

Research Findings & Potential Policy Implications:

Informal Early Childhood Development Centres - a new area-based approach for improved and up-scaled ECD services for the urban poor.

PSPPD II Research Conference for CfP1 Grantees

14 – 15 March

Sheraton Hotel, Pretoria



Research team (20)

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Centre ID, Field survey, centre profiles, focus groups etc	Focus Group discussions & report	

Overview of the research

Significance of study

- Crisis in ECD - **High priority for national government** (NDP/ DSD)
- Value of ECD services cited as critical to **break cycle of poverty**
- **Focus on Informal Settlements** - 2million households in SA (> 13% of the pop /55% are in metros) very little info on ECD in informal settlements
- **Challenges:** Only 38% of children in KZN receives access to recognized ECD services (DSD, 2012) & Unregistered ECD Centres unable to meet registration standards and thus remain outside the system country wide
- **The need for a scalable, high impact and resource-efficient response model .**

Research objectives

- 1) Test and refine the new ECD framework and method
 - Area based survey and categorisation of existing ECD Centres
 - ECD Centre improvement plans and response packages (infrastructure & capacity) at six pilot sites.

Overview of the research cont.

Research objectives (cont.)

- 2) Generate new knowledge (ECDs potentials, challenges, & responses).
- 3) Provide improved ECD care & infrastructure at 6 pilot unregistered ECD centres
- 4) Improved use of evidence in policy-making and policy implementation with respect to informal ECD centres by eThekweni Municipality and the Department of Social Development (DSD) (derived from quantitative and qualitative studies).

Research Question

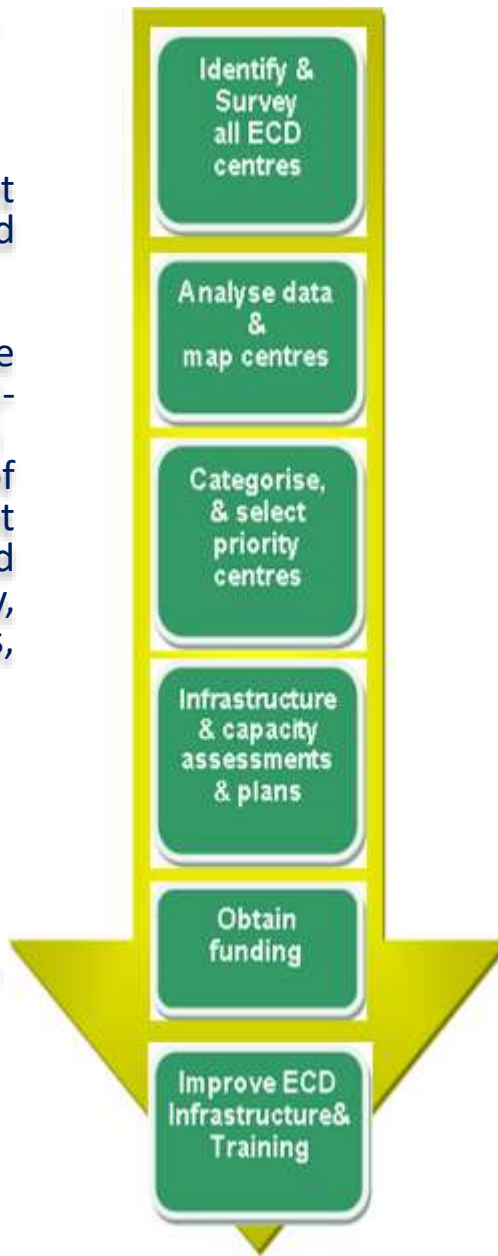
Can the proposed new ECD framework and method facilitate access to improved ECD services for children within underserviced, informal settlement communities and inclusion within the current system of state support?

Methodology

- **Outline of methodology adopted**
- **Applied, action-research** project with a mix of quantitative and qualitative methods
- Comprise **two main elements**
 - A. The method/framework to be tested through practical, real-world application (PPT/ TREE)
 - B. Research and assessment of the method/ frame-work as it is applied in order to test and refine it (e.g. efficacy, stakeholder receptiveness, replicability, etc.).

Phase 1: Scoping and set up:

- a) Est. PSC and demarcate study area
- b) Desktop studies
 - i. literature review,
 - ii. Collect demographic & socio econ data



- iii Collect info on ECD centres in area from DSD TREE, EHPs National Audit etc.

