A New Approach to Informal Early Childhood Development (ECD) Centres

An area based approach for improved and up-scaled ECD services for the urban poor

A PPT CONCEPT DOCUMENT

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1. Development Challenge

Early childhood development (ECD) in South Africa is in a state of crisis. A paradigm shift and new programmatic approach are urgently required to create hope for young children from poor households and to break long-term cycles of poverty. Most young children (an estimated 1.8million) utilise informal, unregistered ECD centres or are entirely unable to access ECD services. However there is no structured programme of incremental assistance and support for such centres which provide the backbone of ECD services for the poor. The significant resources of the state are not being effectively mobilised. "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 in registered ECD facilities" (Harrison, 2012). Most informal ECD centres can't qualify for assistance including subsidies because they can't formally register with the Department of Social Development (DSD) and meet its high prescribed standards. "One of the major barriers preventing young children from accessing ECD centres are the various costs involved. Should ECD centres receive the provincial government per capita subsidy of R15.00 per child per day, centres would be able to increase access for many young children" (Ashley-Cooper, Atmore, 2013). Large numbers of young children therefore receive no state assistance and endure a range of significant challenges. Many 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 3.8million children (59%) live in dire poverty in South Africa (Atmore, van Niekerk, Ashley-Cooper, 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 access to formal ECD services (Harrison, 2012). It is well recognised that ECD is critical to achieving human capabilities required for full participation in society and this recognition is reflected in the priorities of national Government including within the National Development Plan (NDP). The benefits of ECD recognised by NDP include: a) better school enrolment rates, retention and academic performance; b) higher rates of high school completion; c) lower levels of antisocial behaviour; d) higher earnings; e) better adult health and longevity (NDP, 2012, p. 296). At the national-level, the NDP prioritises ECD indicating that it needs to be made a ‘top priority among the measures to improve the quality of education and long term prospects of future generations’ and that ‘dedicated resources should be channelled towards ensuring that all children are well cared for’ and that innovation should be encouraged. It indicates that the approach should be to: “Encourage innovation in the way early childhood development services are delivered. Home and community-based early childhood development interventions should be piloted in selected districts. Financing for this initiative could involve working closely with foreign donors and private sector funders.” (NDP, 2012, p. 301).

However, although ECD has been placed high on the national development agenda 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.

A consistent, methodological and transparent response which can be rolled out rapidly and at scale to manage and support ECD centres providing care to poor and vulnerable children is urgently required. A new approach is needed.

2. The New Approach

2.1. Overview

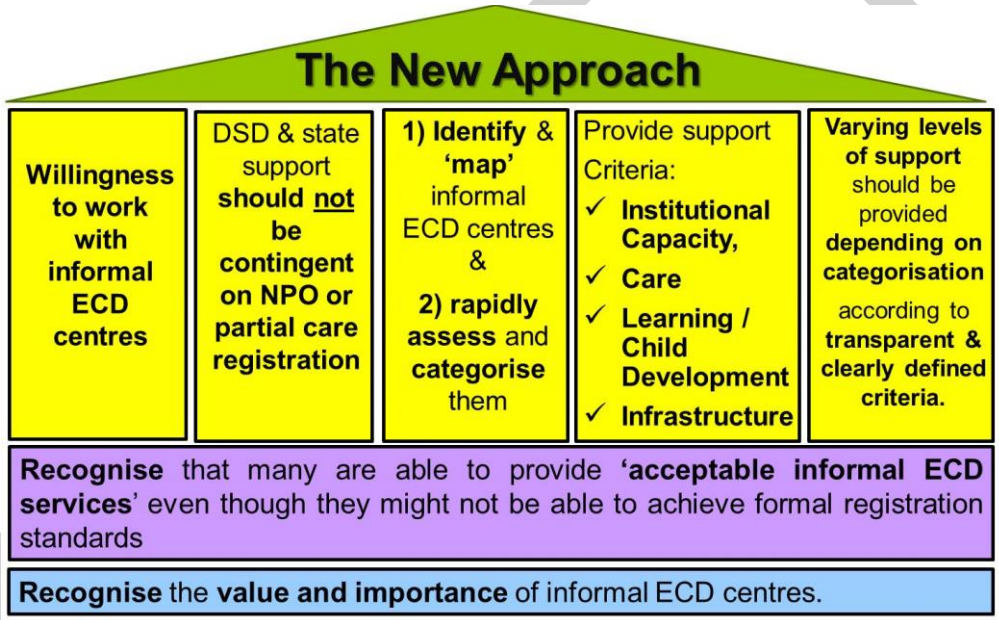
The new approach is a new method and framework for proactively and incrementally supporting informal ECD centres in a systematic, structured and scalable fashion. It represents a different and more inclusive way in which the state can partner with, fund and support private, informal ECD centres. It includes: A) A new framework and method for rapidly and systematically assessing and categorising all informal ECD centres at area or municipal level. On this basis structured funding and support for informal ECD centres can be provided to enable improved care, learning and infrastructure. B) A new standard of basic, acceptable but less-formal ECD care. 2) Short term: Initiation and rollout of a new informal ECD support programme (as outlined above) in eThekwini Municipality.

