

# Implementing the KZN Provincial Growth and Development Strategy through evidence use

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

KZN Office of the Premier and PSPPD II: Research Dissemination  
Conference – 30 August 2017

Training Academy Durban, Durban

# Context and Rationale

- There are **estimated to be at least 2.5 million children in underserved communities in South Africa who lack access to adequate ECD care and education**. Most ECD centres are not registered with the Department of Social Development (DSD) and/or do not receive state support and are consequently heavily under-resourced.
- **Informal Settlements a particular challenge – at least 1.25m households reside in informal settlements in S.A. 238,000 in eThekweni**. High concentrations of poverty and vulnerability. Very little info on ECD in informal settlements.
- **2million households in metros** (> 13% of the pop /55%).
- **Few children in KZN receive access to recognized ECD services (38% KZN acc. DSD, 2012; lower in informal settlement e.g. 24% 3-5year olds Amaoti)**
- **Unregistered ECD Centres unable to meet registration standards** and thus remain outside the system country wide. **Infrastructural deficiencies the biggest barrier**.
- **ECD is a national policy priority** - Improving access to adequate ECD services in low income, underserved communities, is a priority within the National Development Plan, by key Departments such as Social Development, and in KZN PGDS etc.

# Context and Rationale

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

# PROJECT OVERVIEW AND METHOD

# Primary research objective

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

# Research team (20)

<b>PPT</b> - 8 Project Preparation Trust	<b>UKZN</b> - 8 University of Kwa Zulu Natal	<b>TREE</b> - 4 Training and Resources for Early Childhood Education
<b>Mark Misselhorn</b>	<b>Prof Sarah Bracking</b>	<b>Bertha Magoge</b>
CEO, process design, M&E, strategic relationships	SARCHI Chair, research advice, publications oversight	Director: TREE, advisory support
<b>Liesel du Plessis</b>	<b>Heidi Attwood</b>	<b>Teressa Ngobese</b>
Project management, strategic relationships	Senior Researcher: research advice, guidance, training & mentoring	Assessments, improvement plans, training
<b>Inba Govender</b> (finance) <b>Robert Mann</b>	<b>Kathleen Diga, Nduta Mbarathi</b> <b>Mbali Mtembu</b>	<b>Sibongiseni Blose</b>
Technical Assessments, improvement plans & costing	Literature review	Representative at PSC
<b>Nana Ndlovu</b>		<b>Nomvula Zungu</b>
Survey planning, logistics, training		ECD Training
<b>Fieldworkers / interns:</b> <b>(Nqabenhle Hadabe, Sindy Chauke, Ndumiso Mzobe</b>	<b>Research Assistants: Nhlanhla Nkwanyana, Mbali Mthembu, Sibongile Buthelezi, Duduzile Khumalo</b>	
Centre ID, Field survey, centre profiles, focus groups etc	Focus Group discussions & report	

# Methodology

**Applied, action-research project** with a mix of quantitative and qualitative methods.

Comprised **two main elements**:

- A. The **model / framework to be tested** through practical, real-world application (PPT/ TREE)
- A. **Evaluation of the model/ framework** 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,

