



planning, monitoring
and evaluation
Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA



PSPPD
PROGRAMME TO
SUPPORT PRO-POOR
POLICY DEVELOPMENT



Scale-able ECD Response Model Survey, Categorisation, & Infrastructure Support



UNIVERSITY OF
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Above: PPT field teams survey ECD centres within targeted under-serviced communities utilising Android tablets. The new data collected enables a better understanding of the status quo, opportunities and challenges at existing centres. It also establishes a benchmark for future improvements. A detailed database is created and centres can be mapped.

Below: Focus group with parents of the Normarashiya ECD Centre in Amaoti, led by UKZN field research team



Below: Most centres have inadequate buildings and/or basic services. Sekusile Crèche uses a rusted corrugated iron building. It has 76 children and is in the process of registering with DSD. It has very poor sanitation and has unsuitable space for babies. The building needs to be replaced.

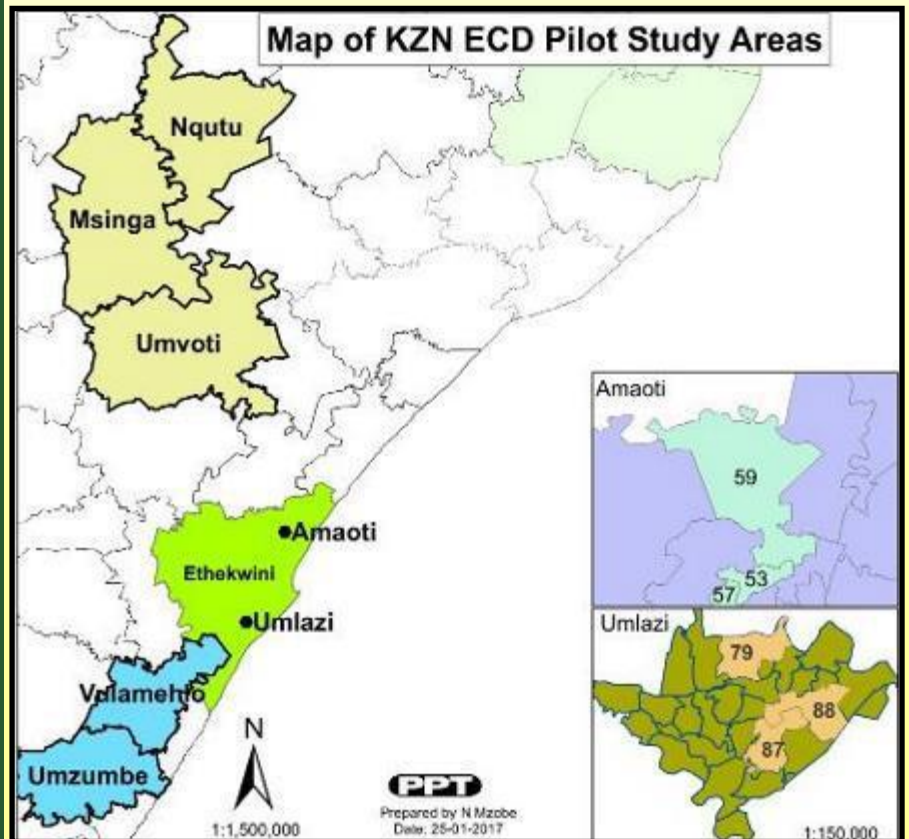


Overview:

The systematic survey of under-resourced early childhood development (ECD) centres in low-income communities and effective planning of infrastructural improvements and other support play a critical role in increasing access to quality ECD services. Project Preparation Trust (PPT), in partnership with government, donors, and other NGOs, has developed an effective methodology which has been tested in eThekweni and five local municipalities in KZN. A scaled-up version of the method could enable large numbers of vulnerable children to more rapidly gain access to acceptable ECD care and at significantly lower cost than current models.

Rationale:

There are approximately 2.5million children in underserved communities who lack access to adequate ECD care and education. They also often face a range of health and safety threats. Many ECD centres in these communities are not yet registered because of infrastructure problems but have no way of receiving state support (including subsidies and training) because they are not registered. Support for all centres to improve and become registered is critical. A paradigm shift and new programmatic approach are urgently required to create hope for young children from poor households and to break long-term cycles of poverty.



Method Outline:

Identify & Survey all ECD centres

Analyse data & map centres

Categorise, & select priority centres

Infrastructure & capacity assessments & plans

Obtain funding

Improve ECD Infrastructure & Training

Purpose: To collaboratively contribute to an improved (scale-able) ECD response model by locating, surveying and categorizing centres, planning for infrastructure improvements and delivery.

