



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

Early Childhood Development (ECD) Survey Report Amaoti (eThekweni Metropolitan Municipality)

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April 2016

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ABBREVIATIONS

DK	Don't know
DSD	Department of Social Development
ECD	Early Childhood Development
EHP	Environmental Health Practitioner
KZN	KwaZulu-Natal
MD	Missing Data
NA	Not Applicable
NPO	Non-Profit Organisation
PSPPD	Programme to Support Pro-poor Policy Development in South Africa
PPT	Project Preparation Trust of KZN
SARCh ¹	South African Research Chairs Initiative
TREE	Training and Resources for Early Childhood Education
VIP	Ventilated improved pit latrine
UD	Urine Diversion toilet (dry system)
UKZN	University of KwaZulu Natal

¹ South African Research Chairs Initiative under the auspices of the National Research Foundation

Acknowledgement and Disclaimer

The contents of this document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of Project Preparation Trust and can under no circumstances be regarded as reflecting the position of the European Union.

A special word of thanks to Senior Researcher, Heidi Attwood, UKZN for assisting with the data reports and advice and the Field Workers, Nqabenhle Hadebe and Sindi Chauke for their hard work

1 INTRODUCTION

Early childhood development (ECD) in South Africa is in a state of crisis, especially within low-income, under-serviced communities such as urban and peri-urban informal settlements. KwaZulu Natal is one of the worst affected Provinces. A paradigm shift and new programmatic approach are urgently required to create hope for young children from poor households and to break long-term cycles of poverty. Whilst ECD is a high priority for Government and whilst there is acceptance of the importance of ECD for poverty and inequality reduction and human development, there are currently no adequate programmes of support which reach large numbers of children within these unregistered, under-resourced centres. There is also a lack of information about these centres and no structured programme in South Africa to address the problem. Within this context, the Project has a critical role to play in respect of obtaining new information and evidence, testing new methods and enabling improved policy development. Most young children (at least 1.5 million) utilise informal, unregistered ECD centres or are entirely unable to access ECD services (DG Murray Trust, 2011).

According to the DSD, KZN is one of three provinces with the highest number of young children with only 38% receiving access to recognized ECD services (DSD, 2012). TREE estimates the figure to be significant lower than this. However, there is no structured programme of incremental assistance and support for such centres which provide the backbone of ECD services for the poor. The significant resources of the state are not being effectively mobilised. "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" (Harrison, 2012). Most informal ECD centres can't qualify for assistance because they can't formally register with the Department of Social Development (DSD) and meet its high prescribed standards. Large numbers of young children therefore receive no state assistance and endure a range of significant challenges.

The Project is a direct and practical response to this prevailing crisis. Within urban and peri-urban informal settlements, there is a high prevalence of unsupported, unregistered, and under-resourced ECD centres and a large unmet demand for improved ECD services. There are at least 2 million households residing within informal settlements in SA (over 13% of the population of which 55% are located in the 8 main metropolitan areas. Preliminary PPT research into informal ECD in collaboration with the Housing Development Agency during 2014 has confirmed the problem and proposed a systematic, programmatic and inclusive approach to informal ECD centres. Other initiatives underway validate this new ECD approach (e.g. work by Ilifa Labantwana outlined later). Large numbers of children within informal settlements hence lack access to acceptable early childhood development (ECD) care and services. In addition, they often face a range of health and safety threats. Most ECD centres in these settlements are as yet not registered and thus fall outside of the current system of registration and related support. The challenges are both in terms of 'access' (i.e. enabling more children to access centres which are within the system) and 'quality' (e.g. in terms of quality of programmes, skills of practitioners and infrastructural adequacy).

Improving access to adequate ECD services is recognized by Government as a national priority (e.g. within the National Development Plan (NDP) and by key Departments such as Social Development). The NDP prioritised ECD indicating that it needs to be made a 'top priority among the measures to improve the quality of education and long term prospects of future generations' and that 'dedicated resources should be channeled towards ensuring that all children are well cared for' and that innovation should be encouraged. It indicates that the approach should be to: "Encourage innovation in the way early childhood development services are delivered. Home and community-based early childhood development interventions should be piloted in selected districts. Financing for this initiative could involve working closely with foreign donors and private sector funders." (NDP, 2012, p. 301).

There is strong relationship between ECD and poverty reduction and human development. "American studies have shown that for every dollar spent on preschool education, between four to eight dollars is saved in later social service costs to society. As an investment in human development, spending money on the first six years of a child's education yields the highest return over the course of a person's life" (Harrison, 2012). Within the current framework, change cannot be realised at scale, given the preoccupation with a purely formal ECD paradigm. By contrast, the new model proposed will realise massive impacts and changes within relatively short time periods by focusing funding and other resources on informal ECD where the greatest numbers of children are in care. As a direct result of the innovation: A) Large numbers of children will eventually be included in state ECD support programmes with associated access to funding, nutrition, training, improved infrastructure etc. B) A new paradigm of inclusion and incremental support will be adopted by government towards informal ECD centres to achieve close to full population coverage.

An overview of the project is provided in section two/three followed by a description of the research method and process in section three. Section four, five and six present the findings of quantitative research survey. These findings are presented in terms of 3 broad headings a) capacity and governance, b) ECD programme, and c) Health, safety and infrastructure

2 OVERVIEW OF KEY TRENDS AND FINDINGS AND LEARNING

2.1 Key trends and findings

Key trends and findings can be summarized as follow:

- **There were a total of 16 343 children aged 0 – 5 in the target area of Amaoti** (wards 53, 57 and 59) according to the 2011 Census. The 2011 Census average of 0,5 children per household and Municipal informal settlement household data were used to calculate the total number of 7,901 children aged 0-5 in the informal settlements surveyed. This makes out 48% of the total number of children in these 3 wards
- **2 542 children (32 %) of the 7 901 children living in the target informal settlements surveyed, attend the 42 ECD Centres surveyed**
- **Almost three quarters (72%) of the 2542 children fall in the 3 – 5-year age group**
- **Two thirds of the 42 ECD Centres caters for 21 to 80 children.** Almost a quarter (23,9%) of these centres cater for 60 to 80 children and those can be regarded as medium size centres.
- **Area-based field survey provides valuable information not previously available** w.r.t the prevalence, status, needs and potentials of ECD Centres, spatial mapping of centres.
- **More than half of the ECD Centres have been operational for more than 10 years** and are well known in the community.
- **Almost two thirds (64%) of the centres are dedicated ECD Centres** – 29% of the centres are located at private homes.
- **Most centres (69%) are not registered as partial care facilities:** 26% of the centres are registered while 5% in the process of registration
- **Most centres (86%) are not DSD funded.** The proportion of children covered by the DSD subsidy (at 5 of the 6 centres that were DSD-subsidised) ranged from 25.9% to 69.0%, with only one centre having close to full coverage of children (98.4%). On average across the six centres, two fifths of children attending the centres were covered by the DSD subsidies. Only 361 children are subsidised in this area which means that 2,181 out of 2,542 children attending these 42 centres do not benefit.

- **Most centres are privately owned:** 86% privately owned (36 centres) of which 42% are NPO-registered (15)
- **Half the centres are NPO registered.** Of the 21 registered NPOs, 15 (71%) are privately owned and 5.5% (two) receive DSD funding. This creates confusion. DSD must provide clear directives on how to deal with these centres.
- **More than half the centres (59.5%) of the centres have government committees** of which only 14,3% received committee work training
- **Monthly fees are low.** Fees for babies seem to be higher than that of toddlers. 71,5% of the fees for babies are between R101 and R200 per month and 92% of the centres charge R51 to R150 per toddler per month.
- **Most of the meals are provided by ECD Centres.** 42,9% of the ECD Centres are providing both meals. In 28.6% of the cases both meals are provided by parents. Overall the ECD centres are providing most (57,1%) of the meals while parents are providing 42.9% of the meals.
- **Infrastructure challenges an important barrier to registration:** 24% informal structures; 24% roof problems; 31% wall problems; 55% without space for food preparation, 14% no water, 31% without acceptable sanitation; 31% no electricity; 33% partial / no fencing, 29% without outdoor play area; 33% with health & safety issues.
- **Most of the centres (59,5%) do not meet the required norm for internal space of 1,5m² per child.** More than a third (35,7%) of the centres have serious inadequate indoor space of less than 1m² per child.
- **Outdoor space is a problem for 64,3% of the centres.** More than a quarter (28.6%) of the centres do not have an outdoor playing area. More than a third (35,7%) of the centres do not has the prescribed 2m² outdoor space per child.
- **Significant deficiencies in ECD practitioner skills and capacity:** 24% of principals/owners have no or only primary school education and no formal ECD training; 57% of centres have an inadequate number of practitioners (gross); 90% had inadequate number of trained practitioners; 24 % of centres have no trained ECD practitioners; 50% have 41 or more children per trained practitioner
- **Land ownership needs to be further investigated** as the Municipality has recently concluded the acquisition of land for development

- **Flexibility is necessary for registration and inclusion within the current system of support** to address issues such as: lack of building plans (100%); limited number of title deeds (7%) / conventional tenure security; a third have 1m² or less of building space per child: 36% have less than 2m² outdoor space per child, private centre ownership (86%),
- **Cost-benefit of incremental/improvement infrastructure investments compelling** - Anticipated 6x increase in population coverage with same capital funding expenditure (incremental vs conventional approach): R10 ,3 million either buys 6 new builds assisting 360 children or 50 improvements / mix of responses benefiting 2,060 children
- **Preliminary testing of categorisation framework promising** - it indicates method can be successfully applied and all centres can be accommodated in any of the five defined categories (A, B1, B2, C1, C2) based on survey data on a) institutional/capacity, b) ECD programme and c) infrastructure/health and safety factors.

2.2 Key learning

The Amaoti survey provided PPT with some learning already implemented in other ECD projects

Ability of survey to accommodate diversity of centres

The survey form can sufficiently be used to obtain a clear picture of the centres surveyed.

Changes to the survey

All stakeholders were consulted with the compilation of the survey. This was not ideal as every stakeholder wanted to cover aspects they considered important. This resulted in a very long survey It is recommended that a technical team be assembled to reduce the questions to the absolute essential questions.

The phrasing of some questions proved to be problematic in the field and had to be slightly amended to assist

Changes to the tool

PPT experienced some teething problems with the tool as the survey questionnaire is quite long and the technical requirements quite complex. Kandu employed an elaborate system of “in line” questions which was not previously well tested. PPT lost important information when the information could not be properly retrieved. This problem has since been addressed for other survey projects.

The survey tool is functional, but will have to be transferred to a separate platform and twigged if this programme is to be rolled out at scale.

Training of field workers

PPT made use of graduates as field workers since it is too expensive to make use of ECD experts but soon realized that these ECD surveys require more specialized knowledge from the field worker than originally anticipated. The initial 2-day training was not sufficient. More technical training on ECDs and infrastructure was required. The PPT field workers working on the Amaoti project has since received much more training. If any training has to be done from scratch again it is recommended that at least a week's training be considered.

Structuring of the survey team

The survey team has to be restructured. PPT is now using well trained Field Coordinators as team leaders and locally recruited field workers more as survey assistants that help with the identification and location of centres, introductions to the centres, and general assistance with the survey. It also became clear that safety is an issue and it is deemed imperative to have a team of 2 persons. Such local field workers should be trained for at least 3 days (but will not be able to conduct the surveys on their own) and should then be linked to a particular field coordinator.

Hands on cooperation in the field

It was originally anticipated that working with EHP operating within the area would be beneficial. Although the EHPs assisted the field workers in locating the centres and introducing them, this arrangement proved overall not to be the ideal. The EHP influenced the field workers as to which centres they felt were appropriate to survey or not and field workers found it difficult to disagree with experienced officials. This arrangement also did not work well for the EHPs as it interfered with their normal duties. PPT field workers eventually had to go back to site to find the outstanding centres. Ten new centres were then identified.

3 ECD CENTRES IN INFORMAL SETTLEMENTS

3.1 Project initiation

The project “Informal Early Childhood Development Centres - a new area-based approach for improved and up-scaled ECD services for the urban poor” is funded in terms of a partnership programme between the EU and initially the Presidency now the Department of Planning, Monitoring and Evaluation’s Programme to Support Pro-poor Policy Development PSPPD II. This project falls under the EU Programme “Addressing the Poverty and Inequality Challenge”

Project team

The main skills and functions are outlined below:

PPT:

- o **Skills & function:** Project management. Informal settlements. Special needs. Infrastructure and housing. Quantitative field surveys. Facilitation. Applied research. Data management and analysis. Policy feedback. Policy development. Report writing.
- o **Team:** Mark Misselhorn (CEO, process design, M&E, strategic relationships), Liesel du Plessis (Senior Project Manager, process management, strategic relationships), Nana Ndlovu (Senior Facilitator, survey, special needs and informal settlement specialist), Inba Govender (Finance and data management) and Survey Field Coordinators: Nqabenhle Hadebe and Sindi Chauke.

UKZN:

- o **Skills & function:** Research method and tools (quantitative and qualitative). Focus Groups. Publications. Report writing. Data management and analysis.
- o **Team:** Professor Sarah Bracking (SARChI Chair, research advice, publications oversight); Senior researcher Heidi Attwood and research assistants.

TREE:

- o **Skills & function:** ECD practitioner training and programme support. ECD hubs. Unregistered/less formal ECD centres. Informal settlements. Report writing. Field surveys.
- o **Team:** Bertha Magoge (Director of TREE, advisory support, process design); Theresa Ngobese Siboniseni Blose (Assistant Programmes Manager);

Key stakeholders:

- **eThekwini Metro:** eThekwini Metro is a key stakeholder. PPT, UKZN and TREE all have close working relationship with the City. UKZN has an MOU with the City. PPT has held numerous service provider contracts with the City since 1993 and has assisted it in developing various development programmes. eThekwini’s role will include the provision of infrastructure funding, urban settlement planning for ECD, setting aside land where necessary, and assisting in liaising with the KZN DSD and National Spheres of Government including Treasury. The City will be a key role-player

on the Project Steering Committee (including representation from its Strategy, Infrastructure and Environmental Health Departments).

- **KZN Department of Social Development (DSD):** The KZN DSD, its District Offices and Service Offices are key stakeholders. The DSD's role is to assist in aligning the new proposed method and framework with current DSD initiatives including the mooted gold, silver and bronze standard and ECD Infrastructure Improvement Programme. They will also assist in providing guidance on key requirements for an 'basic but acceptable standard of less formal ECD care'. DSD is also ultimately responsible for registering and monitoring all ECD centres in the province and providing per-child subsidies.
- **Ilifa Labantwana**
Ilifa Labantwana is a valuable resource for this project. Ilifa is working in close and formal collaboration with the KZN Social Cluster to improve access to Early Childhood Development (ECD) services for young children in underserved communities. The collaboration is via a Memorandum of Agreement (MOA) with Departments of Social Development, Health Sport and Recreation, Agriculture etc. The Project is directly aligned with the Government's ECD 'Massification' Strategy to ensure that all ECD centres are registered with DSD and to support those centres still in the process of meeting the standards and requirements for registration as partial care facilities. Ilifa is also serving on national ECD forums that are consulted on policy matters.

