

Municipal Guide for Early Childhood Development (ECD) Planning and Infrastructure Support

Developed by:

Project Preparation Trust of KZN



In collaboration with:



July 2019

ACKNOWLEDGEMENTS

This guide is informed by extensive practical experience drawn from the Strategic ECD Infrastructure Support (SEIS) partnership project conducted in six local municipalities in KwaZulu-Natal (eThekweni Metro, Msinga, Umvoti, Umzumbe, Umdoni - previously Vulamehlo and Nqutu¹). The project was led by Project Preparation Trust (PPT) in partnership with Ilifa Labantwana and other partners mentioned below. The Guide is also informed by other ECD work in which PPT has been involved including: the collaboration with eThekweni Metro; the Programme to Support Pro-Poor Policy Development (PSPPD) within the Department of Planning Monitoring and Evaluation funded by the European Union; and the collaboration with Assupol Community Trust.

This guide was written by Mark Misselhorn (CEO of PPT) and Liesel du Plessis (Programme Manager at PPT). Special thanks to the team at Ilifa Labantwana for editing the Guide and for their wide-ranging inputs into the SEIS project over a period of several years and to Grant Pellow-Jarman (Divisional Manager Engineering and Construction at LIMA) for technical drawings and costing for new ECD typologies and construction data. Thanks are also due to all of the all of the partners with whom PPT and Ilifa Labantwana have collaborated over many years including: National Department of Social Development; National Department of Human Settlements; eThekweni Municipality; KZN Department of Social Development; KZN Department of Cooperative Governance and Traditional Affairs; the Programme to Support Pro-poor Policy (PSPPD); Assupol Community Trust; Lima Rural Development Foundation; Network Action Group (NAG); Training and Resources in Early Education (TREE); the University of KwaZulu Natal; the afore-mentioned municipalities in KZN.

The development and compilation of the Guide was funded by PPT with co-funding provided by Ilifa Labantwana.

For more information about PPT, its ECD support work and various ECD resources, please refer to www.pptrust.org.za/programmes-and-projects/early-childhood-development/.

¹ Nqutu was added via the collaboration with Assupol Community Trust.

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ABBREVIATIONS AND ACRONYMS

BEPP	Built Environment Performance Plan
CBO	Community-based organisation
CoGTA	Department of Cooperative Governance and Traditional Affairs
CWP	Community Works Programme
DGDP	District Growth and Development Plan
DHS	Department of Human Settlements
DM	District Municipality
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
EHP	Environmental Health Practitioner
EPWP	Expanded Public Works Programme
FBO	Faith Based Organisation
HRDP	Human Resource Development Plan
HSDG	Human Settlements Development Grant
IA	Implementing Agent
ICDG	Integrated City Development Grant
IDP	Integrated Development Plan
KZN	KwaZulu Natal
MTEF	Medium Term Expenditure Framework
Muni	Municipality (<i>used in tables</i>)
NDP	National Development Plan
NIECDP	National Integrated Early Childhood Development Policy
NGO	Non-governmental organisation
NPO	Non-profit organisation
PCF	Partial Care Facilities
PCR	Partial care registration
PGDS	Provincial Growth and Development Strategy
PGDP	Provincial Growth and Development Plan
PSC	Project Steering Committee
SP	Service provider (<i>used in tables</i>)
VIP	Ventilated Improved Pit (latrine)

GLOSSARY

ECD Registration Framework (bronze, silver, gold)	The new ECD centre registration framework, developed by the DSD registration is a differentiated set of standards enabling ECD Centres to meeting full compliance in an incremental way.
Built Environment Performance Plan(BEPP)	The BEPP is a requirement of the DORA in respect of infrastructure grants related to the built environment of metropolitan municipalities. It remains one of the eligibility requirements for the Integrated City Development Grant (ICDG). That is an incentive grant that rewards the application of infrastructure grants in terms of a spatial targeting approach at a sub-metropolitan level. The BEPP is thus also an instrument for compliance and submission purposes for various infrastructure grants (USDG, HSDG, etc.). Updated by Municipalities on an annual basis
Child-minder	A person who provides care and early learning for up to six children, typically in their own homes. Also in some contexts referred to as “day mothers”. Childminders are recognised as an ECD programme in the ECD Policy. It is expected that such child minders will be capacitated and supported to offer good quality care, stimulation and early learning.
Early Childhood Development Essential package	An essential package of ECD services consists of five elements, namely maternal & child health care, social services, nutrition support, support for parenting and stimulation for early learning
Early Childhood Development (ECD) centre	A partial care facility that provides an early childhood development programme with an early learning and development focus for children from birth until the year before they enter Grade R/formal school.
Early Childhood Development Grant	The strategic goal of the ECD Grant is to increase access to quality ECD services for poor children. It comprises two main elements: 1) the infrastructure component that provides for the maintenance and upgrading of ECD centres and for the construction of new low cost ECD centres, and 2) the subsidy component that provides poor children access to subsidised ECD services.
Edutainers	Shipping containers revamped / upgraded to meet minimum norms and standards be used for ECD centres.
Happy letter	An infrastructure completion certificate which the contractor, ECD operator, EHP and municipality must sign to indicate that they are satisfied with the completed infrastructure works.
Implementing agent	An implementing agent is often contracted to undertake all aspects of the programme from survey/infrastructure planning, design to construction. Projects like these are often also referred to as turnkey projects
Medium Term Expenditure Framework (MTEF)	The MTEF is government’s annual, rolling three year-expenditure plan. It sets out the medium-term expenditure priorities and hard budget constraints against which sector plans can be developed and refined.
Mobile ECD	These are mobile early childhood development programmes which usually operate three to four hour programmes for children in various locations from an adapted vehicle.

Non centre based ECD programme	Any early childhood development programme, service or intervention provided to children from birth until the year before they enter formal school, with the intention to promote the child's early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development and early learning. This may include, parenting support programmes, home-visiting programmes, early learning play groups, child-minders, toy-libraries, mobile programmes, amongst others.
NPO registration	A Non-Profit Organisation, whether a voluntary association, trust, non-profit company or community based organisation established for public purpose and whose income and property are not distributable to its members (except as reasonable compensation for services rendered) must register at the Directorate for Non Profit Organisations at the Department of Social Development in terms of the Non-profit Organisations Act 71, 1997. The current financing policy of the Department of Social Development requires that ECD programmes must be registered NPOs in order to be eligible to receive funding.
Partial care	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 parents or care-givers and the provider of the service. Partial care services are required to register as a partial care facility and an early childhood development programme in accordance with the Children's Act No. 38 of 2005.
Programme registration	The Children's Act No. 38 of 2005 requires that all early childhood development programmes be registered with the Department of Social Development. It ensures that the children attending the ECD service receive age appropriate stimulation. It prepares the children attending your ECD partial care facility for school readiness and contributes to lifelong learning.
Playgroup	A group of young children organised for play or play activities for early learning and development (cognitive, language, motor, emotional, social). A playgroup is attended by children from birth until the year before they enter formal school, usually accompanied by their mothers and/or fathers or primary caregivers, and supervised by a voluntary or paid playgroup facilitator.
Toy library	A toy library provides developmentally appropriate educational play and learning materials to early childhood development service providers, parents or children. It may offer play and learning sessions, toy-making demonstrations, individual lending and/or lending to early childhood development service providers.
Universal availability	A situation where there is a sufficient quantity of ECD services in sufficiently close proximity to all young children so as to ensure that they all enjoy an opportunity to access the services in question.
Zoning	Category of directions setting out the purpose for which land may be used and the land use restrictions applicable in respect of the said category of directions

1. BACKGROUND AND PURPOSE

1.1. Purpose of this guide

The purpose of this guide is to enable local municipalities and metros in South Africa, working closely with the Departments of Social Development (DSD), Basic Education (DBE) and Cooperative Government and Traditional Affairs(COGTA) and other stakeholders, to conduct improved planning, co-ordination and resource utilisation for early childhood development (ECD) service provision. ECD is recognised as a national strategic priority, especially in respect of significantly improving the access to and quality of ECD services within low-income, under-serviced communities such as informal settlements and rural villages in order to create hope for large numbers of young children and in order to break long-term cycles of poverty. The DSD's upscaling strategy advocates for adopting a mixed delivery model which includes both centre- and non-centre based services to achieve universal access.

This guide focusses mainly on the infrastructure components of scaling up centre-based ECD services, since ECD centres are evidently² the most predominant type of ECD programme in South Africa and have been the focus of PPT's ECD support work in recent years. There are large numbers of existing under-resourced ECD centres within underserved and poor communities already providing services to large numbers of young children which have the potential for improve if they receive the right kind of assistance. Although non-centre-based ECD services, such as playgroups, mobile ECD centres, toy libraries and childminders are not falling within the normal ambit of municipal services, municipalities are required to register child minders (caring for 6 children and less) and to provide support to ECD services providers by identifying safe and suitable community facilities that can be utilised for non-centre based services e.g. halls, community centres). The drafting of a separate more detailed guide on non-centre based ECD services that requires specific and a different set of principles, is currently investigated.

Whilst this guide on centre based ECD services provides information, and suggestions based on real-world experience, it is intended only as a resource from which municipalities and other stakeholders can draw what is relevant to their particular local context. The guide seeks to:

- Provide a practical, programmatic framework for improving the access to and quality of ECD services in the municipality, especially within under-serviced, low-income communities.
- Enable the municipality to optimise its development role in ECD, especially in terms of improved planning, coordination and infrastructure provision.
- Enable improved and more efficient resource utilisation for ECD including in respect of funding for improved ECD infrastructure.
- Encourage municipalities to rationalize and optimize its properties and facilities such as halls and community centres for the rendering of both centre and non-centre based ECD services
- Enable improved communication, coordination and institutional arrangements amongst key stakeholders involved in ECD (governmental, non-governmental and private sector).
- Highlight the need for increased operational funding and oversight to ensure regular preventative maintenance.
- Unlock improvements in ECD service provision at scale.

² According to the DSD's Strategy to upscale and finance ECD services, 92% of ECD services are centre based while 8% (7% childminders, 1% playgroups and 1% mobile services) are non-centre based

1.2. Background

Early childhood refers to the period of human development from birth until the year before a child enters formal school (as per the National Integrated ECD Policy of 2015). Improving access to adequate ECD services in low income, underserved communities is recognised as a national priority within the National Development Plan and by key departments including those of Social Development, Basic Education, Human Settlements and Co-operative Governance and Traditional Affairs. It is recognised that, in order to achieve this objective, there needs to be a paradigm shift and improved approaches to supporting ECD provision that are more programmatic and efficient. Whilst there are good policies in place, there have been challenges in implementing them at scale, with weak coordination and communication amongst key stakeholders as well as inefficient budget utilisation being amongst the barriers to scaling up much-needed solutions.

Nationally there are estimated to be nearly 1.1 million children aged 3-5 years who still do not have access to any form of early learning programme.³ There are approximately 4.5 million children under six years of age living in poor households (SAECR 2019).⁴ Of these, approximately 2.3 million attend some type of group learning programme. The most prevalent programme modality is ECD centre-based provision. Most ECD centres have been established in communities by not-for-profit organisations or micro-enterprises in the absence of state support and in many cases little or nothing is known about these centres, most of which have been operating for many years. Many ECD centres are not registered with the Department of Social Development (DSD) and/or do not receive state subsidies and are consequently heavily under-resourced as parents' fees cannot cover the full cost of service provision. Children in ECD centres often face a range of health and safety threats due mainly to poor infrastructure. Infrastructure deficiencies are a key barrier to many centres achieving registration with the DSD since they are unable to meet basic standards and requirements. Without registration, centres are in turn unable to access much-needed state support (including DSD operational subsidies and training) and they remain outside the system and 'off the radar' of government. Providing support to all centres within the municipality's jurisdiction area so they can improve and become registered, is therefore critical.

The municipality has an important development role to play in respect of ECD, working together with other key stakeholders such as the Departments of Social Development, Education and Co-operative Governance as well as communities and the non-profit and private sectors.

2. ECD POLICY AND LEGISLATIVE CONTEXT

2.1. The Constitution of the Republic of South Africa, 1996

Schedule 4, Part B of the Constitution gives local authorities the legislative competence to pass legislation and policy relating to child care facilities. In addition, municipal planning, including the regulation of land use for child care facilities, is designated as a function and competency of local government. The Local Government Municipal Systems Act No. 32 of 2000 prescribes further responsibility for local municipalities to contribute according to their capacity, together with other organs of the state, to the progressive realisation of the rights contained in Sections 24, 25, 26, 27 and 29 of the Constitution.

³ Hall K, Sambu W, Almeleh C, Mabaso K, Giese S and Proudlock P (2019) South African Early Childhood Review 2019. Cape Town: Children's Institute, University of Cape Town and Ilifa Labantwana

⁴ Hall K, Sambu W, Almeleh C, Mabaso K, Giese S and Proudlock P (2019) South African Early Childhood Review 2019. Cape Town: Children's Institute, University of Cape Town and Ilifa Labantwana

2.2. Children's Act (No. 38 of 2005, April 2010)

The Children's Act No. 38 of 2005 provides a comprehensive child protection framework for South Africa, which includes a dedicated chapter (6) on ECD. It obligates the development of a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed ECD system, giving due consideration to children with disabilities and chronic illnesses.

All ECD programmes (as outlined in section 4 and including non-centre based activities) must register as an ECD programme in terms of the Act. In addition, ECD centres must be registered as partial care facilities in terms of the Act. Partial care is dealt with in Chapter 5 of the Act, Chapter 4 of the regulations pertaining to the Act, Part 1 of Annexure B of the regulations (norms and standards) and prescribed forms 11-15.

Partial care registration is required 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 parents or care-givers and the provider of the service. Partial care services are required to register as a partial care facility and an early childhood development programme in accordance with the Children's Act No. 38 of 2005.

The Act requires all ECD centres to comply with set norms and standards, and in order for them to be registered, they must also meet other laws and regulations, including the Department of Health's National Environmental Health Norms and Standards for Premises, 2015, and relevant municipal requirements. The Children's Act, however, is developmental in its approach and Section 82(5) acknowledges that full adherence to norms and standards may not be immediately possible, especially in community based settings. It therefore makes provision for conditional registration of an ECD centre.

2.3. Spatial Planning and Land Use Management Act (SPLUMA) No 16 of 2013

The SPLUMA enables municipalities to develop spatial development frameworks and land use schemes. SPLUMA sets out a national framework for land use management with the specific political objective of facilitating spatial justice (Denoon-Stevens, 2016). There are four components to SPLUMA, namely:

- i. **A set of development principles (spatial justice, spatial sustainability, spatial resilience, efficiency and good administration)** to which all land developments and systems must conform.
- ii. **The institutionalisation of spatial development frameworks (SDFs)** as a central planning tool; the Act mandates all three tiers of government to develop and revise their SDFs every five years.
- iii. **The endorsement and institutionalisation of land use schemes** to codify specific land use to each land parcel.
- iv. **The specification and institutionalisation of procedures** to be applied in all three tiers of government in the management of land development processes.

SPLUMA mandates all three tiers of land administration to align with the goal of redressing 'spatial and other development imbalances' and improving 'access to and use of land'. Although some of these principles are vaguely defined, SPLUMA specifically calls for land use provisions that are 'flexible and appropriate'.⁵

⁵ Andrew Charman, Caitlin Tonkin, Stuart Denoon-Stevens, Rodolphe Demeestère: "Post-Apartheid Spatial Inequality: Obstacles of land use management on township micro-enterprise formalisation." A report by the Sustainable Livelihoods Foundation, 14 August 2017.

Municipalities are required to integrate traditional land and informal settlements into their spatial and land use management systems. Incremental upgrading of informal areas receives special priority and principles of flexibility and incrementalism are emphasized. Section 7(d) provides for “the principle of spatial resilience, whereby flexibility in spatial plans, policies and land use management systems are accommodated to ensure sustainable livelihoods in communities most likely to suffer the impacts of economic and environmental shocks.”

Municipalities are required to make provisions that permit the incremental introduction of land use management and regulation for ‘informal settlements, slums and areas not previously subject to a land use scheme’ as well as ‘traditional land’ and ‘former homeland areas’. Some of the key implications of this for municipalities are that:

- Section 7(a)(ii): Spatial development frameworks and policies at all spheres of government must address the inclusion of persons and areas that were previously excluded, with an emphasis on informal settlements, former homeland areas and areas characterized by widespread poverty and deprivation”.
- “Section 7(a)(iv): Land use management systems must include all areas of a municipality and specifically include provisions that are flexible and appropriate for the management of disadvantaged areas, informal settlements and former homeland areas”
- The municipality must “identify the designation of areas in the municipality where incremental upgrading approaches to development and regulation will be applicable.”
- “The land use scheme adopted must amongst other things “include provisions that permit the incremental introduction of land use management and regulation in areas under traditional leadership, rural areas, informal settlements, slums and areas not previously subject to a land use scheme.

The SPLUMA makes provision for equity in the application of spatial development planning and land use management systems. Equity is an important principal as bylaws are often applied universally and indiscriminately.

2.4. National Building Regulations and Building Standards, Act No 103 of 1977 (as amended in 1996)

The National Building Regulations and Building Standards Act (NBRBSA) provides an overarching legal framework to govern building and associated land use. The measures to ensure the strength and stability of buildings, compliance and precautionary measures against fires and other emergencies, light and ventilation, water and sewerage provision etc. are considered as part of the environmental health inspection.

The NBRBSA requires that any structure built, and any significant change to the use of a room, for example changing a bedroom to a house shop or house tavern (*or ECD centre*), requires a building plan be submitted to the municipality and approved before building works can commence.

While the Act sets the legal parameters for the process, the actual standards are set by the South African Bureau of Standards (South African Bureau of Standards (SABS). These standards are very thorough and complicated, with the standards having 23 parts in total, with each part dealing with a different section of the building. It should also be noted that the SABS building standards only recognise brick and timber structures. Any type of walling system other than brick or timber (e.g., drywall, corrugated iron, earth, etc.)

either has to have a certificate certifying its suitability from the government organisation Agrément SA⁶, who test each system's adequacy based on a specific set of parameters, or otherwise has to prove to the municipality and the National Home Builders Registration Council that the walling system is 'fit for purpose'. This can limit any micro-enterprise (or ECD centre) operating out of a structure that is not built out of brick or timber from obtaining building plan approval.⁷

It is noted that there are municipalities such as the "eThekweni Municipality: Child care facilities bylaw", 2015 that recognises the use of informal building structures and addressed this matter by making provision for the authorised officer "to approve an informal structure on any premises on which a child care facility is operated or is to be operated, provided that the structure—

- (a) is stable;
- (b) is waterproof;
- (c) is sufficiently ventilated;
- (d) is constructed of materials which are safe;
- (e) is supplied with a portable fire extinguisher or other appropriate firefighting equipment;
- (f) does not contain any physical features which present or might present a risk to children; and complies with any other additional requirements determined by the Municipality from time to time

The Act further more states in section 6 (2) that when a **fire protection plan** is required in terms of this Act by the local authority, the building control officer concerned shall incorporate in his recommendations, a report of the person designated as the chief fire officer by such local authority, or any other person to whom such duty has been assigned by such chief fire officer, and if such building control officer has also been designated as the chief fire officer concerned, he himself shall so report in such recommendations.

2.5. National Development Plan

The National Development Plan (NDP) has as its vision that by 2030 poverty should be eliminated and inequality reduced. Key to this plan, education, training and innovation are core elements in eliminating poverty and reducing inequality. To this end, the NDP targets universal access to quality ECD by 2030. Building national capabilities requires quality ECD, basic education, as well as further and higher education. Early childhood development should be broadly defined, taking into account all the development needs of a child, and provided to all children.

Chapter 9 of the NDP 2030 sets out a clear objective for the country: "Make early childhood development a top priority among the measures to improve the quality of education and long-term prospects of future generations. Dedicated resources should be channelled towards ensuring that all children are well cared for from an early age and receive appropriate emotional, cognitive and physical development stimulation". Its motivation for this is that the benefits of intervening early in the lives of children include better school enrolment rates, retention as well as academic performance, higher rates of high school completion, lower levels of anti-social behaviour, higher earnings later in life and better adult health and longevity.⁸

⁶ Agrément South Africa evaluates the fitness for purpose of non-standardised construction products, materials and systems against performance-based criteria.

⁷ Andrew Charman, Caitlin Tonkin, Stuart Denoon-Stevens, Rodolphe Demeestère: "Post-Apartheid Spatial Inequality: Obstacles of land use management on township micro-enterprise formalisation." A report by the Sustainable Livelihoods Foundation, 14 August 2017

⁸ National Integrated Plan for Early Childhood Development in South Africa: Towards 2030 (2017/18 to 2029/30)

2.6. National Integrated ECD Policy 2015

On 9 December 2015 Cabinet approved South Africa's first National Integrated Policy for ECD, which gives effect to the country's commitment to make ECD a national priority as set out in the NDP. The policy sets out clear goals and objectives for ECD until 2030, and provides a roadmap for ensuring that "by 2030, a full comprehensive age- and developmentally stage-appropriate quality early childhood development programme is available and accessible to all infants and young children and their caregivers".

The purpose of the ECD policy is to:

- Ensure the universal availability of, and equitable access to, ECD services through a national integrated system which is embedded within a coherent legal framework that identifies, enables and compels the fulfilment of ECD roles and responsibilities of relevant role players;
- Establish the organisational and institutional arrangements necessary to lead, plan for, implement, coordinate and monitor the provision of ECD services and support;
- Ensure the provision of adequate public funding and infrastructure for sustainable universal availability of, and equitable access to, quality comprehensive ECD services;
- Establish appropriate monitoring, quality assurance and improvement systems to secure the provision of quality ECD services and outcomes for young children in South Africa.

This requires the government of South Africa to establish a clear integrated plan that links the policy implementation to commitments set out in it, the current Medium Term Strategic Framework as well as the NDP's commitments to the nation.

2.7. Provincial Growth and Development Plans (PGDPs)

PGDPs often provide useful guidance on ECD priorities and planning and reporting indicators. For example, in KwaZulu Natal, the Provincial Growth and Development Plan 2018 provides for ECD via Goal 2: Human Resource Development, and more specifically in terms of Strategic Objective 2.1., Improve ECD, Primary and Secondary Education which is further unpacked in the KZN Human Resource Development Strategy (2018-2045). Indicators relating to ECD include: a) Number of ECD facilities adhering to norms and standards; b) Percentage of children in 0-4 age group accessing ECD facilities. Strategic interventions include: a) massification of ECD services; b) to develop and maintain a monitoring system to assess adherence of ECD facilities to norms and standards; c) to promote partnerships with NGOs to support school (or ECD Centre) improvement. Priority interventions include: 1) the improvement and extension of existing ECD centres and the development of appropriate new infrastructure in both rural and urban areas; 2) the provision of training and skills to ECD practitioners in order to enable children to receive proper stimulation and education; 3) driving an ECD registration process thereby also ensuring that all ECDs adhere to proper norms and standards and; 4) prioritising the issue of nutrition for children in ECDs. This will help address the issues of poverty and malnutrition.

2.8. District Growth and Development Plans (DGDP)

District Growth and Development DGDPs play an important role in the integration and alignment of the intentions of the NDP (at the national level) and the PGDP (at provincial level), with the activities of local government operating at the coalface of implementation and interaction with local communities. The aim of the DGDP is to translate the PGDP into an implementation plan at district level, inclusive of clearly defined

targets and responsibilities, thus enabling the province as well as the district to measure progress in achieving the accepted growth and development goals.

2.9. Municipal Integrated Development Plans (IDPs)

It is important that ECD should be included in the municipal IDP and budget. There should be broad alignment between the municipal ECD strategy and sector plan (refer to section 5.7) and the DGDP, PDGP and national ECD Plan. In particular, there should be alignment of goals, objectives and result indicators. Where the municipality identifies additional goals, objectives or results indicators, these should be communicated back to the district/province for possible assimilation into the DGDP and PGDP.

2.10. New ECD Registration Framework (gold-silver-bronze)

The National Departments of Social Development (DSD) and Health (DoH), working with other stakeholders, developed an incremental ECD registration framework in 2017 which was finalised and adopted by the DSD in August 2019, known as the 'ECD Registration Framework'. The new framework takes into account lessons from ECD registration pilots in KZN, Eastern Cape and Western Cape.

The purpose of the registration framework is to enable ECD centres with limited resources in under-served communities to achieve conditional registration as a partial care facility (initially at 'bronze' or 'silver' levels) and thereby be included in the system of oversight and support of government, including access to much-needed ECD subsidies for the costs of operating centres.



- Bronze registration is recommended for a maximum period of three years and is non-renewable. It provides a window of opportunity for all stakeholders to focus on improving the ECD service to reach silver standards.
- Silver is renewable every three years, indefinitely (so that progress to gold can be measured).
- Gold is the current standard for full registration (with all requirements met) and is for five years at a time.⁹

⁹ Extract from Piloting of the ECD Registration Framework- Final report for the National Departments of Social Development and Health - November 2018, prepared by Network Action Group (NAG)

The framework aims to enable under-resourced centres to be included within the ECD system (initially at bronze level) and establishes an enabling platform for gradual improvement towards the achievement of ECD norms and standards. Centres can improve their services and level of registration over time.

The framework combines the environmental health and DSD infrastructure norms and standards relating to the registration of ECD facilities. Current levels of adherence to norms and standards will be assessed. It will help achieve a basic level of health and safety, in support of the developmental approach intended by the Children's Act. It details the registration requirements for the bronze, silver and gold stages of registration, applicable to all provinces nationally.¹⁰ Although the Department of Health understands the need for flexibility it is bound by the norms and standards laid down by legislation. It was thus agreed that Environmental Health Practitioners will issue health reports and clear compliance notices in cases where a health certificate cannot be issued which will enable the DSD to issue conditional registration (Bronze/ silver level) and advise ECD centres on what improvements are required to be issued with a health certificate to obtain full registration.

Municipal administrative processes (e.g. environmental / childcare and land use bylaws) will be affected by the incremental nature of the ECD registration framework. Municipalities are encouraged to adopt a developmental approach and to review and customize their by-laws and land use schemes to ensure that children are not left behind due to cumbersome and exclusionary administrative procedures. Registration processes and delivery options must be streamlined and aligned to context to support ECD providers with the registration process.

2.11. 'Massification' of ECD services

In recognition of the importance of ECD and the need to move to scale, the DSD has prioritised the 'massification' of the registration of all ECD facilities in order to include them in the system of state oversight and other support. According to the Children's Act, all ECD centres must register with the DSD. Municipalities can play an important role in assisting with the identification of ECD centres and services within their jurisdiction area in order to help achieve this strategic objective.

3. ROLE OF THE MUNICIPALITY AND OTHER STAKEHOLDERS IN ECD

- **Local municipalities and metros** have a critical role to play in securing the rights of young children by ensuring the provision of a comprehensive package of ECD programmes and services. The relevant services and associated responsibilities and budgets should be reflected in all municipal Integrated Development Plans (IDPs) and in specific sectoral policies and by-laws, which should be aligned with the National ECD Policy and national legislation. According to the National Integrated ECD Policy, "Local and metropolitan municipalities must participate in the planning of early childhood development services. They are responsible for supporting child care facilities to meet infrastructural health and safety standards; registration of child-minding services; development of new early childhood development service provision infrastructure; and audit and identification of available infrastructure that may be used for the expansion of early learning services and programmes in areas of need. Where capacity exists, responsibility for the provision (registration, regulation and delivery) of early childhood

¹⁰ Bhalisa Inkulisa Social Worker Toolkit to Support the Partial Care Registration Process, Cate Carroll with support of the Network Action Group Policy and Systems team

development programmes and services may be assigned to municipalities by the provincial Department of Social Development, as provided for by the Children’s Act No. 38 of 2005. As such, it is responsible for the equitable provision of play and recreation facilities for young children.”

- **District Municipalities (DM)** are responsible for the effective coordination in each district of ECD services within their mandate. District municipalities will establish structures to support the planning, coordination and monitoring of ECD services at a district level. It is expected that such planning and reporting will be recorded in the District Growth and Development plans that will be feeding into the Provincial Growth and Development Plans.
- **The Department of Social Development (DSD)** is responsible for ensuring the universal availability and adequate quality of, and equitable access to, inclusive learning opportunities for children from birth to the year before they enter formal school through the development, delivery, regulation, registration, quality monitoring, improvement and evaluation of ECD programmes. The national DSD is responsible for policy development; national planning; regulation and development of norms and standards for service provision; and evaluation of efficiency and effectiveness. The provincial DSD is responsible for provincial population-based planning and management of the services, registration and quality improvement and monitoring of programmes (including centre and non-centre based programmes) and short course training as part of programme funding; contracting with private providers in the delivery of services; and, where service personnel are directly appointed by the department, the management and supervision of these personnel. It shall also ensure that ECD programmes are equipped with the necessary play and learning materials, and have the capacity to ensure that the quality of materials is maintained and regularly updated.
- **The Department of Basic Education (DBE)** is responsible for the development of the early learning curriculum (birth to four years), and continuity and synergy between the early learning and Grade R curricula; as well as budgeting and procurement of training for ECD practitioners. In the State of the National Address of 2019, President Ramaphosa indicated that government will undertake a process of migrating some of the responsibilities for ECD from the DSD to the DBE. The details of this migration were not clarified at the time of publishing this guide.
- **The Department of Health (DoH)** is “Responsible for the norms and standards and service delivery, in accordance with national policy for the early intervention and rehabilitation of young children with disabilities and/or developmental delays, within the ambit of this policy. This will include assessments and provision of assistive devices for children with disabilities.”¹¹ Local health facilities shall be responsible for management and supervision of assigned personnel, and for delivery and monitoring of services (both centre and non-centre based).
- **The Department of Cooperative Governance and Traditional Affairs (COGTA)** is responsible for funding and promoting fulfilment of municipal responsibility for development of early learning facilities. It should provide guidance and capacity development to municipalities in relation to their responsibilities and obligations for ECD services, in particular the inclusion thereof in IDPs. The Community Works Program (CWP) can provide important support to ECD centres, for example: by establishing and maintaining food gardens; assisting with cleaning and general maintenance e.g. planting and cutting of lawns, fixing of fencing, fixing broken outdoor equipment. CWP workers meeting the eligibility criteria can also potentially be trained as playgroup facilitators.