The new approach 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 innovation also benefiting rural informal ECD in its scaling-up phase). 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. 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.

A new approach to informal ECD centres is founded on the recognition of the value and importance of informal ECD centres; and that many are able to provide 'acceptable informal ECD services' even though they might not be able to achieve formal registration standards .

2.2. Principles of the New Approach

1. DSD and state support should not be contingent on NPO or partial care registration (which are current requirements for state support).
2. Informal ECD centres should be identified & 'map' informal ECD centres and rapidly assessed and categorsied.
3. Support should be provided to ECD centres according to clearly defined and transparent criteria taking into account the institutional capacity level of care provided; evidence of learning and child development (and stimulation); infrastructure in place and required to address health and safety issues and make increment structural improvements; and varying levels of support should be provided depending on categorisation according to transparent & clearly defined criteria.



3. Anticipated Impact

"American studies have shown that for every dollar spent on preschool education, between four to eight dollars is saved in later social service costs to society. As an investment in human development, spending money on the first six years of a child's education yields the highest return over the course of a person's life" (DGMT, unknown date, p. 4). Within the current framework, change cannot be realised at scale, given the pre-occupation with a purely formal ECD paradigm. By contrast, the new model proposed will realise massive impacts and changes within relatively short time periods by focusing funding and other resources on informal ECD where the greatest numbers of children are in care. As a direct result of the innovation: A) Massive numbers of children will be included in state ECD support programmes with associated access to funding, nutrition, training, improved

infrastructure etc. Most informal ECD centres will receive some level of support and assistance (instead of the few currently being reached). B) A new paradigm of inclusion and incremental support will be adopted by government towards informal ECD centres with the ultimate objective of achieving full population coverage.

4. Potential for Scaling Up

There is excellent potential for massive upscaling of the New Approach and good prospects that this will rapidly occur given the prevailing context and preconditions in South Africa. There is already a broad-based acceptance by government of the need to work differently with and more supportively of informality in all its facets and a growing consensus amongst ECD practitioners and support NGOs that supporting informal ECD and recognising a more basic ECD standard are essential to achieving a response at scale. Government has already prioritised ECD at the highest policy levels and has significant resources available to address it. What remains is for an alternative model, method and standard to be demonstrated and accepted by government and for spending on informal ECD centres to consequently be increased over time within such a structured framework.

If mainstreamed, the innovation will result in a massive increase in the number of vulnerable children from poor households accessing improved and acceptable (if basic) ECD services. The bulk of the 1.69million young children estimated by Statistics South Africa to be attending ECD centres will mainly be accessing informal ECD centres (based on PPT's on-the-ground experience). In addition there are a further 3.4million young children (0-4) estimated by Statistics South Africa not to be attending any kind of ECD centre (Stats SA, 2014).

The projected massive increase in acceptable (if basic) ECD access resulting from the innovation will be achieved be means of:

a) significant improvements in existing informal ECD centres (so that they are able to provide acceptable if basic ECD services);
b) establishment of new informal ECD centres operating at an improved standard;
c) some informal ECD centres becoming formalized (though this is not anticipated to be a major contributor in terms of total numbers).

