A new approach for supporting informal early childhood development centres: Main findings and recommendations

GUIDELINES

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IMPORTANT NOTE:

This document is an extract of the main findings and recommendations from a preliminary report titled “Informal Early Childhood Development Centres in Informal Settlements in South Africa: Challenges and Opportunities for Support”. The report was developed for the HDA by Project Preparation Trust of KZN (PPT) and is available on request.

Abbreviations

Children's Act	Children's Act No. 38 of 2005 (amended by the Children's Act No. 41 of 2007 and Child Justice Act No. 75 of 2008)
CBO	Community based organisation
DBE	Department of Basic Education
DHS	Department of Human Settlements
DPW	Department of Public Works
DSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
HDA	Housing Development Agency
IDP	Integrated Development Plan
NDA	National Development Agency
NGO	Non-government organisation
SAEP	South African Education Project

Glossary

Key Term	Definition
Caregiver	Any person providing care to children in a registered or unregistered ECD centre irrespective of their training or lack thereof.
Operator	A person who is responsible for the daily running of a formal or informal ECD centre. The operator is usually the owner as well.
Informal ECD centre	A crèche, preschool or place of care for children between the ages of 0 and 9 in a vulnerable community that is not registered with the Department of Social Development as a place of partial care and is typically unable to.
Means test	A test which is required to determine whether a child is eligible for state support based on their parents or primary caregivers earning less than a set amount.
Partial care	Section 76 of the Children's Act, No. 38 of 2005 (as amended) defines partial care as follows: "partial care is provided when a person, whether for or without reward, takes care of more than six children on behalf of their parents or care givers during specific hours of the day or night, or for a temporary period, by agreement between the parent and care givers and the provider of the service, but excludes the care of a child: a. By a school as part tuition, training and other activities provided by the school; b. As a border in a school hostel or other resident facility managed as part of a school; or c. By a hospital or other medical facility as part of medical treatment provided to the child.

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1. Introduction

1.1. The importance of informal ECD centres

Improving access to quality early childhood development (ECD) is an increasing priority for the South African state, non-government organisations (NGOs) and civil society. Although the Departments of Social Development (DSD) and Basic Education and Health are the lead state actors in improving and scaling up ECD, meeting challenges requires a multi-sectoral approach and support from NGOs that have developed a rich body of experience and expertise. It is also recognized that the backbone of ECD provision in South Africa is the non-governmental and private sector (formal educational institutions and small, privately-owned and managed ECD centres which are either formal and registered or, in most cases, informal and unregistered).

Young children in informal settlements are acutely vulnerable and lack access to quality ECD services which disadvantages them at a critical point in their development and perpetuates cycles of poverty and exclusion. Though poorly capacitated and under-resourced, most informal ECD centres play an important role in informal settlements by providing basic care to young children and enabling parents or primary caregivers to work or pursue other livelihood strategies. Large numbers of young children in South Africa attend such centres. However, due to a range of challenges, most informal ECD centres lack adequate access to state support and funding. Finding ways to more effectively assist and support de-facto informal ECD centres therefore represents a significant opportunity to improve ECD services and should be regarded as a high priority.

1.2. Nature and scale of the informal ECD centre challenge

Currently most state support for ECD (such as operating subsidies and training) is directed toward registered non-profit organisations (NPOs) and those ECD centres with adequate infrastructure that are able to fully or conditionally meet Department of Social Development (DSD) partial care facility and programme registration requirements.

Text box one: Description of partial care in the Children's Act

Section 76 of the Children's Act, No. 38 of 2005 (as amended) defines partial care as follows: "partial care is provided when a person, whether for or without reward, takes care of more than six children on behalf of their parents or care-givers during specific hours of the day or night, or for a temporary period, by agreement between the parent and care-givers and the provider of the service, but excludes the care of a child:

a. By a school as part tuition, training and other activities provided by the school;
b. As a border in a school hostel or other resident facility managed as part of a school; or
c. By a hospital or other medical facility as part of medical treatment provided to the child.

By contrast, most informal ECD centres can't qualify for assistance because they can't formally register with DSD and meet its high prescribed standards. Large numbers of young children in informal ECD care therefore receive no state assistance and endure a range of significant challenges. "The current system of provision is blind to the majority of young children who are outside the system. It only 'sees' the children who in are registered ECD facilities" (Harrison, 2012a).

Many children attending informal ECD centres face significant health and safety threats. The challenges include poor infrastructure and facilities (e.g. inadequate sanitation and access to clean water, no boundary fencing, poor building ventilation and insulation), poor socio-emotional and learning environments (e.g. inadequate learning materials and equipment, untrained educators) and poor nutrition. The problem is one of significant scale. Approximately 3.8million children (59%) live in dire poverty in South Africa (Atmore, et al. 2012). There are approximately 1.76 million children living in informal dwellings and 3.06 million living in traditional dwellings (Hall, 2013). Less than 1/5th of the poor (40% of the population) have formal ECD access (Harrison, 2012b). Although ECD has been placed high on the national development agenda (including within the National Development Plan) and whilst there are various efforts underway to achieve change, little has yet changed at grassroots-level. There continues to be a pre-occupation with formal standards and modes of response and insufficient willingness to recognise and work incrementally with informal ECD. There is also no overall framework for a response at-scale and available infrastructure funding instruments are not being utilised.

The majority of ECD services in South Africa are implemented by the non-profit sector and there are 'very variable levels of access to and quality of ECD services' (Biersteker, 2011, p. 38) with 'many children falling through the cracks' (Ilifa Labantwana, unknown date a). Although 90% of 5 – 6 year olds and 55% of 3 to 4 year olds are attending an educational institution or care facility, attendance doesn't ensure that children are provided with an appropriately stimulating environment or care (Berry et al., 2013). "We sometimes assume that children in day care centres are being stimulated and prepared for school but, this is often not the case as many centres in under-resourced communities function merely as baby-sitting facilities. This does little for later learning as it is vital for children to have access to resources and constructive stimulation if they are to excel at school" (Cotlands, 2013).

1.3. Defining Early Childhood Development

The Department of Education's White Paper 5 (2001) defines ECD as an "umbrella term that applies to the processes by which children from birth to at least 9 years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially" (Department of Education, 2001, p. 9).

Informal ECD centres however typically only care for children up until the ages of 5 or 6 years (i.e. until they are enrolled in school at grade R or grade 1).

The White Paper further states that ECD "conveys the importance of an integrated approach to child development and signifies an appreciation of the importance of considering a child's health, nutrition, education, psycho-social and additional environmental factors within the context of the family and the community ... community-based services that meet the needs of infants and young children are vital to ECD and they should include attention to health, nutrition, physical development, curriculum and water and environmental sanitation in homes and communities" (Department of Education, 2001, p. 9).

2. Key findings

- *Informal ECD is an extremely important issue and addressing it is central to South Africa overcoming broader developmental challenges, noting:*
  - the pivotal role that education and skills play in economic growth and competitiveness;
  - that ECD forms the basis for later education and has other lifelong benefits;
  - that there are high levels of vulnerability and disadvantage amongst young children in informal settlements;
  - the large scale of informal ECD in South Africa and the lack of immediate alternatives (refer also to 1.1).

- *Informal ECD centres are necessary and critically important for poor households and there is no other readily available alternative (at least in the short to medium-term), noting:*
  - Informal ECD centres are the de-facto backbone of ECD services for poor households due principally to their accessibility and affordability to poor households;
  - Formal models of ECD (with their currents norms and standards), however desirable, cannot be practically realized in the short to medium term given a range of prevailing constraints (e.g. the capacity to run such centres; the capacity within government to enable, register and monitor; available land/sites in suitable micro-localities; low levels of household affordability etc.).

