

27th March 2019

## ECD centre categorisation framework for ECD response planning

### 1. Overview

This categorisation framework has been developed to assist with ECD response planning for low income, under-served communities<sup>1</sup>. Most ECD centres in these communities are severely under-resourced and many do not yet have DSD registration and funding support. Most operate at an ‘acceptable’ or ‘survivalist’ level although research shows that most also have the potential to improve if they receive support. Support for centres which have the potential to provide acceptable ECD services is therefore an important component of ECD response planning as is understanding the quantity and quality of existing services supply before planning new facilities.

The categorisation framework will be useful to municipalities, the Department of Social Development (DSD) and support NGOs amongst others and should be read in conjunction with the of the “Municipal Guide for Early Childhood Development (ECD) Planning and Infrastructure Support” dated March 2019 available on the PPT website [www.pptrust.org.za](http://www.pptrust.org.za).

Using available information on existing ECD centres in a particular area centres are placed into broad categories based on their potential and level of functioning. This provides a better understanding of the status quo and assists in developing more effective ECD strategies and response plans. Categorisation will assist greatly with population-based ECD planning, including planning and prioritising infrastructure investments. The potential rating is particularly useful in determining the extent of ECD services deficits as well as in helping to prioritise centres for state-funded infrastructure improvements.

Categorisation is a systematic framework in terms of which all ECD centres in a particular area (including unregistered, less formal centres) are assessed making use of available data obtained from dedicated ECD field survey, existing databases, DSD social workers and municipal EHPs, or site visits. Centres are categorised in respect of their operational capacity and potentials so as to determine the appropriate types of support which may be appropriate. The Municipal ECD Project Steering Committee would normally coordinate this process.

The main purpose of the general categorisation is to improve population-based ECD response planning. Categorisation utilises data collected from field surveys and other sources. The three key functional areas which are considered are:

- a) capacity and governance;

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<sup>1</sup> The framework was developed by Project Preparation Trust (PPT) working closely with representatives of several KZN municipalities, representatives of the KZN Dept. Social Development, Ilifa Labantwana, the Programme to Support Pro-Poor Policy Development (PSPPD) operating from within the National Department of Monitoring and Evaluation and funded by the European Union, Network Action Group and other stakeholders in 2015.

- b) ECD programme;
- c) infrastructure, health and safety.

Categorisation provides a useful overall picture of the status of ECD centres within a particular locality and provides good prediction (at area-level) in respect of the level of functioning and capacity of centres and the potential for centres to improve and provide acceptable ECD services if they receive support (e.g. improved infrastructure).

As more information becomes available on specific ECD centres or changes in their infrastructure and level of service occur, their categorisation may need to be adjusted over time.

There are five categories of ECD centres as outlined below:

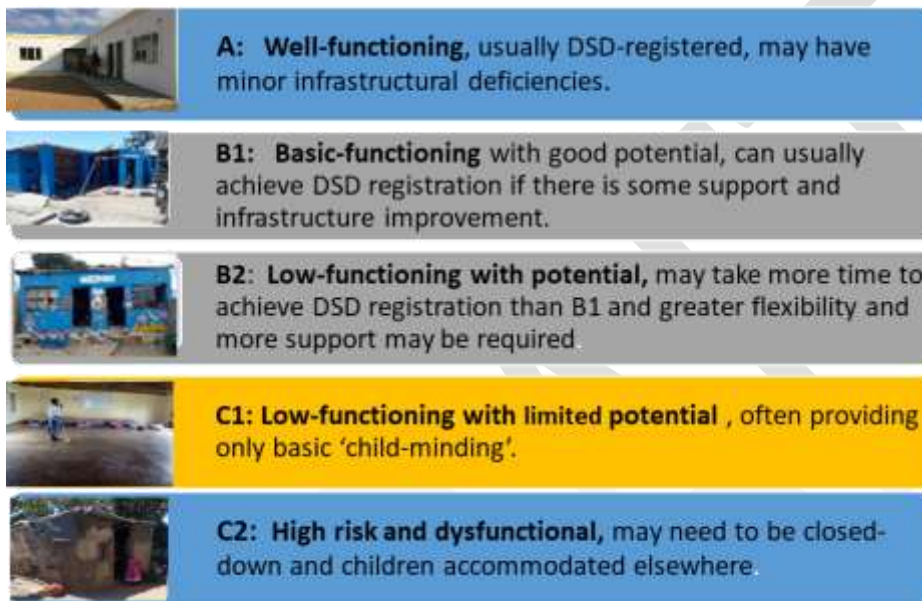


Figure 1: Five ECD centre categories

Where detailed survey data exists, a preliminary categorisation can be determined empirically using the ECD dataset. 52 marker questions have been developed in order to determine:

- a) General categorisation score – this provides an overall indication of both the level of functioning and potential of a centre and factors in all three functional areas and all 52 marker questions.
- b) Potential rating score – this provides an indication of the potential of a centre to improve and provide acceptable ECD services and therefore excludes the functional area of infrastructure and health and safety threats which can often be resolved by means of infrastructure improvements (i.e. only the functional areas of capacity/governance and ECD programme quality are scored). It is noted that there is not always a strong correlation between the quality of existing infrastructure and the level of capacity and ECD programme (refer also to section 5 for more detail).

In the absence of a detailed survey, categorisation can also be determined qualitatively by stakeholders who have knowledge of the centres such as DSD social workers and EHPs. Categorisation can be revisited and updated to be more accurate as additional information on centres becomes available. Where the categorisation is based only on survey data, it should be regarded as preliminary and only as a broad guideline for population-based planning and for prioritising centres based on their potential to improve. There should always be site visits to centres by DSD social workers and EHPs in order to qualitatively assess the status quo and potential.

It should be noted that categorisation (and related survey data) is not sufficient to enable ECD infrastructure response planning, costing and decision-making at centre-level. Additional assessments (infrastructure and operational) would be required by the DSD, EHPs and professionals with suitable qualifications and experience.

## 2. What can categorisation be used for?

The following are some of the specific ways in which categorisation (general or potential rating) are used:

- a) *Overall ECD status quo assessment:* Once all existing centres have been identified and categorised, it is possible to determine the percentage of centres and young children in centres in different categories (e.g. number of children in centres who are under-served or highly vulnerable; centres with the potential to improve if supported and funded; centres which require urgent assessment/mitigation due to severe health and safety threats or which may need to be closed down if mitigation is not possible).
- b) *Gaging extent of ECD services deficit in a municipality or other study area:* The total number of young children in a particular geographic area (based on Stats SA data) less the numbers in centres which are well functioning provides a rough estimate of the services deficit in respect of adequate ECD services provision. Subtracting those centres with potential (B1 and B2) will give an estimate of the net deficit once infrastructure at these centres have been improved. This information will assist with the development of an ECD strategy and the related response planning and budget allocation for ECD infrastructure and operational grants (refer also to sections 5.7, 5.8, 5.10, 6.1, and 6.2 of the “Municipal Guide for Early Childhood Development (ECD) Planning and Infrastructure Support” dated March 2019 available on the PPT website [www.pptrust.org.za](http://www.pptrust.org.za)).
- c) *Prioritising centres for funding of infrastructure improvements and other support:* The potential rating of an ECD centre is an important selection criterion for potential state funding for infrastructure improvements (along with the size of the centre /number of children who will benefit; age of centre and registration status) – refer also to sections 5.6.4, 5.10 and 7 of the “Municipal Guide for Early Childhood Development (ECD) Planning and Infrastructure Support” dated March 2019 available on the PPT website [www.pptrust.org.za](http://www.pptrust.org.za)).

## 3. General categorisation framework

There are five categories of ECD centre as outlined below with the specific characteristics/criteria for each category also specified:

### **CATEGORY A: Well-functioning, high potential and already providing ‘acceptable ECD services’:**

- 1) Good governance and capacity (e.g. active management committee, NPO registered (where applicable) have key policies in place, good administrative and financial system, and most practitioners trained in ECD)
- 2) Structured, acceptable and often DSD-registered ECD programmes (e.g. will be able to register ECD programme if not yet registered, documented & displayed, structured daily programme for separate age groups. Playroom to be laid out as learning environment – indoor / outdoor play equipment and resources to support learning).

- 3) Adequate infrastructure (e.g. 1,5m<sup>2</sup> space per child in playrooms, kitchen, office cum sick bay, ablution facilities, fencing etc., but may require upgrading of water/ sanitation and some minor repairs).
- 4) No significant health or safety threats – any infrastructural deficiencies can be easily mitigated and typically are the main barrier to registration (where it is not already in place).
- 5) Often registered<sup>2</sup> or else registerable as a partial care facility easily and quickly (typically well within a year<sup>3</sup>).
- 6) Thus viable for investment and support (e.g. to address minor infrastructure deficits, extend buildings to cater for more children).

