Informal Early Childhood Development Centres - a new area-based approach for improved and up-scaled ECD services for the urban poor. (Amaoti, eThekwini Metropolitan Municipality)

Synthesis Report

Produced by:

PPT
Project Preparation Trust of KZN
PO Box 5609 Durban 4000
Telephone 031 305 1288 Fax 031 305 1227
www.pptrust.co.za

in collaboration with:

University of KwaZulu Natal and SARChI/DST Research Chair

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

and Training & Resources for Early Childhood Education

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CONTENTS

List of maps

List of tables

List of figures

Authorship:

This report was compiled by Mark Misselhorn (CEO, PPT) and Liesel du Plessis (Senior Project Manager, PPT) using the main Research Report as the primary input.

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1. INTRODUCTION

This action research initiative provided valuable learning, evidence, and methods to programmatically address the prevailing crisis of access to acceptable Early Childhood Development (ECD) services by millions of young children in informal settlements and other low-income, underserviced communities in South Africa. It is the first research of its kind in South Africa.

A new and scalable ECD Response Model was successfully piloted and refined which can achieve substantial population coverage whilst at the same time optimising limited fiscal resources. The primary focus is on identifying and supporting, in a structured fashion, large numbers of de-facto, under-resourced ECD centres which have the potential to improve and provide acceptable ECD services. These centres form the backbone of the ECD services provided to young children in under-serviced communities, but are currently substantially outside of the system of state support. Given the success and value of the Response Model, a logical next step is to develop a user-friendly operational manual to assist government and non-governmental stakeholders with implementing it.

The research was undertaken in 14 informal settlements in Amaoti, one of the largest informal settlement precincts in Durban containing more than 14,000 households. 42 under-resourced centres were surveyed servicing 2,542 children. Parallel work of a similar nature was undertaken in certain informal settlements within Umlazi as well as within five rural municipalities which significantly enriched the research (a further 474 centres were surveyed servicing 17,053 children). This parallel work was undertaken by PPT in close collaboration with other support organisations (including Ilifa Labantwana, Network Action Group and Assupol Community Trust).

The research built on PPTs extensive prior work within informal settlements in South Africa as well as preliminary work undertaken by PPT in collaboration with the Housing Development Agency in 2014 when PPT undertook preliminary research on ECD centres within informal settlements and developed the first iteration of a new and more inclusive ECD response model.

Due to the scale and complexity of the research initiative and subject matter, only a limited range of content can be covered in this short synthesis report. A greater emphasis has been afforded to the ECD Response Model, since this was the main purpose and focus of the research initiative. Please refer to the detailed Research Report, dated May 2017 and available from PPT, for detail on other aspects of the research including a detailed outline of all work undertaken and a comprehensive assessment against the research objectives.

1.1. Context and Rationale

> *"The current system of provision is blind to the majority of young children who are outside the system. It only 'sees' the children who are in registered ECD facilities. Despite an increase in the number of subsidies to early childhood development (ECD) centres, still only a third of young children are exposed to formal child care or education outside of the home. Among the poorest 40% of our population, that proportion drops to one fifth" – David Harrison, CEO DG Murray Trust, 2012.*

Early childhood development (ECD) in South Africa is in a state of crisis, especially within low-income, under-serviced communities such as urban and peri-urban informal settlements. KwaZulu Natal is one of the worst affected Provinces. A paradigm shift and new programmatic approach are urgently required to create hope for young children from poor households and to break long-term cycles of poverty. Whilst ECD is a high

priority for Government and whilst there is acceptance of the importance of ECD for poverty and inequality reduction and human development, there are currently no adequate programmes of support which reach large numbers of children within these unregistered, under-resourced centres. There is also a lack of information about these centres and no structured programme in South Africa to address the problem. Within this context, this research initiative has a critical role to play in respect of obtaining new information and evidence, testing new methods and enabling improved policy development.

There are estimated to be at least 2 million children in underserviced communities in South Africa who lack access to adequate ECD care and education. Most ECD centres are not registered with the Department of Social Development (DSD) and/or do not receive state support and are consequently heavily under-resourced. Children often face a range of health and safety threats. Infrastructure deficiencies are a common barrier to achieving registration, without which centres are unable to receive state support (including DSD operational subsidies and training) and remain outside the system and off the 'radar' of government. Providing support to all centres so they can improve and become registered is therefore critical.

Improving access to adequate ECD services in low income, underserviced communities, is recognized as a national priority within the National Development Plan and by key Departments such as Social Development. It forms part of both National and Provincial Social Development strategies aimed at 'massification' of ECD services. These strategies include more effectively supporting large numbers of de-facto, under-resourced ECD centres within low-income communities such as informal settlements. The challenge remains one of implementation.

Informal settlements are a particular area of need. A significant proportion of vulnerable children reside within these settlements, most of which are located within Metropolitan Municipalities such as eThekwini. There are at least 1.2 million households within informal settlements in South Africa - approximately 4.2 million people of which an estimated 600,000 are young children (5 years and below). Access to adequate ECD services within informal settlements is however severely constrained. There is often a paralysis of developmental responses by government for informal settlements due to policy, funding, capacity, regulatory and other constraints. Informal settlements tend to remain on a 'developmental back-burner', despite the good intentions of government to mainstream incremental, city-wide upgrading. Yet given continuing urban expansion and the key role of Cities in the economy, such settlements offer a strategic opportunity to address poverty through better inclusion of the urban poor in the opportunities which Cities can provide.

1.2. Research Purpose and Objectives

Against this backdrop, the research initiative responded to these critical issues in order to help find solutions to the prevailing crisis and in the absence of any viable national ECD response model. It is recognised that there is currently a gap in respect of organisations and spheres of government responding proactively to address them. The Initiative tests, in a real-world situation, a new and programmatic ECD response model which can potentially be scaled up to achieve maximum population coverage.

The particular focus on informal settlements is due to the high concentration of ECD vulnerabilities within these settlements, the strategic importance of Cities as rapidly expanding centres of employment and economic growth, and the opportunity to leverage off synergies with parallel informal settlement upgrading initiatives underway in South Africa.

The primary research objective was therefore to test and refine an evidence-based and scale-able ECD response model to support of unregistered ECD centres in underserviced, informal settlement communities which enables inclusion, flexibility and incremental improvement, and thereby achieves maximum population coverage of young children and maximum impact on various aspects of poverty affecting such children and their families.

Specific research objectives of the Action related to:

1) **Generating new information and knowledge** about ECD centres – status, potentials and challenges.
2) **Developing and testing a categorisation framework** which can accommodate all centres and support population-based ECD response planning.
3) **Developing and testing methods for assessing centres** and planning for improvements which have a favourable cost-benefit.
4) **Testing infrastructure-funding solutions** via securing funding to implement infrastructure improvements at six pilot sites.
5) **Implementing operational and infrastructural improvements** at six pilot sites.
6) **Refining the ECD Response Model** for potential upscaling and replication.
7) **Strengthening quantitative research skills** within PPT and its partners.
8) **Supporting improved ECD policies and practices by government through improved use of evidence** (derived from quantitative and qualitative studies) by eThekwini Municipality and the Department of Social Development (DSD).

1.3. Team and Stakeholders

The research team comprised Project Preparation Trust (PPT), University of Kwazulu Natal (UKZN) with involvement of the SARCHi Research Chair for Applied Poverty Reduction Assessment and Training and Resources for Early Childhood Education (TREE). PPT held the contract with the DPME, managed and co-ordinated the team, and undertook the bulk of the action research work. UKZN provided research advice and undertook a literature review and focus group work. TREE undertook operational assessments and training at pilot ECD sites.

An eThekwini ECD Project Steering Committee was established. The following stakeholders were represented on the Project Steering Committee: eThekwini Metro (Human Settlements, Health, Social Cluster, Engineering Services); KZN Dept. Social Development (Service, District and Provincial Offices); Ilifa Labantwana; Network Action Group. It was critical that various key stakeholders were effectively involved and engaged during the action research process, particularly given the regulatory and funding role of government in respect of ECD centres, the intention of state funding and support, and various parallel ECD initiatives and policy developments which were directly relevant.

In addition to the stakeholders mentioned above, there was also significant engagement with the National Department of Social Development, for example, in respect of ECD funding, flexible registration and cost norms for infrastructure support. PPT also engaged extensively with several other KZN Municipalities as part its concurrent ECD work.

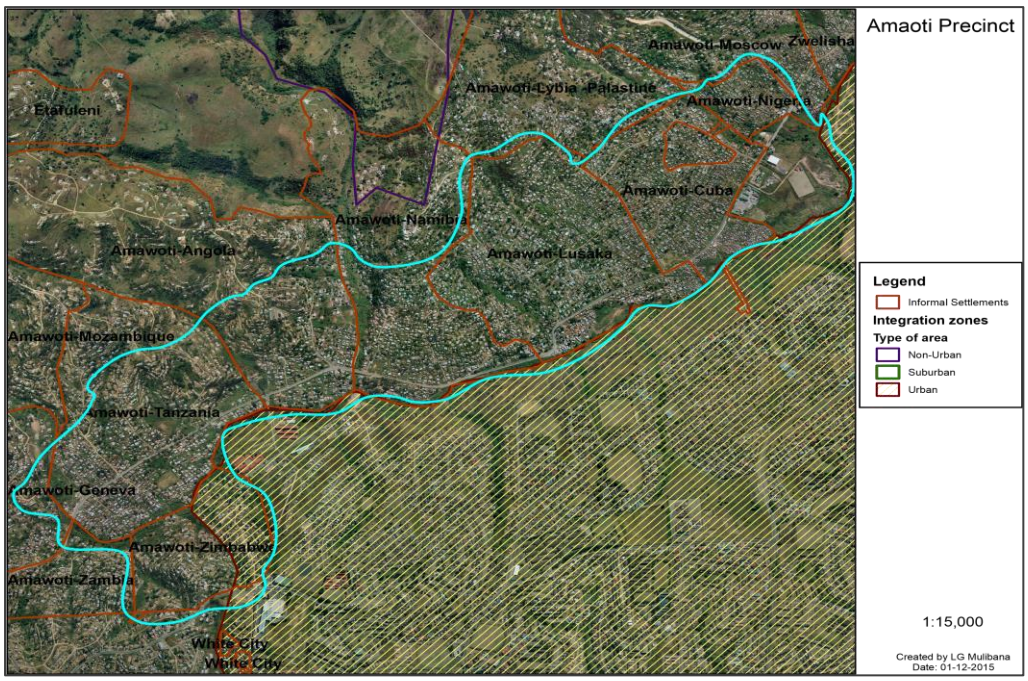
Given the nature of the Action, it was vital to secure participation and buy-in from the key stakeholders - the eThekwini Municipality and the Department of Social Development. Some of the most valuable learning derived from the Action, pertains to stakeholders' understanding of their respective roles, functions and funding mandates. The process of securing political buy-in from eThekwini proved significantly slower than anticipated, but also yielded valuable learning and helped lay a stronger platform for embedding ECD firmly within City policies and programmes.

