



# Early Childhood Development: Survey, Registration & Infrastructure System Support



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## Contents

- ECD Survey, Registration & Infrastructure System Support
- Method
- Key trends and learning
- Challenges for upscaling
- Way forward
- Mini-profiling:
  - Vukuzakhe (Msinga)
  - Siphosezwe Center (Amaoti)
  - Nkanini Creche (Vulamehlo)
  - Site visits for Survey
  - Tippy Taps
- ◆ About PPT



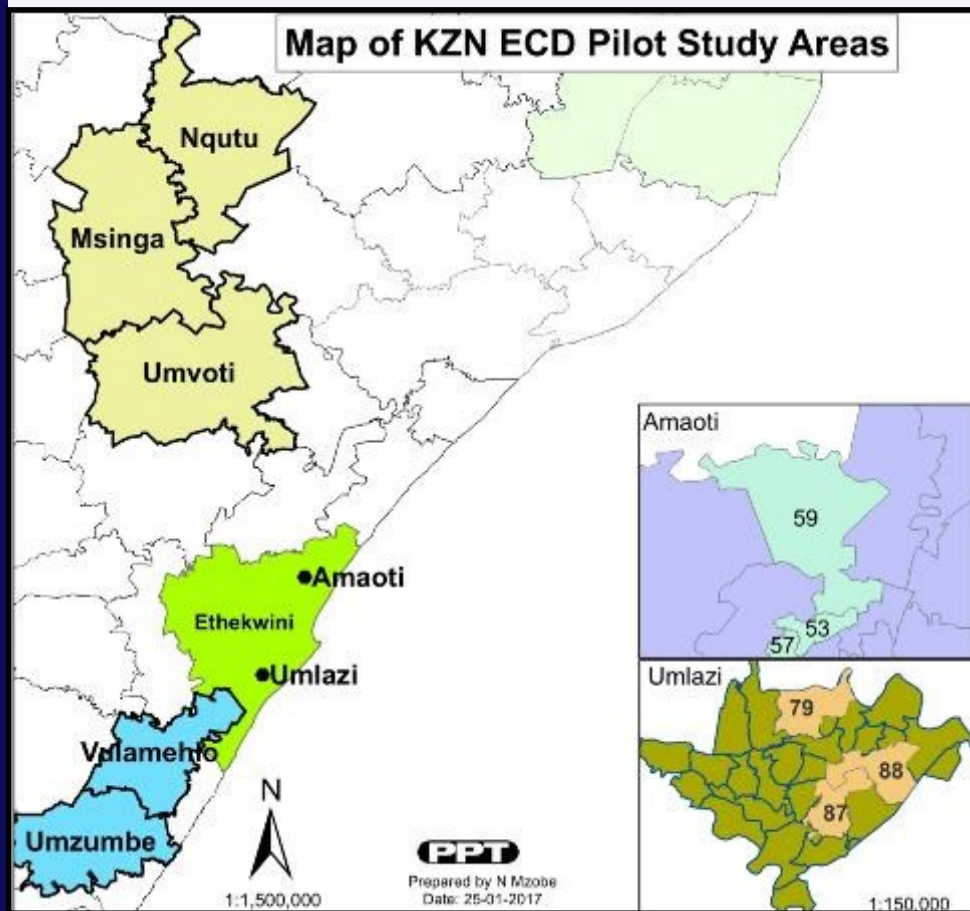
*Vukuzakhe Centre (Msinga) is operating in a temporary building because its roof was blown off. The building is too small for the number of children. It is DSD-registered with 50 children but does yet receive a DSD subsidy.*

## ECD Survey, Registration & Infrastructure System Support

The *ECD Survey, Registration & Infrastructure System Support Programme* is a systematic survey of under-resourced early childhood development (ECD) centres in low income communities and effective planning of infrastructural improvements play a critical role in achieving Government's ECD 'Massification' Strategy.

### Rationale

Rapidly improving access to acceptable ECD services for children in under-serviced and under-resourced communities is a strategic priority for South Africa. There are approximately 2.5million children in underserved communities who lack access to acceptable ECD care and services. They also often face a range of health and safety threats. Many ECD centres in these communities are not yet registered and thus fall outside of the current system of registration and related support.