3.2 Research Objectives

The primary research objective is to test and refine an evidence-based and scale-able ECD response model for the support of unregistered ECD centres in underserved, informal settlement communities, which enables inclusion, flexibility and incremental improvement, and which thereby achieves maximum population coverage of young children and maximum impact on various aspects of poverty affecting such children and their families. This project sets out to test and refine the practical application of the proposed new ECD response model, and to identify whether it affords significant improvements in terms of both ECD access and quality that can directly benefit children in underserved communities and that this model can potentially be scaled up. The project will also generate new knowledge about ECD activities, challenges and potential within low income, under-served informal settlement communities. The long term goal is to find ways to significantly increase the access to acceptable ECD services by children in underserved informal settlement (and rural) communities not in KZN and South Africa by means of a new and improved response model.

The primary research question focusses on the extent to which the proposed new ECD framework and method can facilitate access to improved ECD services for children within underserved, informal settlement communities and inclusion within the current system of state support

In addition, the following secondary research questions were identified

- 1) To what extent can the RAC method be successfully applied within the study area? a. What new information does the RAC process reveal in respect of the prevalence, characteristics and trends of ECD sites in the target study area? b. To what extent can all centres within the study area be accommodated within the proposed categorisation framework?
- 2) To what extent can ECD response plans and related response packages be successfully provided at six representative pilot sites within the study area: a. What ECD service improvements can be achieved at the six pilot centres as a result of ECD response plans and packages (including infrastructural investments and programme support), what is the cost-benefit and which categories of centres benefit (or not)? b. What state support including funding can be secured for the six pilot centres?
- 3) What is the potential for the response model to be scaled up so as to achieve greater inclusion, flexibility and population coverage of children? a. What proportion of children in ECD centres in the study area could potentially benefit from improved ECD services if similar response packages were extended to all centres in the same categories? b. To what extent might the new ECD framework and method (response model) be accepted and/or utilised by government decision makers (noting that the model is expected to be refined during and as a result of the research).

3.3 Research Area

The initial PSPPD proposal identified the broader INK (Inanda Ntuzuma, KwaMashu) area and within this, one particular precinct, Amaoti which was thought to be representative and which includes a substantial informal settlement population, and which is also abutting formal township and / or peri urban precincts. The eThekweni ECD Project Steering Committee reviewed and approved the proposed area.

The following criteria was taken into account

- Size of area: preferably an area with between 2000 – 5000 households
- Well established - e.g. exist for 10 years
- Area not earmarked for relocation
- Area free of political problems and /or high levels of crime
- Supportive local structures
- Area may include an area in process of being formalised (e.g. pegged, serviced or RDP houses under construction)
- Preferably within the Dense Urban Integration Zone (ICDG zone) identified by the Metro
- Study area supported by Environmental Health and DSD
- Area that Tree and PPT are familiar with

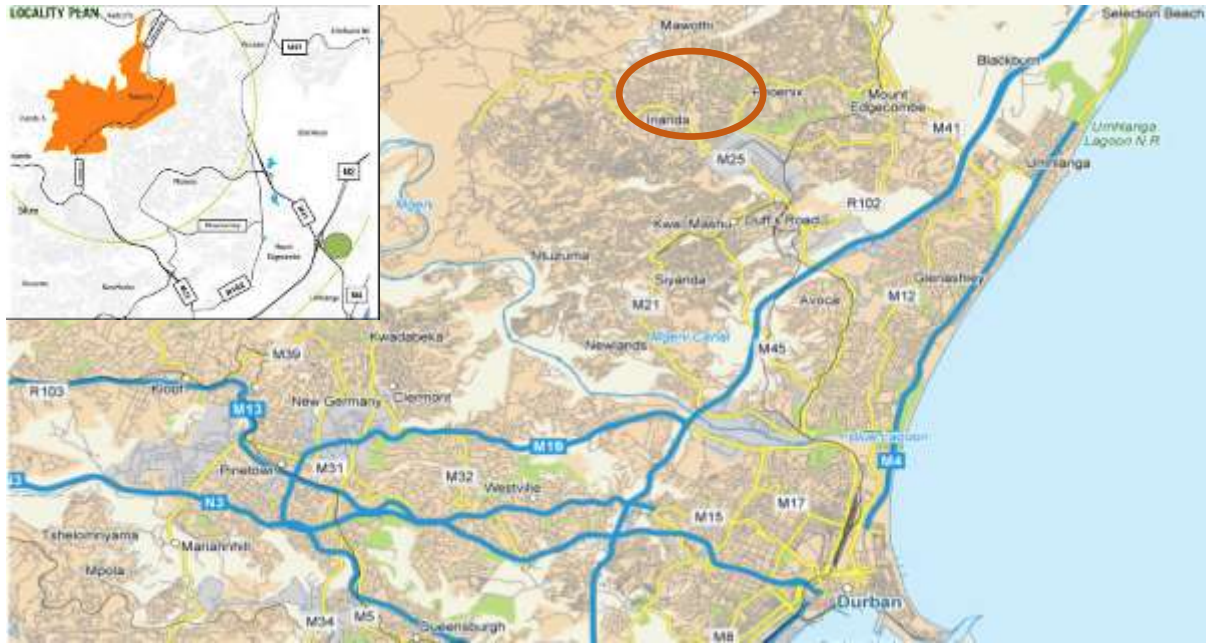


Figure 1: Location of Amaoti in relation to Durban

“Amaoti is located in the extreme east of the wider Inanda area. Amaoti represents one of the major informal settlement areas of eThekweni. Much of the development within Amaoti is of informal nature with few local supporting facilities and amenities, few formal services and, with the exception of the D403, mostly informal and unsurfaced access roads. With the exception of the flatter bottom areas of the Ohlange River valley , much of the remainder of the Amaoti area exhibits steep and fragmented topographic conditions.”²

The Golder Associates’ Report on Social Vulnerability of Amaoti 2009 and Amaoti Enumeration Report 2005, summarises Amaoti as follows

- Amaoti is one of the largest informal settlements in Durban with a hilly area covering approximately 700ha.
- Amaoti means “more wood”- remnants of a time when the area was densely forested.
- Amaoti is not clearly represented on a map- it falls across 4 different Municipal wards.
- There are 14 different communities within Amaoti of various ethnic groupings.
- A single main road leads into the area.
- The area is ‘littered’ with poor housing, sanitation and infrastructure.
- A portion of the community works in neighbouring suburban areas, very few are professionally unemployed, and the vast majority is unemployed.

² eThekweni Metro: Human Settlements: planning progress at Greater Amaoti Area (wards 53, 56, 57,59) Monthly progress report, October 2015



Figure 2: Amaoti survey area

3.4 Project Methodology

The project “Informal Early Childhood Development Centres - a new area-based approach for improved and up-scaled ECD services for the urban poor” is an applied, action-research project with a mix of quantitative and qualitative methods. It is noted that action research is a flexible, iterative research process with methodological refinements made during the research process as a result of project learning and inputs (e.g. stakeholder feedback, unanticipated environmental factors encountered). The full description of the research methodology is available on request.

The Project/Action consists of two main elements from a research point of view: A) the method/framework to be tested through practical, real-world application; B) research and assessment of the method/framework as it is applied in order to test and refine it (e.g. efficacy, stakeholder receptiveness, replicability etc.). It is vital to distinguish between research methods (and process) that form part of the ECD model being tested, and research methods (and process) that are aimed at investigating the application of the ECD model. TREE and PPT are involved in both, because they are implementing a draft ECD model and at the same time reflecting on their implementation in order to improve and finalise the model. UKZN are not involved in the implementation of the ECD model and

therefore only apply research methods which aim to gather information to assist PPT to refine their ECD model.

The following research methods are utilised.

- a) Desktop literature study.
- b) Project Steering Committee (PSC) feedback (functions as a key stakeholder reference group which provides data) – akin to key informant interviews.
- c) Collection of existing socio-economic data for study area and data on existing ECD centres.
- d) Field surveys of all identifiable ECD centres (i.e. facilities with more than 6 children) and related baseline including assessment of photographic records and on site observations by survey team.
- e) Semi-structured interviews with survey team.
- f) Qualitative focus group discussions (FDGs) and in Individual In-depth Interviews (IIDs) at approximately seven sites representing a spread of centres with respect to quality (correlated with categorisation) and locality.
- g) Selection of six representative sites for pilot interventions.
- h) Field surveys (detailed) of six pilot sites (baseline pre-intervention and assessment against baseline post-intervention).
- i) ECD response (improvement) plans for six pilot sites (with project support for implementation of plans including infrastructural improvements and development of ECD programmes).
- j) Scorecard (quantitative) assessment at six pilot sites against ECD centre improvement plans.
- k) Qualitative semi-structured interviews at six pilot sites to gauge impact (qualitative).
- l) Assessment of potential for upscaling via an extrapolation assessment of potential benefits to all ECD sites.
- m) Review and refinement of the ECD response model (including categorisation framework and response packages) at various points in the research process based on learning (and including PSC input)

The project is attended to in 4 phases:

Phase 1: Scoping and set up: this section comprises the following main activities

- Establish Project Steering Committee (PSC) as a means to engage key stakeholders
- Review and refine research method and log-frame
- Contextual desktop literature review
- Review and refine categorisation framework
- Develop research tools and data management process
- Decide study boundary
- Collect existing data on ECD centres, as well as broad socio-economic data on the study area

Phase 2: Area-level rapid assessment & baseline

- Identify and train survey fieldworkers
- Field survey of all ECD centres resulting in database of all centres including preliminary baseline data
- Qualitative semi-structured interviews with survey FWs and with selected local stakeholders (ECD forum)
- Process and analyse survey data

- Apply categorisation criteria and categorise all centres
- Undertake focus group discussions with parents and individual in-depth interviews with principals/owners at 7 centres
- Produce research report including key trends from survey
- Refinement of ECD response model/categorisation framework

Phase 3: Pilot interventions at six centres

- Select six representative centres in terms of defined criteria
- Detailed survey and updated baseline at six centres
- Develop a practical improvement plan for each of the six centres
- Secure capital funding for infrastructure delivery at 6 pilot sites
- Deliver skills training and programme enhancements
- Deliver rapid equipment/material improvements at 6 pilot sites
- Support infrastructure delivery at 6 pilot sites

Phase 4: Quantitative research study, dissemination and policy feedback

- Survey assessment against baseline at 6 pilot sites (quantitative)
- Scorecard assessment against improvement plans at 6 pilot sites (quantitative) including on-site inspections
- Semi-structured interviews for 6 pilot sites (qualitative)
- Further review and refine the delivery response model and categorisation framework including feasibility of upscaling
- Final research report and description of refined model)
- Summary Synthesis Report for stakeholder briefing and dissemination
- Dissemination of Synthesis Report and Research Report
- Multi-stakeholder workshop (disseminate & share learning)
- Assessment of potential for replication and upscaling (and plan)

The survey is central to the whole project as it

- provides area based data not previously collected
- enables categorization and shortlisting,
- provides basic information
 - for focus group discussions as well as
 - on governance and practitioner capacity
 - on the ECD programme
 - on Health safety and infrastructure which is necessary for follow up assessments.

3.5 Literature review

As part of the project, UKZ prepared a literature review as an update and expansion of previous work done by the Project Preparation Trust (PPT) of KwaZulu-Natal in partnership with the Housing Development

Agency in a 2014 document titled, “A New Approach for supporting informal early childhood development centres: Main findings and recommendations” (PPT, 2014). This review focused on contemporary literature around three areas: poverty reduction addressed through ECD, ECD infrastructure especially around informal ECD centres, and the current draft national ECD policy in South Africa. The executive summary of the literature review reads as follow:

“Early Childhood Development (ECD) has become a priority sector within South Africa particularly in respect to ensuring equity and high quality of care for the youngest members (ages 0 to 5 years old) of the population. South Africa is also burdened with high levels of poverty, inequality, unemployment and unequal levels of service delivery and public provision of infrastructure. Given the recent development and request for feedback on the provisional ECD policy, there would be a benefit to examine the current state of this draft policy, its respective white papers, and its national and international mandates and understand their relationship to South Africa’s context of poverty. Furthermore, child poverty remains a major concern in the country, particularly in respect to the geographical and living conditions where children live, study and play. This paper wishes to bring to light literature on poverty and from a multi-dimensional lens, understand how early childhood development provision, whether it be through its programming or the physical centres themselves, are affecting the lives of children, particularly those within households living in urban poverty. ECD are intended to provide children with a safe facility to stay and with some standards of conditions which would allow children to learn and improve their skills. ECD also provides parents with the ability to leave their children in safe places so that they can work or learn. The proximity of ECD centres, their costs, the staffing and their physical conditions influence the choices of parents to leave their children at an ECD centre. The ECD centres within informal settlements are also explored in this paper, given the need for further understanding of such physical infrastructures within a municipality’s planning. Planning for ECD centres within the ‘grey areas’ such as informal settlements or those located in traditional land can be problematic especially for ECD managers or principals in gaining access to much needed ECD resources through the appropriate departments. Those parents who have limited and erratic income stream are provided with inadequate choices which may put a mother and/or father in difficult situation of child care. The ECD policy would benefit poor households particularly those living within informal settlements through understanding the conditions of the poor and their limitation of choices in ECD centres. In understanding their limitation, government could help provide a more meaningful policy which cater to their needs. “

The results of this review are available in a separate document.

4 QUANTITATIVE RESEARCH METHOD AND PROCESS

This section describes the quantitative research method and process used to generate descriptive data on ECD centres in Amaoti.

4.1 Questionnaire and survey tool

4.1.1 Questionnaire

PPT developed the questionnaire with the input of various stakeholders: Social Development (District Office) eThekweni Environmental Health Office, TREE, NAG and Ilifa Labantwana. The questionnaire grew considerably with consultation.

The questionnaire covers a series of questions regarding the nature of ECD centres, issues of governance and practitioner capacity, ECD programme, and health and safety issues. A copy of the questionnaire is included in **Annexure A and the consent form as Annexure B**.

4.1.2 Android Data Management Platform (DMP)

The Android Data Management Platform (DMP) allows the utilisation of android tablets uploading data to a cloud-based database. The main reasons for considering the use of tablets were to upload GPS coordinates, take photos and do away with data capturing. The Kandu DMP tool provides an Excel database as its primary data output for analysis by PPT. The database was also set up to generate centre profiles. The location of sites was fed into an aerial/ satellite map with the facility of being able to zoom in on particular centres to examine their micro-locality in aerial view.

PPT experienced some teething problems with the tool as the survey questionnaire is quite long and the technical requirements quite complex. The survey tool is functional, but will have to be transferred to a separate platform and twiggged if this programme is to be rolled out at scale.

4.2 Fieldwork Process

Definition of an Early Childhood Development centre:

SA National Integrated ECD Policy define an ECD Centre as follows: “A partial care facility that provides an early childhood programme with an early learning and development focus for children from birth until the year before they enter Grade R/ formal school”³. However, for the purposes of this research the

³ National integrated Early Childhood Development Policy, approved by Cabinet on 9 December 2015

following definition is deemed more applicable: “Any building or premises maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents. Depending on registration, an ECD centre can admit babies, toddlers and/or pre-school aged children. The term ECD centre can refer to crèche, day care centre for young children, a playgroup, a pre-school, after school care etc. ECD centres are sometimes referred to as ECD sites.”⁴

People, entities and resources consulted prior to fieldwork

PPT consulted the following people / entities / resources prior to the fieldwork with regard to the compilation of a preliminary list of ECD Centres:

- National Audit: Database of Early Childhood Development (ECD) Centres, KwaZulu Natal Province, 30 September 2014.
- EThekweni Metropolitan Municipality: Environmental Health Practitioners
- Department of Social Development (DSD): Social Workers /ECD Coordinators at the eThekweni District Office.
- Training & Resources in Early Education(TREE)

An initial list comprising 52 ECD sites were drafted. Twenty of the centres listed were however found to fall outside the target area. Field workers covered the area by car and by foot and surveyed all centres found to be in the target area. Ten new sites were identified and 42 centres were eventually surveyed.

