NATIONAL DEVELOPMENT AGENCY AND THE UNIVESITY OF FORT HARE RESEARCH PROJECT

ANALYSIS OF BEST PRACTICES IN ECD CENTRES IN THE EASTERN CAPE PROVINCE IN THE CONTEXT OF LEGISLATION AND POLICY

PRE-EXPOSURE REPORT

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LIST OF ACRONYMS

ACRONYM	FUL MEANING
ECD	Early Childhood Development
DSD	Department of Social Development
DBE	Department of Basic Education
NCF	National Curriculum Framework
NELDS	
CAPS	Curriculum and Assessment Policy Statement
NQF	National Qualifications Framework
EFA	Education for All
UNCRC	The United Nations Convention on the Rights of the Child

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EXECUTIVE SUMMARY

The need for knowledge and evidence in Early Childhood Development (ECD) policy-making and programming is widely recognised as critical for the effective implementation of policy, growth and development of this field of practice. A systematic review of education research that was undertaken for the National Research Fund (NRF); evaluated 10,315 texts and found that there is inadequate character of research available on ECD that could feed into policy-making and implementation.

In light of the above, the National Development Agency (NDA) in partnership with the University of Fort Hare's Early Childhood Centre of Excellence conducted a research study whose main purpose is to inform effective implementation of the ECD policy and produce best practices in Early Childhood Development centres in the context of legislation and policy.

The research was conducted between the 22 November 2016 and the 25 January 2017 in the Eastern Cape Province in four (4) Municipality Districts, namely: Buffalo City, Chris Hani, OR Tambo and Sarah Baartman. 37 ECD centres representing different contexts were identified as the research sites: 10 in Buffalo City; 10 in Chris Hani; 9 in OR Tambo and 8 in Sarah Baartman. 32 ECD principals /managers, 49 ECD Practitioners and 63 parents participated in this research project. The following dimensions for ECD provisioning were identified as variables for understanding practices in ECD centres:

Infrastructure of ECD Centres: ECD centres must have an infrastructure that adheres to norms and standards of learning centres for children 0-4 years. There are specific requirements in the construction of the centre, children rooms or class specification, playground and playing materials specifications, safety and safety equipment specifications. These are important for learning and teaching environment at ECD centres.

Training and mentoring of ECD practitioners: It is important to have qualified and highly competent practitioners for the early childhood development field in order to provide high quality early childhood programmes for young children. Qualified practitioners are those who have undergone formal training for prescribed courses for

teaching at the centres and also engage in continued professional development programmes.

Quality of ECD Programmes: Quality ECD programmes require that teaching for 0-4 years is provided by qualified practitioners and teaching be informed by a curriculum framework that practitioners are conversant with, the framework should include three components namely content, processes and context. The curriculum for early childhood development should be holistic and focus on the holistic development of a child rather than just one aspect. Moreover, for effective teaching and learning to take place, practitioners must have appropriate teaching and learning materials for the 0-4-year age group, understand and implement age appropriate activities. The children themselves must be in appropriate condition to be taught and learn from these centres.

Management of ECD Centres including management of resources: since the government declared ECD as a public good, many centres which were initiated by communities are falling short of been managed in a manner that the public can access their goods and services and keep the managers of these centres accountable and responsible. The Department of Social Development has also allocated grant or support funding to these centres to ensure that they provide better ECD care for the children. Good governance and accountability are key in the ECD service delivery and therefore this component is important for the research study. The other part of this component is community participation and involvement in these centres, since children from communities are the recipients of the services, parents' participation and involvement is a critical variable for improving the quality of ECD services in these communities.

Health and Nutrition: In South Africa, most children from deprived communities go to the centres on empty stomachs making it impossible for them to learn and teachers to effective teach. Food and nutrition becomes a core variable for learning and teaching**.**

Children with disabilities: South Africa's constitution entrenches equal rights for all its citizens and states that no person shall be unfairly discriminated against, directly or indirectly. The rights of the children with disabilities need to be protected and this could be achieved by having ECD centres offering programmes and activities aimed at improving the quality of life for children with disabilities**.**

1. INTRODUCTION AND BACKGROUND

The need for knowledge and evidence in ECD policy-making and programming is widely recognised as critical for the effective implementation of policy, growth and development of this field of practice. The National ECD Programme recommends that research be built into the policy implementation process to "ensure that there is an on-going reflection and strengthening of processes and practices; … research should accompany the implementation of all new programmes to strengthen systems." It is globally recognised that investing in quality services for infants and young children has a high return later in life. This means that when we lay a good foundation in the early years of life to enable children to perform better in school, they are more likely to be gainfully employed as adults and live as healthy contributing adults for a better society. This is also why the provision of early childhood development (ECD) services is regarded as a public good, based on the recognition that early childhood development services not only contribute to the realisation of the rights, development and outcomes of the child, but also to the growth and development of society as a whole in the medium and long term. This is clearly indicated in the *National Development Plan: Vision 2030*, which states: "*Make early childhood development a top priority among the measures to improve the quality of education and long-term prospects of future generations*"

The ***National Integrated Early Childhood Development Policy*** was approved by Cabinet on 9 December 2015. This is the latest early childhood development policy for the country, which provides for an integrated approach. It sets clear policy positions for the early childhood development sector in rendering services for infants and young children. It brings together the range of services provided across departments to ensure an integrated comprehensive approach in serving South Africa's infants and young children as well as their parents. Unless otherwise indicated, (i.e. that a specific policy is repealed), sectoral policies are still valid. However, the *National Integrated Early Childhood Development Policy* sets clear targets in the transformation of the early childhood development sector and subsequent policy changes.

The policy aims to give direction and facilitate the provision of a comprehensive package of early childhood development services for all infants and young children, including children with special needs, children with disabilities and other developmental challenges. The policy covers the period from conception until the year before children enter formal school or in the case of children with developmental difficulties and/or disabilities until the year before the calendar year they turn seven (7), which marks the age of compulsory schooling or special education. It provides:

- An overarching multi-sectoral enabling framework of early childhood development services, inclusive of national, provincial and local spheres of government;
- A comprehensive package of early childhood development services and support, with identified essential components;
- Identifying the relevant role players, their roles and responsibilities for the provision of the various components of early childhood development services; and
- Leadership, coordination and collaboration in the delivery of early childhood development services.

A systematic review of education research that was undertaken for the National Research Fund (NRF); evaluated 10,315 texts and found that there is inadequate character of research available on ECD that could feed into policy-making and implementation. The review makes a compelling case for the establishment of a dedicated research capacity and abilities to monitor and study childhood development over a long and sustained period of time. Such an approach emphasises the importance of shifting away from a situation that is characterised by isolated patches of research and institutional infrastructure to an environment in which the research community, research infrastructures, collaborations, and community leaders are knit together to form a coherent and integrative system.

The National poverty levels 2014 surveys by Statistics South Africa, confirms that addressing the early childhood development needs of those aged 0-4 years pays significant dividends. South Africa has, in this regard, made comprehensive ECD programmes a very important educational priority. The ECD programmes are offered

at day care Centres, crèches, playgroups, nursery schools and in pre-primary schools. The survey shows that approximately 50.8% of the South African children aged 0-4 years attended day care or educational facilities outside their homes. The survey also indicates that 49% of children in the country remained home and do not attend any type of ECD programme. This then shows that there is a large proportion of South African children who due to lack of facilities and/or means, miss out on the early childhood development programmes, which are critical in breaking the cycle of poverty.

In the state of the Nation Address (2014), it was stated that South Africa still faces triple challenges of poverty, inequality and unemployment. The Eastern Cape Commission regards capacity building measures such as a minimum qualification for early childhood practitioners, home-based support, literacy development in children's home languages, and providing children with mother-tongue-based readers as important measures to address capacity constraints in the ECD sector. It proposes the need for training of 30,000 ECD care-givers and practitioners by 2030 so that access to ECD programmes is expanded. The National Development Agency is mandated to contribute towards the eradication of poverty in poor communities. The mandate directly contributes to the main goal of the National Development Plan (NDP) of reducing poverty, inequalities and unemployment. The Government pronounced 13 outcomes, which will be used to plan and implement programmes that will respond to the NDP. The programmes of the NDA are guided by outcome 13: ***"An inclusive and responsive social protection system"***. The NDA as an entity of the Department of Social Development, contributes directly to sub-outcome 2: ***"Improved quality and access of early childhood development services for children aged 0-4"***

The UFH-ECDC has embarked on a journey to establish and develop a Centre of excellence in research, teaching and scholarly engagement in the field of early childhood development. This is an area in which UFH has potential to make a significant contribution, given its history, current student body, academic priorities, and level of community engagement it has. The UFH Early Childhood Development Centre (UFH - ECDC) represents the University's commitment to developing a niche

academic capacity, effective, replicable evidence-based models for early childhood development and research and scholarship in the area of ECD that can contribute to addressing the key questions and challenges related to child development in South Africa. Specifically, UFH aims to extend its current academic focus on children in the formal schooling system (5 – 9 years of age, including Grade R) to children from birth to four years old.

In light of the above, the NDA in partnership with the University of Fort Hare's ECDC will be conducting a research study to address the challenges faced within the ECD sector as well as to create a Centre of excellence for ECD.

1.1. The Objectives of the research

Majority of young children in South Africa remain excluded from public support systems aimed at promoting their educational, health, nutritional and social wellbeing. The persistence of this situation more than twenty years into the country's transition to democracy, calls for a project of rigorous intellectual engagement led by the Government and Academic community. The University's establishment of the ECDC is a unique response to this call, epitomising UFH's commitment to scholarship that addresses some of the most intractable challenges at this time in the history of the country – both through the development of human resources and in the support of implementation of evidence-based models.

The purpose of the research is to conduct research that will inform effective implementation of the ECD policy and produce best practices in Early Childhood Development Centres in the context of legislation and policy. The research will focus on the impact of ECD practices and provision towards holistic development of a child. The study will also be a point of reference to monitor the impact of the practices and provisions on the development of the child. The proposed research is aimed at assisting and guiding the country in identifying the contributions and impact the ECD sector is making in the educational development of children, thus assisting the state in making ongoing efforts of expanding the accessibility to quality early childhood education for young children (0-4 years) in the country.

1.1.1 General Objectives

- To conduct a baseline study on ECD Centres of the rural Eastern Cape Province;
- To select a sample of ECD Centres for in-depth analysis of ECD practices and implementation in the context of Policy and Legislation for research; and
- To develop a frame to monitor the impact of practice on selected programme delivery within the identified Centres.

1.1.2. Specific Objectives

- To evaluate the ECD programme impact (positive or negative) that can be attributed to the implementation of the new ECD policy;

- To draw lessons that can assist and guide the country to enhance the planning, implementation and monitoring of its ECD programmes, specifically in less resourced areas.;

- To produce a research report that will inform specific interventions that can be monitored and evaluated over time to measure their value and contribution in the delivery of quality comprehensive ECD services in most deprived communities;

- To test and evaluate extent to which the research interventions contributed towards the ***provision*** of ECD interventions in the Eastern Cape Province.

These provisions will include:

- Training and mentoring of ECD practitioners;
- Quality of ECD programmes offered;
- Infrastructure of ECD Centres;
- Management of the ECD Centre, including management of resources
- Children with Disabilities;
- Accessibility of Food and Nutrition in the ECD Centre.

2. LITERATURE REVIEW

In this section relevant literature is reviewed, starting with identifying the theoretical framework underpinning the study then assessing the key empirical studies.

2.1 Theoretical Framework

The study is guided by the Bronfenbrenner's 1979 theory, which states that children develop within a complex system of relationships affected by multiple levels of the environmental factors. The theory's main tenets are clarified in Figure 2.1.

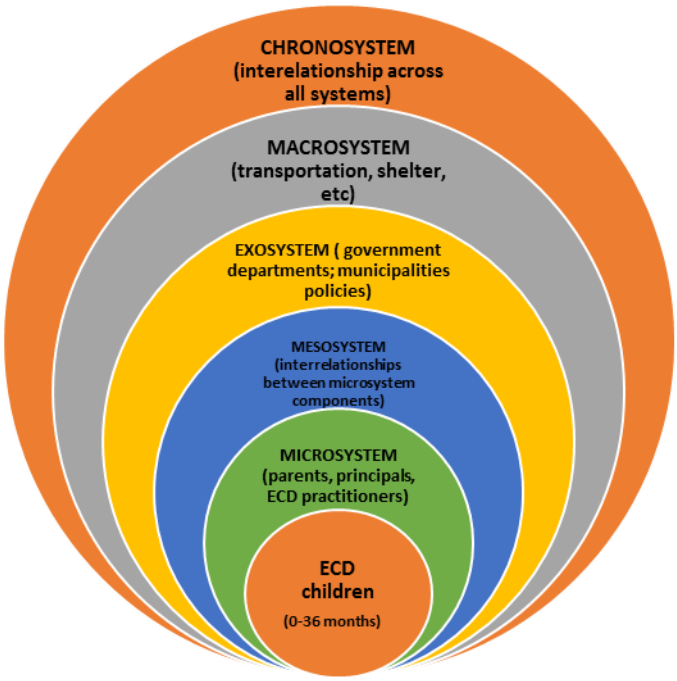

Figure 2.1: Bronfenbrenner's Ecological System Theory

For the purposes of this study the Ecological Systems theory by Bronfenbrenner was adopted, justification and relevance of this theory to implement ECD programme for the 0-4 year olds in the context of legislation and policy in four District Municipalities Chris Hani, Buffalo City, OR Tambo and Sara Baartman in the Eastern Cape Province was provided. According to Bronfenbrenner (1998) child development takes place through processes of progressive, more complex interactions between children and the different levels of the exosystemic layers which include: the immediate environment, such as the family, the peer group, the child's characteristics, and the wide community. It is what happens within the child's settings such as the family, playground, the peers, service institutions and the larger community that influences

his/her development and education (Bronfenbrenner, 2005). Bronfenbrenner's theory has five basic levels which all can affect the development of the individual child.

These ecosystem layers include; the microsystem, mesosystem, exosystem, macrosystem and the chronosystem, all of which can directly or indirectly influence the development of the child depending on the nature of the impact. Accordingly, this theory was established to make available guidance on the transaction of children within a broader societal context (Goldfield, 2014) through those five provided systemic layers. The following is a brief explanation of the layers and the explanation on how they can influence development of the ECD child regardless of the existence of policies and legislations.

Microsystem- this the innermost level, the one that is closest to the chid. This system involves those systems that are part of the children's most immediate environment such as the child's parents, the playmates, parenting style, socio-economic status and other primary care givers in whose case are the ECD practitioners who care for the children in the ECDCs. Therefore, the interaction between the child, siblings, parents and caregivers in the ECDCs impacts on the programme delivery. This study was looking at the parents of children, ECD Centres' principals and the practitioners as to what was their role and how they have had an impact in the pro in the provisioning of programmes in ECD Centres.

Mesosystem – this systemic layer is unique in the sense that it involves those systems that interact with people in the microsystem (Clamptett, 2016) such as ECD Centre in communities and schools and playmate settings and the relationship between the family experiences and the ECD Centre experiences.