1.4. Study Area

The study area was Amaoti which falls within the broader INK (Inanda Ntuzuma, KwaMashu) area to the north of Durban. Amaoti is one of the largest informal settlement precincts in Durban. There are 15 different communities within Amaoti of various ethnic groupings. The topography is hilly, covering approximately 700ha. Amaoti is located in the extreme east of the wider Inanda area. The study area covered portions of three wards (53, 57 and 59).

The area was selected based on a range of criteria. It is representative of many informal settlements in the City and includes a substantial informal settlement population. It abuts formal township and / or peri-urban precincts. It is also adjacent to the Cities Dense Urban Zone and is thus eligible for ICDG funding for possible infrastructure improvements. Due to the scale of the informal settlement at Amaoti, it is regarded as a priority for development including in-situ upgrading of the settlement.

Map 1: Amaoti Study area with ECD Centres surveyed



2. METHOD AND WORK UNDERTAKEN

2.1. Method

An applied, action-research method was utilised consisting of both quantitative and qualitative method. This method provides for a flexible, iterative research process with methodological refinements made during the research process as a result of project learning and inputs (e.g. stakeholder feedback, unanticipated environmental factors encountered).

The Action consisted of two main elements from a research point of view:

a) **the model/framework which was tested** through practical, real-world application;
b) **research and assessment of the model/framework** as it was applied in order to test and refine it (e.g. in terms of efficacy, stakeholder receptiveness, replicability etc.).

The Action consisted of four main phases:

1. Phase 1: Scoping and setup.
2. Phase 2: Area-level rapid assessment & baseline.
3. Phase 3: Pilot interventions at six centres.
4. Phase 4: Quantitative research study, dissemination and policy feedback.

2.2. Work undertaken

Table 1: Project Activities

Project Activities		ECD Model for up-scaling	Research to test/ refine the model
1	**Phase 1: Scoping and setup**		
1.1	Establish Project Steering Committee (PSC) and convene PSC #1 including contacting and informing stakeholders	PPT	PPT
1.2	Review and refine research method and log-frame		PPT/UKZN/TREE
1.3	Contextual desktop literature review		UKZN
1.4	Review and refine categorisation framework		PPT
1.5	Develop research tools and data management process		UKZN/ PPT
1.6	Decide study boundary		PPT(PSC)
1.7	Collect existing data on ECD centres, as well as broad socio-economic data on the study area	PPT (TREE)	
2	**Phase 2: Area-level rapid assessment & baseline**		
2.1	Identify and train survey fieldworkers	PPT	
2.2	Field survey of all ECD centres resulting in database of all centres including preliminary baseline data	PPT (TREE)	
2.3	Qualitative semi-structured interviews with survey FWs and with selected local stakeholders (ECD forum)		UKZN
2.4	Project Steering Committee meeting #2	PPT	PPT
2.5	Process and analyse survey data	PPT	
2.6	Apply categorisation criteria and categorise all centres	PPT	
2.7	Produce research report including key trends from survey		PPT/UKZN
2.8	Refinement of ECD response model/categorisation framework	PPT	PPT
3	**Phase 3: Pilot interventions at six centres**		
3.1	Select six representative centres in terms of defined criteria	PPT/TREE	
3.2	Detailed survey and updated baseline at six centres	PPT/TREE	
3.3	Develop a practical improvement plan for each of the six centres	PPT(TREE)	
3.4	Secure capital funding for infrastructure delivery at 6 pilot sites	PPT	
3.5	Project Steering Committee meeting # 3	PPT	PPT
3.6	Deliver skills training and programme enhancements	TREE	
3.7	Deliver rapid equipment/material improvements at 6 pilot sites	PPT	
3.8	Support infrastructure delivery at 6 pilot sites	PPT	
3.9	Project Steering Committee meeting # 4 (after completion of improvements at the six centres)	PPT	PPT
4	**Phase 4: Quantitative research study, dissemination and policy feedback**		
4.1	Undertake focus group discussions with parents and individual in-depth interviews with principals/owners at 7 centres		UKZN
4.2	Survey assessment against baseline at 6 pilot sites (quantitative)	PPT	

4.3	Scorecard assessment against improvement plans at 6 pilot sites (quantitative) including on-site inspections	PPT/TREE	
4.4	Semi-structured interviews for 6 pilot sites (qualitative)		PPT/TREE
4.5	Further review and refine the delivery response model and categorisation framework including feasibility of upscaling		PPT(TREE/UKZN)
4.6	Final research report and description of refined model	PPT	(UKZN)
4.7	Summary Synthesis Report for stakeholder briefing and dissemination		PPT(UKZN)
4.8	Dissemination of Synthesis Report and Research Report	PPT/ TREE	UKZN
4.9	Multi-stakeholder workshop (disseminate & share learning)	PPT(TREE)	PPT(UKZN)
4.10	Project Steering Committee meeting # 5	PPT	PPT
4.11	Assessment of potential for replication and upscaling (and plan)		PPT/UKZN/TREE

All of the work outlined in the above activity plan was successfully undertaken, with the exception of the implementation of interventions at six pilot sites. This was due to delays in internal approval processes within eThekwini, both to approve the necessary capital funding for the infrastructure pilots as well as to secure the necessary political support for an ECD improvement programme in the City. The key issue is that eThekwini prefers to move forward programmatically with ECD and is reticent to commence with pilot projects before addressing key issues (e.g. funding mandates and roles and responsibilities of the Municipality versus the DSD). There is currently no institutional 'home' for ECD in most municipalities and the inter-governmental relations and responsibilities (in particular between the municipality and DSD) require confirmation.

In order to avoid duplication, a detailed outline of work undertaken is not provided here, since the section dealing with the Refined Response Model (section 4), already substantially outlines much of this content. The main area of work not addressed in this report is that of the focus group work undertaken by TREE. The key learning arising from this focus group work has however been captured under section 3. Please refer to the Research Report for more information on TREE's focus group work.

2.3. Response Model Tested

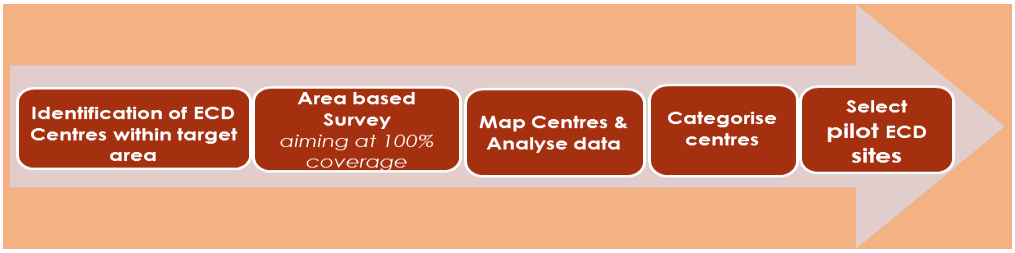
The response model which was tested consisted of two main elements: 1) An ECD Rapid Assessment and Categorisation (RAC) method (including a field survey); 2) Incremental ECD development plans and related response packages:

1) An ECD Rapid Assessment and Categorisation (RAC) method (including a field survey):

This is a systematic framework in terms of which all ECD centres in a particular area (including unregistered, less formal centres) are identified and assessed by means of a rapid field survey and then categorised in respect of their operational capacity and potentials so as to determine the appropriate types of support which may be appropriate.

A detailed field survey is undertaken in order to obtain key information on all ECD centres within a particular target area. A database of ECD centres is established, the data analysed and a survey report compiled. Coordinates are also collected for all ECD Centres to enable mapping to gain a clear understanding of the distribution of sites within a neighbourhood and per ward.

Figure 1: ECD rapid assessment and Categorisation method



Using the data collected, all centres are then categorised according to the framework[1] discussed in 4.1 below as follows:

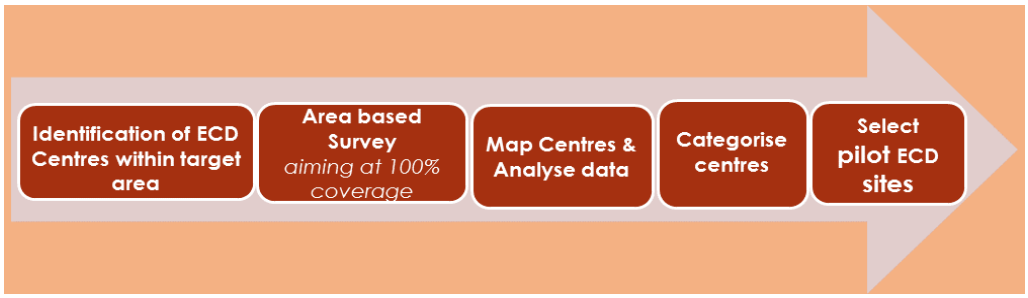
- Category A: Well-functioning, high potential and already providing 'acceptable ECD services'.
- Category B1: Basic-functioning with good potential to provide 'acceptable ECD services'.
- Category B2: Low-functioning with moderate potential to eventually provide 'acceptable ECD services'.
- Category C1: Low-functioning with limited/no potential to provide 'acceptable ECD services' (basic childminding only).
- Category C2: High risk and dysfunctional - need to be rapidly closed-down (no potential/ hazardous).

Once categorised, a site selection process is followed to prioritise sites for improvements This is an important step as there is insufficient funding and resources to assist all centres at the same time. There must be a process to determine priorities for investment purposes.

2) Incremental ECD development plans and related response packages:

Infrastructure and operational assessments are undertaken at the selected priority centres by suitable qualified entities preferably in close cooperation with the Social Worker responsible for ECD Centres in the area and the Environmental Health Practitioner.

Figure 2: Incremental ECD development plans and related response packages



Improvement plans are developed and funding applications are submitted to municipalities, DSD and / or donors. The extent and type of investment are affected by factors such as the potential of the centre to improve and achieve DSD registration (with appropriate flexibility) and the types of needs or deficits at the centre. Implementation follows once funding approval is obtained.

[1] These are the refined categories developed at the end of the Action which are substantially along the lines of the original framework

3. KEY FINDINGS AND LEARNING

"At present, the poorest communities get locked into a vicious cycle of exclusion. They don't have the finances to improve their buildings, so they can't meet infrastructural standards for registration. Most of the fees paid by parents are then spent on food for the children. That means less money for teachers and fewer teaching materials, and little chance of meeting the quality standards for learning that are required for registration. It's a domino-effect that significantly limits a poor child's prospects of early education." – David Harrison, DG Murray Trust.

The action research initiative provided significant new information and learning pertaining to ECD in informal settlements as well as the efficacy of the new Response Model and preconditions for its replication and upscaling as outlined below.