Field workers and training

PPT is managing two ECD programmes at the same time and thus combined the training of field workers. A survey manual covering aspects such as introduction and engagement with participants, ethics, how to use the android tool (Kandu), logistical arrangements, etc. was compiled. The initial training was done mainly by Mr Nana Ndlovu, (Senior Facilitator). Mr Lawrence Strydom from KANDU also made an input with regard to the use of Kandu software. The classroom-based training was followed up with one-day practical training sessions within each of the target community.

These joint orientation and training Workshops took place on the 6th, 18th and 25th of November for Field Coordinators and Field Workers for both the PSPPD and Ilifa Labantwana projects. Senior UKZN researcher, Ms Heidi Attwood, also assisted PPT in this regard.

PPT’s three interns, Lydia Mulibana, Ndumiso Mzobe and Nqabenhle Hadabe received training and gained experience in use of Kandu tool, use of Android tablets, identification of informal ECD Centres, engage with people, doing of surveys, measuring and taking of photos and gaining experience in participatory research methods. Ndumiso later moved on to the Ilifa Labantwana ECD project to replace another intern on the Ilifa Labantwana project.

⁴ Guidelines for Early Childhood Development Services, May 2006, developed for the Department of Social Development with technical and financial support by UNICEF

The training was also attended by eThekweni EHPs: Nomusa Mlazini, Thandi Mcking and Xolisile Simamane working in the Amaoti area and they gained experience in use of Kandu tool, use of Android tablets, identification of informal ECD Centres, doing of surveys. The orientation on 6 November 2015 was however also attended by Phumeza Ntengenyane (EHP coordinator) and other Environmental Health Practitioners (Mbali Majozi, Sixolile Hlangwana, Akhona Nqamra, Fhatuwani Mukhola,, Soli Simyenyane).

PPT invited local social workers working in the Amaoti area but they were unable to attend.

Introductions by Environmental Health Practitioners (EHPs)

The Field Workers were initially accompanied by EHPs and introduced to most of the ECD Centres. This was very helpful as it is often difficult to find one's way in informal settlements where there are no clearly marked roads. The accompanying EHPs were not keen to survey centres which they considered "fly by nights" which meant that the initial surveys were mainly done at known centres which were quite far apart. The survey team grew

Efforts to ensure a 100% area (centre) based survey 100%.

A review meeting was scheduled on 18 January 2016 and it was decided to return to the area and 'walk the streets' to search for more centres.

Implementation and survey period

The survey was commenced on 10 November 2015 and was interrupted by the end of year holidays. Most of the centres closed early December (4th- 11th) and only reopened between the 5th and 12th of January 2016. The survey was resumed and completed by the end of January 2016.

PPT discovered a problem with the recording of GPS coordinates by the Kandu system which resulted in PPT having to return to all ECD Centres to re-collect the GPS coordinates in early February 2016.

Limitations and general challenges

Limitations

It needs to be noted that the survey never intended to serve as an audit - covering all aspects of the ECD in depth. The main idea was to obtain a fair indication how many centre there are within this particular area, where they are located, how many children are serviced by these centres, what level of capacity there are both in terms of governance and human resources, whether centres are following an educational program and what the health, safety and infrastructure status is.

The survey data is preliminary in nature and is not sufficient for decision making (e.g. centre registration) and resource allocation (e.g. infrastructural improvements) without follow-up work and further technical assessments.

General challenges

It is noted that the survey of ECD Centres in the target communities was challenging for a number of reasons:

- *Centre contact details absent / unreliable.* Many of the centres on the pre identified lists did not have any contact details and those that had were often either not correct or the numbers changed which means that the survey team struggled to contact ECD Centres in advance or to contact them for directions.
- *EHPs accompanying field workers were not keen to attend to “unknown” centres “mushrooming” or centres considered to be “fly by nights”* (i.e. those not making an effort to get registered)
- *Identification of “unknown” centres:* Field workers had to walk the area by foot to try and locate all ECD Centres within a particular area.
- *Poor accessibility ECD sites due to poor or absence of roads created an obstacle in identifying / finding centres.*
- *ECD owners or supervisors are often not at centres* and practitioners or other not able to answer all questions
- *Some centres making use of private facilities (e.g. kitchen, toilets) were not willing to give access to field workers to these premises.*
- *The large amount of data being collected* (some of it relatively specialised in nature) and the associated need for field workers to be relatively skilled and knowledgeable about ECD.

4.3 Data validity

The ECD audit conducted by PPT was designed to gather information from the various ECD facilities in Amaoti, based on the replies that centre staff provided to the various questions, and where possible, based on what the field co-ordinators could visually verify. In some cases, principals or owners were interviewed and in other cases either a supervisor, practitioner or committee member was interviewed.

Trained Field Workers took care to establish good rapport with respondents before continuing with the questionnaire in an effort to increase the accuracy of the information gathered. However, as with all research of this nature, there are cases where respondents are unaware or misinformed about certain facts regarding their ECD facility, resulting in some information that is factually incorrect e.g. Centres with oral PTOs/ Right to Occupy may perceive that they own the land when in fact they don't.

Occasionally, respondents may deliberately or inadvertently provide answers that are not factually correct. In cases where answers can be verified e.g. number of toilets or windows (as opposed to questions regarding thoughts and opinions), this was done by field workers. However, verification is not always possible, for example when documentation to prove an answer is not available, such as a copy of practitioners' qualifications, the staff development plan, or the facility's certificate of registration if the documents are not kept on site. In such cases, the data reflects the answer given by the respondent, when the field coordinator has no reason to believe the answer to be factually incorrect. If a field coordinator strongly suspects that misleading information has been provided, this is noted.

The ECD audit therefore attempts to reflect the reality of ECD facilities in Amaoti, which can then be compared with other stakeholders' perceptions, opinions and information regarding these ECD facilities.

4.4 Presentation of Data

With the presentation of quantitative data, the research norm is to indicate percentages where the sample size is at least 30. In the sections below, data for the total sample of 42 ECD centres is presented as frequency (number of people or centres recording a particular answer) and as a percentage (proportion of total sample recording a particular answer). However, for the DSD registration status sub-samples, only the frequency is presented, because these sample sizes are smaller than 30.

Data is also presented in cross tabulation format in terms of DSD registration which proved to be useful - e.g. to determine how many centres that are NPO registered are also DSD registered or how many NPO registered centres are privately owned.

In response to some questions (such as planned improvements for the ECD centre), respondents could mention more than one answer. Data tables based on responses to these questions are multiple mention tables, where the total number of answers (frequency of all responses) adds to more than the total sample. Where appropriate, these tables indicate the average number of responses per centre or respondent.

4.5 Desktop data compared to survey data

The total population of the three wards amounted to 116,833 and the number of households to 32 791 according to the 2011 Census of which translates in a household size of 5.9 people. Of the 116 833 people in these three wards, 16 343 were children aged 0 – 5. **PPT did not survey the whole of the wards - only the informal settlements closest to the Dense Urban Integration Zone as well as a few centres lying directly adjacent to the informal settlements as these centres service the informal settlement community.**

Ethekwini estimated the number of households within the informal settlement areas (listed per ward in figure 6 below) at 15 801 households. Census 2011 Wazimap indicates an average of 0,5 children aged 0-5-year-old per household which amounts to 7 901 children in the informal settlements and 48% of the children in the three wards.

Of the 7 901 children aged 0 to 5 in Informal Settlements 2 542 (32%) are attending ECD centres. More than three quarters (77%) of the children in Ward 53 stays in the informal settlements and 33% of these are attending ECD Centres. Almost a third (31%) of the children in Ward 57 stays in Informal settlements and

of those children 54% are attending ECD Centres. Ward 59 with its 5958 children aged 0-5, had 39% of children staying in informal settlements and of this 54% are attending ECD centres.

Ward No.	Census 2011 Wazimap population	Census 2011 Wazimap Households	Census 2011 Total No. of children (0-5)years	Informal Settlement (IS) Name	No. of Households	Census 2011 Data: Average no. of children (0-5yrs) per household	Estimated no. of children per informal settlement (IS)	No. of children in ECD centres surveyed	Percentage of children in IS enrolled (%)	Survey Data: No. of ECD Centres
53	35 857	10 691	5 067	Namibia	1 329	0,5	664,5	78	0,12	2
				Lusaka	2 452	0,5	1226	357	0,29	6
				Angola	1 338	0,5	669	143	0,21	5
				Zimbabwe	576	0,5	288	100	0,35	1
				Cuba	1 327	0,5	663,5	551	0,83	7
				Libia-Palestine	759	0,5	379,5	61	0,16	2
Total	35 857	10 691	5 067	subtotal	7 781	Total children informal settlements >	3 891	1 290		23
						% of children in ward >	77%	33%	< % of children in ECD centres	
57	35 633	10 237	5 318	Geneva	1 036	0,5	518	182	35,1	2
				Mozambique	535	0,5	267,5	40	15,0	1
				Thambo Plaza (servicing the Geneva IS)	No Data	0,5	No data	105	No Data	1
				Ngoqokazi (servicing Geneva IS)	No Data	0,5	No data	29	No Data	1
				Ohlange (servicing the Zambia IS)	No Data	0,5	No data	45	No Data	1
				Tanzania	1 745	0,5	872,5	342	39,2	2
				White City (servicing the Zimbabwe and Zambia IS)	No Data	0,5	No data	148	No Data	1
Total	35 633	10 237	5 318	subtotal	3 316	Total children informal settlements >	1 658	891		9
						% of children in ward >	31%	54%	< % of children in ECD centres	
59	45 343	11 863	5 958	Nigeria	1404	0,5	702	78	11,1	3
				Moscow	1386	0,5	693	0	0,0	0
				Zwelisha	1914	0,5	957	283	29,6	7
Total	45 343	11 863	5 958	subtotal	4 704	Total children informal settlements >	2 352	361		10
						% of children in ward >	39%	15%	< % of children in ECD centres	
Total	116 833	32 791	16 343	Total households >	15 801	Total children in informal Settlement >	7 901	2 542		42
						Total % of ward >	48%	32%	<% of IS children enrolled	

Table 1: Demography and number of children attending ECD Centres

There were 16 343 children aged 0-5 in the three wards – 8 713 (53%) children 0-2 years and 7630 (47%) children 3- 5 years during the Census of 2011. Of these only 971 (5,9%) children were at the 11 centres audited by National Government in 2014.

PPT found 42 ECD Centre in this area with 2 542 children 0 – 5 years’ old which only constitutes 15,5% of the total number of children in the wards. PPT did not extrapolate the Census figures which means that the 15,5% may be a conservative figure. Despite the fact that PPT surveyed only a portion of each ward, PPT surveyed 2,5x more centres than the national audit and found approximately more than 2,5 more children in ECD Centres than reflected in the rural areas. It is however still a concern that such small percentages are attending ECD centres in these areas.

Ward No.	Census 2011 (Wazimap)				National ECD Audit 2014		PPT Survey 2015/16		
	No. of children (0-2) years	No. of children (3-5) years	Total No. of children (0-5)years	No. of Centres	No. of centres	No. of children	No. of Centres	No. of children	% children in ECD Centres
53	2744	2323	5067	3	3	238	23	1290	25%
57	2831	2487	5318	8	8	733	9	891	17%
59	3138	2820	5958	0	No data	No Data	10	361	6%
Total	8713	7630	16343	11	11	971	42	2542	16%

Table 2: Number of ECD children and centres

When looking at the children’s living conditions it was found that the majority of households have water electricity and refuse disposal services but that less than half (45%) the households had access to acceptable toilets.

Census: Household Services				
Ward No.	Have electrical connection (household %)	Have flush or chemical toilets (household %)	Have access to water (household %)	Households getting refuse disposal from local authority or private company (%)
53	86,6	44,9	71,5	82,2
57	87,1	41,2	73,4	83,2
59	87,8	49,6	82,1	64,4

Table 3: Household services

Approximately two fifths of the centres have women as head of the households.

Households are generally really poor. Almost a third of the population has matric and higher and almost a third is employed. The average monthly / annual income is low and is the same across all three wards - i.e. R1200 per month or R14 600 per annum. An average of 46% of the households have fully ownership or their houses are being paid off.

4.6.2 Amaoti suburbs and wards

More than half (55%) of the 42 centers were located in Ward 53, with almost a quarter (24%) in Ward 59 and 22% of the centres in ward 57 or immediately adjacent. The centres surveyed were spread across 14 sub-areas or suburbs. The highest number of centres per suburb (6 or 7) were found in Cuba, Lusaka and Zwelisha.

4.6.3 The Respondents

Owners (28.6%) and principals (28.6%) accounted for over half of respondents, and the bulk of the remaining respondents were practitioners (see Table 4: Position of survey respondent). With respect to some questions, not all practitioners and supervisors had the knowledge to answer the question, thereby limiting the data. See for example item 5.4 Governance – Policies.

Position of Respondent	Frequency	Percent
Owner	12	28.6
Principal	12	28.6
Practitioner	14	33.3
Supervisor	4	9.5
Total Sample	42	100.0

Table 4: Position of survey respondent

4.6.4 Children

In total, 2,542 children were attending the 42 ECD centres surveyed in Amaoti. The number of children per centre ranged from 6 to 255 children, with an average of 61 children per centre (see Table 5: Number of children (aged up to 5 years) in ECD centres surveye). There are only a few centres (14,3%) with less than 20 children. Two thirds of centres (66,7%) had between 21 and 80 children, with five centres having over 100 children (of which only 1 had over 200 children).