- c) Refine research method and tools, refine RAC,

Phase 2: Area level rapid assessment:

Develop survey tool, Field survey of all ECD centres, analysis and survey report , Semi-structured interviews with survey team, categorise centres.

Phase 3 : Pilot intervention at 6 centres:

Pilot centre selection, detailed assessments , improvement plans, funding applications, implementation Qualitative focus group discussions

Phase 4 Quantitative research study, dissemination and policy feedback

Methodology cont.

Limitations of research

- Adequacy of sample – relatively small study area
- Implementation of pilots was not possible within project timeframe
- Survey complex and interviewees could not always answer all questions (e.g practitioner on management issues)
- Planned post scorecard assessment could not be used due to delays with implementation
- Focus group discussions were delayed and qualitative issues could not be followed up

Other challenges:

- eThekweni Health Dept. ‘withdrawal’ & finding new champion Dept. for ECD
- Shared function/unfunded mandate
- 2016 Elections E.g. Political environment in wards prior to elections; administrative delays with council meetings for 5 months) & failure to submit item in Nov ‘16 & Feb ‘17 resulting in
 - Though capital available for next 3 years, it still needs approval of new council - no implementation
 - Delayed centre operational assessment & Training
 - Delayed Focus Groups discussions

Study Area & sample

Amaoti informal settlement-
Wards 53, 57, 59

Sample size : 42 ECD Centres

Limited usefulness of data in identifying trends, yet provide important new data, data useful for planning, prioritising centres for programmatic support, cost saving possibilities

To improve the sample size, we consolidated data from parallel project (Ilifa Labantwana) in the i/s of Umlazi (39 centres), eThekweni = combined total of **81 centres**

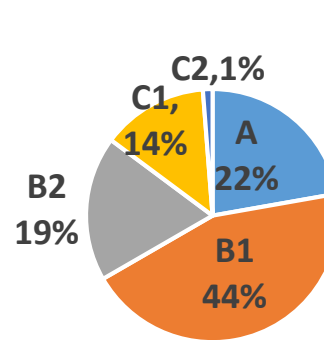
Also reference findings from 435 centres in 5 rural municipalities since it is relevant to overall trends.

Survey overview

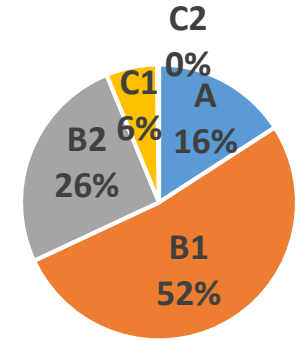
Target areas	ECD Centres surveyed	Registered NPOs	DSD registration	DSD Subsidy	Infrastructure deficits	Children in centres
eThekwini Informal settlements (81 centres , 3,913 children)						
Amaoti	42	21	11	6	41	2 546
Umlazi	39	30	9	6	27	1 367
Rural Municipalities (435 centres, 15,687 children)						
Vulamehlo	52	45	44	25	47	1 615
Umzumbe	102	84	71	43	98	3 700
Msinga	111	74	61	26	103	4 038
Umvoti	72	40	36	23	60	2 396
Nquthu	98	95	68	59	86	3 938
TOTAL	516	389	300	188	462	19 600

Categorisation & results






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

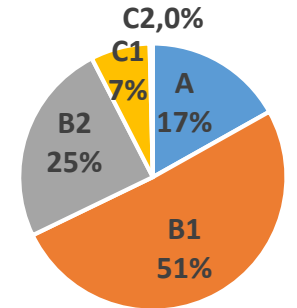


Categorisation Results Informal Settlements



Categorisation Results Rural Areas

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



Categorisation Results for all 516 Centres

Shortlisting - 2 phased: based on survey data then stakeholder input

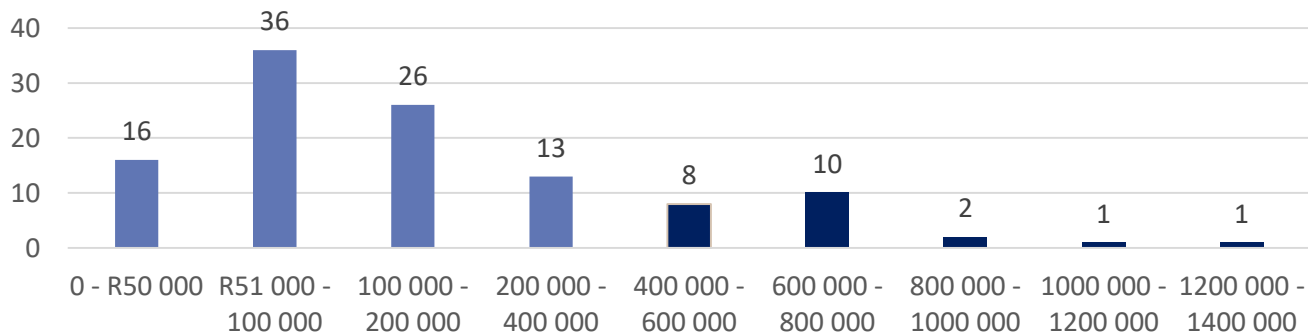
Infrastructure, improvement plans, costing