3.1. Need for a response model demonstrated

The need for a new ECD response model was clearly demonstrated:

- **Most centres are outside of the current DSD system of oversight, funding and support** – 75% of the informal settlement centres are not registered (69% at Amaoti and 82% at Umlazi versus 36% for the five rural municipalities and 42% overall). A higher percentage (85%) do not benefit from DSD ECD subsidies (since many registered centres don't get the subsidy) (86% at Amaoti and 85% at Umlazi versus 60% rural, 54% overall*)*
- **Large numbers of children are excluded from state support in under-resourced, unregistered or unfunded centres:** There were 3,286 children centres not registered or receiving the DSD subsidy in the two informal settlements study areas in eThekwini (84% of all the children in centres - 86% / 2,185 children at Amaoti and 81% / 1,101 children at Umlazi). This is significantly higher than the average in the five rural municipalities surveyed where it was 47% (7,392 children).
- **Infrastructure deficiencies pose the most significant barrier to centre improvement and registration.** Most of the informal settlement centres (84%/69 centres) require infrastructure improvements due to various deficiencies (basic services, building, accommodation or site) (98%/41 centres at Amaoti, 69%/27 Umlazi versus 91% rural, 90% overall average). These deficiencies typically pose problems in respect of the health and safety of children as well as meeting norms and standards for DSD registration.
- **Most centres have potential to improve and are viable for support.** Despite their limited resources, most centres show commitment under difficult circumstances and have potential to improve, provided they receive support. 73% of centres surveyed at Amaoti have potential (31 out of 42 were in categories A, B1, B2) and 48% (20) have good potential (A, B1). The trend was significantly higher in Umlazi informal settlements and the five rural municipalities surveyed.
- **Absence of any alternative programmatic response model:** No alternative programmatic ECD response model which can achieve population coverage was identified. Current ECD responses by government are ad hoc and reactive. Only a small number of centres are assisted.

3.2. Efficacy of new Model proven

The efficacy of the new ECD Response Model was proven:

- **The improved Model effectively identifies existing centres at area-level for the first time:** The Model collects and collates existing lists of ECD centres and in addition, identifies significant numbers

of centres not previously known. For the first time it provides a comprehensive and detailed list of all (or most) existing centres in targeted under-serviced areas. This can be done at area or municipal level. At Amaoti, only 11 out of 42 centres (26%) were covered by the 2014 National ECD Audit. Existing lists of centres are systematically collected from various sources (DSD, Municipality, support NGOs). Even after this was done at Amaoti, an additional 10 centres were identified which were not on any pre-existing lists. This trend is consistent with other areas surveyed where, after consolidating all existing lists, significant numbers of additional centres not previously known were identified (34% of all centres surveyed in areas outside of Amaoti). Globally, in all areas surveyed by PPT, the 2014 National ECD Audit only identified 40% of the number of centres identified and surveyed and 30% of the children.

- **The Model provided new and essential information about existing centres:** The Model provides significant new information pertaining to the status quo, needs and potentials at existing centres (making use of 149 survey questions). This includes information about the number of children, DSD and NPO registration status, centre and ownership, capacity and governance, infrastructure status, health and safety threats, and status of early learning programmes. It is noted that on the pre-existing lists from government, the information on centres listed was typically limited (i.e. only basic data such as name of the centre, number of children enrolled, NPO and registration status, and sometimes an address and contact details). Information on EHP's lists tended to be more detailed than that on DSD lists (including some information pertaining to infrastructure and ECD qualifications). In rural municipalities, such additional information was not accessible from EHPs.
- **It establishes a comprehensive ECD database for the first time:** The area/municipal-level databases can readily be rolled up and consolidated into a provincial database and potentially a national ECD database. The historical absence of a comprehensive ECD database has posed a major limitation on population-based response planning, budgeting and support.
- **The Model enables population based ECD response planning using data:** The comprehensive data collected enables effective population-based ECD response planning to take place for the first time. The Categorisation Framework is a key tool in this regard along with the other ratings for ECD potential, infrastructure adequacy and investment potential. Centres can easily be grouped according to their function and potential and ranking or filtering of centres can be done for various purposes. The overall ECD capacity within a particular area/municipality can quickly be gaged.
- **The Categorisation Framework is effective and 'fit-for-purpose':** The categorisation (A,B1,B2,C1,C2) was shown to be a good predictor of ECD functioning and potential. It is therefore an effective tool for population based ECD planning, including gaging existing local ECD capacity at area-level, shortlisting centres for ECD support and determining local ECD capacity and potential.
- **The Model enables prioritisation of those centres with the greatest potential and highest numbers of children for support:** The data and categorisation enable funding and other resources to be allocated so as to achieve maximum benefit and population coverage. Centre profiles with photographs assist with effective selection for ECD sites. This enables more transparent, evidence-based and accountable decision-making on resource allocation for ECD improvements and support.
- **The Model provides a more transparent, accountable and depoliticised basis for the selection of ECD centres** for state support, instead of support flowing only or mainly to those centres which are already known or enjoy local political support.
- **Improving existing centres is cost effective and is therefore the infrastructure investment priority** if population coverage and 'massification' are to be achieved. The Model is premised on supporting and improving centres as the primary focus. Almost seven times more children can be assisted when improving centres than constructing new builds for an equivalent budget. The costs of building new centres for all under-serviced children is unaffordable to the fiscus, costing more than almost seven times per child relative to improving existing centres. The average planned cost per centre is R108,798 at R2,086 per child (for a mix of basic services and minor building improvements at 113

centres in six municipalities). By contrast, new builds cost between R14,000 and R29,000 per child (depending on whether they are built at basic/NPO or higher/state facility specification). New builds should only be undertaken where necessary and even then should preferably also function as 'hubs' which support surrounding, less-resourced ECD centres

- **De-facto 'community-based' ECD centres respond uniquely to the particular needs of parents in informal settlements in multiple ways**: They play an important role in supporting families to cope with everyday pressures; there is often a personal, flexible and supportive relationship with parents and rendering extra assistance in times of stress; they are typically nearby and accessible; there is often flexibility in respect of drop-off and collecting times; there is often flexibility in respect of payment.
- **Overall, it provides the only viable, programmatic and scale-able response model:** Given the absence of any programmatic response and the prevailing fiscal and other constraints, the new ECD Response Model provides the only viable method for addressing the prevailing ECD crisis in informal settlements and other under-serviced communities.

3.3. Preconditions for scaling up the Model

There are several key preconditions for scaling the Model up: If these are not addressed, then the new Model cannot be successfully implemented. The key pre-requisites relate to:

- **Effective ECD co-ordination and institutional relationships (especially at municipal-level).**
- **Adequate funding instruments and budgeting (for infrastructural and operational improvements at centres).**
- **Procurement, partnerships and delivery models for scaling up planning and delivery.**
- **Flexibility in respect of ECD registration, norms and standards, tenure and centre ownership.**

3.4. Greater fiscal allocation necessary

A greater fiscal allocation for ECD is necessary: The global fiscal allocation to ECD (both operational and infrastructural) is clearly insufficient as evidenced by the fact that many registered centres do not yet receive an operational grant due to provincial budget shortages and the absence of any dedicated fiscal allocation for ECD infrastructure. Given the strategic importance of ECD for South Africa (e.g. from an economic and educational point of view) and the special rights of children under the Constitution, reprioritising certain other budget votes so as to increase the allocation to ECD is surely appropriate. Based on a rough estimate, it would require approximately R11 billion to address the entire ECD infrastructure backlogs in South Africa assuming a model of improvement with new builds only where necessary and appropriate. On the operational side, it would cost approximately R8.5billion per annum in ECD grants, once all children in South Africa enjoy access to the subsidy. Without infrastructural improvements and ECD subsidies, under-resourced centres cannot be expected to improve. The typical fees paid by poor parents (R50-R150 per month) are inadequate. Such centres will otherwise remain outside of the system and will be unable to provide acceptable ECD services to millions of young children.

3.5. State funding instruments

State funding instruments for ECD infrastructure need strengthening: There is not yet an adequate solution for state ECD infrastructure funding and this requires urgent attention. The main source of funding is currently municipal infrastructure funding (MIG/ICDG). Such usage is common and envisaged in the Division

of Revenue Act. However, it is problematic for ECD to have to compete with other infrastructure funding demands in municipalities. Requiring municipalities to make firm ECD allocations (e.g. on their BEPPs and MTEFs[2]) or ring-fencing some of this funding for ECD would greatly assist. The other funding instrument, the DSD's Conditional ECD Maintenance Infrastructure Grant which is being piloted on a limited basis over a three-year period, is highly constrained because: at this stage it is still very small in fund value; there is a R100,000 ceiling per centre; is only being utilised for those centres which have conditional registration (excluding all other centres with potential); provincial DSDs are not experienced in managing infrastructure and construction. Expanding it and making it more flexible would greatly assist, along with either allocating it to municipalities or else putting in place an effective, special purpose delivery vehicle. In the case of both instruments, there needs to be prescribed flexibility for government to invest in infrastructural improvements for centres which do not own the underlying land provided they meet DSD and EHP approval (with prescribed flexibility as to norms and standards).

3.6. Enabling institutional co-ordination and mandates

More effective institutional co-ordination and funding mandates are necessary:

- **Municipal-DSD relationship and IGR / shared the function:** ECD is currently a shared function (Schedule 4B of the Constitution) and an 'unfunded mandate'. The roles, responsibilities and funding mandates of the municipality versus the provincial DSD need to be clearly agreed, preferably via dedicated high-level meetings, joint strategies and potentially MOAs.
- **Responsible Metro Department for ECD support:** A Metro Department needs to be assigned to deal with ECD from a development (as opposed to regulatory) point of view. In eThekwini, no Department has been assigned (currently dealt with jointly by Human Settlements and Social Cluster).
- **Municipal-level ECD co-ordination structure:** Strong municipal-level ECD co-ordination for response planning, budgeting and stakeholder co-ordination involving the Municipality, DSD, ECD forums and support NGOs is critical. This needs to be a high-level structure with decision-making authority involving senior officials.
- **Municipal-level ECD strategy:** A Metro-level strategy for ECD support is a necessary part of the Response Model if it is to be effectively scaled-up. In eThekwini such a Strategy has not yet been developed although it is understood that certain other Cities may have such strategies.
- **Support NGOs:** The involvement of specialist support NGOs with ECD skills and capacities (pertaining to both infrastructure and operational dimensions) is regarded as a key element of a successful ECD Response Model.

3.7. Flexibility necessary for inclusion

Appropriate flexibility is necessary to include ECD centres with potential in the system of state support:

- **The current registration and other ECD requirements are out of reach for most centres** due principally to low levels of income at centres and prevailing building types and underlying land use. Examples of areas where flexibility is required are: zoning; building plans; DSD minimum floor area requirements; ratios of trained practitioners per child; separating age groups; and age-appropriate programmes. Substantial flexibility is already applied by many EHPs and social workers, however this will vary and there is no official basis or standard for this de-facto flexibility (which is usually applied so that much-needed support can be extended to needy and worthy centres).
- **DSD Partial Care Facility Registration:** Significant flexibility is already envisaged in the DSD's draft

[2] BEPP = Built Environment Performance Plan; MTEF = Medium Term Expenditure Framework

gold-silver-bronze incremental registration framework currently being finalised by the National DSD in close consultation with various other stakeholders. Once implemented, under-resourced centres will be able to attain bronze level conditional registration and be included in the system. However, the current framework is premised on centres being able to transition rapidly from bronze to silver levels, even though some centres will in reality struggle to do so, principally due to insufficient operational funding (income) and infrastructural deficits. Further refinements may be necessary.