## Method

Identify & Survey all ECD centres

Analyse data & map centres

Categorise, & select priority centres

Infrastructure assessments & plans

Obtain funding

Improve ECD Infrastructure

*Purpose: To collaboratively contribute to an improved (scale-able) ECD response model by locating , surveying and categorizing centres, planning for infrastructure improvements and delivery.*

## Benefits of this method

- ◆ More effective **population based planning and programmatic support** is enabled by means of a database of all ECD centres in each target municipality/area e.g. with respect to infrastructure improvement planning, centre visits by DSD and EHPs, centre registration, support by other organisation (e.g. NGOs providing training, nutrition etc.).
- ◆ **Significant numbers of centres are identified** which were not formerly on the DSD's radar.
- ◆ A **comprehensive data-set on ECD centres** is available for the first time – not only in respect of more and better structured data but also in respect of an expanded number of centres relative to existing DSD datasets/lists.
- ◆ Data and categorisation helps **select/prioritise centres for infrastructure and other support**, including for new gold/silver/bronze incremental registration framework being finalised by NDSD (e.g. centres which are likely to make the grade at entry/bronze level).
- ◆ Infrastructure and other **investments/supports can be optimised** (e.g. in respect of reaching the greatest number of children and return on investment).

*“The first five years have so much to do with how the next 80 turn out” - Bill Gates Sr.*

Target areas	ECD Centres surveyed	Registered NPOs	DSD Subsidy	Infrastructure deficits	Children in centres
Amaoti	42	21	6	41	2 546
Umlazi	39	30	6	27	1 367
Vulamehlo	52	45	25	47	1 615
Umzumbe	102	84	43	98	3 700
Msinga	111	74	26	103	4 038
Umvoti	72	40	23	60	2 396
Nquthu	98	95	59	86	3 938
<b>TOTAL</b>	<b>516</b>	<b>389</b>	<b>188</b>	<b>462</b>	<b>19 600</b>

**Table showing the overview of ECD centres per area**

## Pilot Phase achievements

Created a **database of 516 centres** in five municipalities from field survey (102 in Umzombe and 52 in Vulamehlo in Ugu DM, 111 in Msinga and 72 in Umvoti in Umzinyathi DM and 98 in Umlazi and 42 in Amaoti in eThekweni Metro).

Developed and tested an **ECD survey and infrastructure support model**

Detailed **infrastructure improvement plans** with cost estimates for 100 pilot centres with a total capital value of R20.6million at an average cost of R4,361 per child

Increased **skills and capacity of the PPT Survey Team**

Development of an electronic, **Android based survey tool.**

Development and refinement of **categorisation framework** to assist with centre selection, prioritisation and population-based planning

Development of **new ECD resources**/base documents for norms and standards and infrastructure funding models

## Key trends and learning

**Large number of centres outside of the current DSD system** of oversight and support (i.e. which are not yet registered or on the DSD's radar and not receiving DSD grants, oversight or other support). In the areas surveyed, 42% centres were not registered, 33% were not yet on the DSD's radar (lists), and 64% of the centres not receiving DSD grant support).

**Large numbers of under-resourced and unregistered centres.** 30% of children are in centres not registered with the DSD. A total of 5,864 children in 516 surveyed in centres were not in registered partial care facilities. There was a total of 19,600 children in the surveyed centres.

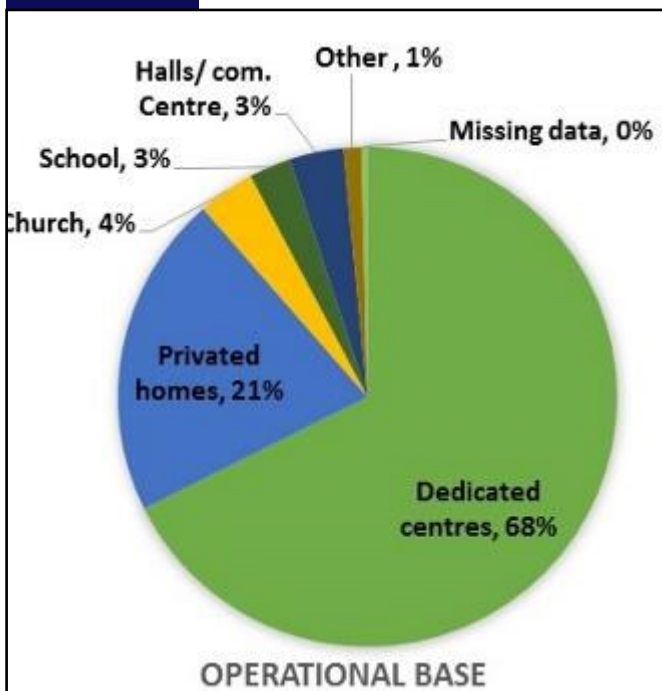
**Infrastructure deficiencies pose a major barrier to centre improvement and registration.** Most centres (90%) require infrastructure improvements due to various deficiencies (services, building, accommodation or site). These deficiencies typically pose problems in respect of the health and safety of children as well as meeting norms and standards for DSD registration.