*[A small proportion of centres in underserved, low income communities are expected to fall into this category. Centres may or may not receive ECD operational grants and may or may not be NPO registered].*

**CATEGORY B1: Basic-functioning with good potential to provide ‘acceptable ECD services’:**

- 1) Basic governance and capacity with potential to improve with support. May be registered as a NPO (where applicable) but management committee may not function well; may have two or three policies in place, may have basic financial and administrative system in place and may have at least one trained ECD practitioner.
- 2) Basic ECD programmes with potential to improve with support -
- 3) May have DSD-registered ECD programme or can achieve this relatively quickly (within 2 years).
- 4) Infrastructural, health and safety problems (often present) can easily be mitigated - any infrastructural deficiencies can be easily mitigated and typically are the main barrier to registration
- 5) Quite often registered or else registerable as a partial care facility (usually with flexibility) relatively easily and quickly (typically within 2 years).
- 6) Thus viable for investment and support (e.g. to address minor infrastructure deficits, extend buildings to cater for more children, training).

*[A significant proportion of centres in underserved, low income communities are expected to fall into this category. Centres may or may not receive ECD operational grants and may or may not be NPO registered].*

**CATEGORY B2: Low-functioning with moderate potential to eventually provide ‘acceptable ECD services’:**

- 1) Weak governance and capacity with potential to improve over time (with support)
- 2) Weak ECD programmes with potential to improve over time (with support)
- 3) Infrastructural, health and safety problems (typically present) can be mitigated.
- 4) Usually unregistered but can be registerable as a partial care facility (usually with flexibility) over time and with support (typically 5 years).
- 5) May have DSD-registered ECD programme or can achieve this over time and with support (within 5 years).
- 6) Thus viable for investment and support (e.g. to address infrastructure deficits, training).

*[A significant proportion of centres in underserved, low income communities are expected to fall into this category. Centres may or may not be NPO registered].*

**CATEGORY C1: Low-functioning with limited/no potential to provide ‘acceptable ECD services’ (basic childminding only):**

- 1) Weak or no governance and capacity with limited/no potential to improve over time.
- 2) No ECD programmes with limited/no potential/interest to improve over time – basic childminding function only.

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<sup>2</sup> Full or conditional registration

<sup>3</sup> Main reason this might take more than a few months would be where there some infrastructural improvements need to be addressed .

- 3) Infrastructural, health and safety problems (often present) can be mitigated with support/investment.
- 4) Usually unregistered and not registerable as a partial care facility – though some of these centres may have received registration:
- 5) Usually will not have a DSD-registered ECD programme and not viable to attain this.
- 6) Thus viable for limited investment and support (e.g. to address imminent health and safety threats) especially where there are no other accessible and affordable alternatives for children.

*[A significant proportion of centres in underserved, low income communities are expected to fall into this category. Centres are typically not NPO registered].*

**CATEGORY C2: High risk and dysfunctional - need to be rapidly closed-down (no potential/ hazardous)**

- 1) Weak or no governance and capacity with no potential to improve over time.
- 2) No ECD programmes with no potential/interest to improve over time – at best, basic childminding function only.
- 3) Significant health and safety threats (often arising from infrastructural deficiencies) which cannot be mitigated with support/investment.
- 4) Usually unregistered and not registerable as a partial care facility – these centres will seldom if ever have received registration.
- 5) Usually no DSD-registered ECD programme and not viable to attain this.
- 6) Thus should be closed down (even if there are no other alternatives for children though all efforts should be made to find alternatives for children) and are not viable for investment and support.

*[A relatively small proportion of centres in underserved, low income communities are expected to fall into this category. Centres will typically not be NPO registered].*

#### 4. Key functional areas which determine categorisation

The three key functional areas identified in close consultation with key stakeholder that form the basis of the categorisation framework are: a) Capacity and Governance, b) Programme and c) Health and Safety and can be summarised as follows.