- **Municipal bylaws for ECD and building regulations:** The required flexibilities need to be agreed upon, documented and implemented. The National DSD is currently investigating the possibility of a 'universal bylaws' for ECD.
- **State infrastructure investment (land and centre ownership):** Centres cannot be expected to own the underlying land in order to be eligible for state-funded improvements (however not for new builds or major extensions). Privately owned centres which are considered as 'community based centres' by the DSD should also be eligible for minor improvements since they provide an essential service and operators themselves are typically low income and operating on a subsistence basis, typically having invested significant personal resources into their centres.
- **DSD Programme Registration:** Whilst this was not specifically assessed as part of the research initiative, it is recommended that the DSD further assess this to determine how under-resourced ECD centres can be included and supported in achieving acceptable standards within their prevailing financial and other limitations.

3.8. Comparative findings from ECD surveys – characteristics of centres

Although the Amaoti field survey provided important new ECD data not previously available, due to the relatively small sample size, the predictive value is constrained limited in terms of projecting overall trends. To improve the sample size, PPT consolidated data from parallel ECD work being undertaken in the informal settlement of Umlazi (39 centres), giving a total 81 centres within informal two settlement precincts. Differences in findings between the two informal settlements are highlighted. PPT has also referenced findings from surveying 435 centres in 5 rural municipalities since it is relevant to overall ECD trends in under-serviced communities.

The table below provides a summary of key findings provides an overview of the under-serviced areas surveyed and some of the key comparative trends.

Table 2: Overview of Surveys Undertaken in KZN - Informal settlement vs rural dataset

Target areas	ECD Centres	NPO Registered	DSD Registered	DSD subsidized	Infrastructure deficits	Children	Children subsidised
eThekwini Informal Settlements (81 centres, 3,917 children)							
Amaoti	**42**	**21**	**11**	**6**	**41**	**2 542**	**361**
Umlazi	39	30	9	6	27	1 367	266
Rural Municipalities (435 centres, 15,686 children)							
Vulamehlo	52	45	44	25	47	1 615	1 012
Umzumbe	102	84	71	43	98	3 700	2 001
Msinga	111	74	61	26	103	4 038	1 217
Umvoti	72	40	36	23	60	2 395	1 220
Nquthu	98	95	68	59	86	3 938	2 845
TOTAL	**516**	**389**	**300**	**188**	**462**	**19 595**	**8 922**

Some of the key findings arising from the ECD survey work are outlined below:

- **There are many centres caring for large numbers of children**: In total, 2,542 children (730 babies and 1812 toddlers) were attending the 42 ECD centres surveyed in Amaoti.
- **75% of the informal settlement centres in Amaoti and Umlazi were not registered** *(vs 36% rural, 42% overall)*
- **Most centres (85%) and children do not benefit from DSD ECD subsidies** (since many un-registered centres don't get subsidies) *(vs 60% rural, 54% overall)*
- **More than half of the children in these two informal settlements are in under-resourced, unregistered centres** - 51% and 2,002 children in the informal settlements centres *(vs 25% and 3,862 rural, 30% and 5,864 overall).*
- **A large number of ECD Centers were not known by government (DSD or Municipality) – 31% and 25 centres in the informal settlements** (vs rural 33% and 33% and 113 centres overall). The centres in the informal settlements are now in the process of registration.
- **Most centres are NPO registered (63%)** *(vs rural 78% and overall 75% NPO).*
- **Most ECD buildings are not state funded:** Very few (7%) of the ECD centres in the informal settlement study area are making use of government, school or the municipal buildings - in Amaoti only four centres and in Umlazi study area only one centre.
- **Most centres are long-standing, dedicated ECD sites.** More than half the centres (56%) in the informal settlements were dedicated ECD centres (64% Amaoti vs 46% Umlazi) *(vs rural 69%, overall 67%)*
- **Most centres are well established:** Almost half the centres (48%) in informal settlements have been operational for > 10 years and 22% for between 5 and 10 years *(vs rural 48% >10yrs, 20% >5rs, overall trend, 48% >10yrs and 20% >5yrs).*
- **Most centres surveyed are relatively small -** The average size was 48 children. Centres at Amaoti were atypical in being significantly larger (average of 60 children) *(vs rural average of 36, overall average of 38 children*—significantly less than the national median of 53 for fully registered centres).
- **There are significant deficiencies in ECD practitioner skills and capacity** - 23 % of principals and 38% of practitioners had no ECD training (*vs 28% and 48% rural and 27% and 46% overall)*
- **There are significant education and skills deficits:** For example, there were 42 principals, of which 10 had no schooling, and 126 practitioners of which 77 (76.2%) reported to have some ECD training.
- **ECE Centres do not have enough care givers:** 46% of the ECD centres had adequate number of caregivers, while 10 (23,8%) of the ECD centres had no trained practitioners.
- **Most centres operate in formal buildings** (78%) (*vs 87% rural, 86% overall)*
- **Infrastructure deficiencies pose the biggest barrier to centre improvement and registration.** Most centres 84% (98% Amaoti, 69% Umlazi) require infrastructure improvements due to various deficiencies. *(vs 91% rural, 90% overall)* Deficiencies in adequate accommodation (54%) scored highest in informal settlements while basic services (81%) scored highest in rural areas
- **Low-income levels are a key constraint:** Most parents in Amaoti (93%) can only afford to pay between R50 and R150 per child per month. This places centres under extreme financial pressure. Even when DSD ECD grant is provided, funding is still insufficient to meet bylaw requirements e.g. toilets, fencing, floor space etc. Fee levels were slightly higher at Umlazi where most parents (56%) were paying R151 to R250 (*vs 69% paying R0 – R50 in rural areas*).
- **Most centres are NPO registered (63%) of which 23% are privately owned ECD centres** (*vs rural 78% NPO, 8% privately owned and overall 75% NPO, 10% privately owned).* Registered NPOs which are in "private ownership" has emerged as a significant problem. Even though the DSD typically recognises these as 'community based centres' it constrains state capital investment (e.g. to basic improvements).

- **Most centres are privately owned/managed -** (60%) Amaoti, 86% & Umlazi, 33%. *(vs 19% rural, 25% overall)* – this can be a constraint for state investment. Such centres may only be eligible for basic services improvements (e.g. water, sanitation, storm water management, fencing and outdoor equipment)

4. REFINED ECD RESPONSE MODEL

The ECD Response Model was refined in various ways during the course of the Action based on stakeholder feedback, action research experience (practical experience implementing the model), experience on parallel ECD work in other municipalities, and concurrent ECD policy developments.

4.1. Overview and Efficacy of the Response Model

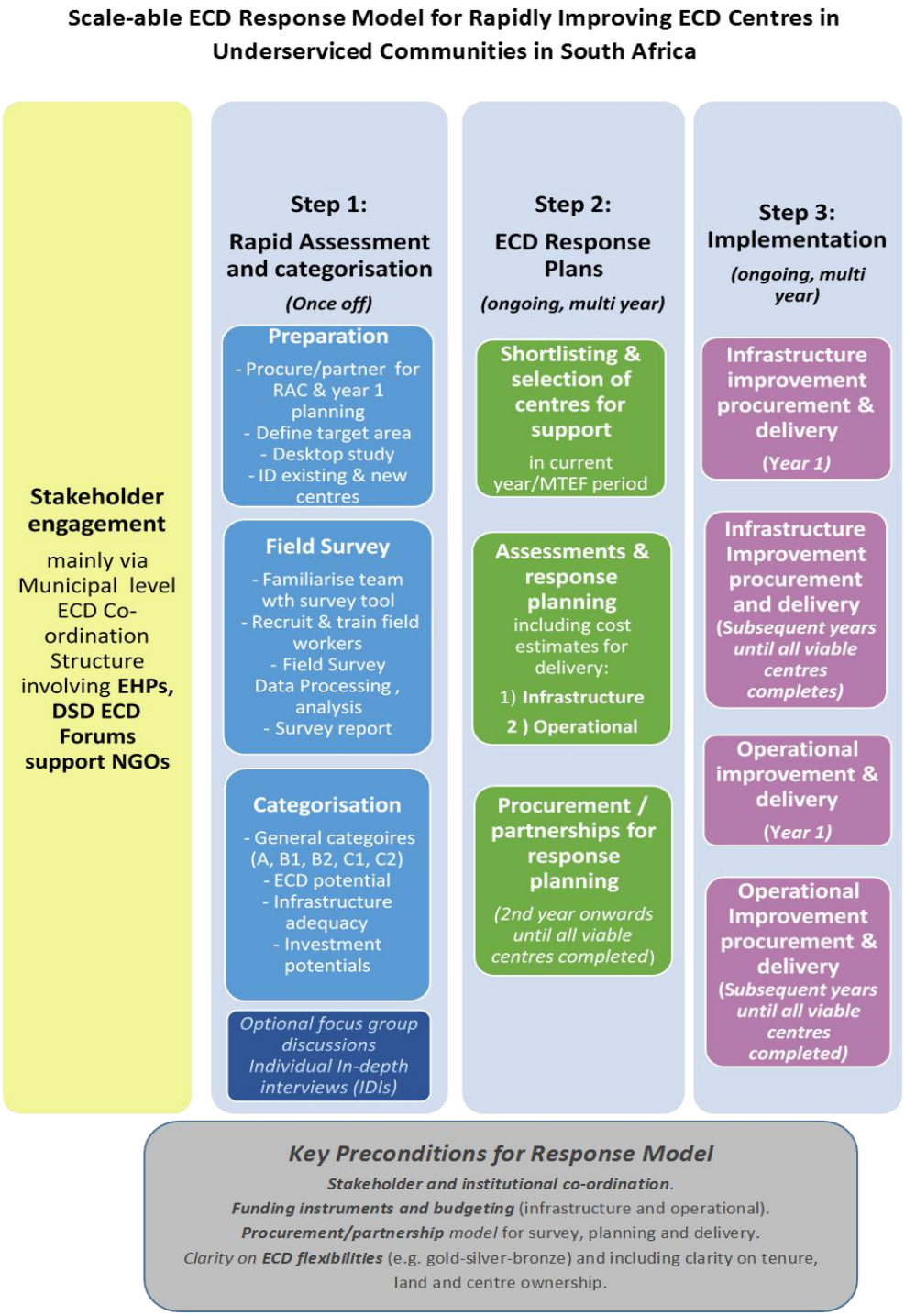
The Model is premised on supporting and improving de-facto, under-resourced ECD centres wherever possible. This is not only for reasons of cost-efficiency and achieving population coverage, but also because such 'community-based centres' can respond uniquely and flexibly to particular local needs, often helping parents/families to cope in various ways with prevailing pressures and stresses. The level of state investment in infrastructural improvements will vary, but will most often focus on minor improvements to address key infrastructural deficiencies. New builds are only appropriate where there are no other options and then should preferably also serve as 'hubs' to support surrounding, less-resourced centres. The Model provides a rational basis upon which to make these determinations as part of population-based ECD planning.