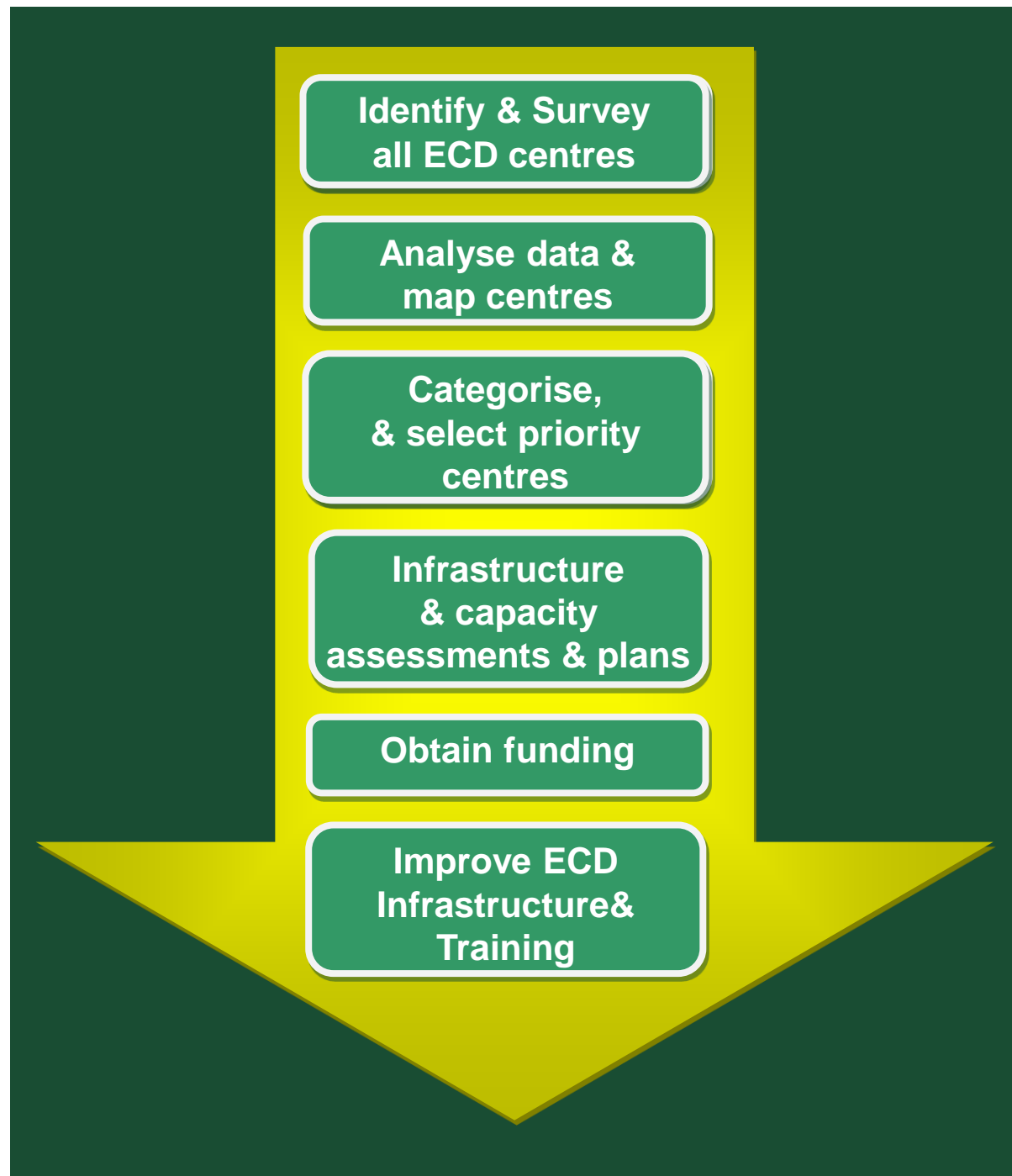
**Phase 2: Area level rapid assessment & categorisation (RAC):** Develop survey tool, Field survey of al ECD centres, analysis and survey report , Semi- structured interviews with survey team, categorise centres.