<b>Capacity and governance (25 questions with combined weighting of 40%)</b>	<b>Programme (11 questions with combined weighting of 25%)</b>	<b>Health and Safety (16 questions with combined weighting of 35%)</b>
<ul style="list-style-type: none"> <li>▪ Governance committee, minutes</li> <li>▪ Parent consultation</li> <li>▪ Constitution</li> <li>▪ Financial admin</li> <li>▪ Principal education &amp; training</li> <li>▪ Practitioner adequacy</li> <li>▪ Administrative records</li> <li>▪ Policies</li> </ul>	<ul style="list-style-type: none"> <li>▪ ECD programme registration</li> <li>▪ Daily programme</li> <li>▪ Educational equipment / toys</li> <li>▪ Book corner</li> <li>▪ Art equipment</li> <li>▪ Outdoor play area / equipment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Gross space</li> <li>▪ Health and safety issues (sharp objects, unfenced water, exposed to electrical wires, etc.)</li> <li>▪ Fencing</li> <li>▪ Cross ventilation</li> <li>▪ Dedicated food preparation area</li> <li>▪ Unsafe building (e.g. collapsing walls / roof)</li> <li>▪ First aid training</li> <li>▪ Enough and acceptable toilets</li> <li>▪ Refuse removal</li> </ul>

Table 1: Key areas of consideration

Both the general categorisation and potential rating make use of marker questions which are contained in both the basic / short ECD survey and the detailed ECD survey. The percentages assigned to each key area are as follow.

Categories	Marker questions	Weighting
Capacity & Governance	25	40%
Programme	11	25%
Health & Safety (incl infrastructure)	16	35%
TOTAL	52	100%

Table 2: Percentages assigned to key areas

## 5. General categorisation versus potential rating

### a) General categorisation

General categorisation is utilised to provide an overview of the status of ECD centres in terms of their current levels of functionality. Scores are determined across three functional areas (a score out of 40% for capacity and governance, a score out of 25% for ECD programme and a score out of 35% for infrastructure, health and safety. Adding these three scores give a total out of 100 which is expressed as a percentage. Refer also to section 6 for more detailed information on survey marker questions and weighted scoring.

Categorisation scoring ranges		
A	80%	100%
B1	60%	79%
B2	40%	59%
C1	25%	39%
C2	0%	24%

Table 3: Scoring range per category

The percentage score is used to determine in which category a centre falls. For instance, a score of 70% would place a centre in the B1 category.

Centre overview						General categorisation					Potential (indicative)
Facility_Name	NPO	DSD Reg	Years of operation	Building Type	No. of Children	Capacity %age score	Programme %age score	Health & Safety %age score	Categorisation weighted % age score	General Categorisation	Potential calc & age
Amaghwesizwe Creche and Pre-School	Yes	Unregistered	9	Formal	34	84,8%	65,9%	39,3%	64,1%	B1	78%
Angels Day Care Centre	No	Unregistered	7	Informal	25	47,6%	25,0%	25,0%	34,1%	C1	39%
Bheka ECD centre	Yes	Full_registration	20	Formal	87	75,0%	88,6%	65,7%	75,2%	B1	80%
Fisani Okuhle Creche and Pre-School	Yes	Full_registration	16	Formal	193	91,3%	90,9%	67,9%	83,0%	A	91%
Goodness from God	Yes	Unregistered	5	Formal	47	58,6%	38,6%	34,3%	45,1%	B2	51%
Mpilonhle Creche	No	Unregistered	26	Informal	40	37,5%	6,8%	22,9%	24,7%	C2	26%

Table 4: Categorisation and potential scores per centre

General categorisation provides a broad indication a centre's status. The following table and graph can be used for reporting purposes. This gives stakeholders a good overview of the status of the centres.

Categorisation scoring ranges			No. of centres	Results: Percentage
A	80%	100%	3	7,1%
B1	60%	79%	17	40,5%
B2	40%	59%	11	26,2%
C1	25%	39%	10	23,8%
C2	0%	24%	1	2,4%
			<b>42</b>	<b>100,0%</b>

Table 5 Categorisation Results - example

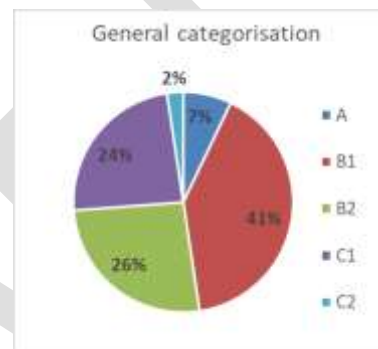


Figure 2: Categorisation Results - example

## b) Limitations of general categorisation and need for a potential rating

As indicated in section 1, the general categorisation does not always provide a good predictor of the potential of a particular centre. Although there is usually a good correlation, there are cases where a poorly run centre is located in a good building with adequate services and conversely there are cases where a relatively well run centre with potential is operating from a building with very poor infrastructure and prevalent health and safety threats which are beyond the means of the operator to mitigate without outside support.