¹¹ National Integrated Early Childhood Development Policy 2015 (Chapter 8)

- **Department of Public Works** - The Expanded Public Works Programme (EPWP) Social Sector provides work opportunities to unemployed and unskilled people in the field of social development which includes support services to ECD centres. Eligible candidates are also trained as playgroup facilitators.
- **The National Development Agency (NDA):** – Although the National Integrated ECD Policy indicates that the NDA is responsible for financial assistance relating to food gardens for ECD facilities (i.e. the establishment of gardens and training of staff), the NDA’s current priority (as per their website) is on: a) strengthening the institutional capacity of NPOs to ensure that their abilities and capabilities to manage their organisations and programmes efficiently; b) assisting with the registration of NPOs and with training (e.g. compliance with registration requirements; basic bookkeeping; governance; resource mobilisation, etc.).
- **ECD operators** are key role-players since they are providing the ECD services on the ground. They can be: a) community based organisations or faith based organisations, which may or may not be registered as Non Profit Organisations (which are typical in most under-served communities); b) formal welfare organisations or; c) private individuals or micro-enterprises. ECD services may be rendered at the operators’ homes / sites, churches, halls or at purpose built and/or dedicated ECD sites. All operators are expected to run good quality ECD programmes and services using trained practitioners and be registered with the DSD.
- **Providers of non-centre based ECD programmes** such as playgroups, mobile ECD programmes, toy libraries and childminders can be provided in many different settings, e.g. churches, community halls, in people’s homes, and in areas where there are limited or no ECD centres:
 - Playgroups are usually facilitated by trained practitioners 2 to 3 times a week for a maximum of 3 hours, following an approved ECD programme. One example of such social enterprise is “SmartStart”, which aims to bring quality early learning to one million children aged 3 and 4 years old by 2025.
 - Child-minders / day mothers provide care and early learning for up to 6 children in their own homes. “The support, training and regulation of the child-minders programme will be developed, funded and implemented by local and metropolitan municipalities with the support the DSD, DoH, DBE and COGTA.”¹² There are currently no clear guidelines available for the implementation of this programme.
 - Toy libraries provide developmentally appropriate educational play and learning materials to early childhood development service providers, parents or children. They may offer play and learning sessions, toy-making demonstrations, individual lending and/or lending to early childhood development service providers.
 - Mobile ECD programmes which usually operate three to four hour programmes for children in various locations from an adapted vehicle.
- **ECD forums** are formed by representatives of a network of ECD facilities (usually ECD centres) within a specific geographical area. They focus on representing and supporting member centres in finding solutions to shared issues and challenges. Forums often focus on developing practitioners and learners. The NDA and Municipalities with the necessary capacity can provide support to these forums e.g. training programmes linked to fundraising, leadership, governance, finance, management etc. Private centres running small businesses should also be supported by the municipalities’ Local Economic Development programmes.

¹² National Integrated Early Childhood Development Policy 2015 (5.3.1)

- **Support NGOs and Resource and Training Organisations (RTOs)** also have a key role to play (e.g. TREE, LETCEE, Unlimited Child, Khululeka, ITEC, PPT, LIMA, NAG, KYB Incubator, etc.). They focus on various aspects of ECD such as: training of centre management, practitioner and support staff; educational programme support, parent awareness, family and community outreach; nutritional support such as food provision and food gardens; health programmes; ECD field surveys; infrastructure planning and delivery support; development of municipal ECD plans and strategies; and ECD policy development. It is, however, emphasised that the donor funding on which these support NGOs typically rely is in short supply and, if their role is to be scaled up, alternative funding models will need to be explored (e.g. special ECD support delivery arrangements co-funded by government and donors; and procurement using section 67 of the MFMA).
- **Donor organisations/CSI** play a role in funding various aspects of ECD, including: infrastructure (new, improvements or maintenance), practitioner stipends, training of ECD practitioners and operators, learning material and resources, food and nutrition, capacity building and training, and policy and systems development.

Developmental role of the Local Municipality / Metro in Early Childhood Development

Role of local municipality or metro as per National ECD Policy, Constitution, Municipal Systems Act, Children's Act	Minimum role	Optimal developmental role
<p>MULTI STAKEHOLDER ECD COORDINATION</p> <p>The provincial Departments of Social Development, in collaboration with local municipalities, are to establish, by 2017, management structures at the provincial and/or municipal levels to manage, oversee and coordinate the delivery of ECD services.</p>	<ul style="list-style-type: none"> Establish municipal-level Multi-stakeholder ECD Steering Committee including DSD, support NGOs, etc. 	<ul style="list-style-type: none"> Assign a municipal department to take the lead in ECD coordination, planning and infrastructure that will be accountable for agreed outcomes
<p>ECD PLANNING AND BUDGETS:</p> <ul style="list-style-type: none"> Reflect the relevant services and associated responsibilities and budgets in municipal Integrated Development Plans (IDPs). ECD must be a priority in all IDPs, with clear service delivery plans and outcome targets pertaining to ECD. Mayors must reinforce ECD as a municipal priority and ensure inclusion in the municipalities' IDP, as well as sufficient resources commitment and collaboration. Develop a 5-year plan on ECD services. Participate in the planning of ECD services. Contribute to the realisation of rights set out in the Constitution, including health care services, food and water, and social security. Provide and regulate land use for child care facilities and for safe and adequate play and recreation facilities as part of municipal planning and spatial development. 	<ul style="list-style-type: none"> Provide for ECD in the IDP. Develop an ECD Infrastructure Sector Plan which includes a 5-year plan for ECD services Obtain information on existing ECD services and determine deficits (working with DSD, support NGOs). Allocate municipal infrastructure budget (e.g. MIG/ICDG) for ECD infrastructure. Ensure that all new township developments adequately provide sites for ECD centres, play and recreational facilities. Provide a more enabling planning environment (e.g. allow a neighbourhood consent free of charge instead of expensive re-zoning or special consent; assist centres with as-built plans and waive or reduce the fee for building plan approval for extensions and new-builds and waive other costs e.g. development charges / bulk service contributions). 	<ul style="list-style-type: none"> Municipal ECD strategy/plan outlining municipal developmental support role and structured approach Municipal ECD facility and services database.
<p>INFRASTRUCTURE:</p> <ul style="list-style-type: none"> Audit and identify available infrastructure that may be used for the expansion of early learning services and programmes in areas of need. Support child care facilities to meet infrastructural health and safety standards. Improve existing and develop new ECD infrastructure. The municipalities' maintenance strategy should consider an appropriate balance between preventative and essential maintenance activities, 	<ul style="list-style-type: none"> Fund and procure some ECD infrastructure (mix of basic services, building improvements, extensions and new builds) using municipal infrastructure budget (e.g. MIG/ICDG/USDG/HSDG) for NPOs and Municipalities. Respond to ad hoc requests by ECD centres / EHPs and or DSD to improve or provide acceptable basic services. 	<ul style="list-style-type: none"> Establish partnerships for the delivery of ECD infrastructure together with DSD, support NGOs and the private sector. This may include special purpose delivery vehicles for ECD infrastructure.

<p>while refurbishments, renovations and major repairs should be used to improve the overall state of the assets.</p> <ul style="list-style-type: none"> • Provide basic services, including water and sanitation, to communities. 	<ul style="list-style-type: none"> • Plan and budget for maintenance of municipally-owned ECD centres. • Plan and budget for the improvement of basic services at ECD sites as part of the annual water and sanitation programme. • Consider providing services connections (e.g. electricity and water) and/or development charges at zero or reduced cost as well as rates rebates. 	
<p>REGULATION, COMPLIANCE AND REGISTRATION:</p> <ul style="list-style-type: none"> • Develop policies and laws governing child care facilities, including child-minder services. • Adopt a developmental approach as a municipality to support ECD registration including regulations related to land use matters • Registration of child-minding services (principally via EHP inspections and approvals). • Report on ECD indicators via District Growth and Development Plans. 	<ul style="list-style-type: none"> • Compile bylaws and or amend them to ensure alignment with ECD Policy and relevant legislation. • Assign EHPs for the inspection and issuing of health reports and compliance notices for conditional registration and health certificates for full ECD registration. All metros and some LMs have their own EHPs. Some DMs render these services on behalf of the LMs using their EHPs. • EHPs should work closely with DSD social workers in the registration process. • Report on annual progress. • Land use sections to consider waiving application and inspections costs for ECD centres (e.g. rezoning, special consent, building plans, etc.) in underserved communities. 	<ul style="list-style-type: none"> • Establish flexibility within bylaws and/or environmental health requirements for under-resourced ECD centres in order to align with and activate the new ECD Registration Framework of the DSD (especially at 'bronze' level). • Establish baseline data on provincial ECD indicators, monitor and report on progress on annual basis via the District Growth and Development Plan.
<p>ECD SERVICES PROVISION:</p> <ul style="list-style-type: none"> • Equitable provision of play and recreation facilities for young children. • Where capacity exists, responsibility for the provision (registration, regulation, delivery and compliance) of ECD partial care facilities may be assigned to municipalities by the provincial Department of Social Development, as provided for by the Children's Act No. 38 of 2005. 	<ul style="list-style-type: none"> • None (over and above what is already covered in the preceding sections in relation to infrastructure, regulation, registration, etc.) since the services are typically provided by NPOs and not by the municipality. 	<ul style="list-style-type: none"> • Municipalities should only directly provide ECD services if they have the capacity and funding. This will be unviable for most LMs and metros, given the other demands on them. Some LMs may, however, consider building some ECD infrastructure and leasing it to suitable ECD NPO operators which have the necessary capacity and DSD approval.

Table 1: Developmental ECD role of municipalities

4. TYPES OF ECD SERVICES AND FACILITIES

There are two main categories of ECD services, namely centre based services and non-centre based services. Typical features of these are outlined in more detail in the table below:

Modality	Centre-based	Non-centre-based				
	ECD centre	Parenting programmes	Childminders	Playgroups	Toy libraries	Mobile ECD programmes
Delivery setting	Purpose-built ECD centres or multi-use centres -, community halls, places of worship, etc. Must comply with Partial Care Registration requirements.	Usually in the caregiver's home, for home-visiting, or in a home or community space for group programmes.	Usually the childminder's home. Not required to meet PCR requirements.	Generally, homes, community halls, places of worship. Some provided in safe outdoor spaces.	Early leaning sessions can be offered at the toy library (fixed structure), or via a mobile or playgroup model.	Provided from a mobile vehicle, in an open space or community building e.g. church or community hall.
Dosage	In practice, often daily for the full day	Varies from once weekly to once a month	In practice, often daily for the full day	Usually 2 or 3 sessions per week, lasting 2-4 hours each	Based on demand	Usually 1 or 2 sessions per week, 2-4 hours each
Meals	A cooked meal and a snack	Uncooked snack	Yes	Uncooked snack	Uncooked snack	Uncooked snack
Fee charged?	Yes	Rarely	Yes	Sometimes	Rarely	Rarely
# of children	More than 6	One or more if there are siblings	6 or fewer	Usually 10 per group	Usually 10 - 15 per group	Usually 15 per group
Caregiver present?	No	Yes	No	Rarely	Sometimes	Sometimes
Key functions served	ECD centres can offer age appropriate ECD services across all age-cohorts. They provide a daily structured learning programme that is well suited to preparing 3-4 year olds for school. They cater for children whose caregivers require full day care services. Nutrition and attention to basic health (e.g. immunisation) makes out an important part of the services rendered to children at ECD centres. Centres also provide an important 'day care' function for households with working parents since they operate every day of the working week. This is in contrast to non-centre based services (with the exception of childminding which does not provide the type of adequate learning environment which centres provide).	The service targets the mother or caregiver as much as the child, in that it aims to support and – where necessary – teach the caregiver how to care for and stimulate the baby and toddler in an age-appropriate way. These programmes are particularly well suited to targeting children aged 0-2 as it is provided in the home and incorporates caregiver participation.	The small-group environment is especially advantageous for very young children as there is a greater likelihood of forming a meaningful relationship between the childminder and child. These nurturing and trusting relationships are necessary for infants' and toddlers' confidence to explore and actively engage with their surroundings, critical for their learning and development. In the absence of centre-based services for caregivers requiring full-time care, childminders fill an important gap.	In the absence of full-time services, playgroups are quick and cheap to scale up, and provide at least some exposure to ECD in the absence of alternatives. They are therefore particularly useful as a way of reaching the current generation of underserved children. Even where alternatives are available, playgroups offer a cheap alternative that may be preferable for caregivers who do not need full-time care for their child. Unlike centre-based programmes, playgroups are often provided for free, making them a cheaper option for poor caregivers. Playgroups can be targeted at any age cohort, but are particularly suited to 2-3 year olds.	Toy libraries serve as a repository of toys and learning materials appropriate for children of different ages, different capabilities and at different stages. They address a key challenge facing poor families, namely their inability to afford an adequate range of play and learning materials, especially given the rapidly changing nature of a child's needs over time. Toy libraries sometimes also offer playgroups or mobile ECD sessions.	Mobile ECD programmes are generally proposed to cater for children only where other ECD services are unlikely to be provided. Typically, they would be seen as delivering services to far-flung areas. A mobile ECD programme is similar to a playgroup, except that the service is provided from outside the area where it is delivered.

Table 2: Typical characteristics of different ECD programme modalities described in the NIECDP

4.1. Centre-based ECD services

There are two main types of centre-based ECD services: ECD Centres and ECD Hubs. Both of these provide a traditional 'day care' function for children with working parents over and above the learning and other developmental functions they should perform. This is in contrast to most non-centre-based services which do not fulfil a traditional 'day-care' function (with the exception of day care mothers / child-minding).

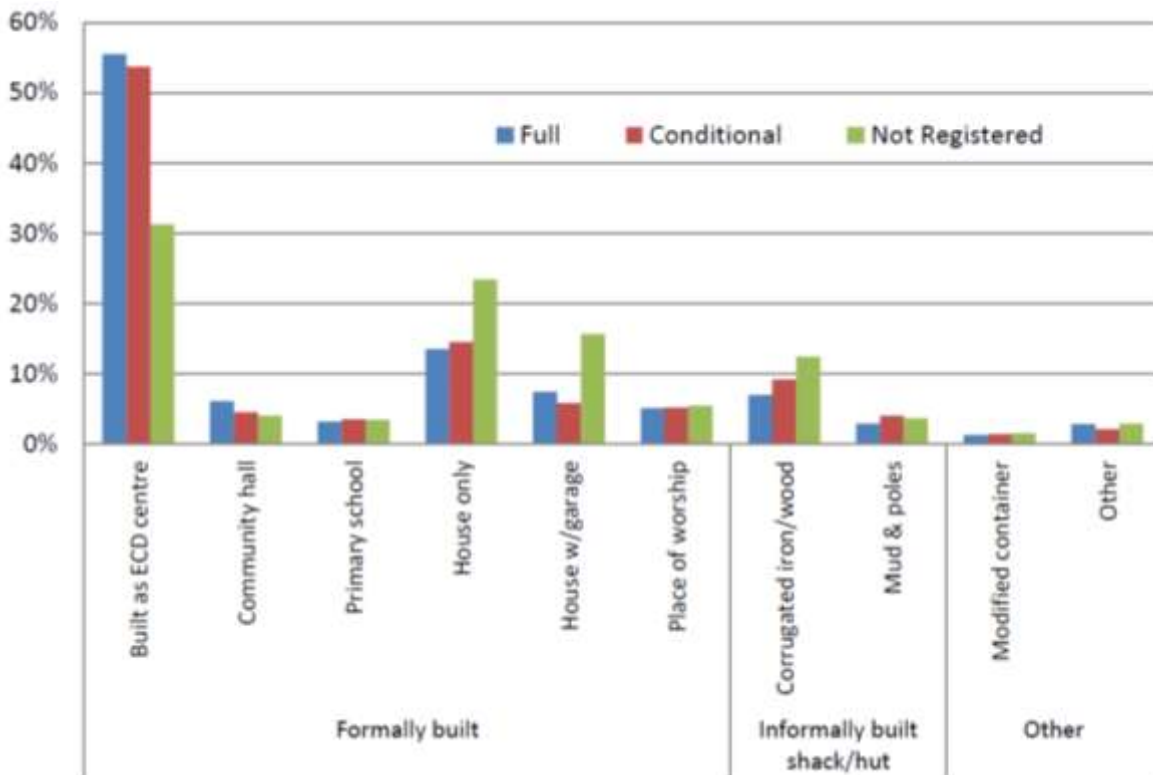
4.1.1. ECD Centres

These are by far the most numerous ECD facilities in terms of their prevalence and the number of children provided for. They therefore warrant particular priority in ECD response planning and would thus normally form the main focus of municipal support programmes. ECD centres are facilities which provide services (care and learning) for seven or more young children (strictly children between three and five years of age, but in practice often including 0-2 year-olds, and sometimes 6-year-olds). ECD centres are partial care facilities, which, according to the national policy, provide "an early childhood programme with an early learning and development (ECD) focus for children from birth until the year before they enter Grade R/formal school". ECD centres are required to meet norms and standards set down by the DSD in terms of such factors as infrastructure, trained practitioners, governance, and learning curriculum. However, many centres may not be registered (e.g. due to not meeting norms and standards because of poor infrastructure or a lack of funding). All centres, whether registered or not, should be recorded.

ECD centres usually provide full-day services, five days a week. In order to be registered with the DSD, a centre must comply with the requirements for Partial Care Facilities (PCFs) and ECD programmes, laid out in the Children's Act and its regulations. Many ECD centres operating in under-serviced communities are unable to meet the norms and standards for partial care and therefore operate outside of the regulatory framework and without access to state funding. Inadequate infrastructure is a key barrier to registration. The national ECD Audit of 2014 identified that 40% of centres required urgent maintenance.

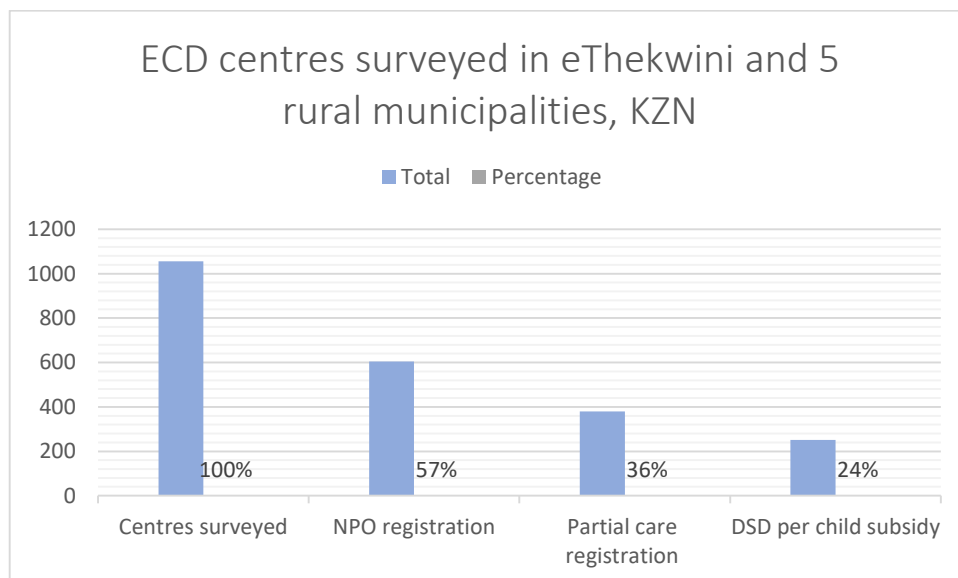
The term ECD centre has sometimes been interpreted to only mean centres that are specifically and exclusively used for ECD (whether free standing centre, part of a multipurpose community centre or repurposed existing facility for ECD use only). However, the definition of PCFs accommodates almost any space where more than six children receive an ECD service on a regular basis for sustained periods of time. This includes, but is not limited to, ECD provision in dedicated ECD spaces such as garages, separate playroom or outbuildings on residential sites. and in public spaces such as churches or community halls.

The National ECD Audit tells us that 54% of children accessing ECD centres are in purpose-built ECD centres and 46% are in mixed-use ECD structures (such as those mentioned). The average capacity in purpose-built centres was 57 children, and in mixed-use centres it was 32 children. This clearly shows a hybrid of ECD centre-based provisioning. It is however, noted that the Audit did not adequately cover many low income, under-serviced communities (i.e. many centres in these settlements were not captured). The figure below shows the type of infrastructure reported for all centres (i.e. including those in well serviced and underserviced communities).

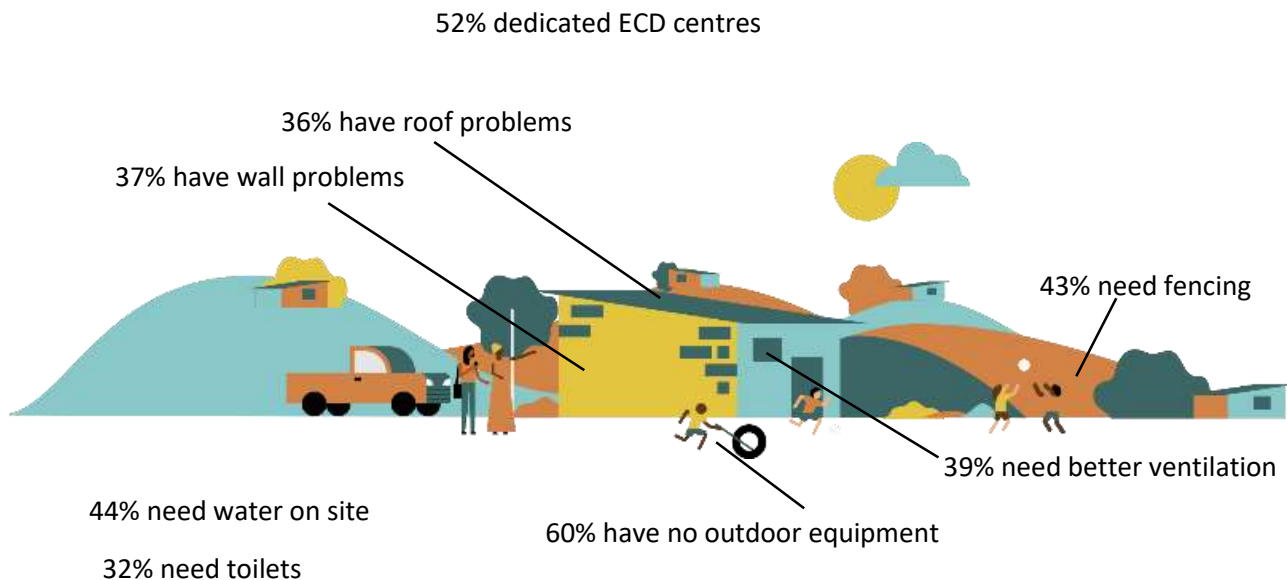


Source: ECD Audit 2014
 Figure 1: Type of structure of ECD centres identified (ECD Audit 2014)

Based on PPT’s field surveys of 1,056 centres within low income, underserved communities in the eThekweni Metro and 5 rural municipalities in KZN from 2016 to 2019, only 36% of centres were registered with the DSD and only 24% were receiving the DSD ECD subsidy (some centres which are registered do not receive a subsidy). 57% of centres were registered as NPOs and 90%¹³ had some infrastructural deficiencies, of which 43% were significant. The average centre size was 38 children.

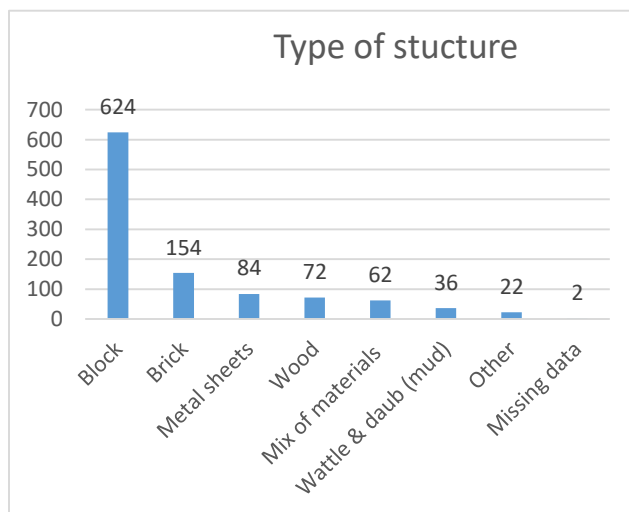
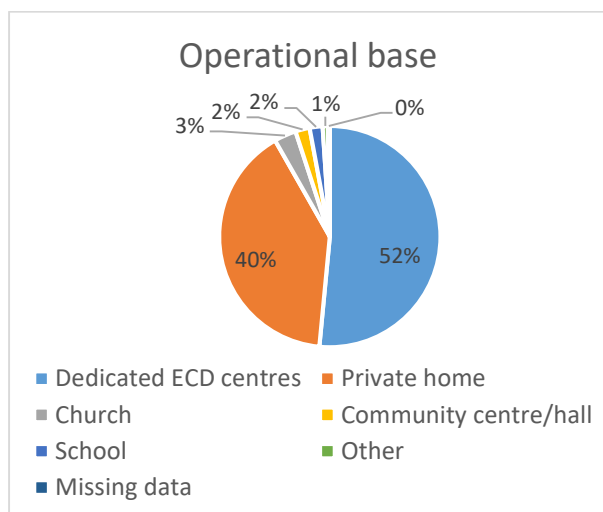


¹³ Infrastructure deficiency calculation based on 516 centres in 5 municipalities



The abovementioned figures are based on 1,056 surveys and are made up of 435 rural centres and 621 urban centres. The NIECDP recognises the role of private operators and community based centres (whether or not they are registered as NPOs). According to DSD’s spatial norms, ECD services must be available with a 2km radius from where children live. Most of the centres are dedicated ECD centres (52%). This is followed by ECD centres operating from private residential sites /homes (40%) and only 8% of the centres operate from churches, schools, community centres/ halls or other. The NIECDP calls for the use of available community infrastructure for the provision of ECD services due to the urgent need for rapid expansion of services and programmes.¹⁴ The 2017 GHS indicated that 20% of children aged 0-5 currently access an ECD centre.

74% of the centres are built with block or brick while the rest (26%) of the centres are built with wood, corrugated metal sheets, wattle and daub, of a mix of materials.



¹⁴ NIECDP, 2015 (Pg.103-104)

4.1.2. ECD hubs

ECD hubs, though not commonly encountered, typically fulfil multiple functions, including: full-day care for children (i.e. normal ECD centre functions); outreach services to the community and surrounding centre, and non-centre based ECD facilities; serving as a training and resource hub for ECD practitioners, other workers in the ECD space, and parents. Hubs may also provide disability access support to surrounding ECD centres. The size and location of hubs (small, medium and large) are based on both the population threshold and distance. Ideal access distances vary from 60km in rural areas to between 15 and 30km in urban areas. The need for the construction of new hubs will need to take into consideration existing ECD providers who are currently providing hub functions.

4.2. Non-centre-based ECD services

There is a range of non-centre-based ECD services, some of which may be encountered in certain underserved, low income communities. Whilst not as prevalent as ECD centres, they play an important role in ensuring that all children have access to quality early learning opportunities. With the exception of childminders/ day mothers, they do not fulfil a 'day-care' function as they are not daily, full-day programmes.

4.2.1. Playgroups

Playgroups provide play and learning opportunities to groups of children. They are sessional in nature and not attended by children on a daily basis or for the full day. However, in most cases the same children attend a set number of sessions each week or month so the dosage is controlled. Playgroups are provided from private homes and in community venues such as halls and places of worship, and they may or may not be attended by a child's parent or caregiver. They are run by playgroup facilitators. Playgroup facilitators are usually affiliated with a managing organisation that oversees numerous playgroups. These organisations usually recruit and train playgroup facilitators, and provide them with support and oversight. They also usually pay them a stipend or a salary, and provide resources for the day-to-day implementation of the programme.

Playgroups are promoted in the NIECDP as an important early learning programme modality necessary to drive scale-up of early learning programmes within a variety of community settings.¹⁵ According to the 2017 GHS, around 1% of children aged 0-5 currently attend a home or community-based playgroup.

4.2.2. Child-minding / day-mothers

Childminding is a commonly encountered form of ECD service in low-income, underserved communities. However although the NIECDP promotes that childminders, an existing and extensive childcare workforce, are brought into the regulatory net and recognised as valuable members of the ECD workforce,¹⁶ it must be noted up front that the systems to do this are not yet in place.

The ECD Policy defines a childminder as "[a] person who provides care and early learning for up to six children, typically in their own homes. Also in some contexts referred to as 'day mothers'" and recognises childminding as a non-centre based programme.¹⁷ Childminders typically operate as independent entities, not affiliated with an umbrella organisation. However, in recent years, the affiliation and employment of childminders by

¹⁵ NIECDP, 2015, page 64

¹⁶ NIECDP, 2015, page 64.