5. Infrastructure and Facility Improvements

The principle should be that investments are made in terms of the categorisation and upon the advice/confirmation of the local DSD office, as outlined in the illustrative examples contained in section 6 and 7 below. 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 MIG (Municipal Infrastructure Grant) or USDG (Urban Settlement Development Grant). 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.

6. Rapid Assessments and Categorisation (RAC)

A first step to implementing a swift and meaningful response at scale is to rapidly assess and categorise of informal ECD centres using an area-based approach.

Assessed ECD centres should be divided into three main categories (with sub-categories) and should qualify for various forms of support (or not) accordingly. Support should include programme support (e.g. training, mentorship, subsidisation including inclusion in feeding schemes) and infrastructure and resource support (e.g. improved sanitation, minor structural improvements and fencing to address health and safety threats).

RAC of informal settlements

The proposed informal ECD RAC method makes use of the already-accepted principles of the informal settlement upgrading RAC method which PPT pioneered in 2010. This upgrading RAC method has been adopted by the KZN and National Departments of Human Settlements and the National Upgrading Support Programme (NUSP) and is accepted by Municipalities such as eThekwini. Some of the principles of the informal settlement upgrading RAC include that:
a) ALL settlements must be assisted in various ways in an incremental and inclusive fashion; and b) that developmental responses must be informed by a rationale categorization of settlements based on local assessments and information (e.g. pertaining to constraints and potentials). The upgrading RAC method is an important tool in developing informal settlement upgrading programmes at municipal level across South Africa.

Key informal ECD 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 working with the DSD and other stakeholders in making improvements).
- ✓ The potential for formalisation (but only for categories A and B1 which will only constitute a relatively small proportion of all ECD centres).

"Acceptable informal ECD centres" (Working definition)

1. Provide a minimum level of physical care to children (e.g. not excessively overcrowded, sufficiently dry and ventilated, nutrition is adequate if not ideal).
2. Where a basic level of learning, stimulation and child development is evident.
3. Owner is committed and has the right intentions evidenced by actions taken and investments already made in their informal ECD.
4. Centre owner and management are committed and able to incrementally improve the ECD services they provide.

The centre either have no material health and safety threats OR these threats can be rapidly mitigated (e.g. by emergency investments in infrastructure such as improved water and sanitation

In terms of the proposed ECD RAC framework, all informal ECD centres (at area- or municipal-level) should be assessed and categorised according to their potential. There are three main categories[1]:

Category A: **High potential** ECD centres
(i.e. fully or conditionally registered partial care facilities or with the potential to achieve this level rapidly).

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).

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.

Category 'B' and 'C' ECD centres have additional sub-categories:

Category B1: Basic-functioning and providing acceptable informal ECD services and with moderate potential for registration.

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 registration.

Category C1: Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with no material health and safety threats and no other alternatives for children in care.

[1] For further information on the categorisation of ECD centres refer to the main findings and recommendations of PPT and the HDA's 2014 report, "A new approach for supporting informal early childhood development centres" available at: http://www.pptrust.org.za/download-document/229-supporting-informal-ecd-centres-main-findings-recommendations-2014.html.

Category 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.).

Category 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.

7. Reference List

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Annexure 1

Illustration of the Rapid Assessment and Categorisation Method

1. Kamohele Crèche Rapid Assessment and Categorisation (RAC)

Above photograph: Kamohele Crèche

1.1. Relevant facts

- Kamohele Crèche (Kamohele) was established in 2009.
- One woman is employed to look after the children. The owner-operator has a second crèche. She has no formal training.
- Number of children attending is approximately 30.
- Parents pay fees of between R120 and R150 per month for their child's attendance.
- The informal ECD centre is not registered as a partial care facility nor as a NPO and has reportedly not been visited by the DSD, Municipality or any other Department.
- Kamohele has been provided with material support by the local Christian Revival Church and parents that provided paint and corrugated iron sheeting. It receives mentorship support from Ke Na Le Matla, a Mangaung community based organisation (CBO).
- Kamohele is unfenced, doesn't have electricity, has rudimentary pit latrines and no water on site (though there is a stand pipe nearby).
- There is clear evidence of an attempt to provide a stimulating environment.

Above photographs: Left the interior of Kamohele, and right, pit latrines used by the children.

