associated with learner subsidies in registered ECD facilities. In most relevant provincial departments, there are two or three officials (generally at deputy director level or below) responsible for ECD. In

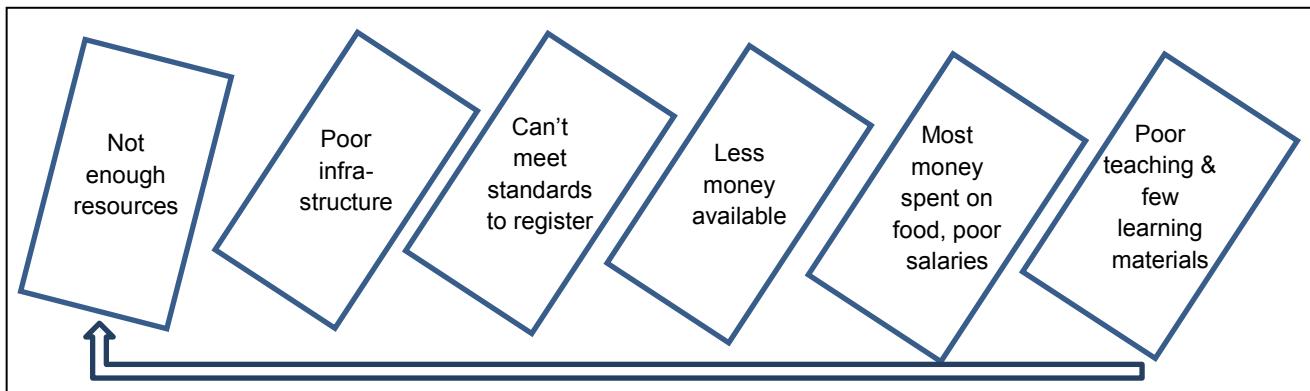
consequence, there is little authority, initiative or impetus to expand coverage, nor to implement a programmatic approach to ECD, as envisaged by the Children's Act.

Local authorities: Municipalities are required to ensure that ECD centres comply with Municipal Health and Safety By-Laws. They may include ECD within their Integrated Development Plans but there is no obligation on local government to fund ECD activities. Local government involvement in ECD varies from very little, to the provision of land and basic infrastructure, to support for ECD practitioner training and even limited subsidies for programme-related activities (Budlender & Giese, 2011). In future, their role in ECD should be specifically set out in their Integrated Development Plans, and at least include support for infrastructure provision and monitoring of basic health and safety standards as part of processes of continuing quality improvement.

4.2 Quality improvement

There is strong and consistent evidence that the current process of quality assessment and management discriminates against the poorest children and excludes them from the learner subsidy. This has a domino effect, with poor parents having to contribute more, children having less food, and less funding available for learning support material and teacher salaries (Figure 15). The net result is that the poorest children, who have the greatest need to supplement learning acquired in the home, have least access to quality ECD services. Many of the quality shortcomings in unregistered facilities relate to the lack of resources that could be addressed by provision of learner and training support materials.

Figure 15: Domino effect of unattainable standards for ECD facilities in poor communities



The focus needs to shift from inspection to continuing quality improvement. This process should include:

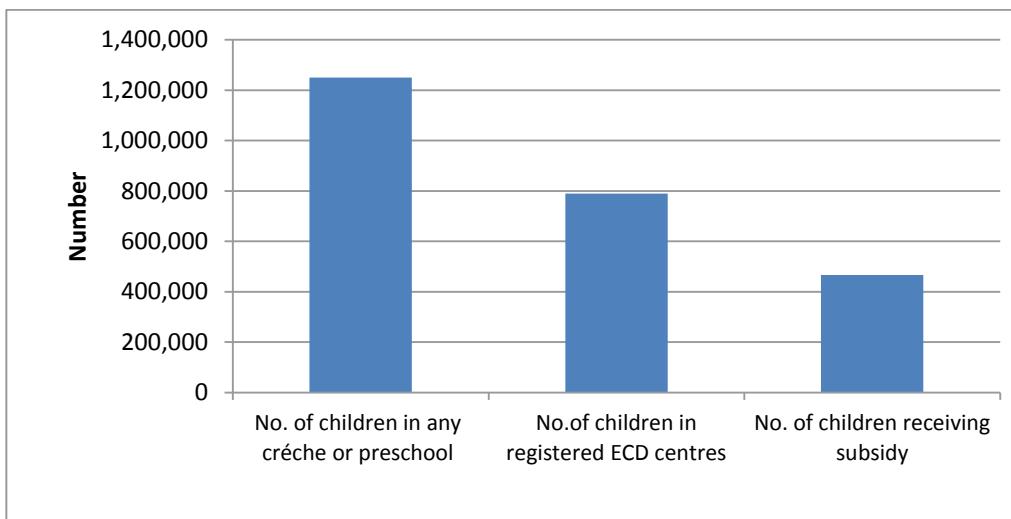
- Re-orientation of ECD practitioners and Government officials (local and Social Development) away from inspection models to processes of facilitated quality improvement;
- Establishment of baselines through facilitated self-assessment;
- Reward-driven processes of external assessment.

Further, processes of site registration are so cumbersome that poorer communities lose out. This section reviews the appropriateness of current norms and standards and approaches to quality assurance. It looks at the effects on access of current processes of site registration.

4.2.1 Site and programme registration

Of the children reported to be in preschool or crèches, about 40 percent have access to the means-tested learner subsidy (Figure 16).

Figure 16: About 40% of children in crèches or preschools receive a learner subsidy



Source: Estimates of attendance based on National Income Dynamics Survey, 2008 & registration figures from L. Erasmus, DSD, 2011

In terms of the Children's Act (as effective from April 2011), all ECD facilities and programmes need to be registered in order to operate. If this provision were implemented, it is likely that about a third of all ECD facilities would have to shut down (estimate based on number of children in registered centres compared with number of 0-4 year olds in any preschool or crèche). There has however been a significant (76 percent) increase in the number of learner subsidies over the past six years.

Even if sites are registered, it does not necessarily mean that they will receive the subsidy. Table 1 shows that two-fifths of children in registered facilities do not receive a subsidy. The PETS survey in three provinces found that over 40 percent of ECD facilities had to wait more than two years to receive funding after registration (Van den Berg et al., 2010).

The administrative requirements for registration are onerous: All ECD service providers (centre and non-centre based) are legally required to register their ECD programme with the provincial DSD (or delegated authority). In addition, ECD centres are legally required to register as a partial care facility. This dual registration - as a partial care facility and ECD programme - is a prerequisite for non-profit organisations to access the DSD subsidy but in no way guarantees receiving it (Table 6).

Table 5: Status of registration of ECD facilities (as of April 2011)

Province	No. of registered ECD centres	No. of children receiving subsidy	No. of children in registered ECD centres	% of children in registered ECD centres who receive subsidy
TOTAL	18 826	466 217	789 424	59
EC	2 911	75 880	82 336	92
FS	2 979	42 969	97 031	44
GT	3 473	56 082	151 649	37
KZN	3 167	70 815	123 545	57
LP	2 184	52 813	96 053	55
MPU	1 144	42 444	49 393	86
NW	980	30 732	64 161	48
NC	571	25 617	30 191	85
WC	1 417	68 865	95 060	72
TOTAL	18 826	466 217	789 424	59

Source: Louise Erasmus, Dept of Social Development (April 2011)

Table 6: Supporting documents to be submitted with each application for registration

Registration as part of partial care facility (Form 11)	Registration of ECD programme (Form 16)
Proof of relevant staff qualifications	Staff composition and proof of skills
A report by a social service professional on the viability of the application	Overview of ECD programme
A business plan	Implementation plan for ECD programme
A constitution	Clearance certificate that name of applicant does not appear on National Register for Sex Offenders
Original copy of approved building plans or plans submitted for approval	
Emergency plan	

Source: Budlender D, Giese S, Berry L, Motlala S, Zide H, Government funding for early childhood development: Can those who need it get it? 2011, Cape Town: Ilifa labantwana

In the PETS study, three quarters of ECD facilities that had registered stated that they had found it difficult to apply for funding, with the poorest province experiencing the greatest difficulty (Table 7).

Table 7: Proportion of registered community based ECD facilities finding it difficult to apply for DSD or DoE funding

	Province 1	Province 2	Province 3 (poorest)	Total
DSD funding	68.0%	66.7%	78.7%	74.9%

Source: Van den Berg S, Williams B, Burger C et al, Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010, Department of Economics, University of Stellenbosch

4.2.2 Quality inspection versus continuing quality improvement processes.

In order to secure the per-capita subsidy, individual crèches and preschools are assessed according to a set of norms and standards which are often incompatible with the realities of communities that need the subsidy most. Implementing high standards of fire, safety and sanitation may seem non-negotiable, but fact is that children being cared for at home during the day in these same communities are exposed to serious environmental hazards every day. There is a need to review the norms and standards for registration to make them more appropriate to the realities of day-to-day living, while ensuring that children are adequately protected from risk, with time-bound plans for assistance and support to bring facilities up to desired standards.

The current norms and standards are listed in Table 8. While most appear reasonable, many are unattainable for community-based facilities without the financing that would be secured through registration. Provisional registration of facilities helps to unclog this bottleneck, and often the main sticking point is the set of standards imposed by local authorities. This ‘chicken-and-egg’ situation could be resolved by separating out non-negotiable but realistic standards of environmental and physical protection, from other standards that could be incrementally attained over a defined time period. As community playgroups expand as part of the mix of district-based interventions, infrastructural requirements for ECD will not be appropriate for this mode of delivery, and specific criteria for programme registration will need to be developed.

Table 8: Norms and standards for registration at ECD centres

- A safe environment for children within the facility and while travelling to and from the facility.
- Proper care for sick children or children who become ill.
- Adequate space and ventilation in compliance with building standards.
- Access to safe drinking water.
- Hygienic and adequate toilet facilities, including one potty for every child under the age of 3 years, and one toilet for every 20 children aged 3-6 years.
- Access to refuse disposal.
- Hygienic area for food preparation, including cooling facilities and covered containers.
- Measures for the separation of children of different age groups.
- Action plans for emergency situations.
- Norms and standards for ECD programmes include requirements for:
- Appropriate developmental opportunities delivered by staff trained in ECD programmes, basic health care and first aid.
- Programmes aimed at helping children to realise their full potential and ensuring positive social behaviour.
- Minimum staff - child ratios of:
 - 1:6 for children between the ages one month and 18 months, plus an assistant where possible*
 - 1:12 for children between the ages 18 months and three years, plus an assistant where possible
 - 1:20 for children between the ages three and four years, plus an assistant where possible
 - 1:30 for children between the ages five and six years, plus an assistant where possible
- Respect for and nurturing of the culture, spirit, dignity, individuality, language and development of each child, including assistance with birth registration.
- Programmes which meet the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children, including support to caregivers and household visits.

Source: Summarised from Dept of Social Development & UNICEF, 2006

* Note that the norms and standards of the Children’s Act have eliminated the qualification ‘where possible’ and now require mandatory compliance. This is impractical and will impose further barriers to registration.

4.3 Human resources for ECD provision

Human resources for ECD provision are characterised by:

- Reasonable learner: staff ratios in registered ECD facilities, but insufficient trained personnel in unregistered facilities
- Low levels of pay for ECD practitioners, particularly in poorer communities;
- A trade-off between payment of practitioners and allocation of Government subsidies for the nutritional and learning needs of children in ECD facilities;
- Training focused on facility-based ECD. SAQA standards for non-centre based service provision exist as part of community development qualifications, but there are few opportunities for training; and
- No clear career path for ECD practitioners.

4.3.1 Adequacy of personnel numbers

As adequate staff numbers is a prerequisite for registration, it is not surprising that learner:staff ratios are reasonable in registered facilities. In the Nationwide Audit of 2001, the ratio varied from 16:1 in Gauteng to 24:1 in the Eastern Cape and Northern Cape. The 2008 PETS survey found, on average, 2.7 ECD practitioners or teachers employed in each of the registered facilities, and 2.4 administrative and support staff. This translated into staff child ratios of 1:11, well within the national norms. There were 0.8 volunteers per facility, reducing the work load, as volunteers worked an average of almost 18 hours per week (it should be noted that some (40 percent) of the volunteers received a stipend). As normative staff-child ratios are a condition of registration, compliance is not unexpected. The learner:staff ratios in unregistered ECD facilities are unknown, but are likely to be far higher.

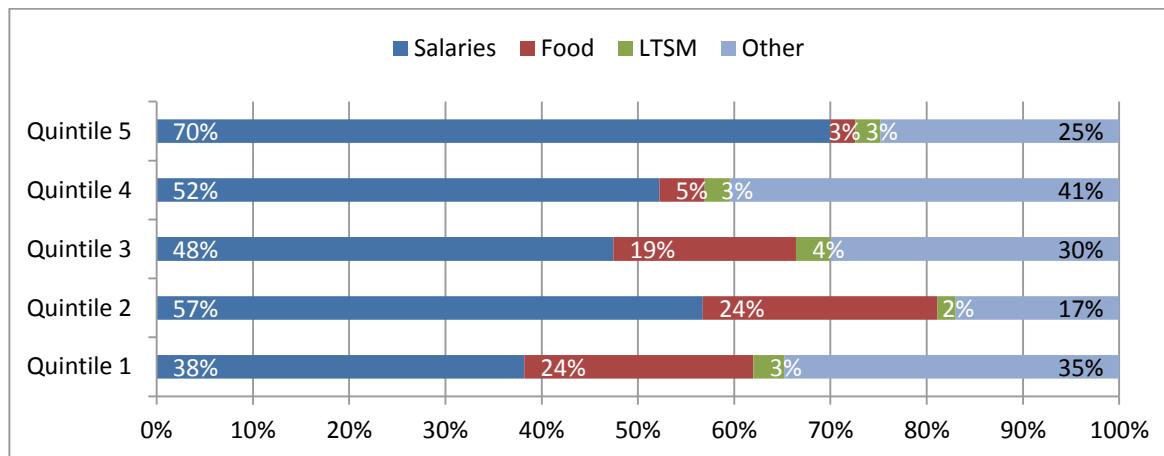
Norms and Standards are still being revised for practitioners working with children birth to four years. Assuming a learner: teacher ratio of 20:1, about 50,000 ECD practitioners would be needed to provide universal coverage for children aged 3-4 years of age in the two lowest income quintiles. A ballpark target for ECD practitioners (for children 0-4 years of age) would be in order of 100-120,000. We do not know how many ECD practitioners there are currently, but the 2001 survey found a total of 44,653. This figure concurs with the current estimates of learner coverage of roughly one-third, suggesting that human resource planning should aim to address the shortfall of 50-70,000 ECD practitioners (for both centre and non-centre-based provision).

4.3.2 Remuneration for ECD practitioners

Remuneration for ECD practitioners is very low. The PETS survey found that salaries averaged R2,383 per month (R2,849 at 2011 prices). There is no significant relationship between qualification and remuneration (Table 9).

Figure 17: Use of learner subsidies in registered ECD facilities in three provinces, by quintile (2008) illustrates that ECD facilities in the poorest communities spend a smaller proportion of the learner subsidies on salaries, as food constitutes a significant proportion of budget. This finding emphasises the importance of de-linking funding for staff remuneration from funding for nutrition, learning and training support material and other programme-related activities.

Figure 17: Use of learner subsidies in registered ECD facilities in three provinces, by quintile (2008)



Source: Van den Berg S, Williams B, Burger C et al, *Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010*, Department of Economics, University of Stellenbosch

4.3.3 Training and accreditation

Practitioners working in centres: There are accredited courses for ECD practitioners at Levels 1, 4 and 6. However, about half of practitioners are under-qualified or not qualified (Table 1).

Table 9: Teacher post-school and ECD-related qualifications of practitioners in community-based ECD facilities

PETS 2008		National Audit 2001	
Qualification	%	Qualification status	%
Not specified/ no training	14.0%	No training	23%
Short courses on ECD	15.3%	Under-qualified	15%
ECD Certificate Level 1	17.4%	NGO-trained (not accredited)	43%
ECD Certificate Level 4	19.6%	Qualified in fields other than ECD	7%
ECD Certificate Level 5	12.8%	Qualified in ECD	12%
Other ECD or unspecified certificate	7.5%		
Diploma	6.7%		
University degree	2.2%		
Postgraduate diploma	3.9%		
Postgraduate degree	0.6%		

Source: Van den Berg S, Williams B, Burger C et al, *Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010*, Department of Economics, University of Stellenbosch

Williams T, Samuels M-L, *The Nationwide Audit of ECD Provisioning in South Africa*, Pretoria: National Department of Education, 2001.

The Expanded Public Works Programme (EPWP) ECD Programme is the training component of the National Integrated Plan and has been the major initiator of supported practitioner training since 2004. The DBE is responsible for the human resource development aspects of the service provision for 0-4 year olds; DSD identifies practitioners in registered ECD sites and the DBE selects, offers training and pays a stipend during the training.

- The current target set in the EPWP Social Sector Plan is to train 80,000 practitioners and Grade R teachers at Levels 4 and 5 for the period 2009/10 to 2013/14. Unfortunately, EPWP reporting is difficult to understand and relate to individuals. For example, its five year report for the year ending 2008/9 states that 356,665 ECD training days were funded and 31,000 work opportunities were created during this period (Dept of Public Works 2010). However, it is not clear how many ECD practitioners were trained, and the ‘work opportunities’ cited refers to stipends provided during training.
- At present much of EPWP-funded training addresses backlogs in the sector, which is essential for expanding quality but not sufficient for expanding access to services. Grade R, which offers a better salary package, tends to draw practitioners currently working with pre-Grade R children once they have been trained.

In addition, there is donor supported accredited training through NGOs registered as private FET institutions but this kind of support has declined due to public sector involvement in training. Opportunities exist for those who can afford to pay the fees through FET and private colleges or UNISA.

A number of skills courses which are not accredited but which can improve performance and work efficiency are offered by different providers e.g. Financial Management, Governance and Leadership Training, HIV AIDS Awareness, Legalities and Childcare, and basic classroom enrichment. The extent of this is not known.

Home and Community Based ECD Practitioners: As early childhood development services are extended, it will be critical to expand the number of community development workers with an ECD specialisation, and to provide for ECD specialisation among other cadres of community-level workers such as auxiliary social workers.

There are SAQA accredited Community Development Qualifications with ECD specialisation options at GETC (Community Development ABET), Level 3, 4, 5 and 6. However, to date there have been no funded learnerships with an ECD specialisation for this emerging category of workers. These workers are usually elected from the communities in which they live and cannot afford the costs of training.

As there is no post provisioning for home and community ECD practitioners many are stipended workers or volunteers with the result that there are high attrition rates and the loss of capacity building investments. Skills courses with a strong practical component may be a better option until there is greater workforce stability.

There is a need to develop capacity for Recognition of Prior Learning (RPL) to accelerate the training process. The ETDP SETA has a new focus on RPL and ECD practitioners are a target group for this, but currently public and private training providers are reluctant to take this on because it is challenging, expensive and has not been funded.

Furthermore, there is a need to articulate ECD training with other child-oriented initiatives such as child and youth care workers, and home and community workers. In this regard, a number of initiatives (such as incorporation of ECD training into the *Isibindi* model) are currently being trialled.

Progression: There is a need for higher level qualifications for ECD personnel working with 0-4 year olds at higher, given the crucial importance of development in the early years. At present only Grade R is receiving consideration and a Level 5 National Diploma in Reception Year training will be phased in. The B Ed Degree focuses only on Foundation Phase. There are no specialist post graduate degree courses in South Africa. There is an urgent need for higher qualification and specialisation opportunities for personnel working with 0-4 year olds. In this regard, the requirements for access to higher educational institutions for learners who have completed Level 4 and Level 5 need to be addressed, so that vertical progression is enabled and achievements credited.

Management: For principals/supervisors training, a management component should be included in the training. Studies indicate the significant role that leadership and management and governance plays in centre quality (Dawes et al., 2010) and the recent ECD Public Expenditure Tracking Study indicates that weak bookkeeping is endemic in community facilities. An HSRC study also found that centres with poor administration and financial management systems were less likely to access in kind or financial donor support (Carter et al., 2008). Leadership and management training is also a critical area for development for those in supervisory and training positions in ECD sector, including government officials and training providers. Ilifa labantwana³ has recently funded 130 leaders of resource training organisations to participate in a one-year leadership and management programme provided by Regenesys, as part of an effort to build the capacity of RTOs and ensure solid leadership succession planning.

Overall: Training supply is uneven, both geographically and in terms of access to higher levels of qualification starting at Level 5. A strategy will have to be developed to provide greater training access through distance learning, satellite campuses and increased allocations for learnerships and skills.

Language proficiency and literacy levels have been identified as a key challenge at all levels of training. Quality assurance of training provision should monitor the availability of bridging programmes and the availability of home language instruction where appropriate, and ensure that the lower skill categories are able to cope with the training programmes offered.

Information on ECD practitioner education and qualification levels should be collected and regularly updated to facilitate planning and budgeting

4.3.4 Working conditions and professionalisation

There needs to be a comprehensive plan to expand and upgrade the ECD sector.

The uptake of higher-level qualifications and the retention of trained ECD practitioners in the sector depend on sustainable jobs and opportunities for career pathing and progression. It is

³ Ilifa labantwana is a national initiative to expand access to quality ECD. It is spearheaded by three funders, namely the DG Murray Trust, the ELMA Foundation and the UBS Optimus Foundation

urgent that government and civil society stakeholders initiate a process to determine minimum salaries for the ECD sector and make recommendations for salaries linked to qualifications and responsibility. Professionalisation of ECD has generally been associated with better outcomes in other countries (Biersteker 2008) and ECD sector advocates are actively pursuing options with the DSD.

Training on its own is not sufficient to improve quality service delivery. Very high priority should be given to providing on-going monitoring and support to ECD services by provincial and local government staff conversant with what a quality service for young children entails.

Career progression and job stability is also required for ECD practitioners in community outreach and home-visitation programmes, and there are currently several initiatives to integrate family and community-based ECD workers into the formal Social Auxiliary Worker (SAW) programmes.

4.4 Systems required for programme-based support

The programmatic approach to ECD provision contemplated in the Children's Act is not supported by current organisational structures.

4.4.1 ECD planning and management

Population-based planning: ECD management within Government departments is framed in terms of site assessment, subsidisation and inspection. A central shift in thinking is required to envisage and develop programmes aimed at reaching the majority of children in a defined geographical area through a combination of centre-based provision, community-outreach and clinic and home-based programmes, including home-visitation.

Establishment of a central ECD agency: Given the intersectoral nature of ECD provisioning, we recommend the creation of a central agency for early childhood development. This agency should be responsible for assisting provinces to develop comprehensive ECD programmes aimed at achieving universal coverage of ECD services (centre- and/or non-centre-based) for 3-4 year olds, and clinic, community- and home-based programmes for 0-2 year olds in poorer communities.

The agency of the Department of Social Development should have delegated responsibility for:

- Development of a national strategy for properly resourced, co-ordinated and managed early childhood development (as per Section 92(1) of the Children's Act);
- Development of a national communication strategy for ECD;
- Technical support to provinces in designing and implementing provincial ECD strategies;
- Monitoring of ECD implementation nationally.

This should be done in conjunction with the Department of Basic Education, which will continue to take responsibility for the curriculum and training.

Consolidation of provincial capacities: ECD management capacity within provincial departments of social development should be strengthened to enable them to implement province-wide programmes, in conjunction with municipalities. We envisage an ECD unit at

Chief Directorate level. These units should have the management and financial capacity to contract with, ensure timely payment and effective oversight of programmes aimed at reaching all children from poor and disadvantaged children within each province.

Contract with sub-agencies: We recommend a policy of universal provision of ECD for 3-4 year olds. We propose that the ECD units within each provinces contract non-profit agencies to provide ECD services. We do not believe that there is a role for for-profit agencies to be contracted by the State at this time (although this may be phased in at a later time). Those resource training organisations that are willing and able should be supported to expand their areas of operation, and develop mechanisms to achieve rapid scale up.

Develop mechanisms for scale-up with quality: Such mechanisms may include social franchising and ‘umbrella-body’ supervision. In addition, there are other organisations – not traditionally viewed as ECD providers - with an extensive community footprint that can be used to expand access to a structured package of cognitive stimulation and literacy/numeracy support. These include the National Association of Child and Youth Care Workers and health-related programmes such as Aids Foundation of South Africa, Kheth’impilo and Philani Nutrition Programme, as well as other child-oriented community worker initiatives.

4.4.2 In-service support and training

At present, the principal interaction between Government and service providers is as inspector, administrator and financier. Systems of registration and accountability can and need to be simplified, and greater focus should be placed on progressive quality improvement and support. Several resource training organisations have developed quality improvement programmes that could serve as examples.

4.4.3 Resource materials provision

The dire shortage of learner training and support materials (LTSM) is described in Section 3.3 above. We will not improve educational outcomes in South Africa while 40-50 percent of ECD facilities do not have books to read or paper to write on (see **Error! Reference source not found.** on page 13).

As part of the programme rollout, funding must be made available to expand access to LTSM. Innovative collaboration with print media houses can increase access to materials at marginal costs. Systems of toy libraries can be developed and implemented in conjunction with municipalities. This is an area in which the private sector can directly support the expansion of ECD.

4.4.4 Monitoring

A robust monitoring system should be developed, using identification numbers (and temporary assigned numbers where these are not available) as unique identifiers. This is necessary to reduce the risk of overstatement of enrolment in ECD programmes. The PETS survey of 2008 found an absentee rate of nearly 20 percent in the 318 facilities it surveyed (Table 10). Although it concluded that the incentives for fraud are not great at the present time, the expansion of financing ECD may create incentives for new entrants into the field who attempt to

exploit subsidy funding for personal gain. Interestingly, absentee rates were substantially lower in ECD facilities serving the poorest children, suggesting that perverse incentives may not be strong for service providers in these areas (Van den Berg et al., 2010).

Table 10: Average enrolment and absenteeism

	Enrolled 2009	Present 2009	% absent 2009
Total	64.6	51.9	19.6%
Quintile 1	56.3	49.4	12.3%
Quintile 2	63.7	53.3	16.2%
Quintile 3	66.2	52.1	21.4%
Quintile 4	72.6	55.0	24.3%
Quintile 5	62.0	46.0	25.9%

Note: Unweighted data.

Source: Van den Berg S, Williams B, Burger C et al, *Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010*, Department of Economics, University of Stellenbosch

5. Financing of ECD provision

Government spending on learning opportunities for children 0-4 years of age is less than 1 percent of its spending on basic education. Given the importance of ECD in determining long-term learning potential, this is a major missed opportunity to improve educational outcomes in South Africa.

In terms of current spending on ECD, the fiscal incidence is highly progressive i.e. subsidies are well targeted towards children in the poorest quintiles (concentration coefficient -0.219, PETS 2008). However, we should not lose sight of the fact that the majority (>80 percent) of children in the poorest 40 percent of the population are still entirely excluded from registered ECD provision and thus do not feature in calculations of fiscal incidence.

The DSD subsidy was introduced in terms of regulation 38 of the Child Care Act of 1983 and has increased steadily over time. The government target for subsidised children is to double the number of children receiving subsidies to 600,000 by 2014. In March 2011, 476,000 children were receiving a subsidy, a significant increase from 270,000 in 2004/5. Subsidies have increased annually from a minimum of R9 per child per day in 2008 to R12 in 2010/11 and will be increased to R15 in the next budget cycle. (However, the actual amount varies from province to province: Free State, Limpopo and the Western Cape paid R9 in the 2008/9 financial year, the Northern Cape R10 and Gauteng R11. The means test also varied from province to province – from R1,800 in Mpumalanga and R2,460 in the Western Cape (Martin, 2011)).