¹⁷ NIECDP, 2015, page 10

a managing NPO or nearby ECD centre has in some instances facilitated the quality support and registration of childminders in some provinces.

Childminding can fill an important gap in childcare services, particularly for parents who are occupied during the day and require regular, full-day care in a nurturing, safe environment that promotes early learning but who cannot access the services of an ECD centre (e.g. due there being no centre nearby or for reasons of affordability) or who might prefer a home-based setting. Primary caregivers may prefer to place their young child in a home-based setting prior to more formal educational settings noting that the transition from the family home to out-of-home care is critical. The small-group environment can also be advantageous, as very young children are likely to receive more personalised care and attention and there is a greater likelihood of forming a meaningful relationship between the childminder and child. These nurturing and trusting relationships are necessary for infants' and toddlers' confidence to explore and actively engage with their surroundings, critical for their learning and development.¹⁸

According to GHS 2017, around 10% of children aged 0-5 currently access a childminder or day mother programme. Considering young children's age-differentiated learning and social needs, very young children are better suited to be in the care of childminders who can offer a secure, nurturing environment in a home setting.¹⁹

4.2.3. Mobile ECD services

Mobile ECD programmes can be used to cater for children in remote areas where there are no ECD centres. A mobile ECD programme is similar to a playgroup, in that children would typically not access the service on a daily basis and it therefore does not fulfil the function of traditional 'day-care' (e.g. for working parents). In contrast to playgroups, a mobile programme is usually provided from outside the area where it is delivered. The mobile vehicle usually operates daily, and travels to multiple different locations throughout the week, usually returning to the same site between once a week and once a month. Mobile ECD programmes are usually connected with a managing organisation that also runs another type of ECD programme, such as an ECD centre, a toy library (below), or a playgroup programme.

4.2.4. Toy libraries

Toy libraries serve as a repository of toys and learning materials appropriate for children of different ages, different capabilities and at different stages. They address a key challenge facing poor families and under-resourced ECD programmes, namely their inability to afford an adequate range of play and learning materials, especially given the rapidly changing nature of a child's needs over time. Just like book libraries, caregivers and service providers can register with the library and then borrow toys and learning materials from the library. Good toy libraries have a knowledgeable practitioner acting as the librarian to advise users which toys and materials might be appropriate and appealing for the children, and also on ways in which to use what they borrow. The toy librarian sometimes also organises monthly sessions to demonstrate use of particular toys and materials.

Many toy libraries also offer ECD programmes, either in the form of 'drop-in' play session, similar to playgroups, or via mobile vehicles that travel to community spaces to provide sessional stimulation for children in surrounding areas.

¹⁸ Nutbrown C & Page J (2009) Working with babies and children from birth to three. In: Ebrahim H, Seleti J & Dawes A. Learning begins at birth: Improving access to early learning. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) (2013) *South African Child Gauge 2013*. Cape Town: Children's Institute, University of Cape Town.

¹⁹ Ebrahim H, Seleti J & Dawes A. Learning begins at birth: Improving access to early learning. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) (2013) *South African Child Gauge 2013*. Cape Town: Children's Institute, University of Cape Town.

4.2.5. Parenting programmes

Parenting programmes can support parents and other primary caregivers in the provision of positive parenting, affectionate care and cognitive and language stimulation through play and everyday activities. They can also provide opportunities to connect primary caregivers to local health, nutrition and social services.

Parenting programmes are usually provided through one of two mechanisms: through home visits which engage both the child and its primary caregiver; or through outreach or community-based support groups. In the former, home visitors are trained and supported to reach out to children through developing the skills and capacity of their caregivers to stimulate and develop children effectively in their homes. 20 Home visits are provided at varying frequencies, typically ranging from weekly to monthly. The service usually targets the mother or caregiver as much as the child, in that it aims to support and – where necessary – teach the caregiver how to care for and stimulate the child in an age-appropriate way. In the support-group model, caregivers come together (with or without their young children) and engage in a facilitated workshop, facilitated by a trained individual. Meetings can take place in private homes, at a local ECD centre or other community space.

Parenting programmes are designed and managed by a single organisation that trains and employs numerous home visitors or facilitators from the communities in which they operate. They therefore tend to have a layer of quality assurance and monitoring built into their design. There is currently no national data which indicates the uptake of parenting programmes, as it is not tracked in the GHS.

4.3. Types of ECD Operators

ECD programmes can be run by a registered non-profit organisation (NPO), Community Based Organisation (CBO), Faith Based Organisation (FBO), businesses or private persons. It should be noted that all ECD operators, regardless of whether they are for-profit or not-for-profit, have to comply with the regulations stated in the Children's Act or other relevant regulations regardless of whether they seek funding from the state.

4.3.1. Registered non-profit organisations (NPOs)

An NPO is defined, in terms of section 1 of the NPO Act, as a trust, company or other association of persons established for a public purpose, whose income and property are not distributable to its members or office bearers except as reasonable compensation for services rendered. NPOs are eligible for state support (e.g. grants for social services and infrastructure assistance) and can additionally raise funds from the general public, donors and business. They also enjoy tax benefits if registered with SA Revenue Services (SARS) as a Public Benefit Organisation (PBO). NPOs are registered with the Department of Social Development. NPOs are issued with a NPO certificate with a unique NPO number. Many nongovernmental organisations (NGOs) and community based organisations (CBOs) are registered as NPOs. The legal form of an NPO may be a voluntary association, trust or non-profit company. Most ECD NPOs operating at local community level have low access to resources, skills, support, processes and infrastructure, and are often therefore not fully compliant with all norms and standards relating ECD. By far the most common form of legal entity for NPOs providing ECD services in low income communities is that of a voluntary association which is governed by a constitution which stipulates its goals, objectives, the needs that it tries to address, the constituency it serves, and governance. There is typically a board with committees that provide governance oversight. An important aspect of an NPO's constitution is the stipulation that provides for assets to be transferred to an NPO with

²⁰ Van Niekerk, L., Ashley-Cooper, M., & Atmore, E. 2017. Effective early childhood development programme options meeting the needs of young South African children. Cape Town: Centre for Early Childhood Development.

similar objectives upon closure. A registered NPO must have a bank account and is expected to have a basic financial management system that will enable it to account for all resources received and expended in a transparent way.

4.3.2. Private operators

A private ECD operator refers to either a private individual running an ECD centre as a micro-enterprise or a faith based or community based organisation which is not registered as an NPO. Privately owned centres are subject to fewer regulations than centres registered as NPOs. Although these centres still have to register as Partial Care Facilities and meet all the requirements, norms and standards, they are not required to have a constitution and governing committee, and need not submit financial and narrative reports to the DSD on an annual basis. Private centres do not qualify for DSD per-child subsidies and will typically be unable to raise donor funding and are thus entirely dependent on monthly fees.

Centres operated by private individuals are usually operated from residential sites. The following scenarios may be encountered:

- *A dedicated ECD centre on a separate site or part of the site with no sharing of facilities with the family is regarded as an acceptable ECD centre by the DSD and is eligible for PCR registration. Such centres should be eligible for minor, state-funded infrastructure improvements such as water and sanitation. This issue must be formally resolved on national level.*
- *An ECD centre in a separate structure in a backyard or garage: DSD requires that such centres be fenced off from main house and that key use areas i.e. playrooms, toilets, play area, and sick bay are not shared with household members. It is emphasised that the sharing of toilets, whether inside or outside the main house, is unacceptable from a child protection point of view as it often happens that children will be making their way to toilets unsupervised. The following are, however, permitted: a) shared use of the kitchen in the main house, but only if the kitchen meets the basic standards, and if the children are prevented from visiting the main house unsupervised; b) use of the main house for keeping administrative records or to meet parents, providing children are supervised at all times. It may be possible in some cases, to subdivide the site, and for the ECD centre portion to be transferred into the ownership of an NPO. It is also accepted that this will often not be possible for various reasons (e.g. underlying land ownership).*
- *Facilities operating from within a private home and sharing space and facilities (e.g. toilets, bedrooms) with household members are unacceptable to the DSD. The number of children may vary significantly (as many as 15 to 20 children). Homes are typically overcrowded and children are utilising household space such as toilets, lounges and bedrooms, which is highly inappropriate in terms of child protection issues. Supervision is difficult if children are spaced out in different rooms. The available space cannot be utilised optimally due to household furniture and arrangements (e.g. use of TV). It is also difficult to create a viable learning environment within such a setting. Such centres will not qualify as ECD centres or for PCF registration. They are not eligible for DSD subsidies (even if more than six children are cared for). Such centres would also not be eligible for minor state-funded infrastructure improvements.*

4.3.3. Community-based centres

The term community based centres can be used in two ways:

- i. In a general way it is often used to refer to all centres operating within a community, regardless if operated by NPOs, private operators or community-based organisations. Recent focus group discussions in an informal settlement indicated that community based centres are generally regarded as more than just places of care and education. They play an important and supportive role in assisting

families to cope with everyday pressures, e.g. by a) merely being in close proximity - walking distance; b) offering care and education at affordable rates and by allowing some flexibility with the payment of monthly fees; c) by extending operational hours to accommodate parents using public transport, as some leave early and return late; d) by providing assistance with health related matters (e.g. taking children to the clinic), etc. It is unlikely that this type of support would be possible where children attend big formal, "school-like" ECD facilities outside their immediate neighbourhoods.²¹

- ii. In some areas, the DSD might regard certain low-income, privately-owned centres in disadvantaged areas as "community based centres" and consider them eligible for their support even if they might not be fully compliant as an NPO, and/or there is poor separation of private and NPO assets, and/or where the property is privately owned. This practice of flexibility (beyond the strict norms and standards) is motivated by the practical need to improve the services and available resources. It is done with the best interests of the children in mind and in the absence of any other viable alternatives. The new ECD Registration Framework might well render this kind of flexibility unnecessary in future. The practice has been encountered in the KZN and Eastern Cape but it might also occur in other provinces.

Although most of these facilities are registered as NPOs, the operators have typically financed the buildings and equipment with personal money and the usual governance requirements for an NPO are typically not being met. The reasons such centres may be considered eligible are that: a) they provide essential community services to a low income and under-served community; b) they are run on a subsistence basis with limited profits for the operator; c) they are often the only centres available in a particular area; d) monthly contributions are insufficient to sustain the centres and do not cover even the basic necessities (e.g. food and trained practitioners). In such cases the only way the DSD can assist the community and the children is by registering these private centres as NPOs in order to render them eligible for state support. This phenomenon is also recognised in the National ECD Audit Report (2014) as it states that "*there are also privately owned centres that operate as non-profit organisations.*"

A closely related issue is that many community-based ECD operators/owners do not understand the full implications of NPO registration other than an opportunity for the centre to benefit from DSD subsidies and in particular in respect of centre assets. For example, it is doubtful that these ECD operators intend donating their land, building and its contents for community use or to an NPO which is not under their sole control. Such operators may wish their own children to inherit the ECD centre, building and its contents or be able to sell it if necessary.

In terms of infrastructure assistance there should in principle be no obstacle to providing minor/basic improvements focused only on essential services and mitigation health and safety threats to these centres (i.e. minor services improvements – refer to section 6.2). However, for more substantial investment (e.g. building improvements or extensions), the NPO would need to enter into a long lease agreement with the owner and to maintain two asset registers - one for the owner's private assets and the other for those belonging to the NPO acquired after commencing operating as a fully-fledged NPO. When considering such centres for infrastructure investment, it is advisable that such centres should have a proven operational track record of at least five years and that the centres should be run on a substantially subsistence basis for at least 20 children.

²¹ Based on contents of Qualitative Research: ECD Centres in Amaoti a Report Prepared by the University of Kwazulu-Natal. Technical Research Report 2017 No. 12. Authors: Sarah Bracking, Sindisiwe Chauke, Kathleen Diga, Nduta Mbarathi, Mbali Mthembu, Nhlanhla Nkwanyana

5. PROGRAMMATIC MUNICIPAL ECD RESPONSE MODEL

5.1. Introduction

The significant need for support for ECD programmes and the complexity of ECD service provision has not been adequately addressed across the public and private sectors. As a result, most ECD centres in low income communities have remained heavily under-resourced; the infrastructure is poor and many centres are not registered and do not receive much-needed DSD ECD per-child subsidy to sustain themselves and to improve their centres. A more programmatic way of responding to and supporting ECD is therefore required in order to ensure better population coverage, improved stakeholder coordination and to optimise limited fiscal and other resources.

A programmatic ECD response model has been successfully piloted over the past five years in KwaZulu Natal as a collaboration between various municipalities, the DSD and support NGOs such as Project Preparation Trust (PPT), Ilifa Labantwana, Network Action Group, LIMA, Assupol Community Trust, and others. The model is mainly focused on centre-based provision since this is the primary form of ECD service encountered within low income, under-serviced communities and since it provides the all-day care required (e.g. whilst parents are away working).

Poor infrastructure has emerged as one of the biggest challenges for under-resourced ECD centres. Not only does poor infrastructure create health and safety threats for young children in centres, but it also prevents centres from meeting norms and standards and achieving registration with the DSD. They therefore remain outside the current system of state oversight and are unable to access much-needed per child subsidies (operational subsidies), without which they are typically unable to provide an acceptable level of service. The area of infrastructure is a particular area where municipalities have an important role to play, and this guide focuses on how municipalities can more effectively play this role.

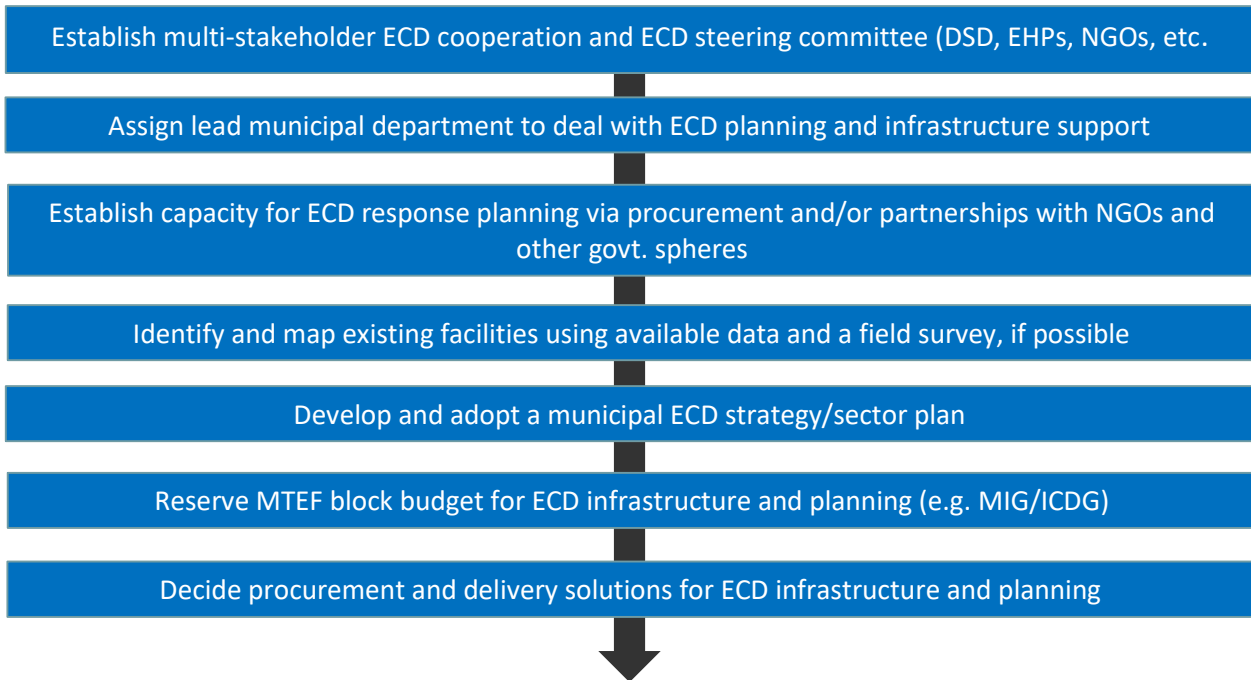
It is also recognised that there are problems with registration and DSD subsidisation, such as insufficient dedicated social workers to visit and attend to ECD centres and insufficient fiscal allocation to ECD operational subsidies (evidenced by the fact that not all registered centres receive the subsidy). However, registration is largely a DSD responsibility. It is recognised that the DSD is in the process of taking various proactive measures to improve in this area e.g. the incremental ECD Registration Framework referred to in section 2.10., the implementation of the ECD Infrastructure Grant to improve infrastructure and the construction of new low cost ECD buildings. However, given the development role prescribed for municipalities in respect of ECD and their knowledge of their local areas and community constituencies, without proactive municipal involvement in ECD planning and infrastructure, it is unlikely that any change at scale will be realised. DSD funding for ECD maintenance grants is currently limited and municipal involvement in this area is critical, especially since improved infrastructure is a key precondition for unlocking improved support and involvement from the state.

5.2. Process and activity overview

Municipalities are encouraged to follow a programmatic approach to ECD infrastructure response planning and implementation as set out below to move to optimise limited resources in order to ensure that all children have access to quality ECD services by 2030.

Programmatic ECD infrastructure response planning

Establish process and capacity



ECD infrastructure improvement - Annual cycle

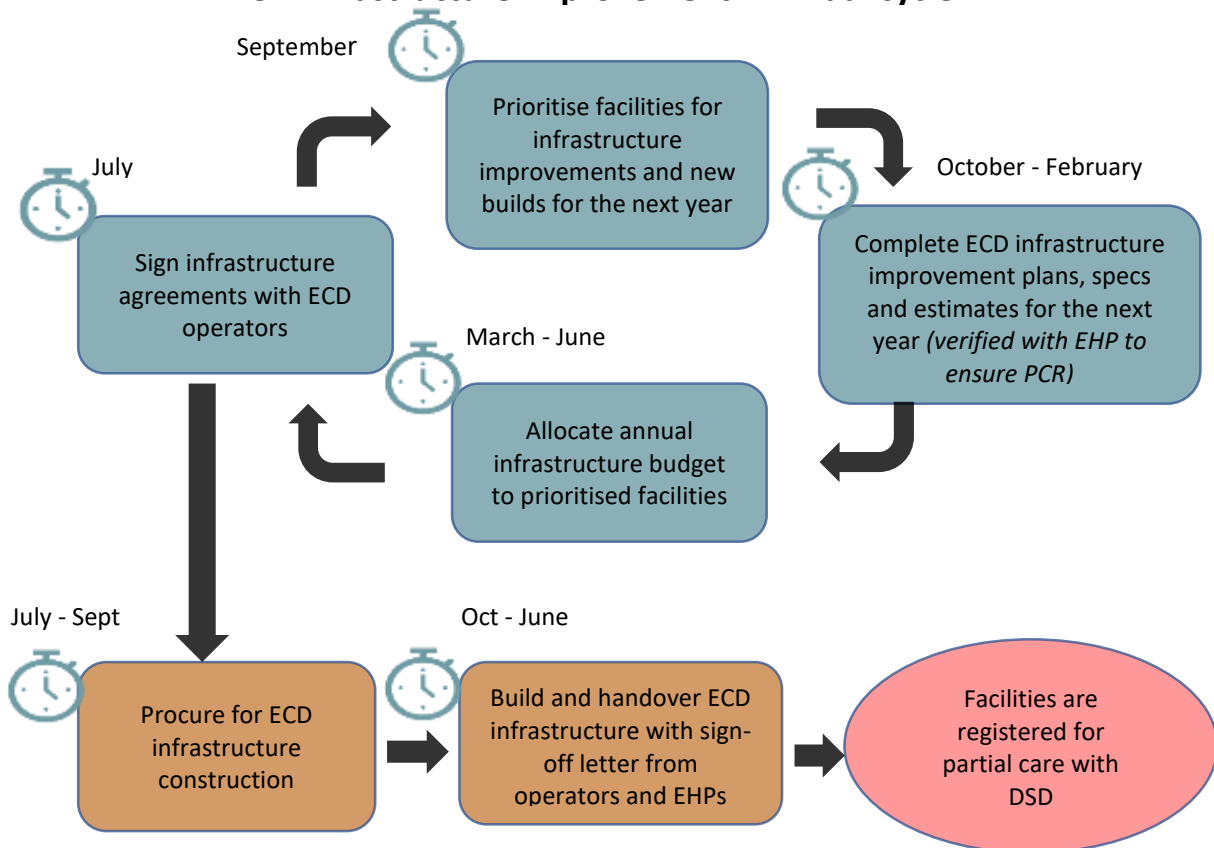


Figure 2: Programmatic ECD infrastructure response

Programmatic Municipal ECD Infrastructure Response Model – overview of main activities and roles

	Activity	Roles	Timeframes
Programmatic Municipal ECD Response Planning (establish process and capacity)	<u>Establish municipal stakeholder cooperation</u> including municipal ECD project steering committee (PSC) with representation of the DSD, municipal EHPs, other relevant municipal line departments (e.g. social services or human settlements), COGTA, DBE, DoH and local support NGOs involved in ECD.	Municipality coordinates with DSD, support NGOs	Month 1-3, then ongoing meeting quarterly
	<u>Assign lead municipal department</u> to deal with ECD planning and infrastructure support (e.g. community services, human settlements, special projects). Officer assigned to coordinate with DSD and others, convene PSC meetings, coordinate budget, procurement, reports to council etc.	Municipality	Month 1-2, then ongoing coordination
	<u>Establish capacity for ECD response planning</u> via assigning municipal personnel and/or procurement and/or partnerships with support NGOs or other spheres of government.	Municipality coordinates with DSD, support NGOs	Month 1-4
	<u>Identify, survey and map existing ECD facilities</u> and non-centre based programmes at least via a desktop exercise using existing data from DSD/EHP/NGOs/ECD forums. Compile initial list/database of known facilities and non-centre based programmes. Preferably undertake a field survey to identify those (many) facilities not yet on existing lists/datasets. Once all unregistered centres are known active steps can be taken for the registration of unregistered ECD centres.	Municipality with EHPs DSD SWs/ support NGOs	Month 2-6, then update annually
	<u>Develop and adopt municipal ECD strategy /sector plan</u> setting out status quo, services backlog, population based planning, ECD infrastructure approach, improvement/new build mix, municipal role, funding, procurement approach, flexibility (e.g. in by-laws, improvements on land not formally planned, etc.). Emphasis should be on improvements. 5 year plan to be included in the IDP	Municipality with DSD SWs/ support NGOs	Month 4-8, update every 3 years
	<u>Reserve ECD infrastructure budget</u> in the form of an initial municipal MIG/ICDG block allocation on the MTEF. This ensures that some budget for ECD has been reserved or set aside and establishes a budgetary mandate to proceed with assessing centres and developing infrastructure improvement plans.	Municipality	Month 6-8, then update annually
	<u>Decide procurement and delivery solutions</u> – note need for efficient solutions, especially for improvements (small, non-standardised works and rectifications across geographically dispersed sites). Consider options such as NGO partnerships, special purpose vehicles, managing contractors, or turnkey arrangements.	Municipality	Month 6-9, then review every 3 years
ECD infrastructure improvement	<u>Prioritise facilities for infrastructure</u> (improvements & new builds) over next MTEF using existing data/set lists and specified criteria via ECD PSC. Visits to shortlisted centres with DSD and EHPs to assess infrastructure requirements.	Municipality with DSD & support NGOs	Month 10 OR By Sept annually
	<u>ECD infrastructure assessments and planning</u> including on-site assessments, specifications and estimates. This should preferably be dovetailed with the above visits by an infrastructure specialist, EHP and preferably the social worker to compile a schedule of works, specifications and estimates. The EHP is expected to co-sign the improvement plans to confirm that it satisfies minimum norms and standards which will enable partial care registration (silver is the acceptable standard). Refer to Annexure A for a centre assessment tool and costing schedule.	Municipality with DSD & service provider(s)	Month 11-13 OR Oct-Feb annually

<u>Allocate ECD infrastructure budget</u> to batch of centres/facilities for next year from the reserved block sum. Council approval of the batch may be required. Update MTEF (with specific facility allocations) and IDP.	Municipality	Month 14-15 OR Mar-Jun annually
<u>Sign agreements with ECD operators</u> – including commitment to use facility for ECD and meet DSD standards. Refer to Annexure B for a proforma agreement.	Municipality	Month 16 OR By July annually
<u>Procure for ECD infrastructure</u> using procurement solutions established. Possible refinement may be necessary.	Municipality	Month 17-20 OR Jul-Sept annually
<u>Build and hand over ECD infrastructure</u> . Obtain infrastructure completion certificate ('happy letter') from ECD operators and EHPs.	Municipality/service provider(s)	Month 21-22/27 OR Oct-Jun annually
<u>Centre registration</u> where this has not previously occurred. This will entail follow-up visits by EHPs and DSD social workers. Although this is a DSD responsibility, EHPs must provide an environmental health reports and / or certificate which enables the DSD registration, noting that centres can now be initially registered at DSD's 'bronze' level by meeting basic standards.	Municipality EHPs, DSD SWs	Month 23-28 OR (& ongoing)

Table 3: ECD Infrastructure Response Model - main activities and roles

5.3. Establishing municipal ECD stakeholder collaboration

ECD is a collaborative effort and it is essential that the municipality works effectively and cooperatively with other key stakeholders, and that there is ongoing communication and coordination in respect of issues such as data, ECD planning, centre assessments, infrastructure requirements, operational and capital funding, centre registration and ongoing monitoring. Refer to section 3 for more information on stakeholder roles and responsibilities.

The establishment of a municipal ECD project steering committee (PSC) is essential in order to enable effective ECD response planning and infrastructure support. The PSC would need to include representation of the DSD, DBE, COGTA, DoH, municipal EHPs, other relevant municipal line departments (e.g. social services or human settlements), and local support NGOs involved in ECD. (A template PSC Terms of Reference (TOR) is provided at **Annexure C**).

5.4. Assigning responsible municipal lead department

There is often no municipal department assigned to dealing with ECD from a developmental (as opposed to regulatory) point of view. This can create a major barrier to pursuing a developmental approach to ECD in the municipality. Whilst municipal EHPs are required to visit and inspect centres from an environmental health compliance point of view, municipal health departments are typically not geared to dealing with ECD planning and infrastructure support. Small municipalities often do not even have EHPs in-house, in which case these services will be rendered by the district municipality. Municipal departments such as those dealing with community services, human settlements or special projects may be a more viable 'home' for ECD from a developmental point of view (as opposed to Health). At the very least an officer needs to be assigned to deal with ECD coordination, including working with the DSD and others, convening ECD PSC meetings, coordinating budget and procurement processes, compiling reports to council and monitoring the progress of the support programme.

It is recommended that municipalities with the necessary capacity (e.g. Metros) consider creating a single point of contact for applicants to track their applications through the municipal system and to obtain information on required actions. Some municipalities are using EHPs as such single point of contact for ECD centres falling within their particular service area. This task could be added as a key performance area (KPA) to ensure that officials are adequately attending to this very important task and are able to prioritise it from a time allocation point of view.

5.5. Establishing the capacity for ECD response planning

Over and above outsourcing the construction of ECD infrastructure, in most instances, municipalities will also not have the in-house capacity for undertaking work such as an ECD survey, data analysis for categorisation and infrastructure assessments and plans (including specifications and cost estimates). Some municipalities (especially bigger ones) might also opt to obtain support in developing their ECD strategy (although the contents of this guide, combined with the template provided at **Annexure D** should make it possible many municipalities to undertake this task in-house).

In the event that additional support is required, the municipality will need to consider how to address this need. It might consider the following options:

- *NGO collaboration*: Establish a collaboration with local support NGOs (if they exist) which have the necessary capacity and expertise. In some cases, such NGOs may have some donor funding available,

but it would often be necessary to supplement this with municipal funding. Section 67 of the MFMA can potentially be utilised to establish such municipal-funded or co-funded NGO collaborations making use of a Memorandum of Agreement (MOA), typically over a three-year cycle. This can potentially also extend to support with infrastructure delivery itself where such NGO capacity exists. A collaboration with a group of support NGOs with different types of capacity might also be an option.

- *Conventional municipal procurement:* Procure, on a competitive basis, local service providers (private sector or NGOs) to provide the necessary services, for either a one- or three-year cycle. This could be on the basis of: a specific batch of centres using a request for quotations (PQ) or tender; a managing contractor using subcontractors on a panel; a framework contract; a turnkey/implementing agent (IA) arrangement; or a panel of service providers. It is noted that many municipalities are already attending the construction of new built ECD centres or improvements (e.g. fencing) in response to community needs and in terms of their IDPs. *Refer to table: Summary of ECD Infrastructure Delivery Options in Section 5.9.*
- *Provincial/district delivery vehicle:* Another solution could be the establishment of the necessary capacity for ECD infrastructure planning and delivery at a district or provincial-level. This would have some advantages, but might also take more time to achieve and would obviously require the active involvement of the district/provincial government. This is something that the provincial sphere of government might consider, especially where local municipalities have limited capacity and resources. Such an arrangement could also potentially achieve economies of scale and delivery efficiencies.

The above would have implications for municipal budgeting as well as the procurement strategy. If the decision is made to procure capacity for ECD surveys and related data analysis (e.g. on a three-year cycle), then it would mean that some procurement would need to occur earlier than would otherwise be the case if only infrastructure planning and construction were being funded. The procurement currently outlined in section 5.14 would need to be formulated and undertaken earlier, or at least the part of it relating to survey and related data analysis.

Please refer to section 5.9, which deals with all matters pertaining to procurement and partnership strategies in more detail.