1.2. Assessing Kamohele

PPT has developed an ECD centre categorisation flow-chart (refer to Figure 1 below). The questions answered below are from the flow chart.

Does Kamohele (excluding health and safety consideration) have good potential to provide acceptable informal or formal ECD services?

Yes, Kamohele has good potential to provide acceptable ECD services (as evidenced by the attempts to provide an appealing environment through painting the shack, toys and other materials that had been collected), and evidence that a basic ECD programme (implemented on the advice of Ke Na Le Matla) was in place.

Are there considerable health and safety risks?

There are considerable health and safety risks. Food is prepared in a separate building to where the children are cared for but neither building is likely to meet environmental health regulations. The building has poor insulation and on a visit the floor was damp. The most pressing health and safety risk appeared to be the rudimentary pit latrines shared by many children.

Can the health and safety risks rapidly be mitigated with assistance?

Yes, with the input of environmental health practitioners (from the Municipality or privately) health and safety risks can be mitigated. Immediate improvements could include: fencing to secure the site (and ensure adequate control and protection of children); installation of ventilated improved pit latrines (with children's toilet seats); installation of a stand pipe in the yard; improvements to the structure (including flooring, insulation, and linoleum covering in key areas to improve hygiene); and electrification when the electricity is supplied to the informal settlement. To encourage protection and care of the investments and improvements Kamohele should be required to make a nominal contribution to the improvements (via a cash payment and the provision of labour when making improvements).

Is it a registered NPO?

No.

Does it have good potential to register as an NPO and maintain registration?

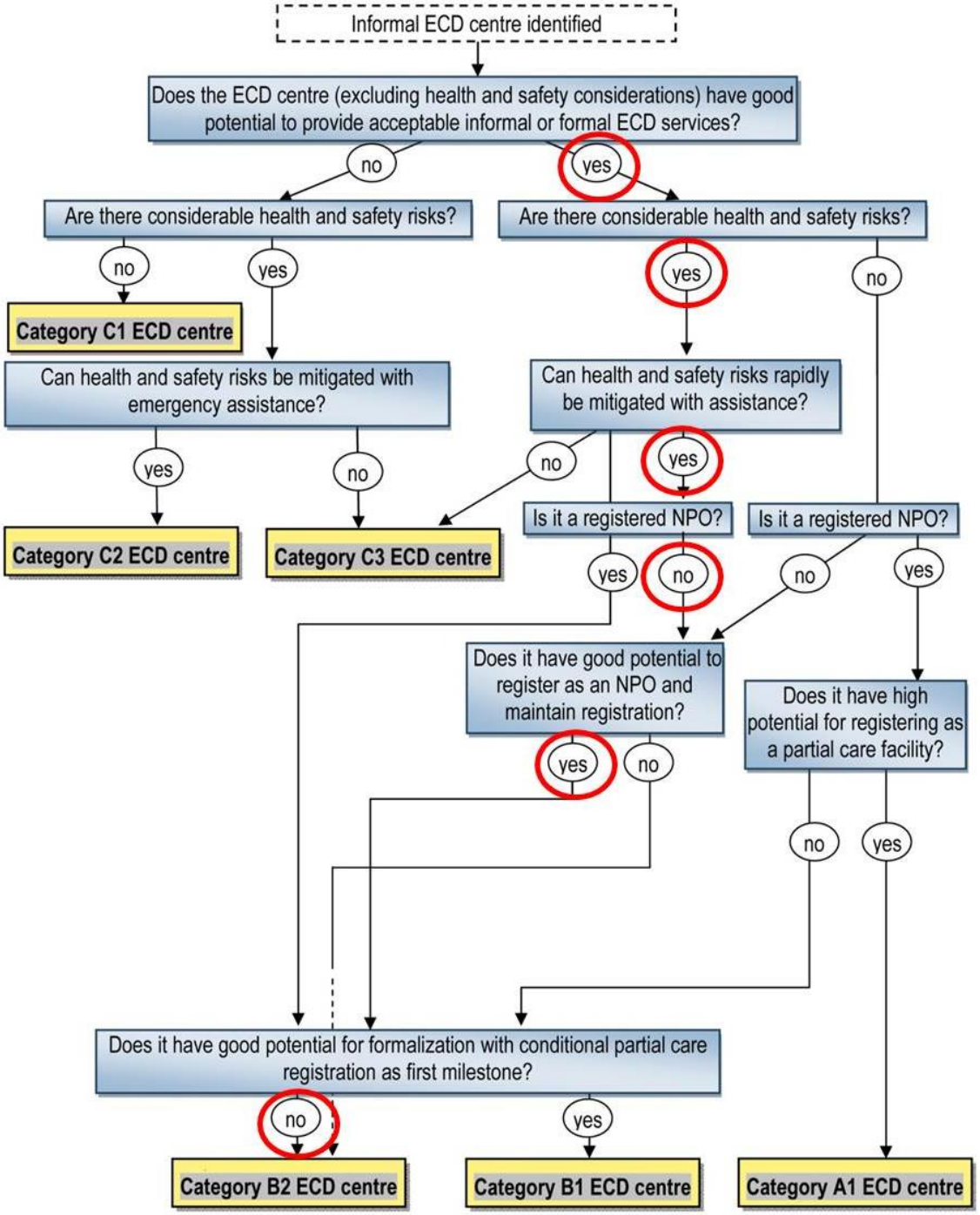
Kamohele receives support and mentorship from a local CBO linked to Lesedi (a leading Free State ECD non-government organisation) and has the involvement of parents and the support of a local church. Kamohele might be able to secure capacity building support which would enable it to register as an NPO and maintain registration.