5.1 Provincial funding flows

Unlike the Department of Basic Education - which has standardised budget line items for ECD training and Grade R provision, the provincial Departments of Social Development do not. For that reason, it is very difficult to calculate total budget and spending on ECD. Most of the expenditure is recorded within the Child Care and Protection sub-programme, but is allocated against different line items. In order to manage and monitor ECD provision as an apex provision, budget line items for ECD within the key departments of Health, Basic Education and Social Development should be standardised across all provinces and nationally.

Table 11 describes the provincial budgets for ECD centres and programmes, based on information derived from the provincial budgets for social development for 2011/12.

Table 11: Available data: Social Development provincial budgets for ECD centres and programmes (2011/12)

Category	EC	FS	GT	KZN	LP	MPU	NC	NW	WC	TOTAL
Transfers to NGOs	134.9	172.3	162.0	274.3	-	212.8	54.2	N/A	87.8*	1 098.3
Other programme support	-	3.9	-	-	-	-	-	15.0*	3.7	18.9

* Data reported for 2010/11

Error! Reference source not found. Table 12 shows the ECD-related expenditure reported under the Expanded Public Works Programme (EPWP) in 2010/11. It should be noted that some of the expenditure listed in Table 11 above may be also reported as EPWP expenditure, resulting in double counting of actual expenditure.

Table 12: ECD-related expenditure reported under Expanded Public Works Programme (2010/11)

Category	EC	FS	GT	KZN	LP	MPU	NC	NW	WC	TOTAL
EPWP*	5.7	17.7	-	-	10.2	0.1	-	-	63.2	96.9

* Data reported for 2010/11

Sources: Budlender D, Giese S, Berry L, Motlala S, Zide H, *Government funding for early childhood development: Can those who need it get it? 2011*, Cape Town: Ilifa labantwana

Budlender D, Proudlock P, *Funding the Children's Act: Assessing the adequacy of the 2011/12 budgets of the provincial departments of social development, 2011*, Cape Town, Children's Institute, University of Cape Town. http://www.ci.org.za/depts/ci/pubs/pdf/researchreports/2011/ca_funding_2011-12_budgets_report.pdf

It should be repeated that roughly a quarter of registered ECD facilities do not receive a government subsidy at present. Table 13 shows the percentage of registered community-based sites that receive Government funding in the three provinces surveyed as part of the PETS survey, 2008.

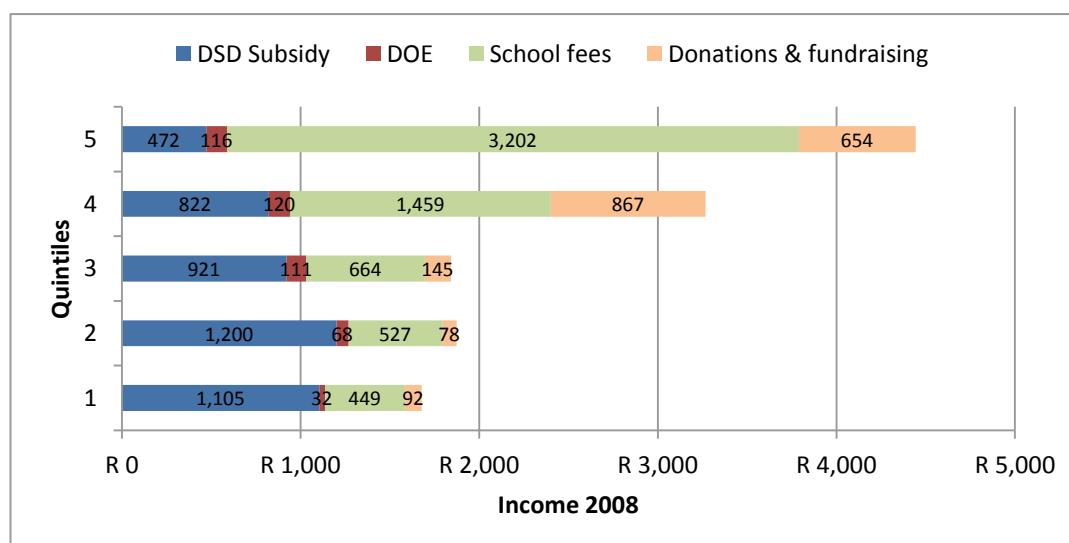
Table 13: Type of registered community based ECD facility and which Government department funds it, PETS survey 2009

	DSD	DoE	DSD & DoE	Neither
Grade R only	7%	83%	5%	5%
Pre-Grade R only	56%	4%	14%	26%
Both Grade R & Pre-Grade R	35%	15%	26%	25%
% of total	38%	20%	20%	23%

Sources: Van den Berg S, Williams B, Burger C et al, *Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010*, Department of Economics, University of Stellenbosch

The lack of funding available for non-profit sites that are already registered – let alone those that are not – is a matter of great concern, particularly as the DoSD subsidy provides most of the funding available in the poorest communities (**Error! Reference source not found.**). On average, ECD facilities in the highest income quintile spend 2½ times as much on those in the lowest quintile.

Figure 18: Sources of income in registered community-based ECD facilities, 2008 (income per enrolled child per year)



Sources: Van den Berg S, Williams B, Burger C et al, *Tracking public expenditure and assessing service quality in Early Childhood Development: Insights from a survey of three provinces, August 2010*, Department of Economics, University of Stellenbosch

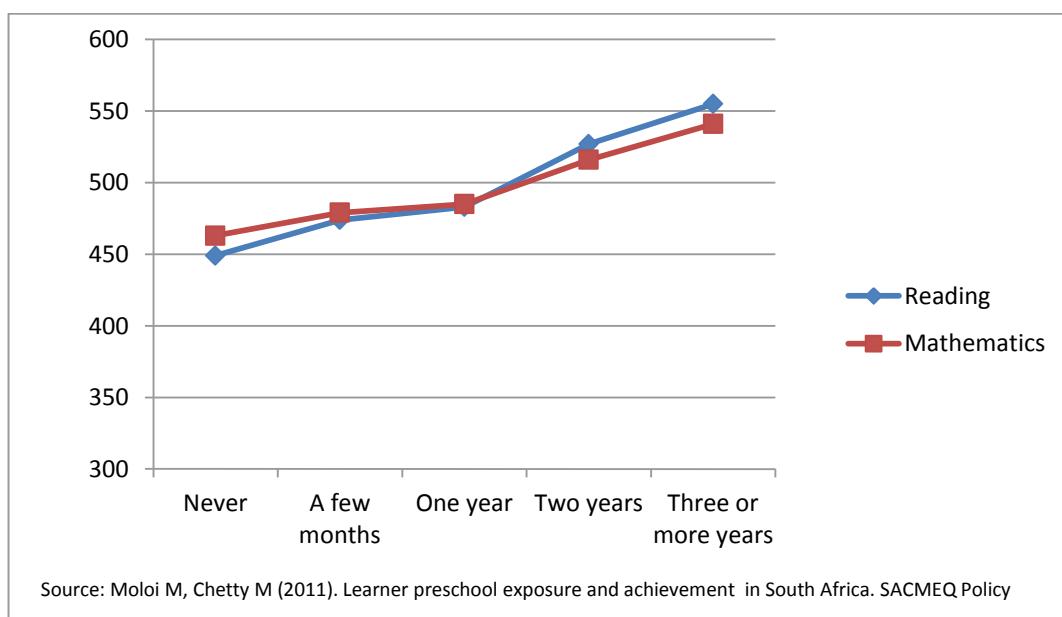
6. Impact

6.1 School readiness and ability to learn

There is strong international evidence linking preschool attendance with improved educational outcomes. However, few studies linking the two have been done in South Africa.

The 2007 SACMEQ survey ($n=9071$) found that Grade 6 children with three or more years of preschool experience achieved mean reading scores that were 23.6 percent higher than children who had never attended preschool. Similarly, the scores for mathematics were 16.8 percent higher among those who had attended preschool for three years or more (**Error! Reference source not found.**).

Figure 19: Learner performance by preschool exposure, SACMEQ Study 2007



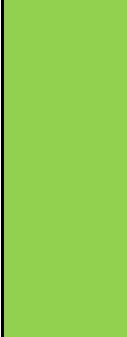
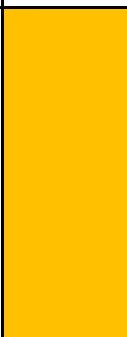
The 2008 wave of the National Income Dynamics Study included the testing of numeracy competencies among respondents using four tests with differing levels of difficulty, depending on school grade. However, survey participants were asked whether they would like to participate and it is not clear whether the grade of test was consistently applied. The results must thus be interpreted with considerable caution as there exists a potential selection and measurement bias. There does however appear to be a positive impact of preschooling in a rural informal context, which is statistically robust and independent of home background (Gustaffson, 2010)

6.2 Assessment of non-centre based models of provision

The Sobambisana Programme evaluated non-centre-based interventions in five sites in different areas of South Africa. Its findings were limited by sample size and lack of an adequate control group for some measures. It should therefore be noted that non-significant findings do not

necessarily mean that the programme had no effect on those outcomes, but that the study lacked statistical power to demonstrate effect – either positive or negative. Following is a summary of the findings, where rating of impact is shown in terms of statistically significant findings.

Consistent statistically significant findings	Variable findings: some significant; some no effect	No effect shown	
6.2.1 Outcomes for Home-Based Programmes (Visiting)		No. of programmes assessed	Rating
Reach	Vulnerable children and caregivers were reached by all three partners.	3	Green
Access to Social Grants and Services for children.	Access increased significantly in Lusikisiki where a strong holistic community development approach was used.	3	Green
Safety and Hygiene in the home.	Where this was low at baseline, programmes improved safety and hygiene in the home.	3	Green
Knowledge of early development and improved stimulation of young children.	Findings are variable. Programmes of longer duration with good oversight improved parenting and early stimulation in the home.	3	Yellow
Caregiver coping.	Significant improvement was achieved in caregiver coping over time	1	Green
Child cognitive, numeracy, language and emotional development.	Home visiting could not be shown to have an impact on these outcomes.	1	Red
	Home visiting could not be shown to have an impact on Grade R outcomes	3	Red
6.2.2 Community Playgroups with Parent Education Components		No. of programmes assessed	Rating
Improved Safety and Hygiene in the home.	Significant positive change was achieved.	1	Green
Knowledge of early development and improved stimulation of young children.	Significant positive change was achieved.	1	Green
Access to Social Grants and Services for children.	Access increased in the programme where a strong holistic community development approach was used. Significant positive change in cognitive and language development was achieved in children who had high rates of participation.	2	Yellow
		2	Green

	Promising impacts on cognition and school readiness in Grade R are evident for playgroup programmes where inputs are highly aligned to schooling.	2	
Community Playgroups without Parent Education Components			
Child cognitive, numeracy, language and emotional development.	Impact data for Grade R is available. No impact was evident.	1	
6.2.3 Centre- and school-based interventions to improve quality		No. of programmes assessed	Rating
ECD site and classroom quality.	Regardless of the type of intervention, classroom quality improved in almost all cases, sometimes substantially.	5	
Impact of training and enrichment on children in Grade R on child cognitive, numeracy, language and emotional development.	Children who had attended classrooms where teachers were trained by partners achieved better scores on all outcome measures than children who had not been exposed to an ECD programme, or who had been exposed to a home visiting or playgroup programme. Academic readiness, cognitive, numeracy – highly significant compared with no intervention. Not significant for vocabulary or resilience.	5	
6.2.4 Advocacy and service integration (Engagement with Government, NGOs and Community Members to facilitate integration and access to services)		No. of programmes assessed	Rating
Access to Social Grants and Integration of Services for children.	Advocacy was most successful when efforts were sustained, had a clear purpose, and where officials and community members came together at meetings to discuss the actions that needed to be taken to improve access to child services.	4	
Community awareness of the rights and needs of young children.			

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ATTACHMENT 4:

ECD trends and challenges in five towns and cities

Important note: This short report is based on a quick desktop study. Little information identifying area specific trends and challenges was readily available. It is suggested that area level studies would be useful.

1. Common Challenges

Many of the challenges faced by informal ECD centres in informal settlements are common throughout South Africa, although the severity of challenges may depend on the relative wealth, lack of community cohesion, relationship of the community with the state and presence or absence of support NGOs or CBOs.

2. 2012/2013 National ECD Audit

The Department of Social Development has commissioned a national ECD Audit and was expected to cover more than 19,971 registered and unregistered ECD centres over 2012 and 2013. The last national audit was undertaken in 2001 by the Department of Education. The audit report hasn't been finalized yet. Once complete it is expected to provide greater insight into the number of ECD centres across South Africa.

3. Bloemfontein and Mangaung (Mangaung Metropolitan Municipality)

Mangaung Metropolitan Municipality (Mangaung Municipality) is principally compromised of the urban centre of Bloemfontein and two Botshabelo and Thaba Nchu approximately 47km to the south east of Bloemfontein. At the time of the Census 2011, 14.1% of the population lived in informal dwellings (Statistics South Africa, 2012a. p. 18), most of which appear located along the south east periphery of the Bloemfontein townships, Botshabelo and Thaba Nchu. In 2011 Mangaung had a population of 747,431 with 75,348 (10.0%) aged 0 – 4 and 65,646 (8.7%) aged 5 – 9 (Statistics South Africa, 2012. p. 47).

Mangaung Municipality has included the promotion of ECD in its Integrated Development Plan (IDP) as a key performance area (KPA). Mangaung's "Draft EPWP Policy and Implementation Plan" (2012) makes provision for ECD as one of its social sector programmes. The Municipality aims to create a database of all ECD centres and inspect 100 per year. Assuming very crudely that children aged 3 - 4 comprise half the 0 – 4 age group, and that an average ECD centre accommodates 20 – 50 children, approximately 650 to 1,870 ECD Centers would be needed to accommodate all 3 – 4 year olds. The Municipality plans to build two ECD centres in Thaba Nchu and Botshabelo at a cost of R1.4 million each (Mangaung Municipality, 2013, p. 292). The nearby location of ECD centres is important for residents of informal settlements and vulnerable communities for who transport costs are a significant expense. Several smaller ECD centres at approximately R200,000 each would be able to reach children over a larger area.

There appear to be few ECD support NGOs and CBOs in Mangaung though the Letsema Programme and Ntataise Network have members that work widely in the Free State, some of which are known to work in Mangaung.

4. Rustenburg (Rustenburg Municipality)

Rustenburg Municipality is situated in the Bojanala Platinum District Municipality in the North West province. According to the National Upgrading Support Programme (NUSP) the Municipality's informal settlements are among the fastest growing informal settlements in South Africa (NUSP, 2013). North West province communities face significant challenges accessing ECD services. In her 2013 State of the Province address Premier Thandi Modise emphasized the challenges facing ECD in the province, stating that

"of an estimated 404 347 children (0-4years) in NW (GHS 2011), an average of 29.0% attend Early Childhood Development (ECD) Centres which is still a challenge in terms of access, and only 26.4% are exposed to ECD programmes / stimulation which brings into question the quality of ECD services being provided."

The expansion of Early Childhood Development services remains one of the critical priority areas of the Department, which will include increasing access, improving the quality of ECD services and improving ECD Infrastructure" (Modise, 2013).

In seeking to address ECD challenges the province has partnered with the NDA and Ilifa Labantwana.

It is difficult to assess the support and challenges for ECD in Rustenburg. The Municipality's Annual-Report 2012/2013 doesn't mention ECD nor does its Mid-term Report 2013/2014. The Rustenburg IDP 2012-2017 states that the Municipality seeks to achieve "improved early childhood development" but its focus is on assisting formal schools.

The presence of ECD support NGOs and CBOs in the Municipality is unknown. The only known ECD support NGO (Keletsong Community Training and Resource Centre) operating in the Municipality closed between 2012 and 2014. There are few support NGOs operating in the North West province (Evans, 2013) although it appears that Rustenburg's proximity to Gauteng allows NGOs from outside the province to provide some support.

NUSP writes that "the informal settlements situation in Rustenburg is characterised by complex stakeholder relationships involving the municipality, mining companies, the Royal Bafokeng, North West Department of Human Settlements, the District Council, the mine worker representative bodies and community structures" (NUSP, 2013). The presence of large platinum mines (and the world's largest platinum refinery) are important in the economy and social fabric of the Municipality and can potentially benefit ECD activities in the Municipality through corporate social responsibility (CSR) initiatives. Lonmin for example invests in ECD (including facilities) and Implats seeks to improve infrastructure in the communities where it works. Another potentially significant ECD stakeholder is the Impala Bafokeng Trust (which has close ties to Implats), owned by the Royal Bafokeng Nation which has made ECD a focus of its activities and has links to Ilifa Labantwana and other ECD NGOs.

5. Port Elizabeth (Nelson Mandela Metropolitan Municipality)

Port Elizabeth situated in Nelson Mandela Bay Metropolitan Municipality (Nelson Mandela Bay) is one of the two metropolitans in the Eastern Cape. Nelson Mandela Bay has a population of approximately 1.15 million people, there are 276,850 formal houses, 30,202 informal dwellings (9.3% of dwellings) and 6,890 shacks/flats/rooms in backyards (2.1% of dwellings) and a further 8,868 informal dwellings

in backyards (2.7% of dwellings). The Municipality has a 47,442 house backlog (Nelson Mandela Bay 2013/2014 IDP). In 2012/2013 there were 81 informal settlements and 22 754 families awaiting relocation (2012/13 IDP and Budget Public Participation).

According the Nelson Mandela Bay 2013/2014 IDP, key developmental challenges facing the Municipality include: High poverty and unemployment (at 26,29% according to Census 2011), inadequate access to basic services (water, sanitation, refuse collection, electricity, housing and primary health care), infrastructure, maintenance and service backlogs, crime, illegal dumping, lack of integrated planning between the three spheres of government, unfunded mandates, housing shortage and rectification of 'wet-and-defective' houses, and lack of integrated and sustainable human settlements. Support for ECD is listed as a priority for ward 41 only, however there is budgeted support for NPOs, under the Motherwell Urban Renewal Programme (MURP) programme, in 2013/2014 budget for wards 55 to 60 which may include ECD centres. The 2013/2014 IDP includes support for 50 NPOs in Motherwell over five years among the Municipality's "Special Cross-Cutting Projects" including providing support and training for five ECD centres in 2013/2014. The Municipality's Special Sectors Development Unit mandate includes supporting ECD programmes. The ECD commitments in the 2013/2014 are unchanged from the draft 2012/2013 IDP.

Nelson Mandela Bay appears to have few ECD support NGOs. Only the Port Elizabeth Early Centre and Peddie Development Centre are known of. In addition to the two ECD support NGOs, the Ubuntu Education Fund which is a well capacitated NGO based in Zwide, however support for informal ECD centres is not a focus area for it.

6. Kimberley (Sol Plaatje Municipality)

There is little readily available information about ECD services for vulnerable communities in Kimberley. The Northern Cape in which Kimberley is situated is the least populated province in South Africa with only 2.2% of the population (Stats SA, Mid-Year Population Estimates 2013) and only 2.0% of registered NPOs. There don't appear to be any significant ECD support NGOs in Kimberley and the most prominent ECD support organisation in the Northern Cape is situated in Delporthoop outside Kimberley. Custoda Trust operates provincially and it has the capacity to provide training to Kimberley based ECD organisations. The NDA is currently funding ECD training by the Custoda Trust.

Mining companies in the Northern Cape are a possible source of funding and support for informal ECD centres. Kumba Iron for example has since 2011 invested R32-million in nine Northern Cape ECD centres since 2011 (BizCommunity.com, 2013). There is scope for cooperation between the DSD and FET colleges, and the DSD has partnered with Northern Cape Urban FET College to provide ECD learnerships.

The Sol Plaatje 2012/2013 – 2016/2017 IDP summarises the National Development Plan in an initial chapter and notes that all children should receive at least two years of preschool. The IDP includes plans for a one-stop centre to serve 3,000 people in ward 5 which will include a crèche. No further ECD projects are planned in the IDP. Unemployment is high in the Municipality at 31.9% overall and 41.7% for the 15 to 34 age group according to the Sol Plaatje 2012/2013 IDP review. Given evidence that providing ECD services can be an important source of income for unemployed women, supporting informal ECD centres might meaningfully benefit the Municipality's informal economy.

7. Polokwane (Polokwane Municipality)

Of the five municipalities reviewed, readily information on ECD activities is least available for Polokwane Municipality (Polokwane). In general Limpopo province appears to face greater ECD

challenges than better resourced provinces. The DSD is finalising its audit of the ECD centres across South Africa, and has preliminary found that Limpopo province (with the Eastern Cape and KwaZulu-Natal) is one of the three provinces with the fewest registered ECD programmes and least support material (SAPA, 2014). ECD support NGOs are active in Limpopo though their activities and appear focused on rural communities.

The Polokwane 2012 – 2013/2015 IDP recognises the importance placed on the ECD activities in the National Development Plan. The IDP states that

“it is critical to identify and appraise development programmes that support sustainable livelihoods and social environment within which the communities exist and that the City of Polokwane should play an active role in facilitation and roll-out of such programmes. Clear policies should be developed to guide interventions and activities that will also provide clear guidance on establishment or provisioning of infrastructure that support the vulnerable groups (women, children, HIV/AIDS infected and affected individuals) within society” (2012 – 2013/2015 IDP, p. 98).

Support by the Municipality to informal ECD centres in informal settlements through the provision of interim services would be in keeping with the sentiment expressed in the IDP. As part of its 2012 Mandela Day activities, the Municipality committed to renovating the Bergneck Crèche by fixing its floor fixed, painting it and installing four child friendly toilets (Polokwane Municipality, 2012). The assistance to the Bergneck Crèche committed to by the Municipality is in line with the infrastructure support (aimed at improving health and safety) that municipalities should provide to formal and informal ECD centres.

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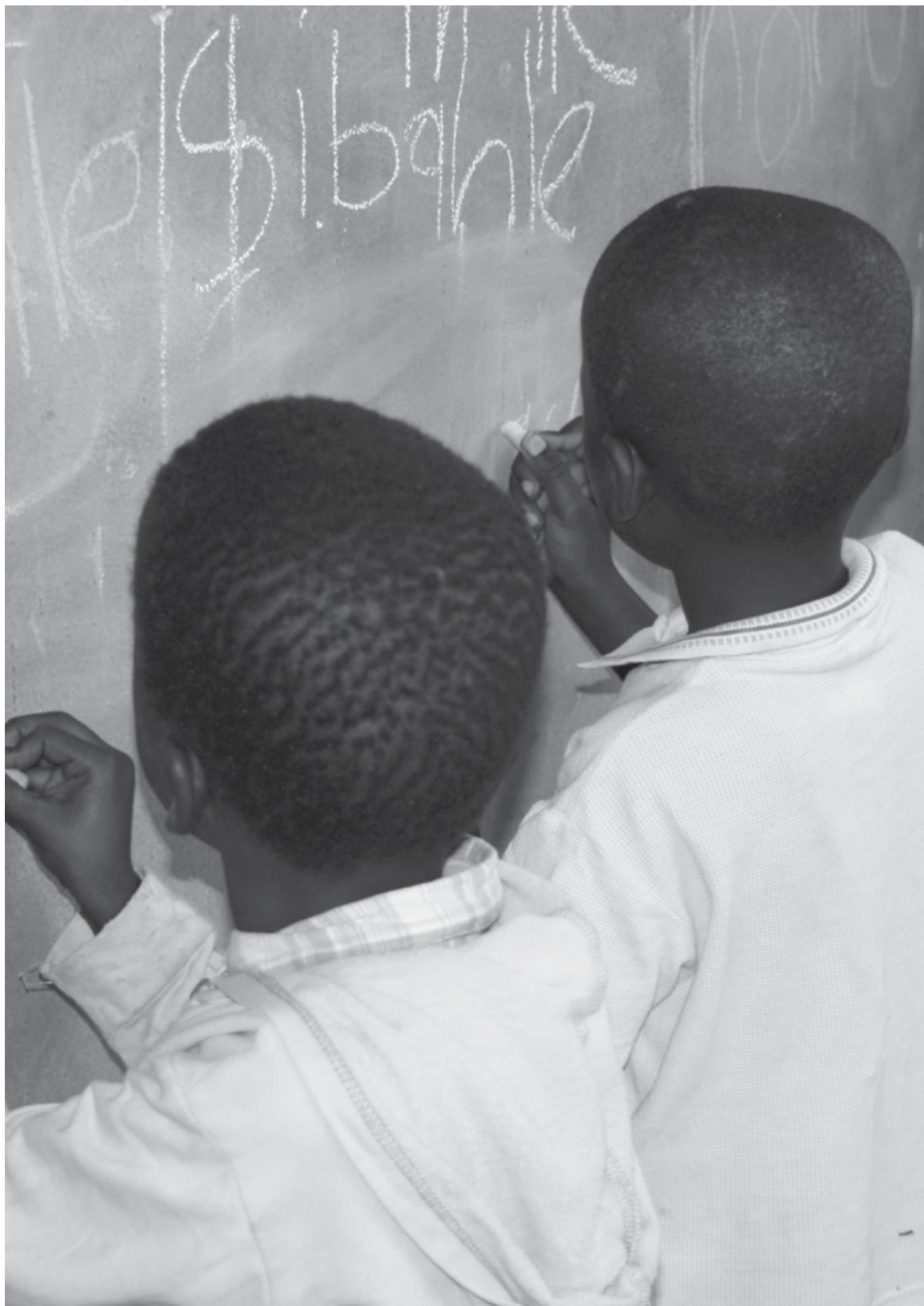
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ATTACHMENT 5:

Government funding for early childhood development: Can those who need it get it?

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November 2011



Foreword

Isn't it funny that young children, who have the least say in society, will ultimately have the most say on what happens to our country? If they are ill, stunted and miss out on early learning, we face a low-growth future mired in many of the same problems we face today. If they are healthy, get enough food and given opportunities to learn creatively, our prospects for education, employment, social stability and economic growth are great.

What an opportunity for South Africa! If the main consideration for programme funding were returns on investment, early childhood development would be a top priority. The evidence – in terms of educational outcomes, employability and economic productivity – is clear. In fact, as we look for quantum leap strategies to pull us out of our educational quagmire and put us on a path to accelerated growth, early childhood development stares us in the eye.

Here's the opportunity: 70% of young children do not attend preschool or participate in other early childhood development (ECD) services. Inevitably, those who don't participate would benefit most because they tend to come from poorer families. Government funding for ECD has increased over the past few years, but it has largely been for Grade R provision. That's a good start, but the real gains lie in younger children whose brains are developing fastest.

This report reviews state funding for ECD. Its value lies in the fact that it looks at funding flows both top-down by analysing funding channels, and bottom-up through the eyes of ECD providers. Based on national and provincial budget reviews and research in three municipalities, it tries to answer a simple question: Can those who need Government funding get it?

If they can't, we're missing one of the greatest opportunities of our time.