Infrastructure improvements	Rural	Informal Settlements	Total
Number of centres	80	33	113
Number of children	3 387	2432	5 819
Total cost	R 17 841 987	R 6 568 792	R24 410 779
Av. cost per centre	R 223 025	R 199 054	R216 025
Av. cost per child	R 5 268	R 2 701	R4 195
No. of new build centres	18	4	22
No. of children _ new builds	781	293	1 074
Total cost _ new builds	R 11 448 201	R 3 061 916	R14 510 117
New Builds _ Av. cost per centre	R 636 011	R 765 479	R659 551
New builds _ Av. cost per child	R 14 658	R 10 450	R13 510
No. of centres for improvement	62	29	91
No. of children _ Improvements	2 607	2 139	4 746
Total cost for improvements	R 6 393 786	R 3 506 877	R9 900 662
Improvements _ Av. cost per centre	R 103 126	R 120 927	R108 798
Improvements _ Av. cost per child	R 2 453	R 1 639	R2 086

Typical Infrastructure improvements

- **Basic improvements:**
Services, minor building repairs /upgrading, fencing & outdoor equipment
- **Building extensions**
- **New builds**

Number of centres per investment level



What parents had to say



Nhlanhla Nkwanyana
UKZN Research
Assistant

Motivating factors for sending children to ECD Centres

- To gain education and be prepared for formal education –
- They notice their children show significant educational development from attending an ECD centre & are happy when children are reciting poems and other songs they
- Children also have the **opportunity to learn things** that their parents will not have time to teach them.
- Easier for the child to develop **social skills** and learn to make friends from a young age.
- **Safety reasons** - it is important to have someone responsible to take care of their child and
- **Health reasons** - ensure monitoring of the child's health and general development.
- **Parent employment** – parents working long hours and odd shifts is also a motivating factor for sending a child to an ECD centre.