The Model proved to be effective and relevant in providing a programmatic and scale-able method for addressing the challenge of ECD in informal settlements (and other underserviced communities) in various ways. For example:

- Identification of centres: The Model enables the identification of all (or most) de facto ECD centres within a specific target area including numerous previously unknown, unregistered, under resourced and unsupported ECD centres utilising an area based approach.
- New information on centres: The survey provides significant new information (in the form of a comprehensive database) not previously available on ECD centres (both those previously known and unknown). This information pertains to the capacity, governance, infrastructure, status of ECD programmes, DSD and NPO registration, and numbers of children amongst others (based on 149 survey questions).
- Categorisation framework: The categorisation of centres (using collected data) is valuable in various ways:
  - it enables *population-based ECD planning* (by municipalities and DSD),
  - it provides a *quick and accessible overview* of the status quo, needs and potential of centres,
  - it assists greatly in *prioritising centres for response planning* and particular types of support (e.g. infrastructure) on a more rational and equitable basis than would otherwise be possible.
- Response planning: Structured ECD response planning is necessary in order to ensure that the potential of existing centres are optimised, their greatest needs (including barriers to registration) addressed and limited state resources are optimised.

The proposed new Response Model offers significant potential to be scaled-up and mainstreamed, thereby transforming the access to improved ECD services for children within underserviced, informal settlement communities and resulting in inclusion within the current system of state support. The Model was substantially refined and strengthened through the PSPPD-funded action research initiative as outlined in the diagram below.

Figure 3: Scale-able ECD Response Model



4.2. ECD Field Survey

Purpose:
To identify and obtain key data pertaining to ECD status and potentials within a targeted area to enable effective, population-based ECD response planning and to ultimately maximise the allocation of limited state (and other) resources to support improved and expanded ECD services in under-serviced informal settlement and rural communities.

Description:

- Desktop ID all existing centres in target area (e.g. municipality or sub-area): The up-front identification of existing ECD centres is a key activity in its own right and requires: a) dedicated work in order to source this information from the DSD and Municipalities and support NGOs; b) on the ground visits including engaging with local residents. Useful data sets include:
    - National Audit: Database of Early Childhood Development (ECD) Centres, KwaZulu Natal Province, 30 September 2014.
    - Municipality database provided by Environmental Health Practitioners
    - Department of Social Development (DSD): Social Workers /ECD Coordinators at the District Office.
    - Local ECD support NGOs and service providers.
- Survey tool: The survey questionnaire needs to cover key information pertaining to: the ownership and location of the centre; the number of children; fees; staffing; its institutional status, governance, administration and capacity; the site, building, infrastructure and related health and safety issues; the status of its ECD programme. The questionnaire developed by PPT consists of 149 distinct survey questions. PPT made use of handheld Android Tablets with a customised, locally developed and supported "Kandu" software which is 'cloud based'. The survey tool provided an Excel database as its primary data output. Centre profiles are automatically available online along with an aerial map showing the locality of all centres surveyed and with the facility to zoom in on particular centres to examine their micro-locality in aerial view.
- Field worker training: ECD survey team training needs to cover technical (ECD and infrastructure) issues in order to adequately empower the survey team (given the specialist nature of the survey). E.g. in respect of ECD registration and norms and standards. Involving DSD social workers and EHPs in the field survey may not be viable (due to time and logistical constraints). It is however valuable to involve them in the training of field workers. A fieldworker training manual was developed. Fieldworker training must ensure that the survey team are familiar with: the survey tool to be utilised; key ethical research principles; and the need for data accuracy and objectivity.
- Undertake field survey of all ECD centres in target area (centres are defined as sites with more than six children). There should be an overall survey team leader on site to oversee field workers. The utilisation of municipal EHPs and DSD social workers assisting with the field survey may be challenging in respect of expediting the survey, noting that they have a range of other duties to attend to. Where there are data baps, supplementary survey data can be obtained telephonically to fill data gaps (e.g. in case where an operator was not present at the time of survey and the interviewee was not able to provide registration of management information). Timing is important - some centres close early (e.g. just after lunch) and centres are often closed during school holidays. Since it takes significant effort to establish a survey system, tools and capacitated survey team (noting the specialised demands and complexities of an ECD survey), it is cost-effective to batch survey work and, where possible, keep survey teams working for sustained periods (instead of stopping and restarting). The survey teams get better and more efficient the longer they survey and work together as a team.
- Data capture, cleaning and analysis: The cloud-based data can be exported to Excel and from there also into data analysis programmes such as SPSS. Data cleaning is undertaken (e.g. to remove erroneous data or correct errors in data inputting such as spelling). Useful analysis on data includes:
    - *Frequency tables*: Number of centres and children, centre size, trends in terms of DSD and NPO registration, receipt of DSD grants, land and centre ownership, administrative records, infrastructure, health and safety threats, type of water source and sanitation, building materials etc. There is a mix of single and multi-response questions.
    - *Key cost tabulations*: Of any of the above (including multi-response questions) e.g. type of sanitation against DSD registration, NPO registration etc.

- Survey Report: The survey report comprises all the aspects outlined above and makes survey information accessible for use by various key stakeholders (e.g. centre registration and capacity for the DSD, infrastructure and health issues for the Municipality, training deficiencies for support NGOs which provide ECD training etc.). Specimens for this have been developed.
- Centre Profiles: A short two-page profile (PowerPoint format) on each centre surveyed is compiled including photographs, the status quo (e.g. registration, number of children, categorisation etc.) and the infrastructure deficiencies/requirements. A template for this has been developed. This is a useful tool in screening and prioritising centres.

Commentary:
Area-based ECD field survey is relatively cost effective (approximately R2,250 per centre surveyed using the PPT model – this includes all personnel costs, disbursements and data processing).

4.3. Categorisation Framework

Purpose: The categorisation of ECD centres, making use the data acquired through ECD field surveys, provides a valuable overall status quo of ECD in any particular locality. The assists in population based ECD response planning (e.g. by providing an overview of the ECD potential and how to optimally invest limited state resources in improving ECD services). The categorisation also plays a key role in screening and prioritising centres for further evaluation and possible infrastructure and other support.

Description:
Over and above the general categorisation (A, B1, B2, C1, C2), three additional ratings were developed using the survey data (ECD potential, investment potential and infrastructure adequacy).

a) General categorisation: The method for calculating the general categorisation uses a three-way scoring matrix which aligns with the most critical parameters of the categorisation (capacity and governance; health and safety; ECD programme). 52 marker questions with a weighting method were introduced to calculate the general categorisation[3]. A three-way scoring matrix is used which aligns with the most critical descriptive parameters (capacity and governance; health and safety; ECD programme. A scoring range applies to each the general categories (A, B1, B2, C1 and C2). All centres are categorised according to their aggregated scores.
b) Overall ECD potential rating: A rating is used to determine the potential of the centre based on the capacity and governance and the ECD programme scores. A threshold score of 50% applies. This percentage score is primarily used for selecting centres viable for support.
c) Infrastructure adequacy rating. This takes into consideration status of services, building, functional space, and site issues. It provides a quick indication of infrastructure adequacy and is used to determine where infrastructure problems lie. A more specific infrastructure adequacy score is used for shortlisting centres based only on the status of services (e.g. water, sanitation) and building (e.g. walls, roof, floor). This helps selecting centres requiring infrastructural improvements (a score below 60% is used to screen). This rating is used to determine which fully registered and funded ECD centres are in need of infrastructure improvements.
d) Investment potential rating: This takes into consideration general categorisation, NPO registration, ownership issues, etc. to indicate to what extent a centre may be viable for investment. It is utilised to help identify centres with potential investment risk (for further assessment). This score is however

[3] The 52 marker questions were weighted. Each field was scored separately to get a clear idea of the level of competency/ deficiency within a particular field. An aggregated score was determined by adding the scores of the three fields and obtaining an average score.

indicative especially when dealing with Community Based Centres operating on "private" land which may be viable for support even though there may be are land ownership constraints.

Commentary:
Overall there was a good correlation between the categorisation determinations made using the survey data and the actual status and potentials of surveyed centres. This means that, on the whole, the categorisation framework is a good predictor of ECD functioning and potentials and is therefore an effective tool for population based ECD planning, including gaging existing local ECD capacity at area-level and shortlisting centres for ECD support

Table 3: Percentages assigned to general categories

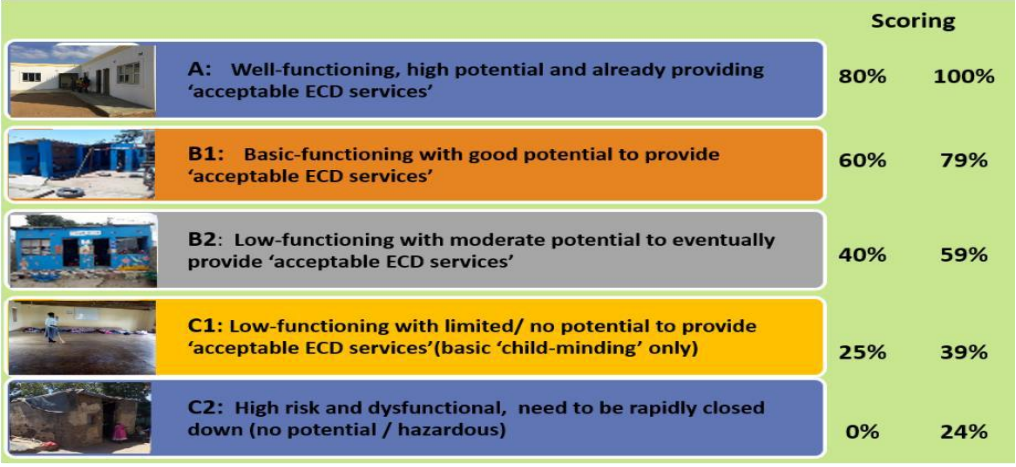


Table 4: Summary of marker questions for general categorisation

Capacity and governance (25 questions with combined weighting of 40%)	**Programme** (11 questions with combined weighting of 25%)	**Health, Safety, Infrastructure** (16 questions with combined weighting of 35%)
▪ Governance committee, minutes ▪ Parent consultation ▪ Constitution ▪ Financial admin ▪ Principal education & training ▪ Practitioner adequacy ▪ Administrative records ▪ Policies	▪ ECD programme registration ▪ Daily programme ▪ Educational equipment / toys ▪ Book corner ▪ Art equipment ▪ Outdoor play area / equipment	▪ Gross space ▪ Health and safety issues (sharp objects, unfenced water, exposed to electrical wires, etc.) ▪ Fencing ▪ Cross ventilation ▪ Dedicated food preparation area ▪ Unsafe building (e.g. collapsing walls / roof) ▪ First aid training ▪ Enough and acceptable toilets ▪ Refuse removal

Table 5: Percentages assigned to general categories

Key areas	Marker questions	Weighting
C&G = Capacity and governance	**25**	**40%**
PROG = programme	**11**	**25%**
H&S = health and safety (& infrastructure)	**16**	**35%**
Total	**52**	**100%**

Table 6: General categorisation parameters

CATEGORY A: Well-functioning, high potential and already providing 'acceptable ECD services':

1) Good governance and capacity.
2) Structured and acceptable ECD programmes.
3) No significant health or safety threats – any infrastructural deficiencies can be easily mitigated and typically are the main barrier to registration (where it is not already in place).
4) Often registered[4] or else registerable as a partial care facility (sometimes with flexibility) easily and quickly (typically well within a year[5]).
5) Often have DSD-registered ECD programme or can achieve this quickly (well within a year).
6) Thus viable for investment and support (e.g. to address minor infrastructure deficits, extend buildings to cater for more children).