David Harrison
Chief Executive Officer
DG Murray Trust

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Acronyms

AIDS	Acquired immunodeficiency syndrome
approp	appropriation
ASW	auxiliary social worker
BAS	basic accounting system
CDW	Community Development Worker
CoT	City of Tshwane
CSO	Civil Society Organisation
CWP	Community Works Programme
DHSS	Department of Health and Social Security
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
EC	Eastern Cape
ECD	early childhood development
EHI	Environmental Health Inspector
EMIS	Education Management Information System
EPWP	Expanded Public Works Programme
FET	Further Education and Training
FS	Free State
GT	Gauteng
HCBC	Home and Community-Based Care
HIV	Human immunodeficiency virus
ID	Identity Document
IDP	Integrated Development Plan
IDT	Independent Development Trust
KZN	KwaZulu-Natal
LM	Limpopo
MEC	Member of Executive Council
MP	Mpumalanga
MTEF	medium-term expenditure framework
NC	Northern Cape
NDA	National Development Agency
NGO	Non-Governmental Organisation
NIP	National Integrated Plan for Early Childhood Development
NPO	Non-Profit Organisation
NQF	National Qualifications Framework
NW	North West
PED	Provincial Education Department
PERSAL	Personal salary system
SASSA	South African Social Security Agency
SETA	Sector Education and Training Authority
TIPS	Trade and Industrial Policy Strategies
TREE	Training and Resource for Early Education
UNICEF	United Nations Children's Fund
VAT	Value-added tax
WC	Western Cape
WCED	Western Cape Education Department

1 Executive Summary

This research set out to determine the extent to which ECD service providers are able to access state funding for ECD. It explored: government ECD funding sources; *prescribed* procedures, systems and requirements for funding; *actual* procedures for accessing state funding; support from local government for ECD services within selected municipalities; and factors that enable and inhibit access to state funding for ECD service providers.

Methodology

A multi-method approach was adopted. This included:

- a desk review of previous research and other data sources
- a policy review of government obligations and prescribed requirements and procedures
- analysis of budgets within national and provincial spheres of government

Primary research was undertaken in one municipality in each of three provinces, namely:

- Mbashe in the Eastern Cape
- Ratlou in the North West
- Stellenbosch in the Western Cape

Interviews were conducted with 61 local ECD practitioners and 37 government officials.

State funding for ECD in South Africa

The overwhelming bulk of ECD-related budget allocations are made at provincial level by the Departments of Social Development (DSD) and Education (DOE). The Expanded Public Works Programme and Community Work Sub-Programme also play a role in support-

ing ECD although much of this funding is not “new” funding as such. Some funding for ECD is also available from the National Development Agency.

There was little evidence from this research of financial support from local government for ECD.

Department of Social Development

Funding from the Department of Social Development is available through two main channels:

- A subsidy provided to registered ECD centres – the subsidy is calculated per child per day for children 0-4 years whose caregivers pass an income means test.
- Programme funding for NPOs in respect of ECD programmes (mostly non-centre based).

Both channels are difficult to track within state budgets because they are “hidden” within the Child Care and Protection Services Budget Sub-Programme. Tracking expenditure is complicated by the fact that ECD-specific reporting in budget books and to National Treasury on budgets and performance indicators is non-standard or missing.

Despite these challenges it is clear that subsidy funding for ECD centres has

increased over the past decade from less than R335 million in 2003/04 to more than a billion rand in 2011/12. Funding for non-centre based activities (ECD programme funding) is even more difficult to track than the subsidy. The one thing that is clear is that much less is allocated for non-centre based ECD than for centre-based.

Within the sites, approximately one third of the known ECD centres in Mbashe (Eastern Cape) reportedly received the DSD subsidy at the time of the research. In the North West site, about 16 of the 74 ECD centres on the DSD database in Ratlou were receiving the subsidy and in the Western Cape approximately 130 of the 306 ECD centres on the DSD database for the district were receiving the subsidy. These proportions give an over-optimistic picture of actual reach given that many ECD centres are not recorded on the DSD database.

Western Cape reported funding to NGOs for a range of non-centre based activities. There was less evidence of ECD programme funding in the North West and almost no evidence of DSD support for non-centre-based ECD in the Eastern Cape.

Department of Education

The Department of Education has several provincial flows for ECD funding.

The most important of these are:

- Funding for Grade R in schools (not the focus of this research).
- Subsidies for community-based Grade Rs registered as ‘independent schools’ – this may take the form of a per child subsidy or a salary for a Grade R practitioner. The amount of the per capita learner subsidy is based on the number of Grade R learners and the quintile ranking of the school.
- Funding of training fees and stipends for those on learnerships under the social sector EPWP.

Unlike in DSD, the provincial DOE budgets have a distinct programme, with several sub-programmes, devoted to ECD. This makes it simpler to track ECD allocations. The ECD programme accounts for a small share of the overall provincial education budgets, but the share has increased markedly over time from only 0.7% in 2006/07 to about 2% in 2012/13. However, the main focus of the budget programme is on Grade R in public schools.

There are large variations across provinces in the funding allocated to community-based Grade R. Allocations to community-based Grade R in the Western Cape and North West increased between 2008/09 and 2012/13. The Eastern Cape’s annual allocations to community-based Grade R vary markedly from year to year.

Contrary to the evidence from the budget books, research participants reported a perceived decline in funding support for community-based Grade R in all three sites. Several ECD centres noted that their Grade R funding had stopped in 2009 and DOE officials who were interviewed acknowledged a move away from community-based Grade R with an emphasis on promoting Grade R within ordinary public schools.

Contrary to the evidence from the budget books, research participants reported a perceived decline in funding support for community-based Grade R in all three sites ... There was, however, strong evidence that training is reaching many ECD centres across the provinces.

There was, however, strong evidence that training is reaching many ECD centres across the provinces. Twenty eight of the 52 ECD centres in the sample had staff enrolled in training at NQF levels 1, 4 or 5 at the time of the research or reported that staff had recently completed NQF training or were due to begin training within the next few months. Most of this training is funded via the Department of Education as part of the EPW Programme.

The Expanded Public Works Programme

The Expanded Public Works Programme was first introduced in 2004, with two components related to ECD, namely: (1) increasing the number of registered ECD centres and subsidised children, and the subsidy value and (2) training of ECD practitioners servicing the 0-4 age group.

EPWP II, which started in April 2010, brought several important changes relevant to ECD. These included:

- the introduction of a minimum stipend
- a new category of EPWP not managed by government
- 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 funds. Some of the ECD-related activities funded (for example, centre subsidies and fund-

ing for community-based ECD assistants) have been “relabelled” as EPWP achievements. There is therefore a serious danger of double-counting and while many ECD activities are reported against the EPWP, this does not necessarily reflect “new” funding.

EPWP funding is also available via the Community Works Programme (CWP). This programme is part of the new category of EPWP II and pays a stipend to community members for work on projects that address needs identified by the communities in which the project operates. The programme cannot fund ECD centres directly, but ECD-related activities can be included in work done by community members. There is evidence of this happening in about 20 of the 55 CWP sites nationally, including one of the research sites, if one uses a very broad definition of ECD. Access to CWP funding is dependent on the existence of an implementing partner within the area that is willing to take the risks associated with short-term contracts and is able to manage complicated administrative systems.

The National Development Agency

The National Development Agency is another potential source of government funding for ECD, although the researchers were unable to obtain much information on this funding source. The NDA is funded from the national DSD Budget with an allocation of R161,4 million in the 2011/2012 financial

year. However, the NDA reports serious under-spending in previous years and the total number of projects funded has remained constant or declined over time. In the Eastern Cape, site practitioners reported receiving NDA funding for ECD with most funds being allocated for infrastructure.

Local Government

Municipalities are responsible for ensuring that ECD centres comply with Municipal Health and Safety By-Laws. Municipalities may include ECD within their Integrated Development Plans but there is no obligation on local government to fund ECD activities.

The research found varied levels of support from municipalities for ECD. There was no evidence of local or district municipality funding for ECD in the Eastern Cape site. In Ratlou, the municipality provided no financial support for ECD activities but reportedly assisted with land and infrastructure. In contrast, a range of support was available for ECD from the better-resourced Cape Winelands District Municipality in the Western Cape. This included training of ECD practitioners, assistance with registration and provision of (limited) funding. While grant amounts were typically small and once-off, requirements for accessing these grants were less stringent than the requirements for accessing provincial funding.

Municipalities may include ECD within their Integrated Development Plans but there is no obligation on local government to fund ECD activities.

Factors affecting access to funds and equity in funding of ECD services

The research identified many factors that affect access to funding for ECD services:

- Neither the DSD nor the DOE is under any obligation to fund ECD services, even those serving the poorest communities.
- In order to qualify for DOE funding for Grade R, ECD centres offering Grade R must first be registered with the Department of Education as an independent school. Registration requirements differ across provinces. Knowledge of registration is poor and access to registration processes is severely limited.
- ECD services are legally required to register with the Department of Social Development. Non centre-based ECD services must be registered as an “ECD programme”. ECD centres must register both as an “ECD programme” and as a “partial care facility”. This dual registration is both a legal requirement and a prerequisite for DSD funding. It is also a source of confusion.
- The DSD registration processes require compliance with a set of stringent norms and standards which are impossible to achieve for many centres, particularly those serving poor and rural communities. While well-intentioned, these norms and standards prejudice those centres serving the poorest communities; hence reinforcing inequalities in early childhood care and education.
- DSD registration is also dependent on centres’ compliance with health and safety by-laws of the relevant municipality. Municipal Environmental Health Inspectors are responsible for determining compliance. Municipal capacity constraints mean that inspection visits may be delayed for months, holding up the registration process.
- Many ECD centres are established on private land. Registration with DSD requires that private land be zoned appropriately. Rezoning can be costly and time-consuming. This is a further barrier to registration and hence access to funds.
- There is strong resistance on the part of some officials to registering ECD centres because of the perception that individuals are establishing centres as money-making ventures. The reality is that most ECD centres generate very little income for the individuals who run them. In some instances running a centre may even deplete household income.
- Implementation of the Children’s Act began in April 2010, making it illegal for any 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.
- Once registered with DSD or DOE, access to funding is dependent on the centre meeting additional department-specific criteria, including registration with the NPO directorate. The delay in obtaining NPO certificates presents a further barrier to accessing funds.
- ECD centres may only claim the DSD subsidy in respect of children who are eligible in terms of a means test based on the income of the child’s parents. The onus lies on centres to obtain the necessary supporting documents to prove eligibility.

- ECD centres may only claim DOE funding for Grade R learners if they have a minimum number of learners within the centre. In rural areas the number of Grade R learners is often insufficient to qualify for a DOE subsidy.
- ECD centres reported being unable to access funding for children aged five years who are not yet old enough to proceed to Grade R. These children are no longer eligible for the DSD subsidy and cannot yet qualify for Grade R support.

The research also identified numerous instances of inequity in provisioning for ECD across provinces and between municipalities. This is evident, for example, in the different income thresholds used in the DSD means test to determine eligibility for the subsidy, and in the number of days of the year for which the subsidy is paid in each province.

Inequity in remuneration of practitioners is also a concern. Disparity in remuneration between Grade R practitioners and those working with younger children means that the better trained practitioners are lured into training and teaching posts for older children where remuneration is better. The quality of ECD services for the youngest children is then compromised.

Recommendations

The research suggests that the following recommendations could be considered:

- Systems applied to enable better tracking of ECD allocations and expenditure.
- A review and simplification of processes for ECD registration, funding application and claims.
- “Relaxing” of the norms and standards for ECD registration, while still maintaining minimum acceptable levels.
- Improved linkages between the different departments and between provincial and local government to improve effective use of resources, avoid unnecessary duplication of administrative processes and address funding gaps.
- Greater equity across provinces and municipalities in terms of ECD provisioning.
- Better training and access to information for ECD practitioners and officials on legislation governing ECD provision and on funding sources and application processes.





2 Background and methodology

This research was commissioned by Ilifa Labantwana, a national Early Childhood Development (ECD) project supporting ECD innovation in South Africa. The project focuses on marginalised and poverty-affected children living in rural or hard-to-reach communities. It is a four-year initiative funded equally by three partners: The Elma Foundation, The DG Murray Trust and The UBS Optimus Foundation.

Ilifa Labantwana's mission is to ensure that by 2013 increased numbers of children in rural and isolated communities in South Africa enjoy access to quality early childhood development education, social services and government support.

There are seven core areas of activity that make up the Ilifa interventions. This research responds primarily to the core activity of promoting access to government support. The research aimed to identify funding that is available for ECD within key government programmes at national and provincial levels and to determine the extent to which ECD service providers are aware of and accessing these funds.

The objectives of the study are:

- to describe existing government policies to support ECD programmes and clarify *prescribed* procedures, systems and requirements for funding.
- to identify state ECD funding sources and describe *actual* procedures, systems and requirements for accessing this funding.
- to identify support (financial, administrative, informational, other) for ECD services at local government level in selected municipalities.
- to investigate public access to information on ECD funding and subsidies and identify the factors that enable and inhibit access to this funding by ECD service providers.

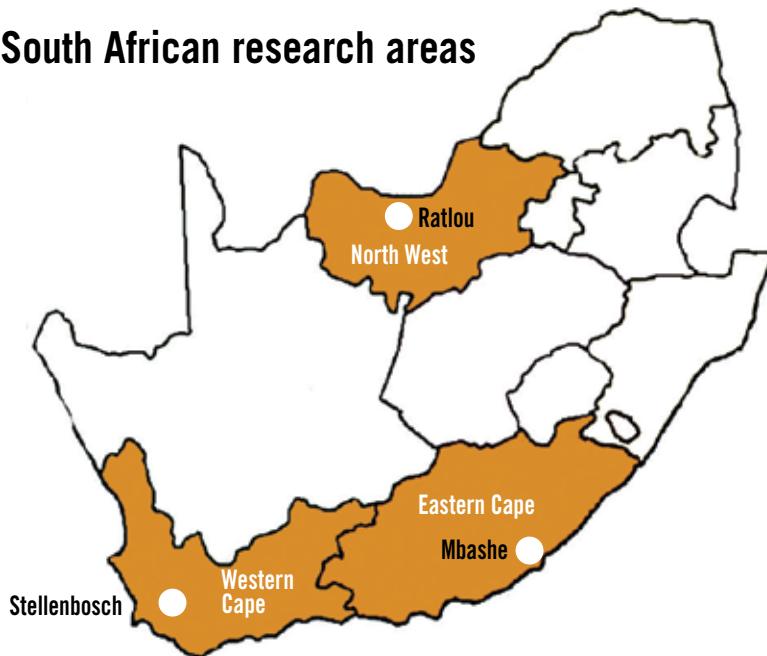
This research responds primarily to the core activity of promoting access to government support. The research aimed to identify funding that is available for ECD within key government programmes at national and provincial levels and to determine the extent to which ECD service providers are aware of and accessing these funds.

The study excludes a review of funding for Grade R ECD services within ordinary public and private schools. It does however include a review of funding for Grade R services within community-based ECD centres. In terms of Pre-Grade R, the study looks at services located within ECD centres (eg. preschools, educate centres, crèches) and non-centre based ECD activities.

Methodology

The research was undertaken primarily in the Eastern Cape (EC), the North West (NW) and Western Cape (WC). Within each of these provinces, the primary research focused on activities in one local municipality, namely: Mbashe in EC, Ratlou in NW and Stellenbosch in WC. These were selected in consultation with Ilifa partners. Selection took into account

South African research areas



the need for varied contexts as well as practical considerations and future plans of the Ilifa Labantwana project.

The research took place over seven months, between February and August 2011. A multi-method approach was used, as follows:

- A desk review was undertaken to identify and draw on previous related research and other data sources.
- A policy review was done to identify obligations on the state for ECD service provision and requirements and prescribed procedures for funding of ECD activities.
- A budget analysis was carried out of *current* national budgetary allocations and expenditure for ECD within the national and provincial Departments of Basic Education and Social Development. Detailed analysis of provincial budgets was undertaken in the three selected provinces only. A more basic comparative analysis was included on all provinces for which information was available. Telephonic interviews and email communication with key staff within the relevant departments were undertaken to supplement, substantiate and query information obtained through the documentary budget analysis.
- Most of the primary research took place in the three selected case study sites. The research

explored the extent to which local ECD practitioners and relevant officials were aware of funding available for ECD and were knowledgeable about requirements and procedures for accessing this funding. Interviews also explored the factors that aid and inhibit access to state funding for ECD. Interviewees were purposefully selected to include a range of experiences with regard to fund access and administration.

A total of 112 interviews were conducted, including 40 in the Eastern Cape, 34 in the Western Cape, 29 in the North West and nine interviews with representatives from national departments or organisations.

Within each of the three sites, the researchers included a sample of 20 ECD service providers, including ECD centres and non-centre based activities where these were available. Most of the ECD services included in the

sample were centre-based (20/20 in NW, 18/21 in EC and 14/20 in WC). This reflects the predominantly centre-based nature of ECD services within these sites. The few non centre-based ECD activities identified included play groups, home visits, caregiver training and parenting skills programmes, story-telling and library facilities, and the provision of assistance to ECD centres with registration, equipment and infrastructure.

Table 1 below provides a more detailed breakdown of the 52 ECD centres that were included in the sample. Each provincial sample purposefully included centres that were registered with the DSD and those that were not, as well those that received funding from the DSD and those that did not.

For sampling purposes, names and contact details of ECD services were obtained from the Department of Social Development (for all three sites), the municipality (NW and WC) and ECD forums (EC and WC). Services were also identified through snowball sampling in order to ensure that the sample was not biased towards the more 'high profile' centres. Most of the interviews in the EC and WC were conducted in person, and half the interviews in the NW were. Due to the extensive distances involved, the remaining NW interviews were completed telephonically. The majority of interviews were conducted in the interviewees' mother tongue.

Most of the ECD services included in the sample were centre-based (20/20 in NW, 18/21 in EC and 14/20 in WC). This reflects the predominantly centre-based nature of ECD services within these sites.

Table 1. Registration and funding status of ECD centres included in the sample

Province	Registration status				DSD funding	
	Registered	Unregistered, but in process of registering	Unregistered, and registration process not started	Registration status unknown	Yes	No
Eastern Cape	1	3	14	-	3	15
North West	14	3	2	1	8	12
Western Cape	9	5	-	-	6	8

Research limitations

The study had several limitations.

- The researchers experienced difficulty tracking national and provincial budgets for ECD because, as discussed further below, there is seldom a budget line item for this service. Where there are line items, it is often unclear (even to those responsible for the relevant activities) exactly what the allocation is for.
- It is generally difficult to obtain data from officials and, when provided, data are often untrustworthy and contradict other information. One of the reasons for this may be that responsibilities are split between people. For example, programme staff do not collect the delivery statistics and do not know about the finances. Underlying at least some of this is the poor quantitative skills and understanding of many of the government staff.
- The study included NGO respondents from only three municipalities and field samples cannot therefore in any way be taken as representative. The variability across municipalities (even within the same province) highlights the fact that findings regarding ECD support from local government cannot be extrapolated.
- The research focused mostly on centre-based ECD. This was because non centre-based activities were rare in the sites and because officials tended to associate 'ECD' with preschools, crèches and educate centres. This in itself is an important finding from the research.
- ECD practitioners who were interviewed were not always clear on the source of the funding they received. In particular, interviewees were frequently unable to distinguish the source of funding for training because of the involvement of multiple partners.
- ECD respondents also had difficulty providing accurate information on centres' budgets, income and expenditure.
- Information on ECD centre funding was obtained primarily from the principal or founder of each of the centres and did not include interviews with parent committees which ECD centres are required to put in place in order to access state funding and which are often signatories to the bank accounts.

The study included NGO respondents from only three municipalities and field samples cannot therefore in any way be taken as representative. The variability across municipalities (even within the same province) highlights the fact that findings regarding ECD support from local government cannot be extrapolated.

Structure of this report

The section that follows (chapter 3) presents a brief overview of relevant policies and laws governing ECD provision in South Africa. The report then goes on to describe budgeting processes and allocations relevant to ECD (chapter 4). Chapter 4 focuses on the four primary sources of funding, namely:

- the Department of Social Development
- the Department of Education
- the Expanded Public Works Programme
- the National Development Agency

The report then looks at each of these funding sources in turn (chapters 5 - 8), reviewing knowledge of and access to funding within the three case study sites and describing the factors that aid or inhibit fund access. Chapter 9 presents the findings of the research with regard to support provided by local government (district and local municipalities) to ECD services. The last chapter (chapter 10) presents conclusions and preliminary recommendations for consideration.



3 Overview of relevant policy

There are numerous laws, policies, white papers and plans that govern the provision of ECD services in South Africa and that give effect to international and regional obligations to young children¹. Four of the most important of these are: (1) The White Paper on Early Childhood Development (2001); (2) the National Integrated Plan for ECD (2005-2010), currently under review; (3) the Children's Act No. 38 of 2005 (and corresponding regulations and norms and standards); (4) The Norms and Standards for Grade R Funding (2008) in accordance with the South African Schools Act (1996)

The Department of Education's White Paper 5 on ECD provides for the establishment of a national system for the Reception Year (Grade R) aimed at children aged 5-6 years. This paved the way for the integration of Grade R in ordinary public schools. The White Paper also requires the development of a strategic plan for intersectoral collaboration and targeted services and programmes for children under 5 years "that are appropriate, inclusive and integrated". It calls for improvements to the quality of Pre-Grade R programmes, inclusion of health and nutrition, appropriate curricula as well as practitioner development and career pathing.

The National Integrated Plan for ECD (2005-2010) takes forward these provisions of White Paper 5. It focuses predominantly on addressing the needs of children aged 0-4 years, "in line with the international experience of targeting, in this case by age, as a key mechanism for dealing with the challenge of scarce resources" (p.8). The NIP extends well beyond centre-based ECD services, calling for an integrated approach to ECD with primary components of the plan located in a range of sites where children live and are cared for. These include homes, formal ECD centres, community childcare centres, informal

ECD settings, prisons, child and youth care centres, and places of safety.

The Children's Act (No 38 of 2005) defines ECD as "the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age". Like the NIP, the Act's provisions for ECD focus predominantly on the 0-4 age cohort. Annexure B, Parts 1 and 2 of the regulations to the Children's Act detail norms and standards for ECD facilities and programmes (these are discussed in more detail on page 40 under Step 1: Dual registration with DSD). Compliance with these norms and standards is a requirement for DSD registration and funding. There is however no obligation on the state to fund ECD services that meet the prescribed requirements of the norms - Section 93 of the Act states that the MEC for social development *may*, from money appropriated by the relevant provincial legislature, provide and fund early childhood development programmes for that province. The Act states further that ECD services should be prioritised:

- in communities where families lack the means of providing proper shelter, food and other basic necessities of life to their children

The Children's Act (No 38 of 2005) defines ECD as "the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age".

- to make early childhood development programmes available to children with disabilities

Section 92 of the Act states that the National Minister for Social Development must include in the departmental strategy a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed early childhood development system.

Responsibility for registration and funding of ECD services for children aged 5-6 years (Grade R) lies with the Department of Education. Norms and standards for Grade R funding² were released in 2008. In accordance with Education White Paper 5, the norms support a pro-poor phased in approach "to publicly funded Grade R classes across the whole public schooling sys-

¹ It is beyond the scope of this report to include information on all of these documents. These are usefully summarised in a document entitled "Young Children's Position Paper" (2008) commissioned by the Alliance for Children's Entitlement to Social Security (ACESS) and compiled by Karen Kallman.

² For the South African Schools Act (84/1996), Government Gazette No. 30679.

tem by 2010" (this period was subsequently extended). While the norms focus mainly on funding of Grade R in public schools, they also make provision for publicly funded Grade R in independent schools. The norms state that "in accordance with the proposals of Education White Paper 5, the state will fund Grade R in non-public insti-

tutions where there is a need for the piloting of new approaches or there is a need to reduce the distance travelled by poor Grade R learners between home and the institution" (p.18). No independent school has the right to receive public funding for Grade R unless the school has been explicitly targeted by the state to be part of a pub-

licly funded programme. Registration as an independent school therefore does not guarantee state funding.

More detailed information on legal requirements for registration and funding for each government department is included in the relevant chapters.

Summary

In summary, ECD service providers offering services to children aged 0-4 years must register their services with the Department of Social Development, either only as an ECD programme (non-centre-based services), or as both a partial care facility and an ECD programme (ECD centres).

This is a legal requirement and it is also a prerequisite for accessing state funding. However, successful registration does not guarantee funding and there is no obligation on the MEC for Social Development to fund all registered ECD services in a province. ECD centres offering Grade R are not legally obliged to register with the Department of Basic Education but registration (as an independent school) is a prerequisite for accessing funding. However, as with DSD, successful registration with DoE does not guarantee funding.





4 Budget processes and ECD allocations

This section briefly describes relevant aspects of the national and provincial budget processes.

The first point to note is the relative stability of the South African government budgeting process, which discourages major shifts from year to year. The stability is encouraged by use of a medium-term expenditure framework (MTEF). Using this approach, each year government agencies draw up budget estimates for three years – the immediate following year which will be voted on by the various legislatures, and the two following “outer years” of the MTEF. The outer years are not voted on and thus do not become law. However they constitute the basis on which the next year’s MTEF is built, with the assumption that any substantial deviations must be well motivated. The stability is good in that it allows for the smooth ongoing operation of government. It can, however, encourage continuation of less necessary expenditures and make it difficult to increase funds for new areas or those that have become more important.

A related point is the relative availability of government budget information in South Africa when compared to other countries. Indeed, in 2010 South Africa was rated first internationally on the International Budget Partnership’s Open Budget Index. One aspect of this availability is that the standard budget books tabled in the national and provincial legislatures provide budget estimates for a period of seven years. This includes the three years preceding the “current” budget year (which is the financial year that is coming to an end when the budget for the next year is tabled in parliament), the *current* budget year, and the three years of the MTEF. In respect of the current year, provin-

In 2010 South Africa was rated first internationally on the International Budget Partnership’s Open Budget Index. One aspect of this availability is that the standard budget books tabled in the national and provincial legislatures provide budget estimates for a period of seven years.

cial budgets include three estimates – the *original allocation* voted on by the legislature the previous year, the “*adjusted*” estimate which includes any additions or subtractions voted by the legislature mid-year, and the “*revised*” estimate, which is the relevant department’s estimate of the amount that will actually have been spent by the end of the budget year.

The overwhelming bulk of ECD-related budget allocations are made at provincial level by the provincial DSD and DoE.

The first step in the overall budget allocation process (covering all spheres of government) is the National Treasury’s determination of how much revenue will be available and what level of deficit (excess of spending over revenue) or surplus (revenue exceeds surplus) should be targeted.

In cases where revenue is growing more than expected, there will then be more room for maneuver and “new” expenditure in the budgeting process. In cases where revenue is less than expected, National Treasury will want government agencies to propose cuts.

The first step in the process of provincial allocations is the determination of how the money available at national level will be split between the three spheres (national, provincial and local) in what is called the vertical division of revenue.

The next step is the determination of how the money within each sphere will be split between the entities in that sphere, that is between the provinces or municipalities.

Within both local and provincial spheres, this is done primarily through formulae that determine the “equitable share” of each entity. In the case of the provincial sphere, the variable with the largest weight in the formula relates to education. The equitable share formula does not include a variable related to social development and welfare. Instead, the poverty variable is meant to cater for this aspect of service delivery. In addition to their equitable share, each province will receive a range of conditional grants from various national departments that must be used for pre-specified purposes. The equitable share comes in a single “pot” of money for each province, and it is up to the province to decide how to allocate it between different departments.

The province is not obliged to follow the formula. In contrast, conditional grants must be spent on the purpose for which they are allocated.

The third step is therefore the determination by each province of how the available funds will be divided between the departments so as to stay within the “ceiling” for each province i.e. the total amount of money available.