Benefits of the method :

- ◆ A **comprehensive data-set on ECD centres** is available for the first time – not only in respect of more data, but also an expanded number of centres relative to existing DSD datasets/ lists.
- ◆ **Population based planning and targeted programmatic support** is made easier using this data-set for: infrastructure improvement planning; targeted centre visits by DSD and EHPs in order to save time and resources; centre registration support where most children will benefit or biggest health and safety risks exist; targeted support by other organisation (e.g. NGOs providing training, nutrition etc.).
- ◆ **Significant numbers of unregistered centres are identified** which were not formerly in DSD's system.
- ◆ **Data and categorisation helps prioritise centres for infrastructure and other support**, including for new gold/silver/bronze conditional registration being finalised by NDS (e.g. centres which are likely to make the grade at entry/bronze level can rapidly be registered and supported by SWs and EHPs).
- ◆ **Cost-saving** – through understanding the needs across many centres, improved planning and bulk procurement can reduce the costs of delivering infrastructure improvements and programme

"The first five years have so much to do with how the next 80 turn out" - Bill Gates Sr.

Target areas	ECD Centres surveyed	NPO Registration	DSD Registration	DSD Subsidy	Infra-structure deficits	Children in centres
Amaoti	42	21	11	6	41	2 546
Umlazi	39	30	9	6	27	1 367
Vulamehlo	52	45	44	25	47	1 615
Umzumbe	102	84	71	43	98	3 700
Msinga	111	74	61	26	103	4 038
Umvoti	72	40	36	23	60	2 396
Nquthu	98	95	68	59	86	3 938
TOTAL	516	389	300	188	462	19 600

Overview of ECD centres surveyed by area

Pilot Phase achievements

Database of 516 centres in six municipalities from field survey (Ugu DM - 102 in Umzumbe & 52 in Vulamehlo; Umzinyathi DM - 111 in Msinga, 72 in Umvoti & 98 in Nquthu; EThekwini Metro - 39 in Umlazi and 42 in Amaoti).

Developed and tested an **ECD survey and infrastructure support model**

Detailed **infrastructure improvement plans** with cost estimates for 112 pilot centres with a total capital value of R24.4million at an average cost of R4,297 per child (mix of improvements & new builds)

Increased **skills and capacity of the PPT Survey Team**

Development of an electronic, **Android-based ECD survey tool.**

Development and refinement of **ECD categorisation framework** to assist with centre selection, prioritisation and population-based planning

Development of **new ECD resources**/base documents for norms & standards, categorisation, and infrastructure funding models

Key Trends and Learning:

Significant learning has been obtained through the ECD survey, research and infrastructure support work undertaken through three main initiatives which span both informal settlement and rural communities: 1) the European Union funded Programme to Support Pro-Poor Policy Development of the Department of Planning, Monitoring and Evaluation, undertaken in the informal settlements of Amaoti in eThekwini; 2) the Strategic ECD infrastructure Support (SEIS) Programme undertaken in partnership with Ilifa Labantwana in four rural municipalities (Umzumbe, Vulamehlo/Umdoni, Umvoti, Msinga), and certain infill informal settlement areas in Umlazi, eThekwini; and 3) the Assupol Community Trust funded survey, categorisation and prioritisation of infrastructure improvement pilots at Nquthu and Msinga. Data is presented for centres in informal settlements, rural areas and the combined overall figure.

- ◆ **Most centres are outside of the current DSD system of oversight, funding and support** - 75% of informal settlement centres, 36% of rural, and 42% centres overall were not registered. An even higher percentage of the ECD centres do not benefit from DSD ECD subsidies - 85% in informal settlements, 60% in rural, areas and 64% overall.
- ◆ **There are large numbers of children in under-resourced, unregistered centres** i.e. 51% of the children in the informal settlements centres 25% of the children in rural centres and 30% of the children in centres overall.
- ◆ **Improving existing centres is cost effective and is therefore the infrastructure investment priority** if population coverage and 'massification' are to be achieved. The cost of building new centres for all under-served children is unaffordable to the fiscus, costing more than six times per child relative to improving existing centres. The average planned cost per centre is R110,568 at R2,154 per child (for a mix of basic services and minor building improvements at 90 centres). By contrast, new builds cost between R13,510 and R29,000 per child (depending on whether they are built at basic/NPO or higher/state facility specification).
- ◆ **Infrastructure deficiencies pose the most significant barrier to centre improvement and registration.** Most centres (84% in informal settlements, 91% in rural areas, and 90% overall require infrastructure improvements due to various deficiencies (basic services, building, accommodation or site). These deficiencies typically pose problems in respect of the health and safety of children as well as meeting norms and standards for DSD registration.