Exosystem – According to Volger, Crivello and Martin (2008), Bronfenbrenner states that they are certain layers that do not work directly but these have some impacts on the child's development. The examples of this system include parents' work place, family friends, policies such as those from the Department of Social Development, and from the Department of Health and these from the department of Education. The study focused on the financial support provided by the department of Social Development, policies that are available at the ECD Centres, municipality support to the centres.

Macro-system - The fourth system is termed the macro system which is a societal blue print of a particular culture or subculture and comprises of values, law, customs and resources, life-styles and opportunity structures (Bronfenbrenner, 1994). To a larger part these systems of values of a certain culture, group of people may have an impact on the development of ECD children. This study looked at the type and the conditions of infrastructure children learn at and the availability of indoor and outdoor resources, for teaching and learning and the programmes implemented in the ECD Centres and how these impact on the provisioning of ECD services and programmes.

Chronosystem- The fifth ecological level Bronfenbrenner focused on is the chronosystem, constitute other levels. The chronosystemic level refers to the way, each level has an influence on the one before and after it in a back and forth motion. It also applies to the historical context relating to the time the child is raised. The study attempted to look at the present conditions the child is learning at e.g. teaching and learning in the classroom, variety of teaching methods used, the support he /she gets from his microsystem, mesosystem, exosystem, macrosystem and how these impact on the child's development in the ECD Centres.

The theory guided the study with regards to cases of analysis- the key role players in the development of any child are identified by the theory and categorised. The study then uses those role players as cases of analysis and therefore data collection centred on them. Analysis of data also looked at the interrelationships of these role players in so far as their roles and practices in ECD education provisioning was concerned.

2.2 Review of Related Literature

In this section key empirical studies were assessed on areas namely; teaching and learning, curriculum in Early Childhood programmes, infrastructure, management of centres, parental involvement and participation as well as health and nutrition.

2.2.1 Teaching and Learning

In South Africa, qualifications are established on the National Qualifications Framework (NQF) by the South African Qualification Authority (SAQA).Training in these ECD qualifications is offered by a number of training facilities, including Further Education and Training (FET) colleges, private universities, as well as ECD non-profit organisations (NPOs) (Proudlock, Lake, Jamieson & Draga, 2013). To provide a qualification, the service provider/institution must be accredited by the ETDP-SETA (Education, Training and Development Practices Sector Education and Training Authority). The Department of Social Development (DoSD) and UNICEF have set out the minimum standards for ECD teacher requirements in the document entitled Guidelines for Early Childhood Development Services (2006). These guidelines state that the minimum qualification for any ECD practitioner is the NQF Basic Certificate: ECD (Level 1) (Department of Social Development, 2006).

Studies show that there are specific instructional methods that are proposed in ECD policies world-wide. Most studies state that schools use games ranging from out-door games where children jump rope, ballgames, racing, circle games, shooting of marbles, which allow the young learners to manipulate the various media as well as to express their bodies (NAEYC, 2009). Furthermore, in various studies, ECD teachers also use indoor games like brain teasers, puzzles and jokes, thinking games, toys, rhymes, tongue-twisters and so on to develop thinking (Chinhara, 2016).

Professional development is defined as initial preparation (pre-service) and learning experiences (in-service) designed to improve the knowledge, skills/ behaviours, and attitudes/values of the early childhood practitioners (Atmore, 2012). It is important to have highly competent practitioners for the early childhood field in order to provide high quality early childhood programmes for young children. Professional development provides the channel to achieving this goal.

2.2.2 Curriculum in Early Childhood Development programmes

Curriculum is an organised framework which includes three components namely content, processes and context (Bredekamp & Rosegrant, 2010). Children's learning

is a core goal of early childhood services. However, this should be practiced within a context that ensures the child's socio-emotional development and well-being (Richter, Berry, Biersteker, Harrison, Desmond, Martin, Naicker, Saloojee & Slemming, 2014). ECD curriculum for young children should include all those experiences that are *created by the children themselves* in order to make sense of their world. It is generally clear that curriculum for early childhood development is holistic and focus is on developing the whole child rather than just one aspect. South Africa has the NELDS curriculum policy, National Curriculum Framework and CAPS (for Grade R). A holistic curriculum is meant to contribute towards the development of the child's full potential in all aspects of growth and development namely cognitive, emotional, social, physical and moral (NELDS, 2009). Hence the study sought to establish the curricula followed in the different ECD centres and how they were implemented.

2.2.3 Infrastructure

In order to give the best care and education to children in the 0-4 year age group, there must be provision of infrastructure such as classrooms, toilets and outdoor play environment. All the infrastructure must conform to safety and security standards (Education for All (EFA) Report, 2015). Infrastructure plays an important role in creating a learner friendly environment, mostly in schools and classrooms where there are children with special education needs which have to be put into consideration. Motala (2010) reports that in South Africa most ECD centres have poor infrastructure and management and that the infrastructure does not accommodate children with special needs. Furthermore, Sotuku, Okeke and Mathwasa (2016) found that poorly designed ECD environments not only presented health and security hazards to children but also affect the learning and freedom children should be enjoying. The national audit on ECD centres (RSA, 2014) and Eastern Cape Diagnostic Overview (2013) reveal that most facilities remain unregistered with the Department of Social Development (DSD) due to the fact that they fail to meet the standards presented by the department. For an ECD centre to be registered the infrastructural condition should be according to the established standard requirements of the department. The expected standards range from location of the ECD centre, quality of infrastructure, management and running of ECD facilities. The department guidelines require that ECD centres must have quality infrastructure that offers children with a safe, healthy

learning environment which includes access to sufficient water, proper sanitation, electricity and a secured area away from hazards. Similarly, food must be cooked away from the children's play areas (Atmore, van Niekerk, & Ashley-Cooper, 2012). The study sought to establish the state of infrastructure in ECD centres, their safety and security standards as well their suitability for effective teaching and learning.

2.2.4 Management of ECD Centres

Effective implementation of ECD programmes depends on good management of the centres. Centre managers or principals should possess basic skills in human resource management and financial management (DST, 2015). To this end, centre principals should be able to mobilise resources to sustain centres. In a study conducted in Malawi, Munthali, Mvula, and Silo (2014) found that ECD centres were basically community-owned and funded by communities through donations and fees. Similarly, in South Africa ECD centres are mostly privately-owned with owners running them as 'small businesses'. However, registered centres are funded by government through DSD grants. The National Integrated Funding model covers programme support costs, infrastructure development funding, supervision and management funding and post-provisioning (ECD Policy, 2015). In cases where centres are funded, centre principals should have basic bookkeeping skills in order to effectively utilise funds.

Studies have shown that ECD centre managers may exhibit challenges in centre management sills, including poor financial management skills (Baka, 2012). Baka (2012) found that in the Mafikeng area of North West province, the level of financial management literacy of ECD centre managers was largely low and there were very little attempt by ECD owners to improve the level of financial management literacy of ECD centre managers. In this view, ECD centre managers required support to assist them to improve their skills in financial management.

2.2.5 Parental Involvement and Participation

Studies show that it is important to involve parents in ECD education provisioning by making them actively participate ECD programmes (Eldridge, 2001). Eldridge (2002) defines parental involvement as the process whereby schools, parents and other

services support each other in ‘stimulating children’s curiosity, motivation and development in order to achieve educational/pedagogical, organisational, democratic and enabling objectives’ (Mawere, Thomas & Nyaruwata, 2012: 1547). In a study conducted in Kuwadzana Township in Zimbabwe, Mawere, Thomas and Nyaruwata (2015) observed that parents were rarely involved in ECD programmes in the ECD centres.

Similarly, Mncanca and Okeke (2016) observe that in South Africa access to quality early childhood service remain a challenge especially to poor children in rural areas and townships whose situations are made worse by lack of parental support. Therefore, in instances where parents are not actively involved in ECD education provisioning, the education received by their children is compromised. Epstein (2001) suggests six types of parental involvement which are parenting, communicating, volunteering, learning at home, decision-making and collaborating with community. This shows that there are numerous ways in which parents can be involved in the education of their children.

2.2.6 Health and Nutrition

Accorsing Atmore, Van Kierkerk, Cooper (2012) state that malnutrition is the main cause of child-deaths for children under the age of five in South Africa. Literature suggests large differences in nutrition, health, education and ECD outcomes not only between countries, but also within countries according to characteristics such as location, gender and socio-economic status (World Bank, 2014; Wodon & Sheker, 2016). According to Samkange (2016) in some ECD centres in Zimbabwe, parents had taken it upon themselves to support the ECD centres through the health and nutrition programme. For instance, they took turns to help and prepare food at the centre. The United Nations Convention on the Rights of the Child (1989) highlights that every child has “the right to the enjoyment of the highest attainable standard of health”. The Education for All (EFA) (2015) states that despite a drop in child mortality rates of nearly 50%, 6.3 million children under the age of 5 died in 2013 from causes that are mostly preventable. It was the purpose of this study to look into issues of nutrition since nutrition and health have the same cyclic connection and play a pivotal role in education of children in ECD centres (Aguayo & Paintal, 2016).

2.2.7 Children with disabilities

South Africa's constitution entrenches equal rights for all its citizens and states that no person shall be unfairly discriminated against, directly or indirectly (DSD, 2009). Despite what the constitution advocates in South Africa, children with disabilities seem to be discriminated against. An audit into the provisions of ECD services indicated, amongst other things that there is a lack of services for children with disabilities especially those under the age of 7 (Storbeck & Moodley, 2011, Eastern Cape ECD Audit 2013). Additionally programmes and activities aimed at children with disabilities operate in silos with little integration across departments mandated with ECD provisioning. In Swaziland, Thwala, Ntinda and Hlanze (2015) study on the lived experiences of parents of children with disabilities found that parents encounter a lot of challenges such as emotional stress, failure to cope with their children and uncertainty of what was expected of them as well making educational decisions on behalf of their children. In response to the above dilemma, the studies accessed call for ECD practitioner and community training that is underpinned by an active approach towards disability. The active approach includes: prevention, early detection of problems, awareness of rights of children with disabilities and inclusion into mainstream.

3. RESEARCH METHODOLOGY

This section explains the methodological processes and procedures utilised in the study. The conceptual framework explained below guided the research process.

3.1 Conceptual Framework and Research Design

The overall project is in three phases: baseline, intervention and post-intervention assessment. For this baseline study, the target has been met and the focus has been on the listed policy prescriptions. As a baseline study, we assess the status of the listed outcome variables, so that prescribed intervention is informed by the status quo. This sets a good platform to assess post intervention status and observe the outcomes. The sub-sections below outline the methodological considerations for the

baseline survey taking cognisant of the need to prepare for intervention and post intervention assessment.

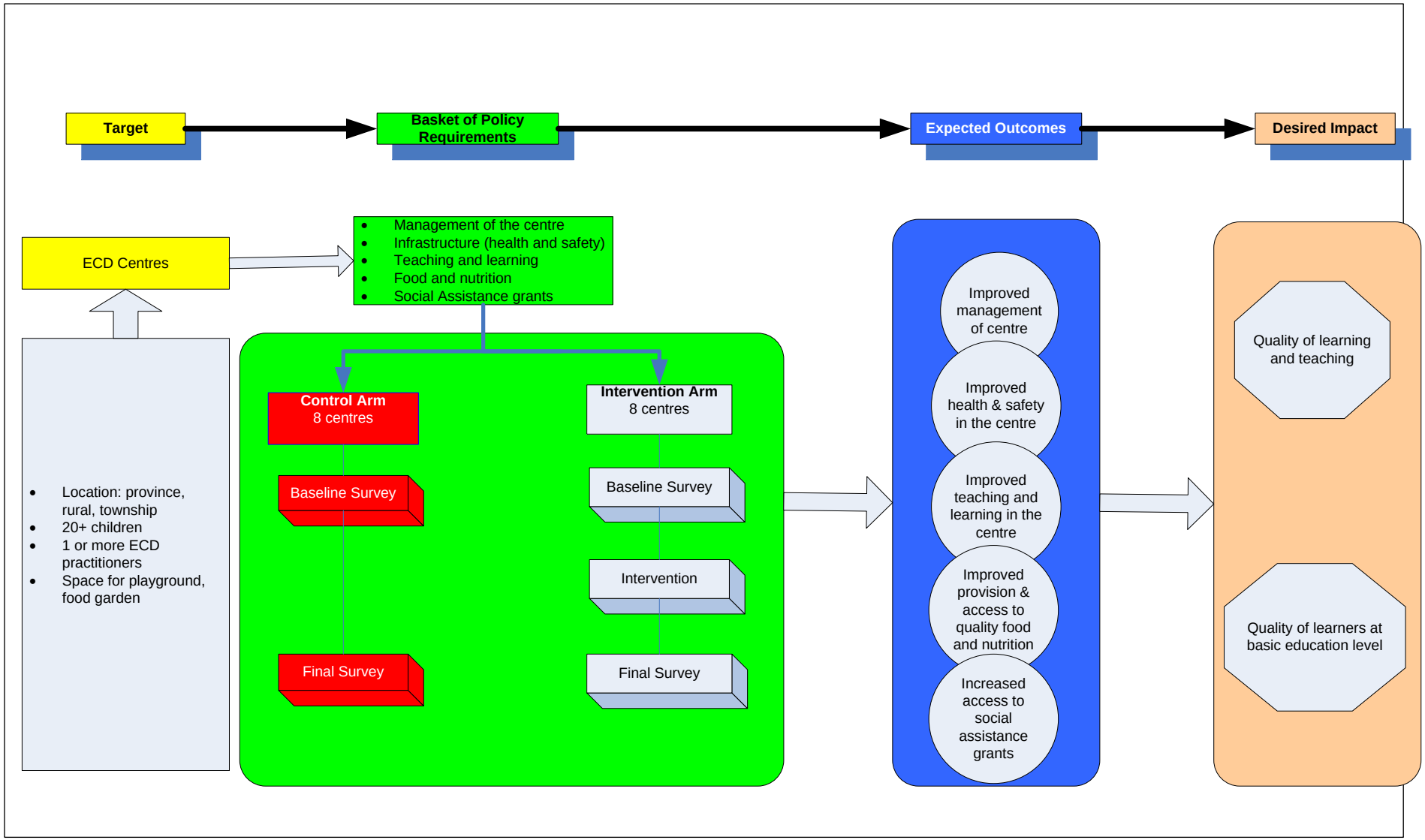

Figure 3.1: ECD Centres research conceptual design

The study followed a mixed methods approach in which both quantitative and qualitative data were collected. The utilisation of the mixed methods approach in the study allowed the researchers to collect multiple sets of data in understanding best practices in ECD Centres in the context of policy and legislation. This complementary strength of the approach assisted in improving the quality of research results (Fetters, Curry & Creswell, 2013). A concurrent triangulation design was utilised. The concurrent triangulation design involves collecting quantitative and qualitative data at the same time (Terrell, 2012). Data collected were then integrated during the analysis and the interpretation phases. The chief aim of the concurrent triangulation design was confirmation, corroboration or cross-validation of findings within the single study (Tashakkori & Teddlie, 2009).