[Small proportion of centres in underserviced, low income communities are expected to fall into this category.] [May or may not receive ECD operational grants; May or may not be NPO registered].

CATEGORY B1: Basic-functioning with good potential to provide 'acceptable ECD services':

1) Basic governance and capacity with potential to improve (with support).
2) Basic ECD programmes with potential to improve (with support).
3) Infrastructural, health and safety problems (often present) can easily be mitigated - any infrastructural deficiencies can be easily mitigated and typically are the main barrier to registration (where it is not already in place).
4) Quite often registered or else registerable as a partial care facility (usually with flexibility) relatively easily and quickly (typically within 2 years).
5) May have DSD-registered ECD programme or can achieve this relatively quickly (within 2 years).
6) Thus viable for investment and support (e.g. to address minor infrastructure deficits, extend buildings to cater for more children, training).

[Significant proportion of centres in underserviced, low income communities are expected to fall into this category.] [May or may not receive ECD operational grants; May or may not be NPO registered].

CATEGORY B2: Low-functioning with moderate potential to eventually provide 'acceptable ECD services':

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

[Significant proportion of centres in underserviced, low income communities are expected to fall into this category.] [May or may not be NPO registered].

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

1) Weak or no governance and capacity with limited/no potential to improve over time.
2) No ECD programmes with limited/no potential/interest to improve over time – basic childminding function only.
3) Infrastructural, health and safety problems (often present) can be mitigated with support/investment.
4) Usually unregistered and not registerable as a partial care facility – *though some of these centres may have received registration:*
5) Usually will not have a DSD-registered ECD programme and not viable to attain this.
6) Thus viable for limited investment and support (e.g. to address imminent health and safety threats) especially where there are no other accessible and affordable alternatives for children.

[Significant proportion of centres in underserviced, low income communities are expected to fall into this category.] [Typically will not be NPO registered].

[4] Full or conditional registration

[5] Main reason this might take more than a few months would be where there has been infrastructural damage e.g. roof blown off.

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

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

4.4. Centre Screening and Prioritisation

Purpose:

ECD data (derived from the survey) and related categorisations are used to screen, shortlist and select centres for further assessment, response planning and support. This provides an effective method which is more evidence-based and equitable. It also removes possible bias in selecting centres and ensures that all existing centres are considered (and not only those on existing, limited databases of government). This fosters a fairer and more accountable selection process. Shortlisting 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 as described below) 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.

Description:

A two-phase selection process emerged as optimal:

1) Phase 1 - shortlisting by filtering the database according to five pre-agreed criteria which proved very effective and useful[6]. The following method emerged as optimal:
   - *For centres with potential* (i.e. already with or with potential to achieve DSD registration (with flexibility) and provide acceptable ECD services (categories A, B1, B2). Filter (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 a) Potential (recommend potential score >60%); b) Centre size (recommend 20 children or more) and c) Years of operation (recommend 5 years or more).
     - For conditionally registered ECD Centres: as above
     - For fully registered ECD Centres

[6] In respect of the method utilised during the Action, the centres were first grouped (filtered) into registration status groups (unregistered, conditionally registered and fully registered). Unregistered centres were grouped into the three main categories with potential (A, B1, B2). These three main groups were in turn filtered based on: Potential rating >50%, at least 5 years of operation, at least 20 children. Those centres conditionally registered were automatically shortlisted for further assessment. Those fully registered centres without DSD operational subsidies and with at least 20 children were shortlisted as well as those with subsidies and at least 20 children but having significant infrastructure problems (infrastructure adequacy score 60% or less). It is noted that this was influenced by: a) governments desire to focus on those centres with greatest potential and lowest risk; b) the DSD's conditional infrastructure grant which is intended only for conditionally registered centres.

- Not receiving DSD operational subsidy, select based on centre size (recommend 20 children or more).
- Receiving the subsidy, select based on: a) Infrastructure problems (recommend infrastructure adequacy score 60% or less); and b) 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.

2) Phase 2 - selection of 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.

Commentary:
Centre selection emerged as a critical component of the model. 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 are 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.

4.5. Response Planning for Infrastructure

Purpose:
Structured ECD infrastructure response planning is necessary in order to ensure that the potential of existing centres is optimised, their greatest needs (including barriers to registration) addressed and limited state resources are optimised. The assessment and infrastructure planning methods and tools developed and employed through the action research initiative proved effective. Even though the survey data provides an overview of the status quo of infrastructure, it is indicative and is not based on an assessment by an infrastructure/built environmental specialist. An on-site infrastructure assessment, by a suitably experienced built environmental specialist is therefore imperative, not only to assess infrastructure, but also to prioritise and quantify infrastructural interventions and develop cost estimates. A standard/uniform 'one-size fits all' infrastructure 'package' is not considered viable for various reasons (e.g. diversity of centre characteristics and need to achieve maximum cost-benefit).

Description:

- Types of infrastructure response: Infrastructure improvement requirements and costs will vary significantly from one centre to another. Fixed 'packages' are not viable. However, the types of infrastructure improvements can readily be grouped as follows, noting that they usually overlap (e.g. basic improvements with a building extension):
  - ***Basic improvements: Typically, R25k to R150k, for categories A, B1, B2, C1*** *(i.e. all centres except those to be rapidly closed down)*. These are required at most centres and are the top priority. The overriding intervention logic is to address health and safety threats and ensure that young children have access to adequate, essential services and a safe environment. The typical average cost is approximately R100k per centre and R2,000 per child. It is noted that the DSD conditional maintenance grant value has been increased to R100,000 with a maximum 30% variation.
    - *Basic services: (Typically between R25k and R150k, for categories A, B1, B2, C1):* Such as toilets/VIPs, hand-basins, water tanks, fencing, electricity, and safety equipment (e.g. fire extinguishers). These should not only be provided to centres with some potential to improve, but also to centres without potential in order to address serious health and safety threats. All centres should be eligible irrespective of ownership, NPO registration status, capacity, years of operation etc.
    - *Minor building repairs/improvements: Typically, R25k to R150k, for categories A, B1, B2 (i.e. centres with some potential to improve).* Such as roof sheeting, floors, new windows, doors, dry walls for food preparation areas or subdividing playrooms, fixing wall cracks, aprons, and painting. Minor repairs may also be provided in case of serious health and safety threats for centres without potential (e.g. categories C1 and C2 - This option will only be considered where the District DSD indicates in writing that there is no other ECD and care option for children in that area in the short to medium term.)
    - *Outdoor play equipment: Typically, R10k to R20K, for categories A, B1, B2 (i.e. centres with some potential to improve).* Such as jungle gyms and fixing existing equipment such as swings.
  - ***Major improvements: Typically, R100k to R350k, typically for categories A or B1 only (centres with good potential)*** *except in special circumstances:* These should only be provided on a prioritised basis, taking into consideration centre potential, number of children benefiting, tenure security, NPO registration, DSD support, years of operation etc. (refer also to preceding section on selection and prioritisation). Centres with high scores (80%+) for infrastructure investment potential and a combined weighted score on the general categorisation over 60% are good candidates.
    - *Major renovations: Categories A, B1 and B2 in special circumstances, typically R100k-R300k.* Typically for re-roofing, partitions, plumbing, windows, doors, etc. May be considered for B2 centres (e.g. where there is no other local alternative, centre well-established with DSD funding and many children in care).
    - *Building extensions: Categories A and B1 only, typically R200k-R350k. Categories A and B1 only.* These are only provided to prioritised centres with good potential. They are provided in order to relieve overcrowding, to provide access to additional children where the local demand is in excess of supply and to address the need for certain dedicated spaces e.g. separate kitchen, office, sick bay. There are various considerations to take into account. Typical extensions are for kitchens, offices cum sickbays, playrooms and ablution blocks.
  - ***New buildings: Typically, R480k to R1.3million, for categories A and B1 only***. New buildings are only appropriate where necessary and after careful consideration of the merit of each particular situation due to the costs. These should be provided at basic, NGO specification costing approximately R480,000 for a typical centre of 30 children and a typical cost per child of approximately 16,000. New builds can be provided on an existing site or on a new site. A centre on a new site may cater for existing children only or to also provide additional access to children in underserviced areas. In the event that government (e.g. a municipality) wants to initiate a state-

owned new-build then such a centre should also function as an ECD hub which provides support (resources, training etc.) to under-resourced ECD centres in the greater area.