Number of children in ECD centre	DSD Registration Status			Total		
	Fully Registered	In Process	Unregistered	Frequency	Percent	Cumulative percentage
Between 6 and 20 Children	0	0	6	6	14.3	14.3
Between 21 and 40 Children	0	0	13	13	30.9	45.2
Between 41 and 60 Children	1	0	4	5	11.9	57.1
Between 61 and 80 Children	3	2	5	10	23.9	81
Between 81 and 100 Children	2	0	1	3	7.1	88.1
Between 101 and 200 Children	4	0	0	4	9.5	97.6
More than 200 children	1	0	0	1	2.4	100.0
Total Sample	11	2	29	42	100.0	
Total Number of Children	1258	156	1128	2542		
Average number of children per centre	114	78	39	61		

Table 5: Number of children (aged up to 5 years) in ECD centres surveyed

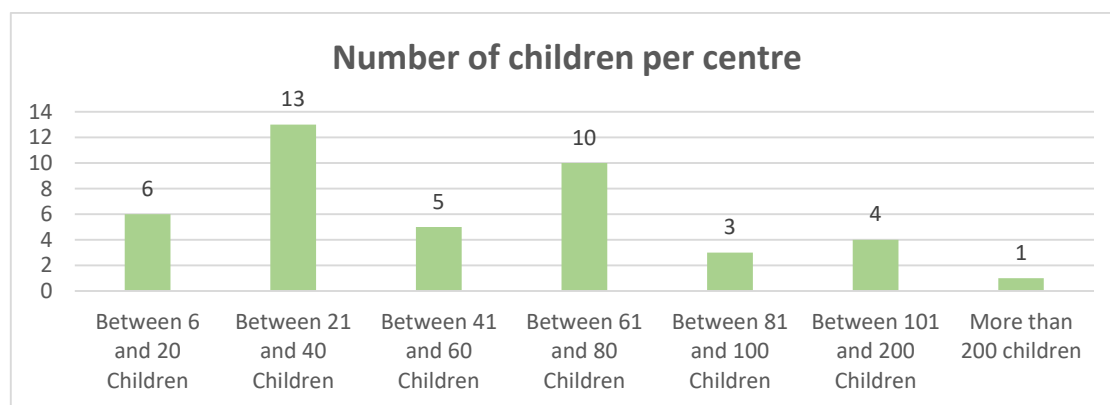


Figure 5: Number of children per centre

During the interview, the respondent was asked how many babies and how many toddlers attended the centre. Data on the number of children aged 6 years and over was not collected.⁵ Data presented on the total number of children attending was gained from adding the number of babies and number of toddlers together. It is not known whether respondents would have omitted children aged 6 years and over, or included them in the number of toddlers mentioned. Therefore, this data should be viewed with some caution. Furthermore, during debriefing, a fieldworker mentioned that on a few occasions, the number of children present appeared to be much less than the number of children mentioned by the respondents as

⁵ This was an error which will be corrected in further revisions of the questionnaire.

attending the centre. In revision of the questionnaire for future use, a method to triangulate number of children at centre will be included.

Number of Babies (aged 0 – 2 yrs) per centre				Number of Toddlers (aged 3 – 5 yrs) per centre		
Frequency	Percent	Cum. percent		Frequency	Percent	Cum. percent
20	47.6	47.6	2 to 10 children	6	14.3	14.3
6	14.3	61.9	Between 11 and 20 children	3	7.1	21.4
9	21.4	83.3	Between 21 and 30 children	11	26.2	47.6
4	9.5	92.9	Between 31 and 40 children	3	7.1	54.7
3	7.1	100.0	Between 41 and 50 children	7	16.7	71.4
0	0	100.0	Between 51 and 60 children	4	9.5	80.9
0	0	100.0	Between 61 and 70 children	3	7.1	88.0
0	0	100.0	Between 71 and 80 children	2	4.8	92.8
0	0	100.0	Between 81 and 90 children	0	0	92.8
0	0	100.0	Between 91 and 100 children	1	2.4	95.2
0	0	100.0	Between 101 and 200 children	1	2.4	97.6
0	0	100.0	More than 200 children	1	2.4	100.0
42	100.0		Total Sample	42	100.0	
730	Babies		Total Number of Children:		Toddlers	1812
17			Average number of children per centre:			43

Table 6: Number of Babies and Toddlers in ECD centre

Additional statistics

Almost half (49,5%) of the children are accommodated in registered partial care facilities, 6,1% in centres currently busy with partial care registration and 44,4% are attending unregistered ECD centres.

Statistics	Number of Children Attending			Number of Toddlers			Number of Babies		
	DSD Registration Status			DSD Registration Status			DSD Registration Status		
	Fully Registered	In Process	Unregistered	Fully Registered	In Process	Unregistered	Fully Registered	In Process	Unregistered
Sum	1258	156	1128	921	108	783	337	48	345
Mean	114	78	39	84	54	27	31	24	12
Sample Size	11	2	29	11	2	29	11	2	29

Table 7: Additional statistics

These figures can be further summarized as follow

Statistics	Total Number of Children Attending	Number Of Babies	Number Of Toddlers
Sum (total number)	2542	730	1812
Mean (average)	61	17	43
Median (middle point)	49	14	33
Minimum	6	2	3
Maximum	255	50	210
Total Sample	42 centres	42 centres	42 centres

Table 8: Additional statistics on numbers of babies, toddlers and children in total

5 FINDINGS: GOVERNANCE AND CAPACITY

5.1 Ownership

5.1.1 Operational base

Almost two thirds of the centres operate in dedicated buildings while 29 % operate from private homes.

Operational Centre	Frequency	Percent	Cumulative Percent
Dedicated ECD centres	27	64	64
Private home	12	29	93
Church	1	2	95
Other (Municipality)	1	2	98
Missing data	1	2	100
Total	42	100	

Table 9: Operational base

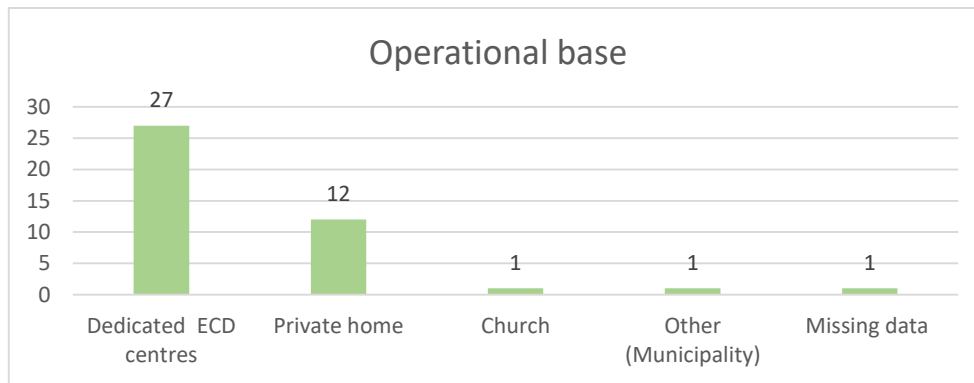


Figure 6: Operational base

5.1.2 Centre ownership

When asked who owned the ECD centre, the majority (86%) indicated that it was privately owned, with only 6 centres indicating that the centre was a non-profit organization (NPO). However when specifically asked whether the centre was registered as an NPO, 50% said that it was (see Table 10: Centre Ownership).

Since 15 (72%) of the 21 centres registered as NPOs is still considering the centres to be private it is clear the ECD centre owners do not understand the implications of NPO registration. This issue should be addressed by the Department of Social Development as a matter of urgency.

Centre Ownership	NPO Registration Status			Total Sample	
	Registered NPO	In progress	Unregistered	Frequency	Percentage
Registered NPO	6	0	0	6	14.3
Private Individual	15	3	18	36	85.7
Total Sample	21	3	18	42	100.0
Percent of total sample	50.0%	7.1%	42.9%	100.0%	-

Table 10: Centre Ownership

5.1.3 Landownership

This data reflects the perceptions of interviewees. Land ownership and tenure are often poorly and variably understood e.g. people will typically perceive that they own the land in informal settlements as they may have been occupying the land for a long time. The underlying land may however belong to the municipality or other entities as was the case in Amaoti.

Land Ownership	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Church	0	0	2	2	4.8
Municipality	2	1	1	4	9.5
NPO/ NGO	0	0	1	1	2.4
Private Individual	8	0	25	33	78.6
Traditional Authority	0	1	0	1	2.4
Don't Know	1	0	0	1	2.4
Total Sample	11	2	29	42	100.0

Table 11: Land Ownership

More than a quarter (28,5%) of the centres indicated that their tenure rights have been obtained in terms of an oral PTO or Right to Occupy. The form of ownership indicates that only 7.1% of the centres have a title deed while 36% of respondents indicated that they obtained the land per unregistered transaction and another 29% indicated that they are not sure of the tenure arrangements.

Form of tenure	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Oral PTO	3	0	6	9	21.4
Right to Occupy	1	1	1	3	7.1
Title Deed	1	0	2	3	7.1
Unregistered Transaction	5	1	9	15	35.7
Don't Know	1	0	11	12	28.6
Total Sample	11	2	29	42	100.0

Table 12: Form of tenure

It should be noted that the eThekweni Municipality recently concluded the acquisition of 600 hectares for the proposed Amaoti Greater informal settlements upgrade development comprising 15 different areas - Nigeria, Cuba, Palestine, Moscow, Namibia, Lusaka, Libya, Zambia, Angola, Mozambique, Tanzania, Brooksfarm, Zimbabwe, Geneva and Amaotana. The development will provide for mixed income residents and housing opportunities incorporating commercial, social amenities and residential sites. The beneficiaries will receive freehold tenure. PPT is currently negotiating with the Municipality to ensure that the current ECD centre sites will, as far as possible, be accommodated within the new town planning layout.

Formal Lease	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	4	2	17	23	54.8
Yes	1	0	1	2	4.8
Don't Know	6	0	11	17	40.5
Total Sample	11	2	29	42	100.0

Table 13: Formal Lease

5.2 Years operational

Of the centres surveyed, the oldest was established in 1989. About two fifths were established in the period up to the year 2000, another two fifths between 2001 and 2010 and one fifth after 2010 (see Table 12). The majority of the centres thus form an integral part of community life in Amaoti.

Year Established	DSD Registration Status (Frequency Only)			Total Sample		
	Fully Registered	In Process	Unregistered	Number of Centres	Percent	Cum. Percent
1989 - 1995	3	0	4	7	16.7	16.7
1996-2000	3	1	6	10	23.8	40.5
2001 -2005	3	0	3	6	14.3	54.8
2006-2010	1	1	8	10	23.8	78.6
2011-2014	1	0	8	9	21.4	100.0
Total Sample	11	2	29	42	100	-
Percent of total sample	26.2%	4.8%	69.0%	100.0%	-	-

Table 14: Year ECD centre was establishment

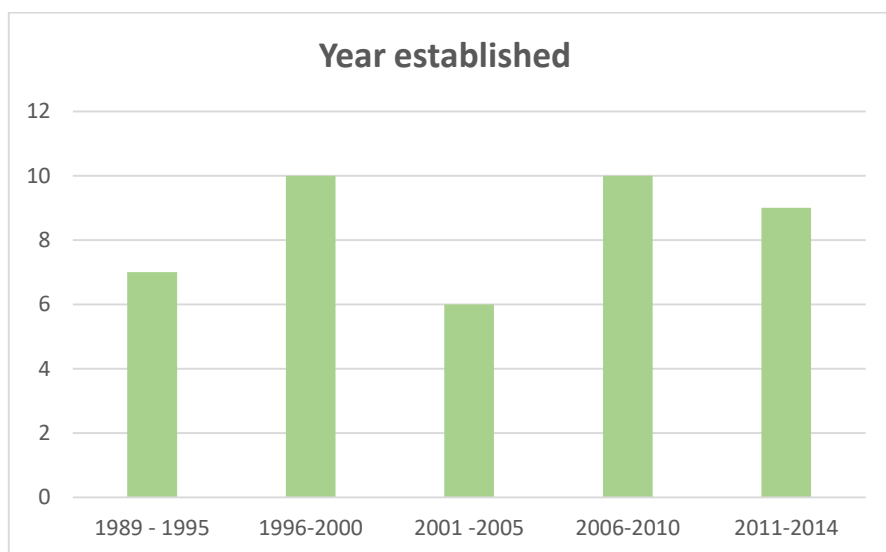


Figure 7: Year ECD centre was established

5.3 Registrations

5.3.1 NPO registration

Half (50%) of the centres are registered as NPOs. Of these almost half is fully registered as partial care facilities and the other half is either in process of registering as partial care facility or unregistered. 7,1% of the unregistered centres are in the process of registering as NPOs. 42,8% of the centres are not NPO registered and this includes 1 centre that is registered as a partial care facility.

NPO Registration	DSD Registered			Total
	Fully Registered	In Process	Unregistered	
Yes	10	2	9	21
In progress	0	0	3	3
No	1	0	17	18
Total	11	2	29	42

Table 15: NPO registration

When looking at centre ownership data (refer to item 5.1.2) it was found that most centres are privately owned. Of the 21 registered NPOs 71% (15) are privately owned

it was clear that not all of the ECD Centres understand the implications of registering as NPOs. Many seem to register as NPOs in order to be eligible for state support.

5.3.2 Partial Care registration

Just over a quarter of centres is registered for Partial Care with the Department of Social Development (DSD), with almost two thirds unregistered (see Table 16: DSD registration by NPO registration 14). Considering only those which were NPO registered, the proportion which were DSD registered rose to almost half (48%).

DSD Registration	NPO Registration (Frequency Only)			Total Sample	
	Registered NPO	In Progress	Unregistered	Frequency	Percent
Fully Registered with DSD	10	0	1	11	26.2
In Process of DSD Registration	2	0	0	2	4.8
Unregistered with DSD	9	3	17	29	69.0
Total Sample	21	3	18	42	100

Table 16: DSD registration by NPO registration

Only one centre that is not NPO registered is registered with DSD. One of the centres indicated that they could not register for Partial Care Registration due to inadequate staff.

It should be noted that most of the ECD Centres in Amaoti were unknown to the DSD Service Office and they could therefore not encourage these centres to register. The DSD is now following up on these centres for registration purposes.

5.4 Governance

Governance overview

Almost 60% of the centres have governance committees in place. This includes 100% of the ECD centres with partial care registration. Almost a quarter of the 25 centres with governing committees received committee work training. Just more than half (52%) have constitutions while just more than a third of the centres have financial statements in place.

Governance aspects employed at ECD centers	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Governance Committee in place	11	2	12	25	59.5
NPO has Constitution	10	2	10	22	52.4
Minutes of governance committee meetings available	11	2	7	20	47.6
Financials in place	10	1	4	15	35.7
Committee received Work Training	3	0	3	6	14.3
Total Sample	11	2	29	42	-

Table 17: Aspects of Governance (Multiple Mention)

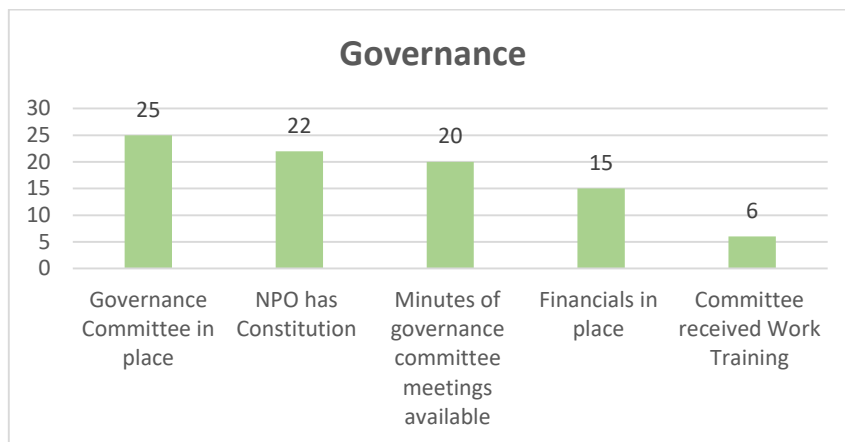


Figure 8: Aspects of Governance (Multiple Mention)

Willingness to improve governance

All most all centres (98%) are committed to registration and indicated that their staff is willing to be trained but only 86% of the committees indicated that their committees would be willing to be trained.

Willingness to Improve Governance*	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Committed to Registration	11	2	28	41	97.6
Staff willing to be trained	11	2	28	41	97.6
Committee willing to be trained	10	2	24	36	85.7
Total Sample	11	2	29	42	-

Table 18: Governance Training (Multiple Mention)

*Note: This table includes only those centres which responded positively to the three willingness questions.