The following two examples illustrate the above. A large structurally-sound conventional building (as per the photographic example below) may be unfurnished and lacking equipment and devoid of any learning activities. Conversely, a centre operating from an informal corrugated-iron building (as per the photographic example below) may score well on capacity and governance and ECD Programming yet score very poorly on infrastructure, health and safety due to a lack of funding to improve and maintain the infrastructure.





*Example 1 - big structurally sound building*



*Photo 2: Example 1 - No educational programme, equipment*

*Photo 1*



*Photo 3: Example 2 - Informal corrugated iron structure programme & equipment*



*Photo 4: Example 2 - Evidence of educational*

### **c) Potential rating**

For the reasons outlined above, a potential rating, utilising the categorisation marker questions and functional categories is utilised in order to better gauge the potential of a centre to provide acceptable ECD services, even if some infrastructure improvement may be necessary for this to be achieved. Only the functional areas of capacity/governance and ECD programme are utilised in calculating the potential score. The functional area of infrastructure and health and safety threats (which can usually be resolved by means of infrastructure improvements) is excluded. The level of functionality in respect of capacity/governance and ECD programme are thus regarded as the determining factor in respect of gauging the potential of a centre to improve if provided with support and funding.

This potential rating is often used for shortlisting and selecting centres for infrastructure improvement and other support.

The potential score is determined by adding the scores for governance/capacity (out of 25) and ECD programme (out of 11) and then calculating this as a percentage. For example, a centre which scores 8 out of 11 for (e.g. a score of 85% for ECD programme 66% for capacity and governance would result in a potential rating of 76%. Refer also to section 6 for more detailed information on survey marker questions and weighted scoring.



## 6. Survey marker questions, scoring and weighting

Where a dedicated ECD survey has been done, the data can be used to make a preliminary categorisation. Fifty-two individual marker questions have been identified and associated weighting assigned. Data gaps or 'don't know' answers are recorded as 'O' for categorisation scoring. This will obviously have a negative effect on categorisation scoring. The marker questions are set out in the table which follows.

Scoring for categorisation is achieved as follows. It is noted that this is typically automated within an Excel spreadsheet format.

- A. Scoring functional areas: The first step is to score each group of questions (within each functional area) on a weighted score basis. The weighted score for each group is calculated as follows: the score achieved for group / number of questions x %age weighting). For example: A score of 6 out of 7 for the capacity and institutional group would give a score of 8.6. These weighted group scores are then added together to give the total score for each functional area (a maximum of 40 for C&G, 25 for PROG and 35 for IH&S).
- B. General categorisation scoring: The scores for each functional area are added together giving a maximum score as a %age.
- C. Potential rating: The scores for C&G and PROG are added together, divided by 65 and then multiplied by 100 giving a %age (e.g. 35 for C&G (out of a max of 40) + 17 for PROG (out of a max of 25) gives  $52/65 \times 100 = 80\%$  potential rating score).

## Marker Questions ECD Categorisation Scoring (General & Potential Ratings)

<b>C&amp;G</b> = Capacity and governance	25	40,0%
<b>PROG</b> = ECD programme	11	25,0%
<b>H&amp;S</b> = infrastructure, health and safety	16	35,0%
<b>Total number marker questions &amp; percentage &gt;</b>	<b>52</b>	<b>100,0%</b>