- *Accessibility*[1] *(e.g. close ECD centre proximity to residence at low or nil transport cost) is a critical factor that must be taken into consideration in responding to informal ECD:*
  - Most informal ECD centres are a response to a need/demand for very accessible ECD services, mainly for mothers or siblings who drop off and collect young children. Typically they are located 'around the corner' or en-route to work. Cost (affordability) is probably the other main selection factor for poor households. The likely safety for the child though important is often compromised on due to a lack of accessible and affordable alternatives. The quality of ECD service (e.g. level of learning and socio-emotional care) is probably the least important factor in terms of the priorities of poor parents..
  - The DSD's suggestions that ECD centres be located principally at local service points or community services nodes (DSD presentation at ECD Conference 27-30 March 2012) is problematic because: a) these will not be sufficiently accessible to many local residents; b) it is premised on a formal mode of ECD response and may negate the importance of large numbers of informal ECD centres.

- *Informal ECD centres face a range of critical challenges including:*
  - Lack of skills and capacity (especially pertaining to care, education and institutional management);
  - Lack of access to training;
  - Lack of retention of trained and skilled ECD personnel;
  - Inadequate facilities and infrastructure (e.g. sanitation, fencing, buildings);
  - Inadequate access to financial support (operational subsidies and other grant funding);

1. Accessibility in this context means that someone (usually a mother) can afford the a) money, b) time and c) physical effort associated with getting a young child to an ECD centre. It must be remembered that most parents work long hours, endure long travel times to and from work, and have no household assistance. Not only is their income low, but their time is highly constrained and they are typically tired from working and travelling for long hours and running homes with little or no assistance.

  - Inadequate access to other resources (e.g. learning materials, tables, chairs and educational toys);
  - Overcrowding;
  - Inadequate access to state nutritional support programmes;
  - Poor financial and institutional sustainability;
  - Limited or no monitoring and support which is key to improving their quality; an
  - Limited or no relationship with government (DSD, Local Municipalities etc.)

- *There is effectively no relationship between informal ECD centres and government and no structured programmes to support and assist informal ECD centres* which fail to meet minimum requirements[2] (though occasional ad-hoc interactions might occur). This lack severely constrains the potential for informal ECD centres to overcome the above challenges and thereby improve the quality of the care and early childhood learning and socio-emotional support which they provide. There is significant potential for strategically-focused government support to have a positive impact on informal ECD provided that current minimum norms and standards are relaxed and a model of incremental improvement is adopted which in the first instance seeks to address and mitigate the most pressing challenges including health and safety threats and which recognises that 'acceptable informal ECD services' are necessary in the absence of other available alternatives.

- *Most informal ECD centres are interested and motivated to make improvements and improve the care and early childhood education which they provide but lack the necessary capacity, information, relationships and resources* to do so unless they receive targeted and proactive support. Most informal ECD centre operators (who are usually also the owners) have already made significant investments of their own resources and are fully committed to ECD as a line of work.

- *There are material barriers to most informal ECD centres accessing grants[3], capacity building, training and other support from the DSD* because they are unable to meet the three main requirements of the DSD:
  - They are typically unable to meet the minimum norms, standards and requirements as laid down by the DSD pertaining to registration as a *'partial care facility'*[4], this being probably the biggest challenge centres face (e.g. due to zoning, infrastructure and tenure issues);
  - They typically face difficulties in being able to meet the minimum norms, standards and requirements as laid down by the DSD pertaining to *ECD programmes*[5] (although with assistance, this is probably more easily overcome than the facility challenges); and
  - They are typically not *registered as NPOs* – most would be unable to fulfil and sustain the operational requirements (e.g. pertaining to corporate governance) unless they were to receive support (and therefore can't access benefits such as DSD training or raise donor funding).

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2. This support consists mainly of DSD funding and some DSD capacity building which is intended only for registered centres. Although it is recognised that in some localities/provinces, the DSD has conditionally registered many ECD centres (as partial care facilities) which do not yet meet the necessary facility and programme requirements in an effort to extend the subsidy support they are able to offer (though often only for the nutritional component) and in the light of there not yet being any alternative 'mode' of support for informal ECD centres (e.g. no recognition of 'acceptable informal ECD services' as an interim 'stepping stone'). It also appears that the DSD may on occasions also extend its capacity building assistance to non-registered centres on an unofficial basis.
3. This funding consists of DSD 'operational' grants for children from indigent households which are intended to help pay for nutrition, programme and administrative costs.
4. The main requirements including approved building plans, a health certificate, a specified constitution, a specified business plan, and adequate centre owner qualifications.
5. Refer to section 4.3.

- *Resulting from barriers to accessing grants, informal ECD centres cannot access increasing funding for ECD* which has increased from less that R335 million in 2003/2004 to more than R1 billion in 2011/2012 (Giese, et al. 2011. p. 7).

- *Additional operating funding has the potential to significantly improve the ability of informal ECD centres to make improvements.* Centres currently charge between R40 and R250 per month per child (between R480 and R3,000 per annum). By contrast, a DSD ECD indigent subsidy grant for children attending registered partial care facilities contributes more than R3,000 per annum on its own, thereby potentially significantly increasing total income of a centre. This could greatly assist in reducing overcrowding which typically results from pressure to achieve a financial break-even through increasing numbers instead of increasing quality.

- *Children from the most vulnerable households are precluded from attending either formal or informal ECD centres* as informal ECD centres charge fees and there are very few formal ECD centres (i.e. partial care facilities), whose attendance the DSD would subsidise, that exist in or near informal settlements.

- *Informal ECD centres represent significant livelihoods opportunities* for the operators and staff who work at the centres. There are large numbers of such centres which typically employ between one and three people (over and above the operator)[6]. This is regarded as a positive factor since personnel have a commitment and vested interested in making centres successful.

- *NPO registration can be beneficial but only provided the organization has sufficient capacity and ability to sustain compliance* and fully understands the obligations and responsibilities (e.g. a sufficiently strong Board, adequately skilled personnel). There are many cases where this is not the case and pressurising the move to registration prior to readiness will create additional problems.

- *There is a tendency for ECD centres to be easily established and to rapidly proliferate in response to an obviously large and unmet demand for affordable child care* amongst the urban poor. There are relatively high numbers of informal ECD centres. This could pose a resource challenge for the DSD in responding unless there is a clearly prioritised basis upon which engagement and incremental support is offered (i.e. only centres which meet certain basic criteria and have a certain minimum potential become eligible for incremental support – as outlined in section 3.2).

- *Informal ECD centres which have achieved NPO registration and conditional registration as a partial care facility are often not able to make the 'step up' to full registration*. Even so, in some provinces, conditional registration is repeatedly renewed, which suggests that such centres are nonetheless providing a valuable and recognized ECD service. This effectively means that in certain localities/provinces, the DSD is recognizing on a de-facto basis that 'acceptable informal ECD services' do in fact occur – that some level of support and assistance is necessary and appropriate for certain informal ECD centres, even those which in some cases are unlikely to be able to rapidly meet the DSD's requirements for registration.

6. In most instances the owner and operator of the informal ECD centre are the same person.

3. Key recommendations

3.1. Proposed principles for support to informal ECD centres

- *The value and importance of informal ECD centres should be recognised*, noting, as previously indicated that they are the de-facto backbone of ECD services for poor households, that there are no readily available alternatives, and that formal ECD (with its currents norms and standards), however desirable, cannot be practically realised at scale in the short to medium-term given a range of prevailing constraints (refer to section 2, bullet 2 for more detail).