Within a department a budget is drawn up by or for each directorate and sub-directorate, and these budgets are aggregated at departmental level. Within each department the chief financial officer needs to ensure that all the component allocations are within the budget ceiling specified for the department by the provincial treasury. Throughout these processes there will be a strong tendency to allocate in a similar way to how it was done in the previous year. Not doing so would usually mean that some staff's jobs would be on the line and/or some activities cut.

It is against this background that the issue of **budget “bids”** arises. If additional funds are wanted for a particular activity such as ECD, a strong “bid” needs to be made by the relevant directorate, with a subsequent strong “bid” by the department to the provincial treasury if the bid cannot be accommodated within the ceiling. If national and provincial agree that there is a priority that is common across provinces, a further possibility is a national bid. Where a priority has been spelt out at national level, for example in the APEX priorities, the National Treasury may request a bid from a sector. In these cases the relevant national department draws up a bid that brings together information and estimated costs across all provinces. If the bid is successful in achieving additional funds through a conditional grant, the extra money received by provinces *must* be spent on the specified issue. If the bid is successful and the money is channelled through the equitable share

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using the standard formula, there is a strong expectation, but no compulsion, that the provincial treasuries will allocate the extra money for the purpose specified in the national bid (and repeated in the provincial bids). Successful national bids of this sort resulted in additions to the equitable share for ECD for 2007, 2008 and 2009. Similar bids were not successful in the subsequent two years.

The successful bids of 2007-2009 resulted in a total of approximately R2,4 billion being added to the baseline (the previous year's MTEF estimates) across the nine provinces. This amount was intended to provide for subsidisation of 1 million children in ECD centres and was thus most likely to be allocated to the provincial DSDs. In addition, a further R722 million was added in respect of training of practitioners for the 0-4 age groups. This money was likely to be allocated to the provincial DoEs.

Several reasons were advanced why further additional monies were not added to the equitable share in respect of ECD after 2009. These included:

- The overall tightness in the budget in the face of the global financial and economic crisis
- A strong focus on education and health
- The fact that the bid went through the Expanded Public Works Programme (EPWP) rather than going directly from national DSD
- The lack of a clearly focused bid for ECD

(The issue of EPWP funding is discussed in more detail below.)

Sources of ECD funding

National and provincial funding of ECD by Department of Social Development

There are two main ways in which ECD can be funded by provincial DSD:

- The per child per day subsidy for registered ECD centres in respect of children aged 0-4 years whose caregivers pass the income means test.
- “Programme” funding for NPOs in respect of ECD programmes, for which organisations must typically apply using the general NPO funding application forms. The applications could include funding for activities such as training and other support, or for home-and-community-based ECD. The types of expenditure to be subsidised would include ECD practitioner stipends, training, travel, venue, catering and management/supervision costs. (Budlender, 2010a; 2010b).

Tracking ECD budget allocations within DSD

It is difficult to track the exact amounts allocated for ECD within DSD budgets. It is especially difficult in respect of non-centre-based budgets, but also difficult in respect of the centre subsidies which account for the bulk of the ECD funding.

Orgill (2010) quotes Biersteker's observation that ECD subsidy budgets

more than doubled from R422 million in 2007/08 to R900 million in 2008/09. For this research a national official reported that the total subsidy amount had increased from just under R335 million in 2003/04 to more than a billion rand in 2011/12. This is a substantial increase given the fact that the general trend is for allocations for specific activities to increase only in line with inflation.

Across provinces the social welfare budget programme is composed of more or less standard sub-programmes. The overwhelming bulk of the funding for ECD – all the centre-based subsidies and most of the non-centre-based funding where it exists – falls under the Child Care and Protection Services Sub-Programme. Unfortunately there is no standard line item for ECD within this sub-programme. Nevertheless, over the last five years ECD is probably the most well reported service within the narrative parts of DSD's vote. The mentions include some performance indicators and indications of allocations alongside affirmations of the importance of ECD. Unfortunately, however, the way ECD is reported differs across provinces and across years. The annual analysis by Budlender and Proudlock (2008, 2009, 2010) highlights these differences.

While the standard provincial DSD

budget format does not specify a budget line item for ECD, it is possible to identify some ECD allocations in the tables that some provinces provide detailing transfers to NPOs. Unfortunately this is again done in different ways across the provinces. Further, some provinces do not include any tables detailing transfers while some that provide tables do not disaggregate in a way that allows identification of ECD.

Table 2 shows the transfers that can be identified as ECD-related in the 2011 provincial budget books. Unfortunately among our target provinces there is only information for the Eastern Cape. Mpumalanga is not included in the table as it lists each of the beneficiary organisations, of whom about 100 appear to be crèches or ECD centres.

Looking beyond the tabled budget books, Orgill (2010) obtained information from officials in the Western Cape and the Eastern Cape on ECD allocations. The data relate to earlier years but are nevertheless useful given the relative lack of more recent budget information. The data also illustrate the extent to which the two provinces have allocated funds for ECD beyond the additional bid-related amounts included in the provincial equitable shares for this purpose, which are referred to by Orgill as the "EPWP budget".

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Table 2. ECD-related transfers in 2011 budget books (R000s)

	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
EC ECD	615				134876	136715	144234
FS Places of care (ECD)	40452	85611	126684	148199	172260	177920	182633
FS Educare Regional Training	259	273	273	302	332	349	368
FS Children-EPWP-ECD	2310	2406	10067	3879	4265	4478	4724
KZN ECD	95681	111188	110951	168001	274391	289385	305841
NC Expansion of ECDs	23892	25240	26533	31309	36051	37017	39142
NC Projects Expansion of ECDs				2550	17432	19107	19754
NC Projects Expansion of ECDs					730	739	780

Table 3 and **Table 4** are derived from Orgill's tables. What is immediately apparent is that the Western Cape allocates substantially more than the Eastern Cape, despite the latter's larger child population and larger proportion of children who would qualify in terms of the means test. Further, while the Western Cape allocations increase each year, the Eastern Cape amounts are smaller in 2009/10 than in 2008/09. What is also apparent is that the Western Cape allocates substantial money outside of the "EPWP" funds. Orgill notes that the EPWP budget alone is far from sufficient to cover the number of children subsidised. For example, covering the 55 399 children aged 0-4 years that the Western Cape government officials told Orgill they were subsidizing in 2009 would entail a cost of R131, 268 million, while the EPWP amount was R74, 551 million

(Orgill seems to incorrectly compare this with the 2008/09 allocation). The result is the "squeezing out" of possible funding for non-centre based provision.

The National Treasury's own records are a further source of information on ECD allocations. For the 2010/11 financial year the National Treasury requested DSD within each of the provinces to specify the amount allocated for ECD given that this was a national priority. The treasury did not specify if the amount was to include non-centre-based allocations or not. Further, because the request related to a "below the line" allocation, there was not a specified format for reporting. Not all provinces reported and two of those that did not were our target provinces of the North West and the Western Cape. Where provinces did

report, they did so in different ways as shown in **Table 5**. Comparison of the 2010/11 amount for the Eastern Cape with that specified in **Table 3** shows a small increase. In this table allocations increase each year for all provinces for which information is available.

Funding beyond the centre-based subsidy

The above discussion focuses primarily on funding for ECD centres. In all provinces the funding of centre-based ECD has always dominated. Indeed, some provinces have not allocated any programme (non-centre-based) funding for ECD. Even in the Western Cape, which has been among the forerunners in the funding of the programme, Streak and Norushe estimated that centre subsidies accounted for 97% of all ECD funding in 2007/08.

Table 3. Eastern Cape ECD budget allocations reported by official (R000s)

	2007/08	2008/09	2009/10
ECD EPWP budget	R78 330	R87 701	R83 222
ECD 0-4 outside of EPWP budget	N/A	R4 755	R881

Table 4. Western Cape ECD budget allocations reported by official (R000s)

	2007/08	2008/09	2009/10	2010/11
ECD EPWP budget	R31 020	R61 024	R74 551	R87 524
ECD 0-4 outside of EPWP budget	R60 000	R73 569	R83 625	R87 806

Table 5. National priority allocations reported to National Treasury for 2011/12 (R000s)

		2010/11	2011/12	2012/13
Eastern Cape	ECD	87466	91490	96065
Free State	Places of care (ECD)	148199	172260	177920
	EPWP grant for social sector	1704		
Gauteng	Expansion of ECD	153900	162000	170526
Mpumalanga	Early childhood development	129280	212844	223486
Northern Cape	Expansion of ECD	43814	59867	62660

Budlender (2010b) found some evidence of programme funding for non-centre-based ECD in the Eastern Cape, KwaZulu-Natal, North West and Gauteng. Orgill (2010) was told by an Eastern Cape official that in 2008/09 the province funded five non-centre based projects at R211 994 per project, while in 2009/10 they planned to fund seven projects at R100 000 each. The annual analysis by Budlender and Proudlock (2008; 2009; 2010a) also records regular allocations by the Gauteng DSD for construction of ECD centres in poorer areas of the province. While this is still centre-based funding, it goes beyond the centre subsidies which account for almost all other centre-based allocations.

In addition, Budlender (2001c) notes that some non-centre-based ECD funding may be provided outside of the Child Care and Protection Sub-Programme of DSD. Thus, in some provinces Isibindi (a project of the National Association of Child and Youth Care Workers) receives programme

Table 6. Relevant performance indicators in national DSD budget vote for 2011/12

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Total number of registered ECD sites captured on the national database	3053	10755	15837	17837	23577	25934	26062
% of application for NPO status dealt with within 2 months	72	80	77	80	80	90	100

funding in respect of some activities that could qualify as ECD that probably comes from the budget of DSD's HIV and AIDS Sub-Programme. Beyond provincial DSD, the Western Cape's Department of Health provides funding to the Parent Centre's Home Visiting Programme and Philani for services that could be conceived as home-and-community-based ECD. This makes it very difficult to track funding for ECD programme activities but does not contradict the overall impression of very limited funding for these activities.

Indicators

National DSD's 2011 budget vote has several references to ECD. Firstly, it names expansion of EPWP social sector programmes alongside increasing food security and HIV prevention as the items against which the Minister's performance will be measured over the MTEF period. It also lists improving ECD among the high-level priority areas developed by the department. Under objectives and measures there is an item "expand access to early childhood development and partial care services for children in the 0-4 age cohort by March 2012." This item is of limited use as it does not give a numeric target for the expansion.

However, some numbers are available in that two of the twelve performance indicators listed in the vote are relevant for our purposes, namely one relating to registered ECD sites on the national database and the other referring to efficiency in dealing with applications for NPO status (NPO certifica-

tion is a requirement for DSD funding for ECD). **Table 6** shows both past performance and targets for these indicators. The number of registered ECD sites is set to increase by 32% in 2011/12, followed by 10% and less than 1% respectively in the outer two years of the MTEF. The large increase in the first year probably reflects under-recording of centres on the national database rather than an extremely rapid increase in the number of registered sites in a single year. The fact that there is such a small increase for 2013/14 is worrying.

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Seven ECD-related indicators are included in the set of standard indicators proposed by National DSD in 2009 for provincial departments to report on their performance in non-financial terms. In 2010, the indicator set was changed and currently provincial departments are expected to report to the National Treasury only on the following ECD and partial care-related indicators:

- number of children in registered and funded partial care sites
- number of registered partial care sites operational
- number of children participating in ECD programmes

Provinces are not required to include the indicators in their budget books, but are meant to provide the information to the National Treasury. We could not obtain this information for the research as it seems that government is not confident enough about its reliability to make it available to the public.

Table 7. ECD-related indicators recorded in 2011 budget books

	2010	2011	2012	2013
EC: ECD	1247	1297	1347	1397
EC: Partial care services	0	0	2	2
GT: Children in registered & funded NPO-managed ECD centres		66244	70482	74710
GT: Children in registered & funded partial care sites		66244	70482	74710
GT: Jobs created through EPWP in ECD sector		0	0	0
KZN: Children in funded ECD programme		77660	80493	84518
KZN: Jobs created through EPWP in ECD programme		551	579	608
KZN: ECD practitioners employed at ECD sites		7749	8136	8542
LM: Children in funded ECD programme	75000	63792	71814	84254
LM: Jobs created through EPWP in ECD programme	3200	3200	3300	3400
NC: Children in funded ECD programme		33240	33360	33480
NC: Jobs created through EPWP in ECD programme		50	75	100

Table 8. Provincial budgets for early childhood education programme (R1000)

	2009/10			2010/11	2011/12	2012/13
	Main approp	Adjusted approp	Revised estimate	Medium-term estimates		
Eastern Cape	367316	307816	290486	528492	652168	676000
Free State	80555	82122	82122	95738	100978	105717
Gauteng	309146	280785	280785	557541	660215	679843
KwaZulu-Natal	336299	326704	264963	598678	722054	758157
Limpopo	228615	171515	144116	237423	249253	267750
Mpumalanga	96922	97922	97922	124553	155718	134667
Northern Cape	63350	58284	50337	47930	51655	55673
North West	193156	194503	194503	209020	224109	239553
Western Cape	313468	305489	305489	342657	363593	384764
Total	1988827	1825140	1710723	2742032	3179743	3302124

Table 7 contains the ECD-related indicators included in the budget books for 2011. Of the three target provinces, only the Eastern Cape lists ECD-related indicators (although these are done under an incorrect heading.) The province shows an increase of 50 centres per year, more or less in line with what was reported in the interviews with the EC officials. Limpopo shows a decrease in children covered followed by a subsequent increase. Gauteng seems to be counting the same children twice as being in both registered and funded ECD centres, and registered and funded partial care sites. Overall, the table confirms plans to increase the reach of centre-based ECD over the MTEF period.

National and provincial funding of ECD by Department of Basic Education

Funding for ECD from the provincial Departments of Education comes primarily through the following:

- Funding for Grade R in schools (not the focus of this research).
- Subsidies for community-based Grade R's registered as 'independent schools' – this may take the form of a per child subsidy or a salary for a Grade R practitioner.
- Funding related to DoE's responsibility for the educational programmes at ECD centres, for

example funding of materials.

- Funding of training of practitioners for the younger age group (pre-Grade R), including payment of stipends to those on learnerships under the social sector EPWP (EPWP funding is discussed on page 28 under Expanded Public Works Programme).

Earlier in the decade a conditional grant was provided to the provincial DoEs in respect of ECD (principally for the expansion of Grade R). After the grant ended in 2004, provincial DoEs continued to provide for ECD on an expanded scale. This was encouraged by the addition of funds to the equitable share of each province noted above.

Table 9. Provincial education ECD allocations in 2011 budget books (000s)

	Audited 2007/8	Audited 2008/9	Audited 2009/10	Adjusted 2010/11			
	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
Eastern Cape							
7.1 Grade R in public schools	60670	214316	255779	421877	368857	382412	401532
7.2 Grade R in community centres	6586	12065	2834	3588	2601	2733	10092
7.3 Pre-Grade R	7360	22185	8359	57057	14451	15120	15876
7.5 Human resource development	502	542		1380	1764	1845	1937
7.2 as % of 7.1	11%	6%	1%	1%	1%	1%	3%
Annual increase in 7.2		83%	-77%	27%	-28%	5%	269%
North West							
7.1 Grade R in public schools	106191	133503	130704	156656	212158	223748	231987
7.2 Grade R in community schools	0	1659	0	9320	17220	18081	18985
7.3 Pre-Grade R			9	30596	32034	333636	35317
7.5 Human resource development	23		16	863	1790	1880	1974
7.7 EPWP social sector grant					13893	17844	21684
7.2 as % of 7.1	0%	1%	0%	6%	8%	8%	8%
Annual increase in 7.2					85%	5%	5%
Western Cape							
7.1 Grade R in public schools	70382	137345	166763	201957	201018	213403	225856
7.2 Grade R in community schools	29399	34468	45869	48975	63938	67496	71006
7.4 Human resource development	42478	59936	68249	80001	85861	90240	94932
7.2 as % of 7.1	42%	25%	28%	24%	32%	32%	31%
Annual increase in 7.2		17%	33%	7%	31%	6%	5%

Unlike in DSD, the provincial DoE budgets have a distinct programme with several sub-programmes, devoted to ECD, making it simpler to track ECD allocations. However, the main focus of the programme is on Grade R. **Table 8** shows the allocations for the early childhood education programme (including both Grade R and provision for younger children) in the 2010 budget books. The programme accounts for a small share of the overall provincial education budgets but the share has increased markedly over time. Budlender and Proudflock (2010b) note that by 2012/13 it was set to be 2,1% of the combined education budgets whereas in 2006/07 it accounted for only 0,7%.

Table 9 records allocations for the sub-programmes within the overall early childhood development programme

that are relevant for this research for our three target provinces as reflected in the 2011 budget books. Sub-programme 7.1 is for Grade R in public schools and is included to give some sense of the difference between funding for Grade R in public schools and community schools. Sub-programme 7.2 reflects the funding for Grade R in community centres (or independent schools). The sub-programme on human resource development is included as this was identified by our Western Cape respondent as the sub-programme that contains the funds used for EPWP training. In contrast, the Eastern Cape said that EPWP training was covered by sub-programme 7.3 Pre-Grade R, which consisted solely of EPWP money, but the Western Cape does not have this sub-programme.

The table includes a line for each

province showing Grade R in community centres as a percentage of Grade R in public schools as well as a line showing the nominal annual increase for Grade R in community centres. These percentages aim to give a sense of whether provinces are reducing the reliance on community schools. The percentages give no indication of such a trend although they do show very different levels of relative support to Grade R in community centres across the three provinces.

The reasons for the sudden large increases predicted for Grade R in community centres in the Eastern Cape in 2013/14 and shown for 2011/12 for the North West are not explained in the budget books.

The Eastern Cape's budget for Pre-

Grade R is very volatile. For 2010/11, as seen above, the adjusted amount was R57,057 million, the same as the original allocation. But the revised amount (i.e. how much is likely to be spent) was only R22,933 million. This year's budget is even lower at R14,451 million.

Most provinces refer in the narrative of their budget books to the training provided to educators in terms of the various levels of the National Qualifications Framework and several note that the training is provided as part of the EPWP. The Free State details an amount of R5 million for training and payment of stipends for pre-Grade R practitioners alongside R52,6 million for expansion of Grade R. KwaZulu-Natal funds learners for a Bachelors of Education degree under this programme.

Expanded Public Works Programme

The Expanded Public Works Programme (EPWP) was introduced in 2004 as a five-year programme to create low-paid (and temporary) employment opportunities. In 2009 a further five-year EPWP II was introduced. The EPWP built on earlier public works programmes in South Africa but was the first one to introduce social sector public works.

In the first years (2004-2009), social sector EPWP focused on two areas, namely ECD and home-and-community-based care (HCBC). A social sector government official told Budlender (2009) that inclusion of the social sector in the EPWP was "opportunistic". Those responsible for the EPWP felt that this would be a way of significantly increasing the number of beneficiaries who could be reported as having been reached by the EPWP. Those in the social sector saw this as a way of drawing attention to HCBC and ECD, both of

The EPWP built on earlier public works programmes in South Africa but was the first one to introduce social sector public works.

which had been struggling for years to attract more resources. For ECD it was also seen as a way of taking forward the National Integrated Plan for ECD (NIP) referred to in chapter 3 previously.

The ECD EPWP encompassed two components:

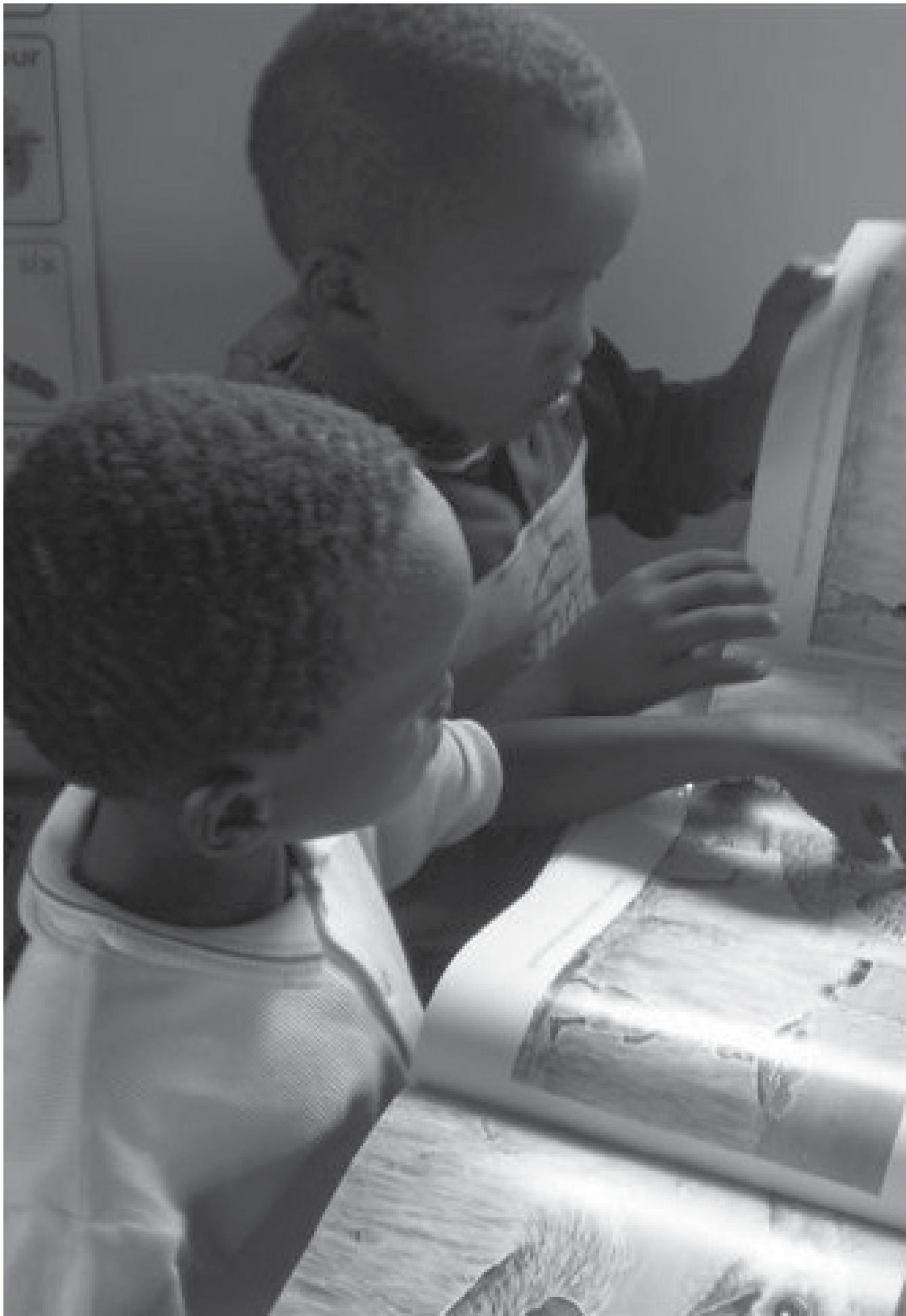
1. increasing the number of registered ECD centres, the number of children subsidised by DSD, and the value of the per child subsidy
2. training of ECD practitioners, with a focus on provision for children aged 0-4 years

What is noteworthy is that neither of these components encompasses the usual meaning of job creation which was the initial intent of EPWP. This was in part the result of the fact that when the EPWP was introduced, NGOs argued that the sector's immediate need was not for new employment creation but for accredited skills upgrading for those already in the sector. Government's guidelines on implementation of the NIP suggest that the ECD EPWP was also intended to build ECD infrastructure so as to improve access, but this aspect is not mentioned in most other literature that discusses social sector EPWP.

For the EPWP as a whole, government did not envisage new funding flows in the first five years. Instead, it envisaged that existing government money would be used in labour-intensive ways so as to create additional jobs. This formulation made sense in relation to infrastructure but it was not as easy to conceptualise in the already labour-intensive social sector. Instead, provincial DSD started labelling existing ECD centre subsidies as EPWP, although

this did not happen immediately, or for all provinces. Within the provincial departments of education, allocations were more easily identifiable in the funds allocated for payments to training providers and the stipends paid to learners. On Par and CASE's (2007) research documents the confusion that existed in the KwaZulu-Natal province (particularly in the early years), but also in the Western Cape, as to how the funding was meant to work and the resultant shortfalls in implementation. Streak and Norushe's interviews revealed that by December 2008 there had been no training under the EPWP ECD programme in Eastern Cape.

Although the ECD EPWP allocations are not always easily identifiable, new money did flow into ECD after it was identified as one of the APEX national priorities by the Mbeki government. However, until 2011 there was no conditional grant that could be used for EPWP ECD. Instead additional money was added to the equitable shares of each of the provinces. The additional amount provided nationally in respect of ECD was calculated on the basis of a national bid submitted by national DSD on behalf of the nine provinces which specified the envisaged expansion and amounts needed. Because the money was given as part of the equitable share, each province had discretion as to whether they allocated the money to ECD. However, the fact that the bid was drawn up jointly encouraged compliance, as did the generally good relationship between the National Treasury and the provincial treasuries. Overall, it seems that provinces did allocate the money to ECD, although sometimes it was not all allocated in the year in which it was added to the equitable share but only later.



Notwithstanding the increases, both Eastern Cape and Western Cape DSD told Streak and Norushe (2007) that the insufficiency of the additional allocation meant that they had to choose between increasing the subsidy amount per child per day (the approach chosen by Eastern Cape) or keeping the subsidy lower but expanding the number of children funded (Western Cape's choice). This trade-off was still at play at the time of the current research.

The additional EPWP funds were allocated for the first time in the 2006/07 budget, when an additional R4,2 billion allocation was announced for implementation of social sector EPWP (including both home and community-based care and ECD) for the three years of the MTEF. The publicly available documents did not specify how this amount was to be divided across the three years and between ECD and HCBC. Streak and Norushe's (2007) research found that the Western Cape's allocation grew from R29,426 million in 2006/07 to R107,281 million in 2009/10, while that of the Eastern Cape grew from R32,982 million to R66,065 million over the same period. For both provinces the amounts reported by DSD were substantially larger than those reported on the EPWP database of the national Department of Public Works. This provides support for observations by others (see discussion in Budlender, 2009) and revealed below about the questionable nature of the data recorded in the EPWP database.

Budlender (2009) also reports evidence of some "relabeling" of existing activities as EPWP. The corollary is that one cannot assume that all the "opportunities" reported, or money allocated, were "new". Budlender notes that some of the relabeling would have happened out of sheer enthusiasm about the EPWP, while some would have been the result of government officials'

Budlender notes that some of the relabeling would have happened out of sheer enthusiasm about the EPWP, while some would have been the result of government officials' attempts to increase the numbers they could report.

attempts to increase the numbers they could report. One of Budlender's interviewees suggested that the planned introduction of a wage subsidy in the second phase of EPWP (EPWP II) would increase the temptation to "relabel" because the wage subsidy was an extra amount that departments would be given on the basis of the number of jobs created. Reporting more jobs through relabeling would therefore result in increased funding being received by the department. The current research suggested that this might well have happened, for example in the Western Cape.

EPWP II commenced officially in April 2010. It was conceptualised as consisting of three broad categories of activity, namely:

- Work (such as ECD) that requires longer-term employment, service delivery to pre-defined standards and relatively high skill levels.
- Shorter-term project-based employment (such as infrastructure construction and rehabilitation and Working for Water) funded and managed by government but which could be delivered through contracted service providers.
- Programmes that are funded or co-funded, but not managed, by government. These would generally be managed by non-governmental and community-

based organisations and focus on a specific locality or agreed area of service delivery.

