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CHALLENGES FACING EARLY CHILDHOOD DEVELOPMENT SECTOR IN SOUTH AFRICA

18 APRIL 2012



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**A Comprehensive Research report on Early Childhood Development to the
National Development Agency (NDA)**

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1. Introduction

The majority of young children in South Africa have been negatively impacted by a range of social and economic inequalities. Apartheid and the resultant socio-economic inequalities have created a childhood of adversity for most African children including inadequate access to health care, education, social services and quality nutrition. This has undermined the development of our youngest children.

Within the South African constitution, through the Bill of Rights, provision is made for children's socio-economic rights, including the right to basic education, and protection from neglect, abuse and exploitation. However, as outlined in a report by the National Children's Rights Committee (NCRC) and NPOs, "South Africa still has a long way to go to effect quality of life for the majority of her children".

Early childhood development

The national Department of Education defines early childhood development (ECD) as "The processes by which children from birth to nine years of age grow and thrive physically, mentally, emotionally, morally and socially". The national Department of Education is responsible for the 5 to 9 year old age cohort, and the Department of Social Development is focused on the birth to 4 year old age cohort. The Department of Health covers the birth to 9 year old age cohort (Department of Education, 2001).

There are approximately 6.5 million children in the 0 to 6 year old age cohort. Of these, some 3.8 million children (59.2%) live in circumstances of dire poverty (Department of Social Development, Department of Education & Department of Health, 2004).

Whilst considering the above, there is substantial international evidence indicating the benefits of providing structured and quality early childhood development (ECD) services and programmes to preschool-aged children. Providing appropriate cognitive stimulation, nutrition, care and health services during this critical development period results in: increased primary school enrolment, enhanced school performance, lower repetition and drop-out rates, reductions in juvenile crime rates, reduced remedial education costs and improved economic and social productivity in

adulthood. These benefits produce significant social, education and economic returns to society far outweighing the returns on other forms of human capital investment.

2. Brief

The National Development Agency (NDA) wished to gather evidence about the early childhood development (ECD) landscape with the view to making a significant intervention in this sector and commissioned Adjunct Associate Professor Eric Atmore to produce a paper which synthesizes evidence about ECD, taking account of the present situation as well as future projections.

The goal of this report is to clearly describe the ECD sector, including enrolment rates/ratios, funding flows, and the urban-rural divide amongst others.

The key questions for the study include:

1. What are the challenges in infrastructure for ECD? What are the issues regarding whether it is home-based or centre-based. What are the backlogs in infrastructure for ECD centres? Explore the role of municipalities, Public Works, Education, and Social Development on the building of infrastructure;
2. ECD Practitioners - What are the basic requirements, and what are the qualifications needed? Conditions of service; what is the overall sense of the practitioner's qualifications?
3. Nutrition - many children in ECD centres do not have access to food. Who is addressing this need? What role should the NDA play in addressing this issue? Is it through Food Security intervention? What type?
4. Institutional capacity of ECD sites - are there processes and systems to manage finances; plan, record and report on implementation of activities; develop policies for procurement, asset management, recruitment, selection and development of staff.

5. Norms and standards - Given the norms and standards already developed by Department of Social Development, what set of guidelines should inform NDA interventions? Are there any early, intermediary and advanced models of engagement NDA can learn from or does NDA have to develop new models?

The expected outcomes of the study for the NDA include:

- a. A comprehensive report on the status of ECD sector in the country
- b. Critical analysis of the challenges faced by ECD from rural and urban perspectives
- c. Identification of gaps that currently exist and proposed interventions including models
- d. Clear recommendations for the NDA – with specific reference to our strategic priorities

Approach and methodology followed

In undertaking this task we have produced a paper that:

- Determines the situation of ECD in South Africa currently, with the view to ensuring that young children have access to quality early learning opportunities, taking account of the present situation as well as future demand based on projected demographic change;
- incorporates a synthesis of credible and relevant South African studies;
- is based on a variety of credible research papers, including the nation-wide ECD audit of 2001 and subsequent provincial audits done; the HSRC quality report on ECD; the National Treasury report on Grade R; the National Integrated Plan for Early Childhood Development, various versions of School Realities; and Education Statistics produced by the national Department of Education;
- identifies gaps in service provision;
- reviews ECD success stories across South Africa;
- reviews and assesses demographic projections for the birth to 6 year old age cohort over the next decade.

In drawing up the paper, the consultant has:

- undertaken a desktop study of recent critical ECD documents;
- obtained input from key ECD stakeholders in South Africa;

- made recommendations that introduce the most effective interventions to the quality and quantity of ECD in South Africa.