## **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**

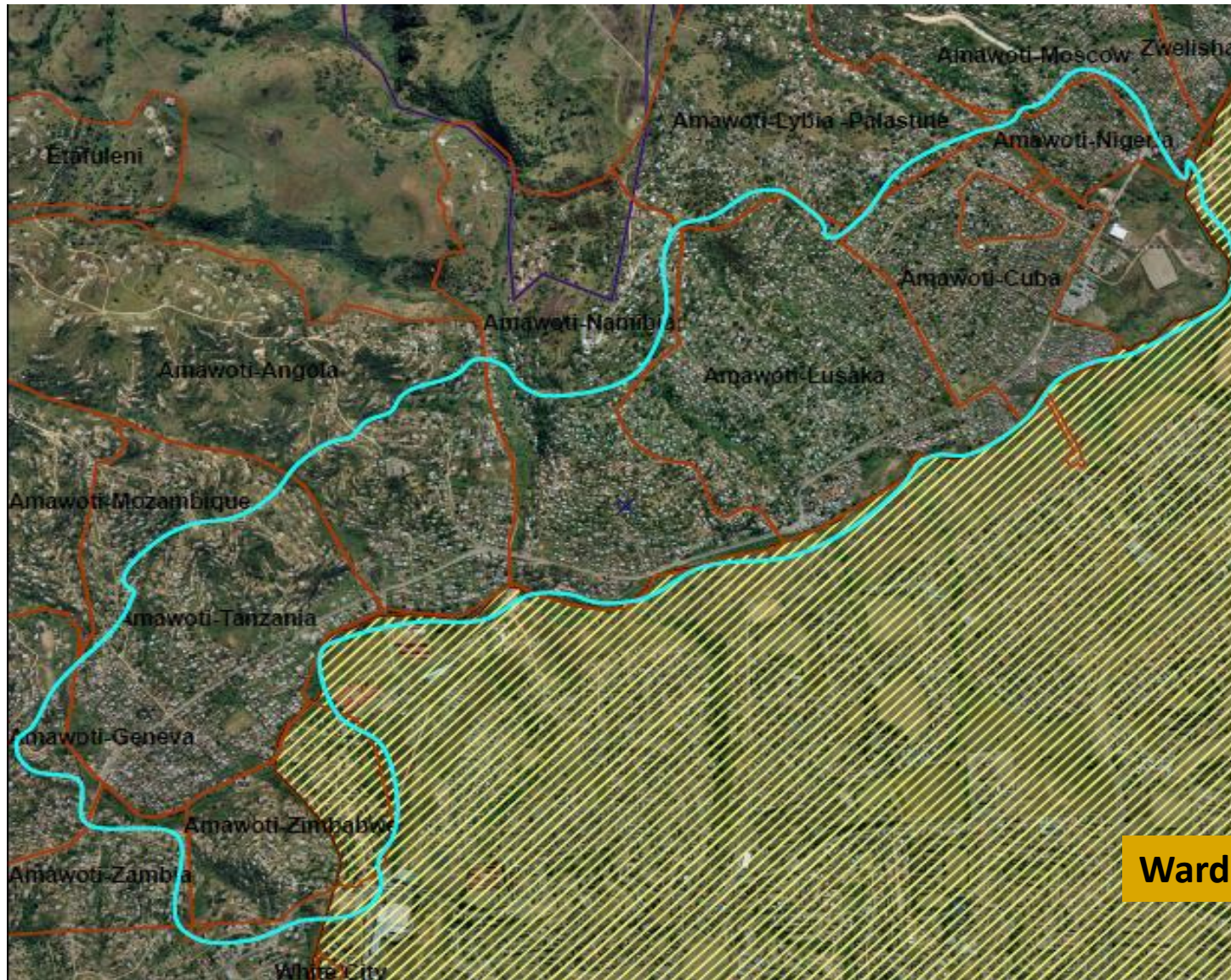
# Overview of Area-based Response Model





# PSPPD study area: Amaoti

*(42 centres surveyed – wards 53, 57, 59)*



**Wards 53, 57, 59**

# Study Area

- **Study Area & sample: Amaoti informal settlement-** Wards 53, 57, 59
- **Sample size:** 42 ECD Centres. To improve the sample size, we consolidated data from parallel project (Ilifa Labantwana) in the i/s of Umlazi (39 centres), eThekwinini = **combined total of 81 centres in informal settlements.**
- Also **referenced findings from our ECD survey of 435 centres in 5 rural KZN municipalities** since it is relevant to overall trends.

# National and Provincial ECD Policy Alignment



# National & KZN Policy Alignment

- **ECD is a high priority for national government (NDP/ DSD)**
- **KZN Vision 2035/PGDS indicators of objective 2.1:**
  - 2.1.3 Percentage of children in lower quintiles who succeed in primary and secondary school.
  - 2.1.5 Number of ECD facilities adhering to norms and standards.
  - 2.1.6 Percentage of children in 0-4 age group accessing ECD facilities.
- **KZN Vision 2035/PGDS objective interventions:**
  - 2.1(b) Improve school infrastructure through the implementation and monitoring of water, sanitation and electricity programmes.
  - 2.1(i) Develop and maintain a monitoring system to assess adherence of ECD facilities to norms and standards.
  - 2.1(j) Promote partnerships with NGOs to support school improvement.