The first two categories were a continuation of EPWP in the earlier years, but with the useful acknowledgment of the difference between ongoing and shorter-duration services. The third category was new. It consisted of two parts; the Community Works Programme and other non-state EPWP which is managed by the Independent Development Trust. The latter initiatives (CWP and IDT) are discussed in more detail in the sections that follow.

Despite the recognition of the difference between social sector ongoing services and areas such as infrastructure, in early March 2011 the official EPWP website still stated that one of the "key issues" that still needed to be resolved was "funding mechanisms for growing the sector, in particular how the sector would access the wage incentive or developing proposals for other complementary funding mechanisms."

There were several important changes between the two phases of the EPWP that are relevant for ECD:

- The limit of 24 months participation in EPWP for individuals fell away. This change has not really made a difference in respect of ECD given that the stipends are paid in respect of training, which is of limited duration.
- The ministerial determination for public works programmes gazetted in November 2010 for the first time set a minimum stipend level. The minimum was specified as R60 per day, which many people translate, incorrectly, into R1 200 per month, but which should in fact be more than this for a standard month of 22 working days. While previous research suggested that there was limited

knowledge of the earlier determination, which did not have a minimum stipend level, the current research revealed quite widespread knowledge of the new determination and the minimum stipend. Several informants reported marked increases in payments to beneficiaries as a result of the determination.

- Incentive grants were introduced. These take the form of additional funds provided on a quarterly basis by the Department of Public Works to government entities that have created at least 35% of their target number of EPWP jobs. At least 80% of the grant must be used to pay stipends, while the remaining portion can be used for strengthening management of implementing agents. In the first year of EPWP II no incentive grants were provided in respect of DSD activities, but the provincial departments of education in Western Cape and North West

qualified for the grant. Conditions attached to the incentive grant include that only opportunities for new people can be counted. This condition discourages continued employment of those who were employed the previous year as they cannot be counted twice. Given the ongoing nature of social sector work, the condition makes it difficult for DSD to claim the subsidy.

- The focus of EPWP ECD training was expanded beyond practitioners working with children in the 0-4 year age groups. From the interviews it was clear that this was an issue on which there were strong feelings both for and against, and probably different approaches across provinces. The decision to expand beyond 0-4 seems to have been motivated largely by the need to create more jobs and perhaps the recognition that the assumption that training would result in a job in the 0-4

year age group was mistaken. The need to create more jobs has also resulted in non-teaching staff such as gardeners and cooks being included as ECD job opportunities.

Even where incentives are not given, all entities implementing EPWP are meant to report on a quarterly basis to the Department of Public Works on the amount spent and number of job opportunities created by them. Table 10 lists the ECD-specific items included in the second quarter 2010 EPWP report of the Department of Public Works (2010). The information is meant to be cumulative for the first six months of the financial year. Examination of the table suggests that reporting to (and perhaps by) the Department of Public Works, which is the central coordinating agency for EPWP, is still of dubious quality. For example, there are entries in respect of only six of the nine provinces. Further, there is no entry for North West DSD. Almost all items

Table 10. Provincial government departments social sector

	Projects	Allocated	Expenditure	Work opportunities
EC – ECD DoE	1	57,057,000	6,748,500	949
EC – ECD DSD	197	98,192,584	5,453,884	526
EC – ECD [no dept]	9	1 ,011,120	201,316	23
WC – ECD DSD	7	607,506,099	63,114,131	1184
WC – ECD DoE	11	1 5,630,667	3,360,099	1385
WC – ECD [no dept]	2	776,000	6 9,000	60
FS – ECD DoE	112	491,568,000	80,640,000	112
FS – ECD PSSL*	1	515,736	257,868	6
FS – ECD DSD	158	36,153,243	16,764,877	455
FS – ECD DoH	1	4,389,000	720,000	1
MP – ECD DHSS*	1	76,000	114,000	19
MP – ECD DoE	3	588,000	147,000	35
LP – ECD DHS	686	32,029,200	8,644,900	1591
LP – ECD DoE	1505	64,158,400	18,146,800	2957
LP – ECD Agric	1	48,000	12,000	2
LP – ECD [no dept]	157	6,924,800	1,583,700	303
NW – ECD DoE	2	1 ,639,000	552,000	162

*Note: DHSS is Department of Health and Social Security. The meaning of PSSL is not given in the Public Works report

reflecting expenditure are well under half the amount allocated. However the report notes that the project budgets “are based on reports received” and some might span multiple financial years. The way this is expressed suggests that the Department of Public Works is not clear how many years each reported allocation covers. The meaning of a “project” in respect of EPWP ECD is also not clear. The table is not the only part of the report that seems unreliable. Elsewhere the percentage of women employed in social sector projects is reported as 129%.

Community Works Programme

The Community Works Programme (CWP) is a component of EPWP II. It merits separate discussion because it operates in a different way from standard EPWP. The CWP works on the basis of community-based rather than sector-specific projects. The communities are selected on poverty-related criteria. Within each selected community, community members decide what types of work are needed (for example, road building, school infrastructure or ECD) with the process currently managed by the two implementing agencies, TEBA and Seriti, or the sub-implementing agencies contracted by the implementing agencies.

The CWP was originally housed in the NPO Trade and Industrial Policy Strategies (TIPS), but as from April 2011 has been based in the Department of Cooperative Governance and Traditional Affairs. TIPS continues to provide support, including the management of an Innovation Fund which is currently

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funding research into how ECD is and can be supported by the CWP. The shift to COGTA seems to have caused some difficulties, including inadequate budgeting (see table below) and delays in establishing long-term contracts with the implementing agencies. These, in turn, can cause difficulties – and uncertainty – for those involved in the work lower down in the chain.

The allocation for the CWP is currently found with the Community Work Programme Budget Sub-Programme within the Infrastructure and Economic Development Programme of the Department of Cooperative Governance and Traditional Affairs. The 2011/12 budget vote of the department includes among the objectives and measures to: “Promote community development in the most marginalised communities by creating and maintaining public infrastructure through the community work programme to provide 63 630 new work opportunities by March 2012.” The table of selected performance indicators records 57 368 work opportunities for 2010/11, increasing

to 57 368, to 63 170, 82 817 and 87 370 respectively over the next three years. However, an interviewee noted that the budget (and thus the indicators) was less than needed to support the approximately 100 000 community members who were already working on the CWP in May 2011.

Table 11 shows the CWP allocations in the Cooperative Governance and Traditional Affairs budget from 2009/10 through the MTEF period. The first row of estimates shows the total allocation for the sub-programme while the second records the “transfers to households”, which appear to be located within the sub-programme. The CWP rules specify that 65% of the money received by implementing agencies must be spent on stipends. Over and above the amount for the implementing agencies, 10% is allowed for the Department’s overheads. It thus seems that the transfers referred to in the table below represent the money that should reach beneficiaries. The increases for 2011/12 and 2012/13 are more than 30% in nominal terms, but this falls to 5% (expected inflation) in 2013/14. Further, as noted above, the amounts are less than is needed to support the numbers currently working on CWP.

The CWP cannot fund ECD centres directly. ECD-related activities can, however, be included in the work that is done by the community members. Examples of the types of ECD-related activities that can be supported through the CWP are provided in chapter 7. Where this happens within a centre setting, the CWP then indirectly subsidises the costs of the centre. In the case of

Table 11. Cooperative Governance and Traditional Affairs allocations for Community Works Programme in 2011/12 budget (Rm)

	2009/10	2010/11	2011/12	2012/13	2013/14
Sub-programme	154.5	490.3	647.9	849.4	896.1
Transfers	91.0	286.8	388.2	509.6	537.6
Transfers as % sub-programme	58.9	58.5	59.9	60.0	60.0

one EC ECD centre, CWP funds are also being used to pay part of practitioner salaries. This is possible as the CWP rules allow for 16 days per month of pay at a higher rate for “supervisors”.

Information provided by Shirin Motala³ on the basis of interviews in respect of different CWP sites and sub-sites reveals that of the 55 CWP sites and sub-sites identified across the nine provinces, 20 reported activities that could be included in a very broad definition of ECD-related activities. Within our three target provinces, 5 of the 17 Eastern Cape sites identified by Motala had such activities, all five of the North West sites in Motala’s review, and none of the two Western Cape sites.

Non-state EPWP

The Independent Development Trust (IDT) supports some of the government agencies, including DSD, to deliver on the EPWP funds within the agencies’ budgets. There was evidence of this in the NW site where the DSD channelled funds via the IDT to assist with infrastructure for ECD centres as part of the massification project.

The IDT also manages a separate pot of money for non-state sector EPWP. It was difficult to obtain information about the second aspect as there is virtually no information on it on the IDT website,

although there is meant to be an open application process for the funding. An IDT official provided some information in a telephonic interview but did not follow up with the promised quantitative information despite repeated reminders.

The official reported that for the non-state sector, advertisements are placed in national newspapers and on radio in October or November in each year. The advertisement states criteria; such as that the applicant must be a registered NPO, must be tax exempt, and must either have existing work opportunities or a plan for creating them. Applications must be sent to regional offices which then recommend to national which organisations should be funded. If the proposals are accepted, the funding covers only wage costs. At the time of the interview (end May 2011), the IDT was still in the process of approving the recommendations sent through by provinces for this year’s funding as there had been a delay of a month in the process.

The official said that their information system differentiated between different areas of work and they would thus be able to say how many projects were funded and how much was allocated for a specific area such as ECD, HCBC or agriculture. The official offered to give the number of organisations funded and the total amount allocated in respect of ECD for the last financial year, but did not follow through with this information.

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appropriation of 2009/10. The 2010/11 budget book explains that this decrease was allocated because of the large cumulative reserves in their account. Expressed differently, the NDA had seriously under-spent on their budget.

Recent research by the Funding Practice Alliance (2010) suggests that the National Development Agency could be a source of government-related funding for ECD. The information should be treated with caution as the researchers were not able to obtain an interview and thus had to rely on available documents.

The NDA does not seem to have been a major funder of ECD in the past. However the strategic plan 2010-13 lists the following two points, both relating to ECD, as the first of five foci for the period:

1. *Build the capacity of Community Support Organisations (CSOs) to enable them to carry out development work effectively by building the institutional capacity of service delivery CSOs which are working with ECDs, rural development, poverty alleviation, vulnerable groups and cooperatives.*
2. *Grant funds to contribute towards the eradication of poverty by providing funding to CSOs to implement rural development projects, by providing targeted funding based on geographic, demographic and socio-economic profiles including ECD sites and projects working with vulnerable people.*

The National Development Agency

The National Development Agency (NDA) is funded from the national DSD budget. The amounts allocated for 2011/12 is R161,4 million, rising to R178,5 million in 2013/14. However, the original and adjusted appropriations for 2010/11 were only R83,5 million – far less than the R144,8 million adjusted

Further, among the “macro” factors identified as significant are the “President’s key proposed interventions on ECD, rural development and vulnerable groups.”

Less encouraging is the fact that the number of projects funded has stayed constant, or even declined, over the years.

³ Personal communication



5 Department of Social Development support for ECD in the sites

DSD support for ECD centres is available in the form of the DSD subsidy (per child per day), funding of infrastructure and equipment and training of ECD practitioners. Non-centre based ECD activities are funded through DSD programme funding. This section looks at the extent to which these various types of support were evident in the three research sites.

Support provided by DSD

Subsidies in the sites

The DSD subsidy was introduced in terms of regulation 38 of the Child Care Act of 1983 and has increased steadily over time. It is calculated per child per day but is only available to ECD centres accommodating the poorest children between the ages of 0-4 years. In order to qualify for the subsidy for any particular child, ECD centres must demonstrate that the child qualifies in terms of an income based means test.

There were several differences in the way in which the subsidy was being implemented in each of the three research sites:

The means test: The means test takes into account the joint income of the child's parents. The threshold for eligibility differed across provinces. In the North West for example the means test threshold was R1 800 per month, far lower than the Western Cape where registered ECD centres were eligible for the subsidy in respect of children whose combined parental income is up to R3 000 per month.

The amount of the subsidy: At the time of the research the subsidy amount was

R12 per child per day in North West and Western Cape and R15 in Eastern Cape. The desire to support as many centres as possible lay behind the WC decision not to increase the subsidy beyond R12. In contrast, the EC's decision to increase the subsidy amount to R15 per child in February 2011 has meant slower expansion.

The maximum number of days paid per annum: The subsidy is paid for a maximum number of days per annum per child. Within the three provinces for 2010/2011 the maximum days ranged from 171 days per year in the Eastern Cape to 264 in the Western Cape (this latter figure is considered the norm).

The breakdown in subsidy allocation: When first introduced, the subsidy was meant to help provide for nutrition and other basic needs of the children and was not intended for salaries. In practice, however, part of the subsidy was

generally used to pay salaries of practitioners. In recent years, provinces have developed formulae that specify what proportions of the subsidy should be used for different purposes. In the Western Cape for example, 50% of the R12 subsidy is specified for nutrition, 30% for salaries and 20% for equipment. Eastern Cape specifies a 40-40-20 split in respect of nutrition, administration including stipends, and stimulation programmes. Both provinces report challenges with monitoring compliance with these formulae.

Monthly calculations: Another key difference across the research sites is the way in which the subsidy is calculated monthly. In the Eastern Cape the amount is calculated partly on the basis of number of registered children but mostly on the basis of actual attendance (a proportion of the subsidy is allocated to each). The amount paid to the Eastern Cape ECD centres therefore varies

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substantially between months despite the fact that core overheads (especially staff costs) remain fairly stable irrespective of rates of attendance. In contrast, ECD centres in the Western Cape receive the same amount every month as the subsidy is based on the number of children registered at the centre at the beginning of each school year, and monthly payments do not fluctuate with attendance.

The researchers attempted to collect data on the number of ECD centres receiving the DSD subsidy in each of the three case study sites, compared with the total number of ECD centres in existence. However, accurate information on unfunded centres is impossible to access given the fact that most of these are unregistered and there are no reliable mechanisms for tracking them. Even in the case of funded centres, the information that was provided by different sources was often inconsistent. Figures that are presented here should therefore be viewed as indicative rather than exact.

In the **Eastern Cape**, a DSD official reported that at the time of the research 52 ECD centres were receiving the DSD subsidy in Mbashe and at least double this number were not. The same official observed that progress to address this gap was slow. She cited as an example the fact that only four new ECD centres in Mbashe had been approved by the DSD for funding in 2010 and that these had first submitted their applications in 2006/2007. Despite approval, none of these centres had yet received funding as of April 2011.

In the **North West**, at the time of the research the DSD was providing subsidies to 387 of the 980 *registered* centres in the province. The number of unfunded unregistered centres is not known. No new centres were funded in 2010 but 22 new applications were approved for 2011. Within Ratlou Local Municipality 16 of the

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74 ECD centres on the DSD database were receiving the subsidy. Of the 58 ECD centres that were not yet funded, 33 were registered and 25 were in the process of registering.

The main reason given for the registered centres not being funded was the delay in accessing NPO certificates (this issue is discussed further in on page 48 under NPO certificate). The other 25 centres were not yet registered primarily because of poor infrastructure and sanitation facilities (see page 46 The norms and standards).

In the **Western Cape**, DSD officials reported 136 registered ECD centres in the district, most of which were receiving the DSD subsidy. They also recorded 170 unregistered ECD centres, most of which were in the process of applying to be registered. According to a draft provincial ECD strategy (forthcoming), at the time of the research there were a total of 896 ECD facilities registered with and subsidised by the Department of Social Development in the Western Cape and approximately 1 700 unregistered, unfunded facilities.

The next sections look briefly at the other forms of support provided by DSD for early childhood development services in the sites before going into more detail about requirements and procedures for accessing the DSD subsidy on page 40.

Infrastructure support

Poor infrastructure was a key concern for most ECD centres and was an issue raised by officials involved in registering or monitoring ECD centres in the sites. The quality of infrastructure of the centres that participated in the research varied substantially but the majority was in need of repair or upgrading, with some described by research participants and researchers as hazardous to the health and safety of children.

In the **North West** province, the DSD launched the 'Massification Project' in 2010 specifically to provide infrastructural support, furniture, indoor and outdoor play equipment and educational toys to ECD centres. R15 million was channelled to approximately 250 ECD centres in early 2011. The funding was provided in the form of once-off grants to centres channelled via the Independent Development Trust.

In order to qualify for this funding, ECD centres had to be community-based and NPO registered, with priority given to centres located in nationally prioritised nodal points and provincially identified 'deprived wards'. It was not a requirement that centres be registered with the Department of Social Development. In some instances, non-registered centres were specifically included in the programme so as to provide them with the support needed to meet the minimum



norms and standards for registration. The Ratlou municipality received R771 500 from the Massification Project, benefiting 28 ECD centres (the greatest number of centres supported through this project of all municipalities).

There was evidence in the **Western Cape** of planning for the Massification Project but there were no reports from research respondents indicating that the project had reached them. Infrastructure support for ECD centres in the WC site tended to come from the local municipality (see page 67 Stellenbosch local municipality), donors or other NGOs, eg. a local NGO supplied wendy houses as classrooms.

Seven of the ECD centres that were interviewed in the **Eastern Cape** reported receiving funding for infrastructure but none of this funding came from DSD.

One was supported by a local businessman, one received funding from several large donor agencies, and five were funded by the National Development Agency (see page 65).

Training and capacity building

Under the new Children's Act regulations (27a), a requirement for registration is that the applicant has a minimum of NQF level 1 training in ECD or an appropriate alternative ECD qualification or three years of experience implementing ECD programmes.

According to some respondents, the increased emphasis on training of ECD practitioners is the single most significant shift in ECD services over the past five years. Twenty eight of the 52 ECD centres in the sample had staff enrolled in NQF level 1, 4 or 5 training at the time of the research or reported that staff had recently completed NQF training or were due to begin training within the next few months.

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In **North West** and **Western Cape** sites the DSD is actively involved in training of ECD practitioners, often in collaboration with municipalities. In all three sites, the DSD also facilitates access for practitioners to training that is funded by the Department of Education (see page 54).

Programme funding

ECD services that are not centre-based may access financial support from DSD through programme funding. The need for greater support for non-centre based ECD services was noted by provincial officials in all three provinces.

The **Western Cape** cites as one of their ECD ‘successes’ having been able to subsidise some non-centre based programmes and the establishment of good collaboration with the more established ECD-related NPOs who focus on non-centre based provision. In 2010/11 the province funded five new resource centres or toy libraries. It is also supporting home visiting through

In the Eastern Cape, provincial officials acknowledged that there has been very little progress with increasing DSD support for non-centre based ECD, but noted that there were NGOs providing these services. “They are there” commented one official, “but not funded from our money”.

The bias continues ‘on the ground’ where social workers at the interface with communities demonstrated a very narrow understanding of early childhood development. They equated ECD with preschools and crèches and when asked specifically about programmes that target young children outside of formal ECD centres, the researchers were informed that these kinds of activities “have nothing to do with ECD”.

the Foundation for Community Work’s Family in Focus Programme (as part of EPWP – see chapter 7) and the Early Learning Resource Unit’s family and community motivators. Programme funding is also being channelled via Grassroots Educare to support ‘informal’ playgroups of 6 or fewer children. These playgroups fall outside of the Children’s Act definition of a partial care facility and therefore do not qualify for the ECD subsidy. The funding from DSD includes an allocation of R5 per child to the playgroup facilitator for nutritional support for the children and funding is provided to Grassroots to monitor the playgroups.

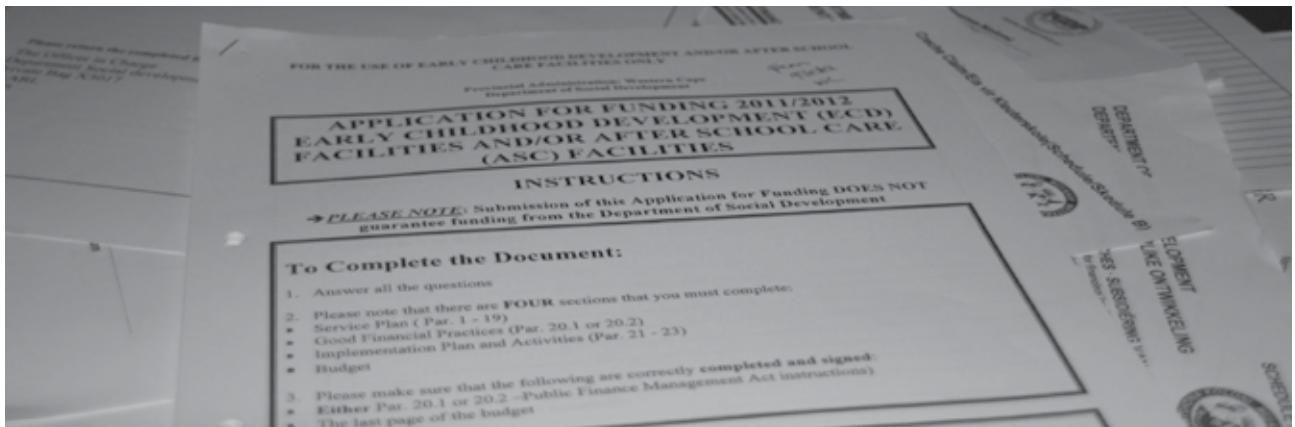
There was also some evidence from the North West of an emerging investment in non-centre based ECD, with an emphasis on parenting programmes. DSD social workers (ECD co-ordinators) are being trained as master trainers on a national parenting programme and will in turn provide training on parenting skills to practitioners in ECD centres. A provincial co-ordinator explained the department’s intention to run “continual capacity building workshops in all the service points within the district”. The department has also recently entered into an agreement with Ilifa Labantwana (the group that commissioned this research) which will see the expansion of non-centre programmes in the North West.

In the **Eastern Cape**, provincial officials acknowledged that there has been very little progress with increasing DSD support for non-centre based ECD, but

noted that there were NGOs providing these services. “They are there” commented one official, “but not funded from our money”.

Where DSD funding for non-centre based activities was reported, it tended to be piecemeal and focused on pilot projects in the Eastern Cape. There was, for example, a once-off allocation of R211 000 to assist a non-centre based programme in Imvezo, the birthplace of Nelson Mandela, during the 67 minutes annual programme. And in 2008/09 the DSD piloted seven non-centre based programmes but funding was stopped the following year due to budget cuts.

This bias towards centre-based support is evident in the indicators used by the EC DSD (and DSD more generally) to measure performance. The EC DSD’s annual report for 2009/10 includes a range of ECD performance measures for centre-based activities but only a single measure related to non-centre based activities i.e. “monitoring and support to five non-centre-based projects (parental programmes) benefiting 150 children”. The bias continues ‘on the ground’ where social workers at the interface with communities demonstrated a very narrow understanding of early childhood development. They equated ECD with preschools and crèches and when asked specifically about programmes that target young children outside of formal ECD centres, the researchers were informed that these kinds of activities “have nothing to do with ECD”.



Accessing the DSD subsidy - requirements and processes

This section describes the requirements and processes for accessing the DSD subsidy. Ideally the provision of other forms of support for ECD centres, such as training and infrastructure, should be tailored towards assisting ECD centres to meet the requirements for the subsidy.

The requirements and procedures for accessing the DSD subsidy are complex. The process is explained below as a series of five steps although in practice these steps may not happen in the order presented here: (1) dual registration with DSD, (2) application for funding, (3) registration as supplier, (4) claims process and (5) transfer of funds and reporting.

Step 1: Dual registration with DSD

All ECD service providers (centre and non-centre based) are legally required to register their **ECD programme** with the provincial DSD (or delegated authority). In addition, ECD centres are

legally required to register as a **partial care facility**. This dual registration - as a partial care facility and ECD programme - is a prerequisite for accessing the DSD subsidy but in no way guarantees funding.

In terms of the Children's Act,

- *Partial care is defined* as being provided when a person, whether for or without reward, takes care of more than six children on behalf of their parents or care-givers during specific hours of the day or night, or for a temporary period, but excludes the care of a child in a school setting, hostel or hospital or medical facility.
- *An ECD programme is defined* as a programme structured within an early childhood development service to provide learning and support appropriate to the child's developmental age and stage⁴.

Stringent norms and standards for partial care and for ECD programmes are outlined in detail in Annexure B, Parts 1 and 2 of the regulations to the Children's Act (and summarised in **Table 12** opposite). The provider of an early childhood development programme only qualifies for government funding if they comply with the Act, its regulations and norms and standards, and "such other requirements as may be prescribed".

In addition to these norms and standards, partial care registration requires that applicants adhere to structural safety, health and other requirements outlined in the by-laws⁵ of the municipality where the partial care facility is situated. Applications for registration of a partial care facility therefore have to include a report from a municipal Environmental Health Inspector.

The Children's Act includes a set of 11 standard forms (numbers 11 to 21) to be used for the registration and review of partial care and ECD programmes. Forms 11 and 16 are completed by ECD service providers during the application process for centre registration. Each form also lists the supporting documents that are required for registration. As can be seen from **Table 13** opposite, there is some overlap in requirements.

⁴ S. 91 inserted by s. 4 of Act No. 41 of 2007.

⁵ An example of what may appear in relevant municipal by-laws can be found in the Municipal Health By-Laws of the Cape Winelands district Municipality. Chapter 5 of these by-laws is entitled "Child Care Facilities and Institutions". The chapter prescribes structural and other requirements such as adequate ventilation, waterproofing of floors and ceilings, separate sickbays for ill children, minimum square meterage of space per child, toilet-to-child ratios, separate food preparation areas and fencing around outdoor play areas.

Table 12. Norms and standards for registration of ECD centres

Norms and standards for partial care facilities include requirements for:
A safe environment for children within the facility and while travelling to and from the facility.
Proper care for sick children or children who become ill.
Adequate space and ventilation in compliance with building standards.
Access to safe drinking water.
Hygienic and adequate toilet facilities, including one potty for every child under the age of 3 years, and one toilet for every 20 children aged 3-6 years.
Access to refuse disposal.
Hygienic area for food preparation, including cooling facilities and covered containers.
Measures for the separation of children of different age groups.
Action plans for emergency situations.
Norms and standards for ECD programmes include requirements for:
Appropriate developmental opportunities delivered by staff trained in ECD programmes, basic health care and first aid.
Programmes aimed at helping children to realise their full potential and ensuring positive social behaviour.
Minimum staff - child ratios of:
1:6 for children between the ages one month and 18 months, plus an assistant
1:12 for children between the ages 18 months and three years, plus an assistant
1:20 for children between the ages three and four years, plus an assistant
1:30 for children between the ages five and six years, plus an assistant
Respect for and nurturing of the culture, spirit, dignity, individuality, language and development of each child, including assistance with birth registration.
Programmes which meet the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children, including support to caregivers and household visits.

Table 13. Supporting documents to be submitted with each application for registration

Registration as partial care facility (form 11)	Registration of ECD programme (form 16)
Proof of relevant staff qualifications	Staff composition and proof of skills
A report by a social service professional on the viability of the application	Overview of ECD programme
A business plan	
A constitution	Implementation plan for ECD programme
Original copy of approved building plans or plans submitted for approval	
Emergency plan	Clearance certificate that name of applicant does not appear on National Register for Sex Offenders
Clearance certificate that the name of the applicant and all staff members do not appear in the National Register for Sex Offenders	

This dual registration process is not a once-off requirement. In order to retain their funding, ECD centres are required to re-register as a partial care facility every five years, and all early childhood development programmes must be subjected to assessment and monitoring (every two years). This assessment must be followed by a full report and development plan that must be submitted to the Provincial Head of Social Development and the management of the Early Childhood Development Programme.

The research highlighted a lot of confusion on the part of ECD service providers as well as some government officials, particularly in the EC, about registration requirements. This issue is discussed in greater detail on page 44.