3. Context of children in South Africa

3.1 General information on children in South Africa

In 2009, it was estimated that children make up 38% of South Africa's population. Due to labour migration and care arrangements involving extended families, it is often the case that children live separately from their parents (South African CHILD GAUGE, 2011). The distribution of children across the 9 provinces is different to the distribution of adults; a large proportion of adults living in provinces that are characterised by urban cities, whereas a greater proportion of all children live in rural areas such as Limpopo, Eastern Cape and KwaZulu-Natal (South African CHILD GAUGE, 2011). It is therefore the case that many children reside in child-headed households in which all members are under the age of 18 years. Family and community networks support the growing numbers of orphaned children in our country mainly as a result of the HIV/AIDS pandemic. The General Household Survey of 2009 indicated that South Africa is home to 95,000 children living in child-headed households. These children are more at risk than others of poor access to services, inconsistent income and poor living circumstances.

3.2 Poverty

There are a range of challenges and obstacles facing children and their families, teachers, communities and government. One of the major challenges is that of poverty (UNICEF, 2009). More than half of South Africa's children live in severe poverty which jeopardises the realisation of their rights as contained in the South African Constitution (Du Plessis & Conley, 2007). Poverty and inequality in South Africa is worsening at a startling rate (Du Plessis & Conley, 2007). Children living in poverty are extremely vulnerable and often discriminated against and isolated.

In South Africa, the majority of children do not have access to an early education programme as many parents and/or families cannot afford to pay for school fees. UNICEF records that is

important that government departments collaborate to enhance the accessibility of early childhood development programmes for young children (UNICEF, 2009).

The South African Constitution acknowledges that children have the right to social assistance when their families are unable to meet their basic needs. It is clear that income poverty is closely connected to poor health, limited access to education, nutrition, healthcare services and safe environments. The General Household Survey, of 2009, showed that 61% of children in South Africa lived below the poverty line (with a per capita income below R522 per month). Closely linked to this income poverty indicator is unemployment. Stats SA (2010) indicated that 36% of children reside in households where no adults are employed. Government does provide financial support to children when their mothers are too poor to do so, in order for them to meet their basic needs. This financial support is provided through social assistance programmes such as the Child Support Grant, paid to the caregivers of eligible children. While the Child Support Grant has increased over the years since its introduction, from R100 per month in 1998 to R280 in April 2012, this is still far too little. By April 2011, 10.5 million children aged 0 – 16 years were accessing the Child Support Grant – making it the largest child poverty alleviation programme in South Africa. Research has shown that this grant has contributed towards food, education and basic goods and services for millions of children across the country (South African CHILD GAUGE, 2010).

3.3 Education

Every child has the right to an education, it is a human right recorded in our Constitution. Being educated is fundamental to building a foundation for life-long learning and economic opportunities. South Africa has a high rate of school enrolment with 97% of 11.4 million school-going age children in Grades 1 - 12 at an educational facility. These high levels of attendance disguise the challenge of the school drop-out rate especially amongst older children when school is no longer compulsory (South African CHILD GAUGE, 2010). Analysis of school attendance shows that the drop-out rate increases sharply once a child reaches the age of 16 years. A major cause for concern as reported by Statistics South Africa (2010) is that the main reason for the drop-out rate amongst high school children is the perception that “education is useless”. Other reasons for non-attendance include financial constraints, illness and exam failure, as well as pregnancy amongst teenage girls (South African CHILD GAUGE, 2010).

Encouragingly, in 2011, 67% of five-year-olds were enrolled in Grade R, which suggests progress towards the government's revised goal of universal access to Grade R by 2014. It is clear that early childhood development is very important in laying the foundation for a successful academic path especially for those children living in underprivileged circumstances (UNICEF, 2009).

The White Paper 5 on Early Childhood Education of 2001 states that "children raised in poor families are most at risk of infant death, low birth-weight, stunted growth, poor adjustment to school, increased repetition and school dropout." (Department of Education, 2001: 12). Further research indicates that children who are less likely to enrol in school, and more likely to drop out early, are those from disadvantaged backgrounds with limited economic resources, parents with lower levels of education, and who have lost one or both parents (South African CHILD GAUGE, 2010).