- *The state should accordingly adopt an incremental, systematic and inclusive approach towards informal ECD centres*[7] *in order to achieve improvements in health, safety and care for large numbers of children:*
  - DSD and state support should not be contingent on NPO or ECD centre registration (i.e. either full or conditional registration as both an approved partial care facility and ECD programme) – although it is desirable for higher functioning informal ECD centres to obtain such registration.
  - There should be a willingness to work with informal ECD centres and recognise that many are able to provide 'acceptable informal ECD services' even though they might not be able to achieve formal registration standards.
  - The first and most immediate priority should be to ensure the health and safety of children (e.g. fencing, improved sanitation, clean water, improved health and safety practices). Sustained efforts should then be made over time to more effectively address learning, socio-emotional needs and nutrition.
  - The extent and type of support provided should be according to transparent and clearly defined criteria (see below).
  - The DSD should not require informal ECD centres to have layouts which are 'uniform' which appears to be their intention for formal ECD centres (DSD, 2012). Even for formal centres, it is suggested that flexibility in layout is necessary.

- *Accessibility*[8] *(micro-location) is a critical factor that must be taken into consideration in responding to informal ECD*:
  - ECD centres (formal or informal) need to be very accessible to poor households (informal ECD centres are typically highly responsive in this respect).
  - Caution must be exercised in assuming that simply locating ECD centres at local service points or community services nodes is sufficient. Micro-locational factors are critical.
  - Refer to section 2 (third bullet) for more information.

7. It is emphasised that this is over and above other ECD measures such as those pertaining to community playgroups, home visits and support to the NGO sector and should not be seen to replace or deprioritise such additional measures which are also important.
8. As previously indicated, 'accessibility' in this context means that someone (usually a mother) can afford the a) money, b) time and c) physical effort associated with getting a young child to an ECD centre.

- *In general the criteria for extending support and assistance need to relate to such factors as*:
    - Institutional – Motivation, intent and commitment of operators and willingness to work with the state and NGOs[9].
    - Care – Current adequacy and potential for improvement (e.g. addressing socio-emotional needs and nutrition).
    - Learning – Current adequacy and potential for improvement.
    - Infrastructure – Current adequacy and potential for improvement (especially in terms of health and safety threats).

- *The DSD, together with Local Municipalities, should rapidly identify and 'map' de-facto ECD centres and then rapidly assess and categorise them* (a categorisation framework is suggested in section 3.2. below). Periodic reviews should be undertaken in order to map, assess and categorise new informal ECD centres as well as to re-categorise previously assessed centres where changes have taken place.

- *ECD centres should be divided into six sub-categories and should qualify for various forms of support (or not) accordingly*. Key assessment and categorisation considerations are:
    - The potential to function as an 'acceptable informal ECD centre'.
    - The extent of health and safety threats and whether or not these can be mitigated.
    - The experience, intent and commitment of the operator (including to work with the DSD and other stakeholders in making improvements)[10].
    - The potential for formalisation (but only for categories A and B1, which will only constitute a relatively small proportion of all ECD centres).

3.2. Proposed new approach to achieve scale

It is suggested that a new 'process' (in the form of a new informal ECD categorisation framework and method) and a new 'model' (in the form of a different, systematic and more inclusive way in which the state partners with, funds and supports private, informal ECD centres) be adopted. These will result in significantly enhanced, more affordable and expanded ECD services at scale for the poor (with a particular focus during the pilot phase on informal settlements, but with the new model also benefiting rural informal ECD in its scaling-up phase).

As previously outlined, the current framework and method utilised in South Africa is premised on formal ECD norms and standards which require high levels of capacity, household affordability, skills, funding and other resources. There is no 'intermediate' level of basic care and no programme of support for informal ECD to achieve incremental change, inclusion and progressive improvement.

By contrast, the proposed new framework is premised on: a) a recognition of the value and importance of informal ECD centres; b) an acceptance that basic but 'acceptable informal ECD services' can be provided by such centres; c) a willingness to provide various forms of assistance and support to informal ECD centres on a systematic, selective and programmatic basis.

9. In most instances the operator and owner of the informal ECD centre are the same person. In instances where the operator is not the owner the motivation, intent and commitment of the owner and willingness to work with the state and NGOs will also need to be determined.
10. See footnote 9 above.

A central element of the innovation is a 'rapid assessment and categorisation' method at area or municipal level which forms the platform for a more systematic, programmatic and scale-able response model. All informal ECD centres will be mapped, assessed and categorised according to their potential, needs and the existence of health and safety threats. 'High-functioning' centres (few in number) which are capable of achieving formal status will be assisted to do so. But more importantly, 'basic-functioning' or 'low-functioning' centres' (i.e. the bulk of informal ECD centres) which have potential, will also be supported in various ways (e.g. infrastructure improvements such as water, sanitation and fencing as well as with training, learning materials, nutritional support etc.) to improve and provide basic, 'acceptable' services. 'Low-functioning' centres with low potential but significant health and safety threats may also be assisted with emergency assistance (e.g. infrastructure, nutrition) to protect the safety of children in the short-term.

This is an innovative, much-needed, scale-able and dramatically different ECD model.

3.3. Categorisation of ECD centres

Six sub-categories are proposed, it being noted that these effectively differentiate between the following three main categories:

- **Category A: High potential ECD centres (i.e. fully or conditionally registered partial care facilities or with the potential to achieve this level rapidly).** Significant investments and support are warranted.
- **Category B: Moderate potential providing acceptable informal ECD services or with good potential to reach this level** (i.e. the level of a non-registered ECD centre which is nonetheless recognised to provide a minimum level of acceptable basic care to children and is intent on improving their services). Such centres would typically: a) be owned and run by people with real commitment and the right intentions evidenced by actions taken and investments already made in their informal ECD centre; b) either have no material health and safety threats for children OR these threats can be sufficiently mitigated (e.g. by emergency investments in infrastructure such as improved water and sanitation). Significant investments and support are warranted.
- **Category C: Non-acceptable ECD centres**. Some of these will nonetheless warrant emergency investments to mitigate material health and safety threats in cases where there are not yet alternative ECD facilities available for children at risk.

The six proposed sub-categories are outlined in more detail below:

- **A – High-functioning and formalised already or have conditional registration as partial care facility or have good potential for formalisation** (i.e. registration as partial care facility and NPO). Significant levels of support and investment appropriate across all spheres of ECD for such centre (programmes, training, facilities/infrastructure, nutrition etc.). It is however recognised that only a very small proportion of all ECD centres will fall into this category. It is also recognised that there are conditionally registered ECD centres which are not high functioning and which have limited prospects for formalisation/full registration (in certain localities the DSD has awarded such conditional registration because it is the only way to extend much-needed assistance such as nutritional support).
- **B1 – Basic-functioning and providing acceptable informal ECD services and with moderate potential for formalisation** (with conditional registration as the first milestone) but significant support and improvement still required to meet formalisation requirements. Any health and safety threats are minor or can be rapidly mitigated. In the short-term such centres will continue to function as an informal ECD centre rendering 'acceptable informal ECD

services'. Significant levels of support and investment across all spheres of ECD are appropriate (programmes, training, facilities/infrastructure, nutrition etc.). It is anticipated that a small proportion of informal ECD centres will fall into this category.