NOTE: New builds should only be considered as a last resort and in the following cases*: a) where there is an area not serviced by an existing ECD centre; b) where more centres are required for the vast majority of children not currently attending ECD Centres and where the current centres in the area do not have capacity to accommodate more children (e.g. due to limited site sizes); c) where a well-established ECD Centre has very poor infrastructure that may be a health hazard; d) where the current centres are located in areas not earmarked for this type of development (e.g. within road reserves, green belts, light industrial or commercial areas) in terms of the spatial planning approved for the upgrading for Informal Settlements such as Amaoti.*

- Infrastructure assessments:
  - An *ECD infrastructure assessment tool* is utilised for use on site with an assessment guideline and format for an ECD infrastructure plan (these have been developed).
  - *Photos and short video clips* of the infrastructure are utilised for assessment (post visit) and communication purposes.
  - *Minimum space requirements and general guidelines* were developed and used to address issues of flexibility and to facilitate clarity on how flexibility is applied. It is imperative/highly beneficial that EHPs participate in the on-site infrastructural assessments undertaken by the infrastructure assessor along with the DSD's social worker and preferably the District level ECD co-ordinator.
  - The *assessments should involve discussions with ECD centre staff members as well as DSD officials and EHPs* accompanying the assessor and providing observations, and the taking of measurements and photographs. Attention must be given to what the DSD regards as acceptable and unacceptable practice in terms of the use of facilities (e.g. with regard to the use of private homes in terms of child protection). Related issues such as NPO registration, centre and land ownership issues also must be to be considered.
  - The *funding requested for the prioritised centres should be aligned with what can realistically be provided* in terms of the MFMA and funding guidelines. For instance, a centre privately owned may require basic services, building improvements and possible extensions, but will only qualify for basic services as the state will not "enrich" the private owner.
  - *Flexibility*: Flexibility is required in respect of what is appropriate and necessary for partial care registration for ECD centres in informal settlements e.g. waiving of approved building plans and zoning requirements, accepting traditional and less formal building methods where these are otherwise safe and functional, electricity, etc. Significant consensus has obtained in respect of these and these are confirmed by the DSD's flexible and soon-to-be-implemented gold silver bronze registration framework. DSD spatial and cost norms for state-owned ECD buildings and infrastructure are not viable for ECD centres in informal settlements and other underserviced, low income communities, because it would be unaffordable for centres to improve to these standards and to maintain them given their highly constrained operational income. It is noted that there is limited state and donor funding for new builds. Funding for these will have to be optimised (i.e. new builds should only be built where they are necessary and, preferably, where they can also serve as hubs which support surrounding under-resourced ECD centres).
  - *Minimum space and cost norms for extensions and new builds*. Standard, simple modular designs can be utilised for four different size new builds catering for 40, 60, 80 and 100 children. These were developed during the course of the Action and can also be utilised in other localities. These are for typical NPO specification which are slightly higher than rates applicable to RDP housing.

- Funding and budgeting: The following are the main funding sources for ECD infrastructure improvements:
    - Integrated City Development Grant (ICDG) (metros only) or Municipal Infrastructure Grants (MIG): This is the currently the primary source of funding for ECD infrastructure given the absence of alternatives. Usage for purposes of ECD is common and envisaged in in the Division of Revenue Act. However, it is problematic for ECD to have to compete with other infrastructure funding demands in municipalities. The portion 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). The ECD agenda cannot be progressed with "left over" funding. Firm ECD allocations (e.g. on municipal BEPPs and MTEFs) or ring-fencing some of this funding for ECD would greatly assist.
    - DSD Conditional ECD Maintenance Grant: This grant is being piloted on a limited basis over a three-year period. In the pilot phase, this grant is significantly constrained and should not be regarded as the primary funding source for ECD infrastructure improvements (although this might change if the pilot phase is successful). Constraining factors include the following: the fund is very small in size; there is a R100,000 ceiling per centre with a maximum 30% variation; it is also only being utilised for those centres which have conditional registration thus excluding all other centres with potential i.e. well established centres not registered or registered but with infrastructure problems; provincial DSDs do not have the necessary infrastructure experience to effectively manage the funding. Expanding it and making it more flexible would greatly assist, along with either allocating it to municipalities or else putting in place an effective, special purpose delivery vehicle.
    - Donor funding: Donor funding for infrastructure improvements or new builds are very limited and cannot be considered as 'base funding' for addressing ECD infrastructure in SA. The focus shifted over the past few years to operational and programme funding.
    - Human Settlement Development Grant: This fund can be accessed for socio economic facilities such as new-build ECD centres linked to community halls. This has not been tested and requires further investigation, noting again that new builds should only occur on a prioritised basis.

- Tenure, land and centre ownership: The underlying land ownership and tenure patterns in informal settlements are complex and challenging to resolve. At Amaoti, most centres do not have formal tenure (title deeds, PTOs, Deeds of Grant or lease agreement). This is typical in informal settlements in eThekwini and other cities. This is in contrast to rural centres, where it is easier for centres to obtain a traditional PTO or lease agreement from the Traditional Authority. In addition, many centres are privately owned. Some are also registered NPOs and are typically regarded by the DSD as 'community based centres', since they provide an essential service in underserviced communities, the operators themselves are typically low income and operating on a subsistence basis and because of the kind of relationship with parents that helps poor families to cope in various ways. Such owners have typically invested significant personal resources into their centres over the years. For these reasons, it is therefore necessary that government is flexible and realistic in respect of making infrastructure investments. In particular, it is recommended that:
    - Centres cannot be expected to own the underlying land in order to be eligible for state-funded improvements (not for new builds or major extensions however).
    - Privately owned centres which are considered as 'community based centres' by the DSD should also be eligible for basic/minor improvements (subject to other, normal selection criteria e.g. being a dedicated ECD site).

- State investment on non-state owned land: In the case of both of the above instruments, there needs to be flexibility for government to invest in infrastructural improvements for centres which do not own the underlying land provided they meet DSD and EHP approval (with prescribed flexibility as to norms and

standards). It is regarded as appropriate for the Municipality to fund the ECD infrastructure improvements (which include improvements to buildings) which are owned and operated by registered NPOs for the following reasons:

a) It is normal for government to fund and support NPOs which typically provide the bulk of essential social services in communities such as ECD (both operational and capital funding) under the monitoring and oversight of the relevant oversight Department – in this case the DSD.
b) All of the centres are providing an essential service to the under-serviced community which would otherwise be the responsibility of government. It is noted that ECD is a shared function (obligation) between municipal and provincial/national spheres of government. It is also noted that that supporting existing centres is far more cost effective than building new centres.
c) All centres selected should have the support of the KZN Dept. Social Development (DSD). Those with potential are confirmed as being acceptable to the DSD as ECD sites even though infrastructure improvements may be required. Even though some NPO-registered centres are run by private individuals, they are regarded by the DSD as 'community-based facilities' because they operate on a subsistence basis with limited financial returns to the owners, and because they provide an essential community service where no alternatives are available.
d) Infrastructure improvements are necessary and will often assist centres to achieve DSD conditional registration and thereby access much-needed DSD operating subsidies so that they can improve the quality of service/care they provide and become included in the DSD's system of ECD monitoring and support. Typically, most centres will have been operating without state support and will have funded the existing buildings with their own limited funding.
e) The utilisation of municipal infrastructure funding purposes of ECD is accepted and is consistent with the purposes of such grants (i.e. ICDG and MIG) - noting again the Municipality's shared responsibility in respect of ECD). There are not yet any alternative sources of ECD infrastructure funding available to the City (although these are expected to become available in future).
f) Many/most centres are dedicated ECD sites – the improvements are most often not to private homes.
g) Many/most centres are well-established having been in operation for more than 5 or 10 years.
h) Centre operators often/usually enjoy secure functional tenure. For example, although they often do not have title deeds some target areas are earmarked by in incremental, situ upgrading on municipality's Housing Sector Plans. This means that the Municipality recognises the de-facto functional tenure rights of residents. Owners having usually significant investments in housing and other buildings. Typically, substantial structures where there has been a high level of investment are not demolished but are accommodated within an in situ upgrading project when it eventually occurs.
i) There is precedent for municipality's providing financial support to ECD centres in such settlements previously e.g. using MIG as well as grants in aid.
j) The cost per vulnerable child assisted is generally low given that the main focus (greatest investment) will be on basic improvements with some major improvements and new builds only occurring where there are particular reasons to do so.
k) The infrastructure investment per centre is typically modest.
l) Municipalities can acquire land within well-established informal settlements scheduled for eventual upgrading in the fullness of time as part of the upgrading process, and including by means of expropriation where necessary.

Commentary:
See above.

Table 7: ECD Infrastructure Improvement Cost Model with Categorisation alignment

ECD Infrastructure Improvement Cost Model for ECD Infrastructure Improvements (assuming a centre size of 60 children)					
Infrastucture intervention type	**Eligible centre categories**	**Cost (min.)**	**Cost per child (min.)**	**Cost (max.)**	**Cost per child (max)**
Basic improvements:	**A,B1,B2,C1, (C2)**	**25 000**	**417**	**150 000**	**2 500**
Basic (essential) services	*A,B1,B2,C1, (C2)*	*25 000*	*417*	*150 000*	*2 500*
Minor building repairs/improvements	*A,B1,B2, (C1)*	*25 000*	*417*	*150 000*	*2 500*
Play equipment	*A,B1,B2, (C1)*	*10 000*	*167*	*20 000*	*333*
Major improvements:	**A,B1 (B2)**	**100 000**	**1 667**	**350 000**	**5 833**
Major rennovations	*A,B1 (B2)*	*100 000*	*1 667*	*300 000*	*5 000*
Extensions	*A,B1*	*100 000*	*1 667*	*350 000*	*5 833*
New buildings (at NPO specification)	**A,B1**	**800 000**	**13 333**	**960 000**	**16 000**

Achieving optimal cost benefit is vital, given the imperative of realising 'universal ECD access' and maximum population coverage and noting the prevailing fiscal constraints. The cost benefit of the proposed infrastructure improvement model is discussed in relation to a new build model.

Table 8: State new build versus ECD mixed improvement model for R10 million investment

Conventional DSD new build scenario:

Infrastructure interventions	No. centres which can be assisted	Total cost (SAR)	Children assisted	Children with improved ECD	Children with new ECD access	Cost per child (SAR)
New build ECD Centre for 60 children - DSD spec. (2009 costing escalated to May 2015 using Bureau for Economic Research Building Cost Index -BER BCI)	6	R 10 368 000	360	0	360	R 28 800

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

Infrastructure interventions	No. centres which can be assisted	Total cost (SAR)	Children assisted	Children with improved ECD	Children with new ECD access	Cost per child (SAR)
Mix of responses including: - New facilities at typical NPO specification and cost; - Conventional building extensions to existing centres; - Major renovations to existing centres; - Basic infrastructural improvements (e.g. toilets, fencing, handwashing); - Minor building repairs and improvements.	50	R 10 691 381	2 080	1 720	360	R 5 140

Comparison (additional benefit) alternative vs. conventional ECD infrastructure delivery scenarios (R10m investment):

	No. centres which can be assisted	Children assisted	Children with improved ECD	Children with new ECD access	Cost per child (SAR)
Difference alternative versus conventional scenarios:	**44**	**1 720**	**1 720**	**0**	**-R 23 660**
%age difference (benefit) alternative versus conventional scenarios:	**733%**	**478%**	*n/a(all)*	**0%**	**-82%**

There are substantial cost-benefits of a mixed delivery model focusing mainly on improving existing ECD centres with limited new builds at NPO specification as compared with a state-build delivery model as demonstrated in the table above. Six times the number of centres (50 versus 6) and almost six times the number of children can be assisted (2,080 versus 360) for an equivalent level of infrastructure investment with an 82% cost saving per child. Improving existing centres is the quickest and more affordable way to achieve government's objective of 'massification'.

4.6. Response Planning for Operational Improvements

Purpose:
The strengthening of operational capacity at under-resourced ECD centres is a key factor in improving the quality of services provided as well as the sustainability of the centres themselves. The provision of training to under-resourced ECD centres aims at increasing both management capacity as well as ECD practitioner skill levels is well established. Strengthening capacity at centres is also a factor for DSD registration and retaining such registration and related operational grants.