Does it have good potential for formalization with conditional partial care registration as a first milestone?

No. There are programme and facility challenges which without first being mitigated are likely to prevent conditional registration. It is unlikely that without a significant intervention Kamohele will not be able to meet ECD programme registration requirements or

demonstrate the ability to make significant improvements necessary for conditional registration. Its location in an informal settlement (with poor health and sanitation, overcrowding and incorrect zoning) will prevent facility registration.

Figure 1: Categorisation flow-chart



** Registration as a non-profit organisation is not a perquisite for partial care facility and programme registration (i.e. formalisation), however it is a requirement for receiving subsidies or other state support (e.g. through the National Development Agency which strongly supports ECD centres).*

1.3. Categorisation and support warranted

Kamohele is a low-functioning informal ECD centre but has good potential to render acceptable informal ECD services. There are material health and safety threats but these can easily be mitigated. It has significant potential for improvement. Based on this assessment it is a category B2 informal ECD centre.

Category B2	Responses	Support & Action
1. Low-functioning but with good potential to render acceptable informal ECD services. 2. There is an absence of material health and safety threats (or easily mitigated). 3. There is significant potential for improvement	1. Significant levels of support and investment are warranted 2. Provide incremental & ongoing support. 3. Support should be provided over the long term	✓ 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)

1.4. Note on the Kamohele assessment

The Kamohele RAC roughly illustrates the RAC process. Before testing the RAC process assessment criteria drawing on: 1) Chapter 4 of the Consolidated Regulations Pertaining to the Children's Act, 2005; 2) Part 1 (National Norms and Standards for Partial Care) of Annexure B (National Norms and Standards) to the Consolidated Regulations; and 3) other relevant sources (e.g. DSD & UNICEF, 2006. "Guidelines for Early Childhood Development Services") need to be established. The Consolidated Regulations create a desired standard for informal ECD centres to incrementally work towards; however it is recognised that the majority of informal ECD centres cannot achieve the norms and standards required for registration with the DSD.

Annexure 2

Illustration of the New Approach at Municipal-Level

The Mangaung Municipality IDP (2013 – 2014) states that the Municipality will build two R1.4 million ECD centres (one in Botshabelo and the other in Thaba 'Nchu). Assuming that land has been acquired two approximately 245m² buildings can be constructed with the allocated funding[2]. At this size, applying the DSD norms and standards, 82 children can attend each ECD centre[3]. Instead of spending R1.4 million on a single ECD centre, the Municipality could rapidly assess and categorise ECD centres in Botshabelo and Thaba 'Nchu and invest, as determined by the categorisation of the ECD centres, in infrastructure and other improvements at multiple ECD centres to mitigate health and safety threats and facilitate incremental improvements. Investments at ECD centres would vary depending according to their categorisation, health and safety threats, and any other relevant criteria (e.g. the commitment of the owner-operator and length of time that the ECD centre has existed).