*Many ECD centers in informal settlements such as the Siphosezwe Center in Amaoti (eThekweni) suffer not only from a lack of basic services, but also from the **unhygienic realities of overcrowded informal settlement conditions** where contaminated water, waste and sewage runs through properties due to poor stormwater and waste water management.*



**Improving existing centres is the infrastructure investment priority** if population coverage and 'massification' are to be achieved. The costs of building new centres for all under-served children is not affordable to the fiscus. Centres can be improved cost effectively (the average planned cost per centre is R103,488 at R2,153 per child). By contrast, new builds at NPO (basic) specification cost around R15,500 per child and at typical state facility (higher) specification, around R29,000 per child. In addition, not all existing centres are utilised optimally - some centres appear under-utilised in terms of space availability while a number of vacant ECD buildings were identified (e.g. at Msinga).

## Key trends and learning continued ...



**Most centres cater for less than 30 children.** This is significantly less than the national median for fully registered centres of 53. Settlement patterns and transport limitations in low income communities are expected to be contributing factors to this trend.

**Registration flexibility is essential:** The current registration requirements are out of reach for most centres. This is due to a range of factors such as low levels of income at centres and a lack of building plans, zoning and formal tenure. The DSD's gold-silver-bronze framework of incremental registration is a step in the right direction by including more centres in the system. However well-intentioned, standards that are set too high result in exclusion, illegality and heightened vulnerability.

**Low-income levels are a key constraint:** Most parents in low income communities can only afford to pay between R50 and R150 per child per month. This places centres under extreme

financial pressure. Even if the DSD ECD grant is provided, funding is still insufficient to meet all requirements.

**Most centres are long-standing, dedicated ECD sites:** 68% are dedicated ECD sites. 18% have been operational for more than 5 years and 50% for more than 10 years.

**Most centres do their best and many have potential.** Despite their limited resources, most centres show commitment under difficult circumstances and have potential to improve, provided they receive greater support. 68% of centres surveyed were in upper categories (A & B1) and 84% scored favourably (over 50%) on a potential rating (focussing on capacity and governance).

**Better co-ordinated ECD infrastructure investments:** Municipalities, the DSD and donor funders all invest to some extent and in different ways in ECD infrastructure/buildings (improvements and new builds). However, there needs to be better co-ordination, planning and prioritisation including better communication between Municipalities and the DSD. Improvements need to take into consideration categorisation, centre needs and potentials. Costly new builds require close consultation with the DSD and with care to ensure local demand and operational capacity.



***Adequate toilet facilities are a major challenge at rural ECD centres. Left: Nkanini Creche is rural Vulamehlo is a well run centre but has no toilet facilities on site. Children utilise a toilet at an adjacent church. The centre is a DSD registered but does not receive a grant. It care for 48 children.***

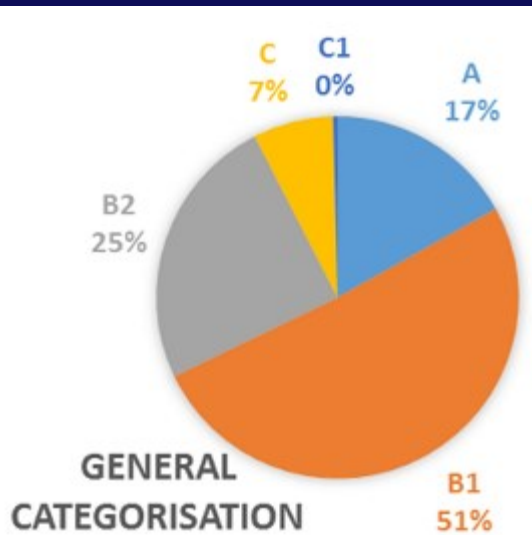


***Right: typical dilapidated rural ECD toilet.***





PPT, DSD staff and Health officials visit an unregistered ECD center in eThekweni. Such centers provide much-needed day-care for children whilst their parents work. They also provide an important form of income in these impoverished communities.



### Categorisation Definitions:

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

## Challenges for upscaling

**Shortage of specialist capacity within government to undertake ECD surveys, plan and manage infrastructure investments.** The DSD usually doesn't have capacity in-house at local or provincial level and nor do most municipalities. The solution appears to be to procure the necessary external capacity, using support NGO collaborations with existing specialised expertise where possible.