- **B2 – Basic or low-functioning with good potential to be a functional informal ECD centre rendering acceptable informal ECD services (or have already attained this level) but with limited potential for formalisation/registration**. There is an absence of material health and safety threats (or these can be rapidly and easily mitigated). There is significant potential for improvement (e.g. real commitment, plans for improvement, receptiveness to working with DSD etc.). Significant levels of support and investment across all spheres of ECD are appropriate (programmes, training, facilities/infrastructure, nutrition etc.). It is anticipated that a significant proportion of informal ECD centres will fall into this category and consequently that this constitutes a very important informal ECD category upon which the state and other stakeholders should strategically focus their support efforts and resources (with the main focus being on supporting sustainable and acceptable informal ECD centres).
- **C1 – Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with no material health and safety threats and currently no other alternatives for children in care**. No immediate actions warranted, although in the long-term closure would be ideal once other alternatives for care exist.
- **C2 – Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with significant health and safety threats which can and should be rapidly mitigated** through emergency assistance / investments (e.g. sanitation, water supply, fencing, nutrition etc.). Currently no other alternatives for children in care. In the long-term, closure would be ideal once other alternatives for care exist. It is anticipated that a significant proportion of informal ECD centres will fall into this category and consequently that this (along with 'B2') is also a very important category upon which the state and other stakeholders should strategically focus their support efforts and resources (with the main focus being on emergency risk mitigation).
- **C3 – Low-functioning with limited or no prospects for rendering acceptable informal ECD services and with significant health and safety threats which cannot be rapidly mitigated** through emergency assistance/investments (e.g. sanitation, fencing etc.). Such centres should ideally be closed down even if there are currently no other alternatives for children in care, however this should be regarded as a last resort and only after careful consideration of unintended adverse consequences. In the event that an informal ECD centre is closed, where possible, parents or primary caregivers should be assisted with making alternative childcare arrangements.

3.4. Proposed new responses

The DSD, DPW (through the EPWP), NDA and other state stakeholders already provide invaluable support to ECD across South Africa. State support for ECD has significantly increased in the last decade and 432,727 children attending 16,250 ECD centres are subsidised by the DSD (DSD, 2011). As previously indicated, there are still however significant challenges with most children from poor communities receiving informal or no ECD care (in particular prior to enrollment in Grade R in state schools) and large numbers of children are being adversely affected (refer to section 1.1. for more information). In order to bring about meaningful change at scale, incremental support for informal ECD centres (as well as increasing other forms of ECD provision such as home visiting, mobile units and playgroups) is essential and various new forms of response for informal ECD centres will be necessary.

The following additional responses/investments are therefore suggested over and above those already being provided:

1. **Rapid assessment and categorisation** of all informal ECD centres so that all such centres are 'mapped' and the appropriate response category is identified (as per 3.2 and table one in section 3.4).
2. **The adoption of a new principle that various forms of support will be provided on an incremental, inclusive and systematic basis to informal, unregistered ECD centres** (as per section 3.2 and table one in section 3.4 and including in respect of infrastructure, programmes, capacity building, nutrition etc.).
3. **Investments in infrastructural/facility improvements** (e.g. sanitation, tap water, fencing, improvements to structures). The principle should be that investments are made in terms of the above-mentioned categorisation and upon the advice/confirmation of the local DSD office. Further testing by means of pilot projects would be beneficial to determine the optimal grant mechanisms. Existing grant mechanisms should however be utilised where possible to avoid the protracted delays which would most likely result from the development of new ones and noting that the total capital requirements would be small compared to global infrastructure and housing budgets. In the case of basic or emergency infrastructure improvements (e.g. sanitation, water, fencing) it is suggested that this can most easily be provided utilising MIG[11] or USDG[12] grants. In the case of more significant facility upgrades, it is suggested that the DHS should provide the capital funding on advice from the DSD (and broadly as per Special Needs Group Housing [SNGH] subsidies that have been provided by the DHS to NPOs in providing shelter and care to vulnerable people for acquisitions, new builds or renovations of accommodation since 2002). In such cases, and as with SNGH, care must be taken to ensure that such ECD centres have the necessary skills and capacity to operate and maintain the project, that initiatives are operationally sustainable, and that the DSD is supportive. It is noted that there is already a provision within the Housing Code for ECD centres attached to community centres to be funded from the housing budget.
4. **Increased involvement and assistance from the Department of Basic Education** with respect to educational methods and resources/materials in order to improve the educational aspects of ECD across all informal and formal ECD centres.

11. Municipal Infrastructure Grant.
12. Urban Settlement Development Grant (intended principally for informal settlement upgrading) available mainly to Metros and certain high-capacity Municipalities.

Text box two: Current Ilifa Labantwana initiatives (KZN)

It is noted that there are already certain initiatives underway which validate the above systematic, programmatic and inclusive ECD approach. One of these is programmatic work being undertaken by Ilifa Labantwana in KZN in various districts such as Ugu. Ilifa are working closely with and supportively of the DSD and Social Cluster[13] as well as grassroots organisations. Amongst other things their initiatives include:

- Developing an improved information management and workflow system for improved ECD support, registration and funding (centre and non-centre based);
- Mapping all ECD services and centres (including informal ECD centres) and developing a district database;
- Supporting an improved and more efficient referral system in respect of the early identification and redress of risks to young children and pertaining to such interventions as child protection and physical and mental health care/ treatment (via the 'Phila Mntwana' Programme);
- Building DSD capacity and systems at district and provincial level (including for population-level planning, budgeting and evaluation in relation to ECD services);
- Training and equipping ECD practitioners to support children with disabilities and strengthening referral networks (e.g. to hospitals, clinics, NGOs etc.); and
- Creating ECD hubs in local municipalities.

Such initiatives would be massively strengthened if the response model outlined in the preceding sections was put into effect (e.g. by enabling informal ECD centres to access much-needed funding for infrastructural improvements as well as DSD and other support without having to meet all registration requirements).