The study focused on Eastern Cape ECD Centres, to which the province has 8 districts and 4 were purposively sampled, which are BCMM, Chris Hani, Sarah Baartman and OR Tambo. The sample structure is presented in Table 3.1. A total of 37 ECD Centres representing different contexts were identified as the research sites: 10 in Buffalo City; 10 in Chris Hani; 9 in OR Tambo and 8 in Sarah Baartman. 32 ECD principals /managers, 49 ECD Practitioners, 63 Parents and 8 social work interns assigned to ECD Centres participated in this research project.

Table 3.1: ECD Centre distribution by District

Variable Category	Frequency	Percentage
ECD Centres		
BCM	10	27
Chris Hani	9	24
OR Tambo	10	27
Sarah Baartman	8	22
Total	37	100

3.2. Data collection instruments

The study employed a structured questionnaires administered on ECD centre principals and ECD practitioners in participating centres. Semi- structured interviews were also conducted with selected parents and social work interns. Observation was also employed as actual; teaching and learning processes in the participating centres were observed. Observation was also conducted on infrastructure and food and health

issues. Annexures A to E show the data collection instruments which were utilised in the study.

Table 3.2: Summary of data collection instruments and focal areas

Data Collection Instrument	Data Source/s	ECD Dimension
Structured Questionnaire	Principals	Management of Centres, Health and Nutrition, Health and Safety, Infrastructure
Structured Questionnaire	ECD Practitioners	Teaching and Learning Health and Safety, Health and Nutrition, Infrastructure
Semi-structured Interviews	Parents	Parental Involvement and Participation
Semi-structured Interviews	Social Work Interns	Supporting ECD provisioning
Classroom Observation	ECD Practitioners	Teaching and Learning
Observation at the centres The centres	Infrastructure,	Health and Nutrition, Health and Safety , Availability of documents for ECD Provisioning

3.3 Validity and Reliability/ Data Trustworthiness

This section discusses measures which were taken to ensure validity and reliability of data collection tools as well as data trustworthiness. The utilised scales were tested for reliability using Cronbach alpha and the following results were obtained. An alpha of at least .70 is required for the scale to be confirmed it is measuring what it is intended to measure. Table 3.3 below presents the summarised results showing that all our scales were reliable and there for inferences can be made from the data.

Table 3.3: Reliability Test Results

Scale	Cronbach Alpha	Conclusion
OBSERVATION		
1. Teaching and learning	0.92	Reliable
2. MLE	0.84	Reliable
3. Infrastructure	0.92	Reliable
4. Nutrition	0.78	Reliable
5. Health and Safety	0.91	Reliable
PRINCIPAL COMPETENCY		Reliable
1. Personal Skills	0.88	Reliable
2. Interpersonal Relations	0.71	Reliable
3. Centre Management Practice	0.88	Reliable
Total Competency	0.72	Reliable
ENVIRONMENT		Reliable
1. Infrastructure	0.91	Reliable
2. Food and Nutrition	0.71	Reliable
3. Food garden	0.69	Reliable

Credibility and trustworthiness for qualitative data was ensured by member checking of interview transcripts, triangulation (collecting data form different sources and participants) and reporting data accurately by giving prominence to the voice of the participants.

3.4 Ethical Issues

Ethical approval has been sought from the University of Fort Hare Research and Ethics committee and granted before commencement of the study (Certificate reference Number SOT001- Project) as shown on Annexure F. Participants and respondents were provided an opportunity to consent to be interviewed or observed. The sample consent form is attached in Annexure G. The names of the centres, participants and respondents were not included in the data instruments and centres have been allocated pseudo with no possibility to link back the names and pseudo names. This was done to ensure anonymity. The raw data files will be stored in a secure place with controlled access. The data is presented in aggregate form and there is no chance to identify the actual centre.

3.5 Data Collection and preparation process

Data were collected the 22 November 2016 and 25 January 2017 in the Eastern Cape Province in four (4) Municipality Districts as discussed under population and sampling. The process unfolded as follows:

i. Instrument design, validation

A team of nine, consisting of NDA national research unit, provincial practitioners and UFH researchers spent 2 days working on the instruments. The expertise and experience within the team allowed validation of items on each instrument.

ii. Research assistants' recruitment and training

Research assistants were recruited form a pool of University of Fort Hare graduate students. The students had some experience in research through their studies and others having been research assistants in the past. Ten assistants were recruited and trained over two days with the workshop including role playing.

iii. Pilot testing

Pilot testing was done among Duncan Village ECD centres under BCMM, which were not part of the sample by resembling the ones sampled in respect of all characteristics.

iv. Field work

The research assistants were equipped to be interviewers, observers and administer questionnaires per each identified centre. The assistants were paired and were getting on each centre in those pairs.

v. Data cleaning, sorting and auditing

A first session for data cleaning and sorting was done with the research assistants over two weeks. The research team that developed the instruments and was responsible for analysis met for two, 3-day data analysis retreats. The first two days of the first retreat were spent on cleaning, sorting and auditing the data.

3.6 Data Analysis Techniques

The study employed mixed methods in analysing the data. For quantitative data, descriptive and inferential statistics were utilised. The descriptive statistics were mainly univariate inspecting the frequency distribution, box plots and some measures of central tendency. In addition, bivariate statistics were applied to provide information on the association between variables. The bivariate options included cross tabulations and correlations.

On the other hand, inferential statistics were employed to test whether the associations/ effects are statistically significant or not- the effort was to rule out chance in the observed associations. In this group, chi-square test of independence, independent samples t-tests for means and analysis of variance (ANOVA) techniques were utilised as is applicable on question by question basis.

Finally, the statistical modelling presented a structural equation model (SEM) to depict the structure and interrelations among and between variables explaining the identified dependent variable. The structure of the model is informed by the analysis discussed above.

For qualitative data, thematic analysis was carried out by going through the interview transcripts and identifying key emerging themes and build discussion around them linking to the quantitative results.

4. RESULTS PRESENTATION AND DISCUSSION

In this section we present the results from the study in a concurrent manner embedding the quantitative and qualitative. The presentation and analysis of the results is structured following the six broad areas in ECD provisioning: Training and mentoring of ECD practitioners; Quality of ECD programmes offered; Infrastructure of ECD Centres; Management of the ECD Centre, including management of resources; Children with Disabilities; and Accessibility of Food and Nutrition in the ECD Centre.

4.1 Demographic Variables of ECD Practitioners

This section presents results on the demographic variables of ECD practitioners who participated in the study. The distribution of ECD practitioners is done by the district municipality, age, marital status and centre allocation. Table 4.1 shows the biographical variables of ECD practitioners.

Table 4.1: Biographical Variables of ECD Practitioners

Variable Category	Frequency	Percentage
Practitioners		
BCM	15	30.6
Chris Hani	10	20.4
OR Tambo	9	18.4
Sarah Baartman	15	30.6
Total	49	100
ECD Practitioner age		
20 – 24	2	4.1
25 – 29	10	20.4
30 – 34	7	14.3
35 – 39	9	18.4
40 – 44	6	12.2
45 – 49	4	8.2
50 – 54	3	6.1
55 – 60	5	10.2
61 and above	3	6.1
Total	49	100
Marital Status		
Single	30	61.2
Married	16	32.7
Divorced	1	2.0
Widowed	2	4.1
Total	**49**	**100**
Centre Location		
Urban	4	8.2
Rural	16	32.7
Township	22	44.9
Informal settlement	6	12.2
Missing	1	2.0
Total	**49**	**100**

The majority of ECD practitioners were in two municipalities, namely BCM and Sarah Baartman, with a combined total of 61.2%. OR Tambo municipality had the least number of ECD practitioners, 18.4% (n=9). As shown on Table 4.1, a majority of the ECD practitioners was below the age of 39, 57.2 (n=28). It is clear that most practitioners are young and are better placed to undertake further studies in ECD Qualification even any other additional relevant training. As shown on Table 4.1 above, a large number of ECD practitioners were single, 61.2% (n=30). In terms of professional development such practitioners may not have marital obligation which negatively affects their desire to go for further studies.

A large number of ECD practitioners were from Township ECD centres followed by rural ECD centres. The reason why the Township has a large number can be attributed to the large number of ECD Centres in these area and also high enrolment of children in these ECD Centres.

4.2. Training of ECD Practitioners

The study sought to ascertain the preparedness of ECD practitioners in their role as ECD teachers. This was done by looking at ECD practitioners' academic and professional qualification as well as teaching experience. The practitioners teaching expertise was also assessed from two angles namely self- assessment reports and observations. Links were also drawn between different demographic variables and teaching expertise.

Table 4.2 shows ECD Practitioners and their academic qualifications

Table 4.2: ECD Practitioners and academic qualifications

Qualification	Frequency	Percentage
Academic Qualification		
Below Matric	35	71.4
ABET	3	6.1
Matric	9	18.4
Post Matric	2	4.1
Total	49	100
Professional Qualification		
ECD level 1	5	10.2
ECD level 4	15	30.6
ECD level 5	3	6.1

None	19	38.8
Others	2	4.1
Total	49	100
Teaching Experience		
0 -1	10	20.4
2 - 4	18	36.7
5 – 7	8	16.3
7yrs and above	12	24.5
Missing	1	2.0
Total	49	100

A concern was observed on the nature of academic qualifications held by the majority of the ECD practitioners as shown on Table 4.2 that more than seventy percent of them had qualifications below Matric. This suggests that the majority of the practitioners were not academically well-grounded. A relatively high number of practitioners have some sort of professional qualification (47%) of which 37% have the minimum requirement. About 40% of the practitioners did not possess an ECD qualification and this is of concern as studies in ECD argue that, for quality ECD programmes, quality teaching and learning is essential and this requires a quality teacher that can provide a learning environment in which a child can develop in a holistic manner (Atmore, 2012). Atmore (2013) suggests that, in order to produce quality ECD teachers, various training and education opportunities should be made available. Also in the USA studies have shown that the majority of professionals that make up the ECD workforce are not adequately trained (Herzenberg, Price & Bradley, 2005). In response to this dilemma, USA designed systems for states to effectively prepare, recruit, support and retain high quality ECD workforce.

Practitioners were of varied teaching experience, with about 25% having taught for more than 7 years. About 20% were relatively new ECD practitioners with 1 year or less teaching experience.

Table 4.3: ECD practitioners and other forms of training received

Aspect of training received and professional development required	Frequency	Percent	Percent of Cases
Training Received			
Financial Management	24	48.0%	85.7%
office admin and computers	2	4.0%	7.1%
Basic ECD and related	5	10.0%	17.9%
Food, Nutrition and Health	5	10.0%	17.9%
Organisational governance	14	28.0%	50.0%
Capacity Building Training required			
Basic ECD practices	32	21.6%	82.1%
Finance and basic bookkeeping	23	15.5%	59.0%
Conflict management	16	10.8%	41.0%
Governance	17	11.5%	43.6%
NPO compliance	13	8.8%	33.3%
Project Management	13	8.8%	33.3%
Resource Mobilisation	14	9.5%	35.9%
The Children's Act	20	13.5%	51.3%

With regards to other training received, respondents had an opportunity to choose as many as is applicable- multiple response. Of the 49 practitioners, 28 received some training to which financial management was the most popular (chosen by 85.7%), followed by organisational governance by 50%, office admin being the least popular chosen by only 2 (7.1%)

With regards to capacity building training required, respondents had an opportunity to choose as many as is applicable- multiple response. Of the 49 practitioners 32 indicated that they required training in basic ECD Practices (chosen by 82.1%), followed by Finance and Basic Bookkeeping indicated by 59%. The least training required training needs were Project Management and NPO compliance. It is noted from these results that basic ECD practices was popular capacity building training need for practitioners. This suggests that ECD practitioners required a lot of assistance in capacitating them as practitioners. South Africa's recent National Integrated Early Childhood Policy (2015:19) also highlights that the training of ECD practitioners should be invested in and this should include the upgrading of their qualifications and developing clear career paths.

4.2.1 ECD Practitioners' Teaching and Learning Skills

The study sought to establish ECD practitioners teaching and learning skills, in an attempt to evaluate their competency as teachers. Practitioners were asked to evaluate themselves on four issues regarding their teaching competence. The four issues were personal skills, creativity, understanding and knowledge as well as interpersonal relations. Table 4.4 shows results on the assessment of practitioners' competence.

Table 4.4: Assessment of practitioners' competencies

	Indicator	N	Minimum	Maximum	Mean	Std. Deviation
Self-reported	Personal Skills score	36	25.00	50.00	42.6389	5.48844
	Creativity score	45	11.00	25.00	21.3111	3.28095
	Understanding & Knowledge score	37	7.00	35.00	25.1892	6.99936
	Interpersonal Relations score	44	5.00	25.00	18.7273	5.43188
Observed	Teaching and Learning observation (TL score)	46	24.00	52.00	42.0217	8.83048
	Management of Learning Environment (MLE) score	42	10.00	28.00	22.0238	5.67617

The indicators in the above table were computed by getting a total score of each rating scale. Lower score means poor competency in that regard whilst the higher score implies high competency. The first four indicators were based on self- reporting by practitioners and two last indicators were based on observations by the researchers.

Personal skills score is built from a ten item scale, implying a minimum possible of 10 and the maximum of 50. In table 4.4 the minimum score was 25 and maximum 50 with a mean of 43. This shows that ECD practitioners were generally highly competent in terms of personal skills. On average all indicators reflect high competence, both on self- reported and observed. However, to gain deeper insight into the actual competence of ECD practitioners across demographic groupings further analysis was conducted.

The key performance indicators are teaching and learning (TL score) and management of learning environment (MLE score). Teaching and learning

competency was collapsed into three categories namely poor, good and excellent to allow for cross tabulation with different demographic variables. Table 4.5 displays the frequency distribution across the three categories of performance.

Table 4.5 shows the teaching and learning scores of ECD practitioners as observed by researchers.

Table 4.5: Observation of practitioners' teaching and learning score

Teaching competence	**Frequency**	**Percent**
Poor	8	16.3
Good	13	26.5
Excellent	25	51.0
Missing	3	6.1
Total	**49**	**100.0**

As shown on the table majority of the ECD practitioners were observed to be excellent in their performance. The excellent practice of practitioners in some ECD centres was further supported through classroom observations. Some ECD practitioners were utilising playful approach in their teaching and their teaching was guided by daily programmes and they were using bilingual approach. Only a minority were observed to be poor and some of the poor practices were notable in classroom observation as some ECD practitioners did not even address children by their names, not grouping children by age and not utilising playful approaches. Ogunyemi and Lagart (2015) argue for a constructivist epistemological view of the playful method in ECD and that this should be utilised to ensure an all-round development of the child. it was also observed that some of the practitioners operated without assessment records and learners' files. In some cases there were no preparation books, methods used by practitioners were not relevant to activities carried out. In instances where practitioners exhibited poor practice, there is need for deliberately planned capacity-building programmes.

4.2.2 Relationship between teaching and learning score and practitioners' possession of ECD professional qualification.

We sought to establish whether possessing a professional qualification mattered in terms teaching and learning performance. The assumption is that appropriately qualified (at least ECD level 4 holders) would perform better than those without any ECD qualification. Table 4.6 shows a cross-tabulation of teaching and learning competency and professional qualification possession.