5.6. Identifying and mapping existing services and facilities

5.6.1. ECD services/facilities identification

An essential starting point is to understand what ECD facilities and services exist and what their status, needs and potentials are. At the least, the municipality should seek to identify as many ECD service points as possible. These will mostly be ECD centres (registered and un-registered) but should also include any known hubs, and non-centre based ECD services such as playgroups, mobile services, and toy libraries. Childminders are harder to locate in under serviced communities than other ECD services and are usually discovered by chance. In some Municipalities the EHPs are registering childminders and can avail their database. The identification of ECD services should be done making use of existing data sets. Preferably there should also be some effort to augment these with new data, e.g. from engaging with ward committees and ECD forums or by undertaking an ECD field survey. In many instances, the information on existing facilities will be incomplete and the database of facilities will expand as the programme is rolled out. The following are suggested as ways in which data can be collected:

- Existing data consolidation: The municipality, working with other stakeholders, should collect and consolidate existing, accessible data on existing services/facilities. Obtaining lists from the DSD district office is a useful starting point. There are then many existing sources of records of ECD sites that can be collected and collated in order to be compared with DSD records to identify any sites not currently on the DSD list such as: EHPs' lists; NPOs in the area who work with children; ECD training organisations; ECD forums; ward committees / ward councillors and community health workers, where possible. Although a national audit of ECD centres was done in 2014 by the DSD, the data is often not readily available, and in addition, the survey did not cover all centres, especially those in under-served communities such as informal settlements and remote rural areas. Un-registered centres are heavily under-represented in the survey.
- New data via site visits, e.g. EHPs and DSD social workers. At a minimum a GPS coordinate should be obtained along with the name of the centre, operator, contact details, number of children, DSD and NPO registration status, whether or not receiving DSD ECD subsidy. GPS coordinates can be collected via WhatsApp or an application called "I am Here" using smartphones and sharing their location.
- Dedicated ECD field surveys: these are an optimal way to collect and improve ECD data - see below.

Programme type:	Data collection priority & data sources
Centre-based activities:	
ECD centres	<u>High priority</u> since this is the main focus of infrastructure support. Obtain as much information as possible. These are by far the most numerous ECD programme in terms of their prevalence and the number of children provided for. They would thus normally form the main focus of municipal support programmes. Information is available from DSD, EHPs, support NGOs and potentially from field surveys.
Hubs	<u>High priority</u> to gauge services supply and because these might form part of infrastructure support. Although these centres are not common, they have an important role to play, both in directly providing ECD services and potentially supporting other centres. The DSD will usually know which centres function as hubs since they typically initiate and actively support such hubs.
Non-centre based activities:	
Playgroups	<u>Moderate priority</u> in terms of gauging existing services supply, but will not form part of infrastructure activities. Playgroup service providers may require assistance from the municipality e.g. determining which municipal facilities such as halls can be availed for playgroups. Collect where information is readily available. Playgroups are becoming more common in some municipalities. DSD and NGO partners should know if there are playgroup initiatives operational in the municipality and who the service providers are.
Mobile ECD services	<u>Moderate priority</u> in terms of gauging existing services supply, but will not form part of infrastructure activities. Collect where information is readily available. Mobile ECD services are not common. They may be provided by support NGOs or the DSD who should be able to identify them.

Programme type:	Data collection priority & data sources
Non-centre based activities:	
Toy libraries	<u>Moderate priority</u> in terms of gauging existing services supply, but will not form part of infrastructure activities. Collect where information is readily available. Toy libraries are not common. They may be provided by support NGOs or the DSD who should be able to identify them.
Childminding / day mothers	<u>Low priority at this stage.</u> Although this type of service is very common, there is not yet a clear policy, regulatory and funding framework for childminding. Collecting this information should thus not be a priority at this stage due to, amongst other things: a) the difficulties in identifying and locating these facilities (hard to see / pick up in a field survey unless it is a door to door survey that will be very expensive); b) the lack of a clear framework that indicates what is meant by support, resourcing and monitoring of child-minding services especially if one takes into account that municipalities are not geared to attend to educational programmes.; c) the fact that many may be transient (they may only exist for short periods of time, or open and close as and when there is demand); d) although the national ECD policy suggests that municipalities should register these facilities, it is not clear if this is only based on health and safety compliance issues.

Table 4: ECD field surveys

5.6.2. ECD facility field surveys

It is desirable that ECD facility field surveys are undertaken because: a) typically many centres are not yet on existing DSD or EHP lists; b) additional information on centres is useful in planning ECD support (in terms of the status quo, needs and potential of centres). There are two field survey options:

- Streamlined, short field survey/census: This survey collects a limited amount of basic information. It can potentially be undertaken in-house by the municipality and DSD if personnel can be assigned. The minimum information should include: a GPS coordinate; name of the centre; operator; contact details; number of children; DSD and NPO registration status; whether or not receiving DSD ECD subsidy. Refer to the example basic survey questions at **Annexure E**.
- Detailed field survey: This survey collects more detailed information that can assist with the categorisation and prioritisation of centres for infrastructure improvement planning. This will usually require the use of an outside NGO partner or other specialist and may require municipal procurement of such services (unless these can be donor-funded or provided via the district, province or DSD). Detailed field surveys are optimal for obtaining better data on the status quo and adequacy of existing services and the potential to improve, optimise or expand such services (instead of costly new-builds). They provide a more detailed understanding of the status quo of each centre in respect of the capacity and institutional arrangements, the learning programmes and the infrastructure. Importantly, this more detailed information on the challenges facing centres (e.g. in terms of infrastructure and other resources) enables some assessment of the potential of the centre to improve and provide acceptable ECD services if it were to be supported (e.g. in terms of improved infrastructure). This more detailed data is valuable for ECD planning. Refer to the example detailed survey questions at **Annexure F**.
- Survey for playgroups and toy libraries: This survey collects data on playgroups and toy libraries - it covers issues such as governance, institutional issues, venue, frequency of services, capacity of playgroup facilitators, educational programmes, available services (e.g. water and toilet facilities), etc. Refer to an example at **Annexure G**.

- A visual survey: This questionnaire is used when an ECD centre refuses to participate in the survey or where the centre is found to be closed or where the building is vacant for some reason. Most of the information is obtained through observation, but can also be obtained from neighbours. The aim of the visual survey is to keep track of all ECD centres within a particular area. Refer to **Annexure H** for an example.

5.6.3. ECD database and maps

It is important that a specific person be assigned to develop and maintain the municipal ECD database. The initial information available on ECD centres and other ECD programmes establishes a baseline. It is accepted that there may initially be limited or incomplete information on existing ECD facilities. However, additional information on facilities will become available as the ECD support programme is rolled out. Irrespective of how much ECD data is available on existing facilities, there needs to be one database (list) of facilities in the municipality, even if the amount of information on each facility may vary from basic to detailed (if a dedicated ECD survey was undertaken). It is recommended that the municipality, DSD and support NGOs share and compare their data at least once a year to ensure that as many centres as possible are known and recorded.

At a minimum, the following information should be included in the database: GPS coordinate, name of centre, operator, contact details, number of children, DSD and NPO registration status, and whether or not receiving DSD subsidy. Ideally, additional information should also be recorded. Please refer to **Annexures E, F, G and H** for the short and detailed ECD survey templates, which provide more information on the type of information that is useful.

Ideally, there should be provision for someone to develop maps showing the locality of ECD facilities, updated from time to time. ECD maps are important planning tools as they enable the identification of underserved areas as well as the locality of facilities that may warrant support.

5.6.4. Categorisation of ECD centres

ECD centres can be categorised using available information/data in terms of their level of functioning and potential for improvement. This can assist greatly with population-based ECD planning, including planning and prioritising infrastructure investments. Categorisation is a systematic framework in terms of which all ECD centres in a particular area (including unregistered, less formal centres) are identified and assessed making use of data obtained through field surveys as well as inputs from DSD social workers and municipal EHPs. Centres are categorised in respect of their operational capacity and potential so as to determine the types of support which may be appropriate. The ECD PSC outlined in section 5.3 would normally coordinate this process.

The purpose of the categorisation is to improve population-based ECD response planning. Categorisation utilises data collected from field surveys and other sources. Three key areas are considered: a) capacity and governance; b) ECD programme; and c) infrastructure, health and safety.

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

There are five categories of ECD centres as outlined below:






		Scoring	
	A: Well-functioning , usually DSD-registered, may have minor infrastructural deficiencies.	80%	100%
	B1: Basic-functioning with good potential , can usually achieve DSD registration if there is some support and infrastructure improvement.	60%	79%
	B2: Low-functioning with moderate potential , but may take more time to achieve DSD registration and greater flexibility and more support may be required	40%	59%
	C1: Low-functioning with limited potential , often providing only basic 'child-minding'.	25%	39%
	C2: High risk and dysfunctional , may need to be closed-down and children accommodated elsewhere	0%	24%

Table 5: ECD centre categories

Where detailed survey data exists, a preliminary categorisation can be determined using the ECD dataset. 52 marker questions have been developed and are contained at **Annexure I** in order to determine: a) a categorisation score; b) a potential rating, which factors out infrastructure limitations and focuses only on issues of capacity/governance and ECD programme quality. In the absence of a detailed survey, categorisation can also be determined qualitatively by stakeholders who have knowledge of the centres such as DSD social workers and EHPs. Categorisation can be revisited and updated to be more accurate as additional information on centres becomes available. Where the categorisation is based only on survey data it should be regarded as preliminary and only as a broad guideline for population-based planning and for prioritising centres based on their potential to improve. There should always be site visits to centres by DSD social workers and EHPs in order to qualitatively assess the status quo and potential.

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

The combined results across pilot sites in six municipalities (two informal settlements in eThekweni Municipality and all settlements in five rural municipalities) are summarised below to give an idea of how categorisation can work in practice:

Categorisation scoring ranges		Rural	%age	Urban	%age	Grand Total	%age
A	80% 100%	69	16%	18	22%	87	17%
B1	60% 79%	227	52%	36	44%	263	51%
B2	40% 59%	112	26%	15	19%	127	25%
C1	25% 39%	26	6%	11	14%	37	7%
C2	0% 24%	1	0%	1	1%	2	0%
		435	100%	81	100%	516	100%

Table 5: Categorisation scoring ranges

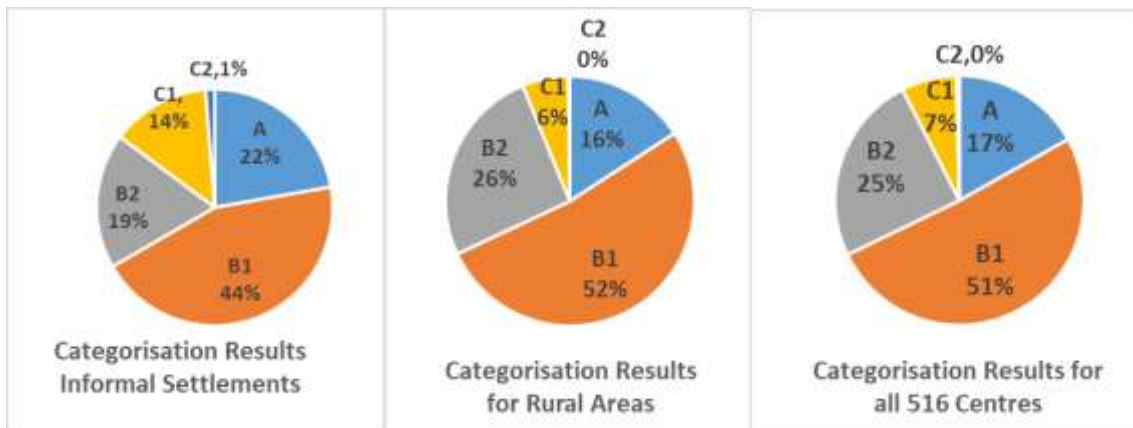


Figure 3: Categorisation graphs from work in pilot municipalities

5.7. Developing a municipal ECD strategy

5.7.1. Purpose of strategy

It is important for municipalities to have a practical municipal strategy to effectively fulfil their developmental role with respect to ECD. The strategy should help to establish a programmatic approach for scaling up ECD services provision in South Africa, which is a national priority. A template for a municipal ECD strategy is contained in **Annexure D**. The contents of this guide should also be referred to.

The strategy should set out in broad terms the status quo, services backlog, ECD infrastructure approach, municipal role, broad procurement approach, indicative improvement/new build mix, type of flexibility which will be required (e.g. in terms of bylaws or funding improvements on land which is not formally planned etc.). It is emphasised that due to the high costs of new-builds relative to improvements to existing centres, it would typically be appropriate for the main focus to be on improvements (given that approximately six times the number of children can be assisted with an equivalent infrastructure budget allocation). The ECD strategy will inform the drafting of a municipal ECD sector plan (also referred to as a 5-year plan in the NIECDP) that should be included/adopted as part of the municipality's IDP.

The following should be taken into consideration by municipalities in developing a Municipal ECD strategy:

1. Keep the strategy as simple as possible and focused on actions that can be achieved within three-year MTEF timeframes.
2. Clearly define the role that your municipality can play, and be realistic as to what you can do within your capacity (human resource) and budget limitations.
3. Clearly define the role of other key stakeholders first, understanding what role they currently play and bearing in mind that they will also have their own capacity and funding limitations.
4. Prioritise responses that can maximise limited capacity and fiscal resources. For example, prioritising the improvement of existing ECD centres as opposed to focussing (only) on new-builds means that many more children can be assisted with an equivalent amount of capital budget (at least six times the number).
5. Establish improved collaboration amongst key ECD role-players (DSD, support NGOs, COGTA etc.).
6. Assign a lead person in the municipality to champion the strategy and a lead department to deal with ECD from a developmental (as opposed to only a compliance and regulatory) point of view.

5.7.2. Optimal municipal role

The municipality's main role with respect to ECD is in respect of:

- Supporting improved planning and coordination for ECD service provision (working closely with the DSD, DoE and other stakeholders including NPOs, support NGOs and the private sector) so as to improve the quality of and access to ECD services, thereby supporting the basic rights of young children and strengthening the municipality's human capital.
- Supporting improved ECD infrastructure either through improving existing facilities or potentially building new facilities. This requires the allocation of at least some municipal infrastructure funding (e.g. MIG/ICDG). There may also be a need to provide water and sanitation provision as part of normal basic services provision rollout (metros do this directly, whilst most LMs do this via the DM) such as extending water supply or providing Ventilated Improved Pit latrines(VIPs) or bulk sewer connections.
- Assigning EHPs (where these are available in-house) or else ensuring the DM assigns these. Amongst other things, EHPs should work with DSD and others to identify and assess existing facilities and ensure documentation is processed for registration.
- Adopting a developmental approach to building and town planning matters for ECD centres in low income communities: The Municipality should find ways to enable ECD centres in low income areas to more easily meet requirements - e.g. exempting ECD centres from paying costs for sub-divisions where available properties are too big for an ECD centre to develop; consider allowing free neighbour consent rather than requiring expensive, formal rezoning which is unaffordable; consider waiving submission fees for building plans and or by appointing interns from the architectural professions to assist the ECD centres with building plans and submissions at nominal fees. Municipalities can also help ensure that land for ECD centre is more affordable and accessible, by, for example, making municipal sites available at an affordable long-lease basis; setting aside sites for ECD on low income housing projects, etc.
- Allocating some CWP/EPWP funding for the municipality's ECD support programme in the form of stipends for general assistance at ECD centres (e.g. establishing food gardens at all ECD centres, planting and cutting of grass, fixing playground equipment, cleaning of premises, fixing of fencing) and to NPOs in charge of ECD playgroups to be used as stipends for playgroup facilitators.

In respect of ECD surveys and infrastructure planning, for small municipalities, it may be optimal for this to be dealt with via an arrangement with the DM or province (e.g. a via a district or provincial level arrangement which establishes the necessary technical capacity for undertaking field surveys of ECD facilities and doing site assessments and infrastructure improvement plans). This is likely, however, to take time to establish and in the meantime it is suggested that LMs / metros make at least some budgetary provision to kick-start the ECD infrastructure delivery process.

5.7.3. Population-based programmatic approach

The strategy needs to set out broadly how the municipality, working with the DSD and other stakeholders, envisages achieving a response at scale. Given prevailing capacity and fiscal constraints municipalities should focus first and foremost on supporting existing ECD facilities, including those which are not yet registered, to improve the quality of the ECD service they are able to provide. It is recognised that there are usually large numbers of ECD centres that face significant funding and infrastructure constraints, but also that many of these facilities can improve over time, provided they receive support and can be brought into the system of regulation and state support through initial registration at bronze level. Such facilities, along with the network of childminders, currently forms the backbone of ECD services provided in low income under-

serviced communities. The development of new-build facilities should be undertaken on a carefully prioritised basis, not only due to the high capital costs, but also to the difficulties in finding suitable NPO operators that have the necessary capacity and funding to operate such facilities sustainably. The ongoing burden of the maintenance of new facilities is also a factor. The municipality will typically own new-build facilities and lease them to the NPO operator, who will usually not have sufficient resources for comprehensive maintenance. Where possible, such new builds should also act as hubs, which provide support and resources to less resourced ECD programmes in the local area. Collaboration with the DSD, NPOs, support NGOs, private sector and other stakeholders is also an important part of the overall strategy since it is not viable to achieve a response at scale without effective collaboration and partnerships. Municipalities are also encouraged to identify and avail for ECD purposes underutilised buildings owned by the municipality or other spheres of government.

5.7.4. Demographics and ECD services backlogs

Settlement patterns:

The strategy should take into consideration the overall settlement pattern in the municipality, particularly with reference to underserved/poor communities (e.g. the extent of informal settlement, peri-urban/rural settlements, etc., dense vs sparse settlement pattern, major nodes in municipality etc.). This information should be available in the municipal IDP.

Demographics:

The strategy should indicate the total population and population of young children (0-5 years) within the municipality to gauge the total need for ECD services. The main focus should be on under-served communities such as informal and rural settlements. The strategy should reflect the following information:

- Total municipal population and breakdown per ward
- Total number of households and breakdown per ward
- Total number of children 0 – 5 years and breakdown per ward
- Number of children 0-2 years’ old
- Number of children 3 – 5 years’ old

Children in existing ECD services:

There may be incomplete information on existing ECD facilities available at the time of developing the municipal strategy. This should not delay the strategy. Rather, the strategy and ECD database can be updated when additional information becomes available. Implementing the strategy will help obtain significant additional information on ECD services, stakeholders, etc.

No.	Ward No.	Type of ECD service (e.g. ECD centre, hub, playgroup, toy library etc.)	Name of ECD service	Number of children			
				Total children enrolled	In DSD-registered & funded service	In DSD-registered & unfunded service	In unregistered service
1	5	ECD Centre	Vumani Crèche	38	0	0	38
2	5	ECD centre	Sunshine Edu-care centre	45	45		

Table 6: List of existing ECD services

ECD service backlog:

Combining the information on settlement patterns, demographics and children in known ECD services allows for the service backlog to be determined. The backlog will consist of two parts:

- Children in under-resourced centres: Where survey data is available, then the total number of children in under-resourced centres can be determined (i.e. those not registered with the DSD and/or not receiving the DSD subsidy and/or have known significant infrastructure problems).
- Children not in ECD services: The total number of children aged 0-5 minus those in existing ECD services (centres and non-centre based where surveyed).
- Total backlog: This is the sum of the above two categories.

5.7.5. District and Provincial ECD plans:

It is useful to note if and how ECD is provided for in the relevant District or Provincial Growth and Development Plans, including what objectives and result indicators are specified. The municipality should attempt to align its ECD support programmes with these. The Municipalities must report back on provincial ECD indicators to the District municipality that will be reporting in turn to the Province.

5.7.6. Establishing the necessary capacity to plan and deliver

Most municipalities will not have sufficient in-house capacity for the various functions necessary (ECD strategy formation and the drafting of an ECD Sector Plan, ECD survey and data analysis, ECD infrastructure planning, ECD construction and delivery). Refer to sections 5.5, 5.3 and 5.9.

Example Municipal ECD Infrastructure Plan

This can be used for guidance purposes or can be amended and included as part of the municipal ECD strategy in the section that follows

	Activity	Responsibility	Timeline for completion	Outcomes
PLANNING & BUDGETING	<ul style="list-style-type: none"> Identify existing ECD facilities/services Assess/collect data on existing ECD facilities/services Populate municipal ECD database Basic demographic analysis (ECD backlogs) & Population based planning Initial MTEF budget reservation for ECD infrastructure & planning Infrastructure assessments, specifications, estimates ECD infrastructure plan (mix of improvements & new builds) Final MTEF budget 	<ul style="list-style-type: none"> Muni/DSD/NGOs Muni/DSD Muni/DSD/NGOs Muni/SP Muni Muni/SP Muni/SP Muni 	<ul style="list-style-type: none"> Month 3 Month 6 Month 6 Month 6 Month 8 Month 10 Month 12 Month 15 	<ul style="list-style-type: none"> Status and potential of existing ECD facilities known Optimal infrastructure budget allocation/budgeting to mix of improved and new ECD facilities to achieve maximum population coverage
COORDINATION	<ul style="list-style-type: none"> Assign responsible municipal department for ECD planning and infrastructure. Establish Municipal Multi-stakeholder ECD Steering Committee (EHPs, DSD, NGOs etc.). Convene regular meetings (e.g. quarterly). Coordinate municipal and DSD infrastructure budgeting (e.g. MIG and DSD conditional maintenance grants). 	<ul style="list-style-type: none"> Muni Muni/DSD Muni/DSD Muni/DSD 	<ul style="list-style-type: none"> Month 2 Month 2 Ongoing/quarterly Ongoing 	<ul style="list-style-type: none"> Effective ECD coordination and budget alignment
DELIVERY	<ul style="list-style-type: none"> Develop procurement plan and documentation (different for improvements versus new-builds) Establish delivery partnerships/special purpose vehicles if applicable (e.g. with support NGOs/private sector). Sign infrastructure use agreements with beneficiary ECD NPO operators. Procure service providers/contractors and/or implementing agents. Build and commission infrastructure (improvements/ extensions/ new builds). EHP inspections and sign off to enable partial care registration with the DSD. 	<ul style="list-style-type: none"> Muni/SP Muni/NGOs/private sector Muni/NPOs Muni Muni/SP Muni EHPs / DSD social workers 	<ul style="list-style-type: none"> Month 9 Month 10 Month 16 Month 17 Month 23 Month 24 	<ul style="list-style-type: none"> Effective procurement and delivery of ECD infrastructure (improvements and new builds) New/strengthened enabling partnerships with support NGOs/private sector for ECD planning and delivery. Increased registration of ECD facilities with the DSD and increased flow of DSD ECD subsidies to ECD facilities in the municipality.

Table 7: Specimen Municipal ECD Infrastructure Plan

5.7.7. Infrastructure improvement focus

As indicated previously, there needs to be an appropriate mix of investment in improvements versus new builds. It is noted again that approximately six times the number of children can be assisted using improvements compared to new builds, and that there is insufficient budget available through the fiscus to address the entire national ECD services backlog by means of building new ECD facilities. The municipality, working with the DSD and other stakeholders, will need to decide on what mix is appropriate for its local context. Given the need to move to scale so as to achieve the national policy objective of 'massification' of ECD services and to maximise population coverage using limited fiscal and other resources, improving existing facilities should be regarded as the primary strategy and should receive sufficient budget allocation. Please refer to sections 6.1, 6.3 and 6.4 for more information.

5.7.8. Infrastructure planning approach

The municipal ECD strategy needs to set out the overall envisaged process for ECD infrastructure planning. Municipal ECD infrastructure planning should be informed by:

- The municipal ECD facilities and services dataset (which will help identify those facilities/centres which have both infrastructure needs and the potential to achieve an acceptable level of ECD service provision and conditional registration (bronze and silver level) if they receive some infrastructure assistance.
- An assessment of service deficits relative to demand, based on known existing services (registered and unregistered) on the database compared with demographic information in respect of the distribution of young children (based on census and other data sets) and also taking into consideration feedback from DSD social workers, ward development committees, ECD forums, local support NGOs, etc.
- An assessment of the availability of existing NPOs that might have the necessary capacity and funding to operate any new facilities.
- An appropriate mix / ratio of improvements versus new builds which will be informed by the above information as well as the available budget and preparedness of the municipality to potentially own and lease out some new facilities. It is noted again that improvements require different funding and a different procurement model than new builds.
- An assessment of vacant land or underutilised municipal facilities that can be used or repurposed for ECD services. This must be in the form of a social facility lease agreement or facility management agreement as prescribed in the MATR (Municipal Asset Transfer Regulations).
- It is important that requests from communities via ward councillors / ward committees for ECD centre improvement, maintenance and new build requests be taken into consideration, and that these be incorporated into and aligned with infrastructure pipeline plans.

Based on the above, a preliminary infrastructure pipeline plan in the form of a list of intended ECD projects (improvements, extensions and new builds) and indicative cost estimates can be developed. Budget should first, however, be reserved before prioritised centres are subjected to infrastructure assessments in order to develop improvement plans and cost estimates – refer to section 5.11.

5.8. Reserving ECD infrastructure budget

It is important that infrastructure budget is reserved (set aside) for ECD before costly infrastructure planning commences and expectations are raised on the ground. This should be done in the form of an initial municipal

MIG/ICDG 'block' allocation which is provided for in the MTEF. This establishes a budgetary mandate to proceed with assessing centres and developing infrastructure improvement plans. The allocation (breakdown) of budget to specific ECD infrastructure projects will follow later on once infrastructure planning has been completed at the prioritised centres. This budget allocation would normally need to be approved or ratified by Council. Where possible, budget should also be sought from other sources in order to expand the infrastructure support programme. The main supplementary sources are: a) the DSD's ECD Grant: Infrastructure Component (though it is currently heavily over-subscribed); b) donors/CSI. Some municipalities also opt to use their maintenance budgets for improvements on municipal-owned ECD centres.

It may be necessary for the municipality to make funding available for infrastructure assessments and ECD field surveys (where the existing data on ECD centres is insufficient). In most instances, municipalities will not have the in-house capacity for these two work-streams. In the event that the municipality does not have the necessary internal capacity or existing partnerships with support NGOs with available donor funding, then it will need to also making funding available in order to procure the necessary capacity for these two work-streams, either in the form of a support NGO or private service providers. This should already have been anticipated in the municipal ECD strategy (refer to section 5.7).

5.9. Deciding procurement and delivery solutions

Efficient and cost-effective procurement and delivery solutions are critical to successful planning and delivery of improved ECD infrastructure. Municipal procurement is typically slow and somewhat cumbersome for small, geographically dispersed works such as ECD infrastructure, given the prevailing supply chain processes. Procurement can easily take between 3 and 9 months, (from drafting to award of tenders and signature of contracts). In some municipalities approval by multiple committees is required (e.g. relating to bid specification, adjudication and approval).

The nature of ECD infrastructure, is atypical relative to most other municipal infrastructure, especially in the case of improvements. ECD improvements are different to conventional municipal infrastructure because they consist of small, non-standardised works and rectifications across multiple sites which are often geographically dispersed. It will typically be economically unviable for municipalities to deliver infrastructure improvements (most of a relatively small investment size) on an individual centre-by-centre basis by means of multiple small contracts.

Procurement could be either via normal municipal supply chain processes for each batch of ECD infrastructure projects (RFP or tender) or else by means of a special purpose vehicle, NGO partnership, managing contractor or turnkey/IA arrangement.

The scale of delivery, available budget and municipal capacity will be important determining factors in deciding the optimal procurement and delivery solution.

It is recommended that, in the absence of other solutions, municipalities at least allocate some infrastructure budget for purposes of ECD and plan and deliver as outlined in the process flow in section 5.2. If there is limited budget available, then using RFPs and/or NGO partnerships is likely to be the most practical option. For high-capacity metros, NGO partnerships, IA or managing contractor procurement, or a special purpose vehicle may be more viable. The same would apply for provincial governments needing to initiate delivery solutions to support local municipalities which lack capacity and resources and which face diseconomies of scale in terms of scale.

In terms of considering optimal and delivery options, the following steps are suggested:

1. Decide *overall municipal ECD strategy and approach* as per section 5.7. The strategy will indicate amongst other things what ECD interventions will be undertaken (e.g. survey, assessments, improvement vs new build emphasis, scale of response required etc.) as well as what other ECD response programmes may already be underway (e.g. DSD ECD Grant: Infrastructure Component delivery or DoE pre-school delivery).
2. Determine what *in-house capacity the municipality has* (i.e. for ECD survey, infrastructure assessments and planning, and management of contractors) and therefore in what areas it will require additional external support.
3. Determine if there are *local support NGOs / specialist ECD organisations* with the afore-mentioned skills and capacity who can be partnered with and gauge the scope for partnership.
4. Determine what *municipal funding* can, will or has be allocated for the ECD strategy/interventions and decide optimal procurement option (refer to information tables which follow later in this section).
5. Determine *what additional resources will be required* (in particular if there will be significant deficits in response after what the municipality is currently able to provide with its own funding) and identify and undertake follow-up engagements (e.g. with provincial DSD/DoE if a provincial-level delivery mechanism would benefit the municipality due to its own resource constraints).
6. Consult Procurement Strategy for Early Childhood Development (ECD) Infrastructure compiled by Dr Sean Phillips, Fourth draft 14 June 2019. Refer to **Annexure J**

Summary of ECD Infrastructure Delivery Options

Delivery option	Pros/cons	Relevance/applicability
<p>Request for quotations (RFQ or PQ): For small packages of work under R200,000 and for short durations. Work is procured on a fixed price basis and against a specified scope. Bids awarded on price and BBEE. Contractors should be CIDB registered.</p>	<p><u>Pros</u></p> <ul style="list-style-type: none"> • Quicker than most other options. • Can create construction opportunities for SMMEs. <p><u>Cons</u></p> <ul style="list-style-type: none"> • Will usually attract small contractors who may have limited capacity and expertise. • Up-front identification, screening assessment and selection required before RFQ can be issued so that a list of prioritised centres can be assigned. • Requires up-front technical assessments, specification (BOQ) and costing • Diseconomies of scale and low margins for contractors. • For construction work, appointing a large number of small contractors will require more supervision from the municipality, will be more expensive and it may be difficult to control quality. • Some projects, even if batched geographically, may be too far apart for these small contractors to work cost efficiently and ensure quality control. • Rigid – fixed price and specification/scope, only viable for predetermined scope/predesign. • Small contractors may not be able to afford liability insurance which will be required when working on a site with small children. 	<p>YES:</p> <ul style="list-style-type: none"> • For a small survey or small number of technical assessments. • If there is limited capital budget and only a few centres to be improved. <p>NO:</p> <ul style="list-style-type: none"> • For a mass survey, planning or roll out of ECD centre improvements. • For new build facilities. • Where the exact scope and quantum of work is not known up front.