# Work Undertaken - Overview

# Amaoti – examples of sites surveyed



**Siphosezwe Creche  
(Amaoti Lusaka Area)**



**Mpilonhle Creche (Amaoti Tanzania Area)**



**Siphosezwe Creche**

# Umlazi – examples of sites surveyed

**Senzokuhle Creche (Umlazi K Section)**



**Qhakaza Dado Creche (Umlazi ward 88)**

**Elangalethu Day Care (Umlazi)**









# ECD Survey overview - KZN

Target areas	ECD Centres surveyed	Registered NPOs	DSD registra- tion	DSD Subsidy	Infrastruc- ture deficits	Children in centres
<b>eThekwini Informal settlements (81 centres , 3,913 children)</b>						
<b>Amaoti</b>	<b>42</b>	<b>21</b>	<b>11</b>	<b>6</b>	<b>41</b>	<b>2 546</b>
Umlazi	39	30	9	6	27	1 367
<b>Rural Municipalities (435 centres, 15,687 children)</b>						
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
<b>TOTAL</b>	<b>516</b>	<b>389</b>	<b>300</b>	<b>188</b>	<b>462</b>	<b>19 600</b>

# Key survey findings

- **81 centres surveyed with 3,917 children** at an average of 48 per centre (75% toddlers, 25% babies).
- **31% of centres were unknown** to authorities (DSD / EHPS)
- **70% of centres were not unregistered with DSD**
- **85% of centres without DSD support** and not receiving operating funding. 3,129 (80%) of 3,917 children in surveyed ECD centres do not benefit.
- **Two thirds (66%) of centres show commitment and have good potential** i.e Cat A: well functioning and B1: basic functioning with good potential)
- **48% of centres operational for more than 10 years**
- **63% of the centres are registered NPOs** . 23% of these are privately owned ECD centres – this causes much confusion for all parties and should be resolved by DSD
- **60% centres are privately owned/managed** – 86% at Amaoti, 33% at Umlazi

# Key findings: Infrastructure deficits (i/s)

- **84% of centres require infrastructure improvements** (69 centres) - 98% or 41 centres at Amaoti, and 69% or 27 centres in Umlazi
- **Health and safety threats at 33% of the centres** require mitigation.
- **Infrastructure deficits emerged as a major barrier to centre registration.**

## Buildings -

- **Playrooms** : 60% are overcrowded
- **Cross ventilation**: 45% no proper cross ventilation
- **Kitchen**: 43% without space for food preparation
- **Walls**: 32% wall problems
- **Roofs**: 26% roof problems
- **Building type**: 22% non conventional / informal structures

## Services

- **Sanitation**: 19% without acceptable sanitation (i.e. no flush toilet or VIP)
- **Water**: 15% no piped water on site;
- **Electricity**: 17% no electricity,
- **Refuse collection**: 42% without refuse collection.
- **Fencing**: 27% partial /no fencing
- **Road access**: 9% without road access
- **Outdoor play area & equipment**: 17% without outdoor play area, and 41% no outdoor equipment