**Efficient ECD infrastructure delivery model/vehicle,** which meets requirements of ECD infrastructure is an important. The investments are typically relatively small but in multiple localities which are often geographically dispersed. Such a model / vehicle needs to be 'tuned' to ECD norms and standards and related flexibilities.

**A shortage of funding for ECD grants from the DSD** (evidenced by many registered centres not yet receiving grants due to budgetary shortages). This is a key challenge to 'massification'.

**DSD's capacity (at service office level)** to visit and assess all centres and sustain contact with them is often insufficient.

**Insufficient funding for ECD infrastructure and related survey and planning.** The current ECD conditional infrastructure grant is still at a small scale and there are no other grants sufficient to meet the scale of the need. Whilst MIG and ICDG can be utilised, there are heavy pressures on these for other purposes. In addition, the portion that can be allocated for planning and technical work may be insufficient in the ECD context (e.g. for ICDG this is capped at 10%).

**careful prioritisation of those centres which receive infrastructure and other assistance.** From a risk and return on investment point of view, it will often make sense to prioritise the centres with the greatest potential, highest numbers of children, and least barriers to registration. However, this also means that some of the most vulnerable centres will, at least for now, be left out.

*Handwashing and water supply a major ECD challenge at rural ECD centres because they typically do not have piped water. Right: Tippy taps such as these can provide hygienic, low cost handwashing for centres without piped water and hand-basins, yet they are not a recognised solution according to official ECD norms and standards.*



## Challenges for upscaling continued ...

**Framework for flexibility will require further refinement over time**, in particular at bronze and silver levels (e.g. in respect of land ownership, zoning, building plans, space adequacy per child, trained practitioner ratios etc.). The current framework is premised on centres being able to transition rapidly from bronze to silver levels, but some centres will struggle to do so, principally due to insufficient operational funding (income) and infrastructural deficits.

**Some centres are unlikely to achieve registration, even with flexibility** (proposed at the bronze and silver levels). Such centres typically offer only basic childminding and, for a range of reasons, may not have the necessary capacity and resources to make the significant shift required. Such centres are typically at the C1 or C2 levels. They are thus likely to remain outside the system, yet there may not yet be any other alternative care options for children and it may be difficult to close them down.

**PPT field teams survey ECD centers** within targeted under-served communities utilising Android tablets. The new data collected enables a better understanding of the status quo, opportunities and challenges at existing centres. It also establishes a benchmark for future improvements. A detailed database is created and centres can be mapped.



## Way forward

**NDSD to finalise the new gold-silver-bronze incremental registration framework**, which confers important and necessary registration flexibility.

**NDSD to ensure effective utilisation of the ECD conditional infrastructure grant during its three-year pilot phase** by ensuring that Provincial DSDs have the support necessary to effectively plan and implement ECD infrastructure and that there are efficient delivery models. Consider leveraging in the capacity of existing organisations with the necessary specialist capacity and expertise.

**National Treasury to consider flexibility on MIG and ICDG/USDG** to provide more effectively for ECD infrastructure and related survey and planning so that Municipalities are better empowered from a budget point of view (noting the limited scale of the ECD conditional grant in its three-year pilot phase).

**NDSD to engage directly with Metros such as eThekweni** who are committed to playing a proactive and developmental ECD role but who seek greater clarity on intra-governmental roles and responsibilities and funding streams.

**Include ECD within informal settlements as a priority with the broader upgrading agenda of all spheres of government.** There are significant synergies between upgrading and ECD. Cities such as eThekweni are now including ECD as an issue of importance within their broader incremental upgrading strategies such as basic services.



Project Preparation Trust of KwaZulu-Natal (PPT) is an independent public interest organization with more than 20 years' experience in the preparation of a range of developmental projects for communities and in mobilizing capital funding and other resources for them. PPT has a particular focus on the poorest of the poor, and those in special need such as people residing in highly marginalized rural communities or urban informal settlements or vulnerable children. The projects with which PPT is involved are often innovative pilots, which test new or improved development solutions and approaches. PPT's approach is participative, systematic and holistic. PPT was registered with the Master of High Court in 1993, the year before the election of South Africa's first democratic government. PPT is a registered not-for-profit organization. To date, the projects PPT has prepared have resulted in R1.82 billion in capital funding being leveraged for over 217,000 disadvantaged households in 177 pro-poor development projects. The projects include housing and infrastructure, special needs housing and HIV / AIDS relief, pro-poor local economic development, sustainable energies and capacity building and skills transfer.

**'WORKING TO CHANGE THE LIVES OF THE POOR THROUGH APPROPRIATE SUSTAINABLE DEVELOPMENT'**

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