

Informal settlements: Informal early childhood development centres



GUIDELINES

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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: <ol style="list-style-type: none"> By a school as part tuition, training and other activities provided by the school; As a border in a school hostel or other resident facility managed as part of a school; or 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 in 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 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; an
 - 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).

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 interest 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 pressuring 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

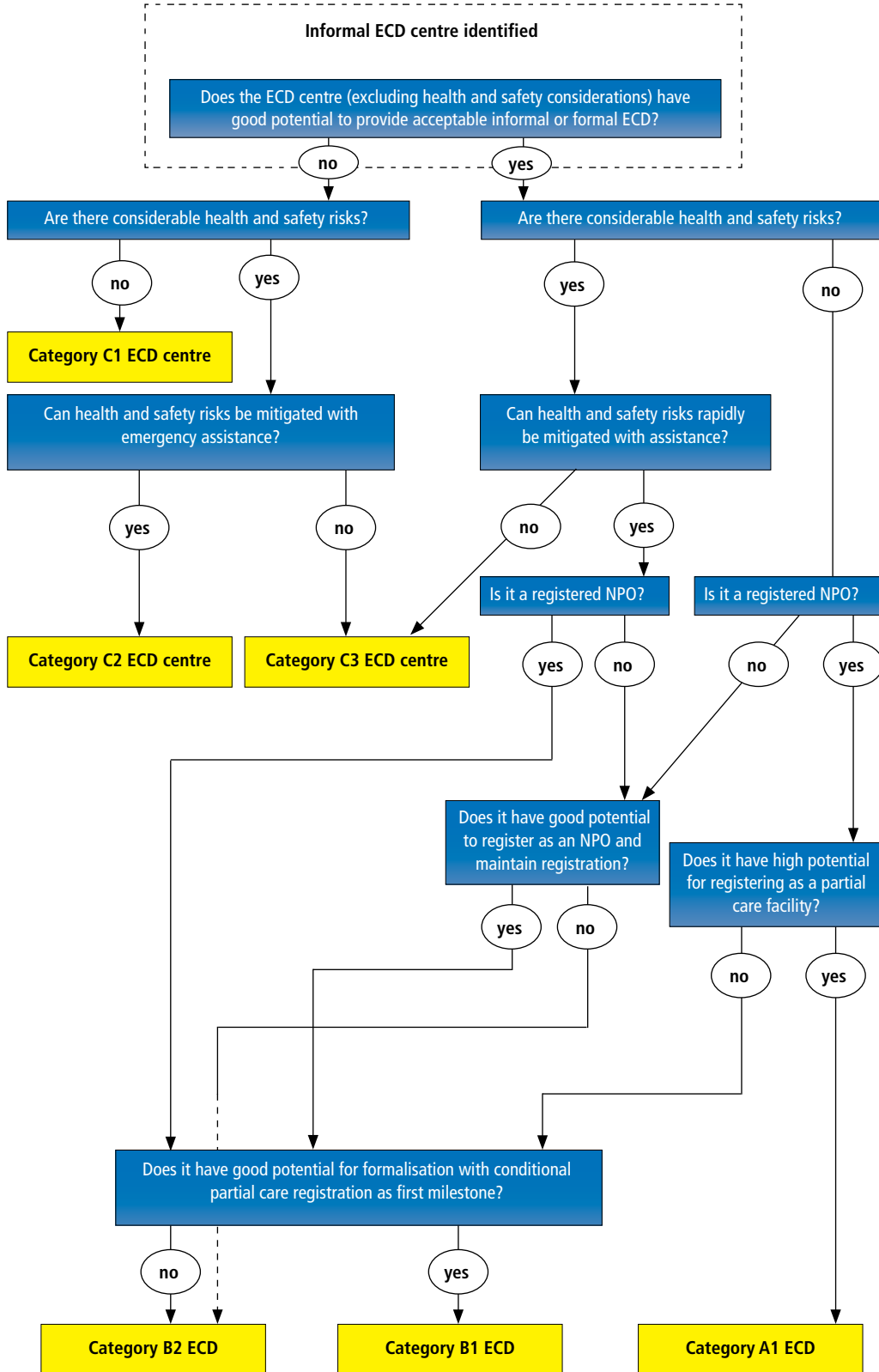
Category	Characteristics of ECD centre/ indicative criteria	Response	Indicative action or support	Stakeholders
<p><i>A1 High-functioning – formalised already or has conditional partial care facility registration or has high potential for formalisation (reg. as partial care facility and NPO). There are very few such ECD centres in informal settlements.</i></p>	<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. 	<p>Such centres warrant significant levels of support and investment – Provide incremental and ongoing support (long-term).</p>	<ul style="list-style-type: none"> • Advanced training (e.g. by NGOs or FET colleges). 	DBE, DSD, NGOs.
			<ul style="list-style-type: none"> • Board training and mentorship. 	DSD, NGOs.
			<ul style="list-style-type: none"> • Assist with nutrition. 	DSD supported by NGOs (e.g. nutrition programme monitoring).
			<ul style="list-style-type: none"> • Provide or assist with acquiring educational resources. 	NGOs, DSD, private sector/CSI sponsorship.
			<ul style="list-style-type: none"> • 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. 	DHS, LM, DSD, DPW.
<ul style="list-style-type: none"> • Assist with partial care facility registration application (if there is a reasonable prospect of successful registration) including assistance with engagement with the Local Municipality. 	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. 	DBE, DSD, NGOs.
			<ul style="list-style-type: none"> • Assist with NPO registration (including selection of board, board training and mentoring, training on functions and requirements of NPOs). 	DSD, NGOs.
			<ul style="list-style-type: none"> • Assist with nutrition. 	DSD.
			<ul style="list-style-type: none"> • Provide or assist with acquiring educational resources. 	NGOs, DSD, private sector/CSI sponsorship.
			<ul style="list-style-type: none"> • ECD centre improvements (e.g. improved sanitation, minor improvements to structure, fence ECD centre). 	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. 	DSD, NGOs.
			<ul style="list-style-type: none"> • Assistance with nutrition. 	DSD
			<ul style="list-style-type: none"> • Provide or assist with acquiring educational resources. 	NGOs, DSD, private sector/CSI sponsorship.
			<ul style="list-style-type: none"> • Minor ECD centre improvements (e.g. improved sanitation, fencing, minor improvements to structure). 	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 on going 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