13. DSD along with Departments of Health, Arts and Culture, Economic Development, Sports and Recreation.

3.5. Table 1: Proposed categorisation response model

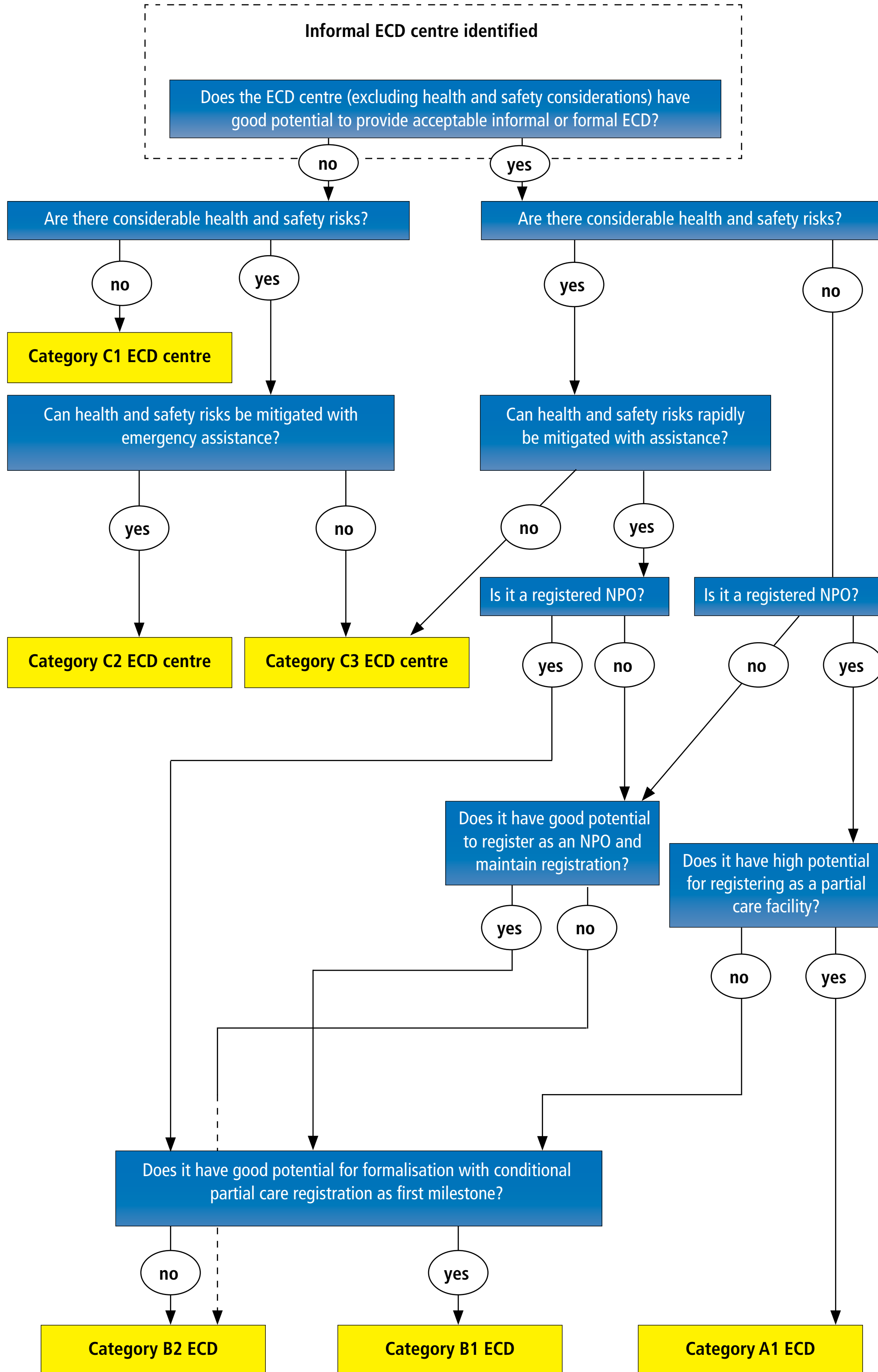
Category	Characteristics of ECD centre/ indicative criteria	Response	Indicative action or support	Stakeholders
A1 High-functioning – formalised already or has conditional partial care facility registration or has high potential for formalisation (reg. as partial care facility and NPO). There are very few such ECD centres in informal settlements.	• High capacity. • Well-functioning ECD programme. • Evidence of strong commitment by operator. • Good prospect of considerable improvement if supported. • Registered NPO. • Children attending are unlikely to be at considerable risk of harm. If there is risk of harm it can be mitigated through assistance.	Such centres warrant significant levels of support and investment – Provide incremental and ongoing support (long-term).	• Advanced training (e.g. by NGOs or FET colleges).	DBE, DSD, NGOs.
			• Board training and mentorship.	DSD, NGOs.
			• Assist with nutrition.	DSD supported by NGOs (e.g. nutrition programme monitoring).
			• Provide or assist with acquiring educational resources.	NGOs, DSD, private sector/CSI sponsorship.
			• Major ECD centre infrastructural improvements aimed at enabling ECD centre to acquire LM certificate of acceptability (necessary for partial care registration). Includes movement to new site if this will enable partial care registration.	DHS, LM, DSD, DPW.
			• Assist with partial care facility registration application (if there is a reasonable prospect of successful registration) including assistance with engagement with the Local Municipality.	NGOs, DSD, LM.

Category	Characteristics of ECD centre/ indicative criteria	Response	Indicative action or support	Stakeholders
B1 Medium-functioning – good potential for formalisation with conditional registration as the first milestone but significant support and improvement still required to meet formalisation requirements. Any health and safety threats are minor and can be easily mitigated. In the short-term it will continue to function as an informal ECD centre rendering acceptable informal ECD services.	• Medium capacity. • Well or poorly functioning ECD programme. • Evidence of commitment by the operator. • Good prospects for considerable improvement if supported. • May be an NPO. • Children attending might face health and safety threats but these can be mitigated through assistance.	Such centres warrant significant levels of support and investment – Provide incremental and ongoing support (long-term).	• Formal and/or informal training (e.g. by NGOs or at FET colleges) and informal training.	DBE, DSD, NGOs.
			• Assist with NPO registration (including selection of board, board training and mentoring, training on functions and requirements of NPOs).	DSD, NGOs.
			• Assist with nutrition.	DSD.
			• Provide or assist with acquiring educational resources.	NGOs, DSD, private sector/CSI sponsorship.
			• ECD centre improvements (e.g. improved sanitation, minor improvements to structure, fence ECD centre).	LM, DHS, DSD, DOH.
B2 Low-functioning but with good potential to become a functional informal ECD centre rendering acceptable informal ECD services. Absence of material health and safety threats (or these can be rapidly and easily mitigated). Significant potential for improvement (e.g. real commitment, plans for improvement, receptiveness to working with DSD etc.). However, unlikely or uncertain prospects for full formalisation.	• Low capacity. • Poorly functioning or no ECD programme. • Evidence of commitment by operator. • Good prospect for considerable improvement if supported. • Not an NPO. • Children attending may face health and safety threats but this can be mitigated through assistance.	Significant levels of support and investment – Provide incremental and ongoing support (long-term).	• Basic training.	DSD, NGOs.
			• Assistance with nutrition.	DSD
			• Provide or assist with acquiring educational resources.	NGOs, DSD, private sector/CSI sponsorship.
			• Minor ECD centre improvements (e.g. improved sanitation, fencing, minor improvements to structure).	LM, DHS, DSD.

Category	Characteristics of ECD centre/ indicative criteria	Response	Indicative action or support	Stakeholders
C1 Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with no material health and safety threats and currently no other alternatives for children in care.	• Poorly functioning or no ECD programme in place. • Limited or no evidence of commitment by operator. • Limited or no prospect of considerable improvement if supported.	No immediate actions warranted (over and above on going monitoring) although in the long-term closure would be ideal once other alternatives for care exist.	• None, only monitoring to take place.	DSD, NGOs, LM.
C2 Low-functioning with limited or no prospects for rendering acceptable informal ECD services but with significant health and safety threats which can and should be rapidly mitigated through emergency assistance/ investments (e.g. sanitation, improvement to safety of structure, fencing etc.). Currently no other alternatives for children in care.	• Poorly functioning or no ECD programme in place. • Limited or no evidence of commitment by operator. • Limited or no prospect of considerable improvement through support. • Children attending face health and safety threats which can be mitigated through emergency assistance.	In the short-term – Emergency support to mitigate risk of harm. In the long-term closure would be ideal once other alternatives for care exist.	• Minor emergency improvements (e.g. improved sanitation, improved safety of ECD centre structure, fencing). • Identify local formal and informal ECD alternatives.	LM, DHS, DSD.
C3 Low-functioning with limited or no prospects for rendering acceptable informal ECD services and with significant health and safety threats which cannot be rapidly mitigated through emergency assistance/ investments (e.g. sanitation, fencing etc.).	• Poorly functioning or no ECD programme in place. • Limited or no evidence of commitment by operator. • Limited or no prospect of considerable improvement through support. • Children attending face considerable risk of harm which cannot be mitigated through assistance.	*Only as a last resort and in extreme cases:* Centre should be closed down even if there are currently no other alternatives for children in care.	• Close ECD centre. • Identify local formal and informal ECD alternatives.	LM, DSD

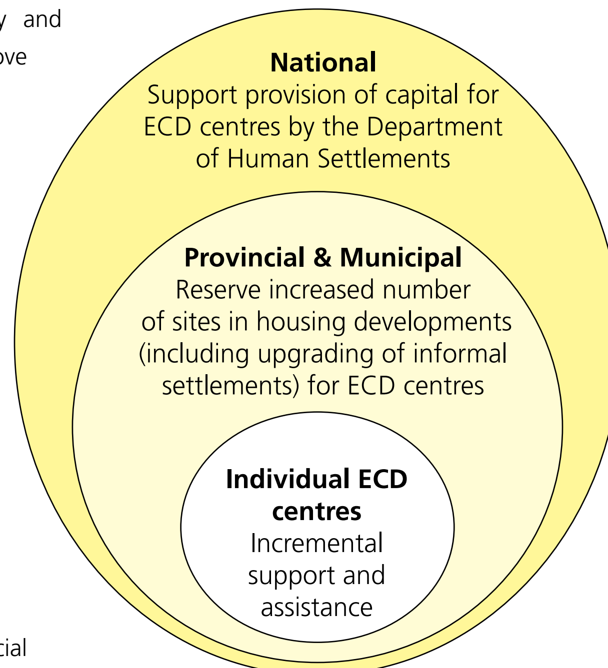
Abbreviations: Department of Social Development (DSD), Local Municipality (LM), Department of Human Settlements (DHS), Department of Basic Education (DBE), Department of Health (DOH), Department of Public Works (DPW).