Three quarters of ECD centres that do have a governance committee, meet two, three or four times a year. One did not meet at all in 2015, and the remaining 20% met 5 or more times in the year

Number of meetings per year	DSD Registration Status (Frequency Only)			Sample: Centres with governance committees
	Fully Registered	In Process	Unregistered	Frequency
No meetings	1	0	0	1
2 meetings	2	1	3	6
3 meetings	2	1	3	6
4 meetings	4	0	3	7
5 or 6 meetings	2	0	1	3
10 or 11 meetings	0	0	2	2
Sample: Centres with governance committees	11	3	12	25

Table 19: Number of committee meetings per year

Parent consultation

Irrespective of the existence of a committee and frequency with which they meet, the bulk of centres (88%) reported that they always (78.6%) or often (9.5%) consulted parents regarding aspects of the ECD centres.

Parents Consulted	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Yes, Always	9	2	22	33	78.6
Yes, Sometimes	2	0	2	4	9.5
Not very often	0	0	2	2	4.8
Never	0	0	1	1	2.4
Don't Know	0	0	2	2	4.8
Total Sample	11	2	29	42	100.0

Table 20: Parent consultation

Policies

Just over a third of centres (35.7%) had one or two policies, while almost 2 fifths had no policies for their centre, and the remaining one fifth were rather unaware of the existence of centre policies or the question was not answered (see Table 21: Existence of centre policies (Multiple Mention))

The development of policies is a requirement for partial care registration. It is therefore interesting to see that while only 26% of the centres are registered as Partial Care facilities, 36% of the centres developed policies which means that 10% of the non-registered centres also developed policies. Almost two thirds (64%) of the centres do not have any policies. The health policy is the most popular policy as 94% of those with policies developed a health policy.

ECD Centre Policies*		DSD Registration Status (Frequency Only)			Total Sample		
		Fully Registered	In Process	Unregistered	Frequency	Percent	Grouped Percent
Have one or more policies	Admission	2	1	1	4	9.5	35.7
	Health	4	1	9	14	33.3	
	HIV/AIDS	0	0	0	0	0.0	
	Child Abuse	0	0	0	0	0.0	
	Finances	0	0	0	0	0.0	
	Complaints Procedures	0	0	0	0	0.0	
	Yes (Unspecified)	0	0	1	1	2.4	
None		4	1	11	16	38.1	64.3
Missing Data/ Don't Know		3	0	8	11	26.2	
Total Sample		11	2	29	42	-	100

Table 21: Existence of centre policies (Multiple Mention)

*Note: This table includes only those centres which had the type of policy in question i.e. positive responses.

5.5 Centre Operation and Administration

5.5.1 Operating days

The majority of the centres (85.7%) surveyed were open five days a week, from Monday through to Fridays, and one fifth (19%) were open Mondays to Fridays. The remaining 14,3% were open Mondays, Tuesdays, Wednesdays, Thursdays Fridays and Saturdays.

Operating Days	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Monday, Tuesday, Wednesday, Thursday, Friday	11	2	23	36	85.7
Monday, Tuesday, Wednesday, Thursday, Friday, Saturday	0	0	6	6	14.3
Total Sample	11	2	29	42	100.0

Table 22: Days of centre operation

5.5.2 Operating hours

Virtually all centres (92.9%) opened between 6am and 7am, with the remaining 3 centres opening at 5.00am or 5.30am. Closing times varied from 2.00 pm to 7.00pm, however the most common closing time (66.7% of centres) was either 4.00pm or 4.30pm. These times were used to calculate the number of hours per day, that the centres were open for. The results are shown below in Table 23.

Length of time centre is open for	DSD Registration Status (Frequency Only)			Total Sample		
	Fully Registered	In Process	Unregistered	Number of Centres	Percentage	Cumulative Percentage
7h00	0	0	1	1	2.4	2.4
9 - 9h59	4	2	11	17	40.5	42.9
10 - 10h59	6	0	7	13	31.0	73.8
11 - 11h59	1	0	5	6	14.3	88.1
12 - 12h59	0	0	2	2	4.8	92.9
13 - 13h30	0	0	3	3	7.1	100.0
Total Sample	11	2	29	42	100	

Table 23: Length of time centre is open for

Two fifths of centres were open for between 9 and 10 hours a day, and another 31% were open for between 10 and 11 hours a day. Five centres were open for 12 or more hours a day, and only one centre opened for less than 9 hours a day.

5.5.3 Administrative Records

Respondents were asked whether the centre kept each of the 11 different types of administrative records shown in Table 24: Administrative Records Kept (Multiple Mention)

Approximately three quarters of centres kept a receipt book, a fees register, and a children’s attendance register. Between half and three fifths kept enrollments forms, an incident register and road to health registers; while between a third and two fifths kept a staff attendance register, a visitors’ books, and staff job descriptions. Only around one quarter kept a medication register and a staff development plan.

Type of Administrative record kept by the centre*	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percentage
Keep Fees Register	11	2	19	32	76.2
Keep Child Attendance Register	11	2	18	31	73.8
Keep Receipt Book	11	2	17	30	71.4
Keep Enrollment Forms	11	1	14	26	61.9
Keep Incident Register	11	2	9	22	52.4
Keep Road to Health Register	8	2	12	22	52.4
Keep Staff Attendance Register	11	2	5	18	42.9
Keep Visitors Book	9	2	6	17	40.5
Keep Staff Job Description	8	0	6	14	33.3
Keep Medication Register	7	1	4	12	28.6
Keep Staff Development Plan	8	0	2	10	23.8
Total Sample	11	2	29	42	-

Table 24: Administrative Records Kept (Multiple Mention)

*Note: This table includes only those centres which kept the administrative record in question i.e. positive responses.

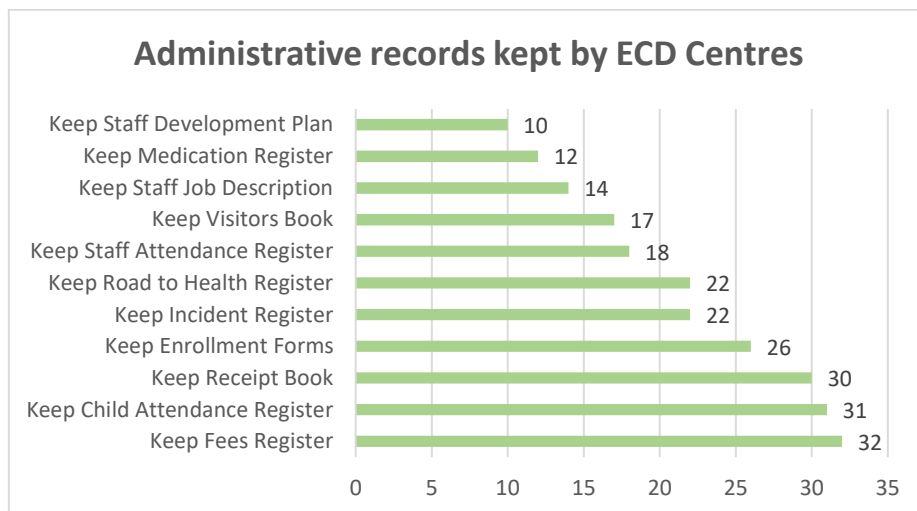


Figure 9: Administrative records kept

5.6 Human Resources and Capacity

5.6.1 Principals

There are 42 principals / owners. Just over one of every 10 principals had no formal school education and another 12% had passed grade 7 only – that is almost a quarter (23.8%) of the principals that have no secondary school education. More than a third (35,7%) of the principals completed Grade 10 and almost a quarter (23,8%) Grade 12. This is a concern as Grade 12 is generally required to enroll for NQF level 4 training and NCF training provided by the Department of Education.

Principals' Highest Qualification	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No School Education	0	0	5	5	11.9
Passed Gr 7	1	0	4	5	11.9
Passed Gr 10	2	1	12	15	35.7
Passed Gr 12	4	0	6	10	23.8
Don't Know	4	1	2	7	16.7
Total Sample	11	2	20	42	100.0

Table 25: Principals' Highest Qualification

Of the 29 respondents (69%) who indicated the principal had formal ECD education, 19 did not know which NQF level they had achieved. This is understandable, in cases where the respondent was not the principal. However, in five cases the principal was the respondent but could not indicate which NQF level they had

achieved. And in another 6 cases it was the owner who did not know NQF level achieved. This indicates either a misunderstanding of the set of questions: ECD education achievements which principals thought were formal, but were not SAQA accredited with an NQF level; or misrepresentation of the qualifications of the principal. It is very unlikely that anyone completing an NQF level course will not know that as these courses are these require formal enrolment and are completed over some time and they would have been issued a formal certificate. It is therefore assumed that the “do not know” response can be translated to “None.”. It is however possible that these principals attended some other short courses

Principals' Highest ECD formal	DSD Registration Status (Frequency Only)			Total Sample		
	Fully Registered	In Process	Unregistered	Frequency	Percent	Grouped Response Percent
NQF Level 1	1	0	2	3	7.1	23.8
NQF Level 2	1	0	0	1	2.4	
NQF Level 4	2	1	0	3	7.1	
NQF Level 5	3	0	0	3	7.1	
Don't Know	4	1	17	22	52.4	76.2
None	0	0	10	10	23.8	
Total Sample	11	2	20	42	100.0	100.0

Table 26: Principals' Highest Formal ECD Qualification

Principals are the people responsible for all activities regarding the centre including management, staff and finances. These people can be actively involved on the day to day activities or delegate work to practitioners. 14,3% of these principals are not teaching.

Teaching Principal	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Number	Percentage
Principal does not teach	4	0	2	6	14.3
Principal teaches	7	2	27	36	85.7
Total Sample	11	2	29	42	100.0

Table 27: Teaching Principal

5.6.2 ECD Practitioners

It should be noted that “Practitioners” is a loosely used term and refers to all staff working with the children. There are 126 ECD practitioners at the ECD centres excluding the 42 principal/ owners.

Almost a quarter of the centres (23,8%) do not have any trained practitioners. A third of the centres have only one trained practitioner, almost a tenth have 2 trained practitioners, while a third (33.4%) have more than 3 trained practitioners.

Number of ECD Practitioners	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percentage
1	0	0	4	4	9.5
2	0	0	12	12	28.6
3	3	2	10	15	35.7
4	4	0	3	7	16.7
5	2	0	0	2	4.8
6	1	0	0	1	2.4
9	1	0	0	1	2.4
Total Sample	11	2	29	42	100

Table 28: Number of ECD practitioners per centre

There are 77 practitioners with ECD training at more than three quarters (76,2%) of the centres surveyed

Number of Trained ECD Practitioners	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
None	0	0	10	10	23.8
1	3	1	10	14	33.3
2	2	1	1	4	9.5
3	2	0	5	7	16.7
4	2	0	3	5	11.9
5	1	0	0	1	2.4
9	1	0	0	1	2.4
Total Sample	11	2	29	42	100.0

Table 29: Number of trained ECD practitioners per centre

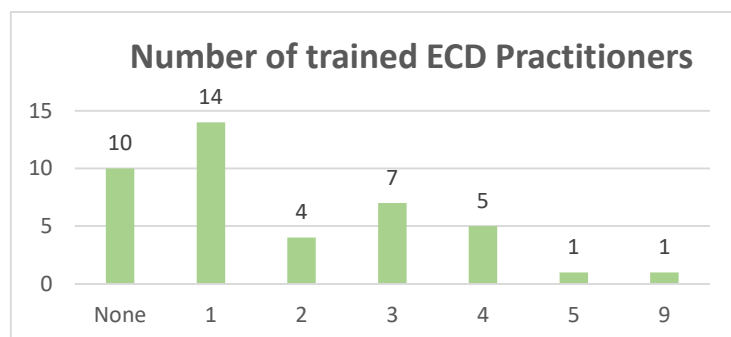


Figure 10: Number of trained ECD practitioners

5.6.3 Practitioner Ratios

Gross practitioner and trained practitioner ratios (including principals)

Children have been divided in 2 main groupings those 0 – 2 years (e.g. those on nappies) and those 3 – 5 years for determining practitioner: child adequacy ratios. For children under 2 years the norm of one practitioner per 6 children is applied and for children between the ages 3 to 5, one practitioner for every 20 children. Practitioner in this case includes the principal.

Almost half (46%) of the centres have an adequate number of caregivers, 45% of the centres have more than half the practitioners required for the number of children enrolled and 9% has less than 50% of the required number of practitioners.

Only 10% of the centres have enough trained practitioners. Just more than a fifth (21,4%) have more than 50% of the required number of practitioners. 45 % has less than 50% of the required number of trained practitioners and almost a quarter (23,8%) of the centres have no trained practitioners.

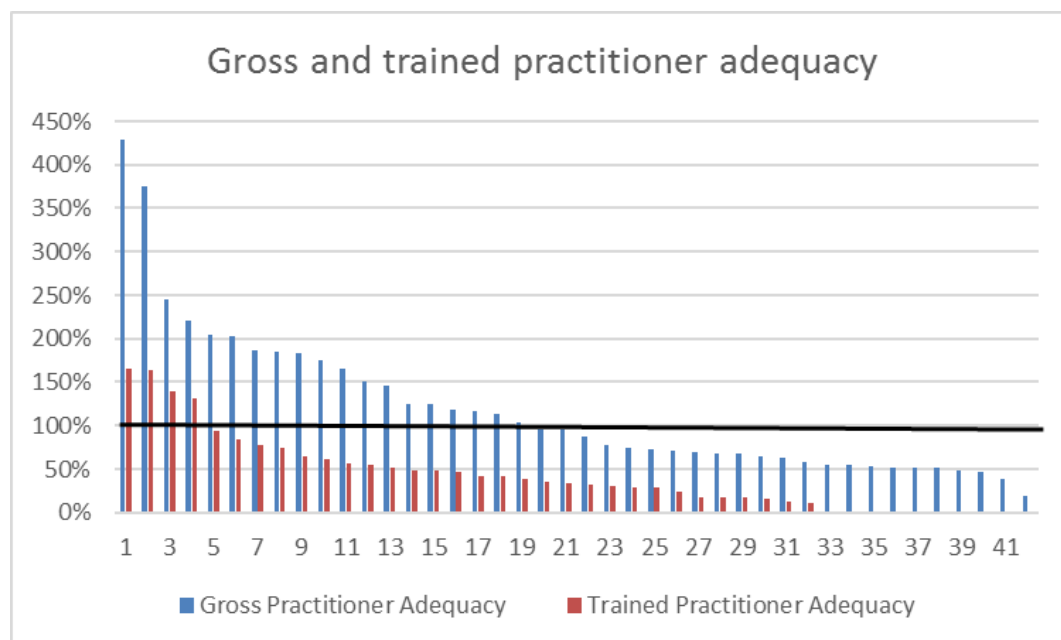


Figure 11: Gross and trained practitioner adequacy

Practitioner ratios excluding principals

The ratio of children per practitioner is acceptable in 64.2% of the cases with some flexibility applied. The number of children per practitioner becomes rather problematic in 35,8% of the cases when there are more than 20 children per caregiver.