# Infrastructure, improvement plans, costing

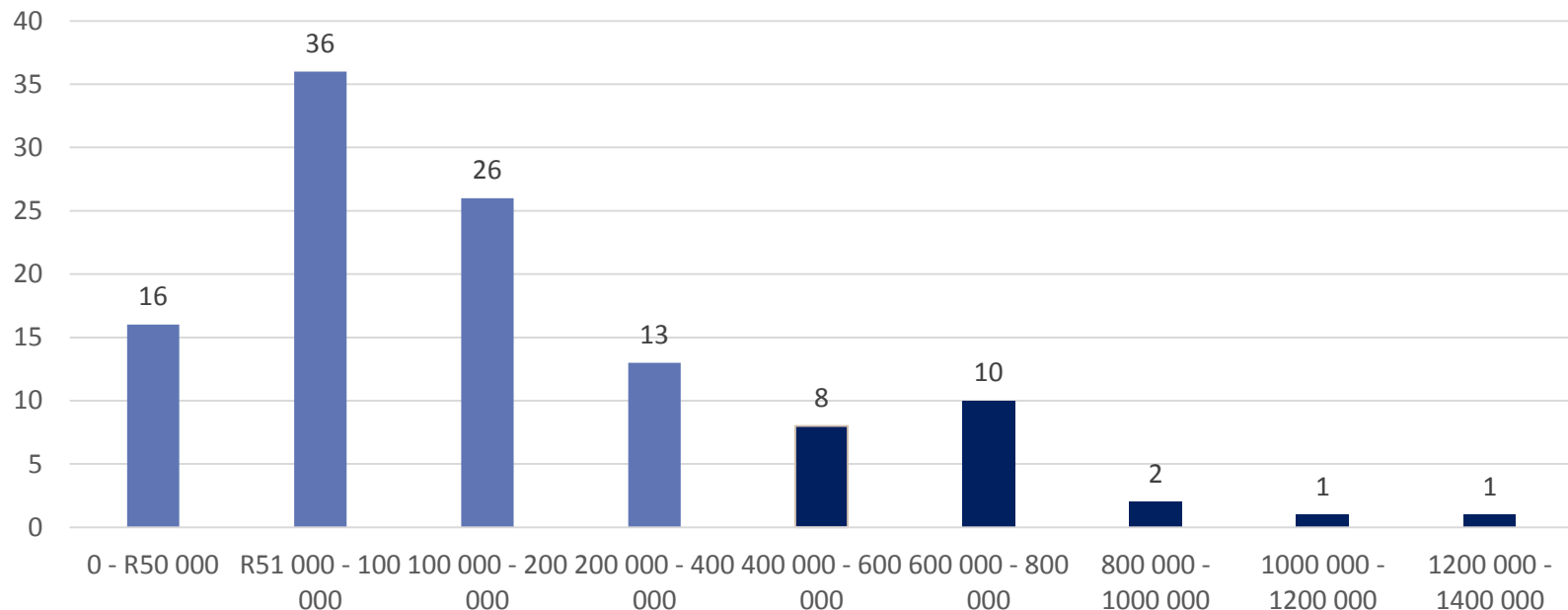
Infrastructure assessments at prioritised centres (22 in Amaoti + 10 in Umlazi)  
 Improvement plans & cost estimates (8 in Amaoti and 6 in Umlazi)  
 Submission to Council for Funding Approval (July 2017)

Infrastructure improvements	Rural	Informal Settlements	Combined
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
<b>Av. cost per centre</b>	<b>R 223 025</b>	<b>R 199 054</b>	<b>R216 025</b>
<b>Av. cost per child</b>	<b>R 5 268</b>	<b>R 2 701</b>	<b>R4 195</b>
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
<b>New Builds _ Av. cost per centre</b>	<b>R 636 011</b>	<b>R 765 479</b>	<b>R659 551</b>
<b>New builds Av. cost per child</b>	<b>R 14 658</b>	<b>R 10 450</b>	<b>R13 510</b>
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
<b>Improvements _Av. cost per centre</b>	<b>R 103 126</b>	<b>R 120 927</b>	<b>R108 798</b>
<b>Improvem'ts Av. cost per child</b>	<b>R 2 453</b>	<b>R 1 639</b>	<b>R2 086</b>

# Infrastructure, improvement plans, costing

- Improving existing centres is cost effective and is therefore the infrastructure investment priority if population coverage and 'massification' are to be achieved – achieves at least six times the population coverage for equivalent investment. New builds 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) and is unaffordable to the fiscus, costing more than six times per child relative to improving existing centres @ R2,086 per child.