Table 4.6: Cross-tabulation of teaching and learning competency and professional qualification possession

			ECD Professional Qualification (PQ)					Total
			ECD level 1	ECD level 4	ECD level 5	None	others	
Teaching and Learning score	Poor	Count	0	1	0	4	0	5
		% within TL score	0.0%	20.0%	0.0%	80.0%	0.0%	100.0%
		% within ECD PQ	0.0%	7.7%	0.0%	22.2%	0.0%	12.2%
	Good	Count	2	5	1	5	0	13
		% within TL score	15.4%	38.5%	7.7%	38.5%	0.0%	100.0%
		% within ECD PQ	40.0%	38.5%	33.3%	27.8%	0.0%	31.7%
	Excellent	Count	3	7	2	9	2	23
		% within TL score	13.0%	30.4%	8.7%	39.1%	8.7%	100.0%
		% within ECD PQ	60.0%	53.8%	66.7%	50.0%	100.0%	56.1%
Total		Count	5	13	3	18	2	41
		% within TL score	12.2%	31.7%	7.3%	43.9%	4.9%	100.0%
		% within ECD PQ	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

It is clear from the Table 4.6 that 80% of the practitioners categorised as poor in teaching and learning competency had no professional qualification in ECD. On the other hand, almost 92% of those who are in possession of ECD level 4 qualification are at least good in performance. Therefore, it can be concluded that possession of a professional qualification improves a practitioner's performance. The need for practitioners to possess requisite professional qualification in ECD can, therefore, not be overemphasised.

4.2.3 Relationship between teaching and learning score and centre location

We further sought to establish whether there was a relationship between teaching and learning competency and the location of the ECD centre. The assumption is that location of an ECD centre could have a bearing on teacher competency as issues of location attracting ECD practitioners and issue of resources being fundamental requirements in teacher performance. Table 4.7 shows a cross-tabulation of teaching and learning competency and centre location.

Table 4.7: Cross-tabulation of teaching and learning competency and centre location

			Centre Location				Total
			Urban	rural	Township	informal	
Teaching and Learning score	Poor	Count	0	4	4	0	8
		% within TLscore_	0.0%	50.0%	50.0%	0.0%	100.0%
		% within Centre Location	0.0%	26.7%	20.0%	0.0%	17.8%
	Good	Count	2	4	5	1	12
		% within TLscore_	16.7%	33.3%	41.7%	8.3%	100.0%
		% within Centre Location	50.0%	26.7%	25.0%	16.7%	26.7%
	Excellent	Count	2	7	11	5	25
		% within TLscore_	8.0%	28.0%	44.0%	20.0%	100.0%
		% within Centre Location	50.0%	46.7%	55.0%	83.3%	55.6%
Total		Count	4	15	20	6	45
		% within TLscore_	8.9%	33.3%	44.4%	13.3%	100.0%
		% within Centre Location	100.0%	100.0%	100.0%	100.0%	100.0%

As shown on Table 4.7 about 27% of ECD practitioners in rural centres and a 20% based in townships performed poorly. This is a concern given that a centre could have only one practitioner which suggests that children in the centre will be in the hands of poorly competent practitioners. Observations reflected that some practitioners in rural and townships centres operated without sufficient teaching and learning resources in the classrooms. In one centre there were only three pencils shared by all the children during a drawing activity. Majority of centres had only one practitioner responsible for all age groups. Different age groups in one classroom with one practitioner can mean that she has to bottle feed, change nappies and still continue with the daily programme. This was an obvious evidence of non-implementation of developmentally appropriate practice because the basic curriculum needs for each age group were not met.

4.2.4 Relationship between teaching and learning score and teaching experience.

An attempt was made to establish the relationship between teaching and learning score and teaching experience. The assumption made was that practitioners with the more years of

teaching experience would perform better than the least experienced ones. Table 4.8 shows the cross tabulation of teaching and learning score and teaching experience.

Table 4.8: Cross tabulation of teaching and learning score and teaching experience.

			ECD Teaching Experience				
			0-1yr	**2-4yrs**	**5-7yrs**	**7yrs+**	**Total**
Teaching and Learning score	Poor	Count	1	3	3	0	7
		% within TL score	14.3%	42.9%	42.9%	0.0%	100.0%
		% within ECD Teaching Experience	11.1%	17.6%	37.5%	0.0%	15.6%
	Good	Count	3	4	3	3	13
		% within TL score	23.1%	30.8%	23.1%	23.1%	100.0%
		% within ECD Teaching Experience	33.3%	23.5%	37.5%	27.3%	28.9%
	Excellent	Count	5	10	2	8	25
		% within TL score	20.0%	40.0%	8.0%	32.0%	100.0%
		% within ECD Teaching Experience	55.6%	58.8%	25.0%	72.7%	55.6%
Total		Count	9	17	8	11	45
		% within TL score	20.0%	37.8%	17.8%	24.4%	100.0%
		% within ECD Teaching Experience	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.8 shows that more experienced practitioners performed better than the least experienced ones. For example, practitioners with 7years and above of teaching experience were more competent than those with 2 years' experience or less. This confirms the held assumption that the more experienced the ECD practitioner is, the better he/she performs.

4.2.5 Relationship between teaching and learning score and district municipality

The relationship between teaching and learning score and the district municipality in which the ECD practitioners operated was ascertained. This was meant to find out if practitioner performance was district dependant.

Table 4.9: Cross tabulation of Teaching and learning score (categories) and District Municipality

			Municipality				
			BCM	Chris Hani	OR Tambo	Sarah Baartman	Total
Teaching and Learning	Poor	Count	0	3	3	2	8
		% within TLscore_	0.0%	37.5%	37.5%	25.0%	100.0%
		% within Municipality	0.0%	30.0%	37.5%	13.3%	17.4%
	Good	Count	5	4	2	2	13
		% within TLscore_	38.5%	30.8%	15.4%	15.4%	100.0%
		% within Municipality	38.5%	40.0%	25.0%	13.3%	28.3%
	Excellent	Count	8	3	3	11	25
		% within TLscore_	32.0%	12.0%	12.0%	44.0%	100.0%
		% within Municipality	61.5%	30.0%	37.5%	73.3%	54.3%
Total		Count	13	10	8	15	46
		% within TLscore	28.3%	21.7%	17.4%	32.6%	100.0%
		% within Municipality	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.9 shows that excellence is mainly present in Sarah Baartman (44%), followed by BCM (32%). On the other hand, the poor-performing practitioners were concentrated in Chris Hani and OR Tambo- 37.5% individually. The latter two districts are predominantly rural. Therefore, practitioner performance was district-dependent. Intervention programmes should then focus more on rural areas in order to bridge the gap between rural and urban-based centres.

4.2.6. Relationship between teaching and learning score and academic qualification

Furthermore, the association between teaching and learning score and academic qualification of practitioner was tested– does academic qualification matter? The results show no clear relationship than what was observed with professional qualification. It can, therefore, be argued that academic qualification therefore does not prepare one for effective teaching in ECD but professional qualification does.

Table 4.10: Relationship between teaching and learning score and academic qualification

			Academic Qualification				
			below matric	ABET	Matric	Post Matric	Total
Teaching and Learning score	Poor	Count	4	0	4	0	8
		% within TLscore	50.0%	0.0%	50.0%	0.0%	100.0%
		% within Academic Qualification	12.1%	0.0%	50.0%	0.0%	17.4%
	Good	Count	11	2	0	0	13
		% within TLscore	84.6%	15.4%	0.0%	0.0%	100.0%
		% within Academic Qualification	33.3%	66.7%	0.0%	0.0%	28.3%
	Excellent	Count	18	1	4	2	25
		% within TLscore_	72.0%	4.0%	16.0%	8.0%	100.0%
		% within Academic Qualification	54.5%	33.3%	50.0%	100.0%	54.3%
Total		Count	33	3	8	2	46
		% within TLscore_	71.7%	6.5%	17.4%	4.3%	100.0%
		% within Academic Qualification	100.0%	100.0%	100.0%	100.0%	100.0%

4.3. Mentoring Of ECD Practitioners

The study sought to establish the nature and extent of mentoring provided to ECD practitioners in assisting them to develop professionally. The link between mentoring and the teaching effectiveness of practitioners was also established. Table 4.11 displays the relationship between teaching and learning score and mentoring by principal.

Table 4.11: The relationship between mentoring by principals and teacher effectiveness

			Mentoring by principals					Total
			very poor	Poor	average	good	excellent	
Teaching and Learning score	Poor	Count	1	1	0	3	1	6
		% within TL score	16.7%	16.7%	0.0%	50.0%	16.7%	100.0%
		% within Mentoring	100.0%	100.0%	0.0%	25.0%	4.2%	14.3%
	Good	Count	0	0	3	3	7	13
		% within TL score	0.0%	0.0%	23.1%	23.1%	53.8%	100.0%
		% within Mentoring	0.0%	0.0%	75.0%	25.0%	29.2%	31.0%
	Excellent	Count	0	0	1	6	16	23
		% within TL score	0.0%	0.0%	4.3%	26.1%	69.6%	100.0%
		% within Mentoring	0.0%	0.0%	25.0%	50.0%	66.7%	54.8%
Total		Count	1	1	4	12	24	42
		% within TL score	2.4%	2.4%	9.5%	28.6%	57.1%	100.0%
		% within Mentoring	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Those with excellent mentoring relationship were found to be excellent teachers, while the poorly mentored displayed poor teaching and learning competence. Such relationship has been found to be statistically significant (Pearson Chi-square = 19.243, df= 8 and p-value 0.014). Therefore, mentoring of practitioner is critical for effective teaching and learning in ECD.

4.4. ECD Curricula Implemented

The study also aimed at ascertaining the ECD curricula implemented in the selected centres. Similarities or differences in curricula implemented in different centres and district municipalities were assessed. Links were also drawn between curriculum implemented and ECD practitioner effectiveness. The first issue to be established as shown on Table 4.12 was the nature of ECD curriculum implemented.

Table 4.12: Nature of ECD Curriculum implemented in centres

Type of Curriculum	Frequency	Percentage
NELDS	11	22.4
CAPS	7	14.3
NCF	1	2.0
NQF file	6	12.2
None	15	30.6
Others	1	2.0
Total	41	83.7
Missing	8	16.3
Total	49	100.0

It is clear from Table 4.12 that the majority of the ECD centres did not follow any prescribed official ECD curriculum. A sizeable number of the centres (22.4%) followed the NELDS curriculum and about 14% followed the CAPS curriculum. The greatest concern here is that about 47% of the practitioners do not follow the prescribed curricula (NELDS, NCF) but rather they have none at all, follow CAPS or other (unnamed curricula). Furthermore, there are six (12.2%) practitioners who, in the absence of or failure to implement a curricula resort to use of NQF file. There should be more investment in the training of practitioners on implementation of current National Curriculum Framework (NCF). Bredekamp and Rosegrant (2010) state that a curriculum is an organised framework which includes three components namely content, processes and context. ECD practitioners therefore need training on the NCF so that they acquire relevant knowledge and skills required for effective teaching and learning in the 0-4 contexts. Training in the NCF would guarantee that all ECD programmes regardless of context are underpinned by common or shared curriculum standards.

We also sought to test the relationship between curriculum implemented and practitioner effectiveness and the results are shown in Table 4.13.

Table 4.13: Curriculum and Practitioner Effectiveness

			curriculum						Total
			NELDS	CAPS	NCF	NQF file	None	Others	
Teaching and Learning score	Poor	Count	0	1	0	0	6	0	7
		% within obTLscore_cat	0.0%	14.3%	0.0%	0.0%	85.7%	0.0%	100.0%
		% within curriculum	0.0%	14.3%	0.0%	0.0%	46.2%	0.0%	18.4%
	Good	Count	2	3	1	1	2	1	10
		% within obTLscore_cat	20.0%	30.0%	10.0%	10.0%	20.0%	10.0%	100.0%
		% within curriculum	20.0%	42.9%	100.0%	16.7%	15.4%	100.0%	26.3%
	Excellent	Count	8	3	0	5	5	0	21
		% within obTLscore_cat	38.1%	14.3%	0.0%	23.8%	23.8%	0.0%	100.0%
		% within curriculum	80.0%	42.9%	0.0%	83.3%	38.5%	0.0%	55.3%
Total		Count	10	7	1	6	13	1	38
		% within obTLscore_cat	26.3%	18.4%	2.6%	15.8%	34.2%	2.6%	100.0%
		% within curriculum	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.13 shows that practitioners with poor performance rating were implementing no particular official curriculum, while those that were excellent performers mainly implemented NELDS. The good performing practitioners were dominated by CAPS.

The study tested hypothesis on whether practitioner effectiveness differed by curriculum implemented. The results are presented in Table 4.14.

Table 4.14: How practitioner effectiveness differs by curriculum

Indicator	curriculum	N	mean	Mean difference	t	df	p-value	Std. Error	95% Confidence Interval of the Difference	
TL score	NELDS	10	47.40	10.94	3.01	21	0.007	3.64	3.38	18.50
	None	13	36.46							
MLE score	NELDS	10	24.90	4.72	1.92	17	0.071	2.46	-0.44	9.88
	None	11	20.18							
TL score	NELDS	10	47.40	6.97	2.60	15	0.020	2.69	1.24	12.70
	CAPS	7	40.43							
MLE score	NELDS	10	24.90	5.70	2.21	13	0.045	2.58	0.13	11.27
	CAPS	5	19.20							

Table 4.14 shows that NELDS curriculum is associated with high effectiveness (in terms of teaching and learning as well as management of learning environments) compared to no curriculum. Furthermore, NELDS has high effectiveness scores compared to CAPS. The results are statistically significant at least at 5% (p-values < 0.05), therefore we are 95% confident that the observed relationship exist in the population from which the sample was drawn. The results reveal that if right curriculum is implemented, the practitioners will be effective. NCF is the current ECD curriculum,

however its implementation is very limited as it is recent and not much training would have happed by time of the study.

4.4.1 The relationship between ECD curriculum offering by municipality

Table 4.15 shows the relationship between ECD curriculum offered by comparing districts in which curricula were offered.

Table 4.15: Relationship between ECD curriculum offering by municipality

			Municipality				
			BCM	**Chris Hani**	**OR Tambo**	**Sarah Baartman**	**Total**
Curriculum	NELDS	Count	4	5	0	2	11
		% within curriculum	36.4%	45.5%	0.0%	18.2%	100.0%
		% within Municipality	36.4%	55.6%	0.0%	16.7%	26.8%
	CAPS	Count	1	2	4	0	7
		% within curriculum	14.3%	28.6%	57.1%	0.0%	100.0%
		% within Municipality	9.1%	22.2%	44.4%	0.0%	17.1%
	NCF	Count	0	0	0	1	1
		% within curriculum	0.0%	0.0%	0.0%	100.0%	100.0%
		% within Municipality	0.0%	0.0%	0.0%	8.3%	2.4%
	NQF file	Count	2	0	0	4	6
		% within curriculum	33.3%	0.0%	0.0%	66.7%	100.0%
		% within Municipality	18.2%	0.0%	0.0%	33.3%	14.6%
	None	Count	3	2	5	5	15
		% within curriculum	20.0%	13.3%	33.3%	33.3%	100.0%
		% within Municipality	27.3%	22.2%	55.6%	41.7%	36.6%
	Others	Count	1	0	0	0	1
		% within curriculum	100.0%	0.0%	0.0%	0.0%	100.0%
		% within Municipality	9.1%	0.0%	0.0%	0.0%	2.4%
Total		Count	11	9	9	12	41
		% within curriculum	26.8%	22.0%	22.0%	29.3%	100.0%
		% within Municipality	100.0%	100.0%	100.0%	100.0%	100.0%

The table above shows that BCM and Chris Hani are dominated by NELDS curriculum, while OR Tambo and Sarah Baartman are mainly no curriculum. The association is statistically significant with Pearson Chi-Square of 25.044, df =15 and p-value of 0.049. On the other hand, there is no clear association between curriculum and centre location.