3.6. Categorisation flow chart



3.7. Informal ECD centres should be supported at multiple levels

The state working with civil society and NGOs has an opportunity to improve ECD activities in informal settlements and vulnerable communities more generally. Improved informal ECD centres can best be achieved by increasing support for ECD activities at the national, provincial and municipal levels and at the local level (i.e. to individual informal ECD centres).



3.7.1. National level support

At the national level the DSD, with state agencies (e.g. the NDA) can engage the Department of Human Settlements (DHS) and request financial support for upgrading informal ECD centres as socio-economic assets in informal settlements.

The 2009 South African Housing Code makes provision for infrastructure for ECD services under the Programme for the Provision of Social and Economic Facilities (Volume 3, Part 3). The stated objective of the Programme is "to facilitate the development of basic amenities which are normally funded by municipalities in cases where municipalities are unable to provide such facilities" (DHS, 2009. p 13).

The Programme promotes,

> "the provision of certain basic social/community amenities and economic facilities within existing and new housing areas as well as within informal settlement upgrading projects in order to achieve the following policy objectives:
>
> ° Social development: to facilitate the provision of social services through the development of primary, social amenities and community facilities such as parks, playgrounds, sports fields, crèches, community halls, taxi ranks, municipal clinics and informal trading facilities" (DHS, 2009. p. 13).

The DSD provides operational grants for informal ECD centres but ordinarily not capital for facilities (though in rare instances the DSD is reported to have provided capital to ECD centres to improve their structures to meet DSD norms and standards). In order to meet the requirements of the DSD for registration as partial care facilities, informal ECD centres must submit: 1) a public health permit, 2) a certificate of acceptability and 3) fire clearance certificates. Informal ECD centres in informal settlements ordinarily cannot meet these requirements as:

- They don't own or lease the land that they are situated on from the owner and have no legal right over the land on which they are situated;
- Their structures are inadequate and cannot meet health and safety regulations; and
- The land on which they are built is incorrectly zoned for use as an ECD centre.

Although local municipalities may support ECD services many don't have the resources to provide land and infrastructure to enable informal ECD centres to meet DSD partial care norms, standards and registration requirements. Without capital for upgrading informal ECD facilities from the DHS; higher functioning informal ECD centres won't be able to fully register as places of partial care and will remain unable to access subsidies. (It is noted that partial care registration also requires ECD programme registration, and relaxation of certain partial care norms and standards – e.g. zoning requirements – will be necessary).

The Housing Code only provides for crèches attached to community halls, however this is problematic because it: 1) likely restricts DHS ECD infrastructure investments below the demand in communities and 2) determines the location of crèches based on the presence of community halls and not by demand. The intention of the DHS in restricting the location of crèches to the same sites as community halls is arguably to safeguard its investment, however this can be achieved by other means. For example, Edutainers (shipping containers converted for ECD purposes) are often owned by well capacitated NGOs and leased to informal ECD centres for a nominal amount. (Refer to http://www.brightkidfoundation.co.za/ for further information on the Bright Kid Foundation.) Leasing facilities to informal ECD centres has the benefit of enabling NGOs to maintain an oversight and support role.

Recommendation for engagement with the National Department of Human Settlements:

- ECD stakeholders (the DSD, NDA, NGOs) should engage the DHS to secure its support for the use of DHS capital for ECD facilities in a variety of settings (i.e. not just attached to community halls).

3.7.2. Provincial and local municipality level support

At the provincial and local municipality levels, DHS and municipalities can be assisted by the HDA to better include provision for ECD centres in informal settlement upgrading projects and greenfield housing projects. ECD stakeholders across South Africa report that it is common for ECD centres to not be sufficiently accommodated in RDP housing projects. This is also said to be the case in the Free State. Asked for comment, a Mangaung Municipality town planner said that when consulted communities strongly identify housing as their primary need and make little mention of any ECD needs. The need for ECD facilities might be under reported by communities when engaged by housing or town planning officials.

Recommendations for inclusion of ECD in informal settlement upgrading projects:

- Ensure enumeration exercises are adequately provided for in the design phases of housing projects, and that they record the number and ages of children in the informal settlement, whether they attend a formal or informal ECD centre (or receive home visits from an ECD practitioner).
- Undertake broad stakeholder engagement (including benefitting informal settlement communities, local municipal officials, the DSD and NGOs) during the pre-feasibility and feasibility stage of projects in order to identify and accommodate informal ECD centres in human settlements projects (e.g. through reserving sites with the correct zoning for ECD).

3.7.3. Local level support to individual ECD centres

Refer to sections 3.1. to 3.6.

4. Inability to meet DSD registration requirements

4.1. Status quo

In order for an ECD centre to access support from the DSD (consisting of subsidies[14], training, and capacity building) they need to meet three main requirements:

- Partial care facility registration (and related norms and standards) – refer to text box three;
- ECD programme registration[15] (and related norms and standards); and
- NPO registration.

In informal settlements, where the provision of ECD is constrained by high levels of poverty, lack of ECD skills among caregivers and lack of access to resources, informal ECD centres face significant barriers to accessing support due to their inability to meet these three main requirements due to a range of significant barriers. Most informal ECD centres are unable to overcome these barriers and meet the stipulated requirements and are consequently unable to access DSD and other support and enter into a functional working partnership with the DSD.

The Ekukhanyeni Relief Project (Ekukhanyeni) in Gauteng has for example struggled to register informal ECD centres in the informal settlement of Lawley Ext 3 (Johannesburg) as partial care facilities with the DSD. Ekukhanyeni states,

> "Experience shows that until land is proclaimed as a 'township', crèches - even those that do have brick structures - will not meet the requirements for DSD registration. There seems to be an either/or situation where crèches that cannot meet requirements for DSD registration as 'Places of Care' are overlooked by government and in many cases these crèches are the ones that provide a much needed service to the children and communities in which they are situated" (Ekukhanyeni, 2012).

Of the fifteen informal ECD centres that Ekukhanyeni has assisted, one has registered as a partial care facility.

Informal ECD centres are important as they allow parents and primary caregivers to work with the assurance that their child is receiving supervised care and they provide livelihoods to ECD service providers.