Number of Children per Practitioner	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
4 to 10	0	0	8	8	19.0
11 to 20	4	0	15	19	45.2
21 to 30	5	2	3	10	23.8
31 to 40	2	0	3	5	11.9
Total Sample	11	2	29	42	100

Table 30: Number of Children per practitioner

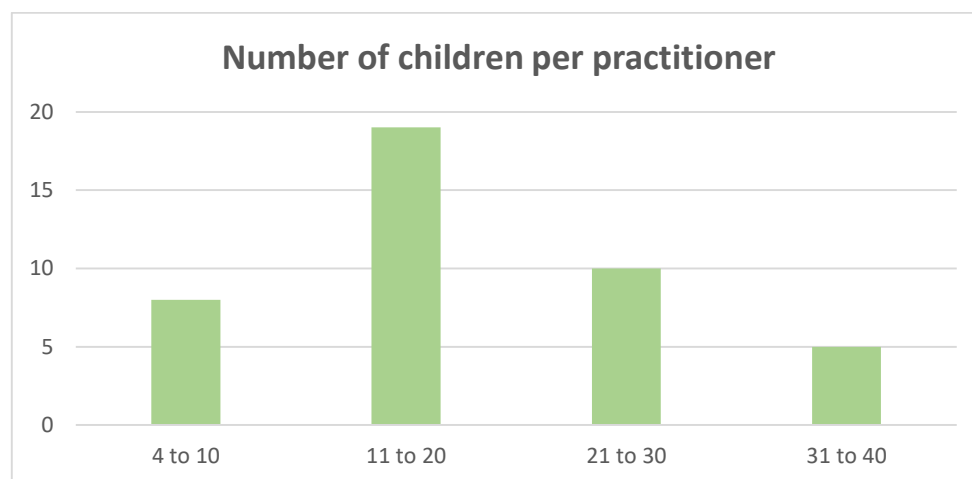


Figure 12: Number of children per practitioner

Almost a quarter (23.8%) of the centres have 9 to 20 children per trained practitioner, another quarter (23,8%) do not have any trained practitioner while more than half (52,4%) have between 21 and 100 children per trained practitioner.

Number of Children per ECD-trained Practitioner	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percentage
9 to 20	1	0	9	10	23.8
21 to 40	5	1	5	11	26.2
41 to 60	2	0	2	4	9.5
61 to 80	2	1	3	6	14.3
81 to 100	1	0	0	1	2.4
No trained practitioners	0	0	10	10	23.8
Total Sample	11	2	29	42	100

Table 31: Number of children per ECD trained practitioner

5.6.4 Kitchen staff

In terms of additional staff, 16 centres had one kitchen worker and another one centre had two kitchen staff. The remaining 25 centres did not have kitchen staff. The table below however illustrates that in two cases, even though there is no dedicated kitchen space, there is a designated staff member to deal with food preparation. Furthermore, there are four centres which have a dedicated kitchen space, but do not have a designated/ dedicated kitchen worker. It needs to be noted that breakfast and lunch, provided by either the ECD Centre or parents are served at these centres regardless of the staff and or facilities available. Many centres simply cannot afford to appoint additional staff and / or to add kitchens.

Number of Kitchen workers	Kitchen Space		Total
	No	Yes	
None	21	4	25
1	2	14	16
2	0	1	1
Total	23	19	42

Table 32: Kitchen workers with respect to dedicated kitchen space

No other questions were asked about other specific kinds of staff and it is possible that kitchen workers may have added responsibilities such as cleaning. Where there are no additional staff members these tasks are assumingly attended to by practitioners.

5.7 Relationships

Three quarters of all centres had contact with their local clinic. Two fifths reported contact with the DSD and another one fifth with the Department of Health.

Contact with Governmental entities	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Clinic	6	2	24	32	76.2
DSD	6	2	10	18	42.9
Dept of Health	2	0	6	8	19.0
Municipality	1	0	3	4	9.5
None	2	0	3	5	11.9
Other	1	0	0	1	2.4
Total Sample	11	2	29	42	-
Number of Mentions	18	4	46	68	

Table 33: Contact with governmental entities (Multiple Mention)

Four of the centres that do receive a subsidy from the Department of Social Development indicated that they do not have a relationship with them. The issue here was what constitutes a relationship, at this stage of the survey fieldworkers understood that if the department does not visit the centre then there is no relationship on that basis. It was understood that, as much as these centres were fully registered and receiving subsidy, the department hardly visited the centres and has not been to some centres for over a year, and therefore do not see it as having a relationship with the centre.

5.8 Funding and Donors

5.8.1 Fees

Most centres (71.4%) charged rates of between R101 and R200 a month. Only 14.3% of centres charged R100 or less a month for babies and children under 2 years to attend and another 14.3% charged more than R200 a month.

Babies (0-2yrs) Monthly Fee	Frequency	Percent	Cumulative Percent
R51-R100	6	14.3	14.3
R101-R150	17	40.5	54.8
R151-R200	13	31.0	85.7
R201-R250	3	7.1	92.9
R251-R500	3	7.1	100.0
Total Sample	42	100.0	

Table 34: Babies Monthly Fee

Two thirds of centres charged between R51 and R100 a month for toddlers to attend, and another 26.2% charged between R101 and R150 a month. Only two centres charged rates above this.

Toddlers (3-5yrs) Monthly Fee	Frequency	Percent	Cumulative Percent
R51_100	28	66.7	66.7
R101_R150	11	26.2	92.9
R151_R200	1	2.4	95.2
R251_R500	1	2.4	97.6
No children of this age	1	2.4	100.0
Total Sample	42	100.0	-

Table 35: Toddlers Monthly Fee

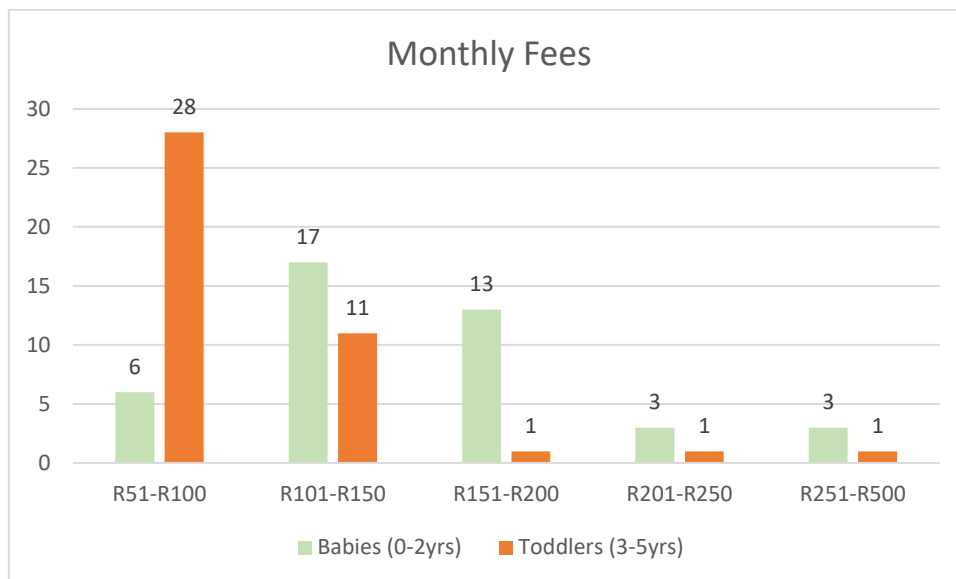


Figure 13: Monthly Fees

5.8.2 DSD Funding

Six of the 11 centres that were fully registered with the DSD, were funded by them. Overall, 36 of the 42 centres were not funded by DSD.

As shown in Table 36: Proportion of children covered by DSD subsidies, the proportion of children covered by the DSD subsidy (at 5 of the 6 centres that were DSD-subsidised) ranged from 25.9% to 69.0%, with only one centre having close to full coverage of children (98.4%). On average across the six centres, two fifths of children attending the centres were covered by the DSD subsidies.

Centre	Number of DSD subsidies per centre	Number of children at centre receiving subsidy	Percentage of children funded
A	50	193	25.9
B	75	255	29.4
C	60	161	37.3
D	56	105	53.3
E	60	87	69.0
F	60	61	98.4
Total Number of Subsidies	361	862	41.9

Table 36: Proportion of children covered by DSD subsidies

Respondents were asked whether they had any donor funding (over and above DSD funding). Just under a third of all centres (31%) have no funding at all – not from DSD or any other source.

Whether have donor support	DSD Registered			Funded by DSD		Total Sample	
	Fully Registered	In Process	Unregistered	Yes	No	Frequency	Percent
Yes, one donor	6	0	3	3	6	9	21.4
Yes, two donors	1	1	9	0	11	11	26.2
Yes, three donors	1	1	5	1	6	7	16.7
No donor support	2	0	12	1	13	14	33.3
Don't Know	1	0	0	1	0	1	2.4
Total Sample	11	2	29	6	36	42	100.00
Number of centers with donors	8	2	17	4	23	27	64.3
Number of centres without donors/ don't know	3	0	12	2	13	15	35.7

Table 37: Extent of donor support to ECD centres

Funding Overview	DSD Registration			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Centres with DSD funding and other funding	4	0	0	4	9.5
Centres with DSD funding but no other funders/ don't know of other funders	2	0	0	2	4.8
Centres with donor funding but not DSD funding	4	2	17	23	54.8
Not funded at all	1	0	12	13	31.0
Total Sample	11	2	29	42	100.0

Table 38: Overview of ECD centre funding

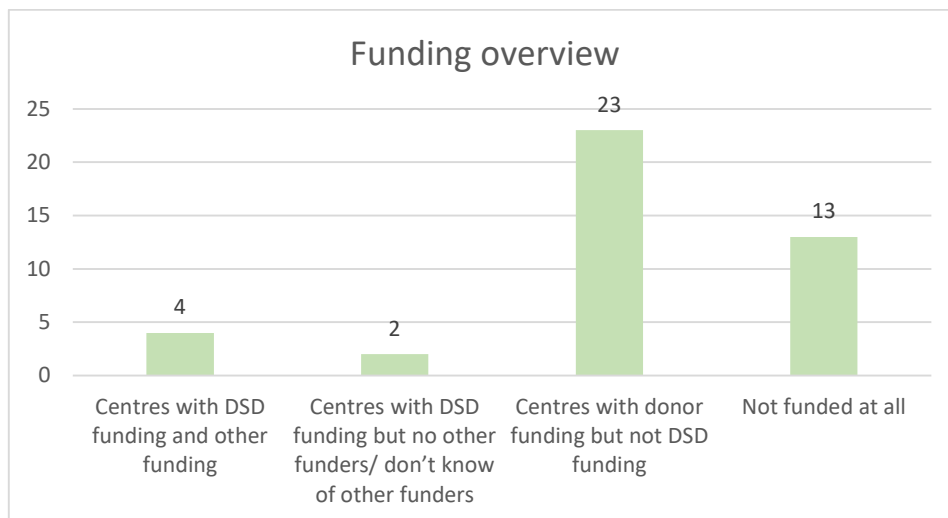


Figure 14: Funding Overview

Names of Current Donors	DSD Registration			Sub-Sample: Centres with donor funding
	Fully Registered	In Process	Unregistered	Frequency
Jam SA	1	1	8	10
Indlela	0	0	3	3
Unlimited Child	4	1	10	15
UTi Distribution	1	0	0	1
The Domino Foundation	3	2	12	17
Gem	0	1	0	1
Streetwise	0	0	1	1
Education department *	1	0	0	1
The Sharks	0	0	2	2
Sub-Sample: Centres with donor funding	8	2	17	27
Number of mentions	11	5	36	51
Average number of donors per Centre with donors	1.4	2.5	2.1	1.9

Table 39: Donor names (Multiple Mention]

Note: Department of Education provides stipends for practitioners in training for a period of 2 years. Respondents were asked what donors fund. 89% of the 27 centres with donor funding indicated that food is most frequently funded. This is followed by educational equipment (60%) and training (34%).

Funding Applications	DSD Registration (Frequency only)			Sub-Sample: Centres with donor funding
	Fully Registered	In Process	Unregistered	Frequency
Food	5	2	17	24
Educational equipment	4	1	11	16
Outdoor equipment	1	0	2	3
Maintenance	1	0	0	1
Training	2	1	6	9
Toys	2	0	0	2
Other	1	0	0	1
Sub-Sample: Centres with donor funding	8	2	17	27
Total number of mentions	16	4	36	56
Average mentions per centre	2.0	2.0	2.1	2.1

Table 40: Funding Application (use of existing funding)

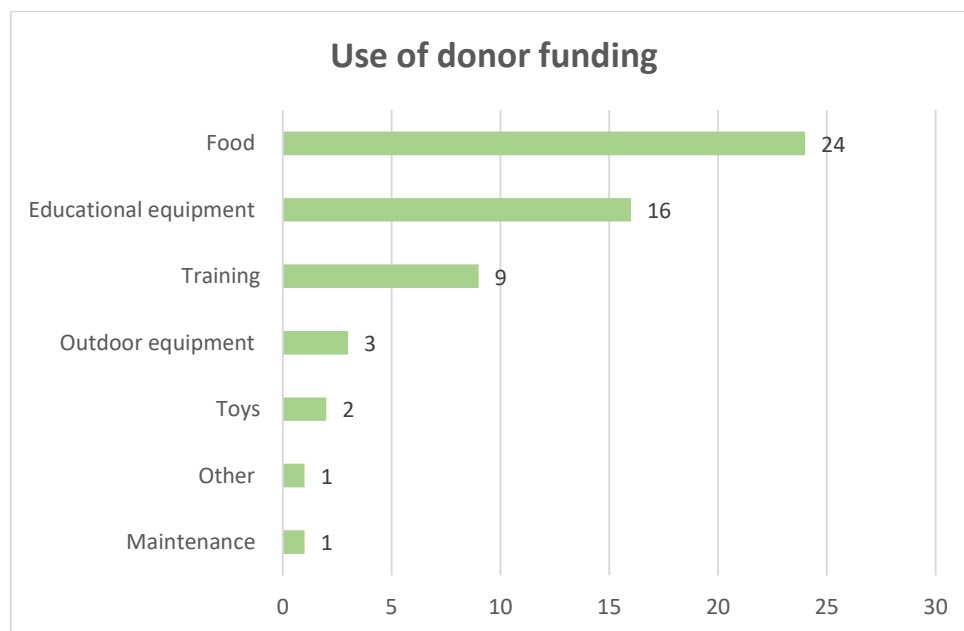


Figure 15: Use of donor funding

6 FINDINGS: ECD PROGRAMMES

Since the survey was not done by ECD professionals, questions regarding ECD programmes were limited and focused mainly on aspects what can easily be observed but would yet provide a good indication as to whether and to what extent an educational programme is followed.

Programme registration (with DSD)

About a fifth (21.4%) of the centres reported that their ECD programmes are registered with the DSD but it is very unlikely that 2 of the centres (4,8%) would have programme registration as one centres is in process of partial care registration and the other still unregistered. Almost a quarter (23,8%) of the centres did not know if their programmes are registered and that include 4 of the centres with partial care registration. It is clear that there are some uncertainty and confusion around programme registration.

ECD Programme Registered	DSD Registered			Total	Percent
	Fully Registered	In Process	Unregistered		
Do not know	4	1	5	10	23,8
No	0	0	23	23	54,8
Yes	7	1	1	9	21,4
Total	11	2	29	42	100,0

Table 41: DSD Registration

Daily programme and other ECD programme elements

Almost two third (64.3%) of the centres display their daily programmes on the wall while 7,1% indicated that they have daily programmes - it is just not displayed. Of concern is the 28,6% of the centres that do not follow a daily programme.