We further examined the association between centre location and type of curriculum implemented as shown in Table 4.16.

Table 4.16: Cross tabulation of Centre location and Curriculum

			Centre Location				
			Urban	rural	Township	informal	Total
Curriculum	NELDS	Count	1	1	6	3	11
		% within curriculum	9.1%	9.1%	54.5%	27.3%	100.0%
		% within Centre Location	50.0%	6.3%	33.3%	75.0%	27.5%
	CAPS	Count	1	5	1	0	7
		% within curriculum	14.3%	71.4%	14.3%	0.0%	100.0%
		% within Centre Location	50.0%	31.3%	5.6%	0.0%	17.5%
	NCF	Count	0	0	1	0	1
		% within curriculum	0.0%	0.0%	100.0%	0.0%	100.0%
		% within Centre Location	0.0%	0.0%	5.6%	0.0%	2.5%
	NQF file	Count	0	3	3	0	6
		% within curriculum	0.0%	50.0%	50.0%	0.0%	100.0%
		% within Centre Location	0.0%	18.8%	16.7%	0.0%	15.0%
	None	Count	0	7	7	1	15
		% within curriculum	0.0%	46.7%	46.7%	6.7%	100.0%
		% within Centre Location	0.0%	43.8%	38.9%	25.0%	37.5%
Total		Count	2	16	18	4	40
		% within curriculum	5.0%	40.0%	45.0%	10.0%	100.0%
		% within Centre Location	100.0%	100.0%	100.0%	100.0%	100.0%

Rural and township ECD centres have no curriculum guiding them, however there is no clear relationship between centre location curriculum.

Table 4.17 presents results on how curriculum is related to ECD teaching experience and professional qualification.

Table 4.17: Relationship between curriculum, ECD teaching experience and professional qualification

			ECD Teaching Experience					ECD Professional Qualification					
			0-1yr	2-4yrs	5-7yrs	7yrs+	Total	ECD level 1	ECD level 4	ECD level 5	None	others	Total
Curriculum	NELDS	Count	1	5	0	5	11	1	5	1	4	0	11
		% within curriculum	9.1%	45.5%	0.0%	45.5%	100.0%	9.1%	45.5%	9.1%	36.4%	0.0%	100.0%
		% within ECD Teaching Experience	14.3%	33.3%	0.0%	41.7%	27.5%	25.0%	35.7%	33.3%	28.6%	0.0%	29.7%
	CAPS	Count	2	2	1	2	7	1	1	1	3	1	7
		% within curriculum	28.6%	28.6%	14.3%	28.6%	100.0%	14.3%	14.3%	14.3%	42.9%	14.3%	100.0%
		% within ECD Teaching Experience	28.6%	13.3%	16.7%	16.7%	17.5%	25.0%	7.1%	33.3%	21.4%	50.0%	18.9%
	NCF	Count	0	0	0	1	1	0	1	0	0	0	1
		% within curriculum	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
		% within ECD Teaching Experience	0.0%	0.0%	0.0%	8.3%	2.5%	0.0%	7.1%	0.0%	0.0%	0.0%	2.7%
	NQF file	Count	1	1	2	2	6	0	3	1	2	0	6
		% within curriculum	16.7%	16.7%	33.3%	33.3%	100.0%	0.0%	50.0%	16.7%	33.3%	0.0%	100.0%
		% within ECD Teaching Experience	14.3%	6.7%	33.3%	16.7%	15.0%	0.0%	21.4%	33.3%	14.3%	0.0%	16.2%
	None	Count	2	7	3	2	14	1	4	0	5	1	11
		% within curriculum	14.3%	50.0%	21.4%	14.3%	100.0%	9.1%	36.4%	0.0%	45.5%	9.1%	100.0%
		% within ECD Teaching Experience	28.6%	46.7%	50.0%	16.7%	35.0%	25.0%	28.6%	0.0%	35.7%	50.0%	29.7%
	Others	Count	1	0	0	0	1	1	0	0	0	0	1
		% within curriculum	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
		% within ECD Teaching Experience	14.3%	0.0%	0.0%	0.0%	2.5%	25.0%	0.0%	0.0%	0.0%	0.0%	2.7%
Total		Count	7	15	6	12	40	4	14	3	14	2	37
		% within curriculum	17.5%	37.5%	15.0%	30.0%	100.0%	10.8%	37.8%	8.1%	37.8%	5.4%	100.0%
		% within ECD Teaching Experience	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

It can be seen that 'no curriculum' is found in centres mainly with low experienced practitioners (below 4 years) and among those with no professional qualification. On the other hand, NELDS is popular among the less experienced and those with at least level 4 of ECD qualification while CAPS is also popular with less experienced practitioners but with no professional qualification. NQF file is associated with high experienced practitioners and holders of at least ECD level 4 professional qualification.

There are key important documents/ files required for effective ECD provisioning, for example: learner file, assessment reports, weekly plans, practitioner's guide. The study tested if the presence for such documents/ file makes a difference with regards to effective teaching and learning as well as management of learning environment.

Table 4.18: Relationship between presence of key files/ documents and practitioner effectiveness

Indicator	Grouping variable	Categories	N	mean	Mean difference	t	Df	p-value	Std. Error	95% Confidence Interval of the Difference	
TL score	Learner file	YES	32	43.97	6.8	2.49	41	0.017	2.73	1.28	12.32
		NO	12	37.17							
MLE score	Learner file	YES	28	24.00	6.37	3.65	37	0.001	1.75	2.83	9.90
		NO	11	17.63							
TL score	Assessment reports	YES	23	44.30	4.80	1.90	41	0.064	2.53	-0.30	9.91
		NO	20	39.50							
MLE score	Assessment reports	YES	21	23.29	2.34	1.30	37	0.201	1.80	-1.30	5.98
		NO	18	20.94							
TL score	lesson plans	YES	28	45.04	8.50	3.52	41	0.001	2.42	3.62	13.39
		NO	15	36.53							
MLE score	lesson plans	YES	25	23.72	4.22	2.37	37	0.023	1.78	0.62	7.82
		NO	14	19.50							
TL score	weekly plans	YES	19	47.11	9.02	4.02	41	0.000	2.24	4.49	13.55
		NO	24	38.08							
MLE score	weekly plans	YES	18	24.83	4.88	3.00	37	0.005	1.65	1.53	8.23
		NO	21	19.95							
TL score	teaching guidelines	YES	25	43.12	2.51	0.95	41	0.347	2.64	-2.82	7.84
		NO	18	40.61							
MLE score	teaching guidelines	YES	22	22.77	1.30	0.71	37	0.482	1.84	2.42	5.02
		NO	17	21.47							

Table 4.18 presents summarised results of independent samples tests of practitioner effectiveness (teaching and learning score as well as monitoring of learning environment) and the presents or absence of particular key documents.

Having a learner file makes the practitioner score on average 6.8 points higher than those without, the results are statistically significant [t= 2.49, p-value of 0.017]. We are 95% confidence the mean difference is positive within the range of 1.28 to 12.32. Related results are observed on monitoring of the learning environment- the practitioners with learner file better monitor the environment. A learner file contains samples of each child's work, narrative observation anecdotes recorded by the practitioner, notes on strengths and weaknesses of each child, child's personal details. The practitioner uses the records in the learner portfolio to evaluate each child progress in relation to set programme objectives. This informs the practitioner and as a result he / she is aware of the behaviours and attitudes of each learner.

Overall, it has been observed that all key documents (assessment reports; lesson plans; weekly plans) are important to achieve practitioner effectiveness. However, teaching guidelines were found not to statistically influence both teaching and learning

as well as management of learning environment. On the other hand, presence of assessment reports does not have an influence on the management of learning environment but influence teaching and learning. The relationship could be that the practitioners fail to make appropriate use of it.

4.5 Assessment of Infrastructure of ECD Centres

Infrastructure is one of the key requirements for an effective ECD centre and provisioning of ECD services. The study also aimed at assessing infrastructure in selected ECD Centres. The prime purpose for this was to ascertain the state of infrastructure and the extent to which it met the expectations prescribed by the ECD Norms and Standards. Practitioners were asked to rate the state of infrastructure of their centres, and concurrently and for robustness, research assistants observed the same infrastructure and rated on similar scale. The rating scores are computed to obtain total infrastructure score.

Analysis of Variance (ANOVA) was done to see if state of infrastructure differs by centre location and/ or district. In relation to both centre location and district differences the results are statistically significant at 1%, having F statistics of 7.158 (p-value = 0.001) and 20.929 (p-value = 0.000) respectively. Table 4.19 presents the full results.

Table 4.19: Infrastructure variations by Centre Location and District

Multiple Comparisons							
Tukey HSD							
Dependent Variable	(I) Centre Location/ district	(J) Centre Location/ district	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Infrastructure core	Urban	Rural	2.95000	4.90571	.931	-10.2452	16.1452
		Township	-10.93750	4.87333	.130	-24.0456	2.1706
		Informal	-7.58333	5.62724	.539	-22.7192	7.5526
	Rural	Urban	-2.95000	4.90571	.931	-16.1452	10.2452
		Township	-13.88750*	3.13311	.000	-22.3148	-5.4602
		Informal	-10.53333	4.21104	.076	-21.8600	.7933
	Township	Urban	10.93750	4.87333	.130	-2.1706	24.0456
		Rural	13.88750*	3.13311	.000	5.4602	22.3148
		Informal	3.35417	4.17327	.852	-7.8709	14.5792
	Informal	Urban	7.58333	5.62724	.539	-7.5526	22.7192
		Rural	10.53333	4.21104	.076	-.7933	21.8600
		Township	-3.35417	4.17327	.852	-14.5792	7.8709
Infrastructure core	Sarah Baartman	OR Tambo	22.05833*	2.92160	.000	14.1999	29.9167
		Chris Hani	13.18333*	3.75534	.006	3.0824	23.2843
		BCM	12.57619*	2.47992	.000	5.9058	19.2466
	OR Tambo	Sarah Baartman	-22.05833*	2.92160	.000	-29.9167	-14.1999
		Chris Hani	-8.87500	4.08661	.150	-19.8670	2.1170
		BCM	-9.48214*	2.95767	.014	-17.4376	-1.5267
	Chris Hani	Sarah Baartman	-13.18333*	3.75534	.006	-23.2843	-3.0824
		OR Tambo	8.87500	4.08661	.150	-2.1170	19.8670
		BCM	-.60714	3.78347	.999	-10.7838	9.5695
	BCM	Sarah Baartman	-12.57619*	2.47992	.000	-19.2466	-5.9058
		OR Tambo	9.48214*	2.95767	.014	1.5267	17.4376
		Chris Hani	.60714	3.78347	.999	-9.5695	10.7838

Infrastructure was observed to be statistically better in townships than rural under centre location. On the other hand, comparing across districts, infrastructure is relatively better in Sarah Baartman than in any other district. The worse district in terms of infrastructure rating is OR Tambo, though not statistically significantly different form Chris Hani. The Guidelines for Early Childhood Development Services prescribe that the play area for the children should be at least 1.5 m^2 per child. Children need to be able to move around freely. Observations notes from the research reflect that some classrooms were too small for the number of children. There was a small classroom in Chris Hani District that was accommodating 140 children.

The reasons why some centres did not meet the minimal ECD Norms and Standards for infrastructure were: many centres were operating in shacks that did not have enough ventilation, dilapidated structures, poor/ absence of ablution systems, absence of lockable cooking area; poor condition/absence of perimeter fencing especially for ECD centres within close proximity to the road. Parents were also interviewed on the safety of the ECD centres and they identified poor infrastructure as one of the contributing factors to unsafe centres. The poor state of infrastructure posed a threat to both health and safety of children. What this study found is similar to what Sotuku, Okeke and Mathwasa (2016) study revealed. The communities visited in both studies had not benefitted from the vast attention and publicity ECD has gained in South Africa. Seemingly the 2013 review of ECD provisioning has not been translated into required outcomes.

4.6. Evaluation of Management of ECD Centres, Including Management of Resources

It was the aim of the study to evaluate the management of ECD Centre including management of resources. This was done by looking at the preparedness of principals for their role as centre managers in terms of their academic qualifications, professional qualifications, teaching experience and other professional development training programmes attended.

4.6.1 Biographical details of principals as ECD centre Managers

The following section presents results on biographical details of principals as ECD centre managers. This was done to ascertain the level of academic, professional qualifications, experience and other relevant skills in order to assess their preparedness in their role as centre managers. Table 4.20 summarises the results.

Table 4.20: Biographical details of ECD centres Principals

Variable Category	Frequency	Percentage
Position		
Principal	24	68.6
Principal/owner	8	22.8
Missing	3	8.6
Total	35	100
Age		
30-34	4	11.4
35-39	3	8.6
40-44	6	17.1
45-49	2	5.7
50-54	4	11.4
55-60	6	17.1
61+	6	17.1
Missing	4	11.4
Total	31	88.6
Academic Qualifications		
below matric	15	42.9
ABET	6	17.1
Matric	8	22.9
Post Matric	2	5.7
Missing	4	11.4
Total	35	100
Professional Qualifications		
ECD level 1	3	8.6
ECD level 4	20	57.1
ECD level 5	2	5.7
None	6	17.1
Others	1	2.9
Missing	3	8.6
Total	35	100
ECD Teaching Experience		
0-2yrs	1	2.9
3-5yrs	5	14.3

6-9yrs	9	25.7
10yrs+	16	45.7
Missing	4	11.5
Total	35	100
Activities prior to ECD involvement		
Studying	1	2.9
Employed	17	48.6
Unemployed	10	28.6
business (man/woman)	2	5.7
Others	1	2.9
Missing	4	11.5
Total	**35**	**100**

Most of the respondents, 68.6% (n=24) were principals of the selected ECD centres whilst 22.9% (n=8) were both owners and principals of centres. The majority of the principals were 40 years old and above, 68.4% (n=24), suggesting that ECD centres were headed by elderly and mature individuals. In terms of academic performance, a sizeable number of principals, 42.9% (n=15) had below Matric qualification. This shows that some of the ECD principals were not well educated and this has serious implications on the interpretation of policy documents informing implementation of ECD programmes. A large percentage of the principals, about 63% of them were suitably qualified with at least an ECD level 4 qualifications. However, about 20% of the principals did not hold any basic ECD qualification. This is a concern as it was evident that centre managed by principals without any ECD qualification could have problems in implementation of the ECD curriculum. In terms of teaching experience, a majority of the principals, 71.4% (n=25) had six years or more of teaching experience. This shows that a majority of the principals were well-experienced as ECD practitioners. The majority of the principals were also employed or in business prior to their involvement in ECD education programmes as show by 54.3% (n=19) of the respondents.