Reasons for parents choice of ECD Centres

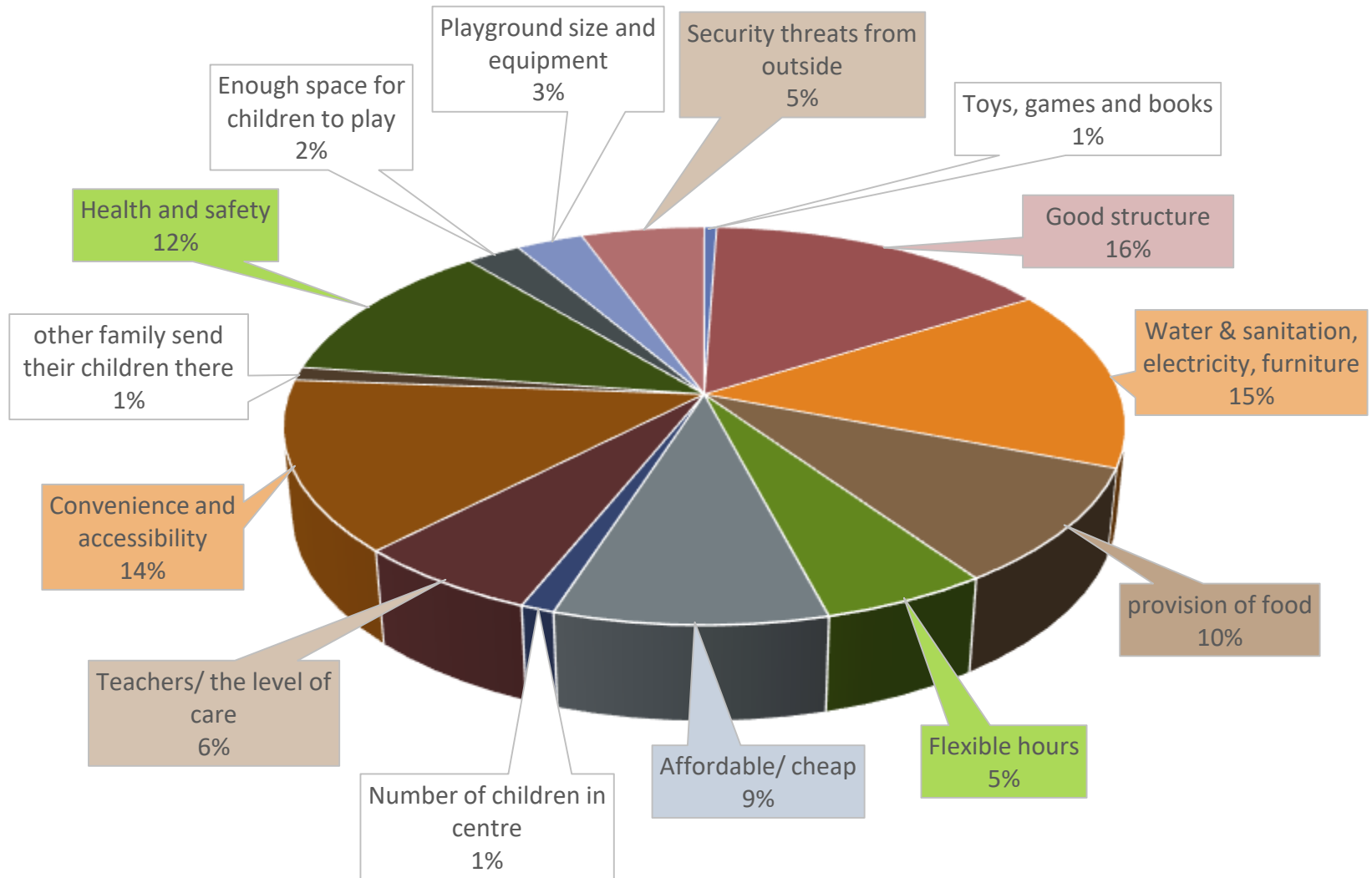
- **The quality of education** “ Many schools recommend our ECD centre because they see good performance of children coming from this centre....”(FGD Parent).
- **The provision of food** “it is hard for some children to watch other kids eat when they don't have food”
- **Children safety and security** - absence of main roads, fencing
- **Locality** parent preferred centres that were located close to home as it was convenient for them to drop and pick the child up
- **Low fees** influenced majority of the parents in choosing an ECD centre

What parents had to say

- **Reasons for parents choice of ECD Centres (cont.)**
 - The flexibility in opening and closing times
 - Cleanliness and general condition of the centre
 - Assistance with health related matters - take children to clinic
 - Centres where their neighbours also send children because they wanted to their child to be close to children they know.
- **What parents appreciate**
 - Teachers & principals –Love for children, level of care, support, patience, respect for parents
 - Secure setting and responsible staff
 - Accessibility and convenience
 - Flexible hours
 - Affordable fees
- **Which improvements parents wish to see at their centres**
 - Improvement of site - play area, fencing
 - Infrastructure improvements- building repairs and extensions
 - Basic services (water and sanitation)
 - Health and safety issues
 - Play equipment , toys, books
 - Nutrition
 - Training of staff



MOST IMPORTANT FEATURES



Key research findings

- **Most centres are outside of the current DSD system of oversight, funding and support** - 75% of the informal settlement centres were not registered (vs 36% rural, 42% overall) and even a higher percentage (**85%**) **do not benefit from DSD ECD subsidies** (since many registered centres don't get the subsidy) (vs 60% rural, 54% overall)
- **More than half of the children 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).
- **Registration flexibility is essential:** Current registration requirements are out of reach for most centres due to low levels of income at centres, too-stringent by-laws, and a lack of building plans, zoning and formal tenure. Some flexibility is already applied by EHP. DSD's gold-silver-bronze framework of incremental registration will result in the inclusion of many more centres in the DSD's system of oversight and support.
- **Infrastructure deficiencies pose the most significant barrier to centre improvement and registration.** Most centres 84% (98% Amaoti , 69% Umlazi) require infrastructure improvements due to various deficiencies in services, building, accommodation or site. (vs 91% rural, 90% overall) Deficiencies in adequate accommodation (54%) scored highest in informal settlements while basic services (81%) scored highest in rural areas
- **Improving existing centres is cost effective and is therefore the infrastructure investment priority** if population coverage and 'massification' are to be achieved. " The cost of building new centres for all under-served children is unaffordable to the fiscus, costing more than six times per child relative to improving existing centres. The average planned cost per centre is R108,798 at R2,086 per child (for a mix of basic services and minor building improvements at 91 centres). 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).