On average two thirds of the centres have book corners (57,1%), educational toys (66,7%) and art equipment (69%) and display learning posters (73,8%) and children's work on walls (64.3%). One of the partial care registered centres did not have a book corner and another centre did not have educational toys.

ECD Programme	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
ECD Programme Displayed at centre	11	1	15	27	64.3
ECD Programme Registered with DSD	7	1	1	9	21.4
Centre has a Book Corner	10	2	12	24	57.1
Centre has Educational Toys	10	2	16	28	66.7
Centre has Art Equipment	11	2	16	29	69.0
Children's Work is Displayed	11	1	15	27	64.3
Some or many Learning Posters on centre walls	11	2	18	31	73.8
Separated play spaces for children of different age groups	11	2	11	24	57.1
Total Sample	11	2	29	42	

Table 42: Elements of ECD programme

More than half (57,1%) of the centres have separate play spaces for children of different age groups.

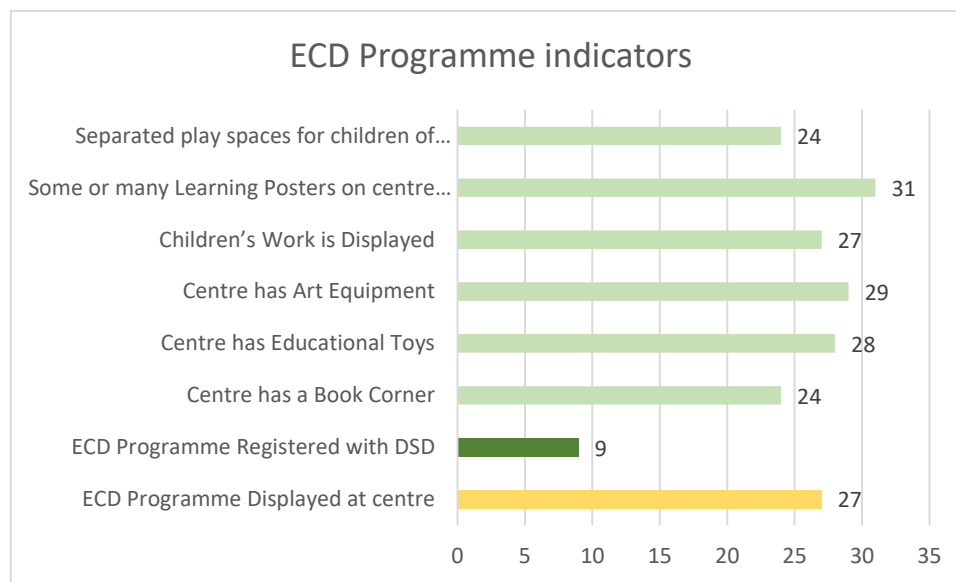


Figure 16: ECD programme indicators

When asked if the space where children sit (e.g. play mat or carpet) when brought together for something like news time or storytelling, is sufficient. 14,2 % indicated that the space was too small, 31% indicated that it was just right while 2,4% felt it was too big / open. More than half the respondents found this question hard to answer. This may be due to the fact that some centres do not follow a daily programme and therefore do not require such space or that some do not have the space for such activity.

Space for storytelling, or news lay Mat	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Much too small	0	0	3	3	7.1
A bit small	0	0	3	3	7.1
Just right	9	0	4	13	31.0
Too big/ Open	0	0	1	1	2.4
Not Sure	2	2	18	22	52.4
Total Sample	11	2	29	42	100.0

Table 43: Adequacy of play mat

7 NUTRITION

Breakfast

Most of the ECD centres (69%) provide breakfast. Parents provide breakfast in 31% of the cases.

Who provides Breakfast?	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
ECD Centre	10	2	17	29	69.0
Parents	1	0	12	13	31.0
Total Sample	11	2	29	42	100.0

Table 44: Provision of Nutrition: Breakfast

Lunch

In more than half (54.8%) of the cases lunch is provided by parents.

Who provides Lunch?	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
ECD Center	10	1	8	19	45.2
Parents	1	1	21	23	54.8
Total Sample	11	2	29	42	100.0

Table 45: Provision of Nutrition: Lunch

42,9% of the ECD Centres are providing both meals. In 28.6% of the cases both meals are provided by parents. Where the ECD centre and the parents share responsibilities - the ECD centres provide breakfast in 26,2% with parents providing lunch. In only one case (2,4%) the parents provide breakfast and the ECD Centre the lunch. Overall the ECD centres are providing most (57,1%) of the meals while parents are providing 42.9% of the meals.

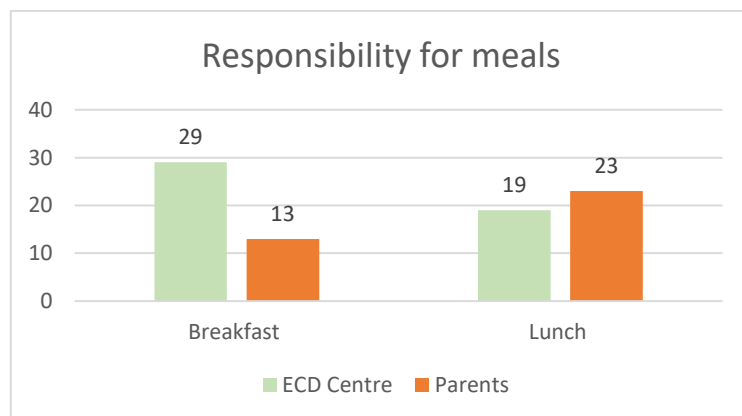


Figure 17: Responsibility for meals

Meal plan

More than a quarter (26,2%) of the centres have meal plans which are displayed on the wall, while a further 11.9% indicated that they have meal plans which are just not presented on the wall. That leaves 19% A third (33.3%) of the centres do not have any worked out meal plans while 28.6% does not require meal plans as all meals are provided by parents.

Meal Plan	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Yes, on wall	8	0	3	11	26.2
Yes, but not on wall	2	1	2	5	11.9
No	1	1	12	14	33.3
Not required (parents provide meals)	0	0	12	12	28.6
Total Sample	11	2	29	42	100.0

Table 46: Meal Plan

8 FINDINGS: HEALTH, SAFETY, INFRASTRUCTURE AND PHYSICAL ENVIRONMENT

8.1 Nature of ECD Sites

Site sizes

Site sizes in informal settlements are usually fairly small. The site sizes of more than a tenth (11.9%) of the centres are between 50 and 200m². The average size for almost two thirds of the sites is however between 201m² and 600m² while almost a quarter (23,8%) of the centres enjoy more space with sites measuring between 701 and 1501m² plus. There is no real difference in site size between site registered of unregistered.

Site size in square meters	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
50-100	1	0	3	4	9.5
101-200	0	0	1	1	2.4
201-300	2	1	4	7	16.7
301-400	2	0	5	7	16.7
401-500	1	0	4	5	11.9
501-600	2	0	6	8	19.0
701-800	1	0	1	2	4.8
901-1000	0	0	1	1	2.4
1001-1500	1	1	1	3	7.1
1501 plus	1	0	3	4	9.5
Total Sample	11	2	29	42	100.0

Table 47: Site size in square meters

Topography

More than half (54,8%) of the sites are flat, 40,5% have a gentle slope and only 4,8% are located on a steep slope.

Topography	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Flat	7	2	14	23	54.8
Gentle slope	3	0	14	17	40.5
Steep Slope	1	0	1	2	4.8
Total Sample	11	2	29	42	100.0

Table 48: Topography

Fencing

Two thirds (66.7%) of the ECD Centres are fenced, just more than a quarter (26,2%) are not fenced while 7,1% is partially fenced.

Whether ECD centre is fenced	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	1	0	10	11	26.2
Partially	0	0	3	3	7.1
Yes	10	2	16	28	66.7
Total Sample	11	2	29	42	100.0

Table 49: Whether ECD centre is fenced

8.2 Indoors: Buildings and ECD Structures

Building type

More than three quarters of the centres make use of formal buildings (built from brick or block)

Building Type	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Formal	11	1	20	32	76.2
Informal	0	1	9	10	23.8
Total Sample	11	2	29	42	100.0

Table 50: Building Type

Building plans

There is no evidence that any of the buildings have building plans.

Building Plans	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No, don't think so	6	2	19	27	64.3
Don't know	5	0	10	15	35.7
Total Sample	11	2	29	42	100.0

Table 51: Building Plans

Building size

Almost a fifth (19%) of the centres have are house in very small centres of 25m² and less, 28,6% of the centres are between 26 and 50m² while a further 23,8% are housed in buildings between 51 and 100m². Just more than a fifth (21,5%) of the buildings are between 101 and 200m² and 7,1% bigger than 200m².

Building Surface area in meters squared	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
up to 25	1	0	7	8	19.0
26-50	3	0	9	12	28.6
51-75	1	0	4	5	11.9
76-100	1	1	3	5	11.9
100-125	1	0	1	2	4.8
126-150	2	0	0	2	4.8
151-175	1	0	2	3	7.1
176-200	0	1	1	2	4.8
201 plus	1	0	2	3	7.1
Total Sample	11	2	29	42	100

Table 52: Building surface area in square meters

Wall type, condition and problems

Four fifths (80,9%) of the centres are built with block and bricks, 7,1% with wood while the remaining 22% are built with corrugated metal sheets, a mix or other materials.

Wall Type	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Block	9	0	20	29	69.0
Wood	0	0	3	3	7.1
Brick	2	1	2	5	11.9
A mix	0	0	2	2	4.8
Corrugated metal sheets	0	1	0	1	2.4
Other	0	0	2	2	4.8
Total Sample	11	2	29	42	100.0

Table 53: Wall Type

Most of the centres (69%) do not have wall problems.

Existence of wall problems	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	9	0	20	29	69.0
Yes	2	2	9	13	31.0
Total Sample	11	2	29	42	100.0

Table 54: Existence of wall problems

Almost a third (31%) of the centres have wall problems which varies from cracks (19%), holes in the wall (12%), wind permeating (10%) and dampness (7%). Of particular concern is the centre feared to crumble or collapse.

Nature of Wall Problems	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Cracks	1	2	5	8	19
Crumbling and collapsing	0	0	1	1	2
Dampness	1	0	2	3	7
Holes in wall	0	1	4	5	12
Wind permeates	0	0	4	4	10
No wall problems (Not applicable)	9	0	20	29	69
Total Sample	11	2	29	42	-
Number of mentions	11	3	36	50	-

Table 55: Nature of wall problems (Multiple Mention)

Roof type, condition and problems.

The majority (78,6%) of roofs are corrugated metal sheets, followed by asbestos / fibre cement⁶.

Roof Type	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Asbestos/ Fiber cement	2	1	5	8	19.0
Corrugated metal sheets	9	1	23	33	78.6
Tiles	0	0	1	1	2.4
Total Sample	11	2	29	42	100.0

Table 56: Roof Type

⁶ It is not possible to determine whether these roofs are made of fibre cement or asbestos.

Almost a quarter (23,8%) of the centres have roof problems.

Roof Problems	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	8	1	23	32	76.2
Yes	3	1	6	10	23.8
Total Sample	11	2	29	42	100.0

Table 57: Roof Problems

Almost a quarter (23,8%) of the centres reported that they experience problems with their roofs – mostly roof leaks.

Roof Problem Type	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Roof Leaks	2	1	6	9	21.4
Other	1	0	0	1	2.4
No Roof Problems	8	1	23	32	76.2
Total Sample	11	2	29	42	100.0

Table 58: Roof Problem Type

Floors

The majority (86%) of centres has concrete slabs. Is it suspected that many more centres have concrete floors as only 2% indicated another type of floor, namely wooden floors. No other floors were mentioned (e.g. earth) It is therefore assumed that the carpets (7%), ceramic tiles (19%) and vinyl sheets (10%) are used on top of the concrete and wooden floors.

Floor type	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Concrete Slab	9	1	26	36	86
Carpet	1	0	2	3	7
Ceramic Tiles	3	1	4	8	19
Wooden	0	0	1	1	2
Vinyl Sheets	1	0	3	4	10
Total Sample	11	2	29	42	-
Number of mentions	14	2	36	52	-

Table 59: Type of floor (Multiple Mention)

External doors and condition

Quite a number of centres (42,9%) only have one door which is not ideal in terms of health and safety considerations. This is not ideal but to be expected in case where almost half (47,6%) of the centres are very small (50m² and less).

Number of External Doors	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
1	2	0	16	18	42.9
2	2	1	10	13	31.0
3	5	0	2	7	16.7
5	2	1	0	3	7.1
8	0	0	1	1	2.4
Total Sample	11	2	29	42	100.0

Table 60: Number of External Doors

Although 69% of the centres with one door only are in fact 50m² and less as shown below, 30,9% of the centres are between 51 and 80m² and of real concern is the 11,9% centres bigger than 80m²

Meters squared of indoor space, per door	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
7	1	0	0	1	2.4
11 to 20	3	0	5	8	19.0
21 to 30	1	0	9	10	23.8
31 to 40	0	1	3	4	9.5
41 to 50	2	1	3	6	14.3
51 to 60	2	0	1	3	7.1
61 to 80	1	0	4	5	11.9
more than 80	1	0	4	5	11.9
Total Sample	11	2	29	42	100.0

Table 61: Meter squared of indoor space, per door

Almost a quarter (19%) of the doors are of poor quality and should be replaced.

Condition of Doors	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
Average	6	2	13	21	50.0
Good	5	0	8	13	31.0
Poor	0	0	8	8	19.0
Total Sample	11	2	29	42	100.0

Table 62: Condition of Doors

Windows

Two thirds (64,3%) of the centres have 1 to 5 windows. Of concern is the 4,8% centres that have no windows.

Number of External Opening windows	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
No Windows	0	0	2	2	4.8
1-2	3	0	15	18	42.9
3-5	2	0	7	9	21.4
6-10	6	1	1	8	19.0
11-18	0	1	4	5	11.9
Total Sample	11	2	29	42	100.0

Table 63: Number of External Opening windows

Meters squared of indoor space, per window.	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
no Windows	0	0	2	2	4.8
4 to 10	2	0	5	7	16.7
11 to 20	3	2	10	15	35.7
21 to 30	3	0	3	6	14.3
31 to 40	2	0	4	6	14.3
more than 40	1	0	5	6	14.3
Total Sample	11	2	29	42	100.0

Table 64: Meter squared of indoor space, per window

Cross ventilation

Two thirds (64,3%) of the centres are reported not to have proper cross ventilation which is a serious health and safety concern.

Cross Ventilation	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
No	5	0	22	27	64.3
Yes	6	2	7	15	35.7
Total Sample	11	2	29	42	100.0

Table 65: Cross Ventilation

8.2.1 Designated areas within ECD centre

Kitchen

More than half (54,8%) of the centres have no kitchen

Kitchen Size in meters squared	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
No kitchen space	1	0	22	23	54.8
6-10	0	0	1	1	2.4
11-20	5	0	4	9	21.4
21-30	4	1	1	6	14.3
31-40	1	1	1	3	7.1
Total Sample	11	2	29	42	100.0

Table 66: Kitchen size in square meters

Sick bay

Very few centres (11.9%) have sick bay areas.