The study also sought to establish other training programmes attended by ECD centre principals. This was meant to assess if principals had received any professional

development support to capacity-build them in their role as centre managers. Table 4.21 captures the responses on additional training received.

Table 4.21: Other training by Principals

		Responses		Percent of Cases
		N	Percent	
Other training	Financial management	13	29.5%	52.0%
	Language Devt.	3	6.8%	12.0%
	National workshop	4	9.1%	16.0%
	capacity building training	3	6.8%	12.0%
	ABET training	2	4.5%	8.0%
	Office Admin	2	4.5%	8.0%
	Basic ECD Devt.	3	6.8%	12.0%
	Whole Child Devt.	3	6.8%	12.0%
	Nutrition	2	4.5%	8.0%
	NDA training	1	2.3%	4.0%
	1st Aid	6	13.6%	24.0%
	Computer	2	4.5%	8.0%
Total		**44**	**100.0%**	**176.0%**

As shown on Table 4.21 a majority of the principals had received training in financial management and in First Aid. However, few principals had received training in important areas such as Nutrition and Language Development. Moreover, none of the principals had received training on managing external relations: establishing and nurturing relationships with communities and families. The lack of training in this area was evident in the interviews held with parents as they reported that the only way in which managers engage with them is when they are called to meeting to discuss payment or non- payment of school fees. This suggests that there is still a need for professional development engagements with ECD centre principals for quality ECD provisioning. What this study suggests is in line with what other studies have argued for. For example, Ilifa Labantwana (2016) and UNESCO (2014; 2015) argued that the availability of quality ECD services depends on the adequate and skilled human resources. These include practitioners who implement all the aspects of ECD and those who are responsible for management, mentoring, supervision and monitoring of practitioners.

4.6.2 Funding sources for ECD centres

In an attempt to establish the management if ECD centres, the issue of funding was pursued, given that effective management of any institution is dependent, among others, the availability of required funding for operations. Table 4.22 summarises principals' responses on funding sources for ECD centres.

Table 4.22: Funding sources for ECD centres

Funding Type	Frequency	Percentage
Own Funding		
Primary	4	11.4
Secondary	8	22.9
Not a source	20	57.1
Missing	3	8.6
Total	35	100
School fees		
Primary	18	51.4
Secondary	8	22.9
Not a source	6	17.1
Missing	3	8.6
Total	35	100
Government		
Primary	11	31.4
Secondary	8	22.9
Not a source	13	37.1
Missing	3	8.6
Total	35	100
Private Sector		
Primary	2	5.7
Secondary	6	17.1
Not a source	23	65.7
Missing	4	11.5
Total	35	100
Non-Governmental Organisations		
Primary	0	0
Secondary	2	5.7
Not a source	28	80.0
Missing	5	14.3
Total	35	100
Total	**49**	**100**

Principals indicated that large number of centred (57.1%, n=20) did not have their own funds as sole and main source of running the centres. Another majority (51%, n=18) indicated that school fees was the major source of funding for the centres. Some of

interviewed parents indicated that school fees ranged between R40 and R200 and the least amount being paid by parents from rural areas. Government also played a role in funding of ECD centres as confirmed by 54.3% (n=19) of the respondents who considered it as a primary and a secondary source of funding. However, parents when asked on the challenges in the ECD centres, they reported that one of the challenges faced by centres is that there are always delays with Government funding and parents are not consistent with the payment of school fees and sometimes centres are run with no funding. A majority of the respondents 65.7% (n=23) indicated that the private sector was not their source of funding and another majority of the respondents, 80% (n=28) indicated that NGOs did not play any part in the funding of the ECD centres. This is a concern as both private sector and NGO efforts should be harnessed to complement government and individual centres' efforts in funding the day-to-day running of ECD centres in order to enhance the quality of ECD programmes offered. There were other additional forms of funding which were indicated by school principals as sources of funding and these included donations, fundraising as well as municipal and city infrastructural grants.

4.7 Children with Disability

The study also sought to establish services that ECD centres offer to children with disabilities. The study found that out of the 37 centres visited only two centres had children with disabilities, one with two children then the other with one child. Practitioners reported that they do not offer services for children with disabilities because they do not have capacity to deal with them and their centres do not have the required resources. Moreover, they communicated that parents do not register children with disabilities, they keep them at home. Findings from this study are similar to what Storbeck and Moodley (2011) and the Eastern Cape ECD Audit (2013) revealed that there is a lack of services for children with disabilities especially those under the age of 7 and additionally programmes and activities aimed at children with disabilities operate in silos with little integration across departments mandated with ECD provisioning. Also, Thwala, Ntinda and Hlanze (2015) study on the lived experiences of parents of children with disabilities found that parents encounter a lot of challenges such as emotional stress, failure to cope with their children and uncertainty of what was expected of them as well making educational decisions on

behalf of their children. As a result, there is need for training practitioners to deal with children with disability, having infrastructure compatible with this group of children. Moreover, there is a great need for parent /community training or awareness campaigns on the rights of children with disabilities.

Table 4.23 Correlations among measured indicators

Correlations								
		No of Children	PS_score	IR_score	CM_score	Infrastructure_score	obTL_score	obMLE_score
No of Children	Pearson Correlation	1	.550**	.228	.490**	.380*	.478**	.674**
	Sig. (2-tailed)		.001	.217	.004	.032	.007	.000
	N	32	31	31	32	32	30	26
PS_score	Pearson Correlation	.550**	1	.297	.621**	.387*	.554**	.615**
	Sig. (2-tailed)	.001		.110	.000	.032	.002	.001
	N	31	31	30	31	31	29	25
IR_score	Pearson Correlation	.228	.297	1	.580**	.171	.506**	.458*
	Sig. (2-tailed)	.217	.110		.001	.358	.005	.021
	N	31	30	31	31	31	29	25
CM_score	Pearson Correlation	.490**	.621**	.580**	1	.300	.645**	.532**
	Sig. (2-tailed)	.004	.000	.001		.095	.000	.005
	N	32	31	31	32	32	30	26
Infrastructure score	Pearson Correlation	.380*	.387*	.171	.300	1	.387*	.449*
	Sig. (2-tailed)	.032	.032	.358	.095		.035	.021
	N	32	31	31	32	32	30	26
obTL_score	Pearson Correlation	.478**	.554**	.506**	.645**	.387*	1	.779**
	Sig. (2-tailed)	.007	.002	.005	.000	.035		.000
	N	30	29	29	30	30	32	27
Ob MLE_score	Pearson Correlation	.674**	.615**	.458*	.532**	.449*	.779**	1
	Sig. (2-tailed)	.000	.001	.021	.005	.021	.000	
	N	26	25	25	26	26	27	28
**. Correlation is significant at the 0.01 level (2-tailed).								
*. Correlation is significant at the 0.05 level (2-tailed).								

The table above show positive statistically significant correlation between number of children with personal skills score of principal (Pearson correlation coefficient of 0.550, p-value 0.001), centre management score (Pearson correlation coefficient of 0.490, p-value 0.00); infrastructure score (Pearson correlation coefficient of 0.380, p-value 0.032); teaching and learning score (Pearson correlation coefficient of 0.478, p-value 0.007) and management of learning environment (Pearson correlation coefficient of 0.674, p-value 0.000). This implies that as these indicators increase so does the number of children. We can assert that parents look for best centres in terms of the calibre of principals, the teaching that goes on and the infrastructure. More children will therefore reflect success.

On the other hand, teacher effectiveness (TL score and MLE score) are positively related to personal skills, interpersonal relations and centre management skills of principal, as well as with infrastructure. The quality of centre management with regards to the characteristics of principal is critical for effective teaching and learning, so is the

presence of adequate and good standard infrastructure. Furthermore, management of learning environment is difficulty when furniture, for example, is limited.

4.8 Accessibility of Food and Nutrition in the ECD Centres

The study also sought to assess the issue of food and nutrition in the selected ECD centres in an attempt to establish if children were properly and nutritionally fed in the centres. Table 4.23 summarises principals' responses on issues regarding food and nutrition.

Table 4.24: Accessibility of Food and Nutrition

Aspect on food and nutrition	Frequency	Percentage
Offering of meals at centre		
Yes	26	74.3
No	6	17.1
Missing	3	8.6
Total	35	100
Availability of vegetable garden		
Yes	17	48.6
No	15	42.9
Missing	3	8.6
Total	35	100

As shown on the table, a majority of the ECD centres, 74.3% (n=26) offered food to children. It was pleasant to note that despite financial challenges centres made an effort to feed children. However, 17.1% (n=6) of the centres did not feed children, which is a concern as young children require feeding in centres. If concern was a high percentage, 42.9% (n=15), of ECD centres without vegetable gardens. Observations by researchers revealed that some of the centres had gardens but these were not very viable for a number of reasons. Centres ought to have vegetable gardens in order to have readily available fresh food for the children. Offering nutritious food to children is key as Atmore, Van Kierkerk, Cooper (2012) study found that malnutrition is the main cause of child-deaths for children under the age of five in South Africa.

4.8.1 Ascertaining the relationship between offering of meals in centre and availability of a vegetable garden

We sought to determine if there was any relationship between offering of meals in ECD centres and availability of a vegetable garden and Table 4.24 shows this relationship,

Table 4.25: Centres offering meals and Presence of garden: Cross tabulation

			Centre has a garden		
			Yes	No	Total
Centre offer meals	Yes	Count	17	9	26
		% within Centre offer meals	65.4%	34.6%	100.0%
		% within Centre has a garden	100.0%	60.0%	81.3%
	No	Count	0	6	6
		% within Centre offer meals	0.0%	100.0%	100.0%
		% within Centre has a garden	0.0%	40.0%	18.8%
Total		Count	17	15	32
		% within Centre offer meals	53.1%	46.9%	100.0%
		% within Centre has a garden	100.0%	100.0%	100.0%

The relationship is statistically significant given a Pearson chi-square of 8.4, df= 1 and p-value of 0.004. This implies there is a relationship between offering of meals and the presents or otherwise of a food garden. The relationship is positive and moderate in strength given Somer's d statistic of 0.496 (statistically significant at 1%).

The department of social development requires that all centres that are providing meals need to display, menus for all meals at ECD Centres for inspection. Children of different ages have different nutritional needs although the research did not look at whether the menus displayed by some centres reflected the nutritional needs of different age groups what was observed is that centres only had one menu. This may mean that there are group or groups of children whose needs are not accommodated by the available menu at the centre. This is a great concern as a staggering 1.3 million

children in South Africa live in poverty. When in ECD centres such children should be provided with age appropriate nutritious supplementary food to address nutrient gaps, cognition and learning outcomes (Walker, et.al, 2011). Moreover, Clampett's (2016) study indicates that the deficiency of passable nutrition and health critically affects a child's early development which can lead to substantial and deleterious adult outcomes.

Notes from parental interviews reflect that Department of Social Development grant had a positive impact on nutritional status in ECD Centre because on one question that was asking about challenges majority of parents said that because their ECD Centres did not provide meals parents keep children at home or take them to grade R in primary schools because they offer meals. Some said other parents were defaulting in school fees and when reminded they decided to keep children at home. Majority of centres were registered but many were not getting the subsidy from Department of Social Development

4.9 Health and safety practices and procedures

The issue of health and safety practices in ECD centres was also explored and Figures 4.1 and 4.2 show health and safety issues per district and per location respectively. The box plots show the median through the bold line, whiskers reflect maximum and minimum, while edge of the box represent two standard deviations from the mean (lower and upper bound). We read the median given the small sample and existence of extreme values which distorts mean.

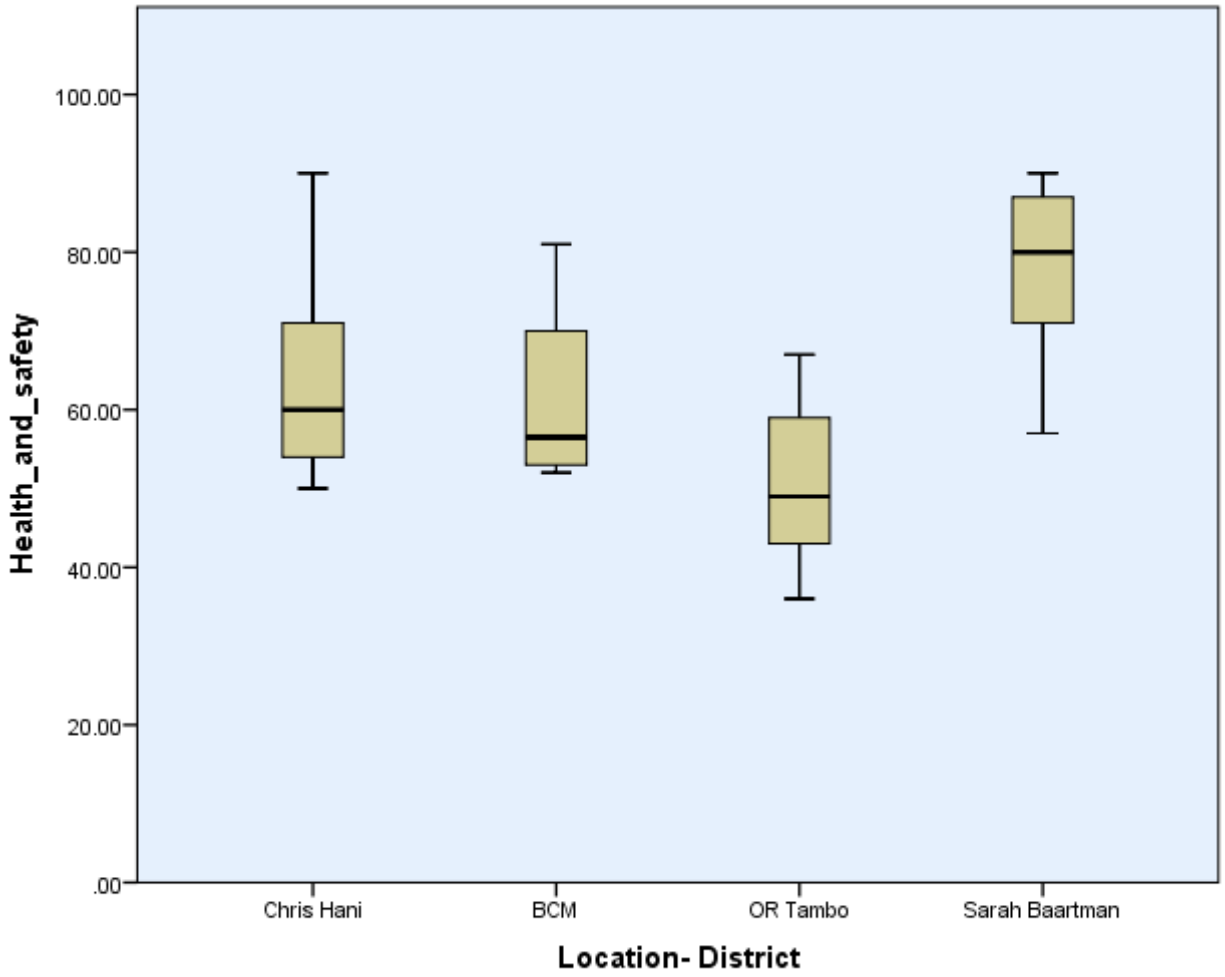

Figure 4.1: Boxplot Safety and Health by District

Figure4.1 shows that OR Tambo district lag behind in terms of health and safety score (median bar is the lowest), with the top performing district being Sarah Baartman. Statistical significance of mean differences only found between these two extremes (mean difference of 26.72, p-value 0.004).