Some informal ECD centres register conditionally, but this only enables them to access a lower subsidy amount (generally only for nutrition) and is dependent on them having a plan for reaching full registration (Berry, *et al*. 2011). Conditional registration is reportedly at the discretion of DSD officials and varies between provinces. For example, in the Free State DSD officials apparently conditionally

14. This funding consists of DSD 'operational' grants for children from indigent households which are intended to help pay for nutrition, programme and administrative costs.
15. Refer to section 4.3.

register informal ECD centres as partial care facilities for two years and renew the conditional registration indefinitely. In such cases, DSD officials effectively overlook the conditional registration requirement on condition that the ECD centre improves and fully registers. In Mpumalanga it is reported that conditional registrations can be extended but not indefinitely so. While some DSD officials may err on the side of leniency, other DSD officials may recognise that an informal ECD centre is unlikely to improve its programmes and facilities sufficiently to fully register and therefore not conditionally register the ECD centre at all. Likewise partial care registration is dependent on how strictly municipal officials apply by-laws, as partial care registration depends on local municipalities issuing certificates of acceptability. Very few informal ECD centres have the capacity to achieve the norms and standards required for full registration.

4.2. Barriers to registration as a partial care facility

The biggest problem which informal ECD centres face is in achieving registration as a partial care facility. In order for ECD centres to achieve this registration they need to meet a number of municipal and DSD requirements including national norms and standards for partial care facilities contemplated in section 79 of the Children's Act and published in the DSD 2010 "Consolidated regulations pertaining the Children's Act, 2005".

The DSD and local municipalities have discretion as to how to apply registration requirements and evidence suggests that in some provinces a degree of leniency is afforded to informal ECD centres. Cape Town Municipality for example is said to disregard the zoning of land on which informal ECD centres are situated (Mitchell, 2014) whereas in the Northern Cape partial care norms and standards are reportedly strictly applied.

The majority of informal ECD centres cannot meet partial care registration requirements due to their low capacity and the poor quality of their facilities. Barriers to registration for informal ECD centres in informal settlements include:

- Lack of building plans;
- Structures that don't meet environmental health requirements;
- Informal land tenure;
- Incorrect zoning of land;

Text box three: Documents required for partial care facility registration

(Quotation from Berry, L., Jamieson, L., & James M., 2011. Children's Act Guide for Early Childhood Development Practitioners. p. 26 & p. 27)

- *NPO registration certificate*.
- *A business plan* containing the business hours of the centre, the fee structure, the day-care plan, the staff composition and the disciplinary policy.
- *The constitution of the centre*. This should contain:
  - The name of the centre;
  - The types of services to be provided;
  - The composition, powers and duties of management, and, where applicable, the powers, obligations and undertaking of management to delegate all authority regarding the care, behaviour management and development of children to the head of the centre;
  - The procedure for amending the constitution; and a commitment from the management to ensure that the centre meets the national norms and standards for partial care centres.
- *A copy of the approved building plans* or a copy of the building plans that has been submitted for approval if the plans have not yet been approved.
- *An emergency plan*.
- *Clearance certificates* certifying that the names of the applicant and staff members do not appear in the National Register for Sex Offenders or in Part B of the National Child Protection Register.
- *A health certificate* issued by the local municipality where the centre is or will be located, confirming that the centre meets the health requirements of that municipality.

- Lack of knowledge of partial care registration requirements by ECD centre; and
- Insufficient ECD skills and inability to submit an adequate business plan.

Most informal ECD centres in informal settlements are unable to overcome the above challenges unless they receive support and assistance. Although it is recognised that certain high-functioning informal ECD centres may be able to meet registration requirements without assistance, they represent a very small proportion of all such centres.

Although it is recognised that there are certain support NGOs that specialise in assisting informal ECD centres to register with the DSD, the number and accessibility of these organisations to informal ECD centres is highly constrained. The South African Education and Environment Project (SAEP) for example provides capacity building support to NPOs that have not registered with the DSD as partial care facilities (Mitchell, 2014).

Without support, few can effectively and proactively engage the DSD and local municipalities to meet requirements for partial care registration or secure assistance. Yet without support, informal ECD centres cannot overcome challenges pertaining to land (e.g. lack of legal tenure, incorrect zoning for land use, and inadequate space) and facilities (e.g. structures that cannot meet environmental health requirements or building regulations) or provide adequate ECD programmes even if they are able to achieve partial care registration.

Even if an informal ECD centre is able to formalise (i.e. register as a partial care facility) it isn't assured of receiving subsidies. First the centre must register its ECD programme with the DSD and also register as an NPO. In addition, the allocation of subsidies is according to a means based test and is at the DSD's discretion.

This underscores the need for careful decision making and stakeholder engagement (e.g. the DSD, NGOs, DHS and DPW) in identifying which centres do in fact have the potential to achieve all formal registrations and requirements in order to access DSD funding. This is important in order to prevent centres commencing on the costly and challenging process of various registrations only to fail in one respect or another and eventually be unable to access the funding and other support they require. It is recognised that high-functioning informal ECD centres with high formalisation potential should certainly be supported in moving towards formalisation and accessing DSD subsidies and assistance within the current framework. However, more importantly, the majority of informal ECD centres which do not have such potential also need to be assisted and supported in various ways to improve the care they are able to provide. This clearly indicates the need for an alternative, more flexible and incremental ECD model which recognises that informal ECD centres can and must provide a basic but acceptable informal standard of ECD services (even if they are unable to meet all formal requirements).

It is further noted that spatial norms and standards in the regulations, if strictly applied to ECD centres in informal settlements, will invariably reduce the number of children that such centres can accommodate. Although ECD operators may be willing to reduce the number of attending children in order to acquire subsidies and other support, reductions in attending children should not be made to children's detriment. It is acknowledged that overcrowding is a considerable problem in informal ECD centres; it reduces the efficacy of care and programmes and places strain on caregivers. However not admitting children when there is no alternate care, especially when it means young children will be unsupervised, has potentially worse consequences. In addition, given the lack of funding received by informal ECD centres, they are compelled to maintain relatively high numbers in order to earn sufficient income.

It is recognised that the DSD in limited instances provides support to informal ECD centres that do not yet meet its registration requirements. This includes assistance with achieving NPO registration and

certain provincial DSDs have also made discretionary investments in infrastructure at informal ECD centres that are not yet registered as partial care facilities. The DSD recognises that the informal ECD centres struggle to meet DSD norms and standards and is reportedly investigating ways to assist ECD centres with infrastructure. The DSD in 2012 at the National ECD Conference in East London stated that it is considering an NPO infrastructure grant to enable ECD centres to "bring their infrastructure to a minimum standard of functioning" (DSD, 2012).

The current de facto situation remains however, that without achieving partial care facility registration (with attendant programme and NPO registration) the relationship between the DSD and most informal ECD centres remains very limited and such centres receive little or no support and assistance.

4.3. Barriers to ECD programme registration

Further to registering the ECD centre, the Children's Act requires that persons providing ECD services register their programme with the DSD. This applies to both centre-based and non-centre based ECD programmes or activities. The "Consolidated regulations pertaining to the Children's Act, 2005", published in 2010, regulate the registration of ECD programmes.

The regulations require that ECD programmes must:
- Provide appropriate development opportunities;
- Aim at helping children realise their full potential;
- Care for children in a constructive manner and provide support and security;
- Ensure the development of positive social behaviour;
- Respect and nurture the culture, spirituality, dignity, individuality and language of children; and
- Meet the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children.

Whilst higher functioning informal ECD centres may, with assistance, be able to develop (and adhere to) these ECD programme norms, operators of lower-functioning informal ECD centres are unlikely to be able to develop programmes to the standards set out in the regulations, although with assistance they should be able to achieve programme improvements.

In addition to submitting information on the proposed ECD programme to be registered, applications must include information about the caregivers, including their experience and records of any formal training or qualifications and certificates[16]. An ECD operator applying for registration of an ECD programme must have the following qualifications and training:
- The National Certificate in Early Childhood Development at National Qualification Framework (NQF) Level 1 to 6 of the South African Qualifications Authority; OR
- An appropriate ECD qualification; OR
- A minimum of three years' experience implementing ECD programmes (Berry et al., 2011. p. 45).