<p>Conventional tender. For larger packages of work with no upper limit. Work is procured on a fixed price basis and against a specified scope. Bids awarded on price and BBBEE. Contractors should be CIDB registered. The municipality packages their ECD projects and issue tenders for each package (batch). Typically only contractors with higher capacity or CIDB grading would be eligible.</p>	<p><u>Pros</u></p> <ul style="list-style-type: none"> • Can handle larger budgets. • Up-front identification, screening assessment and selection required before tender can be issued so that a list of prioritised centres can be assigned. • Requires up-front technical assessments, specification (BOQ) and costing which enables the municipality to budget more effectively • Can get some economies of scale. • Can secure higher capacity service providers. • Quality may be higher for construction work. • Reduces the number of tender events and contracts to be managed • Provides an opportunity for medium-sized contractors to obtain more work/experience and to grow. <p><u>Cons</u></p> <ul style="list-style-type: none"> • Slower than RFP/PQ. • Still rigid – fixed price and specification/scope, only viable for predetermined scope/predesign • Favours bigger contractors, although one can build in a requirement of utilising small, local subcontractors. 	<p>YES:</p> <ul style="list-style-type: none"> • For pre-designed new builds. • For three-year technical services for survey and infrastructure planning. <p>NO:</p> <ul style="list-style-type: none"> • For a mass roll out of ECD centre improvements. • For ECD centre improvements due to lack of pricing variation (accurate pre-design cost estimates difficult for improvements. • Where the exact scope and quantum of work is not known up front.
<p>Turnkey Implementing Agent (IA)²². An implementing agent could be procured to undertake all aspects of the programme from survey/infrastructure planning to construction. This would usually be for a three-year period. Use of small contractors/local labour content can be built in. IA provides or subcontracts all necessary capacity (professionals, emerging contractors, local labour, materials etc.), provides all required professional services and ensures quality</p>	<p><u>Pros:</u></p> <ul style="list-style-type: none"> • Procurement is only done for the IAs - no other procurement processes have to be followed by the municipality. More than one IA can be appointed if the programme is big enough e.g. in different regions. • Appointing an IA saves time and resources • The IA is responsible for the project in its totality • The municipality deals with just one entity. • IA will have the necessary liability insurance for sites where there are children • IAs provide all the necessary capacity and resources. <p><u>Cons:</u></p> <ul style="list-style-type: none"> • Schedule of standard rates will be challenging to develop, particularly for infrastructure improvements. 	<p>YES:</p> <ul style="list-style-type: none"> • For mass survey, planning and delivery – programmatic delivery is possible – but likely to be best suited to new builds rather than improvements. <p>NO:</p> <ul style="list-style-type: none"> • For small municipalities and/or small scale delivery and/or for short timeframes. • May be difficult for improvements – best suited to new build solutions due to need for known up-front cost relative to scope. • Will be difficult where the exact scope and quantum of work is not known up front.

²² It must be noted that the Implementing Agent in this context does not refer to a state owned entity usually appointed by Public Works but merely an entity that undertake all aspects of the programme including social facilitation and the coordination of partial care registration in close cooperation with EHPs and SWs.

<p>control. IAs must be CIDB registered and have a proven track record.</p>	<ul style="list-style-type: none"> • Significant procurement complexity and timeframes. • Not viable at small scale. • Fixed price needs to be decided up front with clear basis for costing (e.g. on a rates basis). 	
<p>Managing contractor and panel of building contractors: The municipality appoints a managing contractor (who also undertakes survey and design) on a rates and/or percentage of capital cost basis as well as a panel of contractors (typically appointed on a schedule of rates basis with provisions for variations and escalations) which can be tapped and which are managed by the managing contractor. This would typically be for a three-year period. Pricing for construction can be on a rates basis. Use of small contractors/local labour content can be built in. Managing contractor provides all required professional services and ensures quality control.</p>	<p><u>Pros:</u></p> <ul style="list-style-type: none"> • Once set up, reduces management burden on municipality/government – managing contractor is responsible for monitoring and supervising and ensuring projects are completed in time, cost and to acceptable quality. • Once set up, can deliver quickly and at scale. • Can achieve cost efficiencies and secure well capacitated service providers. • Planning and design including development of schedule of works and specifications can potentially be achieved as part of the management contract • Affords flexibility on scope and scale of works (only rates are fixed, not total price per building contract). • Can accommodate improvements and new builds. <p><u>Cons:</u></p> <ul style="list-style-type: none"> • Schedule of standard rates will be challenging to develop, particularly for certain building improvements which are non-standard (e.g. repairing wall cracks). • Significant procurement complexity and timeframes to setup. Not viable at small scale. 	<p>YES:</p> <ul style="list-style-type: none"> • For mass delivery (for improvements or new builds) where budget and geographic area justify – this could be for a metro or else achieved by grouping several local municipalities together or even undertaking at provincial level which most likely means that procurement would need to be via the province rather than the local municipality. <p>NO:</p> <ul style="list-style-type: none"> • For small municipalities and/or small scale delivery and/or for short timeframes.
<p>Framework contract²³: The framework contract sets out the terms for orders which can be awarded to a group of successful contractors for a given period for a specified range of services. E.g. the New Engineering Contract (NEC) which may be applicable.</p>	<p><u>Pros:</u></p> <ul style="list-style-type: none"> • More flexible than managing contractor option. • A commitment to the quantum of work is not required up front, thus affording flexibility to scale up or down as budget or other factors dictate. • A full scope of work is not required at the outset (e.g. list of centres with required improvements). • No obligation to pay for any services upon establishment of the framework. Obligations only incurred when orders are awarded. • Can accommodate varying site conditions and changing quantities of work. 	<p>YES:</p> <ul style="list-style-type: none"> • For mass delivery (for improvements or new builds) where budget and geographic area justify – this could be for a metro or else achieved by grouping several local municipalities together or even undertaking at provincial level which most likely means that procurement would need to be via the province rather than the local municipality. <p>NO:</p>

²³ For more detailed information, refer to Annexure J Procurement Strategy for Early Childhood Development (ECD) Infrastructure; Dr Sean Phillips, Fourth draft 14 June 2019
Municipal ECD Guide, 2019, Project Preparation Trust

	<ul style="list-style-type: none"> • Can accommodate improvements and new builds. • Can potentially accommodate up front assessments, prioritisation and design / development of centre-specific specifications within the framework as a particular type of service. • Number of procurement events greatly reduced once the framework is established. <p><u>Cons:</u></p> <ul style="list-style-type: none"> • Only viable for delivery at scale – otherwise does not warrant the significant effort to establish. Thus not viable for small municipalities unless work is batched at district level. 	<ul style="list-style-type: none"> • For small municipalities and/or small scale delivery and/or for short timeframes.
<p>NGO collaboration: This will typically be via an MOA and making use of Section 67(1) of the MFMA. This relates to non-commercial transactions with organisations which are non-profit and does not require a competitive bid process. Sometimes the NGO may provide some co-funding sourced from donors or this may be collaboratively secured. This would typically be for a three-year period.</p> <p>The NGO will be expected to undertake all or some aspects of the programme from survey / technical assessments, infrastructure planning, social facilitation. Pricing for construction can be on a rates basis as for a framework contract which provides flexibility.</p>	<p><u>Pros:</u></p> <ul style="list-style-type: none"> • Can tap the specialist capacity and skills of support NGOs with expertise and experience in respect of ECD and community infrastructure. They are more likely to understand the complexities of ECD and know the ECD stakeholders. • May be more cost effective – most NGOs are non-profits. • NGOs may come with some co-funding. • Product quality is likely to be good. • Greater flexibility on price variation can be built in (e.g. for improvements) – as with a framework contract. • Can tap and support local skills e.g. in construction process. <p><u>Cons:</u></p> <ul style="list-style-type: none"> • There are a limited number of support NGOs – some provinces or municipalities may not have locally accessible NGOs. 	<p><u>YES:</u></p> <ul style="list-style-type: none"> • Especially for ECD survey and infrastructure planning. • Also for ECD infrastructure delivery – both improvements and new builds. <p><u>NO:</u></p> <ul style="list-style-type: none"> • Where there are not available support NGOs with the requisite skills, experience and track record.
<p>Special purpose vehicle. This is a structured collaboration between those with the necessary skills and resources. It may include support NGOs, donors, CSI and the private sector. It may be in the form of a private-public partnership (e.g. Pay for Success in Social Public Private</p>	<p><u>Pros:</u></p> <ul style="list-style-type: none"> • High levels of capacity and resources specialised in ECD are brought together. The SPV will have dedicated capacity and resources necessary for effective co-ordination; specialist infrastructure capacity and institutional arrangements to support government; ability to build high quality and ‘bankable’ ECD infrastructure project pipelines; efficient 	<p><u>YES:</u></p> <ul style="list-style-type: none"> • For planning and delivery at scale (e.g. metro or provincial-level). • For securing high levels of capacity and resources. • For addressing complex issues and delivery challenges which might arise.

<p>Partnership (PSSPPP). All the skills and resources necessary to survey, plan, manage and implement are brought together achieving even higher levels of capacity and resources than with an IA arrangement. An SPV would need to have a lifespan of at least 6 years to make it worth the up-front effort in setup. Whilst it can be in the form of a specially established legal entity it can also and more easily be achieved through a structured agreement between contracting parties (e.g. an MOA) which specifies roles, responsibilities, funding, governance and reporting.</p>	<p>delivery/construction; ability to address a diversity and complexity of infrastructure challenges,</p> <ul style="list-style-type: none"> • Can achieve good economies of scale and efficient delivery. • May secure external donor/CSI funding or establish a platform which has investor confidence to do so. • Streamlined planning and delivery not reliant on slow government processes (once SPV is setup) but with government (municipalities and provincial departments) still involved as a key participating stakeholder. • A single SPV for a province will be significantly more cost-effective and efficient in respect of delivery than separate municipalities each establishing and running small ECD support programmes. <p><u>Cons:</u></p> <ul style="list-style-type: none"> • Timeframes to setup (e.g. in terms of securing funding commitments and meeting supply chain processes). • Absence in some areas of stakeholders with interest and the necessary skills, capacity and resources. • Need well-capacitated and committed participating organisations with a proven track record. • Only viable if there is a reasonable up-front funding commitment by government/private sector/donors. 	<ul style="list-style-type: none"> • For building improvement collaboration between government, civil society sector and private sector. <p>NO:</p> <ul style="list-style-type: none"> • For small municipalities and/or small scale delivery and/or for short timeframes. • Where interested ECD partners are not available at district/provincial level. • Where government/private sector/donors are not prepared to make the necessary up-front funding commitments.
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Table 8: ECD Infrastructure Delivery Options

Summary of Relevance of Delivery Options for Different Aspects of ECD Planning and Delivery

Delivery option	ECD survey and data analysis	Infrastructure assessments, planning, estimates and specifications	ECD improvements to existing facilities (minor/major/extensions)	New ECD facilities
Request for quotations	Viable but only at small scale	Viable but only at small scale	Marginal - slow and does not deliver optimal outcomes	Not viable except for very small, basic, low cost modular facilities
Conventional tender	Viable	Viable	Marginal - slow and does not deliver optimal outcomes	Viable
IA arrangement	Viable especially at scale	Viable especially at scale	Viable especially at scale	Viable
Managing contractor and panel of building contractors	Viable especially at scale	Viable especially at scale	Viable especially at scale	Viable
Framework contract	Viable especially at scale	Viable especially at scale	Viable especially at scale	Viable
NGO collaboration	Viable	Viable	Viable if MOA is correctly structured	Viable
Special purpose vehicle	Viable	Viable	Viable especially at scale	Viable

Table 9: Relevance of delivery options

5.10. Prioritising facilities for infrastructure investment

Given that the need (list of centres with needs and potential) is likely to exceed available infrastructure funding, there needs to be a process of rational prioritisation in order to maximise limited financial and other resources. This is an important step as there will be insufficient funding and resources to assist all centres at the same time. There must be a process to determine priorities for investment purposes. All infrastructure (improvements and new builds) over the next MTEF needs to be included in the prioritisation process.

Prioritisation will typically be done using existing data/set lists. It would normally be done via the ECD PSC against specified criteria (e.g. centre potential / DSD support, size / number of children who will benefit, years in operation, etc.). Centre categorisation can also be used where data/capacity permits. Involving some municipal officials and ward councillors at local/ward level may be beneficial to ensure ownership and better understanding of ECD regulations and municipal ECD strategy. Although site visits to centres with DSD social workers and EHPs may be beneficial, where possible this should be deferred until the infrastructure assessment process which follows, so as to avoid duplicate site visits.

Systematic shortlisting, prioritisation and selection enables population based ECD response planning and associated budgeting. Support to ECD centres would typically be done on a phased basis depending on available budget and other resources. Typically, those centres with the greatest potential and return on investment (using criteria such as those utilised) would be selected first. This method would be used in order to achieve population based ECD response planning and the development of 'bankable' ECD improvement pipelines with associated budgets linked to municipal and/or DSD MTEF or BEPP budgets.

A two-phase prioritisation and selection process is recommended:

Phase 1 - shortlisting

Filter the ECD database according to pre agreed criteria. The following five criteria are suggested and have been utilised in several pilot municipalities:

- *For centres with potential* (i.e. already with or with potential to achieve DSD registration and provide acceptable ECD services – i.e. categories A, B1, B2):
 - Group all centres into fully registered, conditionally registered and unregistered categories (DSD partial care facility registration).
 - For unregistered ECD centres – group them into A, B1, B2 and for each group, select those centres that afford a favourable risk and return on investment based on:
 - Potential (recommend potential score >60%).
 - Centre size (recommend 20 children or more).
 - Years of operation (recommend 5 years or more).
 - For conditionally registered ECD Centres: as above
 - For fully registered ECD Centres not receiving DSD operational subsidy, select based on:
 - Centre size (recommend 20 children or more).
 - For fully registered ECD Centres receiving the subsidy, select based on:
 - Infrastructure problems (recommend infrastructure adequacy score 60% or less).
 - Centre size (recommend 20 children or more)

- For all other centres which may require mitigation of imminent and material health and safety threats or require alternative ECD measures
 - Filter all C1, C2 centres along with the A, B1, B2 centres which fell below the threshold size, years of operation and potential rating.
 - Select all centres with a low specific infrastructure adequacy score (basic services and building) or low score on the health and safety sub-score under the general classification – recommend below 40% on either of these.

Phase 2 -selection of priority centres for the infrastructure support

This entails selecting centres from the shortlist for further assessment, response planning and improvements. This is usually done by means of a workshop-type meeting including: DSD personnel (social workers and service office managers); municipal personnel (environmental health practitioners (EHPs) and potentially those involved in social cluster/human settlements/IDP budgeting) and project team (who undertook the survey). Those centres which have potential may require different modes of response relative to those requiring only mitigation of imminent health and safety threats. New builds may need to be considered: where centres need to be closed down and/or; where there is an obvious problem in respect of the supply of ECD services relative to demand or in cases where existing centres cannot cost effectively address this problem and/or; in cases where there are well run ECD centres operating in space with serious health and safety issues which cannot be mitigated or the property is in private hands and where a new building on a new site nearby is a viable solution.

The specific filtering criteria utilised and threshold levels applied can be varied depending on local conditions, stakeholder preference, available funding, etc. For example, increasing the screening size from 20 to 40 children in a centre, increasing or decreasing the threshold score for centre potential or infrastructure adequacy.

It is noted that, even though the above method provides a more rational, evidence-based, depoliticised, and accountable way of selecting ECD centres for state support, there is always the risk of reversion into previous 'modes' (e.g. selecting centres best known to government officials, selecting centres preferred by the ward councillor). These risks should be borne in mind.

5.11. ECD infrastructure assessments and planning

Funding will typically need to be allocated to appoint service providers (NGOs or private sector specialists) to undertake infrastructure assessments at targeted sites and the development of designs/specifications and cost estimates for intended works. The nature of the required infrastructural works will vary significantly, ranging from improvements and extensions to new builds.

It is imperative that the service providers doing infrastructural assessments arrange joint site visits to the selected ECD centres together with the municipal EHPs and DSD social workers. Assessments must also be done in close consultation with the ECD operator / committee members to allow an opportunity for them to raise their infrastructure, health and safety issues. They will be able to point out latent defects that may not otherwise be easily detected (e.g. roof leaks due to short overlap of corrugated iron roof sheets).

In the case of improvements, it will often be necessary to prioritise the most-important infrastructural items taking into account feedback from EHPs, DSD social worker and ECD operator in cases where the costs would otherwise be excessive. The objectives are two-fold: a) to address all critical health and safety threats; b) to

meet all or at least most of the requirements necessary to achieve conditional registration at least at bronze level but preferably at silver level.²⁴

Prioritised deficiencies must be measured (e.g. m² of ceiling or flooring to be replaced) and items properly specified (e.g. vinyl or ceramic tiles that will be installed). Photos must be taken of all major deficiencies.

It will cost in the order of R120,000 to appoint a service provider to do the site assessments, improvement plans and costing for a batch of approximately 20 centres (unless a turnkey IA, NGO collaboration or SPV delivery solution is being utilised). Provision should also be made for a draughtsperson to assist with building plans for those centres that will be requiring extensions. In some municipalities, a full bill of quantities (BOQ) might be required for procurement purposes. In such case the municipality will have to provide for the appointment of a quantity surveyor. The services of a structural engineer may also be required on an ad hoc basis to inspect buildings to advise on matters impacting the structural integrity of buildings, retaining walls, etc.

Refer to **Annexure A** for a centre assessment tool and costing schedule as well as sections 6.1 and 6.3 in respect of ECD infrastructure approach and achieving an appropriate mix of improvements and new builds.

5.12. Allocating ECD infrastructure budget

Once specifications and cost estimates are complete, specific budget allocations can be made to the batch of selected centres. In the event that the cost estimates exceed expectation, some centres might need to be held over to the following financial year, or else additional budget found. Conversely, if costs are below expectation, additional centres can be assessed in order to make full use of the ECD infrastructure budget which has been reserved. Council approval of the allocation may be required, especially if the list of shortlisted centres was approved at the time when the budget reservation was made.

5.13. Agreements with ECD operators

Before commencing with the procurement of contractors to undertake the infrastructural works (which will typically consist of a mix of different types of infrastructure interventions across multiple sites), infrastructure use agreements with ECD operators need to be signed. These will include a commitment from the operator to continue to use the facility for purpose of ECD and to run the centre according to DSD standards. Refer to **Annexure B** for a proforma agreement.

5.14. Procurement, building and handover of facilities

Procurement

The procurement methods and delivery solutions (which might include partnership arrangements) outlined in section 5.9 will now need to be implemented.

²⁴ It is suggested that bronze-level only be regarded as acceptable for basic improvements (with a low level of investment) and that, for significant improvements, extensions and new-builds that silver be the level that is striven for.

Construction

The timeframes for construction will vary considerably depending on the type of infrastructure being delivered (refer to section 6) and the delivery/procurement arrangements. They can range from as little as two or three months for basic improvements to as much as six months or more for new builds.

Handover

It is recommended that a completion certificate (often known as a 'happy letter') be signed by the contractor, municipality, ECD operator and EHP upon completion of the infrastructure at each centre. Such a letter will be signed only if everyone is satisfied with the quality of work performed. Refer to **Annexure K** for a specimen completion certificate /" happy letter".

5.15. Centre registration

Partial Care registration is a legal requirement that every ECD centre, crèche, day care centre must meet. It is therefore imperative that all known and yet unknown ECD sites be identified so that they can be registered or supported to achieve registration or, in a worst-case scenario, be closed down.

The Children's Act makes provision for two types of partial care registration:

- 1 Full registration: Sites which satisfy all the norms and standards are issued a registration certificate which is valid for five years;
- 2 Conditional registration: The purpose of conditional registration is to facilitate entry into the registration process of the ECD centres and programmes that do not currently meet the norms and standards so that they may operate within the law while upgrading their facilities and services towards the achievement of full registration. Conditional registration is for a shorter time period than full registration and has a clear action plan towards full registration. Current legislation does not specify the time period for conditional registration but it is typically applied for between 12 and 36 months.²⁵ As previously mentioned, an incremental ECD registration framework has been approved by the DSD. The purpose is to enable ECD centres with limited resources in underserved communities to achieve conditional registration as a partial care facility (initially at 'bronze' or 'silver' level) and thereby be included in the system of oversight and support of government, including access to much-needed ECD subsidies for the costs of operating centres. Centres can then improve their services and level of registration over time. This is a standardised framework that will enable and demonstrate a gradual improvement in the norms and standards by ECD facilities.

Centre registration or re-registration will entail visits by EHPs and DSD social workers. Although this is a DSD responsibility, EHPs must provide environmental health reports and certificate which will enable registration by the DSD.

6. ECD INFRASTRUCTURE OPTIONS AND APPROACH

6.1. Infrastructure approach

The main developmental ECD role the municipality can play is to support, plan for and fund improved ECD infrastructure, working with the DSD, ECD NPOs, support NGOs and other stakeholders.

²⁵ Bhalisa Inkulisa Social Worker Toolkit to Support the Partial Care Registration Process. Cate Carroll, NAG/ Ilifa Municipal ECD Guide, 2019, Project Preparation Trust

As indicated previously, the main focus needs to be on improving existing facilities wherever possible in order to achieve maximum impact/population coverage relative to capital investment. The cost of new facilities far exceeds the cost of improving existing facilities. Approximately six times more children can be assisted through infrastructure improvements to existing centres compared to new builds at typical NPO specification.

On the whole it is not viable for municipalities to own and operate ECD centres themselves since this is not their core business. DSD accepts that NPOs should be the main ECD operators in low income, under-served communities and that they should be eligible for financial assistance from the state, including in respect of infrastructure. The municipality may however opt to build and own some facilities and lease them to NPO/NGO operators, but it also needs to be careful about the long-term maintenance costs and responsibilities since these costs will usually fall on them over time.

For an ECD infrastructure approach to succeed and be programmatic/scale-able, there needs to be:

- Effective up-front infrastructure planning to establish a pipeline of ECD infrastructure projects (mix of improvements and some new builds or extensions where appropriate) including development of specifications and cost estimates for proposed projects.
- Funding allocations from municipal sources (e.g. MIG/ICDG) to enable the required ECD planning and delivery and to kick-start the ECD infrastructure improvement process. Although additional funding may be available from the DSD (ECD Grant: Infrastructure Component), NDA, Lotto and the private sector/CSI, such funding is usually in short supply and may take time to activate.
- Procurement/delivery solutions which can work, especially for improvements which entail multiple small works across multiple localities (often over a geographically dispersed area), which are difficult to cost accurately up-front (often being more in the line of maintenance) and which do not fit easily into normal municipal infrastructure procurement models. Refer also to sections 5.5 and 5.9.

There are three main types of infrastructure interventions that can be made:

- Improvements: These are required at most centres and are the top priority. The average cost will typically vary from as little as R50,000 up to as much as R500,000. They will typically include improvements to the building (e.g. roofing, windows etc.) and the services (e.g. toilets or fencing) or outdoor play equipment. The cost per child will typically average around R2,500 per child assisted. Improvements of a lesser value to address emergency/basic nature may also be appropriate for centres with severe health and safety threats as an emergency response for centres that would otherwise not qualify for assistance.
- Building extensions: These are typically for new kitchens, playrooms or ablution blocks. Costs will vary considerably within a similar range as for basic improvements, although they will typically be in the upper cost range for additional playrooms or kitchens. The affordable standalone extensions vary from R276,355 to R296,824. Extensions will normally occur together with some basic improvements to an existing facility.
- New buildings: New buildings are only appropriate where necessary and after careful consideration of the need, given the significantly higher costs. New builds should meet minimum norms and standards. The costs will typically vary from around R755,000 (40 children facility) to R1.53million (100 children facility) at an average cost per child of around R13,709 to R19,711. New builds may be on green fields sites or as replacement or additional buildings on existing ECD sites.

Infrastructure types	Infrastructure response typologies ('packages')			
	Emergency mitigations only (R25-R100k)	Basic/minor improvements (R50k-R250k)	Major improvements & extensions (R250k-R500k)	New builds (R0.5m-R1.5m)
Basic services	y	y	y	y
Building renovations	y	y	y	n/a
Building extensions	n/a	n/a	y	n/a
New buildings	n/a	n/a	n/a	y
Fencing	y	y	y	y
Outdoor equipment	n/a	y	y	y

Table 10: Different infrastructure response typologies

6.2. Overview of ECD infrastructure response typologies

Response typology	Description	Investment value	Main eligibility requirements for state infrastructure funding**
Basic/minor improvements (building and services) - normal	These are required at most centres and are the top priority. They will typically include improvements to the building (e.g. roofing, windows etc.) and/or the services (e.g. toilets or fencing) or outdoor play equipment.	Typically, R50,000 to R250,000. Cost per child will typically average R2,500.	<ul style="list-style-type: none"> • <i>ECD Operator</i>: Registered NPO or a ‘community-based centre’ where improvements are smaller in value. • <i>Facility type</i>: Dedicated ECD site or facility in separate space on site. • <i>Categorisation</i>: A-B2 (i.e. registered or with potential to improve and achieve DSD registration) • <i>Ownership/land</i>: <ul style="list-style-type: none"> ○ <i>Formal townships /traditional land</i>: Preferably secure tenure either in the form of a title deed, long lease or PTO. ○ <i>Informal settlements</i>: Provided settlement is regarded as either permanent (not to be relocated) and destined for in-situ upgrading, or the intended relocation will be substantially deferred, and where there are no other alternatives for children, then functional tenure may be regarded as sufficient. In this case, the underlying land may not yet have been subdivided and zoned.
Major improvements and extensions	As above but to a higher level of investment and also including extensions typically for new kitchens, playrooms or ablution blocks.	Typically, R250,000 to R500,000. Extensions on their own typically R276,355 to R296,824 & R89,658 to R133,326 for stand-alone ablution facilities. A typical edutainer costs R577,300 for 25 children to R1,2 million for 55 children depending on size, finishes, etc.	<ul style="list-style-type: none"> • <i>ECD Operator</i>: Registered NPO with good capacity and governance. • <i>Facility type</i>: Dedicated ECD site or facility in separate space on residential site. • <i>Categorisation</i>: Preferably A-B1 (good potential), sometimes B2 if DSD comfortable. • <i>Ownership/land</i>: <ul style="list-style-type: none"> ○ <i>Formal townships /traditional land</i>: Secure tenure either in the form of a title deed, long lease or PTO. ○ <i>Informal settlements</i>: As for basic improvements except that government should own the underlying land or should be committed to obtaining the land in due course and have advised the landowner accordingly. Alternatively non-permanent solutions such as ‘edutainers’, modular/mobile facilities and ‘wendy houses’ might be appropriate.

New Builds	New buildings are only appropriate where necessary and after careful consideration of the need, given the significantly higher costs. New builds should meet minimum norms and standards. Fencing and outdoor equipment would normally be included.	Typically, R755,000 (40 children) to R1,53million (100 children) at average cost per child of between R13,709 to R19,711 per child (VAT inclusive). This is at NPO/NGO specification. State-owned facilities are typically significantly more expensive.	<ul style="list-style-type: none"> • <i>ECD Operator</i>: Registered NPO with good capacity and governance. • <i>Facility type</i>: Dedicated ECD site (being used only for purposes of ECD). • <i>Categorisation</i>: Preferably A-B1 (good potential), sometimes B2 if DSD comfortable. • <i>Ownership/land</i>: As for major improvements and extensions.
Emergency mitigations only	Only last resort - the provision only of basic/emergency mitigations to address serious health and safety issues (mostly relating to basic water and sanitation, fencing or minor building repairs).	Typically, R25,000 to R100,000	<ul style="list-style-type: none"> • <i>ECD Operator</i>: Registered NPO or 'community-based centre' or private centre. However, centres operating from within private homes should be excluded. • <i>Facility type</i>: Dedicated ECD site or facility in separate space on site. • <i>Categorisation</i>: Category A, B1, B2. Category C1 (that are otherwise not eligible) can be assisted where there are no alternatives to children in which case investment should be kept to a minimum. • <i>Ownership/land</i>: No specific requirement. All centres should be eligible unless there is specific opposition from the landowner.