Number of centres per investment level



# Key findings: education and training

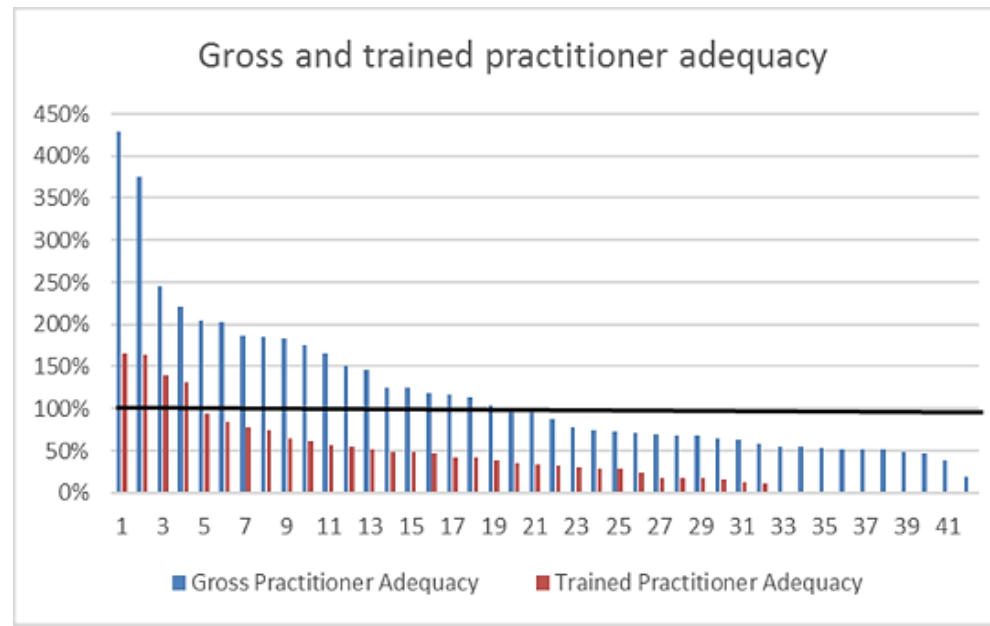
## Significant training and education deficits:

- 64% centres have insufficient caregivers.
- 90% centres have insufficient trained practitioners.
- 24% the centres have no trained practitioners.
- 61% of the 126 ECD practitioners received some ECD training
- 26% centres have 1 trained practitioner for between 41 and 100 children
- 12 % of principals with no education
- 24% with NQF level training








## TREE undertook:

- Operational Assessments
- Training of 14 practitioners,
- Educational equipment
- Benefits 1,019 children



# Categorisation & results

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

	Scoring		Inf. Set 81	Overall 516
 <b>A: Well-functioning</b> , usually DSD-registered, may have minor infrastructural deficiencies.	80%	100%	22%	17%
 <b>B1: Basic-functioning with good potential</b> , can usually achieve DSD registration if there is some support and infrastructure improvement.	60%	79%	44%	51%
 <b>B2: Low-functioning with moderate potential</b> , like B1 but may take more time to achieve DSD registration but greater flexibility and more support may be required.	40%	59%	19%	25%
 <b>C1: Low-functioning with limited potential</b> , Often providing only basic 'child-minding'.	25%	39%	14%	7%
 <b>C2: High risk and dysfunctional</b> , may need to be closed-down and children accommodated elsewhere.	0%	24%	1%	0%



# Focus Groups: What parents had to say (UKZN)

## Reasons for parents choice of particular 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
- **Micro locality** - parents 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
- 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.



# Platform for upscaling in eThekweni -

- **Consensus amongst key stakeholders in most key respects:**
  - **ECD in informal settlements is clearly recognised as a priority** by all key stakeholders.
  - **PPT ECD infrastructure model supported** in all of its key facets is likewise.
  - **Acceptance of need for flexibility** in respect of norms and standards.
  - **Programmatic response** needed.
- **Programmatic approach adopted by eThekweni** via Committee approval and ECD being prioritised in City's Social Development Strategy including need for City to develop an ECD Strategy (Strategic Objective 2.2: Improve Early Childhood Development, Primary and Secondary Education – under Social Health dimension)
- **Significant municipal infrastructure funding allocated to ECD for 3yr pilot phase with focus on IMPROVEMENTS not new builds** – City taking proactive/leadership position w.r.t ECD.

# Land/property ownership –a key issue

- **Most centres don't own underlying land** – enjoy beneficial occupation and functional tenure only. Land and tenure are complex in informal settlements.
- **State investment in essential services on land it does not own a key crosscutting development issue in SA.** Similar situation with informal settlement upgrading – refer to CSP briefing document.
- **eThekweni envisage a section 67 MOA with beneficiary ECD centres** which will define centre obligations and specify that the City will procure the infrastructural services (funding won't go to centres).