Step 2: Application for funding

While procedures for registration are fairly standardised nationally, the processes and forms for fund application differ between provinces. Further, in the case of the Eastern Cape, various respondents gave different information on the list of supporting documents which are required for fund application. Common documents required by the three provinces were:

- Partial Care registration and ECD programme registration (step 1)
- business plan and budget
- details and ID copies of management committee members
- NPO certificate – requiring registration with the NPO Directorate (an entirely separate registration process in itself. Challenges with this are described on page 48 under NPO certificate)
- bank account in the name of the centre, with names and ID numbers of signatories from the community
- daily menu and educational programme

The **Western Cape** was the only one of the three provinces that made use of a standard funding application form.

In order to avoid a situation where new centres have to wait a full year for funding, the WC Department of Social Development has agreed to accept new ECD applications on a quarterly basis. The **Eastern Cape** DSD only accepts new applications for funding once a year (November) for consideration for the following financial year.

In the **Western Cape** and **North West** decisions as to who to fund are taken at provincial level. The **Eastern Cape** decision making process is more complicated. In the EC provincial DSD provides district offices with a 'quota' for how many new ECD centre applications to submit each year. The quota includes information on geographic spread, with an emphasis on drawing applicants from 'poverty pockets' or 'nodal points'. District managers are therefore expected to do their own assessment of applications and make recommendations within the limits of their quota. An EC district official explained how they "get together" with stakeholders from the municipality go through the files "and decide which ones to submit" to the province while trying to maintain a good balance between the three geographic areas that make up Amathole. The final decision on which of these shortlisted projects to fund is then taken at provincial level. Decision-making processes in the Eastern Cape are reportedly slow and even once the decision is taken to fund a new centre, initiation of funding can be further delayed. According to EC officials, applications approved in 2010 were first submitted in 2006 and while approval for funding was finally granted

at the end of 2010, at the time of the interview (April 2011) no funds had yet been transferred to the centres.

District Officials from the EC expressed deep frustration with many aspects of the decision-making process. They explained that the planning process involves community members, and through these consultative processes expectations are raised. "It is very painful" commented one official "when you take fire from people whereas I don't control the funding. They were toying-toying – but Bisho responds late, and Bisho doesn't fund".

Step 3: Registration as supplier

In order to receive funds from the state, service providers must also register as a supplier with the Department of Social Development. The supplier application form for the EC details the supporting documents that are required, copies of which must be certified. Documents include:

- company registration documents
- ID documents of all directors/ members/owners/signatories
- a VAT certificate where applicable
- income Tax Certificate
- any other registration certificate pertaining to the relevant industry
- an original cancelled cheque or an original bank verification letter
- an income tax clearance certificate (when exempted from paying tax)

According to officials in the EC, ECD centres applying for registration as a supplier also need to produce a certi-

"It is very painful" commented one official "when you take fire from people whereas I don't control the funding. They were toying-toying – but Bisho responds late, and Bisho doesn't fund".

fied copy of their NPO certificate and the certificate cannot have been issued more than 12 months previously.

In the **Eastern Cape** and **North West**, this supplier application process runs parallel to the funding application process, in order to “avoid any delays if funding is approved”. All ECD centres wishing to apply for funding must therefore complete this process whether or not their funding application is successful. In the **Western Cape**, ECD centres are only required to apply for a supplier number once funding is approved.

Step 4: Claims process

Once ECD centres have been approved for receipt of the DSD subsidy and have obtained their supplier number, they need to submit monthly claim forms.

In the **Western Cape**, ECD centres submit ‘Schedule A’ at the beginning of each year (as described above), providing information on each child in the centre who qualifies for a subsidy (joint parental income of less than R3000 per month). Service providers are required to collect and file supporting documents (such as birth certificates and proof of income) but they are not expected to submit these to the province unless requested as part of verification processes. The province uses the information on Schedule A to calculate the subsidy amount to be paid to centres per annum and this amount is transferred in equal tranches on a monthly basis. ECD centres are required to submit monthly claim forms (Schedule B) with updates on child enrolment and attendance, even though this information does not appear to be used to calculate the subsidy amount. In contrast, in both the **North West** and **Eastern Cape**, DSD subsidy amounts fluctuate monthly, depending on attendance figures for that month.

In **North West** the ECD centres are required to submit an income and expenditure report for the month, an invoice, a monthly claim form and register of attendance by the 25th of each month. Some practitioners report having to travel 220 km to and from the provincial DSD offices in Mafeking to submit their claim forms and invoices each month.

A similar process happens in the **Eastern Cape** where centres are required to complete claim forms at the district office on the last day of each month. This is at least 1.5 hour drive each way from the case study site. The DSD administrator who processes the claims explained that it was necessary for each centre to send an individual in person “in case there are any queries”. Each centre is provided with a print out of their claim form which contains the name, ID number, gender, race, and birth date of every child registered on the system for that centre. The claimant is required to manually add information on:

- the number of days each child attended for the month
- information on joint parental income for each child
- number of dependents in the family
- information on any grants received by the family

Supporting documents attached to each month’s claim form include a copy of the centre’s attendance register, a breakdown of monthly expenditure, a summary of DSD subsidies received per month for the year to date (with an official stamp and signature from the centre) and a copy of the latest bank statement for the centre. The payment amount is then calculated on the basis of attendance figures.

The process of adding an additional child to the subsidy list requires that ECD practitioners provide:

Most of the ECD practitioners in the sites did not seem to understand exactly how the subsidy was calculated and, certainly in the Eastern Cape and North West, they were not able to predict from month to month how much subsidy would be received.

- proof of income of parents – this can be a payslip, an affidavit, a SASSA printout, or a confirmation letter from the local municipality or a headman
- ID copies of parents
- birth certificate of the child

Most of the ECD practitioners in the sites did not seem to understand exactly how the subsidy was calculated and, certainly in the **Eastern Cape** and **North West**, they were not able to predict from month to month how much subsidy would be received. Practitioners in these two sites complained that calculation of subsidy based on attendance was “not always logical” because costs were incurred by the centre whether or not they had full attendance of learners. Furthermore practitioners said that while the DSD only paid a subsidy in respect of children who qualified in terms of a means test, the centre was not able to charge other, non-qualifying children a different fee rate to those who were subsidised (because of resistance from parents). And the centre could not practically prevent these other children from sharing in the nutrition programme.

The maximum number of children for which a centre can claim is the number for which they are registered (in terms of step 1 previously). Many respondents commented on the fact that

ECD centres generally accommodate more children than they are registered for, particularly in rural areas. Furthermore, several respondents mentioned that once a centre receives DSD funding it is able to improve its services and hence attracts more children. Respondents reported that it is difficult for ECD practitioners or social workers to enforce the registration quotas in areas where the demand for ECD outweighs the number of registered places available. This points to the need for better planning of ECD provisioning at provincial and district levels.

Step 5: Transfer of funds and reporting

Once claim forms are submitted for a particular month, the subsidy transfer takes place retrospectively and funds are deposited directly into the bank account of the ECD centre, ostensibly before the end of the following month.

The **Western Cape** respondents were generally happy with the transfer of funds although several mentioned delays in fund transfer at the beginning of the financial year and one centre reported not receiving their subsidy for six months. There could, however, be more complaints in the future as a provincial official said that the rules had changed and if transfer payment agreements had not been signed within three months, centres would not get further payments.

The **Eastern Cape** respondents also reported occasional delays in the transfer of funds but pointed out that when this happened, ECD centres were back paid for outstanding amounts.

Payment delays were also reported in **North West**, compounded last year by the transition to a new payment system.

An official explained that the transition from the old system to the new one meant that some centres didn't get paid for three months.

An official explained that the transition from the old system to the new one meant that some centres didn't get paid for three months. Another challenge leading to delayed transfers was poor co-ordination between the accounts department and the social workers, who are meant to check the accuracy of the information on the claim forms, approve and sign them off. The North West has started training social workers on financial processes to avoid these problems.

There were mixed reports as to whether or not ECD centres receiving the DSD subsidy were required to submit audited financial statements. Officials recognised that it was difficult for centres to produce audited financial reports on such small budgets, yet several centres mentioned the requirement that they submit audited financials to the DSD every year, which involves great expense.

Factors aiding and inhibiting access to DSD funding

The research identified the following issues as aiding or inhibiting access to DSD funding for ECD centres in the three research sites:

- knowledge of funding
- knowledge of registration requirements and processes
- the registration backlog
- the norms and standards
- rezoning requirements
- environmental health inspectors
- DSD capacity and conditions of work
- clearance certificates
- NPO certificates
- attitudes towards ECD practitioners

Each of these is dealt with briefly in this section.

Knowledge of funding

ECD service providers were asked an open-ended question about what funding sources they know about for

Table 14. Funding sources mentioned by ECD practitioners

Funding source	EC	NW	WC
Department of Social Development	10	16	15
Department of Education	1	10	2
IDT		13	1
Municipality / Local Government	1	1	14
Community chest			2
Other non-governmental institutions	4	7	6
NDA	6		
EPWP	1	3	1
Lottery		3	2
SETA	2	1	
Eskom			2
Department of Health		1	1
University			1

ECD services. As can be seen from the Table 14, the funding source most frequently mentioned across all three sites was the Department of Social Development. This finding is corroborated by Van der Berg et al (2010).

When asked about the source of their information on ECD funding, **Eastern Cape** respondents cited other ECD centres as their primary source. They expressed frustration with the lack of information provided by the DSD on funding that is available.

In contrast, ECD practitioners in the **North West** cited the DSD as the main source of information on funding. However, they raised concerns that social workers were not able to provide information on funding available from outside of the DSD.

Information sources mentioned by practitioners in the **Western Cape** were much more varied and included other centres, DSD officials, ECD Forums, NGOs, municipality and the media. The varied responses from WC respondents is probably related to the fact that these centres were urban-based and hence had access to a greater range of information sources.

In some instances, ECD practitioners in the sites had heard mention of other sources of funding but were not aware of requirements or processes for accessing these funds. In the **North West** for example, several respondents asked for more information on how IDT funding works. They complained that the criteria for eligibility were not well defined and that decision-making processes were not transparent.

Interviews with government officials confirmed that officials themselves were not well informed about the range of funding sources for ECD within different government departments and were therefore not in a position to

share accurate information with ECD service providers. Some DSD officials were not even clear about the funds available within their own department.

Across the sites, the lack of communication infrastructure and technology such as computers, faxes, printers and access to internet and electricity makes it difficult for ECD centres (particularly in the rural and informal areas) to engage with potential funders in the public and private sectors.

Knowledge of registration requirements and processes

ECD practitioners in the research sites were asked if and why they thought it was important to register their ECD centre with the Department of Social Development. The most frequent response to this question was that registration was necessary for accessing government funding. A few practitioners (and these were mostly in the Western Cape) mentioned the fact that registration is a legal requirement.

DSD officials across the three sites were aware of the new Children's Act and knew that it included provisions relevant to ECD but many officials were unclear about actual processes and requirements for ECD registration and funding.

In the **Eastern Cape** for example officials were still making use of old Child Care Act forms for registration (entitled: "Application for registration of places of care" in terms of Child Care Act 74 of 1983). When asked about 'partial care' registration, one official explained that this was not a requirement for ECD registration. This same official described his job as being "to ensure that legislation is implemented adequately and all people are empowered through workshops and information about the children's act and national norms and

standards for implementation in ECD".

The principal of one Eastern Cape ECD centre explained how when she initially phoned social workers to enquire about registration she was told that the DSD did not register ECD centres that received donor funding. Aware of her legal obligation to register her service and conscious of the need for government funding to ensure sustainability, she pursued the matter. For months she was unable to get access to the registration forms and after eventually completing and submitting the forms that she had been given by the DSD she was told that the department had mistakenly given her the wrong forms and she needed to start the registration process from scratch.

Many ECD practitioners in the EC also confused NPO registration with ECD registration. In addition, ECD service providers across the sites were confused about the dual registration process (partial care and ECD programme) and were unclear about requirements for renewal of registration.

In the **North West** and **Western Cape**, officials described activities underway to address information gaps and to raise awareness of registration requirements and processes amongst service providers. In both these provinces training workshops were reportedly held with service providers in collaboration with local government. Officials described using community meetings, public libraries, radio and media slots to share information with the public. In 2010, as part of their registration drive,

Many officials were unclear about actual processes and requirements for ECD registration and funding.

the **Western Cape** also contracted established NGOs to support ECD centres with registration. These support teams included ECD assistants (EPWP trainees) who were assigned specific geographical areas. More efforts like these are clearly needed.

ECD Forums were in existence in each of the case study sites, including representatives from both registered and unregistered ECD centres. While levels of activity varied, these forums do offer a potentially useful avenue for facilitating access to information and funding for ECD services.

Registration backlog

Implementation of the Children's Act began in April 2010 making it illegal for any 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.

In the **Western Cape**, the then MEC for Social Development issued a press statement in February 2011 to the effect that unregistered centres would be forced to close if no application for registration was received from them by the 31st July 2011. Reports from the province indicate that at the time of the research there were an estimated 1 700 unregistered ECD centres in the province with "more coming onto the books every day". Officials explained that ECD centres that were started prior to 1 February 2011 were not required to meet all the criteria for registration immediately and could be granted conditional registration if basic minimum standards were met and there was evidence of progress towards full compliance. However, any ECD centres established since February 2011 would not be allowed to operate at all until fully registered.

In the **Eastern Cape**, according to a

provincial official the DSD registered 37 new ECD centres in the province in 2009/10 and 150 in 2010/11. The department could not provide updated figures on how many centres were currently registered but had started to develop a database. In the three areas that make up Mbashe Local Municipality (Elliotdale, Willowvale and Dutywa) one official reported that she knew of at least 101 unregistered centres as of 2010, some of which had been in operation since the 1990s. Many of the centres currently receiving funding from the DSD are not yet registered with the department. As a result, officials explained that they are unable to register any new centres wanting to apply for funding until they have registered all the centres that are already being funded.

In the **North West**, officials reported approximately 980 registered ECD centres across the province, of which 133 were newly registered in 2010. Despite progress with registration, over 1 600 ECD centres remain to be registered. Within Ratlou Local Municipality where the research was conducted 25 of the 74 ECD centres on the DSD database are unregistered.

A **Western Cape** official explained that because of the backlog in registration, the department could not keep up with renewals. As a result they were anticipating that many ECD programme registrations would lapse. The department had taken the decision not to penalise ECD centres for this and to continue paying their subsidies. It is not clear whether the same leniency will be applied in other provinces.

The norms and standards

Officials who were familiar with the norms and standards for partial care facilities and for ECD programmes felt that these were positive provisions towards which all ECD centres should

aspire but that it was unrealistic to expect most ECD centres to comply with the norms from the outset.

An **Eastern Cape** official expressed her concerns over the fact that ECD centres that do not comply are being threatened with closure. "They [the DSD] are arguing to close ECD centres because they don't meet the requirements of the Act because their infrastructure is lopsided. But people are not responsible for the lopsidedness of resource distribution and they are rendering very important services".

A **North West** official explained that in most cases where centres are refused registration, it is because they cannot meet the **infrastructure and sanitation requirements** of the norms and standards. "If the toilet is not suitable, the whole application will be delayed because we cannot allow a child to be affected".

While threats of closure are made for non-compliant centres, the research found little evidence in any of the sites of centres being closed, even those with facilities that were considered

An Eastern Cape official expressed her concerns over the fact that ECD centres that do not comply are being threatened with closure. "They [the DSD] are arguing to close ECD centres because they don't meet the requirements of the Act because their infrastructure is lopsided. But people are not responsible for the lopsidedness of resource distribution and they are rendering very important services".

hazardous for children. Officials noted that it was almost impossible to follow through on these threats because of community pressure. Instead of closing non-compliant centres, the Department refuses to register them, making it difficult for these centres to access the resources they need in order to bring infrastructure and services on par with norms and standards.

Carter et al (2009) in their study of 21 ECD centres in the **Western Cape** noted similarly the “catch 22” situation that some centres found themselves in, whereby they could not afford to upgrade their centres to meet the health standards required but would have been able to do so if they received the subsidy. There was a suggestion from a service provider in the Western Cape that government “kick-start ECD service provision” to enable newly established centres to register. In this respect municipalities can play an important role (see chapter 9).

Another challenge with the norms and standards is that of the **prescribed staff: child ratios**. Most of the centres involved in this research would be disqualified from registration simply on the basis of these ratios. The majority of unfunded ECD centres in the research sites relied on school fees as their primary source of income and this was insufficient to employ the numbers of staff needed to meet the requirements of the norms. The amount of fees charged amongst **Eastern Cape** ECD centres ranged from R5 to R75 per month per child. In the **North West** site, the fees ranged from R20 to R60 per month per child and in the **Western Cape** the range was R120 to over R600. Despite these relatively small amounts (especially in NW and EC), respondents reported that some caregivers were still reluctant or unable to pay.

While well-intentioned, the norms and standards as currently implemented could be seen to be prejudicing those

centres serving the poorest communities and hence reinforcing inequalities in early childhood care and education. As one respondent from an NGO noted “We find that poor children are always playing catch up because poor services are usually found in poor communities”.

Rezoning

A draft WC ECD policy document notes that “the historical neglect of this sector has resulted in parents and communities taking responsibility for much of the ECD provision and as a result many facilities are in community buildings (53%) or based at home in backyard structures (28%)”.

The findings of this research were similar. Of the 52 ECD centres that made up the research sample for this study, 26 provided their services on community owned land, 7 operated from church buildings, only 4 were occupying premises owned by government (eg. schools or local government land) and 15 operated from private premises - either their own or a space rented from another individual. According to the Department of Social Development, ECD centres operating on land that is zoned as residential need to apply for rezoning as one step in the registration process. There are numerous challenges with this, including time delays and financial costs (an application for rezoning in the Stellenbosch area cost R1 700 plus the expense – up to R5 000 - of advertising the intention to rezone). A representative from the Stellenbosch Local Municipality also explained that many of the ECD centres housed in informal areas did not have approved building plans and that this also held up the rezoning process. At the time of the research the municipality was investigating ways of addressing these problems, in consultation with the Department of Social Development and other stakeholders.

Given the delays with zoning, the WC DSD had agreed to proceed with conditional registration for eligible centres that could at least show evidence of having started the process of rezoning.

Environmental health inspectors

As noted earlier, registration of an ECD centre cannot proceed without an inspection report from the environmental health inspector (EHI).

Interviews with inspectors highlighted inadequate resources and capacity to do this work as a common concern, particularly in the two rural sites. In Mbashe, the inspectors responsible for conducting environmental health assessments did not have a vehicle at their disposal and neither of them possessed a driver’s license. “There are so many jobs [to do]” explained one of the inspectors, “but we sit with our arms folded because we don’t have a car”.

In the **Eastern Cape** site, the EHI was not allowed to conduct a site inspection without a social worker also being present. The social worker responsible for ECD registrations in the area also only has sporadic access to a vehicle and needs to negotiate car access, her schedule and that of the EHI to arrange for site visits to ECD centres. The challenges associated with this were evident during the two weeks of the field research where two planned inspections to a preschool were cancelled.

Distances between ECD sites in rural areas make it extremely difficult for inspectors to keep up with the demand for inspection visits. The inspector from the **North West** site explained: “I travel over 400 km to get to the other side [of the municipality]. This is the distance between north and south of the municipality. And I travel this distance alone. It’s not just for ECD, but I have other responsibilities”.

Even in the more urban and better resourced **Western Cape**, there were reports of delays in getting health inspection reports for ECD registration and re-registration.

The rigour and value of environmental health assessments varied across sites. An EC environmental health inspector informed the researchers that she is not aware of any norms or standards for ECD centres. When asked on what basis she determines the adequacy of services, she responded by saying "I just have this information in my head from school".

In contrast, inspectors in the WC site were very particular about the municipal by-laws that governed their work. One respondent from an NGO expressed frustration at what he called "an obsession with the rigid application of the norms". "It is frustrating that there are service providers offering lovely programmes, but the officials responsible for inspection are ignorant of what makes a good programme. They apply the by-laws and norms and standards rigidly, but not in an intelligent manner. We need to be looking at the quality of the programme, not the quality of the structure". The respondent recommended a slight relaxation of the norms and standards, and suggested that they should be granting conditional registration to services where the programmes are of a good quality, but which fail to meet infrastructural requirements.

DSD capacity and conditions of work

While some social workers involved in the research had access to their own car, computers, faxes, phones and comfortable office space, others were forced to work in appalling conditions. Insufficient and unreliable transport, cramped and crowded offices, intermittent access to fax, computer and email and inadequate storage or filing

In the rural sites in particular, social workers are required to cover vast distances and in many instances demarcation of wards and districts is such that the ECD centres for which they are responsible may not be the ones closest to their office. Not surprisingly, social workers in these areas struggle to be proactive about identifying and assisting unregistered or unfunded ECD centres or even to follow up on requests for assistance.

facilities make it almost impossible for even the most well-intentioned social worker to function effectively. In the rural sites in particular, social workers are required to cover vast distances and in many instances demarcation of wards and districts is such that the ECD centres for which they are responsible may not be the ones closest to their office. Not surprisingly, social workers in these areas struggle to be proactive about identifying and assisting unregistered or unfunded ECD centres or even to follow up on requests for assistance.

In the **North West** and **Western Cape**, the Department of Social Development and the local government had bolstered capacity for ECD support through the appointment of community development workers (NW) and ECD assistants (WC). A social worker from the NW explained how these CDWs "work hand in glove with social workers" and act as "the eyes and ears of the government", but ECD is only one of many responsibilities. In NW, auxiliary social workers have also been employed at all service points across the province. Of the 100 ASW graduates last year, 38 were allocated specifically to assist with ECD.

In the WC, ECD assistants (EPWP posts) perform similar functions, helping to extend the hands of the few available social workers. These assistants' posts were created in 2006 and they now form a vital link between the DSD and ECD centres.

Clearance certificate

As mentioned earlier, one of the supporting documents required for registration of a partial care facility is a clearance certificate confirming that the name of the applicant and the names of all staff members do not appear in the National Register for Sex Offenders.

In terms of this provision, staff and volunteers at ECD centres need to submit their details to be checked against the register. A couple of research respondents commented about delays in obtaining feedback on the register. However, the fact that so few respondents raised this issue suggests that the clearance certificate requirement is not being widely applied. The value of this process at this point is also questionable given a recent report in Business Day (August 2011) that there is only one name on the register at present.

NPO certificate

Unlike the clearance certificate, there were numerous complaints about challenges with obtaining an NPO certificate. As noted earlier, ECD centres must have NPO status in order to apply for the DSD subsidy.

In the **Eastern Cape**, the researchers were told (incorrectly) by respondents at all levels that NPO certification had to be renewed annually. An official explained that centres cannot sub-

mit supplier application forms to the Department without a valid NPO certificate and certificates are only considered 'valid' for a period of one year. This misinformation requires urgent redress as it places a completely unnecessary additional burden on ECD service providers to submit new applications every year, along with certified copies of all supporting documents. This process is also likely to have created an additional burden on the NPO directorate as they receive multiple applications from the same organization for NPO certification when in fact this is a once-off process.

While this particular issue was unique to the EC site, respondents in the other sites also noted NPO certification challenges. They mentioned delays in NPO certification which held up applications for funding and complained about the complete lack of response from the NPO directorate and the directorate's failure to communicate the outcome of applications.

Importantly, delays in obtaining NPO registration impact access to all funding not just the DSD subsidy. ECD service providers are unable to apply for funds from public or private sources until they have received their NPO certificate.

Attitudes towards ECD practitioners

Comments made by respondents during the course of the interviews suggest reluctance on the part of some officials to register and fund ECD centres. Two primary reasons emerged:

The first of these is the belief amongst officials that ECD centres are 'mushrooming overnight' with the implication being that many of these centres were unnecessary.

The dates of establishment of the cen-

tres in our study do suggest an increase in the number of newly established ECD centres over the past five years although three of the centres that started up between 2006 and 2010 were in fact centres that had been in operation earlier and had closed temporarily.

However, in most instances the rural ECD centres in the study were the only ECD services available to communities within walking distance and there were only three reports, from the North West site, of centres 'competing' with one another for children. In the WC site there was a much higher density of ECD centres but even here there were reports of many more young children still not being accommodated within ECD services in the area.

Furthermore, when asked to describe any changes with regards ECD over the past years, ECD practitioners noted an *increase in demand for ECD services*. Practitioners who had experienced increased enrolment cited the following reasons:

- An increase in awareness amongst caregivers of the importance of early childhood development.
- The introduction of a nutrition programme at the centre.
- Improvements in infrastructure or disillusionment with the quality of Grade R in the local school.

Two ECD centres in the EC reported that their enrolment figures had increased because other ECD centres in the surrounding villages had been forced to close for lack of funding. Both of these centres reported having waiting lists of children who could not be accommodated.

The second primary reason for the apparent reluctance on the part of officials to register new ECD centres is the belief that they are being established as money-making ventures.

One of the common threads in interviews with government officials is a degree of suspicion levelled at ECD service providers.

In the **Eastern Cape** there was a strong resistance on the part of officials to register any ECD centre operating on private land because this was perceived as enriching an individual. In response to this, one research participant noted that, "Home-based centres are completely discarded from the system of funding in Mbashe Municipality! The effort and passion projected by these women, some of whom have decided to offer their home space for the development of children in their communities, is completely ignored and devalued!".

The reality on the ground is that most ECD centres generate very little income for the individuals who run them and in some instances may even deplete household income. One woman (from the WC) explained how she used her disability grant to buy food for her ECD centre and another two (in the WC and EC) described how they raised income through a second job to cover the costs of the centre. There were also several examples in the sites of ECD centres closing down because of lack of resources. Most of the ECD practitioners who were interviewed were unable to provide accurate information on income and expenditure in their centres but rough calculations by the researchers, based on reported fees and numbers of children in attendance indicate that most of these centres are barely covering costs. Carter et al's (2009) costing research, based on data collected from 21 ECD centres in the Western Cape, found similarly that the DSD subsidy did not cover even the minimum staff ratios at low salaries. Van der Berg et al (2010), in their study of 318 registered community-based facilities noted that overall, total expenditure per child exceeded total income per child.



6 Department of Education support for ECD in the sites

Funding for community-based ECD from the Department of Education comes primarily through the following:

1. Payment of salaries for Grade R practitioners at ECD centres registered as independent schools or subsidies per child in Grade R at these centres; 2. Training of ECD practitioners; 3. The funding of educational materials.

Support available from DoE

Salaries and subsidies for Grade R in community ECD centres

Van der Berg et al (2010) note that of the 300 registered community-based ECD facilities in their sample that offered Grade R, only 40% received DoE funding. Their study found that while DSD funding for ECD was clearly skewed towards poorer communities, DoE funding for community-based ECD was not.

In the three case study sites in this research, officials and ECD service providers reported a perceived down-scaling of financial support for Grade R in community ECD centres, with an emphasis instead on supporting Grade R within ordinary public schools. Officials quoted White Paper 5 which states that 80% of Grade R funding should be directed at public ordinary schools, with 20% to independent schools.

Of the 52 ECD centres included in the research sample, all offered Pre-Grade R but only 17 offered Grade R, or at least accommodated children of Grade R age (5-6 year old children). These included three of the 14 centres sampled in the Western Cape, five of the 20 in

the North West sample and nine of the 18 ECD centres in the Eastern Cape.