Table 11: ECD infrastructure response typologies

****Crosscutting / universal eligibility requirements for all response typologies:** A) *Beneficiaries: Only under-resourced centres servicing young children in underserved communities.* B) *DSD support for the intervention;* C) *No imminent relocation of the settlement is anticipated (e.g. if an informal settlement).*

6.3. Appropriate mix of improvements versus new builds

Taking into account the need to move to scale in a programmatic fashion so as to achieve the national policy objective of ‘massification’ of ECD services and to maximise population coverage using limited fiscal and other resources, there needs to be an appropriate mix of investment in improvements versus new builds, noting again that approximately six times the number of children can be assisted using through improvements compared to new builds and noting also that there is insufficient budget available through the fiscus to address the entire national ECD services backlog by means of building new ECD facilities. The municipality, working with the DSD and other stakeholders, will need to decide on what mix is appropriate for its local context taking into consideration:

- The prevalence and potential of existing facilities (registered and unregistered);
- The overall services backlog in particular local areas/wards;
- Prevailing land ownership and land use patterns;
- Total available capital funding for infrastructure;
- The availability of NPOs or other ECD operators who can effectively manage facilities and deliver acceptable ECD services.

6.3.1. Illustrative costs and delivery mix for ECD infrastructure improvements plans

The following example illustrates the cost and delivery mix for ECD infrastructure improvement plans compiled for 112 ECD centres in five KZN municipalities in 2016

ECD infrastructure - Improvements vs. new builds		Cost-benefit: 6 improved centres (288 children) = one new build (48 children)
No. of centres	112	
No. of children	5 692	
Total cost	24 461 221	
Average cost per centre	218 404	
Average cost per child	4 297	
No. of new build centres	22	
No. of children _ new builds	1 074	
Total cost _ new builds	14 510 117	
Average cost per centre	659 551	
Average cost per child	13 510	
No. of infrastructure improvements	90	
No. of children _ infrastructure improvements	4 619	
Total cost infrastructure improvements	9 951 104	
Average cost per centre infrastructure improvements	110 568	
Average cost per child infrastructure improvements	2 154	
		Delivery mix: Typically 80:20 (improved vs new builds)
		Delivery coverage: R5 million delivers 20 improved and new centres benefitting 1,020 children

Table 12: Illustrative cost and development mix

6.3.2. Cost comparison of different ECD Infrastructure Interventions

Description	Cost	No. children	Cost per child
Conventional DSD new builds (high specification, exceeding minimum norms and standards, conventional delivery mechanism)			
KZN DSD ECD centres via Public Works 2019 values (4 classrooms, sickbay, Principals office, 4 boys toilets, 7 girls toilets, 1 paraplegic toilet, 3 storerooms, diaper store, kitchen, 3 kitchen stores, dining area, covered play area, jungle gyms and water tanks).	R 7 500 000	120	62 500
KZN DSD ECD centres via IDT 2019 values (4 classrooms, sickbay, principals office, 4 boys toilets, 7 girls toilets, 1 paraplegic toilet, 3 storerooms, diaper store, kitchen, 3 kitchen stores, dining area, covered play areas, jungle gyms, water tanks)	R 5 700 000	60	95 000
KZN DSD ECD Centres via Coega implementing agent - 2019 values (reception area, 3 classrooms, 1 sick bay, kitchen and dining hall, 1 garden store and change room, 1 office, 1 storeroom, 4 girls toilets, 4 boys toilets and urinals, 2 staff toilets, paraplegic toilet, guard house, fencing, walkways, parking, covered play area and jungle gym).	R 6 200 000	60	103 333
New builds at basic specification (minimum norms and standards compliant)			
Standard affordable modular design for 40 children in rural areas (2 classrooms, kitchen, pantry, store, office, sick bay, veranda, freestanding ablution block, 2 rainwater tanks, apron, fencing, outdoor play equipment)	R 748 951	40	18 724
Standard affordable modular design for 60 children in rural areas (3 classrooms, kitchen, pantry, store, office, sick bay, veranda, freestanding ablution block, 2 rainwater tanks, apron, fencing, outdoor play equipment)	R 937 640	60	15 627
Standard affordable modular design for 80 children in urban areas (4 classrooms, kitchen, pantry, store, office, sick bay, veranda, internal ablution facility, 4 rainwater tanks, apron, fencing, outdoor play equipment)	R 1 212 822	80	15 160
Standard affordable modular design for 100 children in urban areas (5 classrooms, kitchen, pantry, store, office, sick bay, veranda, internal ablution facilities, 4 rainwater tanks, apron, fencing, outdoor play equipment)	R 1 298 604	100	12 986
ECD Containers for 25 children (equipped container, container for kitchen / office/ sickbay + 2 free standing precast concrete toilets + fencing + small jungle gym + delivery)	R 754 193	25	30 168
Pre fabricated mobile ECD Centre for informal settlements for 40 children (2 classrooms, office, sickbay, kitchen, pantry store, 2 toilets for children and 1 for adult + ramp with rails, siter preparation & service connections, fencing and jungle gym + delivery)	R 578 563	40	14 464
Extensions			
Stand-alone classroom with veranda for 20 children	R 236 118	20	11 806
Stand-alone kitchen, pantry, office and store	R 280 264	40	7 007
Basic improvements			
DSD Conditional Maintenance Grant for basic improvements and educational equipment	R 180 000	40	4 500
Basic services only (water tank, stand and guttering, sanitation, and fencing)	R 105 000	20	5 250
Minor building improvements and services (partial fencing, repair toilet roof, water tank stand, internal door, step; replace external door, locksets, window panes; metal stitching, add jungle gym, fire extinguisher & signage)	R 72 167	40	1 804
Major improvements to conventional buildings (gate with posts, fence on site waste pit, watertank, stand and gutters, 1 additional classroom, new toilet & tippy tap, replace & repair, damaged ceiling, window stays and panes, internal & external doors, fix roof, build up internal walls, paint internal walls & around windows, screed and paint floor, fire extinguishers and signage)	R 296 054	60	4 934

Table 13: Cost comparison of different ECD infrastructure interventions

6.3.3. Conventional new build versus alternative mixed infrastructure model for R7.5 million

Conventional DSD new build scenario (high specification exceeding minimum norms and standards, conventional delivery mechanism):

Infrastructure interventions	Cost per centre	Children per centre	Centres assisted	Total cost	Total children assisted	Children with improved ECD	Children with new ECD access	Cost per child	% of expenditure
KZN DSD ECD centres via Public Works 2019 values (4 classrooms, sickbay, Principals office, 4 boys toilets, 7 girls toilets, 1 paraplegic toilet, 3 storerooms, diaper store, kitchen, 3 kitchen stores, dining area, covered play area, jungle gyms and water tanks).	R 7 500 000	120	1	R 7 500 000	120	0	120	R 62 500	100%

Alternative mixed delivery scenario to maximize population coverage and return on investment:

Infrastructure interventions	Cost per centre	Children per centre	Centres assisted	Total cost	Total children assisted	Children with improved ECD	Children with new ECD access	Cost per child	% of expenditure	
New build centres basic specification with services (min. norms and standards compliant):										
Standard affordable modular design for 80 children in urban areas (4 classrooms, kitchen, pantry, store, office, sick bay, veranda, internal ablution facility, 4 rainwater tanks, apron fencing, outdoor play equipment)	R 1 114 924	80	1	R 1 114 924	80	0	80	R 13 937	43%	
Standard affordable modular design for 40 children in rural areas (2 classrooms, kitchen, pantry, store, office, sick bay, veranda, freestanding ablution block, 2 rainwater tanks, apron, fencing, outdoor play equipment)	R 748 951	40	1	R 748 951	40	0	40	R 18 724		
New alternative / movable facilities for informal settlements with basic infrastructure: (could be either new or for replacement existing centres)										
ECD Containers for 25 children (equipped container, container for kitchen / office/ sickbay + 2 free standing precast concrete toilets + fencing + small jungle gym + delivery)	R 754 193	25	1	R 754 193	25	0	25	R 30 168		
Pre fabricated mobile ECD Centre for informal settlements for 40 children (2 classrooms, office, sickbay, kitchen, pantry store, 2 toilets for children and 1 for adult + ramp with rails, siter preparation & service connections, fencing and jungle gym + delivery)	R 578 563	40	1	R 578 563	40	0	40	R 14 464		
Subtotal			4	R 3 196 631	185	0	185	R 17 279		
Extension to existing ECD Centres (conventional):										
Stand-alone classroom with veranda for 20 children	R 236 118	20	2	R 472 236	40	40	0	R 11 806	14%	
Stand-alone kitchen, pantry, office and store	R 280 264	40	2	R 560 528	80	80	0	R 7 007		
Subtotal			4	R 1 032 764	120	120	0	R 8 606		
Major renovation including extension and basic infrastructure:										
Major improvements to conventional buildings (gate with posts, fence on site waste pit, watertank, stand and gutters, 1 additional classroom, new toilet & tippy lap, replace & repair, damaged ceiling, window slays and panes, internal & external doors, fix roof, build up internal walls, paint internal walls & around windows, screed and paint floor, fire extinguishers and signage)	R 296 054	60	8	R 2 368 432	480	480	0	R 4 934	32%	
Subtotal			8	R 2 368 432	480	480	0	R 4 934		
Minor repairs & basic infrastructure:										
Minor building improvements and services (partial fencing, repair toilet roof, water tank stand, internal door, step; replace external door, locksets, window panes; metal stitching, add jungle gym, fire extinguisher & signage)	R 72 167	40	6	R 433 003	240	240	0	R 1 804	11%	
Basic services only (water tank, stand and guttering, sanitation, and fencing)	R 105 000	20	4	R 420 000	80	80	0	R 5 250		
Subtotal			10	R 853 003	320	320	0	R 2 666		
Totals			26	R 7 450 831	1 105	920	185	R 6 743	100%	

Comparative summary	Cost per centre	Children per centre	Centres assisted	Total cost	Total children assisted	Children with improved ECD	Children with new ECD access	Cost per child
DSD new build - high specification exceeding norms and standards and conventional delivery mechanism	R 7 500 000	120	1	R 7 500 000	120	0	120	R 62 500
Mixed delivery model - new builds at basic but compliant specification + extensions + improvements to existing facilities	R 7 450 831	1 105	26	R 7 450 831	1 105	920	185	R 6 743
Difference (benefit) of alternative versus conventional scenarios:	-R 49 169	985	25	-R 49 169	985	920	65	-R 55 757
%age difference (benefit) alternative versus conventional scenarios:	-1%	821%	2500%	-1%	821%	92000%	54%	-89%

Table 14: DSD conventional new build vs alternative ECD mixed infrastructure model

6.4. Improvements to existing ECD centres

6.4.1. Approach

The municipal ECD strategy would normally afford the greatest priority to improving existing facilities and this would normally therefore be the preferred approach. This is because improvements to existing facilities are far more cost-effective than new builds (approximately six times the population coverage in terms of children assisted for equivalent capital investment). The improvements could be minor or major in nature and might in some cases include extensions. There is also normally an existing and proven demand for services at existing centres which are also typically well located and accessible to parent households and there are committed NPO operators already in place who are taking care of operations. Usually the municipality and DSD would need to prioritise those centres and operators which are suitable for state investment (not all centres are). This means identifying those centres/operators who have the potential to provide acceptable ECD services and which either already have registration as a partial care facility or can achieve it if they receive improved infrastructure. Typically, the nominated / appointed technical person, DSD social workers and municipal EHPs would visit centres with potential and identify the infrastructure improvements which are most important in order to: a) mitigate health and safety threats; b) achieve conditional registration as a partial care facility preferably at silver level).

6.4.2. ECD Operators

ECD operators should preferably be registered and compliant NPOs although centres regarded by the DSD as 'community-based' centres should also be eligible. ECD centres operating from the operator's residential site can only be assisted if the facilities are separate to the residence, properly fenced off and where facilities are not shared with the household. Refer also to the table in section 6.2.

6.4.3. Land and tenure

A title deed, PTO, long lease as well as acceptable functional tenure should be acceptable forms of tenure given the low to moderate levels of funding. Where the funding is greater in value (e.g. over R250,000) then there should be more concern over the form of tenure security. For more information refer to the table in sections 6.2 and 7.3. Note also the rights and obligations of government to fund essential services provision even when they are provided on privately owned land as outlined in 7.4.

6.4.4. Building and services improvements

- *Prioritisation:* Improvements should be carefully prioritised. Due to funding constraints, it will normally only be possible to address those deficiencies which are most critical to obtain / improve their partial care registration status. Cosmetic improvements such as painting may often not be affordable. Typical improvements include:
 - *Services improvements:* e.g. water supply, toilets, hand basins, storm water controls and electricity.
 - *Building improvements:* e.g. windows, roof sheets, ceilings, doors, partitions, fixing cracks.
 - *Outdoor play equipment and fencing.*Refer to the table in section 6.2 for more information on the types of improvements.
- *Level of investment and unlocking registration:* Selected centres should be assisted to a minimum of "silver status" regardless whether or not they are unregistered, conditionally or fully registered. It is

recommended that improvements be done once-off and not incrementally (i.e. to avoid centres being revisited at a later time for further improvements) since this is not cost-effective.

- *Cost norms:* The costs of improvements will typically range from R50,000 to R500,000 at an average cost per child of R2,500. Where the land/tenure is not very secure (e.g. within an informal settlement) it is suggested that the cost be capped at a maximum of R250,000 (basic improvements only). It is noted that the DSD's ECD infrastructure grant for such improvements in 2020 is R250 000.
- *Funding coordination to avoid double dipping:* It is imperative that the municipality and DSD share improvement plans to ensure that there would be no duplication / double dipping.
- *Technical assessments for improvements:* These need to be undertaken by a qualified and experienced person. Technical assessments must be done on an annual basis for implementation in the next financial year. There should preferably be a gap of no longer than 6 months between the compilation of the improvement plan and implementation as conditions on the ground may change /further deteriorate e.g. a crack in wall or missing roof sheets. It is imperative, as mentioned previously, that a joint inspection is arranged with the municipal EHP and DSD social worker as they need to be satisfied that the proposed improvements will enable the centre to meet registration requirements – either to achieve conditional registration status (preferably at least at 'silver' level) or else move up from conditional to full registration. Bear in mind that the EHP will be expected to sign off on the improvements once completed from an environmental health point of view and should then be able to issue the centre with a health certificate in order to achieve partial care registration. Refer also to **Annexure L** for "Technical assessment for infrastructure improvements: Issues for consideration." It should be noted that this document does not cover an exhaustive set of scenarios, but only some of the most basic or common issues. Refer also to **Annexure A** for a typical assessment sheet. A typical cost rate is included.
- *Improvements versus maintenance:* There is obviously no clear distinction between improvements and maintenance. In some cases, improvements are required because of a lack of ongoing maintenance. It is important when undertaking improvements (and new builds/extensions) that they are done in such a way to minimise the requirements for future maintenance.
- *Municipal buildings:* vacant or underutilised municipal buildings should be identified for possible use as ECD centres or non-centre based programmes. The maintenance of such buildings would be stipulated in the lease agreement with the ECD operator (usually an NPO) – refer also to section 6.8.2. Scheduled improvements (e.g. internal / external painting) are usually done every 5-7 years in terms of a cyclic municipal maintenance programme.
- *Recommissioning vacant ECD buildings:* It is imperative to identify existing vacant ECD centres buildings and, where appropriate, include these in ECD improvement programmes, subject to the location being suitable, there being a local demand and a local ECD operator. ECD surveys in four rural local municipalities of KZN in 2016 found almost 100 unused / empty / vandalised / storm damaged ECD centres. Some of these centres seemed structurally sound - may be missing doors, windows etc. This may extend to other municipal-owned buildings which might be re-purposed for ECD purposes. Both the municipality and DSD should take responsibility for identifying such vacant centres and determining why ECD centres are not used, and if there is a local need, how big the needs is, and also if and how such centres can be made operational again. It is recommended that a specific ECD effort be undertaken to identify and reclaim these often well-built centres for ECD. Feasibility studies should be done. Municipalities should co-opt the assistance of the DSD and NGO training and support organisations to ensure that only ECD operators meeting the necessary criteria be allowed to operationalise and manage these centres. Leaving existing ECD facilities vacant constitutes wasteful expenditure.

6.4.5. Extensions

- *Determining the number of children:* it is important that the types and sizes of extensions are informed by a good understanding of the actual number of children who currently use the facility. There may also be a need to consider the likelihood of future expansion of numbers once the facility is improved, although this can be difficult to gauge. There can, however, often be some uncertainty with regard to the actual number of children. The numbers can sometimes differ quite dramatically between numbers collected externally, e.g. survey, infrastructure assessment and the numbers subsidised by DSD. There also seems to be noticeable differences between enrolment figures and actual attendance figures kept by the centres themselves. It is imperative that improvements be made for the correct number of children. It is recommended that decisions be based on the last three months' attendance figures (under normal circumstances²⁶).
- *Most common extensions - classrooms and kitchens:* The most common extensions are typically for new classrooms or for a new kitchen and/or office space. For *standard designs for a classroom* for 20 children refer to **Annexure M** and for the design for the kitchen-cum-office block refer to **Annexure N**. These designs include engineer-designed reinforced foundation designs and bending schedules. Kitchens are required even in cases where parents are currently providing the food because once centres are registered and DSD funded they are expected to provide food. NGOs providing food to ECD centres will also only consider those centres with separate lockable food preparation areas.

a) Standalone classroom for 20 children plus a veranda

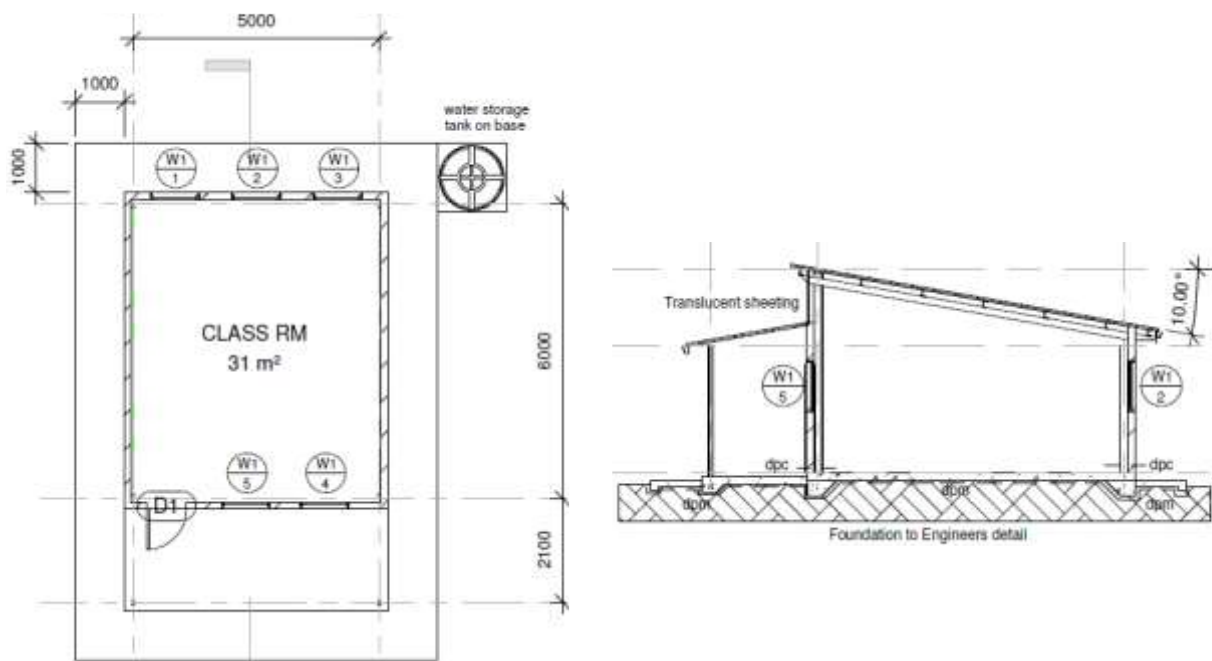


Figure 4: Standalone classroom

²⁶ Sometimes the centres are forced to move premises because of storm damage or the structure becoming too dangerous and it is found that it may affect attendance.

b) Standalone kitchen cum office block

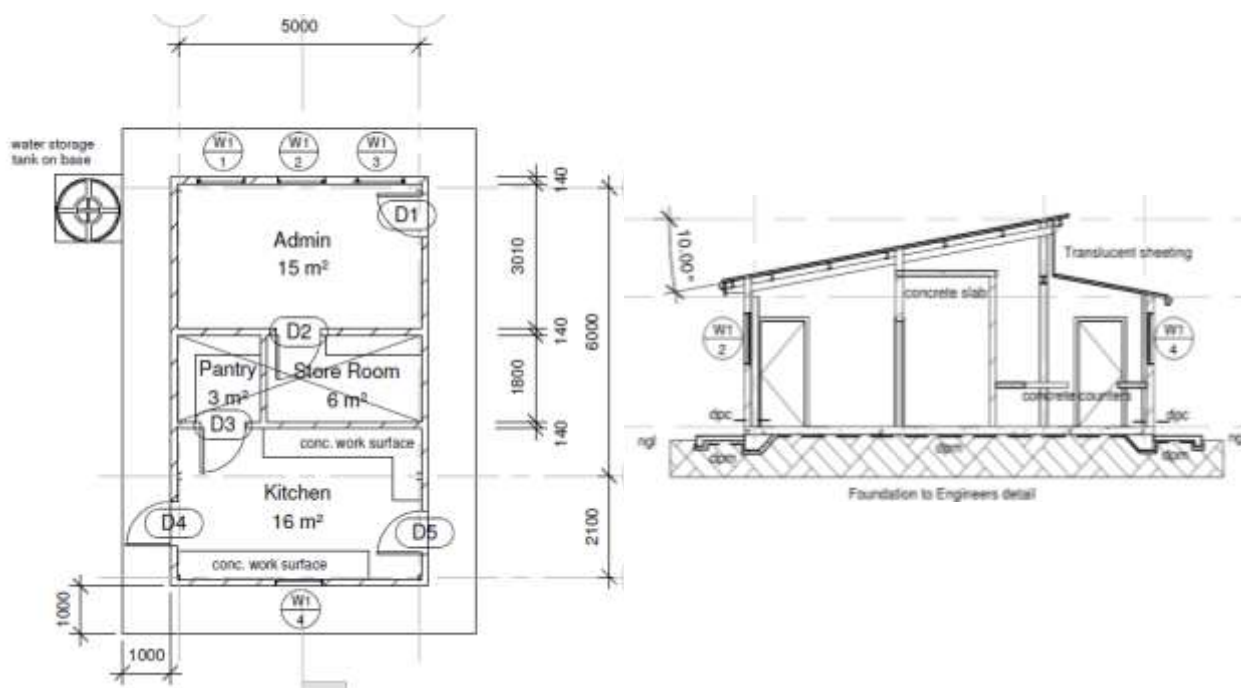


Figure 5: Standalone kitchen cum office block

c) Costs of standard extensions:

Elemental cost estimates for the structure(s) and overall delivery cost estimates are also available.

Extensions: standalone	Amount
Type C: Extension: Standalone classroom -40,5m²	R199 624
Project planning and project management	R40 685
Total excluding VAT	R240 309
Total including VAT (15%)	R276 355
Cost per child (20 children)	R13 818
Type C: Extension: Kitchen and office - 40,5m²	R207 546
14% project planning and project management	R50 562
Total excluding VAT	R258 108
Total including VAT(15%)	R296 824
Cost per child (No. of children unknown)	N/A

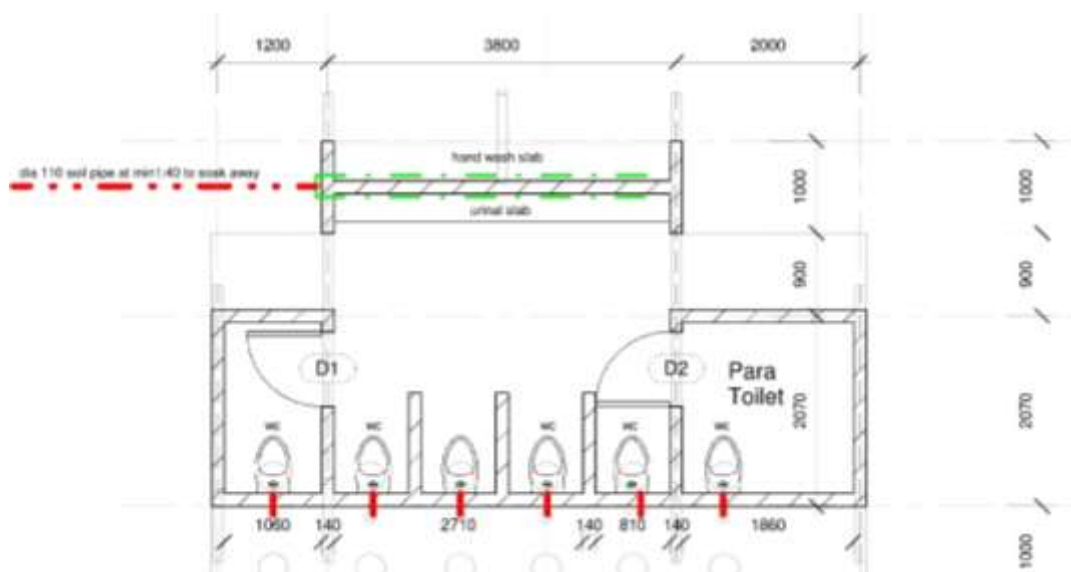
Table 15: Cost estimates of extensions

6.4.6. Ablution facilities

- **Norms and standards:** These dictate that there must be 1 toilet and hand wash facility per 20 children and 1 for the staff. Sometimes there are not enough toilets and more are needed whilst there are also often problems with the safety or usability of existing toilets which require additional units to be built.

- *Unsafe pit latrines:* ECD centres in rural, informal, and disadvantaged communities often need to make use of unsafe pit latrines due to an absence of better alternatives, including a lack of water borne sewerage in the area and the prohibitive costs of establishing septic tanks and soakaways and/or the lack of physical space for these as in the case of many informal settlements. There can be many hazards including large seat openings, hazardous structures and difficult-to-clean raw cement surfaces. Such toilets can be a dangerous and unsanitary option for toddlers, and can lead to disease or even death.
- *Innovative pour-flush toilet solution:* An innovative pour-flush toilet solution with an offset lined pit for ECD centres has been developed through a comprehensive and participative process, involving over 30 NGOs, ECD practitioners, and community structures. An offset lined pit means that the toilet seat is not directly above the leach pit and therefore the child cannot fall in. The offset pit can be shallower and can be emptied with a shovel, no expensive pump-out required. Because the pit is offset, nappies cannot be thrown in easily which stops it from filling up too quickly. The pour flush design allows staff to flush with grey water, which is a sustainable and sanitary solution for drought stricken areas. Ablution designs for these pour flush toilets are available for 40, 60, 80 and 100 children. These designs make provision for wheelchair users and include engineer designed reinforced foundations with bending schedules. The cost of these ablution blocks varies from R89,658 to R133,326. Refer to **Annexure O** for a brochure on this sanitation solution, approval of the pour flush toilet system by the Department of Science and Technology, as well as the ablution block designs.
- *Costs and cost thresholds:* It is too expensive to provide a formal ablution block for smaller centres, e.g. for 20 and 30 children. It is recommended that two (2) free standing pre-cast toilets using pour flush system with offset lined leach pit and 2 tippy taps be provided for a centre for 20 children and three for a centre for 30 children. The cost for toilet facilities using the above solution for 20 children is R24,710.
- *Informal settlements and townships:* Where there is water-borne sewerage and sufficient space, flush toilets with child-sized seats are the obvious and appropriate solutions. The costs and specifications for these are readily available and are therefore not addressed in this guide.

a) Design of Innovative pour-flush toilet solution



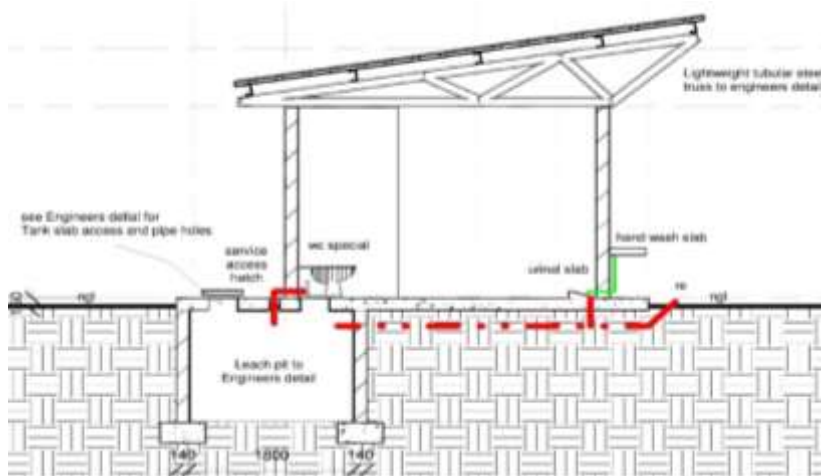


Figure 6: Pour flush toilets

Please refer to the sanitation flyer prepared in consultation with Lima and Ilifa Labantwana as well as the approval of this system by the Department of Science and Technology (**Annexure O**)

b) Cost of ablution facilities

Centre for 20 children	Centre for 40 children	Centre for 60 children	Centre for 80 children	Centre for 100 children
R24 710	R89 658	R103 104	R116 551	R133 326
2 free standing pre cast toilets using pour flush system with offset lined leach pit <ul style="list-style-type: none"> • 1 for toddlers • 1 for staff • Hand wash facilities similar to tippy taps <i>(no provision for wheel chair users)</i> 	Ablution block with 3 toilets using pour flush system with offset lined leach pit <ul style="list-style-type: none"> • 2 for toddlers of which one is enlarged for wheelchair users • 1 for staff • A urinal for boys • Hand wash facilities similar to tippy taps 	Ablution block with 4 toilets using pour flush system with offset lined leach pit <ul style="list-style-type: none"> • 3 for toddlers of which one is enlarged for wheelchair users • 1 for staff • A urinal for boys • Hand wash facilities similar to tippy taps 	Ablution block with 5 toilets using pour flush system with offset lined leach pit <ul style="list-style-type: none"> • 4 for toddlers of which one is enlarged for wheelchair users • 1 for staff • A urinal for boys • Hand wash facilities similar to tippy taps 	Ablution block with 6 toilets using pour flush system with offset lined leach pit <ul style="list-style-type: none"> • 5 for toddlers of which one is enlarged for wheelchair users • 1 for staff • A urinal for boys • Hand wash facilities similar to tippy taps

Table 16: Cost of ablution facilities

6.4.7. Emergency mitigations only

Even though some centres may not be ideal facilities there may be no alternative for children in the near term and it may be necessary to mitigate imminent health and safety threats (i.e. category B2 centres). Where possible, provision should be made for very basic/emergency mitigations at such centres. Such interventions should be attended to as rapidly as possible. Examples of this may include:

- *Basic water and sanitation*, e.g. adding a concrete cover over a filled up toilet pit);
- *New ablutions*: These may be required where existing ones cannot be made safe. There are many different options, e.g. the innovative pour flush ablution solution outlined previously; conventional toilets where there is water-borne sewerage; portable chemical toilets may also be considered. It is too expensive to provide a full ablution block for smaller centres (e.g. for 20 and 30 children). For such small centres it is recommended that instead two free standing pre-cast toilets using pour flush system with offset lined leach pit and two ‘tippy taps’ be provided for a centre for 20 children and three for a centre for 30 children. The cost for toilet facilities for 20 children is R24 710.
- *Minor building repairs* which mitigate dangerous situations – e.g. fitting a lintel over an open doorway.