*Many ECD centres in informal settlements such as the Siphosezwe Centre in Amaoti (eThekwini) suffer not only from a lack of basic services, but also from the **unhygienic realities of overcrowded informal settlement conditions** where contaminated water, waste and sewage runs through properties due to poor stormwater and*



Method (detail):

1. Rapid survey of all ECD centres in target municipality/area:

To collect information on infrastructure, health and safety, staff qualifications, governance and capacity. The survey enables a better understanding of the status quo, opportunities, and challenges of each centre. 149 questions are asked using an Android tablet-based survey tool. A GPS location is taken for each centre.

2. Categorisation of centres:

Based on 52 marker questions, centres are categorised in respect of their potential (A, B1, B2, C1, C2). This helps prioritise centres for infrastructure and other support, depending on specific priorities (e.g. reaching the most children at lowest cost; supporting centres that have the highest chance of registration).

3. Infrastructure planning:

Prioritised centres are assessed for potential infrastructure investments. An infrastructure improvement plan for each centre is developed with a cost estimate (usually a mix of basic services and building improvements). Some new centres may be planned, although the high cost relative to improving existing centres means that this needs to be done selectively.

4. Infrastructure delivery:

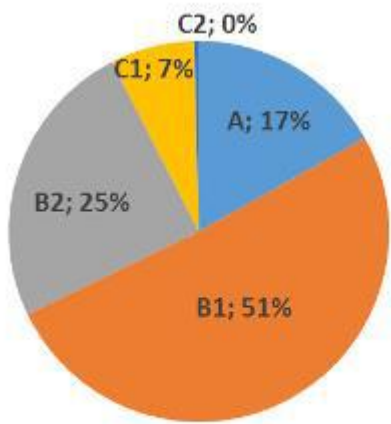
Various funding sources can be utilised to deliver the infrastructure including the DSD's new conditional ECD infrastructure grant, municipal infrastructure grants (MIG, ICDG, USDG), and CSI funding. Efficient state procurement solutions are necessary and in some cases, external support may be beneficial in managing implementation and packaging the delivery effectively.

- ◆ **Most centres surveyed are relatively small** - The average size was 38 children. Centres at Amaoti were atypical in being significantly larger (average of 60 children) vs rural average of 36. The overall average of 38 children is significantly less than the national median of 53 for fully registered centres.
- ◆ **Registration flexibility is essential:** The current registration requirements are out of reach for most centres due to a range of factors such as low levels of income at centres, too-stringent by-laws, and a lack of building plans, zoning and formal tenure. Some flexibility is already applied by EHPs, but it is hoped that the DSD's new gold-silver-bronze framework of incremental registration will result in the inclusion of many more centres in the DSD's system of oversight and support.
- ◆ **Low-income levels are a key constraint:** Most parents in low-income communities can only afford to pay between R50 and R150 per child per month. This places centres under extreme financial pressure. Even if the DSD ECD grant is provided, funding is still insufficient to meet all requirements. Fee levels were slightly higher at Umlazi where most parents (66%) were paying R151 to R250.
- ◆ **Most centres do their best and many have potential.** Despite their limited resources, most centres show commitment under difficult circumstances and have potential to improve, provided they receive greater support. 67% of informal settlement centres surveyed were in upper categories (A & B1) with the potential higher at Umlazi (87%) versus Amaoti (48%) , 68% rural and 68% overall.
- ◆ **Significant deficiencies in ECD practitioner skills and capacity** - 23 % of principals and 38% of practitioners in informal settlements had no ECD training versus 28% and 48% at rural ECD centres and 27% and 46% overall).
- ◆ **Poorly defined municipal ECD role and funding mandates:** Municipalities have an important role to play in ECD. However their role is poorly defined from a developmental (as opposed to regulatory) point of view. Most municipalities (such as eThekweni) have no dedicated ECD function nor budget. Yet ECD is a key concern for Cities. It is a shared function and unfunded mandate. This problem is a key barrier (e.g. to including ECD in city-wide informal settlement upgrading).
- ◆ **Weak co-ordination for ECD support and infrastructure investments:** There needs to be stronger co-ordination, planning and prioritisation, especially between Municipalities and the DSD, but also with local support NGOs. Infrastructure investments need to take into consideration categorisation, centre needs and potential. Costly new builds require up-front DSD approval.
- ◆ **Weak area-level data on local demand for ECD services.** Neither the DSD nor municipalities have this data which is especially important for costly extensions and new builds which create expanded access to ECD services. ECD surveys help provide some of this data.