Key research findings

- ◆ **More than half of the ECD centres are making use of dedicated ECD Centres (56%)** (vs 69% rural, 67% overall)
- ◆ **Most centres operates in formal buildings (78%)** (vs 87% rural, 86% overall)
- ◆ **Most centres surveyed are relatively small** - The average size was 48. 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).
- ◆ **Locality is important for parents.** This is an issue very important to parents. Close but not too close for children to run back home: Not on busy roads, in safe area
- ◆ **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%) 22% have been operational for > 5 years and 48% > 10 years. (vs rural 20% >5rs, 48% >10yrs, overall trend, 20% >5yrs and 48% >10yrs).
- ◆ **Most centres are privately owned/managed** - (60%) Amaoti, 86% & Umlazi, 33%. (vs 19% rural, 25% overall) – can constrain state investment.
- ◆ **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) – this causes much confusion for all parties and should be resolved by DSD
- ◆ **Land ownership issues are complicated** - most sites (69%) in Informal Settlements are deemed to be privately owned yet on underlying Municipal land. (Privately owned site in rural areas, 26%, overall 33%)
- ◆ **Low-income levels are a key constraint.** Most parents in low-income communities can only afford to pay between R50 and R150 per child per month. This places centres under extreme financial pressure. Even if the DSD ECD grant is provided, funding is still insufficient to meet all requirements. Fee levels were slightly higher at Umlazi where most parents (66%) were paying R151 to R250

Key research findings cont.

- ◆ **There is 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)
- ◆ **Most centres do their best and many have potential.** Despite their limited resources, most centres show commitment under difficult circumstances and have potential to improve, provided they receive greater support.
- ◆ **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 all in the process of registration.
- ◆ **Poorly defined municipal ECD role and funding mandates:** Municipalities have an important role to play in ECD. However their is poorly defined from a developmental (as opposed to regulatory) point of view. Most municipalities (such as eThekweni) have no dedicated ECD function nor budget. Yet ECD is a key concern for Cities. It is a shared function and unfunded mandate. This problem is a key barrier (e.g. to including ECD in city-wide informal settlement upgrading).
- ◆ **Weak co-ordination for ECD support and infrastructure investments:** There needs to be stronger co-ordination, planning and prioritisation, especially between Municipalities and the DSD, but also with local support NGOs.

Conclusions & Policy implications

Main conclusions of the study

- The **model works and can be applied in informal settlements and rural areas alike** and can accommodate all centres and unregistered centres are
- **Area based survey** provides comprehensive database with new info, useful for variety of stakeholders and **put previously unknown , unregistered centres on the DSD's radar**
- **Improvements of existing centres** is the quickest and more affordable way to go in order to achieve government's objective of 'massification'.
- **The programme needs to be up-scaled and rolled out** - especially survey, infrastructure improvement and training support.
- **More state budget is needed for ECD** (for infrastructure improvements, operational costs & training)
- **Better coordination and collaboration is necessary** – both within government and with support NGOs

Policy implications & recommendations

- ♦ **Greater fiscal priority for under-resourced ECD centres** - infrastructure, training and operating costs
- ♦ **National Treasury to consider flexibility in existing municipal infrastructure grants**
- ♦ **Provision of funding for ECD surveys are required in all municipalities**
- ♦ **NDSG to finalise and implement the new gold-silver-bronze registration framework**
- ♦ **Flexibility in norms and standards and for the application of bylaws** - enable registration
- ♦ **Extension of opportunities for Level 4 ECD training to all ECD practitioners – not just those in registered centres**
- ♦ **Structured DSD-Municipal collaboration** (e.g. via MOUs): roles, responsibilities, funding streams, ensure better coordination between DSD on conditional maintenance grant and Municipal IDPs, better cooperation on District ECD Integrated Forum level
- ♦ **ECD centre improvement planning & delivery support is necessary** (provincial/local level) to develop 'viable and bankable' ECD project pipelines according to agreed criteria.
- ♦ **Include ECD in informal settlements as a priority** within the national upgrading agenda. ECD in an important part of upgrading and Cities such as eThekweni are moving to include ECD as part of their upgrading programmes.