Survey questions (scoring criteria)	Functional area	Sub-area	Group	Questions in group	%age weighting (max. score)**	How to score each question **
<b>Capacity and governance (C&amp;G):</b>						
Is there a <b>Committee</b> for the facility ? ( Y/N/under establishment)	C&G	institutional	1	7	10,0%	Yes= 1, No- 0
If so ,are there <b>minutes</b> available?(Y/N/ do not know)	C&G	institutional				Yes= 1, No- 0
How many times in the last year did the staff and a group of <b>parents meet</b> to discuss the crèche? Add number or do not know	C&G	institutional				4=1,3-0.75,2 0.5, 1=0.25, 0=0
Does the Centre have a <b>constitution</b> (Y/N)	C&G	institutional				Yes= 1, No- 0
Are there documented annual <b>financial statements</b> in place: (Y/N / do not know)	C&G	institutional				Yes= 1, No- 0
Highest owner/manager/ <b>supervisor qualification</b> : tick one: no school education, passed grade 7, passed 10, passed grade 12, obtained a diploma or degree / do not know	C&G	Capacity				degree=1, matric=0.75, grade 7=0,5, no school= 0
What is the highest owner/manager/supervisor formal ECD <b>qualification</b> obtained by the principal, supervisor or owner? tick: None, NQF Level 1, 2, 3, 4, 5, higher,other (evidenced by Certificate) do not know	C&G	Capacity				0.2 points per nqf level up to max nqf5 = max 1 point
<b>Gross practitioner adequacy ratio</b> - required baby ratio 1:6, non-baby ratio 1:20	C&G	gross practitioner ratio	1	1	15,0%	Achievement of ratio: 100%+=1; 75%-99% = 0.75; 50%-74% = 0.5; 25%-49% = 0.25; less than 25% = 0. Required ratio for each centre calculated based on relative number of babies and non babies.
<b>Trained practitioner adequacy ratio</b> - required baby ratio 1:6, non-baby ratio 1:20	C&G	skilled practitioner ratio	1	1	5,0%	Achievement or ratio as above except for those who have ECD training

<b>Enrolment</b> / admission forms for their children (Y/N/ do not know)	C&G	records	1	10	7,5%	Yes= 1, No- 0
<b>Staff job descriptions</b>	C&G	records				Yes= 1, No- 0
<b>Staff attendance</b> registers for (Y/N/ do not know )	C&G	records				Yes= 1, No- 0
<b>Children's attendance</b> registers (Y/N / do not know)	C&G	records				Yes= 1, No- 0
<b>Receipt book</b> (Y/N/ do not know )	C&G	records				Yes= 1, No- 0
<b>Visitors book</b>	C&G	records				Yes= 1, No- 0
<b>Accident</b> / incident register for children (Y/N/ do not know )	C&G	records				Yes= 1, No- 0
<b>Road to Health Register</b> (Y/N/ do not know )	C&G	records				Yes= 1, No- 0
<b>Medication</b> registers for children (Y/N / do not know)	C&G	records				Yes= 1, No- 0
<b>Fees</b> register (Y/N/ do not know )	C&G	records				Yes= 1, No- 0
Does the ECD centre have <b>policies</b> for : Tick all applicable: health, admission, HIV/AIDS, child abuse , finances, complaints procedures? And do not know	C&G	policies	1	6	2,5%	4+ out of 6 listed policies = 1; 3=.75. 2=0.5, 1=0.25, 0 = 0
<b>C&amp;G totals &amp; weighting&gt;</b>			<b>5</b>	<b>25</b>	<b>40,0%</b>	
<b>ECD Programme (PROG):</b>						
Is the <b>ECD Programme registered</b> with the DSD?(evidenced by Form 17 ) (Y/N/underway / do not know)	PROG	programme	1	11	25,0%	Yes= 1, No- 0
Is there a <b>daily programme on the wall</b> that is usually followed every day ? (Yes on wall, Yes but not on wall, /No)	PROG	programme				Yes_on_wall=1; Yes_but_not_on_wall= 0.5; No = 0
Is there a <b>book corner</b> ?( Y/N)	PROG	programme				Yes= 1, No- 0
Are there <b>educational puzzles</b> or toys (e.g. blocks, jigsaws, balls, shape sorter) for children (Y/N)	PROG	programme				Yes= 1, No- 0
Is there <b>drawing/painting equipment</b> (Y/N)	PROG	programme				Yes= 1, No- 0
Are Children's <b>work displayed</b> ?(Y/N)	PROG	programme				Yes= 1, No- 0
Are there <b>learning posters</b> on the walls (e.g. 1,2,3; ABC etc) (yes many, Yes some, Hardly any, None)	PROG	programme				Yes_many = 1, Yes some= 0.75 ; hardly any= 0.5 ; None = 0
Are there <b>separate 'spaces'</b> or playrooms assigned for children of different age groups participating in different programmes? (Y/N)	PROG	programme				Yes= 1, No- 0
Is there an <b>outdoor play area</b> ? Y/N	PROG	programme				Yes= 1, No- 0
<b>Outdoor play space adequacy</b>	PROG	programme				>=2sqm score 1, 1sqm=0.5, less score 0. Norm is 2sqm per child
<b>Outdoor play equipment score</b>	PROG	programme	1 type=0.25, 2 types= 0.5, 3 types= 0.75, 4 types= 1			
<b>PROGtotal &amp; weighting&gt;</b>			<b>1</b>	<b>11</b>	<b>25,0%</b>	
<b>Infrastructure, health and safety (IH&amp;S):</b>						
<b>Gross internal space adequacy for children</b> (total space relative to what is required)	IH&S	space	1	1	5,0%	<2m2 = 0 and > 2m2 = 1