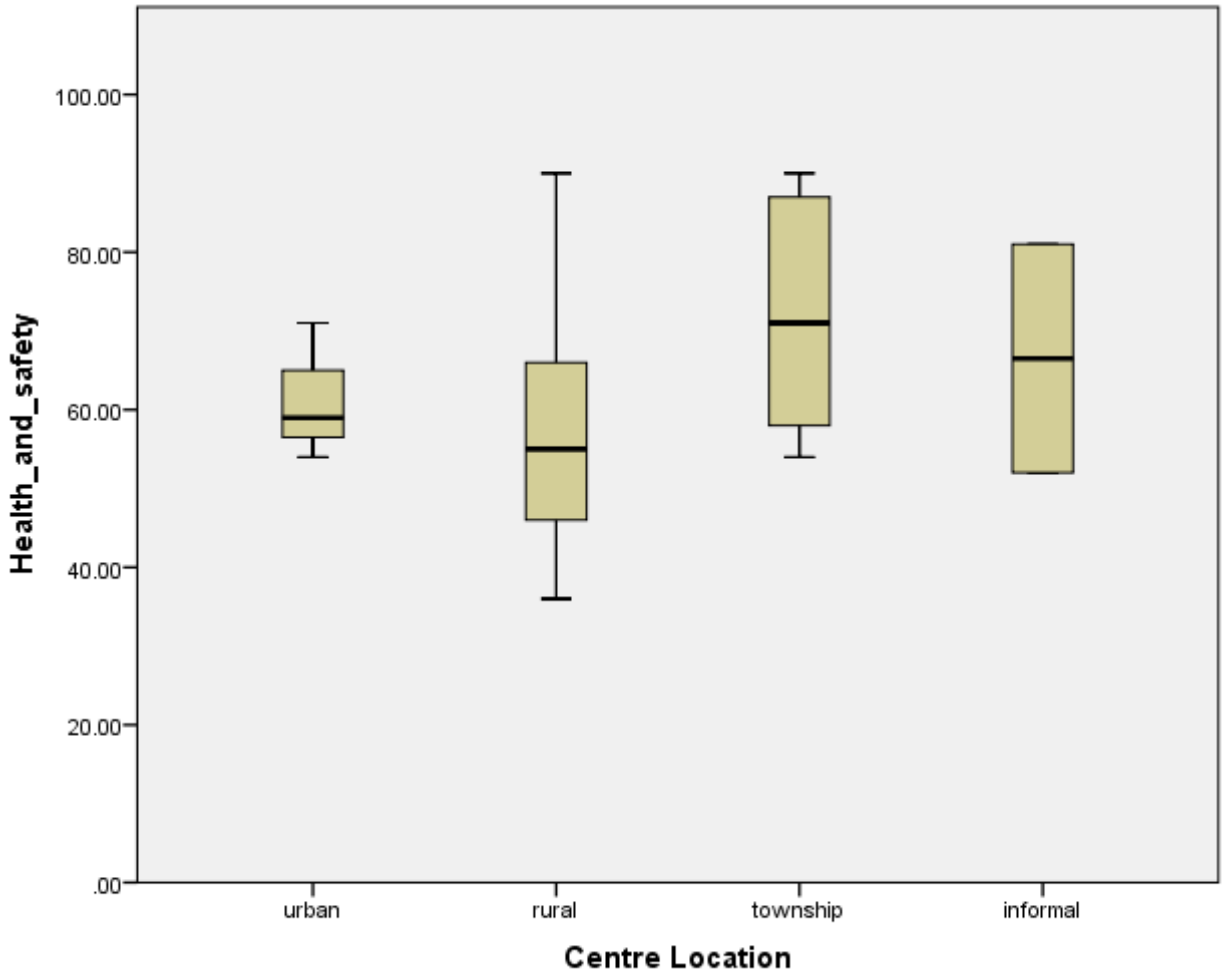

Figure 4.2: Boxplot Safety and Health by District

On the other hand, Figure 4.2 shows that health and safety score is high among township ECD centres, and worst in the rural areas. The scores in informal sector are closely related, the range is low.

As indicated in section 4.6, it was the aim of the study to evaluate the management of ECD Centre including management of resources. In this section this was done by establishing reasons why parents register their children in ECD centres, their choices of ECD centres as well as their participation and involvement in these centres.

4.10 Parental Involvement

The study also sought to establish parental participation in ECD education provisioning. This was done against the assumption that a holistic approach to ECD provisioning involves all stakeholders, particularly parents whose children are catered for in the ECD centres.

4.10.1 Demographic Variables Parents

This section presents results on the demographic variables of parents who participated in the study. The distribution of parents is done by the district municipality, centre location, gender and age, marital status and centre allocation. Table 4.26 shows the biographical variables of parents.

Table 4.26: Biographical Variables of Parents in ECD (N=63)

Variable Category	Frequency	Percentage
Parents		
BCM	13	20.6
Chris Hani	15	23.8
OR Tambo	18	28.6
Sarah Baartman	17	27.0
Total	63	100
Gender		
Female	59	93.7
Male	4	6.3
Total	63	100
Centre Location		
Urban	3	4.8
Rural	30	47.6
Township	27	42.8
Informal settlement	3	4.8
Total	63	100
Relationship to the child		
Biological	28	44.4
Guardian	35	55.6
Total	63	100
Education Level		
Below Matric	50	79.4

Matric and Above	13	20.6
Total	63	100
Source of income		
Grant Recipient	43	68.2
Unemployed	11	17.5
Employed	9	14.3
Total	**63**	**100**

The table shows that 63 parents participated in this study and they were evenly distributed within 4 municipalities. The majority of parents were from rural areas and townships respectively. The reason for this can be attributed to the large numbers of ECD centres in these areas. The majority are recipients of social grants and have academic qualifications below matric. A large number of parents were females as only 4 males participated in the study. Studies in ECD have raised a concern on the non-participation of fathers (Mncanca & Okeke, 2016). There is therefore a need to devise intervention programmes to enhance fathers' involvement in ECD.

Parents interviewed regardless of context were able to identify reasons for registering their children in ECD centres. Majority of parents expect their children to get proper education so that they become successful adults, to acquire social skills (learn how to share and build relationships with other people) develop mentally, be respectfully and be taught what they are not able to teach them at home. A few of the employed parents reported that ECD centres are spaces that provide their children with safety and security whilst they are at work.

The proximity of the ECD centres to the children's homes, supportive practitioners and principals, availability of food and the quality of teaching and learning were identified as reasons for ECD centre choice.

All the ECD centres had governing bodies and parents reported to be part of decision making. For example, those that are members of the governing bodies participate in decision making with regards to financial management, planning of annual activities, appointment of ECD practitioners and the election of governing bodies. This group felt that they were valued by the ECD managers. However, those who are not committee members highlighted that most of the time they are only called to meetings to discuss the non- payment of school fees. In these centres 'meetings' seems to be the only strategy for parental engagement and activities for parental participation seem to be initiated by the centre.

The findings of this study on parental involvement is contrary to what Mawere, Thomas and Nyaruwata (2015) observed in Zimbabwe, that parents were rarely involved in ECD programmes in the ECD centres. Similarly, Mncanca and Okeke (2016) observed that in South Africa access to quality early childhood service remain a challenge especially to poor children in rural areas and townships whose situations are made worse by lack of parental support. Parents in this study do engage with the centres. However as indicated above, 'meetings' seems to be the only strategy for parental engagement and activities for parental participation seem to be initiated by the centre. On this, Epstein (2001) suggests six types of parental involvement which are parenting, communicating, volunteering, learning at home, decision-making and collaborating with community. This shows that there are numerous ways in which parents can be involved in the education of their children.

5. SUMMARY OF KEY FINDINGS, IMPLICATIONS AND RECOMMENDATIONS

This study is the first of a three-phased study aimed at conducting research that will inform effective implementation of the ECD policy and produce best practices in Early Childhood Development Centres in the context of legislation and policy. The three phases are: baseline study; intervention activities; and post intervention survey and impact assessment. A baseline study on ECD Centres from four selected districts of Eastern Cape Province was carried out and the key findings can be summarised as in table below. For each key finding implications for policy are highlighted so are recommendations with regards to possible intervention options. Second phase of the study focuses on evaluating which interventions are feasible and detail the intervention process to ensure impact measurement (including identification of control vs treated centres).

Legislative and/or policy provisions	Key Finding	Implications for legislation and policy	Recommendations (possible intervention)
• Training and mentoring of ECD practitioners;	• Professional qualification is critical for effective teaching and learning in ECD Centres, however very few practitioners possess the right qualification	• There is need and room to professionalise the sector practitioners	• Develop programmes to training practitioners – those with minimum requirements to undergo reskilling/ upskilling. • Develop programmes for experienced practitioners to provide school based professional development programmes.
• Quality of ECD programmes offered;	• There is no clear curriculum implemented in the ECD sector, with the type implemented being driven by the type of qualification the practitioner has and the training provider‘s choice.	• The curriculum framework is there, the current being NCF- this is not yet adopted	• There is need to enforce alignment of the programmes to a particular curriculum, close monitoring and capacity building workshops to be initiated
• Infrastructure of ECD Centres;	• State of infrastructure is poor generally, however there are districts that are relatively better (Sarah Baartman ECD centres	• The children are vulnerable and there is limited room for development in such	• A model ECD infrastructure drive is needed and measures be put in place to ensure

	have better scores on infrastructure even though by norms and standards it is still regarded poor)	centres with no or have inappropriate infrastructure • Fiscal allocation towards the sector	centres adhered to that to remain registered.
• Management of the ECD Centre, including management of resources	• It is worrying that majority of the centres have school fees as primary source of finance (followed by government support). Reliance on school fees from poor families result in financial problems negatively affecting the quantity and quality of services like meals, play and learning material used.	• Centres re generally in good hands with regards to management qualifications and experience, however they are under resourced. • The poor can continue to be excluded from access due to school fees charging	• Zero- fee model; ensuring adequate resources in line with the number of children (where DSD supports, sometimes there are more children not being supported directly but relying on the few supported). • Training to principals and governing body on fundraising.
• Children with Disabilities;	• There are few children with disabilities recorded in the centres, and there are no clear support structures (infrastructure, training of the practitioner and principals)	• There is a need for a proactive approach towards disability and the approach should include prevention, early detection of problems	• Awareness programmes on the rights of children with disabilities . • Training to principals and practitioners on dealing with children with disabilities. The

		and the awareness of rights of children with disabilities, • The infrastructure model should contain provisions for physically disabled • The practitioner and centre management should all receive periodic training on handling children with disabilities	training should include strategies for prevention, early detection of children's problems and inclusion into mainstream.
• Accessibility of Food and Nutrition in the ECD Centre.	• Food provisioning is very low and where it is offered the state of infrastructure in terms of health and safety is worrisome • very few centres have garden, and those few have gardens in poor state	• children are denied the right to access quality meals and right quantities • development of children is at stake and the children become vulnerable	• Every centre to be assisted to start a garden- capacitation

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ANNEXURE A: STRUCTURED QUESTIONNAIRE FOR ECD PRINCIPAL/OWNER

Q. #	Item Description		Code
	A. BIOGRAPHICAL DETAILS		
1	**Sex:**	1. Male 2. Female	
2	**Age**	1: 15 - 19; 2: 20-24; 3: 25-29; 4: 30-34; 5: 35-39; 6: 40-44; 7: 45-49; 8: 50-54; 9: 55-60; 10: 61 +	
3	**Race**	1: African; 2: Coloured; 3: Asian/Indian; 4: White	
4	**Marital status**	1: Single; 2: Married; 3: Divorced; 4: Widowed	
5	**Home Language**	1: Xhosa; 2: English; 3: Sesotho; 4: Afrikaans; 5: Other	
6	**Nationality**	1: South African; 2: Other	
7	**Religion**	1: Christian; 2: Islam; 3: Judaism; 4: Buddhism; 5: Hindu; 6: Other	
8	**Centre location**	1: Urban; 2: Rural; 3: Peri-urban; 4: Informal	
9	**Position**	1: Owner; 2: Principal; 3: Principal/Owner	
9	**Academic Qualification**	1: Below matric; 2: ABET; 3: Matric; 4: Post qualification	
10	**ECD Teaching Experience**	1: 0-2 years; 2: 3-5 years; 3: 6-9 years; 4: 10 +	
11	**Activity prior to ECD**	1: Studying; 2: Employed; 3: Unemployed; 4: Business; 5: Job seeking; 6: Other	
	B. TEACHING AND LEARNING		
1	*ECD Professional Qualification*	1: ECD 1; 2: ECD 4; 3: ECD5; 4: other	
2	**Year obtained**	(write the year):	
3	**Institution**	(write name):	