Sick Bay Area	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
No	9	2	26	37	88.1
Yes	2	0	3	5	11.9
Total Sample	11	2	29	42	100.0

Table 67: Whether centre has a Sick Bay area

Of the 11,9% with sick bay areas, only one centre (2,4%) has a separate sick room. The rest of the sick bays are located in the office (2,4%), is separated from the playroom by curtain (2,4%) or by low partition (2,4%)

Sick Bay Separation	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
In Office	1	0	0	1	2.4
Separate Room	0	0	1	1	2.4
By Curtain	0	0	1	1	2.4
By low partition	0	0	1	1	2.4
Yes	1	0	0	1	2.4
No Sick Bay	9	2	26	37	88.1
Total Sample	11	2	29	42	100.0

Table 68: Sick Bay separation

Dedicated office space

More than three quarters (76,2%) has no dedicated office space.

Dedicated Office Space	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
No	4	1	27	32	76.2
Yes	7	1	2	10	23.8
Total Sample	11	2	29	42	100.0

Table 69: Dedicated office space

Only 23,8% has a dedicated office that vary from 9 to 21m²

Office Size in square meters	DSD Registration Status (Frequency Only)			Sub-sample: Centres with dedicated office space
	Fully Registered	In progress	Not Registered	Frequency
10	2	0	0	2
12	2	0	0	2
20	1	1	1	3
21	1	0	0	1
9	1	0	1	2
Sub-sample: Centres with dedicated office space	7	1	2	10

Table 70: Office size in square meters

Playrooms

Almost half (47,6%) of the centres have only 1 playroom. Another 47,6% of the centres has 2 – 3 playrooms, while 8.6% have 4 and 5 playrooms.

Number of Playrooms	DSD Registration Status			Total Sample	
	Fully Registered	In progress	Not Registered	Frequency	Percent
1	0	0	20	20	47.6
2	5	1	6	12	28.6
3	5	1	2	8	19.0
4	0	0	1	1	2.4
5	1	0	0	1	2.4
Total Sample	11	2	29	42	100.0

Table 71: Number of playrooms

Gross internal space per child

Most of the centres (59,5%) do not meet the required norm for internal space of 1,5m² per child. More than a third (35,7%) of the centres have serious inadequate indoor space of less than 1m² per child.

Gross internal space per child	DSD Registered				Total	Percent
	Fully Registered	In Process	Unregistered	Don't Know		
0.1 to 1	6	0	8	1	15	35,7
1.1 to 1.5	2	1	6	1	10	23,8
1.6 to 2	2	0	2	0	4	9,5
2.1 to 3	1	1	4	0	6	14,3
3.1 to 4	0	0	3	1	4	9,5
6.9 to 22	0	0	3	0	3	7,1
Total	11	2	26	3	42	100

Table 72: Gross internal space per child

8.3 Outdoors: Children's Play areas

Safe outdoor play area

Two thirds (66,7%) of the centres have safe outdoor play areas, while 28,6% do not have any outdoor areas and 4,8% do not have a safe play area.

Safe Play Area	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No, not safe	1	0	1	2	4.8
No Outdoor area	0	0	12	12	28.6
Yes, safe	10	2	16	28	66.7
Total Sample	11	2	29	42	100.0

Table 73: Safe Play Area

Size of outdoor play area

The size of more than half (54,8%) of the play areas are between 51 and 150m². Only 14,3% have bigger play areas ranging from 151 m² – 400m².

Outdoor Play area size in meters squared	DSD Registered (Frequency Only)			Total	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No outdoor Play Area	0	0	12	12	28.6
1-50	1	0	0	1	2.4
51-100	5	0	8	13	31.0
101-150	3	2	5	10	23.8
151-200	0	0	2	2	4.8
201 -400	2	0	2	4	9.5
Total Sample	11	2	29	42	100.0

Table 74: Outdoor Play area size in meters squared

Outdoor space per child

More than a quarter (28.6%) of the centres do not have an outdoor playing area. More than a third (35,7%) of the centres do not has the prescribed 2m² outdoor space per child. Another third (35,7%) of the centres has enough space for an outdoor play area with sizes varying from 2.1m² to 14m² per child.

Outdoor space per child in square meters	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
0.4 to 1	6	0	0	6	14.3
1.1 to 2	3	2	4	9	21.4
2.1 to 3	0	0	6	6	14.3
3.1 to 5	2	0	4	6	14.3
5.1 to 14	0	0	3	3	7.1
None	0	0	12	12	28.6
Total Sample	11	2	29	42	100.0

Table 75: Outdoor space per child in square meter

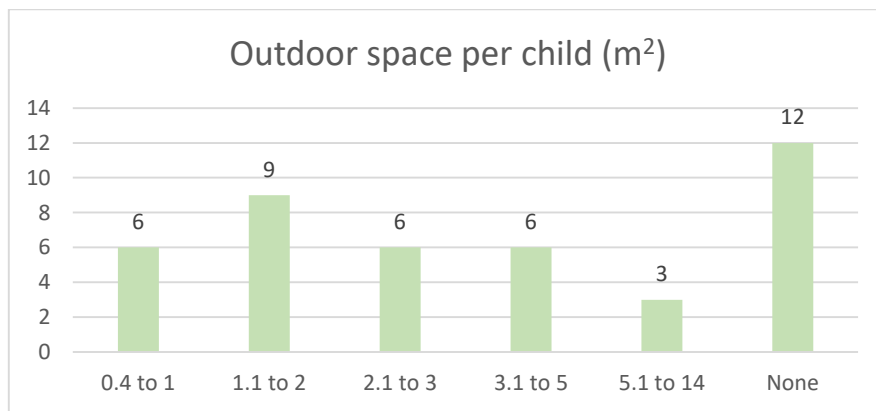


Figure 18: Outdoor space per child

Outdoor play area equipment	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No outdoor play area	0	0	12	12	28.6
Centres with play areas				30	
No Outdoor play equipment	1	1	9	11	26.2
Centres with play equipment				20	
Jungle gym	8	1	6	15	35.7
Swings	7	1	5	13	31.0
Slide	7	1	7	15	35.7
Sandpit	3	1	4	8	19.0
Multi mention				51	
Average per centre				2.5	
Total Sample	11	2	29	42	100.0

Table 76: Play Area Equipment



Figure 19: Outdoor play equipment

Space to extend

More than a quarter (26,2%) of the centres do not have space to extend.

Space To Extend	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	1	0	10	11	26.2
Yes	10	2	18	30	71.4
Missing Data	0	0	1	1	2.4
Total Sample	11	2	29	42	100.0

Table 77: Space to Extend

8.4 Services

8.4.1 Electricity

Electricity

A total of 69% of the ECD centres has electricity which include all registered ECD centres.

Have Electricity	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	0	1	12	13	31.0
Yes	11	1	17	29	69.0
Total Sample	11	2	29	42	100.0

Table 78: Have electricity

8.4.2 Water

85.7 % of the ECD Centres has water.

Have Water	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	1	0	5	6	14.3
Yes	10	2	24	36	85.7
Total Sample	11	2	29	42	100.0

Table 79: Have water

All the ECD Centres are dependent on municipal water. More than three quarters (78.6%) has a municipal tap, 14,3% use communal stand pipes and the Municipality delivers water by truck in 7,1% of the cases. Rain water tanks are provided to two (4,8%) of the sites as a supplementary source of water.

Water Source	DSD Registration (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Municipality deliver by truck	0	0	3	3	7.1
Municipal tap on site	9	2	22	33	78.6
Municipal communal standpipe	2	0	4	6	14.3
Total Sample	11	2	26	42	-
<i>Rainwater tank</i>	<i>1</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>4.8</i>

Table 80: Water sources

8.4.3 Sanitation

Toilet types

Two thirds (66.7%) of the centres make use of municipal water borne sewerage, 21,4% make use of on sites informal pit latrines and 8.6% of VIPs, buckets or chemical toilets while 7,1% make use of potties.

Types of Sanitation	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Municipal water borne sewerage	9	1	18	28	66.7
On site informal pit latrine	1	1	7	9	21.4
Potties	0	0	3	3	7.1
On site municipal VIP	0	0	1	1	2.4
Buckets & chemical toilets	1	0	0	1	2.4
Total Sample	11	2	29	42	-
<i>Potties (supplementary)</i>	<i>1</i>	<i>0</i>	<i>9</i>	<i>10</i>	<i>23.8</i>

Table 81: Sanitation type

Adult toilets

Almost a tenth (9.5%) of the centres do not have any toilets. just more than three quarters (76,2%) of the centres have one adult toilet while 14,3% have 2 to 4 toilets. One (2.4%) of the fully registered centres do not have adult toilets.

Adult Toilets	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
None	1	0	3	4	9.5
1	8	1	23	32	76.2
2	1	1	2	4	9.5
4	1	0	1	2	4.8
Total Sample	11	2	29	42	100.0

Table 82: Adult Toilets

Children's toilets

The majority (69%) of the centres do not make provision for children's toilets, 11,9% has 2 toilets while 19,1% has 3 to 8 children's toilets. Almost a quarter of the fully registered centres do not have children's toilets.

Number of Children's Toilets	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
None	3	1	25	29	69.0
2	3	0	2	5	11.9
3	3	0	1	4	9.5
4	1	1	0	2	4.8
8	1	0	1	2	4.8
Total Sample	11	2	29	42	100.0

Table 83: Number of children's toilets

More than a quarter (28,6%) of the centres children's toilets is in poor condition.

Quality of Children's Toilets	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Average	6	0	10	16	38.1
Good	5	1	7	13	31.0
Poor	0	1	11	12	28.6
Missing data	0	0	1	1	2.4
Total Sample	11	2	29	42	100.0

Table 84: Quality of children's toilets

Handwashing facilities

Taps are used as hand wash facilities in a third of the centres. A combination of taps and bowls/ buckets is used in 16,7% of the cases while half (50%) of the centres are using either bowls / buckets or tippy taps.

Hand Wash Facilities	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Bowl/ Bucket of water	3	1	13	17	40.5
Tap	3	1	10	14	33.3
Bowl/ Bucket of water and tap	3	0	4	7	16.7
Tippy Tap	2	0	2	4	9.5
Total Sample	11	2	29	42	100.0

Table 85: Hand wash facilities

Nappy changing area and wash issues

Only one centre had a specific nappy changing area, however there was no hand wash facility specific to that area

8.4.4 Road Access

The majority (83.3%) of the centres have road access while 16,7% do not have any road access.

Road Access	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	2	0	5	7	16.7
Yes	9	2	24	35	83.3
Total Sample	11	2	29	42	100.0

Table 86: Road Access

8.4.5 Refuse disposal

Refuse disposal is an important municipal service

Refuse Disposal	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Takes refuse to transfer station or landfill	7	1	24	32	76.2
Municipal collection	4	0	5	9	21.4
Maintain on site refuse trench	0	1	0	1	2.4
Total Sample	11	2	29	42	100.0

Table 87: Refuse Disposal

8.5 Health and safety issues

8.5.1 Obvious safety threats

Two thirds (66,7%) of the centres do not have any obvious safety threats. Of those with obvious threats, sharp objects (19%) and exposure to refuse (9,5%) take the highest prevalence. Some of these threats are however perceived to be more dangerous - e.g. Buildings that may collapse (2,4%), exposure to cooking (2,4%) and exposure to open water containers (2.4%).

Obvious Safety Threats	DSD Registration (Frequency only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Sharp Objects	0	0	8	8	19.0
Exposed refuse landfill	1	0	3	4	9.5
Buildings that may collapse	0	1	0	1	2.4
Open Trenches	0	0	1	1	2.4
Exposed Water Containers	0	0	1	1	2.4
Exposed to Cooking	0	0	1	1	2.4
Other	0	0	1	1	2.4
None	10	1	17	28	66.7
Total Sample	11	2	29	42	-
Number of mentions	11	2	32	45	-

Table 88: Obvious safety threats

8.5.2 Other safety Issues

Safety concerns expressed by parents and children

When asked about parents' and children's expressions of feelings on safety (separately), only one centre's respondent said that a parent had expressed concern. This concern was related to the safety of the ECD structure. (Tables are included in Appendix XX.)

Reporting of outside abuse

Most (92,8%) of the ECD centres indicated that they either have or would report child abuse that happens outside the centre if they were aware of it. Of concern are those (4,8%) that probably would not have reported outside abuse even if they were aware of it and those that do not know what they would do (2,4%).

Report Outside Abuse	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Yes, have done	0	1	2	3	7.1
Yes, would if aware	10	1	25	36	85.7
No, would probably not if heard	0	0	2	2	4.8
Don't Know	1	0	0	1	2.4
Total Sample	11	2	29	42	100.0

Table 89: Report Outside Abuse

Harmful substances

Almost all centres (97,6%) are storing harmful substances such as medicines, detergents and harmful substances in lockable cupboards and out of reach of children.

Harmful Substances Stored Safe	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	1	0	0	1	2.4
Yes	10	2	29	41	97.6
Total Sample	11	2	29	42	100.0

Table 90: Harmful substances stored safe

First Aid kits and trained staff

Most (59.5%) of the centres do not have any trained First Aid staff. A third (33.3%) of the centres only have one staff member trained in First Aid while 7,2% have 2 to 3 staff members trained.

First Aid Trained Staff	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
None	5	2	18	25	59.5
1	5	0	9	14	33.3
2	1	0	1	2	4.8
3	0	0	1	1	2.4
Total Sample	11	2	29	42	100.0

Table 91: First Aid trained staff

Just more than a third (35,7%) of the centres do not have First Aid kits.

First Aid Kit	DSD Registration Status (Frequency Only)			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
No	1	0	14	15	35.7
Yes	10	2	15	27	64.3
Total Sample	11	2	29	42	100.0

Table 92: First Aid kit

8.6 ECD Centre Improvements

The most common type of improvement mentioned by respondents (31%) was an extension of their facility, whether a specific type of extension (such as a store room) or simply an 'extension' was

mentioned. In addition to this, another 17% mentioned an additional building or new premises as a desired improvement. This means that almost half of all centres (48%) wanted to improve their centre either by making it larger (an extension), building a new building (on site) or acquiring a new or different building (at different location/ premises). An improvement in sanitation (19%) and a kitchen facility (16.7%) were the other more commonly mentioned improvements.

Planned Improvements	DSD Registration			Total Sample	
	Fully Registered	In Process	Unregistered	Frequency	Percent
Facility extension (a store room; office; new play area)	4	0	9	13	31.0
Proper toilets/ improved sanitation	1	0	7	8	19.0
Additional building/ new premises	0	1	6	7	16.7
Kitchen facility	1	0	6	7	16.7
Outdoor play area and/or equipment	3	0	3	6	14.3
Sleeping materials	4	0	2	6	14.3
Fencing	1	0	5	6	14.3
Maintenance/ aspect of building infrastructure	2	0	3	5	11.9
Provision of food	1	0	4	5	11.9
Toys/ Play equipment	1	0	4	5	11.9
Funding/sponsors	0	0	2	2	4.8
Reading material	0	0	2	2	4.8
Tables	1	0	1	2	4.8
Other / incomplete	0	1	1	2	4.8
Capacity building	0	0	1	1	2.4
Dedicated ECD centre	0	0	1	1	2.4
More children	1	0	0	1	2.4
Office equipment	1	0	0	1	2.4
Total Sample	11	2	29	42	-
Number of Mentions	20	2	56	78	-
Average number of mentions per centre	1.8	1.0	1.9	1.9	-

Table 93: Planned Improvements

9 Annexures

9.1 Annexure A: The questionnaire

9.2 Annexure B: Consent Form