None of the nine sampled ECD centres in the **Eastern Cape** that offered Grade R were receiving a subsidy from the Department of Education for their Grade R learners or their Grade R practitioner's salary. According to a provincial education official, there are only 20 PED funded posts for Grade R in community-based ECD centres in the whole of the province. At district level, PED officials insisted that the department does not fund community-based Grade Rs. As one explained, "all 5 year olds must be in school. The Department said they must be there. Preschools are for under 5 years – and they belong to Social Development".

In the **North West**, the number of PED-subsidised Grade R practitioner's posts at community centres declined from 258 in 2010 (which was up from 223 in 2009) to 229 in 2011. R3 000 per month is paid to practitioners handling 25 or more learners.

Of the five sampled ECD centres in the North West that were offering Grade R at the time of the research, only one reported that they were currently receiving funding from the PED. Two had never received support from the Department and the other two reported that their Grade R subsidy was stopped in 2009 because their Grade R enrolment had dropped below 25 learners. Two other ECD centres in the North West sample reported that they had stopped offering Grade R in 2009 when their funding was stopped.

Information provided by a district education official suggests that the situation in Ratlou is not representative of the district as a whole. According to this official, there are about 53 community-based centres offering Grade R in the district and the Department of Education still provides subsidies to about 60% (33) of these. NW officials reported however that their process of incorporating community-based Grade R into primary schools (started in 2007) was not yet complete and that there would be "an official handover" from DSD in 2014.

Van der Berg et al (2010) note that of the 300 registered community-based ECD facilities in their sample that offered Grade R, only 40% received DoE funding. Their study found that while DSD funding for ECD was clearly skewed towards poorer communities, DoE funding for community-based ECD was not.

Of the three **Western Cape** centres in the sample that offered Grade R, one reported that the department paid their Grade R practitioner's salary. The other two received no PED funding. One of these two reported their intention to register their Grade R programme with the PED in order to try obtain the subsidy. The second centre said they had been unsuccessful in registering with the Department and had since come to an agreement with a local primary school that they run the Grade R service on behalf of the school, as the school does not have sufficient facilities to accommodate the numbers of children. The ECD centre does not however receive any financial support from the department for these services and the centre's lack of resources is a cause of tension between the centre and the school.

WCED officials reported that at the time of the research, the Department of Education was providing funding for 80 community Grade R posts in the province. Within the Cape Winelands Education District, the department supports 24 independent community Grade R centres. Fifteen of these receive the per learner subsidy and the other nine have funded PED posts. However, the WCED has placed a moratorium on all new Grade R posts at community-based ECD centres because of the decision to incorporate Grade R into the formal schooling system. A PED official explained that if any of the teachers at these community Grade R centres leave their posts, the post automatically falls away. Those

The ECD centre does not however receive any financial support from the department for these services and the centre's lack of resources is a cause of tension between the centre and the school.

centres that qualify can then revert to the alternative funding option – the per capita learner subsidy.

The amount of the per capita learner subsidy is based on the number of learners enrolled in Grade R at the centre (using data collected through the 10th day survey) and the quintile ranking of the school. ECD centres are categorised in quintiles in line with the public ordinary schools closest to them (the process does not assess parental income, as DSD does). The subsidy amount ranges from R5 per child per day for Quintile 5 to R17 per child per day for Quintile 1 schools (serving the poorest communities) and is paid in respect of 200 school days per annum. The **Western Cape** PED stipulates that 80% of the subsidy be allocated to salaries and 20% to equipment and running costs. A WCED official explained that this formula translates into a practitioner subsidy of between "about R4 200 and R8 400 per month". In theory, centres must have a minimum of 20 Grade R children to qualify for the subsidy (and a maximum of 35 learners per class) but a WC PED official explained that she has motivated

for the subsidy for rural centres with as few as six children.

In summary, of the 17 centres that offered Grade R across the three case study sites, only six reported having ever received funding for Grade R from the Department of Education and only two of these were still receiving Grade R funding at the time of the research, one in the NW and one in the WC. The remaining four (all in the NW) reported that their DoE funding was stopped in 2009. Despite the termination of funding, two of the centres still offered Grade R. The other two stopped offering their Grade R program after funding was withdrawn.

These findings seem to support the comments made by respondents that less funding than before is being channelled to community Grade Rs. However, an analysis of budget trends between 2007/08 and 2013/14 (presented on page 20) presents a slightly different picture. **Table 15** below shows provincial allocation to Grade R in community centres as a percentage of Grade R in public schools. Provincial allocations to community-based Grade Rs did decline between 2007/08 and 2009 in the EC and the WC but since then have remained pretty constant across the three provinces.

The discussion and table above reflect disparities between Provincial Education Departments in terms of their support for Grade R in community-based ECD centres. The percentages in the table below show very different levels of

Table 15. Provincial education ECD allocations to community-based Grade R as a percentage of allocation to Grade R in public schools (as per 2011 budget books) (000s)

Province	Audited 2007/8	Audited 2008/9	Audited 2009/10	Adjusted 2010/11			
	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
Eastern Cape	11%	6%	1%	1%	1%	1%	3%
North West	0%	1%	0%	6%	8%	8%	8%
Western Cape	42%	25%	28%	24%	32%	32%	31%

relative support to Grade R in community centres across the three provinces, ranging from 1% in EC to 32% in WC in the current financial year. Furthermore, the amount paid to Grade R practitioners is supposed to be R5 000 per month but according to a national DoE official, "most provinces don't pay that". This variability was evident in the sites where practitioners received from R3 000 (NW) to over R8 000 (WC) per month from PED funding. PEDs also differ in their requirements regarding the minimum number of learners necessary in order to qualify for education funding. These inequalities require redress.

Funding of training for ECD practitioners

There was strong evidence from the research that training is reaching many ECD centres across the provinces. When respondents from ECD centres were asked to describe any changes to ECD services in their area over the past five years, the most common response was the increased availability of training for ECD practitioners. At least 36 of the 52 centres reported their staff receiving training in the past year from a range of sources. This included all 14 of the WC centres, half (nine) of the 18 EC centres and 14 of the 20 NW centres.

As noted previously, with the introduction of the social sector EPWP (described on page 28), PEDs became responsible for funding the training of ECD practitioners working with Pre-Grade R children (aged 0-4 years) in ECD centres, including payment of stipends to those on learnerships.

In the **Eastern Cape** a PED official explained that her department recruits new trainees annually. The decision as to how many people to train is calculated on the basis of the available budget and the fees charged by the training service provider. Quotas are allocated to the different districts according to

the size of the district, and district co-ordinators then advertise the opportunities in district offices and through stakeholder meetings.

The estimated cost for the service provider to train a practitioner at NQF level 4 is R14 000 (over 12 months). Service providers are currently selected via a tender process, although the department is investigating the use of FET colleges or universities. In addition to the R14 000 to the service provider per learner, the Department of Education pays a stipend of R650 per month for each learner. Payments are made in two six-monthly tranches of R3900 each. The amount of the stipend has remained constant since the EPWP training commenced (2006/07). The stipend is intended to cover transport and accommodation costs for the trainee but it is paid into the account of the ECD centre. This is reportedly problematic for two reasons. Firstly, most of the centres receive no regular subsidy from DSD or DoE and therefore many do not have bank accounts. Secondly, for those centres that do have accounts there were reports from several respondents that community signatories were reluctant to release the money to practitioners, wanting to keep it instead for the centre.

In order for their staff to qualify for the training, ECD centres in the **Eastern Cape** also have to be part of the ECD forums. DoE officials provided conflicting information as to whether centres had to

be registered with DSD in order to qualify for training. It is possible that this is an 'official' requirement but one which is overlooked because, as one official noted "they are battling with registration".

In 2008 there were 1 000 ECD trainees in the **Eastern Cape** at NQF level 1, of whom 952 graduated. In 2009 there were 750 at level 4 of whom 720 graduated. At the time of the interview, there were 700 trainees.

In the **North West**, the numbers trained or to be trained at NQF level 4 and 5 over the period 2009/10 and 2011/12 are as follows:

- 2009/10 – 312 Practitioners on NQF Level 4; 230 Practitioners on NQF Level 5
- 2010/11 – 700 Practitioners on NQF Level 4; 320 practitioners on NQF level 5
- 2011/12 – 388 Practitioners on NQF Level 4; 260 practitioners on NQF level 5.

FET (Further Education and Training) colleges in the **North West** serve as service providers for the training in the province and are also responsible for administration of the stipend. The stipend currently stands at R1 200 per month (the same as the **Western Cape**), having increased from an initial R650 to R1 000 in recent years, and to the current level in response to the ministerial determination. The stipend is paid per attendance as the

Once again, information from the three provinces highlights provincial inequities in terms of training reach and learner stipends. The Western Cape and North West provide learners with a stipend almost double that of the Eastern Cape (R1 200 vs R650). This is particularly problematic given that the stipend is intended to cover travel and accommodation costs and rural trainees are more likely to have to travel greater distances to training venues and remain overnight than their urban counterparts.

perceived purpose is to cover transport to the training venue, meals during the training period and stationery.

In the **Western Cape**, NPOs and FET colleges trained two batches of 1 500 and 900 learners respectively in the first year of the EPWP (2006/07). As from 2007/08, the Department has used six FET colleges as training providers, four of which partner with NGOs for this purpose.

At the time of the interview there were 4 440 level 4 and 5 learners being trained in the Western Cape. For 2011/12 the WCED has also received R8 million from National Treasury as an incentive grant (these are additional funds provided on a quarterly basis to government entities that have created at least 35% of their target number of EPWP jobs). The province plans to use some of this money to train ECD assistants rather than fully-fledged practitioners. An intake of unemployed Grade 9 dropouts in respect of the incentive grant was planned for May 2011.

Once again, information from the three provinces highlights provincial inequities in terms of training reach and learner stipends. The **Western Cape** and **North West** provide learners with a stipend almost double that of the **Eastern Cape** (R1 200 vs R650). This is particularly problematic given that the stipend is intended to cover travel and accommodation costs and rural trainees are more likely to have to travel greater distances to training venues and remain overnight than their urban counterparts. Even where training is provided at district level (as reported for the Eastern Cape), distances are substantial. The second disparity is in the number of learners reached. In the **North West** and **Eastern Cape**, only 648 and 700 learners respectively are currently registered for NQF level 4 and 5, versus 4 440 learners in the **Western Cape**.

In the **Eastern Cape** site, there were complaints from ECD practitioners about training being indefinitely postponed. The first reason that had been given by DoE for the delay was the unavailability of a suitable training service provider, mirroring the information from an interview with an official that said that the current tender had ended. After the second postponement however, practitioners were informed that budget constraints within the department meant that enrollment of learners would only resume in the new financial year.

Other support provided by DoE to community-based ECD

There were reports from respondents in all three provinces of Provincial Education Departments providing some support in the form of equipment or educational materials to Grade R classes located in ECD centres although respondents noted that this kind of support from Education had reduced in recent years with the move to locate Grade Rs in public ordinary schools. An official from the **North West** commented that while he would like to provide community-based centres with more materials, "this is seen as a conflict of interest since we are busy moving Grade Rs into the public primary schools".

A **Western Cape** official explained that if community Grade Rs aligned themselves with public ordinary schools (something she called the 'satellite model') they would get the additional benefits currently provided to school-based Grade Rs. This model would require the centre fall under the administrative and financial management of the school. She said however her attempts to promote this amongst community Grade Rs had not succeeded because of what she perceived as reluctance on the part of ECD centres "to relinquish their autonomy".

Accessing DOE funding

Prescribed requirements and procedures

In order to qualify for DoE funding for Grade R, ECD centres offering Grade R must first be **registered with the Department of Education**. A Western Cape official explained that prior to 2009 community-based ECD centres were being funded by the Department of Education without this requirement. This changed in 2009 when national norms and standards for Grade R funding required PEDs to ensure that all community-based sites funded by the state are registered with the department. These norms only make provision for two categories of registration - public and independent schools. Community-based sites must register as an independent school to qualify for funding.

As with DSD, registration with DoE presents a barrier to accessing funding. There were no efforts in place in the sites to promote the registration of community-based Grade R services because of the bias towards promoting Grade R in public schools. Respondents provided contradictory information on registration requirements and processes and in some instances officials made it clear that they actively discouraged registration of these centres.

According to the national norms and standards for Grade R funding, community-based sites may apply for registration as independent schools and PEDs are required to amend their criteria for the registration of independent schools in order to make this possible. An example of the amended registration criteria was available from the WCED. In summary⁶:

- No independent Grade R class can be registered if it is within a radius of

⁶ Regulation 2 of the Regulations promulgated in terms of the Western Cape Provincial School Education Act, 1997 (Act 12 of 1997); a WCED circular entitled "Guidelines for Registration of independent schools to cater for registration of community-based sites as independent schools", the Guidelines for ECD (2006) and in "The early childhood development procedural draft discussion document"

5km of another existing registered Grade R class. However “This condition may be waived, based on the availability of accommodation and the need for provision”.

- ECD centres must have proof of registration with DSD and DOH (this presumably refers to the environmental health inspection).
- Centres must have appropriate premises and equipment. Buildings must meet prescribed requirements set out in the Guidelines for ECD services (2006).
- The principal must be a professional qualified educator and the Grade R practitioners should have at least an ECD NQF level 4 Core Unit Standard.
- The Grade R curriculum should be approved by the WCED.
- The centre should have appropriate administrative systems and procedures and a bank account in the name of the centre.

Centres that qualify are required to complete a standard application form “for registration of a community based site as an independent school”⁷. Supporting documents that need to be submitted with the application include:

- a copy of the centre’s constitution, admission policy, curriculum
- lease contract or proof of ownership of buildings
- proof of educator’s qualifications
- health certificate or report from local government
- proof of registration with DSD
- examined financial statements
- governance information

The application is received by the education circuit manager in the area. A district official then conducts a site inspection and forwards a recommendation to the Chief Education Specialist for

A North West education official explained “the purpose of the grant is to benefit the practitioner – it is meant as an incentive for the practitioner. We have meetings with the practitioners – to say that the centre should be giving you this and this and this” but “the use of the money is between the centre and the practitioner and we don’t get involved”.

the district. If approved, the application needs to be signed by the District Director. From there, the application goes to the province where an EMIS number is issued to the centre and information is loaded on all children in Grade R.

As mentioned however, registration as an independent school does not necessarily qualify the ECD centre for DoE funding. Only registered centres that satisfy the conditions of eligibility may apply for DoE funding. These are outlined in paragraph 176 of the National Norms and Standards for School Funding, which states that an independent school may be considered for subsidy if it:

- has been operational for one full school year.
- is a registered non-profit organization in terms of the NPO Act No. 71 of 1997.
- is managed successfully according to a management checklist determined by the PED.
- agrees to unannounced inspection visits by officials of the PED or person duly authorised by the PED.
- has not been established in direct competition with a nearby uncrowded public school.

Officials in the sites added that funding is only made available for Grade R learners turning five by June or six by December of the year of enrolment and centres must have a minimum number of children within this age group in order to receive DoE funding.

Claims and transfers

Payment of the stipend for funded Grade R practitioners at community ECD centres is made either directly to the practitioner via the PERSAL system or into the account of the centre. In the latter case, respondents reported challenges with account signatories (usually community members on the ‘governing body’). A North West education official explained that “the purpose of the grant is to benefit the practitioner – it is meant as an incentive for the practitioner. We have meetings with the practitioners – to say that the centre should be giving you this and this and this” but “the use of the money is between the centre and the practitioner and we don’t get involved”.

In the case of the per capita learner subsidies paid to some community-based ECD centres in the **Western Cape**, officials reported that funds were transferred twice a year, the same as for public ordinary schools. The first tranche is paid in May (to cover costs in terms two and three) and the second in November (to cover costs of terms four and one). At the end of each quarter, centres have to submit ‘claim forms’, income and expenditure reports and a copy of the attendance register to the WCED. ECD centres are also required to submit an audited financial statement by May of each year but an official informed us that centres seldom do this and the requirement is not enforced.

Subsidised centres falling within the no-fee quintiles (quintiles 1-3) are not

⁷ WCED 00152009

permitted to charge compulsory fees for their Grade R learners and are therefore entirely reliant on the WCED transfer being made on time. None of the WC centres in the sample were receiving the learner subsidy and they were therefore unable to comment on the reliability of the transfer. Carter et al (2009) however collected data from 21 ECD centres in the **Western Cape** and reported that those subsidised by WCED complained about irregular and late payments.

A similar process to the **Western Cape** is followed with transfers in the **North West** and officials were open about their challenges. The province requires centres to submit claim forms either monthly or quarterly (depending on the district), but staff shortages at district and provincial level and budget shortfalls sometimes lead to payment delays. A district official commented that "Centres may not get their money. They will give us a call if they didn't get their money; we will make follow-ups to check, maybe there was a mistake".

Challenges associated with DoE funding

As with the DSD processes, the **lack of accessible information** on the funds available from PEDs for community-based Grade Rs and the mechanisms and requirements for accessing these funds constitute a barrier to fund access. This poor information dissemination is partly a symptom of the **reluctance of education officials** to register new community Grade Rs. An official from the NW commented that "the process of incorporating Grade Rs into public primary schools is still unfolding, and this impacts on ...how much effort we put into raising awareness". The department's emphasis is clearly focused on getting schools to establish Grade R classes. A Western Cape of-

Several factors may make it necessary or preferable for parents to send their 5-6 year old children to a community Grade R as opposed to a school-based class. These factors may include travel distance, quality of education and the fact that ECD centres offer after-care facilities as part of their programmes whereas schools frequently do not.

ficial confirmed this by saying that her performance target is set in relation to registration of new Grade R classes at primary schools. She said she met her target last year by registering 30 new classes. Over the same period, she had not registered any community-based Grade Rs. She made it clear that "we are not expanding independent schools so we would rather they register with Social Development".

This is cause for concern given that several factors may make it necessary or preferable for parents to send their 5-6 year old children to a community Grade R as opposed to a school-based class. These factors may include travel distance, quality of education and the fact that ECD centres offer after-care facilities as part of their programmes whereas schools frequently do not. The DSD clearly sees children aged 5 years and older as falling outside of their ECD responsibilities. The failure of the DoE to register community-based Grade R classes means that these children are left unsupported and the services unmonitored. It further places a burden on ECD centres to accommodate, and facilitate the care and development of these children without any support from the State.

The requirement that centres have a **minimum number of Grade R learners** to qualify for any DoE funding is also problematic. While some DoE officials pointed out that this number can be reduced in rural areas, this leniency was not being consistently ap-

plied. ECD practitioners reported that their greatest costs were associated with Grade R provision and yet they received no funding in respect of these children. Any income that centres receive from DSD for children aged 0-4 years inevitably gets used to cover the costs of providing education and nutrition to all the children at the centre, including the older children. One North West ECD centre had 18 Grade Rs but was not able to receive DoE funding for their Grade R practitioner because of the requirement that the minimum number of learners be 25 per class. These children could not be denied access to the feeding programme and therefore drained centre resources.

Internal inefficiencies within PEDs also emerged as an issue impacting the ability of the department to handle applications and process claims. As an example, district education officials in the **Eastern Cape** complained that they had been without a computer, fax or printer for the past 15 months due to technical challenges. Respondents from the **Eastern Cape** who had attempted to register their Grade R services with the PED described "being sent from pillar to post" naming lists of persons within the Department whom they had contacted for assistance. They reported frustration at unanswered phones, messages that were never responded to and circular referrals.

Another concern raised by respondents is the fact that while children in school-based Grade R benefit from the

primary school nutrition programme, community-based Grade Rs do not. Further, ECD centres are expressly **prohibited from using the DoE per learner subsidy for feeding**. Practitioners in the **North West** reported that some caregivers did not send their children to ECD centres because they were not in a position to provide the children with a packed lunch. This point was made to emphasise the importance of providing nutrition as part of the daily programme within centres. As it currently stands, if DoE funds Grade R children and DSD funds 0-4 year olds in the same facility, the 0-4's would qualify for a state-funded meal via DSD but the Grade R's would not qualify for a DoE funded meal. Van der Berg et al (2010) reports that 25% of the 178 registered community-based ECD centres in their sample which offered both Pre-Grade R and Grade R services received funding from both departments and would therefore have found themselves in this predicament.

Poor alignment between the DoE and DSD subsidies were also evident in the fact that children turning five at DSD funded ECD centres are no longer eligible for the DSD subsidy and only become eligible for the DoE subsidy in the year they turn six. Several ECD practitioners complained about this, saying that children aged five years who were not yet ready to enter Grade R fell through a funding gap and were not accommodated within funding provisions of either department. An Eastern Cape DSD official confirmed that "if children turn five, we stop the funding". A respondent in the North West noted that children aged four turning five were going to Grade R in public schools because of this funding gap. There were also reports in the **Eastern Cape** from ECD practitioners of children being removed from the DSD "funding register" the month following their fourth birthday, but this could not be verified.

In the **Western Cape**, a DSD official explained that if older children (5 - 6 years) are enrolled in a DSD funded ECD centre and they do not receive funding from DoE, the DSD may currently include them in the subsidy register. However, this is shifting and her department "wanted to move full responsibility for Grade R funding from DSD to DoE". Officials from both departments noted that there had been instances where both DSD and DoE were providing a subsidy in respect of the same children within an ECD centre but that this issue had largely been addressed.

The research also highlights several challenges with the current approach to **DoE funding for the training of practitioners**.

An education official explained that a fundamental flaw with the emphasis on training ECD practitioners for the 0-4 age cohort is that they cannot then access paid jobs with these skills. For the duration of the training the learners receive a monthly stipend but once training ends, the stipend stops and ECD centres can often not afford to remunerate practitioners at the same level. The research identified several repercussions. Firstly, availability of a stipend while training creates an incentive for practitioners to keep training. One official noted that "people move around where the stipends are, even moving from level 4 back to level 1". The other alternative for practitioners who attain NQF level 4 is to move out of the 0-4 age group and apply for teaching positions for Grade R in public schools where salaries are funded by the Department of Education. The interviews for this research confirmed the phenomenon of trainees going on to teach Grade R rather than "practising" their skills with 0-4 year olds. "They [ECD practitioners] become professionals and then they move to Grade R" noted one official.

At least two PED officials spoke about this 'train and drain' phenomenon as a mechanism for ensuring a steady supply of qualified practitioners to sustain the expansion of Grade R in public ordinary schools.

DSD officials were less enthusiastic about this. One official expressed her dismay at the inequity between DSD and DoE in remuneration for practitioners. "ECD teachers are exploited because they are not paid". She added that, "they must be given a stipend. They are expected to deliver a service ... But how can you ... if you are not recognised and costs are not covered? Government should match resources for Grade R and preschools". Respondents commented that the current system meant that the quality of ECD services for the youngest children was compromised as the better trained practitioners are lured into teaching posts for older children.

In the **Eastern Cape** site, the payment of stipends to practitioners while training had also resulted in the closure of several ECD centres. One respondent explained that 20 new ECD practitioners from her area had recently completed NQF level 4 training. When the training was completed and the stipend stopped, "the community could not or would not pay the teachers the equivalent stipend ... and so a few preschools closed down. Parents complained that they hadn't had to pay fees last year when the teachers were in training and now they won't pay".



7 Expanded Public Works Programme in the sites

As explained earlier, funding is available for ECD services via the EPWP programme. A large proportion of this funding is allocated to training of ECD practitioners (this is discussed on page 37 under Training and capacity building, and so is not dealt with here). One cannot however assume that all money allocated to ECD activities via EPWP is “new” as some of these activities may originally have been funded from elsewhere but have simply been re-labelled as EPWP “opportunities” for reasons explained on page 29.

The **Western Cape** currently reports to EPWP on numbers employed and money allocated for two ECD-related initiatives. Firstly, the earmarked money is used to fund grassroots to employ 200 ECD assistants located at the various DSD offices. The assistants receive a monthly stipend of R1 200 plus additional amounts of R150 for transport and R50 for telephone access. Almost all the ECD practitioners who were interviewed in the Western Cape site mentioned the assistant assigned to their area by name and commented on the important role that they play in helping them to register. The second EPWP initiative reported by Western Cape is the stipend provided to fieldworkers in the Foundation for Community Work’s Family in Focus Programme. The programme employs 254 community workers who visit farms and homes and spend time with family members and caregivers in order to transfer knowledge and skills on child development. In support of the home-visiting programme, they have a mobile van which goes into communities regularly, equipped with tool-kits and toys which caregivers and children can use.

EPWP funding is also available via the Community Works Programme. As ex-

plained on page 28 the Community Works Programme is a component of EPWP II and pays a stipend to community members for work on projects that address identified community needs. A presentation from a CWP Innovation workshop held in June 2011 records a range of ECD-related interventions supported via the CW programme, including:

- provision of food to ECD centres
- developing and maintaining food gardens for ECD centres
- landscaping of gardens and playgrounds
- building repairs and maintenance
- construction of toilets and playground equipment
- purchasing of equipment
- provision of cooks, administration workers, cleaners and ECD assistants

A CWP manual (2011)⁸ entitled “teacher aid equipment for crèches, foundation schools and early childhood development” describes in more detail the range of possible support available to ECD centres via the programme.

There was evidence of CWP support to ECD in the **Eastern Cape** research site and at least one of the ECD centres in the EC sample benefited directly from the programme, with several others benefitting indirectly. The director of the first centre explained that CWP funds are used to subsidise their ECD teachers’ salaries (permissible as long as the employee earns less than R3 500 per month) to pay a gardener and security guard, to cover maintenance costs, and to provide training. Learners who attend the training are paid a stipend via CWP and the centre has been

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⁸ Appears to have been developed by the Department of Co-operative Government and Traditional Leadership although this was not clear from the copied document which the researchers received.

able to extend the offer of training to teachers from three other ECD centres and to several community members who were interested in becoming ECD practitioners. The interviewee commented that apart from the funding available via the CWP there were additional ad hoc benefits to being part of the programme. As an example she said they had recently been offered excellent educational kits and they were able to obtain enough kits to supply several other ECD centres in neighbouring villages.

The reason that this ECD centre is able to access these resources is that they are part of a larger NGO that has been contracted to assist with the management and implementation of the Community Work Programme in the area. Taking on responsibility for implementation requires substantial institutional capacity which would be beyond the scope of most ECD centres. The interviewee noted that the programme is “very complicated” requiring high level administrative expertise. This is compounded by the fact that it is not

easy to access information on processes and there is no orientation process for newcomers. There are numerous forms which need to be completed and submitted monthly necessitating access to email, fax machine and scanner. Implementing organisations also require a reasonable cash flow to accommodate the time lapse between cash outlay and reimbursement.

Aside from these practical hurdles, the respondent noted that their contract as a sub-implementing agency is short term (between two and six months at a time) and renewable with no guarantees. As such they have concerns that their CWP funding could create dependency within the community without any long term security - “this is especially problematic for ECD because it’s not like fixing holes in a road”. Motala (2011)⁹ notes further that inclusion of ECD in the CWP might encourage the idea that ECD employment should be low-waged and could also undermine the quality of ECD services if provided by untrained CWP workers.

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⁸ CWP Innovation workshop





8 National Development Agency support for ECD in the sites

The National Development Agency is another potential source of government funding for ECD, although the researchers were unable to obtain much information on this funding source.

The Funding Practice Alliance (2010) notes that the National Development Agency sources applications for funding in two ways. The first takes the form of a competitive request for proposals in the media and is targeted at well-established organisations. The second, “programme formulation” method, involves NDA’s provincial offices identifying CBOs and NGOs working in poverty-stricken areas and asking them to develop proposals for economic development or food security.