Inadequate toilet facilities are a major challenge at rural ECD centres. Left: Nkanini Crèche in rural Vulamehlo is a well run centre, but has no toilet facilities on site. Children utilise a toilet at an adjacent church. The centre is a DSD registered but does not receive a grant. It care for 48 children.





Categorisation Results

Categorisation Definitions:

A1: Well-functioning, usually DSD-registered, may have minor infrastructural deficiencies.

B1: Basic-functioning with good potential, can usually achieve DSD registration if there is some support and infrastructure improvement.

B2: Low-functioning with potential, as for B1 but may take more time to achieve DSD registration and greater flexibility and more support may be required.

C1: Low-functioning with limited potential, Often providing only basic 'child-minding'.

C2: High risk and dysfunctional, may need to be closed-down and children accommodated elsewhere.

Typical infrastructure improvement 'packages':

Infrastructure improvement requirements and costs will vary significantly from one centre to another. Fixed 'packages' are not viable. However, the types of infrastructure improvements can readily be grouped as follows, noting that they usually overlap (e.g. basic improvements with a building extension):

- ◆ **Basic improvements:** These are required at most centres and are the top priority. The average cost from 90 improvement plans was R110,568 per centre and R2,154 per child (with a significant cost variation across centres). The DSD conditional grant value is up to R100,000 with a maximum 30% variation.
 - Basic services improvements:* Such as toilets/VIPs, hand-basins, water tanks, fencing, electricity, and safety equipment (e.g. fire extinguishers).
 - Minor building improvements:* Such as roof sheeting, floors, new windows, doors, dry walls for food preparation areas or subdividing playrooms, fixing wall cracks, aprons, and painting.
 - Outdoor play equipment:* Such as jungle gyms and fixing existing equipment such as swings.
- ◆ **Building extensions:** Typically for kitchens, offices cum sickbays, playrooms and ablution blocks. The average cost of extensions planned at 37 centres was R72,983 per centre and R1,111 per child.
- ◆ **New buildings:** New buildings are only appropriate where necessary and after careful consideration of the merit of each particular situation due to the costs. These are provided at basic, NGO specification costing approximately R480,000 for a typical centre of 30 children. The average projected costs from 22 new build plans was R659,551 per centre averaging 48 children at R13,510 per child.

Remaining challenges to upscaling and 'Massification':

- ◆ There is a **shortage of specialist capacity within government to undertake ECD surveys and plan and manage infrastructure investments**. The DSD usually does not have the capacity in-house at local or provincial level and nor do most municipalities. This needs to be rapidly resolved. The solution appears to be to procure the necessary external capacity, making use of support NGO collaborations with the existing specialised expertise where possible.
- ◆ An **efficient ECD infrastructure delivery model/vehicle**, which meets the particular requirements of ECD infrastructure, is an important success factor. The investments are typically relatively small but in multiple localities which are often geographically dispersed. Such a model/vehicle needs to be 'tuned' to ECD norms and standards and related flexibilities.

Handwashing and water supply a major ECD challenge at rural ECD centres because they typically do not have piped water. Right: Tippy taps such as these can provide hygienic, low cost handwashing for centres without piped water and hand-basins, yet they are not a recognised solution according to official ECD norms and standards.



Policy Brief:

- ◆ **Greater fiscal priority for under-resourced ECD centres**, both in respect of infrastructure and operating costs (DSD subsidies). Most children currently do not benefit. Their families cannot afford to pay enough for centres to provide acceptable care. There is simply not enough funding available for ECD.
- ◆ **NDSB to finalise the new gold-silver-bronze registration guidelines**, which confer important and necessary registration flexibility.
- ◆ **DSD to ensure effective utilisation of the ECD conditional maintenance grant** during its two-year pilot phase, especially at Provincial and District level where implementation occurs and including better co-ordination with municipal IDPs.
- ◆ **National Treasury to consider flexibility in existing municipal infrastructure grants** (MIG, ICDG/USDG) so Municipalities can fund ECD infrastructure and planning and play a more proactive role, noting that ECD is a concurrent function and largely an unfunded mandate and that the DSD's conditional infrastructure grant currently has limited budget.
- ◆ **ECD surveys are required in all municipalities** in order to determine the status and category of all ECD centres and to provide the data necessary for effective, population-based ECD planning. Funding for this is required. Ideally this should be provincially-driven to enable consolidated data-bases.
- ◆ **ECD centre improvement planning & delivery support** is necessary (provincial/local level) to develop 'viable and bankable' ECD project pipelines. Efficient provincial delivery models are needed. Leveraging the capacity ECD support organisations will be beneficial.
- ◆ **Structured DSD-Municipal collaboration** (e.g. via MOUs) in order to clarify intra-governmental responsibilities and ECD infrastructure funding streams. This must include Metros who have large, concentrated, under-served populations.
- ◆ **Include ECD in informal settlements as a priority within the national upgrading agenda** of all spheres of government. ECD is an important part of upgrading and Cities such as eThekweni are moving to include ECD as part of their upgrading programmes.