# Key Overall Findings for new Response Model

# Main Research findings

1. Need for a new ECD response model clearly demonstrated
2. Efficacy of new Model tested was proven
3. There are several **preconditions for scaling up** the Model
  - i. Greater **fiscal allocation** for ECD necessary
  - ii. State **funding instruments** for ECD infrastructure need strengthening
  - iii. More effective **institutional co-ordination and funding mandates** necessary
  - iv. **Enabling partnerships, procurement and delivery models**
  - v. **Appropriate flexibility** is necessary to include ECD centres with potential into the system

# 1. Need for new Response Model demonstrated

- Most centres are **outside current DSD oversight, funding and support** - *31% not known by government , 75% not registered & 85% do not benefit from DSD ECD subsidies.*
- Large numbers **children are excluded from state support** in under-resourced, unregistered or unfunded centres in informal settlements
- **Infrastructure deficiencies pose the most significant barrier to registration.** *84% require infrastructure improvements due to various deficiencies in services, building, accommodation or site.*
- **Most centres have potential to improve** and are viable for support *Two thirds (66%) of the centres show commitment and have good potential (A: well functioning and B1: basic functioning with good potential).*
- **Absence of any alternative programmatic response model** that can achieve population coverage

## Stakeholder engagement

mainly via  
Municipal  
level ECD Co-  
ordination  
Structure  
involving  
**EHPs, DSD**  
**ECD Forums**  
support NGOs

### Step 1: Rapid Assessment and categorisation

*(Once off)*

#### Preparation

- Procure/partner for RAC & year 1 planning
- Define target area
  - Desktop study
  - ID existing & new centres

#### Field Survey

- Familiarise team with survey tool
- Recruit & train field workers
- Field Survey
- Data Processing , analysis
- Survey report

#### Categorisation

- General categories (A, B1, B2, C1, C2)
- ECD potential
- Infrastructure adequacy
- Investment potentials

*Optional focus group discussions  
Individual In-depth interviews (IDIs)*

### Step 2: ECD Response Plans

*(ongoing, multi year)*

#### Shortlisting & selection of centres for support

*in current year/MTEF period*

#### Assessments & response planning

*including cost estimates for delivery:*

- 1) Infrastructure
- 2 ) Operational

#### Procurement / partnerships for response planning

*(2nd year onwards until all viable centres completed)*

### Step 3: Implementation

*(ongoing, multi year)*

#### Infrastructure improvement procurement & delivery

*(Year 1)*

#### Infrastructure Improvement procurement and delivery

*(Subsequent years until all viable centres completes)*

#### Operational improvement & delivery

*(Year 1)*

#### Operational Improvement procurement & delivery

*(Subsequent years until all viable centres completed)*

***Refined,  
Scale-  
able ECD  
Response  
Model***

## 2. Efficacy of new Response Model demonstrated

- effectively **identifies existing centres at area-level** for the first time
- provides **new and essential information about existing centres** and establishes a comprehensive ECD database for the first time
- **enables population based ECD response planning** using data
- provides a **Categorisation Framework is effective and 'fit-for-purpose'**
- **enables prioritisation** of those centres with the greatest potential and highest numbers of children for support
- provides a more **transparent, accountable and depoliticised basis for the selection** of ECD centres for state support
- proves that **improving infrastructure of existing centres is cost effective** and obvious investment priority if population coverage / 'massification' to be achieved.
- **enables support to de-facto 'community-based' ECD centres that respond uniquely to the particular needs of parents** in informal settlements in multiple ways
- provides the **only viable, programmatic and scale-able response model**

# 3. Preconditions for upscaling of Model

## i. Greater fiscal allocation is necessary

The global fiscal allocation to ECD (both operational and infrastructural) is insufficient This is a key challenge to 'massification' and needs to be addressed.

Current DORA MTEF allocations for ECD grant massively insufficient - range from R318million (2017/8) to R518million (2019/20) for BOTH operational and infrastructure/maintenance. Whereas on the operational side alone, an estimated R4.5billion will be required if full population coverage is to be achieved (for 3-5 year olds). An additional amount of approximately R11billion is required to address ECD infrastructure country-wide (mix of new builds at NPO specification and improvements/extensions of existing centres).

Many registered centres do not yet receive an operational grant due to provincial budget shortages and the absence of any dedicated fiscal allocation for ECD infrastructure (or do not receive subsidies for all of their children).