Are there any obvious <b>health and safety threats</b> : tick one or more: open trenches, exposed electrical wires, sharp objects, unfenced water body, buildings that may collapse, exposed refuse/ landfill, exposure to railway line, exposure busy road, exposure to shebeen/ or other drug abuses, unsafe pitlatrines,exposure to cooking area, exposed water containers, other- specify, none	IH&S	safety	1	1	5,0%	none = 1 , any listed threats = 0
Is the <b>property fenced?</b> (Y/ N vs partially)	IH&S	safety	1	14	25,0%	Yes= 1, No- 0 ; Partially , 0
Are medicines , detergents and harmful substances stored in lockable cupboard, and <b>kept out of reach</b> of children: (Y/N)	IH&S	safety				Yes= 1, No- 0
<b>Toilet</b> adequacy ratio (including adult toilets)	IH&S	hygiene				Combined number for children & adults / 20. Less than 1:20 = 1 otherwise a fraction based on the actual ratio
Are there <b>hand wash facilities?</b>	IH&S	hygiene				None = 0 & all others 1
Is there more than one <b>external door?</b>	IH&S	safety				1= 0, >1 = 1
How many of the staff at the ECD centre have <b>formal first aid training?</b> : Add number / do not know	IH&S	safety				Yes= 1, No- 0
Is there a dedicated space used only for <b>food preparation?</b> ( Y/N)	IH&S	safety				Yes= 1, No- 0
Are the <b>problems with walls</b> y/n	IH&S	safety				none = 1 , threats = 0
Are there <b>problems with the roof?</b> y/n.	IH&S	safety				none = 1 , threats = 0
<b>Cross ventilation</b> ( Y / N )	IH&S	safety				Yes= 1, No- 0
Is there a separate space for a <b>sick bay</b> (Y/N)	IH&S	safety				Yes= 1, No- 0
Does the ECD Centre have <b>water</b> ? (Y/N)	IH&S	safety				Yes= 1, No- 0
Safe/acceptable <b>toilets</b>	IH&S	safety				Flush/VIP/chemical = 1. Otherwise 0 (pottie/bucket/pit no score)
Is there <b>refuse disposal?</b>	IH&S	safety				0 for no refuse or not specified. Otherwise score of 1
<b>IH&amp;S totals &amp; weighting&gt;</b>			<b>3</b>	<b>16</b>	<b>35,0%</b>	
<b>Total&gt;</b>			<b>9</b>	<b>52</b>	<b>100,0%</b>	

\*\* A. Scoring functional groups: First score each group. The weighted score for each group is calculated as follows - score for group / number of questions x %age weighting). E.g. A score of 6 out of 7 for the capacity and institutional group would give a score of 8.6. These group scores must be added together to give the total score for each functional area (a maximum of 40 for C&G, 25 for PROG and 35 for IH&S). B) General categorisation scoring: The scores for each functional area are added together giving a maximum score as a %age. C) Potential rating: The scores for C&G and PROG are added together, divided by 65 and multiplied by 100 giving a %age (e.g. 35 for C&G (out of a max of 40) + 17 for PROG (out of a max of 25) gives 52/65x100=80% potential rating score).

## 7. Limitations

Although the preliminary categorisation (i.e. undertaken in the early stages of establishing an ECD support programmes based on field survey or similar data) is a useful tool for population based planning and for prioritising centres for infrastructure investment and other support, it is emphasized that the categorisation (and related survey data) is not sufficient to enable detailed planning, costing and decision-making at centre-level. Additional assessments (infrastructure and operational) will be required by professionals with suitable qualifications and experience. As indicated in section 1, the categorisation can be updated over time as more information on centres becomes available and as centres are improved.

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