- ◆ There is a **shortage of funding for ECD subsidies from the DSD** as evidenced by many registered centres not yet receiving subsidies. Given the acute income pressures on most ECD centres in under-served communities, this is a key challenge to 'massification'. Without the DSD subsidy, the most-needy centres are unable to improve.
- ◆ The **DSD's capacity (at service office level) is often insufficient** to visit and assess all centres and sustain contact with them. Environmental Health Practitioners face a similar problem.
- ◆ There is **insufficient funding for ECD infrastructure and related survey and planning**. The current ECD conditional infrastructure (maintenance) grant is still at a small scale and there are no other grants sufficient to meet the scale of the need. Whilst MIG and ICDG can be utilised, there are heavy pressures on these for other purposes. In addition, the portion that can be allocated for planning and technical work may be insufficient in the ECD context (e.g. capped at 10% for ICDG capped and 5% for MIG).
- ◆ Given the prevailing funding and other constraints, there needs to be **careful prioritisation of those centres which receive infrastructure and other assistance**. It makes most sense to prioritise the centres with the greatest potential, highest numbers of children, and least barriers to registration. However, this also means that some of the most vulnerable centres will be left out and a plan needs to be made to support these centres.
- ◆ The **flexibilities within the new three-stage Conditional Registration framework will require further refinement over time**, in particular at bronze and silver levels (e.g. in respect of land ownership, zoning, building plans, space adequacy per child, trained practitioner ratios etc.). The current framework is premised on centres being able to transition rapidly from bronze to silver levels, but some centres will struggle to do so, principally due to insufficient operational funding (income) and infrastructural deficits.
- ◆ **Some centres are unlikely to achieve registration, even with flexibility** (such as that proposed at the bronze and silver levels). Such centres typically offer only basic childminding and are often the centres with least resources to improve infrastructure. Such centres are typically at the C1 or C2 levels. They are thus likely to remain outside the system, yet there may not yet be any other alternative care options for children and it may be difficult to close them down.

PPT, DSD staff and Health officials visit an unregistered ECD center in eThekweni. Such centers provide much-needed day-care for children whilst their parents work. They also provide an important form of income in these impoverished communities.





Project Preparation Trust of KZN (PPT)

is an independent public interest organization, non-profit organization with more than 20 years' experience in the preparation of a range of developmental projects for communities and in mobilizing capital funding and other resources for them. PPT has a particular focus on the poorest of the poor, and those in special need such as people residing in highly marginalized rural communities or urban informal settlements or vulnerable children. PPT prepares and manages projects at scale, develops policies and strategies and innovates based on real-world experience. PPT's programme focus includes informal settlement upgrading, ECD, municipal infrastructure, special needs housing, the informal economy and micro enterprise. PPT works closely with communities, government, donors and civil society organisations in achieving its mission.

PSPPD (European Union)

is the Programme to Support Pro-poor Policy Development (PSPPD) which is located within the Department of Planning, Monitoring and Evaluation (DPME) and is part of the larger European Union-funded National Development Policy Support Programme (NDPSP). The PSPPD's core purpose is to improve evidence-based policy-making on poverty and inequality at national and provincial levels through its research grants and learning and capacity-development activities such as training events, workshops, conferences, and study tours.

Ilifa Labantwana

is an innovative and ambitious national Early Childhood Development programme set up in 2009. Ilifa was established as a response to a strategic opportunity to address key gaps in access to ECD programmes in South Africa. Ilifa has tested and demonstrated scalable, cost-effective models of intervention in order to achieve population coverage for marginalised and poverty affected communities. It has provided feedback into the development of the new national ECD policy and programme. Ilifa is currently focusing on providing implementation evidence, building national capacity and galvanising political support to provide quality ECD services at scale, with a particular focus on the poorest 40% of the population under 6 years of age.

Partner Municipalities



'WORKING TO CHANGE THE LIVES OF THE POOR THROUGH APPROPRIATE SUSTAINABLE DEVELOPMENT'

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