4	**Other trainings/ workshops/courses and year**	List them:	
5	**Curriculum**	1 NELDS; 2 CAPS; 3 OBE; 4 NQF File; 5 Other	
6	**Year of establishment (centre)**		
7.	**Number of children**	Total; Girls; Boys; With special needs	
8	**Children age range (to calculate staff-child ratio)**	Specify the current minimum and maximum age Is this age range in line with the centre policy? 1. Yes 2. No If NO, provide reasons for deviation ……. …… …… How many are: 0-18 months; 19-36 months; 37-48 months; 49-72 month	
9.	**Main source of funding**	*Rate these according to greatest funds to your centre* 1- Primary, 2- secondary, 3- other Own funding School fees Government Private sector/Corporate Social Investment (CSI) NGOs Other - specify	**1** **2** **3**
10.	**Additional source of funding**	Donations: Fundraising: Municipality Infrastructure Grant City Infrastructure Grant National Lottery Commission Other- specify	**Yes** **No**
PRINCIPAL'S COMPETENCY: (1- very poor, 2- poor, 3- average, 4- good, 5- excellent)			
1	**Personal Skills**	*Rate yourself using scale above* a) I manage the centre well: b) I work well with parents: c) I am good in working with children: d) I ensure the recruitment of competent staff: e) I supervise staff members: f) I do appropriate budgeting:	**1** **2** **3** **4** **5**

		g) I do proper planning for centre operations: h) I have a good working relationship with state departments: i) I understand the regulations pertaining the managing of ECD centre: j) I find it easy to adhere to the rules and regulations for managing ECD centre: k) I mentor the practitioners at the centre: l) I know what to do if I suspect a child is being abused or neglected					
2	**Interpersonal relations**	**1-Strongly disagree; 2- disagree; 3- agree; 4 - strongly agree** a) I have good parental relationships: b) Parents are members of the management committee: c) I involve parents in decision making: d) I conduct regular parent- meetings: e) I have an open door policy (parents/ practitioners): f) The centre is affiliated to ECD forum/ association: g) The centre has contact with the area social worker	**1**	**2**	**3**	**4**	
3.	**Centre management practice**	**1-Strongly disagree; 2- disagree; 3 – agree; 4 - strongly agree** a) The centre has policies in place to assist in its management b) The centre has HR policy c) The centre has leave policy d) The centre has incident policy e) The centre has admission policy f) The centre has recruitment policy g) The centre has asset policy or asset register	**1**	**2**	**3**	**4**	
C. ENVIRONMENT							
1	**Infrastructure**	**Adequacy:(1-Strongly disagree, 2- disagree; 3- agree, 4- strongly agree)** a) The building adheres to the minimum norms and standards: b) The centre complies with the municipality regulations: c) The centre is secured: d) The building has access to clean running water: e) The centre has adequate ablution facilities for earners: f) The building is well maintained: g) The building is well ventilated: h) The emergency exits are clearly marked:	**1**	**2**	**3**	**4**	

		i) The building is in need of renovations: j) The centre indoor is adequately resourced: k) The centre outdoor is adequately resourced: l) There are enough classrooms to accommodate the number of learners: m) The building has adequate kitchen: n) Mode of transportation for learners:	
2	**Food & Nutrition**	**Rate accordingly:**(**1-Strongly disagree, 2-disagree; 3- agree, 4- strongly agree)** a) The centre offer meals: b) The centre provides 3 meals per day c) Food provided is nutritious meals: d) Food provided is sufficient for learners: e) The kitchen is adequately resourced (equipment and utilities): f) The kitchen is hygienic and neat: g) The source of power (gas/ electricity) is reliable for cooking: h) The nutritionist visits the centre i) Ensure immunization of all children	**1 2 3 4**
		a) The centre has a food garden: b) The quality of vegetables produced is good: c) The vegetables are sufficient for centre's needs: d) The vegetable garden is viable (sustainable): e) The garden is the main source of vegetables for the centre: f) The gardener is responsible for the garden: g) The community assist with the maintenance of the garden:	**1 2 3 4**
3	**Capacity building needs**	**I have been trained on the following interventions:** a) Basic Early Childhood Development practises: b) Financial and basic bookkeeping: c) Conflict Management d) Governance e) NPO compliance f) Project Management g) Resource Mobilization h) The Children's Act	**1 2 3 4**

ANNEXURE B: STRUCTURED QUESTIONNAIRE FOR ECD PRACTITIONERS

Q.#	Item Description	
D. BIOGRAPHICAL DETAILS		
1	**Sex:**	1. Male 2. Female
2	**Age**	1: 15-19 / 2: 20-24 / 3: 25-29 / 4: 30-34 / 5: 35-39 / 6: 40-44 / 7: 45-49 / 8: 50-54 / 9: 55-60 / 10: 61+
3	**Race**	1: African / 2: Coloured / 3: Asian/Indian / 4: White
4	**Marital status**	1: Single / 2: Married / 3: Divorced / 4: Widowed
5	**Home Language**	1: Xhosa / 2: English / 3: Sesotho / 4: Afrikaans / 5: Other
6	**Nationality**	1: South African / 2: Other
7	**Religion**	1: Christian / 2: Islam / 3: Judaism / 4: Buddhism / 5: Hindu / 6: Other
8	**Centre location**	1: Urban / 2: Rural / 3: Peri-urban / 4: Informal
9	**Academic Qualification**	1: Below matric / 2: ABET / 3: Matric / 4: Post qualification
10	**ECD Teaching Experience**	1: 0-2 years / 2: 3-5 years / 3: 6-9 years / 4: 10 +
11	**Activity prior to ECD**	1: Studying / 2: Employed / 3: Unemployed / 4: Business / 5: Job seeking / 6: Other
E. TEACHING AND LEARNING		
1	*ECD Professional Qualification*	1: ECD 1 / 2: ECD 2 / 3: ECD 3 / 4: ECD 4 / 5: ECD5 / 6: other
2	**Year obtained**	(write the year):
3	**Institution**	(write name):
4	**Other trainings/ workshops/courses and year**	List them:
5	**Curriculum**	1: NELDS / 2: CAPS / 3: OBE / 4: NQF File / 5: Other
TEACHER'S COMPETANCY: (1- very poor, 2- poor, 3- average, 4- good, 5-excellent)		

1	**Personal Skills**	*Rate yourself using scale above* a) I have a passion in working with small children: b) I use clear voice and audible voice during teaching: c) I am always punctual for work: d) I am always prepared for days' lesson: e) I am perfect in record keeping: f) I perform learner assessments monthly: g) I manage my time well during teaching: h) I am able to manage learners' behaviour: i) I know what to do if I suspect that a child is being abused: j) I know what to do if I suspect that a child is being neglected:
2	**Creativity**	**Rate yourself:** a) Follow scale above to rank practitioner on b) I can use different teaching methods/ strategies: c) I can improvise (teaching material/tools): d) I can motivate my learners: e) I can use different learning styles to accommodate all learners including those with special needs: f) I reflect on my lessons to improve learning
3	**Understanding & knowledge**	**Follow scale above to rank practitioner on** a) I understand curriculum objectives: b) I am aware of the curriculum outcomes: c) I use different teaching and learning activities: d) Learners are appropriately grouped in terms of ages: e) I use different assessment forms: f) I can compile reports for learners:
4	**Interpersonal relations**	**Rate yourself** a) I have a parent-learner communication book: b) I check the communication book every morning: c) I conduct parent-teacher sessions quarterly: d) I conduct supervision sessions with the principal often: e) I engage daily with my peers (other practitioners) at the centre:
F. ENVIRONMENT		
1	**Infrastructure**	**Adequacy :** a) The building adheres to the minimum norms and standards: b) The centre complies with the municipality regulations: c) The centre is secured: d) The building has access to clean running water: e) The centre has adequate ablution facilities for earners: f) The building is well maintained: g) The building is well ventilated: h) The emergency exits are clearly marked: i) The building is in need of renovations:

		j) The centre indoor is adequately resourced: k) The centre outdoor is adequately resourced: l) There are enough classrooms to accommodate the number of learners: m) The building has adequate kitchen: n) Mode of transportation for learners:
2	**Food & Nutrition**	Rating : 1- strongly disagree, 2- disagree, 3- Agree, 4 –strongly agree **Rate accordingly:** a) The centre offer meals? b) Food provided is nutritious: c) Food provided is sufficient for learners: d) The kitchen is adequately resourced (equipment and utilities): e) The kitchen is hygienic and neat: f) The source of power (gas/ electricity) is reliable for cooking:
		Rate accordingly a) The centre has a food garden: b) The quality of vegetables produced is good: c) The vegetables are sufficient for centre's needs: d) The vegetable garden is viable (sustainable): e) The garden is the main source of vegetables for the centre: f) The gardener is responsible for the garden: g) The community assist with the maintenance of the garden:
3	**Capacity building needs**	**I have been trained on the following interventions:** i) Basic Early Childhood Development practises: j) Financial and basic bookkeeping: k) Conflict Management l) Governance m) NPO compliance n) Project Management o) Resource Mobilization p) The Children's Act

~ END: THANK YOU FOR YOUR CO-OPERATION~

ANNEXURE C: INTERVIEW SCHEDULE FOR PARENTS

Biographical details

Location: Rural/ urban/Informal settlement/Peri-urban

Gender: M / F

Relationship to learner: Parent/ Guardian/ Foster parent/ Relative

Education level: Below matric/ ABET/ Matric/ tertiary qualification

Source of income: employed/ self -employed/ unemployed/ grant recipient/ family support

Questions

a) Why do you take your child to the ECD centre?
b) What are your expectations when the child goes to ECD?
c) Does the ECD centre assist in the development stages of your child?
d) How long has your child been at the centre?
e) How has the child improved since attending at the centre?
f) How is the quality of teaching and stimulation at the centre?
g) Have you taken any other child to this ECD?
h) What is your involvement or contribution at the centre?
i) What can you say about the security and safety at the centre?
j) Do you pay school fees at the centre?
k) What can be the challenges of the centre?
l) What can be done to address those challenges?
m) Are parents involved in the decision making at the centre?
n) What do you like most about the centre?
o) What need improvement on the centre?

ANNEXURE D: OBSERVATION SCHEDULE

1	Strong Disagree	2	Disagree	3	Agree	4	Strongly Disagree

Teaching and learning: Practitioner	**1**	**2**	**3**	**4**
a) Practitioner uses clear voice and audible voice during teaching:				
b) Practitioner is always punctual for work:				
c) Practitioner is always prepared for days' lesson:				
d) Practitioner is perfect in record keeping:				
e) Practitioner performs learner assessments monthly:				
f) Practitioner manages time well during teaching:				
g) Practitioner manages learners' behaviour				
h) Practitioner uses different teaching methods/ strategies:				
i) Practitioner is able to improvise (teaching material/tools):				
j) Practitioner motivates learners:				
k) Practitioner uses different learning styles to accommodate all learners including those with special needs:				
l) Practitioner reflects on lessons to improve learning				
m) Practitioner understands curriculum objectives:				
n) Practitioner is aware of the curriculum outcomes:				
o) Practitioner uses different teaching and learning activities:				
p) Practitioner groups learners appropriately in terms of ages:				
q) Practitioner uses different assessment forms:				
r) Practitioner compiles reports for learners:				
s) Practitioner has parent-learner communication book:				
t) Practitioner checks the communication book every morning:				
u) Practitioner conducts parent-teacher sessions quarterly:				
v) Practitioner conducts supervision sessions with the principal often:				
w) Practitioner engages daily with his/her peers (other practitioners) at the centre				
INFRASTRUCTURE	**1**	**2**	**3**	**4**
a) The building adheres to the minimum norms and standards:				
b) The centre complies with the municipality regulations:				
c) The centre is secured:				
d) The building has access to clean running water:				
e) The centre has adequate ablution facilities for earners:				
f) The building is well maintained:				
g) The building is well ventilated:				
h) The emergency exits are clearly marked:				
i) The building is in need of renovations:				
j) The centre indoor is adequately resourced:				
k) The centre outdoor is adequately resourced:				
l) There are enough classrooms to accommodate the number of learners:				
m) The building has adequate kitchen:				

n) Mode of transportation for learners:				
NUTRITION	**1**	**2**	**3**	**4**
a) The centre offers meals:				
b) Food provided is nutritious:				
c) Food provided is sufficient for learners:				
d) The kitchen is adequately resourced (equipment and utilities):				
e) The kitchen is hygienic and neat:				
f) The source of power (gas/ electricity) is reliable for cooking:				
g) The centre has a food garden:				
h) The quality of vegetables produced is good:				
i) The vegetables are sufficient for centre's needs:				
j) The vegetable garden is viable (sustainable):				
k) The garden is the main source of vegetables for the centre:				
l) The gardener is responsible for the garden:				
m) The community assist with the maintenance of the garden				
SAFETY & HEALTH	**1**	**2**	**3**	**4**
o) The centre complies with the municipality regulations:				
p) The centre is secured:				
q) The building has access to clean running water:				
r) The centre has adequate ablution facilities for earners:				
s) The building is well maintained:				
t) The building is well ventilated:				
u) The emergency exits are clearly marked:				
v) The building is in need of renovations:				
w) Where there are no sewerage facilities, sufficiently covered potties are available.				
x) Every child under the age of three years has his/her own potty which must be regularly cleaned and must be hygienic.				
y) for ages three to six years, one toilet and one hand washing basin are provided for every twenty children.				
z) There must be a place for the bathing of children.				
aa) Children are supervised by an adult at all times				

DOCUMENT AVAILABILITY

Registration documents	**Yes**	**No**
a) NPO registration certificate		
b) Department of Social Development registration certificate		
c) Partial care registration certificate		
d) Conditional registrations		
e) Other (specify)		
Learners' portfolios	**Yes**	**No**
a) Learner files		
b) Assessment reports		

c) Other (specify)		
Curriculum documents	**Yes**	**No**
a) Lesson plans		
b) Weekly plans		
c) Daily programme		
d) Practitioner teaching guideline		
Policies	**Yes**	**No**
h) The centre has HR policy		
i) The centre has leave policy		
j) The centre has incident policy		
k) The centre has admission policy		
l) The centre has recruitment policy		
m) The centre has asset policy or asset register		
Bookkeeping records	**Yes**	**No**
a) Financial reports		
b) Financial Statements including bank statements		
c) Audited Financial Statements		
d) Cheque book		

ANNEXURE E: ETHICAL CLEARANCE CERTIFICATE

University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE
REC-270710-028-RA Level 01

Certificate Reference Number:	SOT001 (Project)
Project title:	**Analysis of best practices in Early Childhood Development Centres in the Eastern Cape Province in the context of legislation and policy.**
Nature of Project	Independent Project
Principal Researcher:	Dr Namhla Sotuku
Collaborating Investigators:	Prof S Rembe Prof C Maphosa Dr S Mishi Dr J Shumba
Supervisor:	N/A
Co-supervisor:	N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in the Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project.

- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely

Professor Wilson Akpan 15/03/2017
Acting Dean of Research

10 March 2017

ANNEXURE F: CONSENT FORM

University of Fort Hare
Together in Excellence

Ethics Research Confidentiality and Informed Consent Form

I Dr Namhla Sotuku a leader of a research project funded by the National Development Agency (NDA), am conducting research on Best practices in Early Childhood Development (ECD) centres in the context of policy legislation. I am requesting stakeholders that are involved in the Provisioning of ECD services and programmes to participate in this research project.

Please understand that you are not being forced to take part in this research project. The choice whether to participate or not, is yours alone. If you agree to participate you will be requested to engage in the following activities:

Parents, Nutritionists and Social Workers: Trained research assistants will interview you. The interview will take about 20-25 minutes.

ECD Centre Principals/Managers: Trained research assistants will assist you in the completion of the questionnaire and will also conduct observations of your centre with regard to its adherence to the Norms and Standards on health and safety as well as infrastructure its adherence to the .

ECD Practitioners: Trained research assistants will assist you in the completion of the questionnaire and will also conduct observations of your classroom practices. Observations of your classroom practices will last about 45 minutes.

If you choose not to take part in this research project, you will not be affected in any way. If you agree to participate, you may stop the research assistants at any time and tell them that you don't want to go on with the interview or the completion of the questionnaire as well as the observation of your practices. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed.

The research assistants will not use an audio recorder without your permission nor will they record your name anywhere on the questionnaire or on the observation schedule. No one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give. During interviews, trained research Assistants will be asking you questions and I ask that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. You will be asked some questions that you may not have thought about before, and which involve thinking about the past or the future. I know that you cannot be absolutely certain about the answers to these questions but I ask that you try to think about these questions. When it comes to answering questions there are no right and wrong answers- all answers will help in the process of re-imagining ECD Provisioning. .

If possible, I would like to come back to your organisation once I have completed this study to inform you of what the results are and discuss my findings and proposals around the research and what this means for your practices .

INFORMED CONSENT

I hereby agree to participate in the research project on Best Practices in Early Childhood Development Centres in the context of policy legislation I understand that I am participating freely and without being forced in any way to do so. I also understand that I can withdraw at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire nor to the interviews, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my organisation on the results of the completed research.

……..

Signature of participant **Date**:……..

I hereby agree to the tape recording of my participation in the study

……..

Signature of participant **Date**:……..