# Preconditions for upscaling of Model

## ii. **State funding instruments** for ECD infrastructure need strengthening

- There is not yet an adequate solution for state ECD infrastructure funding and this requires urgent attention.
- The **main source of funding is currently municipal infrastructure funding (MIG/ ICDG)** but ECD has to compete with other demands. ECD cannot be progressed with “left over” funding.
- The **DSD Maintenance Grant is highly constrained** in terms of fund value in terms of the number of centres that can be assisted and the maximum allocation of R100 000 per centre
- There is a need for **funding for survey (once off) and response planning (annually).**
- **ECD centre improvement planning & delivery support** is necessary (provincial/local level) to develop ‘viable and bankable’ ECD project pipelines.

# Preconditions for upscaling of Model

## iii. More effective **institutional co-ordination and funding mandates** are necessary:

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

# Preconditions for upscaling of Model

## iv. Effective **procurement, partnerships and delivery models** are required

- **Up-front ECD survey and centre improvement planning:** - necessary to develop viable and 'bankable' ECD project pipelines. Requires specialist skills and capacities NGO partnerships offer a viable solution.
- **Municipal-level ECD strategies and plans:** Municipalities require technical support from specialist service providers, as well as effective communication/coordination with the Provincial DSD.
- **Infrastructure delivery:** Infrastructure investments are typically relatively small, often geographically dispersed. A programmatic and efficient model/vehicle for roll out and effective project management and oversight is thus required.
  - **For minor improvements to existing centres and minor extensions:**
    - **Municipal procurement via a framework contract or panel of service providers** (contractors) who can then be appointed rapidly based on bids against a limited call or on a roster basis.
    - **Special delivery vehicle, at provincial or Municipal level, such as a partnership between state and support NGOs** specialising in small community works.
    - **Municipal procurement via batched contracts** (for batches of centres) for each phase of delivery (typically annually).
    - Inclusion of certain components in other annual state service delivery programmes (e.g. fencing, water, sanitation, outdoor equipment) – although this will not address the high prevalence of the need for building improvements.
  - **For new builds (where appropriate and necessary):** Similar solutions to the first three outlined above. NPO specification to be utilised

# Preconditions for upscaling of Model

- v. Appropriate flexibility** is necessary to include ECD centres with potential in the system of state support:
- The **current registration and other ECD requirements are out of reach** for most centres
  - Significant **registration flexibility is envisaged by the DSD's proposed gold-silver-bronze** Partial Care Registration Framework
  - **More flexible municipal bylaws** and building regulations are required and currently investigated by the DSD
  - **More flexibility is required for state infrastructure investment** with regard to land and centre ownership
  - **DSD Programme Registration - more support assistance is required**
  - **Waive the requirement that only registered ECD Centres may be nominated for ECD NQF Level 4 training**

# Policy recommendations

- **Greater fiscal priority for under-resourced ECD centres** - infrastructure and operating costs (DSD subsidies). Most children currently don't benefit. Families cannot afford to pay for centres to provide acceptable care. There is simply not enough funding available for ECD.
- **NDSD to finalise the new gold-silver-bronze registration guidelines**, which confer important and necessary registration flexibility.
- **Flexibility within existing municipal infrastructure grants** (MIG, ICDG/USDG) so Municipalities can fund ECD infrastructure and planning and play a more proactive role. DSD's conditional infrastructure grant currently has limited budget.
- **ECD surveys are required in all municipalities** to determine status and category of all ECD centres and to provide the data necessary for effective, population-based ECD planning. Funding is required.
- **ECD centre improvement planning & delivery support** is necessary (provincial/local level) to develop 'viable and bankable' ECD project pipelines. Efficient provincial delivery models are needed. Leveraging the capacity ECD support NGOs beneficial.
- **DSD-Municipal collaboration/communication** in order to clarify intra-governmental responsibilities and ECD infrastructure funding streams. This must include Metros who have large, concentrated, underserved populations.
- **Include ECD in informal settlements as a priority within the national upgrading agenda** of all spheres of government. ECD is an important part of upgrading and Cities such as eThekweni are moving to include ECD as part of their upgrading programmes.

# Acknowledgements and thanks

- European Union
- DPME / PSPPD Programme staff
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- eThekweni Metro (Human Settlements, Engineering, Planning, Environmental Health, City Manager's office and Councillors)
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- Ilifa Labantwana & Assupol Community Trust
- Support NGOs e.g. NAG, Lima
- Our partners: UKZN and TREE
- Office of the Premier for hosting this conference & all stakeholders attending