Description:
Support NGOs such as TREE specialise in this work and are regarded as the best option for undertaking the assessments and resultant training. In most instances, such NGOs have limited available funding and solutions should be found to providing dedicated funding for such operational support.

- Assessments and plans: Baseline assessments should be undertaken from which operational support plans can be developed. Specialist support NGOs such as TREE have standard tools in this regard. Such assessments are designed so as to: (a) acquire detailed knowledge about the status quo of project participants; (b) identify appropriate programmes and interventions; (c) formulate targets in terms of reach and the impact to be achieved. Assessments cover three main issues:
  - *Technical skills of practitioners* in regards to quality programming; the availability of resources in regards to sufficiency and variety that provide different learning experiences for young children enrolled.
  - *Water, sanitation, and hygiene (WASH)* practices; especially in regards to access, water treatment, and programming for young children.
  - *Management of the ECD sites* in regards to management procedures and processes; registration; policies; record keeping; and networking with available community resources.
- Support: Typical support arising from operational improvement plans many include:
  - *Training for ECD practitioners* (typically by specialised support NGOs) to ensure they render quality ECD services and are able to properly manage their sites. Typical training is likely to be along the lines of that offered by Tree which includes: an Orientation and Basic Courses in ECD for creating a strong foundation for the Practitioners; Classroom Practice; Managing Small Scale ECD Sites; Water, Sanitation, and Hygiene (WASH) programme which equips practitioners with the necessary knowledge for good hygiene and sanitation practices. Practitioners should ultimately be enrolled on the NQF Level 4 qualification. This qualification builds the overall knowledge of Practitioners and equips them to better work with families and communities in support of ECD. Expertise drawn from this qualification will enable Practitioners to start facilitating holistic ECD programmes for babies, toddlers, and young children.
  - *Training for ECD management.* Such training will usually be undertaken by the DSD and / or specialised support NGOs. For example, TREE provide an Enrichment Course for site supervisors to ensure that they are able to identify areas of need, and accordingly support Practitioners. The Governing Bodies may also need to undertake the Committee Skills Course to ensure strict financial management and site management practices.
  - *Educational toys and materials* (typically by specialised support NGOs). These materials are typically inadequate. There are various sources for such toys and materials. For example, TREE provides Toy Kits for all the particular learning areas in the classroom. To sustain this intervention, practitioners can be trained in toy making – e.g. TREE's Toy Making course to equip them with skills to use everyday waste materials for the production of learning resources.
  - *Follow-through mentoring for ECD operators/management and ECD practitioners* at centres (post training) is very beneficial (typically by support NGOs although it would be ideal for DSD to also assist).

- Funding/budgeting: In order to scale up this kind of support, enabling partnerships and/or state procurement solutions are necessary. This work needs to be adequately funded and budgeted It is suggested that the DSD should budget and appoint specialist ECD training providers to ensure that all ECD Centres have trained ECD practitioners following an acceptable ECD programme. It is recognised that the Department of Education funds the training of ECD practitioners meeting the eligibility criteria (a matric) for NQF Level 4 ECD Training and as nominated by the DSD from registered centres. It is recommended that this training budget be extended to include practitioners from unregistered ECD centres as well. Support NGOs such as TREE cannot be expected to raise funds to fund the training of ECD centre staff (especially at scale). Donor funding is limited and operators and practitioners in under-resourced ECD centres typically cannot afford to pay for such training.

Commentary:
The quality of ECD services depends largely on the level of training of management (committee / principal or owner) and practitioners. It is recommended that all ECD Practitioners with Grade 12 education (both in registered and unregistered ECD Centres), be compelled to do the NQF Level 4 Training. Specific provision should also be made for training for those practitioners that do not meet the NQF level 4 eligibility criteria (i.e. matric). All practitioners should be trained in the WASH programme.

4.7. Delivery of Improvements

- Efficient delivery models – collaboration, procurement and skills: The delivery of ECD improvements (both infrastructural and operational) is best achieved as a collaborative effort between municipalities, the provincial DSD and specialist support NGOs. Efficient delivery models and procurement are key. Putting in place the necessary specialist skills and capacities for ECD survey, planning and co-ordination, and efficiently delivering ECD infrastructure improvements, form a critical part of the delivery Model.
- Up front ECD survey, assessments and response planning: This requires special expertise and municipalities and the DSD will not have the necessary skills and expertise in house. The following options are considered viable: a)
    - Municipal or DSD procurement at either municipal or even provincial level (open to private sector and support NGOs).
    - Special delivery vehicle, most likely at provincial or else Metro level – e.g. partnership between state and support NGOs.
- Minor improvements to existing centres and minor extensions: The bulk of these improvements are expected to relate to the building itself. Given the small nature of the works, it is unviable to procure this work as separate, stand-alone contracts. The works need to be batched for reasons of cost efficiency and quality control. The following options have emerged as being viable:
    - Municipal procurement via a framework contract or panel of service providers.
    - Special delivery vehicle, most likely at provincial or else Metro level – e.g. partnership between state and support NGOs.
    - Turnkey Implementing Agent organisations with the relevant specialist skills (private sector and NGOs)[7].
    - Batched contracts for each phase of delivery (the least efficient model).

[7] E.g. Along the lines of the Community Resource Organisations (CROs) utilised by the Department of Human Settlements on People's Housing Process (PHP) projects which comply with the government's procurement regulations which makes provision for the registration of such accredited organisations on the municipal or provincial database. Selected ECD centres could then select a preferred Implementing Agents from the list. This process could involve prospective Implementing Agents presenting their implementation capacity to the ECD centres who could then select their preferred candidate and with government input.

- Inclusion of certain components in other annual service delivery programmes (e.g. fencing, water, sanitation, outdoor equipment) – (this will typically only address certain components of the required delivery but not all given the high prevalence of the need for building improvements).

- New builds (where appropriate and necessary): Noting that these need to be at NPO and not conventional government specification.
  - Batched contracts for each phase of delivery (e.g. five centres at a time with a similar basic, modular specification – standard designs, low cost housing type specification e.g. steel frame etc.).
  - Turnkey Implementing Agent organisations (private sector and NGOs).
  - Special delivery vehicle, most likely at provincial or Metro level – e.g. partnership between state and support NGOs.

5. SCALING UP THE RESPONSE MODEL

There is good potential to scale up the response model with significant traction already achieved (e.g. National DSD now starting to support infrastructure improvements programmatically, eThekwini budgetary allocations made for ECD, take up of the Model by several rural municipalities, take up by Assupol Community Trust).

However, there are also several key preconditions if full scaling up is to successfully occur. These include: a) adequate funding instruments and budgeting (for infrastructural and operational improvements at centres); b) enabling procurement, partnerships and delivery models for scaling up planning and delivery; c) flexibility in respect of ECD registration, norms and standards, tenure and centre ownership.

Of all of the pre-requisites (constraints) listed, funding is probably the most critical. ECD will need to receive a higher fiscal priority than it currently enjoys. This will require political will and trade-offs with other state-funded programmes.

On the operational side, it is estimated that, in the near term, approximately an additional R1.43 billion in DSD subsidies would be required per annum to service all existing centres[8] and in the longer term, approximately R8.4billion[9] (once all children in underserviced communities such as informal settlements have access to the grant and there is full population coverage of young children by ECD centres).

On the capital side, it is estimated that approximately R11 billion would be required to address all ECD infrastructure in under-serviced communities (mix of improvements, extensions and new builds[10]).

It is noted that, in the rural municipalities in which PPT is working, there currently appears to be a higher appetite for allocating municipal infrastructure funding for ECD improvements. EThekwini is starting to move programmatically in this direction having already reserved R9 million for this purpose over a period of 3 years. The Model has also been adopted by the Assupol Community Trust for the identification, categorisation, selection of 40 ECD pilot centres in Nqutu and Msinga for infrastructure and operational improvements.

[8] Assuming 17% of children are in centres (registered and unregistered). The figure of 32% access at Amaoti has been reduced taking into consideration that the average in rural municipalities is closer to 12%.
[9] Assuming 2million children outside the system, R16 per child per day, and 264 ECD school days per annum.
[10] Assuming 2 million children outside the system and/or underserviced, 85% improvements/extensions (at an average cost per centre of R200,000) and 15% new builds (at an average cost per centre of R800,000), average centre size of 50 children.

6. POLICY RECOMMENDATIONS

The principal reason for undertaken the research initiative was to support evidence-based policy development and refinement in respect of the provision of improved and scaled up ECD services to under-serviced communities. The following policy recommendations are therefore made on the basis of the research:

- **Greater fiscal allocation for under-resourced ECD centres**, both in respect of infrastructure and operating costs (DSD subsidies). Most children currently do not benefit. Their families cannot afford to pay enough for centres to provide acceptable care. Substantially increased state funding is a necessity.
- **NDSD to finalise the new gold-silver-bronze registration guidelines**, which confer important and necessary registration flexibility and will enable inclusion of many centres currently outside the system.
- **National Treasury to facilitate ECD priority within municipal infrastructure grants** (MIG, ICDG) including: requiring firm allocations on BEPPs/MTEFs and/or ring-fencing for ECD; greater flexibility including with respect to centre and land ownership. This will help empower Municipalities to play a more developmental ECD role (noting that ECD is a concurrent function).
- **DSD to optimise ECD conditional maintenance grant** during its two-year pilot phase, via improved co-ordination at Provincial and District level and better co-ordination with municipal IDPs. If scaled up, significant refinement would be necessary e.g. increased threshold per centre and inclusion of centres which are not conditionally registered but which have potential.
- **Undertake ECD surveys in all municipalities** to determine the status and category of existing ECD centres and provide the data necessary for effective, population-based ECD planning. Funding for is required. This could be provincially driven to enable consolidated data-bases and rapid delivery.
- **ECD centre improvement planning & delivery support** is necessary (provincial/local level) to develop viable and 'bankable' ECD project pipelines. Efficient provincial or municipal delivery models and partnerships are needed. Leveraging the capacity ECD support organisations will be beneficial.
- **Structured DSD-Municipal collaboration / clear IGR** (e.g. via MOAs) in order to clarify intra-governmental responsibilities and ECD infrastructure funding streams. This must include Metros who have large, concentrated, underserviced populations.
- **Municipal level co-ordination structures** are necessary for response planning, budgeting and stakeholder co-ordination and involving Municipality, DSD, ECD forums and support NGOs.
- **Long-term settlement plans should not block ECD response planning** as it will negatively affect access and quality of ECD for thousands of children that will adversely affect children's school readiness and the rest of their educational development.
- **Include ECD in informal settlements as a priority within the national upgrading agenda** of all spheres of government. ECD in an important part of upgrading and Cities such as eThekwini are moving to include ECD as part of their upgrading programmes.

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