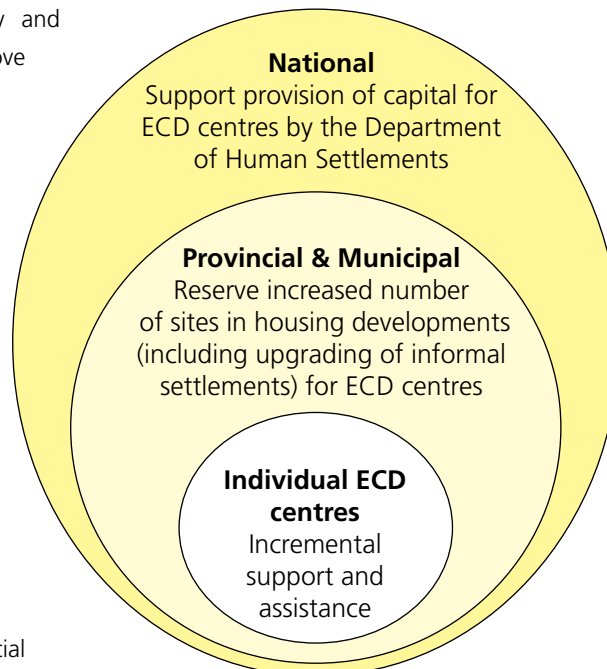
Abbreviations: Department of Social Development (DSD), Local Municipality (LM), Department of Human Settlements (DHS), Department of Basic Education (DBE), Department of Health (DOH), Department of Public Works (DPW).

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 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).

Ratio of staff to children, by age group:	
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. Kamohеле Crèche

6.2.1. Number of attending children

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

6.2.2. History

Kamohеле Crèche (Kamohеле) 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 Kamohеле didn't retain the NPO registration. The owner-operator doesn't live on site.

6.2.3. Support

Kamohélé 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. Kamohélé 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

Kamohélé 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 Kamohélé.

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 to 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.

DAILY PROGRAMME	
ARRIVAL	7:00 - 7:30
TREE PLAY	7:30 - 8:00
TOILET ROUTINE	8:00 - 8:15
MORNING RING	8:15 - 9:00
BREAKFAST	9:00 - 9:45
INDOOR ACT	9:45 - 10:45
TOILET ROUTINE	10:45 - 11:00
SNACK TIME	11:00 - 11:15
INDOOR ACT	11:15 - 12:00
TOILET ROUTINE	12:00 - 12:15
STORY TELLING	12:15 - 12:30
TOILET ROUTINE	12:30 - 12:45
LUNCH TIME	12:45 - 13:00
LUNCH TIME	13:00 - 14:00
SNACK TIME	14:00 - 14:30
TOILET ROUTINE	14:30 - 14:45
REST TIME	14:45 - 16:00
DEPARTURE	16:00 - 17:00

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: Msholozzi (Mbombela)

10.1. Settlement context

Msholozzi 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. Msholozzi 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.

Msholozzi 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 Msholozzi 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 Msholozzi 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 Msholozzi.



Msholozzi informal settlement.



Msholozhi informal settlement.



Msholozhi 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 Msholozhi informal settlement on June 2012 (Nxesi, 2012):

- The land occupied by Msholozhi 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 Msholzi.

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 Msholozhi 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 Msholozhi

11.1. Limited ECD activities

ECD activities in Msholozhi informal settlement appear limited and informal ECD centres aren't immediately apparent. The absence of informal ECD centres in Msholozhi 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 Msholozhi 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 Msholozhi. It does not appear that the absence of informal ECD centres is due to a lack of income among Msholozhi residents given that, based on housing quality, income levels appear higher than those in the Manguang 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 Msholozhi

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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