Benefits and opportunities for policy thinking, planning and interventions

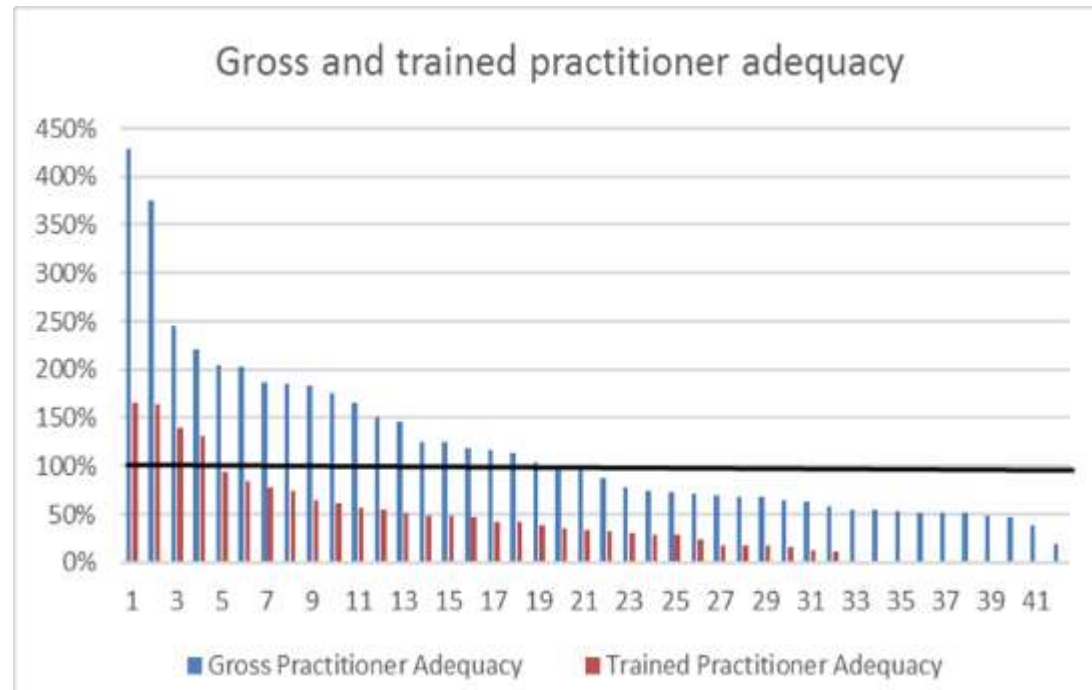
- Model tested helps enable population based planning and other interventions (e.g. infrastructure improvement process, registration, training).
- DPME to assist in arranging an opportunity to present the model to the National Inter Sectoral Forum for ECD

Amaoti -Education & Training



Thutukile Mhlungu:
ECD Practitioner

- ECD centres in the informal settlements are forgotten and neglected
- 78% of the centres in existence between 7 and 28 years do not meet basic requirements (70% not registered, 85% not subsidised)
- Of concern is education and training of principals and practitioners and number of children per trained practitioner
 - **12 % of principals** in Amaoti has no school education & only 24% reported NQF level training
 - **61% of the 126 ECD** practitioners received some ECD training
 - **46% of the centres have an adequate number of caregivers**
 - **Only 10% of the centres have enough trained practitioners.**
 - **23,8% of the centres have no trained practitioners.**
 - **26% of the centres have 1 trained practitioner for between 41 and 100 children**



Operational assessment & training - Amaoti

- **Circumstances inherent to informal settlements often prevent registration** (no land ownership, no basic services, facilities not meeting standards, etc)
- **Not being registered means EXCLUSION from training and support** as only practitioners from registered centres can be nominated by the Dept of Social Development to the Dept of Education for NQF Level 4 training.



TREE Operational Assessment & Training

- 6 centres assessed & improvement plans by TREE
- 14 Practitioners trained– Classroom Practice & Wash Programme training
- Educational equipment provided
- 1,019 children benefiting

**Request to DSD &
DoE**

INCLUDE US -

**Our children need us to be trained to
prepare them
for school**

“Department of Education must provide training to the teachers”
(Fisane Okhule FGD Parents)



Acknowledgements

- **European Union**
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- **ECD Centre practitioners, principals and parents**
- **eThekweni Metro** (Human Settlements, Engineering, Planning, Environmental Health, City Manager's office and Councillors)
- **Department of Social Development** (Nat. Prov. Distr.)
- **Ilifa Labantwana & Assupol Community Trust**
- **Support NGOs e.g. NAG, Lima**
- **All stakeholders attending ECD Workshop**
- **Our partners: UKZN and TREE**