Caregivers looking after children must:
- have training in implementing ECD programmes;
- be equipped with the basic knowledge and skills to identify children's serious illnesses;
- and know how to respond appropriately; and
- be trained in first aid.

(Berry et al., 2011. p. 46)

16. Furthermore, certificates must state that caregivers have not been registered on the on the National Register for Sex Offenders or Part B of the National Child Protection Register.

The majority of caregivers and informal ECD centre operators lack sufficient training, skills and qualifications and receive little or no mentoring and support. Without knowledge of the ECD programme requirements, they will typically be unable to independently implement an ECD programme to the standard of the DSD without prior mentoring support. There are significant obstacles to developing and retaining a body of skilled caregivers working in informal ECD centres due to such factors as financial constraints. Often ECD centres are "poorly managed and unsustainable, resulting in centres being opened and then forced to close and children being placed with a different caregiver with regular frequency" (Save the Children SA, 2013).

The regulations for ECD programmes set ratios of caregivers to children which vary depending on the age group, and are an onerous requirement for informal ECD centres (see the table below).

Ratio of staff to children, by age group:	
One staff member to:	**For children aged:**
6 children	1 – 18 months
12 children	18 months – 3 years
20 children	3 – 4 years
30 children	5 – 6 years

(Reproduced from Berry, L., Jamieson, L., & James, M., 2011. Children's Act Guide for Early Childhood Development Practitioners. Children's Institute, University of Cape Town and LETCEE. Cape Town: University of Cape Town. p. 46.)

In addition to the staff (i.e. caregivers responsible for the implementation of ECD programmes), there must be one assistant for every staff member. This is unaffordable for most ECD centres (Berry et al. 2011) and is particularly unaffordable for informal ECD centres located in poor and vulnerable communities.

Financial statements must be provided with both ECD programme registration and partial care facility registration applications. Research by the DBE, DSD & UNICEF in 2010 indicates that maintaining adequate financial records is a significant challenge for ECD centres[17]. The study, found that "the financial management of many of the registered community-based ECD facilities is poor, as it was found that more than 50% of these sites do not have many of the necessary administrative documents and structures in place, including such items as a petty cash book. The study found that only 70% of community-based ECD facilities had annual financial statements" (Atmore et al., 2012. p. 135).

4.4. Barriers to maintaining NPO registration

ECD centres cannot access DSD subsidies or support from other organisations (e.g. Lotto and NDA) unless they are registered as NPOs with the NPO Directorate (although it is noted that registration as an NPO is not a requirement for partial care facility or programme registration).

Whilst less difficult than meeting partial care facility and programme requirements, this requirement is nonetheless an obstacle for poorly-capacitated informal ECD centres. Many informal ECD centres are likely to be able to achieve NPO registration if assisted, although it is recognised that the most poorly capacitated are unlikely to succeed. Once registered, NPOs must comply with the reporting requirements of the NPO Directorate. Evidence suggests that maintaining NPO registration is a challenge for new NPOs and in recent years many NPOs have been de-registered: 23,034 of 64,476 NPOs were deregistered and 35,190 were non-compliant in 2012 (Oliphant, 2013).

17. See: Department of Basic Education, Department of Social Development, & UNICEF. 2010. *Tracking Public Expenditure and Assessing Service Quality in Early Childhood Development in South Africa.*

5. Importance of prioritising support for ECD

5.1. Value of ECD to individual development

Quality ECD is recognised as vital to the social, emotional, cognitive and motor skill development of infants and young children. However ECD does far more than only ensuring that young children have the best possible start. Early care, support and stimulation provide lifelong benefits. Positive benefits of ECD recognised by the National Development Plan (National Planning Commission, 2012, p. 296) include:

- Better school enrolment rates, retention and academic performance;
- Higher rates of high school completion;
- Lower levels of antisocial behaviour;
- Higher earnings; and
- Better adult health and longevity.

5.2. ECD is the foundation of education

Improving South Africa's education system to equip and skill its population to more effectively participate in and contribute to the economy is a key challenge. As the National Development Plan (2012, p.296) states, "the single most important investment any country can make is in its people. Education has intrinsic and instrumental value in creating societies that are better able to respond to the challenges of the 21st century."

South Africa's education system faces challenges and the results of the Annual National Assessments (ANAs) of learners in grades 1 to 6 and 9 are concerning. Grade 9 learners score an average of 14% for mathematics with only 3% scoring above 50% (South African Government News Agency, 2013). According to the Rhodes University Centre for Social Development, the poor ANA results "highlight the importance of quality education during the Early Childhood Development phase (0-9 years) of a child's life" (Centre for Social Development, 2011). David Harrison, CEO of the DG Murray Trust, similarly writes, "The platform for successful education needs to be built bottom up. To use an analogy, you can't build a tower from children's building blocks by starting in the middle. The building blocks need to be stacked up from the floor. Yet, for most children, we start trying to lay down the building blocks from the middle – when they enter Grade R" (Harrison, 2012a).

If South Africa is to create a society in line with the NDP's vision, one that is "better able to respond to the challenges of the 21st century", then education and ECD need to be prioritised and improved in a cost-effective and systematic manner. And although "there is no quick fix for the current educational crisis, with recognition and application of quality ECD interventions, at least a solid foundation will be there to build on, and the impact of such interventions will show in years to come" (Centre for Social Development, 2011).

5.3. Breaking the cycle of poverty

Supporting ECD in informal settlements is about addressing intergenerational poverty, sometimes referred to as a "cycle of poverty" which results from poor health and nutrition, deficient care, and limited stimulation which negatively affect ECD and can contribute to poor health and schooling outcomes (Biersteker, 2013. p. 26). Lack of access to ECD services is particularly acute for children in vulnerable communities and only 20% of children in the poorest 40% of households attend ECD centres (Richter, et al. 2012. p. 22).

5.4. State commitment to ECD

Early Childhood Development (ECD) is an increasing focus and priority in South Africa as the state seeks to increase the quality of education and opportunities for participation in the South African economy. In 2004 ECD was declared a national priority and municipalities were directed to incorporate ECD into their integrated development plans (Ilifa Labantwana, unknown date a). In 2005 the comprehensive National Integrated Plan (NIP) for ECD, focusing on prenatal care to age of four, was published by the DSD and in 2005 the Children's Act was passed. In 2010 the NIP was extended for a further five years.

There are a number of key statements, acts and policy documents committing the state to addressing ECD in vulnerable communities. These include:

- The Constitution section 28(1)(c), which enshrines the right to "basic nutrition, shelter, basic health care services and social services".
- Section 74(4) of the Children's Act, which states: "the funding of partial care facilities must be prioritised in communities where families lack the means of providing shelter, food and other basic necessities of life to their children".
- The National Development Plan 2012, which emphasises the importance of ECD and education.
- The Minister of Social Development, Ms Bathabile Dlamini, emphasised increasing the number of children who benefit from ECD services in rural and informal settlements.[18]
- The 2012 Buffalo City declaration, resulting from the South African National Early Childhood Development Conference, commitment to "adequate resourcing of ECD services, including infrastructure provisioning".

It is also worth noting that the Minister for Public Service and Administration, Mr. Roy Padayachie, at the 2012 South African National Early Childhood Development Conference declared that "infrastructure in the ECD sector is of critical importance" and called for an 'ECD infrastructure fund' to be considered (Padayachie, 2012).

18. Statement made in key note address to the 2012 South African National Early Childhood Development Conference in East London.

Reference list

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