6.4.8. Outdoor play equipment

The provision of outdoor play equipment such as jungle gyms should be regarded as standard in any functional ECD centre. Jungle gyms provide a wide variety of play experiences. The cost of a small jungle gym and four post shade structure (5,5m x 5m) is approximately R45,625 and that of the medium size jungle gym and four post shade structure (5,5m x 5m) approximately R54,795. Refer to the photographs as well as the typical designs for small and medium size jungle gyms contained in **Annexure P**.

It is noted that outdoor play is a pivotal part of a child’s learning and development. It fosters opportunities for creativity, imagination, social connections, and learned behaviours. It enables children to enjoy the natural environment, exercise, fresh air and physical activity.

It also assists with the development of children’s learning abilities, creativity, health, social skills, independence and allows children to explore and gain confidence to try new things without being guided by adults.



Figure 7: Photos of outdoor equipment

6.5. New ECD centres

6.5.1. Overall approach

Due to their high cost, new ECD facilities should only be provided on a carefully prioritised basis, and taking into consideration both the existing demand/services backlog as well as the existence of both registered and unregistered ECD facilities such as ECD centres. Such facilities may also function as ECD hubs or at least provided resources (such as materials) to other under-resourced ECD centres in the local area.

6.5.2. Scenarios

A range of different scenarios may be encountered which may give rise to the need for a new build. Some of the factors which come into play are outlined below. Please also refer to the flow chart on the overleaf.

- Can the existing building be improved/repared or not?
- If a new facility is required, then should it be on an existing ECD site or elsewhere?
- Is there sufficient tenure security on an existing site to rebuild in-situ or should another site be considered?
- If the facility will be on an existing ECD site, then does operator have the necessary capacity and resources to own and operate it?
- If the facility will be on a new site, then: a) does an existing ECD operator have the necessary capacity and resources or should the municipality own it; b) is there sufficient local unmet demand for ECD services; c) is the site appropriately located (e.g. accessible to children/parents)?
- In the absence of a secure tenure solution, should a temporary/removable facility be considered?

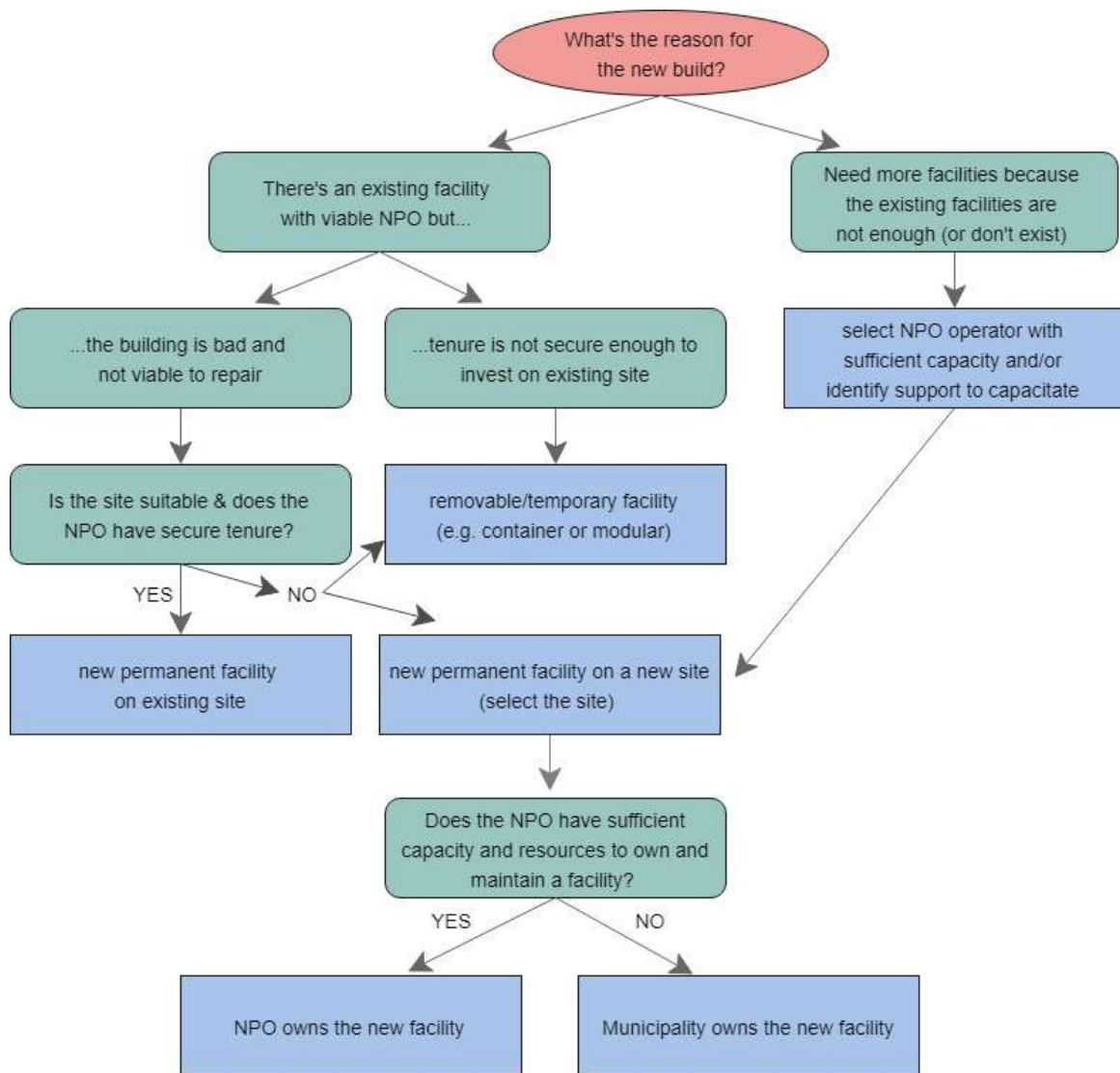


Figure 8: Factors to consider for new builds

6.5.3. ECD operators

Greater care should be taken with respect to the ECD operator in the case of new facilities. Refer also to the table in section 6.2 and also to section 7.2 (which deal with ECD operators) for more information in this regard.

A higher calibre ECD operator will obviously be required for a new build compared to improvements due to the level of investment/funding. The preference should be a well-capacitated, registered NPO which has the full support of the DSD. These should preferably have a proven track record in managing an ECD facility and in securing the necessary ongoing operational funding. The use of NPO operators is in line with national ECD policy and accepting that government, including municipalities, are not generally in a position to operate ECD facilities and also noting that there are ongoing operating costs and statutory responsibilities which will be burdensome to government. In all cases, there should be a written agreement between the NPO operator and the relevant government entity/department (e.g. the municipality if it has funded the facility using municipal infrastructure funding). Please refer to the section below on land and tenure for the specific scenarios.

- a) *Existing ECD operators*: New ECD facilities may be provided for existing ECD operators who may either own the facility (where they already own the underlying land or have tenure security) or lease it (usually in cases where land is provided by government) and which have good capacity and track record. There are at least two scenarios:
 - the current building is unsafe (e.g. traditional building which is collapsing or a storm damaged building)
 - a well-established centre is renting a privately owned building that does not meet norms and standards, where it will not be proper to invest money and where the centre either have or can get another site in the NPO's name, but have no funding to build a new centre.
- b) *New operators*: These may be considered for new centres in areas where there is a high need and where there are no or not enough local ECD centres and/or operators. New operators may, however, require additional support from the DSD and/or NGO support organisations in order to reach the required level of capacity and governance to operate a new facility. New operators should preferably not be given ownership of new facilities but should rather lease a facility which the municipality owns.

6.5.4. Number of children

As noted under extensions (section 6.4.5) it can be challenging to 'right-size' a new facility. There are two scenarios: a) where the facility is replacing an existing facility but the same ECD operator will continue to operate from the new building; b) where this is not the case, in which case greater care needs to be taken in confirming local demand, access to parents and the identification of a suitably capacitated ECD operators.

- a) New facility for an existing ECD operator (building replacement):
 - i. There is often some uncertainty regarding the number of children regularly attending the centre. The numbers can sometimes differ quite dramatically between numbers collected externally (e.g. via a survey / infrastructure assessment) and the numbers subsidised by DSD. There also seems to be noticeable difference between enrolment figures and actual attendance figures kept by the centres themselves. It is recommended that decisions be based on the last three months' attendance figures. In the event that the new facility is not on the same site or near to an existing facility which it is replacing, the accessibility of the site to parents should be well understood.
 - ii. It may be prudent to build a facility with extra space (over and above the number of children in the facility which is being replaced) when there is a proven local ECD services deficit and the ECD operator has the necessary capacity to cope with a bigger facility and a larger number of children.

b) New facility with a new operator (not replacing an existing facility):

Where a new ECD centre will be provided in an area where there has not yet been a centre before, or where the current number of centres are not able to cope with the demand, it is recommended that all existing ECD centres be identified and assessed by means of a joint door-to-door need survey by the municipal EHPs and the DSD social workers. The information obtained can then be used to determine the scale and adequacy of existing services supply and the unmet demand based on demographic data and engagement with local community leadership. This will greatly assist in determining the appropriate size and location for the new facility.

6.5.5. Location of facilities

As outlined in section 6.4.2, care must be taken to ensure that new facilities are well located, meaning that they will be accessible to children/parents and that there is indeed sufficient local unmet demand/need for ECD services in the relevant location. Ideally, ECD centres should be centrally located within the community. ECD centres should enjoy the “protection” of the community as these centres are often targeted for burglaries and vandalism.

6.5.6. Land and tenure

A high level of tenure security should be in place for new builds. The options are outlined in more detail in section 7.3 but would include formal title, a written permission to occupy (PTO), a long lease with government or traditional authority, or municipal ownership of the property. If such tenure security is no in place, then a temporary/movable structure may be considered although the consent of the landowner should still be obtained (or notification of the owner in the case of a well-established, permanent informal settlement where upgrading and eventual land acquisition is intended).

6.5.7. Building typologies and standard low cost designs

It is important that the new buildings are cost-effective in terms of design and capital cost and that they are also relatively low maintenance in order to reduce the ongoing maintenance burden. Some standard new-build model typologies which are affordable and which meet minimum norms and standards, are available at the web link provided in section 9 of this guide. These standard designs were developed by PPT in close collaboration with Lima Rural Foundation, Ilifa Labantwana, the DSD and other stakeholders.

Standard, affordable modular designs which are norms and standards compliant were prepared for four different size new builds catering for 40, 60, 80 and 100 children. These designs cater for two types of sanitation solutions - which means that there are effectively eight different ECD centre designs – four for use in rural/ informal settlement areas with a free standing ablution facilities, and four for use in urban areas with internal flush toilets.

The designs make use of a standard, steel frame structure and raft foundations to ensure structural integrity, irrespective of local conditions. They are cost-effective, meet the norms and standard requirements for ECD facilities, and make use of materials which are generally available from local hardware or building supply stores both for the construction phase as well as for maintenance purposes. Standard raft foundations suitable for H2 soil conditions are utilised to limit problems for maintenance as well as cracking walls. The design creates a strong roof which cannot easily be blown off or otherwise damaged. All centres are plastered and painted. All centres are provided with aprons to keep water away from the foundations.

The standard typologies include: floor plans, elevation drawings, reinforced foundation and portal designs, energy efficiency calculations and construction notes. The standard plans are in a format which renders them ready for submission for building plan approval. The only additional requirements will be the sign-off by an engineer on the foundation design and a site plan by a draftsman. The standard designs cater for two types of sanitation solution:

- a) Those with access to waterborne sewerage (mainly in urban environments);
- b) Those requiring standalone on-site sanitation.

a) ECD Standard Design Type A: Waterborne ablutions inside the main building

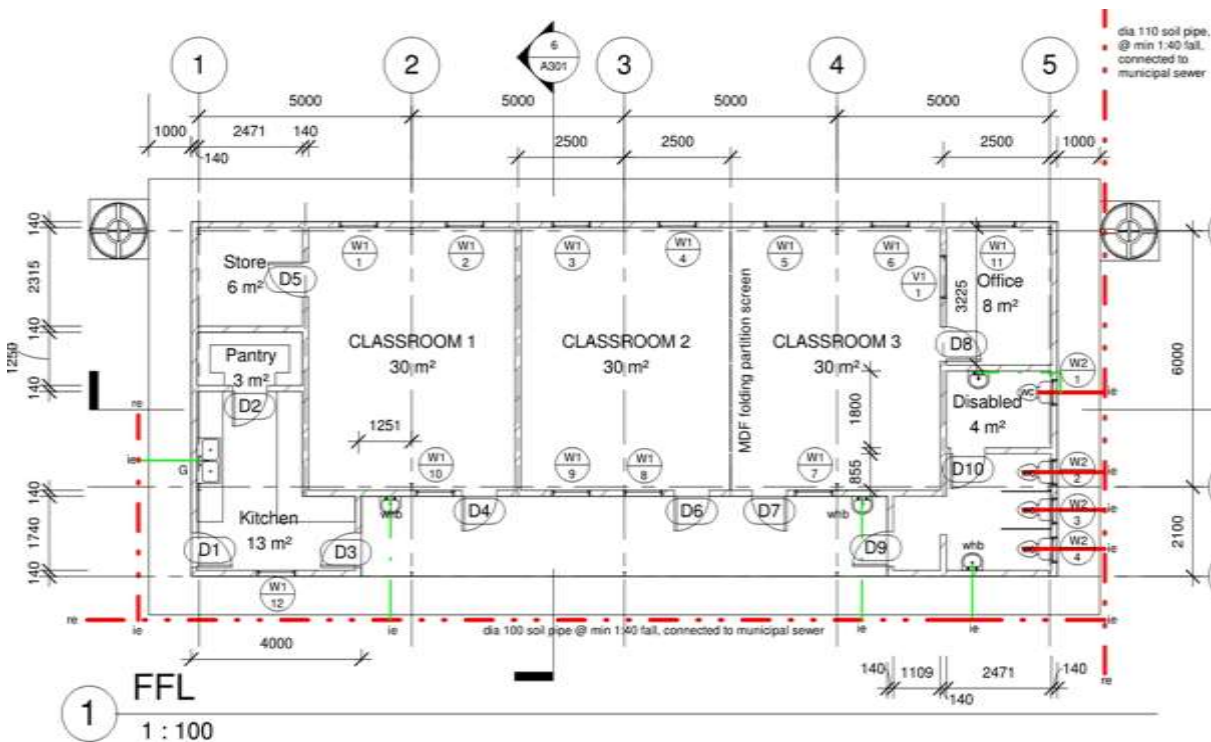


Figure 9: Type A (urban) design with waterborne ablutions inside the building (60 children)



Figure 10: Collie Koeberg ECD Centre for 40 children in Bedford, Eastern Cape

Refer to Annexure Q for building and foundation designs for 40, 60, 80 and 100 children

b) ECD Standard Design Type B: Free-standing abluion using on-site sanitation

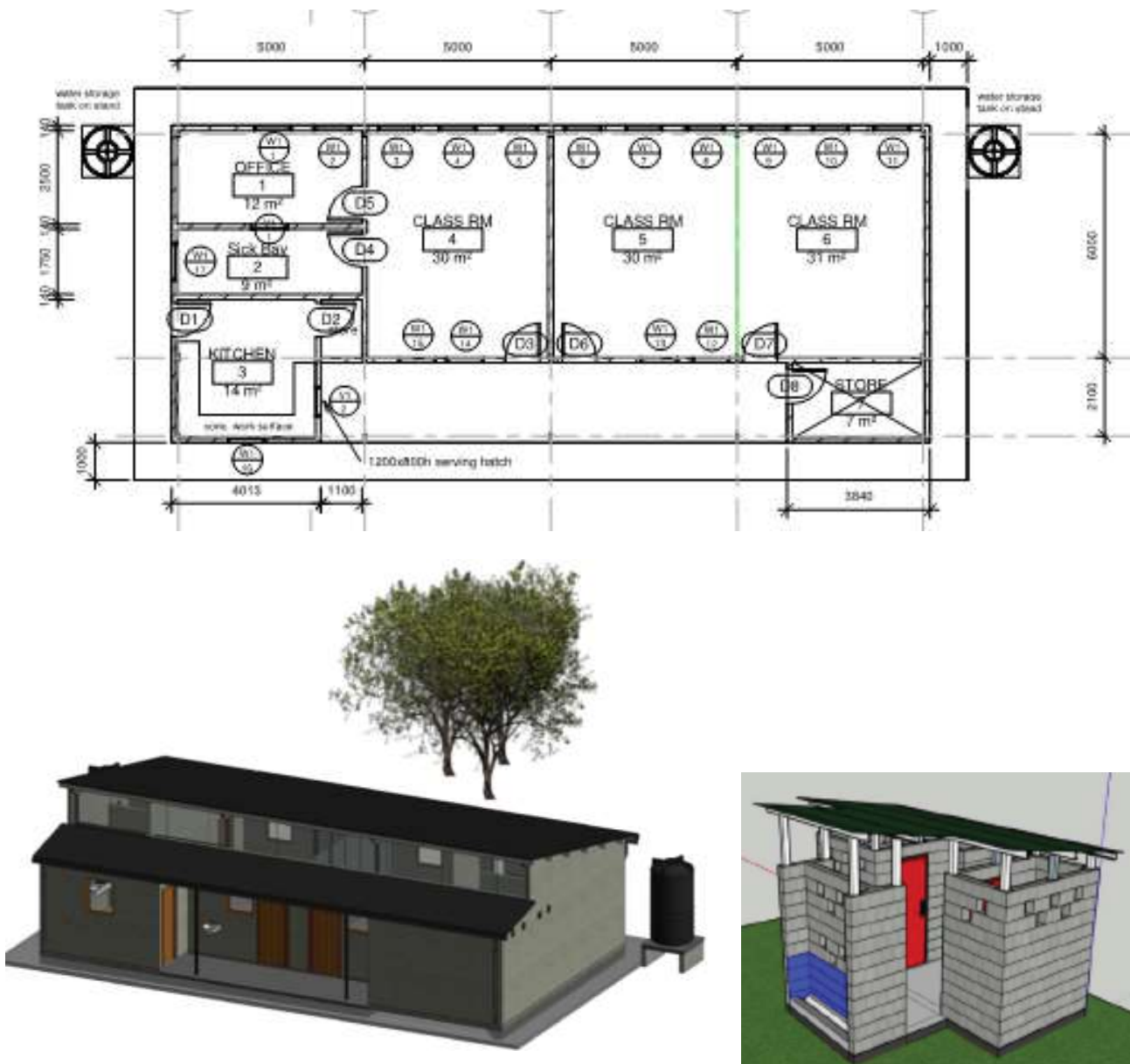


Figure 11: Type B (rural) design with standalone on-site abluions

Refer to **Annexure Q** for building and foundation designs for 40, 60, 80 and 100 children and **Annexure O** for free standing abluion facilities for 40, 60, 80 and 100 children.

The municipal Recreation and Parks departments can be encouraged to embark on a tree planting programme for ECD centres to enhance energy efficiency (cooling playrooms in summer and allow for more sun for winter) and to provide shade for the children playing outdoors in summer.

c) Cost for various types of new-build ECD facilities

Pricing Table	2 Class	3 Class	4 Class	5 Class
	40 Children	60 Children	80 Children	100 Children
Type A : ECD Centre with internal water borne ablution facilities	121m ² +	162m ²	202,5m ²	243m ²
ECD building with internal water borne facilities, rainwater tanks, fencing, outdoor equipment	R615 841	R767 802	R1 089 821	R1 281 534
Project Management & Implementation (15%)	40 685	50 562	71 493	83 954
TOTAL Excluding VAT	R656 526	R818 364	R1 161 314	R1 365 488
TOTAL Including VAT (15%)	R755 004	R941 118	R1 335 511	R1 570 312
Cost per child (including VAT)	R18 875	R15 685	R16 693	R15 703
Type B : ECD Centre Plus free standing ablution facilities	121m ² +30m ²	162m ² + 35m ²	202,5m ² +40m ²	243m ² +45m ²
ECD Building with free standing ablution facilities, rainwater tanks, fencing, outdoor equipment ,	R644 925	R798 590	R952 837	R1 108 154
Project Preparation & Implementation	40 685	50 562	71 493	83 955
TOTAL Excluding VAT	R685 609	R849 152	R1 024 330	R1 192 109
TOTAL Including VAT (15%)	R788 451	R976 525	R1 177 980	R1 370 925
Cost per child	R19 711	R16 275	R14 724	R13 709

Table 17: Cost of types of ECD new builds²⁷

Please refer to **Annexure R** for more detailed typology costing.

6.5.8. Universal design and disability

Universal Design is the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability. Please refer to the “Assessment of modular design ECD centres for meeting universal design aspects” attached as **Annexure S** for more information about the design implications relating to universal access.

‘The standard modular ECD centre designs contained in **Annexure S** take into account a wide range of issues to ensure that the buildings do not pose barriers for people with disabilities and physical impairments. It is noted again that the NDS and NDHS were consulted in developing the designs which, as previously indicated, meet minimum norms and standards for ECD facilities. It is hoped that these standard designs will be formally adopted by the NDS in the near future. Some of the design implications relating to universal access which have been addressed in the standard designs include:

- **Steps and building access:** The buildings are level with no internal steps and the ‘threshold’ height entering the building from the outside ground level is a maximum of 75mm. Where the topography does not permit this then a ramp should be built (as specified in SANS 10400 Part S, though it is recommended by some experts that a gentler gradient of 1:15 to 1: 20 be used).
- **Lighting:** The buildings are well lit and make optimal use of natural lighting. Good lighting assists children with hearing difficulties to use visual cues to supplement verbal communication as well as children with concentration difficulties. Good indirect lighting that ensures that the teacher’s face

²⁷ DHS ECD in Housing Code: 20200604 ECD BOQ and Quantum (Final)
Municipal ECD Guide, 2019, Project Preparation Trust

and body are well-lit. The classroom layout must also be such that the teacher is not positioned in front of a bright window. Avoiding fluorescent lighting is important since the resultant flicker is problematic especially for children with sensory integrative, autistic spectrum and other conditions who can find it irritating, resulting in behavioural problems. It is noted that the window heights on the standard designs will be changed in future so that they are lower and so that most children can see directly outside (i.e. below the eye level of the children).

- *Wheelchair access*: The building is wheel chair accessible including provision of a wheelchair compatible toilet which is larger, with grab rails, with the door opening outwards and with a ramp where necessary. It is noted that toilets are lower so that children are physically balanced (feet resting on the ground) whilst sitting. It is noted that, due to the levels of poverty, most children in under-resourced centres do not have formal wheelchairs but rather make use of what is readily available such as prams and strollers/ 'buggies'.
- *Rails and handles* – these must be provided (e.g. in disability toilets or on ramps) with a suitable circumference for a child's grip and made of non-slip and non-abrasive materials. They need to be firmly fixed, and able to take a child's full weight if needed.
- *White stripes* - A 100mm wide white stripe should be painted along the edge of the veranda, of the ablution block, and all other knee height features in and around the ablution block, water tank stand and gate poles so that visually impaired children can better orientate themselves.
- *Children's storage* - Pigeon holes for children's bags are on their level and easy to reach.
- *Walking surfaces*: Walking surfaces should be level and non-slippery as far as possible. In addition, the use of flooring which absorbs sound and is not excessively hard is desirable (e.g. use of dense rubber matting or carpet especially in playrooms) to reduce ambient noise.
- *Short distances*: ECD building should be preferably within 10m and at a maximum of 30m from the gate ablutions (if an external block).

It is noted that there is not currently any specific set of minimum standards set down by the NDSB relating to universal access and disability specifically for ECD centres owned and operated by NPOs. The standards defined in the National Building Regulations for public buildings are not specific to ECD centres and are too wide-ranging and costly to be practically relevant. Further work in this area is required in order to more clearly define these minimum standards and **Annexure S** can be utilised as an input in this regard (i.e. the "Assessment of modular design ECD centres for meeting universal design aspects". In the meantime, it is suggested that the aforementioned standard designs be utilised for new builds.

Additional contextual information relating to universal access: Universal access refers to the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all children regardless of their age, size, ability or disability.²⁸ The ECD facility design should therefore make provision, as far as possible, for children with:

- *Mobility and/or movement impairments*: including neurological disorders (e.g. cerebral palsy), hand function limitations, leg problems (e.g. amputation, club foot, bone conditions - few this age will have mobility devises - may crawl / bum shuffle), etc.
- *Hearing and/ or visual loss*: hearing loss e.g. due to recurrent ear infections often not detected until speech impediments are detected. Children may lip read / interpret visual cues. Visual impairments (e.g. short sightedness) may only be diagnosed at school.
- *Behavioural difficulties*: including autism spectrum disorders, socio emotional problems, sensory integrative dysfunction and ADHD i.e. highly distractible, unpredictable sensitive to noise and busy environments.
- *Intellectual disabilities*: It is noted that some centres allow children up to eight years old to attend because they have no alternative education/care option available (especially in rural areas), even though this may be seen as controversial.

²⁸ The material in this section makes use of material by The Centre for Excellence in Universal Design including "Building for everyone: A universal design approach: Planning and Policy" - <http://universaldesign.ie/>.
Municipal ECD Guide, 2019, Project Preparation Trust

- *Epilepsy*: because of the increased risk of injury due to falls, flooring that is soft and outdoor play equipment which is excessively high will be beneficial.

6.6. Inclusion of ECD facilities in human settlements projects

The Department of Human Settlements' Housing Code currently makes provision for funding for socio-economic facilities which may include the provision of ECD centres as part of a community hall. Municipalities are encouraged to apply for this funding from their provincial departments but must ensure that the facility is designed such that the ECD facility is not accessible to the general public

In order to meet the objective, set by government that all children (3 to 4 year olds) must in future be provided with ECD services for at least 2 years, it is important to integrate ECD and human settlements planning to ensure that all new townships / developments make adequate provision for ECD centres within each neighbourhood.

The National Department of Social Development is currently interacting with the Department of Human Settlements, not only to ensure that town planning provides for an adequate number of ECD sites, but also to see if the current Socio-Economic Facilities programme of the DHS cannot be extended to provide for free standing ECD centres in all human settlements developments (whether greenfields or in-situ upgrade developments) so that centres can be delivered as part of all future human settlement projects. There is, however, nothing preventing municipalities from planning for new ECD centres in new developments.

6.7. Availing existing municipal owned buildings for ECD services

The National Integrated ECD Policy states that it is the responsibility of municipalities to identify and provide under-utilised buildings for ECD services within their municipalities. Such buildings will have to be assessed to see how and if they can be cost-effectively made fit for ECD services including meeting the minimum norms and standards. The municipal maintenance budget could be used for such improvements. Such facilities can be offered to:

- Existing ECD operators in cases where it would make more sense to upgrade an existing municipal building rather than upgrading an existing ECD centre.
- New ECD operators (e.g. a registered and well capacitated NPO) to start a new ECD centre in cases where there are no ECD centres in a local area.

Municipal buildings such as community halls should also be made available for playgroups upon request of a registered playgroup facilitator for specific days and time slots free of charge. It is emphasised that such buildings must be safe, fenced and have water and sanitation facilities that are suitable for children. The playgroup facilitator can provide removable children's toilet seats that fit into adult toilet seats to make normal toilets child-safe.

6.8. Operating and maintenance of centres / facilities

6.8.1. Operational funding

The DSD financial policy stipulates that in order for ECD centres which benefit from government infrastructure investment must be operated by NPOs who are then responsible for securing the necessary operational funding (irrespective of whether they own the facility or not). There may be some exceptions to this in cases where municipalities or the DSD have made a building available to an NPO(s) and are then providing further operating funding assistance, but this will not be the norm. Municipalities are thus not typically responsible for the provision of operational funding for ECD centres.