Below are two illustrations of the type of investment that might be made in an ECD centre with material health and safety threats, which can rapidly be mitigated, and which qualifies for further support. The first scenario illustrates an investment aimed at mitigating health and safety threats as well as making further improvements whilst the second scenario illustrates a more limited investment aimed only at mitigating health and safety threats.

Scenario A: Health and safety threats mitigated & further improvements made

ECD centre assessed, categorised and qualifies for support (Category B2 - basic-functioning with good potential to be a functional informal ECD centre rendering acceptable informal ECD services but with limited potential for registration). The structure is 40m² and the site is 100m². There is no piped water on site but this can be provided by installing a short pipe (approximately 30m in length). Sanitation consists of rudimentary (unsafe) pit latrines. The ECD centre is attended by 35 children.

The local municipality in consultation with the DSD agrees to use existing funding mechanisms (e.g. MIG or USDG) to provide infrastructure and other resources to mitigate health and safety threats *and facilitate further improvements* at the ECD centre.

Improvement	Details of expenditure	Cost
Main structure	Provision of linoleum flooring and linoleum covering in food preparation areas; replacement of some roofing (using corrugated iron sheeting); addition of a double window; installation of ceiling with insulation; installation of a split stable door (for improved ventilation); provision of chairs	R22,523

[2] Assuming a low building cost of R5,570 per square meter.
[3] Assuming that 75% of a 245m² building is devoted to play space and provided there is also sufficient play space outside The Children's Act Consolidated Regulations are silent on the amount of space required per child, however the earlier DSD & UNICEF 2006 "Guidelines for Early Childhood Development" (page 45) require 1,5m² indoor play space per child and 2m² outdoors.

	and tables.	
Outdoor area	Fencing for children's safety; shade cloth with poles for shaded play area; basic jungle gym.	R11,629
Sanitation & water supply	Provision of three hand-basins; one kitchen sink; installation of piped water (to basins); installation of a soak-away for safe grey-water disposal); installation of three VIP toilets (two with children's seats).	R30,800
	Labour provided by ECD centre at no cost	R0
	Project management, site supervision and contingency	R9,743
	Total	R74,695

Scenario B: Serious health and safety threats mitigated

As for Scenario A (but there are greater resource limitations).

The local municipality in consultation with the DSD agrees to use existing funding mechanisms (e.g. MIG or USDG) to provide infrastructure *to mitigate health and safety threats only.*

Improvement	Details of expenditure	Cost
Main structure	Provision of linoleum flooring and linoleum covering in food preparation areas; replacement of some roofing using corrugated iron sheeting.	R11,330
Outdoor area	Provision of fencing for children's safety.	R3,229
Sanitation	Provision of three hand-basins; one kitchen sink; installation of piped water (to basins); installation of a soak-away for safe grey-water disposal); installation of three VIP toilets (two with children's seats).	R30,800
	Labour provided by ECD centre at no cost	R0
	Project management, site supervision and contingency	R6,804
	Total	R52,163

A RAC of the ECD centres in Mangaung would assess and categorise a range of ECD centres functioning at different levels requiring varying support. The majority of ECD centres in Botshabelo and Thaba 'Nchu are likely to be category B2 informal ECD centres.

If the Municipality identifies 18 informal ECD centres for infrastructure support its R1.4 million investment could benefit 630 children (assuming an average of 35 children per centre). Approximately 8 times the number of children would benefit than if R1.4 million is invested in one centre.

Table 1: Number of ECD centres theoretically identified for support

Category	No. of ECD centres ID'd for infrastructure support	Funding allocation	Average spend per centre
A	2	R300k	R150k
B1	2	R180k	R90k
B2	11	R876k	R73k
C2	2	R44k	R22k
TOTAL	18	R1.4 million	R77k

Table 2: Allocation of funding

	R1.4 million spent benefitting 1 ECD centre	R1.4 million spent benefitting 18 ECD centres
Average investment per ECD centre	R1,400,000	R94,444
No. of children benefitting	82	630