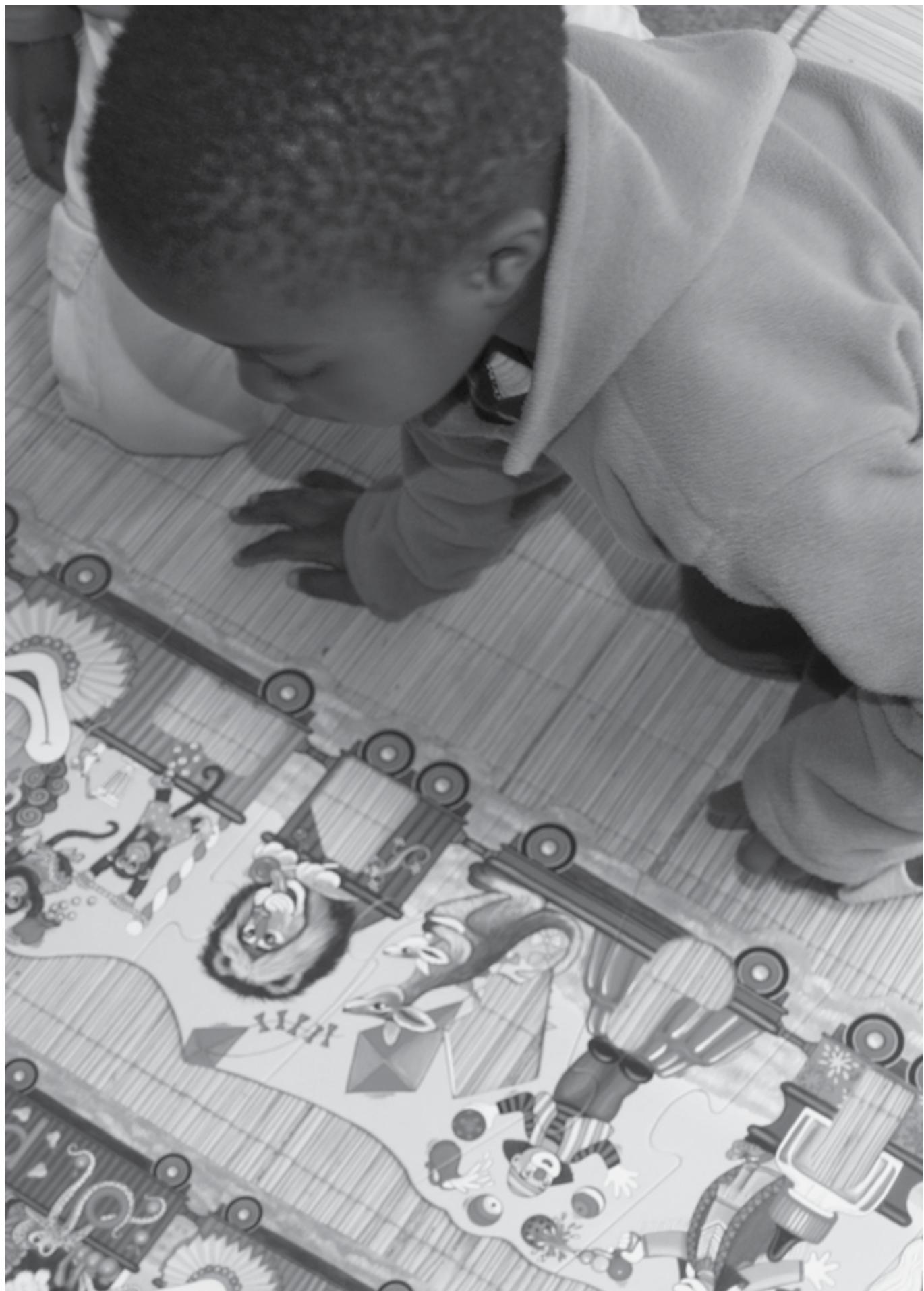
Five of the ECD centres in the EC site reported having received funding from the NDA for infrastructure in the period between 2002 and 2007. Three of the centres were able to provide details on amounts of funding approved, namely R100 000, R165 000 and R180 000 respectively. All five respondents reported that the NDA had approached them, although they were not clear on how the NDA had identified or selected them.

Another two interviewees from the EC reported having been approached by the NDA more recently (2011) and asked to submit applications for funding with specific requests that these proposals include budget for ECD activities. They reported that the timeframes for submission were very tight and that while they were told that the proposal should be based on “the needs of the community”, NDA officials were quite prescriptive about what should be included. Both inter-

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viewees noted that the NDA had told them to request amounts of between R1.5 and R2 million each over a 24 month period. In late August 2011 one of the applicants reported that she had not yet heard back from the NDA. The other informed the researchers that the NDA had approved a grant of R961 130 in response to her proposal, to be used for set up and improvement of ECD centres in the area.

None of the respondents in the North West or Western Cape reported receiving funding from the NDA.



9 Local Government support for ECD in the sites

One of the objectives of the study was to determine the extent to which local government (district and local municipalities) support ECD services in their areas.

Section 153 of the Constitution of South Africa states that a municipality must structure and manage its administration, budgeting and planning processes to give priority to the basic needs of the community and to promote the social and economic development of the area. Schedule 4 of the Constitution outlines functional areas of concurrent national and provincial legislative competence. Part B of this Schedule presents a list of local government matters, which includes mention of “child care facilities”.

The Children’s Act provides more detail on municipal responsibility:

- The Act allows for the delegation of certain functions with regards to ECD to municipalities if the Provincial Head of Social Development is satisfied that the municipality has the necessary capacity to perform these tasks. These include the performance of some or all of the partial care and ECD registration, appeal and inspection functions.
- As mentioned earlier, the Children’s Act (Section 78) stipulates that funding and registration of a partial care facility is also dependent on compliance with “the structural safety, health and other requirements of the municipality of the area where the partial care facility is

situated”. Applications for registration of a partial care facility therefore have to include a report from a Municipal Environmental Health Inspector which assesses the extent to which the facility complies with municipal by-laws relevant to child care. The role of municipal inspectors in the registration process is not described in any detail here as it is covered on page 47.

- Municipalities also have a role to play in facilitating the identification and provision of suitable premises for partial care facilities (Section 87 of the Children’s Act).

In addition to the provisions of the Children’s Act, municipalities may make provision for ECD within their Integrated Development Plans (IDP). According to the Municipal Systems Act (No 32 of 2000) each municipal council must adopt a single, inclusive and strategic IDP for the development of the municipality. IDPs form the policy framework and general basis on which annual municipal budgets must be determined. The IDP needs to be developed in consultation with local communities and must be based on the needs of the municipality^{10&11}. While ECD is only one of many community needs competing for space within IDPs, the National Integrated Plan for ECD (2005-2010) does stipulate that provision for ECD be included in local municipality IDPs.

The following section describes briefly the support provided by municipalities for ECD activities within the three research sites.

Mbashe Local Municipality

There was no evidence in the **Eastern Cape** case study site of local or district municipality funding for ECD.

The researchers were unable to access recent IDPs for Amathole or Mbashe but were able to obtain copies of the Service Delivery Budget and Implementation Plans (SDBIP) which are intended to give effect to the IDPs. There is no mention of ECD in the Mbashe Municipality’s SDBIP (2010/11) or in the Amathole District Municipality’s plan (2011/12). The latter does include an objective to ensure that

An official explained that the municipality was being investigated for corruption and mismanagement, key staff had been suspended and no funding was forthcoming from province.

¹⁰ Municipal Finance Management Act, No. 56 of 2003 and The Municipal Structures Act, No 117 of 1998

¹¹ Municipal Systems Act, No 32 of 2000

all programmes are aligned to EPWP however no specific mention is made of ECD within this. The Community Outreach priority area in the plan mentions the development of "frameworks and implementation plans for children", but once again there is no indication as to whether this includes ECD.

In terms of structure, the Mbashe municipality has a Special Programmes Manager responsible for "programmes pertaining to children, young people, people with disabilities and the seniors" but the portfolio has very limited resources at its disposal and at the time of the research had been unable to provide any support for ECD activities in the area. An official explained that the municipality was being investigated for corruption and mismanagement, key staff had been suspended and no funding was forthcoming from province.

Several respondents (including a municipal official, a social worker and ECD service providers) mentioned the responsibility of the municipality to assist ECD centres with infrastructure but noted that this had not happened. One ECD practitioner explained that when her centre was destroyed by lightning, "people from the municipality" visited the remains of the centre and requested that the community raise funds to rebuild as "the monies from the Province have not been approved". Only one of the 18 ECD centres in the **Eastern Cape** sample mentioned receiving support from the municipality - in the form of a donation of tables and chairs.

The only other mention of municipal involvement in ECD was the inclusion of ward councilors in the decision-making process for the selection of ECD centres for DSD funding. Comments made by research participants suggest that the selection of centres for funding is often politically motivated.

Several respondents (including a municipal official, a social worker and ECD service providers) mentioned the responsibility of the municipality to assist ECD centres with infrastructure but noted that this had not happened. One ECD practitioner explained that when her centre was destroyed by lightning, "people from the municipality" visited the remains of the centre and requested that the community raise funds to rebuild as "the monies from the Province have not been approved".

Ratlou Local Municipality

In Ratlou, the municipality provided no financial support for ECD activities but reportedly assisted with negotiations to secure land for ECD from traditional authorities, and with the provision of infrastructure.

The Ngaka Modidri Molema District IDP for 2011/2012 makes no mention of ECD services but the IDP for Ratlou does, including an indicator for the number of "early learning centres established". A Ratlou local government representative responsible for community services explained that the IDP is "the starting point for ECD". Through consultation with communities, the municipality identifies which villages require ECD centres and these activities are then included in the IDP budget. He noted further that this planning is done in consultation with sector partners – mainly Social Development and local tribal authorities.

The municipality receives a conditional grant from the province for infrastructure development generally and some of this money can be and is used for ECD. The municipality does not provide funding to ECD centres directly but plays a role in facilitating the technical aspects, such as assisting a centre to buy building materials and arranging for contractors to build

on behalf of centres. The local government official also noted "We may use our discretionary fund for equipment for example, but only if it is agreed that those funds will be allocated to centres – but this is very rare".

According to one local government official, the mayor's office also has a special projects' budget which can be used for ECD. She emphasised the critical role of the ward councillor in advocating on behalf of centres for the allocation of this budget: "People can write in, if the councillor really stresses the need they can do something about it." It seemed though, that support from the mayor's office did not happen frequently.

None of the ECD practitioners from the **North West** who participated in this research reported having received any support from the municipality, and respondents expressly complained about the lack of support. One noted that she had repeatedly approached the municipality for piped water at the centre but "the centre's plea falls on deaf ears". Another said she had contacted the municipality to assist with a "crumbling ceiling" at her centre and they had promised to assist her but "nothing came out of the promise". A third respondent mentioned that representatives from the municipality had raised concerns in the past about the conditions at her centre but that they had not provided any material assistance in addressing the challenges.

Stellenbosch Local Municipality

The Stellenbosch IDP 2007-2011 describes the role of the local municipality with regards to ECD as:

- assisting with registration of emerging ECDs as NPOs
- facilitating ECD capacity-building workshops
- supporting ECD forums
- assisting with grant-in-aid applications
- training of ECD practitioners at Boland College
- providing emergency building funds

The Cape Winelands District Municipality also includes provision for ECD in their planning. Officials provided the researchers with a copy of a detailed annual implementation plan which referred to several ECD activities and targets – both centre and non-centre based – for the 2011/12 financial year.

Within the Cape Winelands District Municipality, responsibility for ECD falls within the Rural and Social Development Department which was established in January 2009. The department is responsible for a range of health and social issues, including ECD services. ECD activities are managed by an ECD programme co-ordinator (who also oversees several other programmes) with assistance from full-time community field officers. In addition, four of the five local municipalities within the district have their own ECD point person.

Eleven of the 14 ECD centres in the **Western Cape** sample reported receiving some form of support from the municipality. This support took several forms.

Training: The Cape Winelands District Municipality assists in the training of ECD practitioners. They described their role as facilitatory – they provide the transport and venue and bring together psychologists, health inspectors, occupational therapists, nursing sisters, social workers etc. to do the training. Training was underway in Stellenbosch at the time of the research and the researchers were able to meet with trainees and review some of the course material. The training focused predominantly on child development and stimulation but did include one session on ECD registration and fund access. ECD service providers who attend the training are also provided with toolkits which include educational toys and materials. In the last financial year the municipality distributed toolkits to 50 centres. This year they are targeting 200 teachers (100 centres). The district has also been involved in the training of farm health workers whose role it is to monitor and help improve the conditions at farm-based ECD centres in the area.

Officials acknowledge that the training that is provided focuses mainly on ECD centres. The only non-centre based activity that was mentioned was a series of pilot workshops which were facilitated in 2010, in partnership with DSD. This involved workshops with parents on the importance of early childhood stimulation in the home. The district municipality provided the training materials and DSD facilitated the training.

Assistance with registration: Community field officers employed by the municipality identify unregistered facilities and support them to meet DSD registration criteria, in particular to obtain their NPO certificates. Employees of DSD and the municipality respectively reported working closely in this regard.

Funding: ECD service providers in Cape Winelands can apply for a grant (community support grant or grant-in-aid of between R10 000 and R30 000) from the municipality. ECD centres that apply for this funding need not be registered with DSD (in fact an official explained that they specifically target unregistered facilities that are not receiving support from DSD). However, requirements for funding do include NPO registration, bank account in the name of the centre, business plan, constitution and existence of a management board. The grant is advertised once a year (usually in October) and applications are forwarded to the mayoral committee for selection. The support is aimed mostly at rural centres located in poverty pockets and preference is given to facilities accommodating children with disability.

Several government respondents complained about the selection process, commenting that it was not transparent and that decisions as to who to fund were politically motivated and not based on actual need within communities. Records also show delays in the transfer of funds, with some approved funding only being transferred several months later.

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In the 2011/2012 financial year, the Cape Winelands District Municipality had budgeted R1, 1 million for ECD training and toolkits, and R2,2 m for community grants for all service types, including ECD.

Assistance with land and infrastructure: Several respondents commented that access to land and the provision of adequate infrastructure were the biggest challenges facing ECD service providers in the area. There was a general perception that the municipality had a role to play in addressing this but respondents gave mixed reports about the extent to which the municipality was taking up this role.

An official from the Stellenbosch local municipality explained that there was conflict over the available land. He said he had approached the housing department to identify land that could be used for ECD services but added that "this would require crèches to work together and share space" which, he said, they were reluctant to do. He pointed out that this issue needed to be addressed via the ECD forums to ensure joint planning and advocacy.

At the time of the research the local council was also in discussion regarding fee waivers for rezoning requirements for the registration of ECD centres and negotiating reductions of other related tariffs (discussed on page 47 under Recovery).

Collaborative forums: Respondents in the Western Cape cited the role of the local municipality in initiating and supporting local ECD forums. Officials from the Department of Health and DSD described their relationship with the district and local municipality as collaborative. There was evidence of this collaboration in the site, with multi-stakeholder meetings being held to address the backlog in registrations in the Stellenbosch area.

picture. Their study found very little evidence of financial support from municipalities for ECD services

As part of this current study, the researchers actively sought out municipalities where there was some evidence of support for ECD, in order to provide other examples of local government involvement in ECD services beyond the three case study sites. The table below summarises the kinds of support that were identified. As can be seen from the table, some municipalities are providing funding for ECD but these amounts tend to be small (between R10 000-R30 000) and once-off. Other kinds of support commonly provided include:

- training and the provision of land
- rent-free space
- assistance with infrastructure

Other municipalities

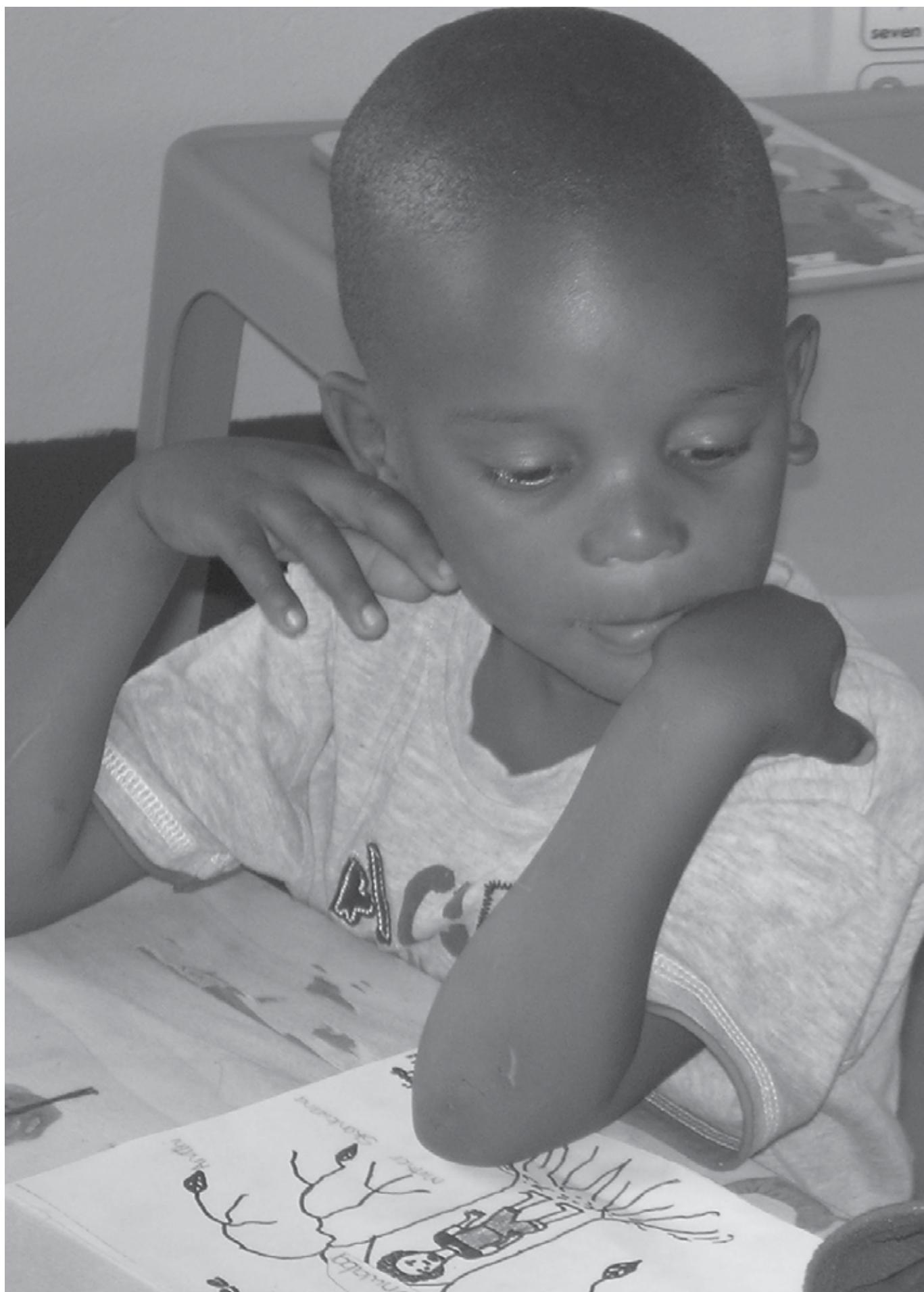
The fact that this study only included information on three municipalities makes it impossible to draw any general conclusions from the sample. However, research done by Van der Berg et al (2010) – which includes a representative sample of districts and municipalities within each of three provinces – provides a more general

Some municipalities have entered into partnerships with development agencies, NGOs or donors to leverage support for ECD. In these instances, the funding generated for ECD is far greater than the amounts that are provided by the municipality themselves. More detailed information on the table is included in the Appendix.

Table 16. Examples of support provided to ECD by other municipalities

Municipality	Land, rent-free space, infrastructure support	Municipal grants	Leverage funds from donors or corporates	Training	Other
Cape Town ¹²	✓	✓			Supports toy libraries
EThekini	✓	✓	✓	✓	
Johannesburg	✓	✓	✓	✓	Assists with access to public facilities e.g. library, zoo
Nkandla		✓	✓		Piloted ECD models with NGO (centre and non-centre based)
Tshwane	✓	✓		✓	Runs own ECD centres
Swartland		✓			Provides support in-kind
Witzenberg			✓		
Midvaal	✓				Built fully-equipped centres

¹² Streak and Norushe (2008)





10 Conclusions and recommendations

It is difficult, if not impossible, to get accurate estimates of allocations and expenditure on ECD, even for the relatively simple category of DSD's per child per day subsidy for centres. This is disappointing and prohibits proper planning and monitoring for an area that has been designated as a national priority for some years. Nevertheless, even without exact estimates, it is clear that the amounts allocated and spent on ECD have increased by more than inflation over recent years. It is not clear to what extent these increases will continue in the absence of additional funds being allocated either through the equitable share or a conditional grant. A further concern is that the amounts are still far less than is needed to achieve the objectives of the National Integrated Plan for ECD. There is also very slow progress in provision for non-centre-based ECD.

What also emerges clearly is that relying on municipalities to fund ECD is not a sensible strategy if we are concerned about equity. While there is some municipal funding for ECD, this is concentrated in the better-resourced municipalities. Instead of encouraging funding from this source, municipalities should be held accountable for performing the ECD-related tasks for which they are directly responsible. Where appropriate, local government support for ECD should be oriented towards assisting ECD services to comply with DSD and DoE registration criteria.

Advocacy efforts should focus on ensuring better access to funding from

DSD and DoE and on addressing inequity in provisioning across provinces. Towards this end, barriers to fund access need to be urgently addressed. The complexity of DSD and DoE registration requirements and processes is a key barrier to fund access. Other barriers include:

- lack of knowledge of funding
- the registration backlog
- the stringent norms and standards
- capacity constraints related to environmental health inspections
- NPO certification
- attitudes of officials towards community-based ECD

Challenges related to ECD funding also need to be addressed at the interface between the DoE and DSD.

The research also highlights several challenges with the current approach to training and learnerships for ECD practitioners and points to the need for critical reflection on the use of EPWP (including CWP) funding for ECD.

Recommendations

The research suggests that the following recommendations could be considered:

- Systems to enable better tracking of ECD allocations and expenditure.
- A review and simplification of processes for ECD registration, funding application and claims.
- "Relaxing" of the norms and standards for ECD registration, while still maintaining minimum acceptable levels.
- Improved linkages between the different departments and between provincial and local government to improve effective use of resources, avoid unnecessary duplication of administrative processes and address funding gaps.
- Greater equity across provinces and municipalities in terms of ECD provisioning.
- Better training and access to information for ECD practitioners and officials on legislation governing ECD provision and on funding sources and application processes.

Appendix: examples of municipal support for ECD

Cape Town

Streak and Norushe (2007) found that the City of Cape Town did not have a line item for funding of ECD. However, among the ways in which the city engaged with ECD, they name assistance with infrastructure and “offering limited financial support to ECD centres”. The financial assistance is provided in the form of grants-in-aid, and may not be used for capital projects. ECD practitioners told Streak and Norushe that the amounts were generally less than R10 000. Other ways in which the city supports ECD included funding of toy libraries, leasing of property for ECD purposes, and provision of land for ECD centres.

EThekweni

ECD in the South Durban Basin was previously funded through a European Union area-based management programme. When the European Union funding ended in 2009, the city continued to fund the ECD activities and hired a consultant to manage it. A network was established that provides training and other support services. The city has also been able to use its institutional base to leverage funds from companies such as Mondi.

Cato Manor had ECD included in its European Union funded activities. The ECD was provided by NPOs, but in rent-free premises provided by the municipality. When the European Union funding ended, the NPOs were told that they would have to pay rent. When eight centres said that this would result in their closing, a municipal official convinced the municipality that it had an obligation to provide the space rent-free for community benefit.

Johannesburg

According to the Department of Early Education of the University of Pretoria, the City of Johannesburg has identified ECD as a “5-star priority” and has an ECD Unit. The 2007 report states that a ring-fenced ECD fund “will be established”, with funding focused on those “most in need”. In addition to funding, the city will assist centres to access facilities such as libraries, the zoo, sports facilities, theatres and the botanical garden. The funding model envisages multiple funding streams; including grants, donors, corporate social responsibility funds, individual donations, fund-raising events, and a contribution from an increased bulk infrastructure levy charged to property developers. The city supports income-generating projects and has facilitated a business skills training programmes for ECD centre managers in partnership with the University of the Witwatersrand.

Midvaal

Livhuni (2011) cites Midvaal mayor Timothy Nast as saying that the municipality has built “fully equipped crèches for preschoolers.”

Nkandla

Nkandla’s ECD-related activities began when TREE (an NGO promoting ECD in rural areas) was contracted by UNICEF

to implement a two year pilot project in the area. The pilot focused on 18 ECD sites as centres of care and support, with outreach to those children not in the centres through about 20 family facilitators who worked with households that had at least one vulnerable young child. They then helped the whole family access available services. As a result of the project, the municipality may well have been the first to include ECD and children's rights in their integrated development plan. When the UNICEF funding ended, the municipality employed the project director in a unit responsible for HIV and ECD. The municipality makes some provision for ECD in the budget. In previous years it was R300 000 or more but was reduced to R200 000 or less in response to the recession. The money is used to provide toys, furniture and training on child protection to the 148 community-based crèches in the municipality, at least some of which are also subsidised by DSD. The ECD coordinator has also had some success in raising money from other sources for building of crèches, most of which are currently run from private homes.

Tshwane

The City of Tshwane (CoT) has an ECD programme for children 0-4 years that received support from the Human Sciences Research Council (HSRC)'s programme on employment. The city allocated a total of R9 million over a three-year period for this programme. Motala (2009) notes several funding-related functions which are included in the role of local government as specified in Gauteng's ECD strategy. The roles are subsidisation or other forms of funding for ECD sites and "in some cases" making infrastructural improvements to ECD centres and monitoring how ECD centres spend funding. She notes that while not all of these roles are performed by municipalities, some municipalities perform functions beyond those indicated in the strategy.

The city itself owns 10 registered ECD centres in Mamelodi and Atteridgeville which were originally established in terms of the Black Local Authority Act of 1982. The University of Pretoria categorises these as "preschool-cum-creches" as educational programmes are provided in the morning and childcare in the afternoons. The city fully covers the staff and other cost of running these centres as well as infrastructure and maintenance.

After the establishment of Tshwane in 2002, the city decided to phase out funding of ECD services not owned by them, as previously only white preschools qualified for funding. The city decided instead to focus on supporting preschools for "disadvantaged" groups, and in 2004 established outreach programmes. In 2006, the decision to phase out ECD services was reversed but the focus on disadvantaged areas remained, with the aim of enabling centres to meet DSD requirements.

After developing an NPO Funding Policy, in 2006/7 the city developed an ECD Funding Policy in line with the province's Bana Pele programme and the NIP's Tshwaragano ka Bana poverty-oriented component. In 2007 the city started supporting NPO ECD centres through a grant-in-aid. It has allocated R8 million per year for this purpose. Each year, councillors and community development workers (CDWs) are involved in identification of eight centres, each of which is provided with R100 000. Centres are funded for only one year and must use the funds according to a formula provided by the city. Further, the ECD funding policy states that the city will assist the centres with development of a sustainability plan encompassing both fundraising and income generation. ECD outreach and capacity development is done by a team of 20, made up of CDWs and social workers who are responsible for all social matters.

Swartland

A 2008 report to the Swartland Municipality on child care facilities recorded that three of the 42 ECD centres that had been assessed received financial support from the municipality, while four received support in kind.

Witzenberg

In 2010 Witzenberg municipality partnered with an international donor in Belgium to support ECD activities in Tulbagh.

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