Securing ECD per-child subsidies from the DSD once registration has been secured, is a critical source of operational funding for the NPO without which under-resourced centres in low income communities will typically be unable to operate adequately. The current value of the per-child subsidy is R17 per child per day for 264 days a year²⁹. Other sources of funding are also important for the NPO, most notably fees paid by parents (which are relatively low, typically ranging between R50 and R150 a month per child) and ad-hoc charitable donations received from various sources.

As far as the per-child subsidy goes, this is mostly paid to centre-based programmes for children living in poverty, based on the provisions of the Children's Act. The DSD is responsible for partial care registration and for allocation of per child subsidies. ECD centres that do not yet qualify (i.e. because they are not registered as a NPO and / or have not yet obtained partial care registration) or qualify but have not yet been allocated DSD's per child subsidies will be required to operate the ECD centre from its own resources.

Most NPO-operated centres face significant operational funding constraints, even once they have secured the DSD per-child subsidy. This is made worse when, as is the case in many centres, not all children in a registered or conditionally registered facility receive the subsidy, most commonly due to DSD budgetary constraints. Obviously, centres which are not yet registered face even more severe operational funding constraints, which is why improving infrastructure to enable registration is so important.

As alluded to previously, there is currently an insufficient fiscal allocation for ECD operational subsidies, as evidenced by the fact that many registered centres do not receive the grant and some provincial DSDs, having indicated that they can have insufficient budget, and can only approve operational subsidies up to the available budget. Many centres are thus left out. Without the subsidy, centres cannot be expected to improve or function adequately, noting the low level of fees which parents can afford (typically R50-R150 per month). Even with the DSD per child ECD subsidy, centres still face budgetary pressure. Approximately half of the subsidy is typically utilised for food alone. This is one of the reasons flexibility in the application of ECD norms and standards is necessary (e.g. in respect of trained practitioner to child ratios). The issue of an increased fiscal allocation is one which requires further consideration by all spheres of government.

In addition, there needs to be improved funding coordination between municipalities and the DSD so that, if a municipality supports a centre with improved infrastructure, registration and operational funding (ECD subsidies) will be forthcoming from the DSD. Regular meetings (e.g. via a municipal ECD PSC) can assist in this regard. Consideration could be given to some form of Municipal-DSD agreement or commitment.

²⁹ DORA 2020

6.8.2. Maintenance funding

In general, the owner of the building in which a centre operates is typically responsible for the maintenance of it. In order to minimise maintenance costs, all new builds and extensions need to be designed so that they are robust and are as low maintenance as possible. (as per the standard designs contained at **Annexure O.**)

NPO-owned facilities:

NPO-owned facilities (or those which are owned by FBOs or which are regarded as 'community-based centres') which have been allocated a DSD per-child subsidy may use 5% out of the subsidy allocation (R17 per day per child for 264 days per year) for maintenance which amounts to R0,85 per child per day or R224,40 per year. It is, however, accepted that this amount is minimal and NPO operators will need to exercise care in planning for and prioritising maintenance. It is imperative that the DSD increases the per child subsidy amount to reflect real operational costs. ECD centres will have to source additional funding in the meantime. DSD should ensure that the centres are budgeting for maintenance on an annual basis and to provide some oversight for quality control purposes. It is, however, unrealistic to expect that NPOs to attend to major maintenance or to repair a building when disaster strikes, e.g. in case of a roof being blown off. In these cases, it is very likely that the centres will require assistance with repairs for which they will need to apply via municipalities, donors or in terms of the DSD's Conditional Maintenance Grant (although the latter is only for centres which have conditional registration).

Municipal-owned facilities:

Maintenance for municipal buildings used by existing ECD operators will be as per a standard social lease agreement between ECD operators and the municipality in line with applicable policy and legislation and cost effective for all parties. In general, the municipality would need to assume responsibility for all major maintenance as part of its normal planning and budgeting for cyclic municipal facilities maintenance at regular intervals of between 5 to 7 years that includes outside maintenance, such as structural integrity, roof, painting, fencing, drainage, etc. while the ECD operator (NPO) should be responsible for inside day-to-day maintenance (e.g. a leaking tap, light fittings, cupboards.) It is also expected that the municipality should also be responsible for maintenance and repairs in case of an emergency (e.g. storm damage) and that such repairs should be done immediately.

7. KEY FACTORS AFFECTING GOVERNMENT FUNDING OF ECD INFRASTRUCTURE

This section outlines various key factors which are likely to influence municipal decision-making and funding allocation for ECD infrastructure. Some of these are criteria which may influence the prioritisation and selection of facilities for investment (e.g. categorisation, NPO registration, years in operation, DSD partial care registration). Others are factors which the municipality may need to consider in terms of its approach to ECD or which may require attention in its municipal strategy including in respect of appropriate flexibility (e.g. regarding land/property ownership, funding of infrastructure on private land and types of buildings). In all cases, these factors have emerged as being critical from pilot project experience and feedback obtained from a variety of involved stakeholders including municipal and DSD personnel.

7.1. Categorisation/potential of centre

With the exception of improvements to mitigate serious health and safety threats, the potential of a centre to improve, achieve DSD registration and provide acceptable ECD services is an important pre-requisite for government funding of infrastructure improvements. Categorisation can be utilised in the shortlisting of

centres for possible state infrastructure investment. Because health, safety and infrastructure issues can often be resolved with appropriate state investment, the score for “potential” (determined only by capacity and governance and ECD programme marker questions) can be utilised in determining the risks associated with state infrastructure investment. Centres with a low “potential” score carry a higher risk than those with a high “potential” score. For more information on categorisation refer to section 5.6.4.

7.2. NPO registration – type of ECD operator

Currently, only operators who are registered NPOs serving poor communities are eligible for state funding and support, including in respect of infrastructure improvements. There are two main exceptions to this: a) community-based centres which, although falling short of full NPO requirements, are nonetheless regarded by the DSD as providing an essential community service (refer to 4.3.3 for more information); b) centres which require urgent mitigation of health and safety threats (refer to 6.4.7 for more information).

7.3. Land / property ownership

Land ownership is complex and will vary significantly from one place to another. The owner of the land, building and centre may not always be the same. The following main land ownership scenarios present themselves:

Land ownership scenario	Eligibility guideline
<p><u>Established township</u>: There is an approved layout and general plan, sites have been subdivided and ownership is usually in the form of title deeds. Sites may or may not be correctly zoned and there may be unregistered subdivisions or unregistered property transfers.</p>	<ul style="list-style-type: none"> • Operator has title: Eligible • Operator has long lease: Eligible • Operator paid for building and has beneficial occupation over a long period without opposition from the landowner who may be absent: Eligible for basic improvements and emergency mitigation only (refer to 6.4.7).
<p><u>Traditional authority</u>: Land has not been subdivided, proclaimed or zoned and falls under traditional authority. There are typically no approved building plans. Tenure is typically in the form of a PTO.</p>	<ul style="list-style-type: none"> • Operator has documented PTO or lease: Eligible • Operator has undocumented PTO: Eligible only for basic improvements or emergency mitigation (refer to 6.4.7).
<p><u>Informal settlement</u>: Land has not been subdivided or proclaimed and may be owned by government or private owners. There may be deceased estates or abandonment of land rights by absentee landowners as well as rates arrears. There will be no approved building plans.</p>	<ul style="list-style-type: none"> • Settlement is regarded by municipality as permanent (not to be relocated), due for in-situ upgrading, government owns the land and there is a preliminary planning layout which would accommodate the existing ECD site and operator paid for existing building: Eligible • As above but privately owned: Eligible if government is resolved to acquire the land in the future for purposes of upgrading and has notified the landowner accordingly. • Otherwise only basic improvements or emergency mitigations or else the provision of temporary structures are appropriate (e.g. ‘edutainers’, ‘wendy houses’ or modular facilities) (refer to item 7.3.(v) below).

Table 18: Land ownership scenarios

In respect of land and tenure arrangements with ECD operators for major improvements, extensions and new builds, due to the much higher level of investment, there need to be more secure and formal arrangements pertaining to land rights and tenure. The following scenarios may be considered:

- i. **ECD operator owns the land and new building/extensions:** The approved NPO operator either has formal title to a vacant site or there is space on their existing partially-developed site for a new building. In this instance, the agreement with government should specify amongst other things: NPO acceptance of the asset; NPO commitment to continued use of facility for intended ECD purposes; NPO obligation of disposal of asset to an organisation with similar charitable purposes in line with its NPO constitution if it ceases to exist. An endorsement of the title deed is also possible, but this is not considered necessary given that only suitably capacitated and well-resourced NPOs should be considered and noting also the additional costs and administrative burden in registering such an endorsement via the Surveyor General's Office.
- ii. **ECD operator has an existing long-term lease with government:** This scenario is similar to the one outlined above, except that the NPO has a long-term lease with government (e.g. 30-year lease). The agreement would be similar, except there would be no need to specify acceptance and disposal of the asset.
- iii. **Municipality owns both land and new building:** In this scenario, the municipality would normally enter into a lease agreement with the NPO operator. The duration of this lease could vary. Leases of more than 10 years need to be registered in the SG's office. The agreement would be similar to that for scenario i, except that there would be no need to specify acceptance and disposal of the asset. The agreement would also need to specify the NPO's responsibility for all aspects of managing and operating the facility in line with DSD and statutory requirements as well as the responsibilities for operating and maintenance. Whilst the NPO might be able to fund minor/routine maintenance, most NPOs would be unable to fund major maintenance or recapitalisation. These terms would need to be negotiated between government and the NPO operator.
- iv. **Traditional authority owns the land, ECD operator has land rights and owns the new building:** Many NPOs operate ECD facilities on traditional authority land. In these instances, the NPO should be required to have a PTO certificate from the traditional authority, either for ownership or a long lease. The NPO would normally own the asset. The terms of the agreement would be similar to scenario i.
- v. **Temporary/movable structures:** There may be cases where movable structures such as converted containers ('edutainers') or temporary buildings such as those using modular materials or low cost material are utilised. This may be necessary in instances where there is no secure land in the hands of government or the NPO and/or where there are complications with land use and planning (e.g. as in the case of informal settlements located on private land). In these instances, the agreement would be similar to scenario iii.

7.4. Government funding of infrastructure on private land

It is emphasised that government's rights and obligations in respect of funding the provision of essential services such as ECD also apply to land which the municipality does not own. A recent senior counsel legal opinion (as yet still embargoed) provided to a metro during 2018 indicated that, in respect of ECD centre infrastructure and building improvements, *"the fact that the land may not be owned by [the municipality] is of no particular significance in the context of [the municipality's] power to allocate funds to the development or upgrade of ECD centres. The real question is whether the expenditure involved falls within the reach of the Municipal ECD Guide, 2019, Project Preparation Trust*

objects of local government and the development duties of local authorities, regard being had to the functional areas of local government executive competence which are listed in part B of schedule 4 and part B of schedule 5". The opinion also indicated that Section 67(1) of the MFMA could be utilised for funding the improvements for the centre, making use of an agreement with the ECD operator (either by the municipality procuring and building the improvements for the operators or by transferring funds to the operator who then undertakes to implement the improvements and to comply with the other requirements of Section 67(1) or with municipal supply chain requirements). A signed agreement between the municipality and ECD operator (NPO) is recommended in all cases in terms of which the centre commits to: a) utilising the centre/building for purposes of ECD; b) operating within the norms and standards set by DSD. It is also suggested that the operator, municipality and EHP sign an infrastructure completion certificate ('happy letter') once the infrastructure improvements are completed (i.e. indicating that they are satisfied with the infrastructure delivered).

7.5. Type of building / facility

Type of building / facility	Eligibility guideline
Formal structure with approved building plan (built of formal materials and compliant with building regulations)	<ul style="list-style-type: none"> Eligible (provided other eligibility requirements are met)
Formal structure without approved building plan (built of formal materials but may not be fully compliant with building regulations)	<ul style="list-style-type: none"> Eligible if on traditional or informally-settled land and if no structural changes or extensions are envisaged (provided other eligibility requirements are met)
Traditional structure (e.g. wattle and daub with thatched roof).	<ul style="list-style-type: none"> Eligible if on traditional or informally-settled land (provided other eligibility requirements are met) but only for basic improvements/emergency mitigations and/or by means of a new/additional building on the site.
Informal structure (e.g. shack in informal settlement)	<ul style="list-style-type: none"> Not eligible except by means of provision of external sanitation unit or additional non-permanent structure (provided other eligibility requirements are met).

Table 19: Type of building/ facility

7.6. Funding eligibility guidelines for ECD centre scenarios

Scenario	Eligibility guideline
Dedicated ECD centre on a separate site which is used solely for purposes of ECD	<ul style="list-style-type: none"> Eligible (provided other eligibility requirements are met)
Dedicated ECD building which shares a site also used for compatible social services	<ul style="list-style-type: none"> Eligible provided the ECD space is separately demarcated/fenced (and provided other eligibility requirements are met).
Dedicated ECD building which shares a site used for residential purposes (usually by the owner/operator)	<ul style="list-style-type: none"> Eligible provided the ECD space is separately demarcated/fenced (and provided other eligibility requirements are met).
ECD services are provided within a residential home or within a space which adjoins a residential home and shares residential facilities such as toilets.	<ul style="list-style-type: none"> Not eligible except for emergency health and safety mitigations.

Table 20: Eligibility guidelines for ECD centre scenarios

7.7. Partial Care Registration (PCR)

Partial care registration is an important consideration for government and donor investment as it shows that the centre complies with the requirements and norms and standards as stipulated in the Children's Act and is included within the DSD system of monitoring and support. Centres which are already registered (but which may have infrastructure problems) may be lower risk for state investment.

However, it is also recognised that many centres cannot achieve PCR due to infrastructural deficiencies. Therefore, centres which have good prospects to achieve registration (and as recommended by DSD social workers) should also be eligible for government infrastructural investment so that they can improve and achieve registration.

7.8. Years in operation

A proven track record can be a valuable eligibility criterion and greatly reduces the risk associated with government funding infrastructural improvements. Some centres are referred to by EHPs or DSD social workers as "fly-by-nights". Such centres may only remain operational for short periods and operators may not be serious about providing quality ECD services. It is therefore suggested that a centre must be operational for a minimum of five years to be eligible (with the exception of urgent health and safety issues that might need to be addressed). Centres operating for a period of ten years or more should receive higher priority. The number of years a centre is operational is thus generally an important investment indicator for both municipalities and private donors of viability, sustainability, community support and general resilience.

7.9. Regulatory flexibility

Current national norms and standards, and typical municipal building and town planning regulations are premised on formal environments. However, many under-resourced centres are located in 'less formal' environments such as on traditional authority land or on land within informal settlements which has not yet been subdivided, proclaimed or zoned for residential or social facility purposes. Therefore, to assist these centres, there will commonly need to be some flexibility allowed for. Some of this flexibility (in respect of basic norms and standards), is already provided for in terms of conditional registration as set out in the Children's Act. The DSD in collaboration with the DoH responded to the need for further flexibility by developing a progressive ECD Registration Framework that articulates the entry level norms and standards for conditional registration known as "bronze requirements". The framework then progressively identifies high level norms until the full set of norms and standards are attained at gold "level" or full registration. The ECD Registration Framework was approved in August 2019 and will hopefully be implemented as from April 2021.

Additional flexibility may be required in respect of local government regulation, such as land ownership, tenure, building plans, and zoning.

- *Municipal environmental / childcare bylaws:* Some bylaw requirements are not in line with the minimum standards set out in the Children's Act. Many bylaws specify higher norms and standards than set out in regulations. Many centres, particularly in informal settlements and underserved rural areas are unable to meet these norms and standards as they often lack the most basic services e.g. they may not have electricity for refrigeration and running water in the building (let alone warm water),

and sufficient indoor / playground space to allow the separation of age groups. It is important that all ECD bylaws should be reviewed. In general, municipalities should ensure that any bylaws applicable to ECD facilities are written such that they only apply where they are critical to promoting the health and safety of children and where they do not impose an unnecessary spatial or infrastructural burden on under-resourced facilities. It is expected that the ECD Registration Framework will create the required flexibility in terms of environmental health, safety and child care. Flexibility also required for land use bylaws especially that creates barriers to ECD partial care registration.

- *ECD centre ownership / NPO status:* Many centres are registered NPOs but have 'hybrid ownership' where the owners have invested significant personal money in the centre and where corporate governance might necessarily meet all usual NPO standards. It is recommended that the DSD compiles a standard agreement so that the rights of both the private land/ property owner and the NPO can be protected. This will require the private owner and the NPO to draw up asset registers that will clearly indicate which assets belong to the respective parties. It is recommended that a low annual rental be payable by the NPO to the private land owner to confirm these arrangements. This will also help municipalities to understand the ownership issues better when considering infrastructure improvements.
- *Property ownership:* Many centres are on land which has not been subdivided in residential-type erfs (e.g. traditional authority land or land within informal settlements). ECD operators may not have title to the land nor a formal lease. Land parcels under traditional authority may however have a PTO. Often there may absentee private landowners as in the case of informal settlements.
- *Tenure:* Many centre owners do not have formal title deeds or lease agreements with land-owners. Refer also to section 6.4.3.
- *Building plans:* Many ECD buildings do not have approved building plans, even though most are built in terms of conventional building methods. The drafting of As-built plans by an architectural professional is unaffordable. Municipalities in general do not accept building plans for informal structures. These issues present challenges in securing zoning and building plan approval.
- *Zoning:* Many existing ECD sites are not zoned for social facilities, being on un-subdivided land. Even where the land forms part of a proclaimed township, ECD centres cannot afford the costs of rezoning and consent use. It is recommended that municipalities consider the adoption of a neighbour's consent which comes at no cost to the ECD centre as an alternative to expensive zoning/ rezoning and formal consent options.
- *Costs:* Municipalities should consider making provision, through a Council Resolution to waive application and inspection costs for ECD organisations, or, at the least, to apply a standard cost schedule of reduced rates for ECD organisations to ensure affordability. Similarly, municipalities should consider making provision, through a Council Resolution, to waive services connection contributions required in connection with a rezoning application made by an ECD organisation.

8. FUNDING FOR ECD PLANNING AND IMPLEMENTATION

There is a significant shortage of funding for the planning and implementation of ECD infrastructure and services. It is consequently important to make optimal use of those financial resources which are available. There is also a need for additional funding to be made available if the objective of universal access to ECD services is to be achieved.

8.1. ECD planning and surveys

Without up-front planning, effective ECD responses cannot be formulated. Most municipalities and provincial Departments of Social Development do not have sufficient in-house capacity to undertake this work. It is therefore necessary that additional specialist capacity from either the NGO or private sectors is secured to provide support in undertaking this critical area of work.

8.2. Capital funding for infrastructure

8.2.1. State funding instruments status quo and challenges

There is not yet an adequate solution for state ECD infrastructure funding and this requires urgent attention at the national level. Greater fiscal priority for ECD via various funding instruments is ultimately necessary in order to enable a response at scale. The main source of funding is currently municipal infrastructure funding (MIG/ICDG). Requiring municipalities to make firm ECD allocations (e.g. on their BEPPs and MTEFs³⁰) or ring-fencing some of this funding for ECD would greatly assist. The other funding instrument, the DSD's ECD Grant: Infrastructure Component, is still very new and the value of the fund is still small. In the case of funding instruments, there needs to be flexibility for government to fund infrastructural improvements as outlined in section 7.9.

8.2.2. Municipal infrastructure funding

Municipal infrastructure funding should be regarded as the primary source of funding for ECD infrastructure improvements. Such usage is common and envisaged in the Division of Revenue Act³¹. However, it is problematic for ECD to have to compete with other infrastructure funding demands in municipalities. Firm ECD allocations (e.g. on municipal BEPPs and/or MTEFs) or ring-fencing some of this funding for ECD would greatly assist.

The most important grants are the Integrated City Development Grant (ICDG) in metros and the Municipal Infrastructure Grants (MIG) in local municipalities. For smaller municipalities, there will typically be significant budget pressure and it may be difficult to allocate anything more than relatively small amounts for a small project ECD infrastructure project pipeline. For larger municipalities, including metros, there may be greater budget flexibility.

ICDG funding has been allocated by eThekweni for use on the pilot ECD sites in eThekweni. In other municipalities, MIG funding has been allocated as part of investments in public facilities, including those that are NPO owned and operated³². The use of municipal infrastructure funding for purposes of ECD is well established in KZN with more than R750 million spent between 2009 and 2014³³.

³⁰ BEPP = Built Environment Performance Plan; MTEF = Medium Term Expenditure Framework

³¹ Submission for the Division of Revenue 2016/2017 29 May 2015 by the Financial and Fiscal Commission (ISBN: 978-0-621-43719- 5 RP173/2015)

³² Finance and Fiscal Services Commission DORA Submission FY2016/7 page 14: "Government provides a full or partial capital subsidy for constructing and/or upgrading community-and NPO-based ECD facilities, through the municipal infrastructure conditional grant. The funding will facilitate compliance with the required infrastructure norms and standards, ensure that capital expenditure for ECD is carried out through municipalities and minimise inequities in quality standards and service levels".

³³ FFC 2016 DORA Submission.

One limitation is that the proportion that can be allocated for planning and technical work is insufficient in the ECD context (e.g. capped at 10% for ICDG capped and 5% for MIG).

8.2.3. DSD ECD Grant: Infrastructure Component

The DSD has developed an ECD Grant with an Infrastructure Component. The grant makes provision for:

- a) Maintenance and upgrading for centres also referred to as the Maintenance Grant. The fund has a per-centre ceiling of R100,000 for unregistered centres in 2020 and R250 000 for conditionally registered centres. Prior approval from the HOD and CFO need to be obtained where the amount exceeds these limits R250,000 limit.
- b) The construction of new low cost ECD centres. New builds would be considered where existing irreparable structures have to be replaced or to provide facilities in areas where the need is the greatest. A maximum of R2.5 million per province is allocated for this purpose.

It is important for municipalities and the DSD to share their lists of prospective ECD improvement projects with each other to ensure coordination, so that the highest priority centres are selected and to prevent duplication or double dipping. The budget allocation currently available via this grant is relatively small and can only assist a very limited number of ECD centres per municipality.

8.2.4. Human Settlements Grant

The Department of Human Settlements introduced in 2004, a funding mechanism for the provision of basic social and economic amenities. This applies to existing and new housing areas as well as within informal settlement upgrading projects in cases where municipalities are unable to provide such facilities, and until such time as other dedicated funding for such facilities becomes available. Municipalities apply separately for funding for this programme.

This fund is commonly used to build community halls that provide for a range of community activities including ECD programmes where appropriate. It is strongly recommended that municipalities ensure that the design of these facilities includes the provision of some dedicated ECD space meeting minimum norms and standards. It is imperative that children are separated from the general public, so that the centre can obtain partial care registration.

The DSD is currently negotiating the possible amendment of the Social Economic facilities grant to expand the type of ECD facilities that can be funded.

8.2.5. Donors and Corporate Social Investment (CSI)

There are a number of private sector foundations and donors investing in various aspects of ECD. Donor funding for infrastructure improvements or new builds is very limited and cannot be considered as a main source of funding for addressing ECD infrastructure in SA. The donor/CSI focus has shifted over the past few years to operational and programme funding. Funders often work directly with ECD centres and it is uncommon for them to channel funding via municipalities. ECD centres with the necessary capacity often apply for funding from:

- a) The National Lotteries Commission, which has funded some new builds, extensions and improvements, office and furniture equipment, ECD educational material, in and outdoor equipment, accredited training for practitioners, and operational costs (e.g. overheads and nutrition).
- b) National Development Agency (NDA), which assists with NPO registration and training (governance, financial administration, resource mobilisation, etc.).

Municipalities may, however, choose to approach big companies in their area to assist with specific aspects of the infrastructure support programme.

Importantly, corporate and donor funding tends to be limited, and it would thus be risky for the municipal ECD strategy to be heavily reliant on such funding unless there was already strong traction with potential funders.

9. USEFUL ECD RESOURCES

	Resource	Comment
A	Legislation and Policy	
1	Children's Act 38 of 2005 and Amendment Act 2010	ECD services are governed by this Act. The DSD is the custodian of this Act.
2	The Children's Act explained (by DSD/UNICEF). Booklet 1: Children and parents – rights and responsibilities. Booklet 2: Prevention, intervention and care. Booklet 3: The courts and the protection of children.	Well written and illustrated for children between the ages 11 and 15 years.
3	Children's Act Guide for Early Childhood. Development Practitioners, November 2011, (by Children's Institute and LETCEE).	Very handy guide.
4	National Integrated Early Childhood Development Policy (NIECDP), 2015.	The ECD Policy is the main guiding document.
B	Reports	
1	Audit of Early Childhood Development (ECD) centres, National Report, 2014) by DSD.	Provincial ECD Audit reports can be requested from provincial DSD offices as well as the database of the centres surveyed in your municipality.
2	Investing in ECD Infrastructure, Cornerstone Economic Research, October 2015. Contact Ilifa Labantwana for more information	The need, context, imperative and precedent for investment in ECD infrastructure is investigated
3	Qualitative Research: ECD Centres in Amaoti: A report prepared by the University of KwaZulu Natal: Technical Research Report 2017 No 12 Authors: Sarah Bracking, Sindisiwe Chauke, Kathleen Diga Nduta Mbarathi, Mbali Mthembu, Nhlanhla Nkwanyana	Research findings on focus group discussions with ECD centres in the informal settlements of Amaoti, eThekweni regarding problems with ECD centres and improvements, funding and related decision making, registration with DSD & issues considered by parents when selecting an ECD centre
C	Information on processes	
1	ECD infrastructure support system (by Ilifa Labantwana with PPT). http://www.pptrust.org.za/	This infographic document outlines an infrastructure support model.
2	Scale-able ECD response model (by PPT). http://www.pptrust.org.za/	A brochure which outlines the model, method, key trends and learning, typical infrastructure improvement packages, etc.
D	ECD Planning resources:	
1	Terms of reference for multi-stakeholder Municipal ECD Steering Committee (by PPT). http://www.pptrust.org.za/	This template can be amended as stakeholders see fit.
2	Short ECD survey questionnaire (by PPT). http://www.pptrust.org.za/	This can potentially be undertaken by the municipality itself. The questions cover all the marker questions for categorisation.
3	Detailed ECD survey questionnaire (by PPT). http://www.pptrust.org.za/	Requires some research skills, more comprehensive database, analysis and reporting - usually outsourced.

D	ECD Planning resources (continued)	
4	Categorisation framework for initial baselining & infrastructure response planning. (By PPT) http://www.pptrust.org.za/	This document includes the marker questions & weighting, a description of the 5 categories and examples of how categorisation can be reported
5	Technical assessment template with cost rates card (by PPT). http://www.pptrust.org.za/	This document can be used by a building inspector, engineer, etc.
6	Sanitation flyer (by Ilifa Labantwana with Lima). http://www.pptrust.org.za/	Use the pour flush toilets which removes the child from the dangerous leach pit.
7	Assessment of modular design ECD centres for meeting universal design aspects(By PPT & Lima) http://www.pptrust.org.za/	This document endeavours to focus on children with a come up with design solutions to support children with a range of disabilities and special needs in physical, psychological and social functioning.
8	Research report: "Informal Early Childhood Development Centres - a new area-based approach for improved and up-scaled ECD services for the urban poor" (by PPT In collaboration with: University of KwaZulu Natal and SARChI/DST Research Chair and Training & Resources for Early Childhood Education (TREE), April 2017 http://www.pptrust.org.za/	Provides valuable learning, evidence, and methods which can be utilised to programmatically address the prevailing crisis of access to acceptable ECD. Write up of a scalable ECD Response Model piloted and refined which can achieve substantial population coverage whilst at the same time optimising limited fiscal resources.
E	ECD Infrastructure implementation resources	
1	Specimen agreement (letter format) between ECD operator and municipality for improved infrastructure (by PPT). http://www.pptrust.org.za/	This takes the form of a commitment letter signed by the ECD centre for improvements. It is expected that the municipalities will enter into an official agreement with the ECD centre where new builds are provided.
2	Standard cost effective ECD centre new build designs (for 40, 60, 80 and 100 children typologies) for urban and rural settings with energy efficient calculations and foundation designs (by PPT, LIMA and others). http://www.pptrust.org.za/	These building plans are ready for submissions to municipalities for approval and only need a local draughtsman to supply a site plan and an engineer to complete the necessary documentation on the foundation design after inspection s of the foundations and issue of a foundation certificate.
3	Standalone ECD ablution designs for 40, 60, 80 and 100 children using the pour flush system. (by PPT, LIMA and others). http://www.pptrust.org.za/	This design provides for an offset leach pit that means the toilet is not directly above the leach pit and a child cannot fall in. The offset pit can be shallower and can be emptied with a shovel, no expensive pump- out required. The pour flush design allows staff to flush with grey water, which is a sustainable and sanitary solution for drought stricken areas
4	ECD centre extension designs: 1) 40,5 m ² playroom-cum-veranda and 2) 40,5m ² kitchen/ office unit (by PPT, LIMA and others) http://www.pptrust.org.za/	These are the types of extensions more often required.
5	Procurement Strategy for Early Childhood Development (ECD) Infrastructure; Dr Sean Phillips, Fourth draft 14 June 2019 Contact Ilifa Labantwana for more information	This document discusses procurement strategies with special emphasis on the framework contract.
6	ECD infrastructure 'Happy letter' (by PPT). http://www.pptrust.org.za/	This document requires the ECD operator and EHP to sign that they are satisfied with the infrastructure (improvements / extension / new build).

Table 21: Useful ECD resources