Government has identified the need to increase access to ECD as well as enhance the quality of ECD programmes and services, specifically for those children from disadvantaged backgrounds (Department of Basic Education, Department of Social Development & UNICEF, 2010). Government has increased funding to both early childhood development centres (0 to 4 years of age) through the Department of Social Development and to Grade R (5 to 6 years of age) through the Department of Education (Department of Basic Education, Department of Social Development & UNICEF, 2010). According to the document entitled *Tracking Public Expenditure and Assessing Service Quality in Early Childhood Development in South Africa*, "Spending within provincial Departments of Education on Grade R rose from R377 million in 2003/04 to a budgeted R983 million in 2007/08 and a projected R1 253 million in 2009/10" (Department of Basic Education, Department of Social Development & UNICEF, 2010). With regards to children between the ages of 0 to 4 years attending ECD facilities, in 2006/07 the Department of Social Development spent R350 million by providing 5,531 registered ECD sites with subsidies for a total of 314,912 children (Department of Basic Education, Department of Social Development & UNICEF, 2010).

Although much has been done to improve access and quality of early learning programmes in both ECD facilities and Grade R classrooms, there is a long way to go in the enhancement of service delivery (Department of Basic Education, Department of Social Development & UNICEF, 2010). Some of the prominent challenges and obstacles facing ECD facilities include

absence of learning materials and resources, especially within the classroom setting, minimal funding, lack of qualified teachers, inadequate security for children whilst at the ECD facility, as well as poor toilet amenities (Department of Basic Education, Department of Social Development & UNICEF, 2010).

Despite the fact that ECD (especially Grade R) has grown over the past decade, the actual size of the sector is still unknown (Department of Basic Education, Department of Social Development & UNICEF, 2010). It is important to note that coverage of ECD programmes differ substantially between provinces.

3.4 Health

The United Nations Convention on the Rights of the Child (1989) states that every child has “the right to the enjoyment of the highest attainable standard of health”.

At the same time, South Africa is the country with the highest number of people living with HIV. Paediatric HIV is propelled by the adult epidemic with most children being infected prior to, and during, the birth process; as well as later by means of breastfeeding. The Actuarial Society of South Africa, ASSA2008 AIDS and Demographic Model has indicated that while the prevalence of paediatric HIV is on the increase, the rate at which it is spreading is decreasing (as cited in the South African CHILD GAUGE, 2011). This is attributed to the increased survival rates of children who now have access to antiretroviral treatment (ART). In 2010, an estimated 438,000 children under the age of 15 years were HIV positive, with the Western Cape having the lowest HIV-prevalence rate at 1.2% in 2010, compared to KwaZulu-Natal which had the highest rate of 4.1%.

A commonly used gauge for measuring health status and socio-economic development is the infant and under-five mortality rate. South Africa adopted the Millennium Development Goals in 2000 for reducing poverty and inequality in the world. In South Africa, the fourth goal aims to reduce the under-five mortality rate by two-thirds from the 1990 figure of 60 deaths per 1000 live births to that of 20 by 2015. ASSA2008 has estimated that the infant mortality rate has steadily declined from 52 deaths per 1000 live births in 2000 to 34 in 2010 (as cited in the South African CHILD GAUGE, 2011). It has also been reported that the under-five mortality rate had increased progressively up until 2003 when it reached a peak of 74 deaths per 1000 live births and then

gradually decreased to 50 in 2010. This reverse in the trend correlates with the national mother-to-child prevention programme that was implemented in 2003 thus indicating the programme's success.

Despite the fact that the Government has established programmes aimed at reducing hunger, malnutrition and food insecurity, child hunger remains a challenge with approximately 16% of children living in households where child hunger has been reported. This figure indicates a substantial decrease in reported child hunger from 30% in 2002 and 18% in 2007 (South African CHILD GAUGE, 2011). Hunger is highest among Black African children with 17% of the total Black African child population living in households that reported child hunger compared to 13% of Coloured children, 2% Indian and only 1% of White children.

Our Constitution states that everyone has the right to sufficient water as well as to an environment that is not harmful to their health or well-being. Water is a requirement for health, hygiene and sanitation. Whilst young children have the right to sufficient water, the water that they have access to is often of poor quality resulting in our young children becoming particularly vulnerable to cholera and diarrhoea. In 2009, 7 million children lived in households that did not have direct access to clean drinking water, and there had been very little improvement in children's access to water between 2002 and 2009. There are significant differences in access to water across provinces with 46% of children having access to clean water in KwaZulu-Natal, 44% in Limpopo and only 32% in the Eastern Cape. These figures are compared to those in the Western Cape, Free State and Gauteng, where over 90% of children have access to drinkable water. In addition to this is the lack of children's access to basic sanitation in many South African households. A significant number of children do not have access to adequate sanitation facilities, thereby making use of unventilated pit latrines, buckets and/or open land. Inadequate sanitation results in young children becoming susceptible to a range of illnesses and diseases that compromise their health and nutritional status.

3.5 Child rights

South Africa ratified the Convention on the Rights of the Child (CRC) on 16 June 1995. As a country, South Africa's commitment to children's rights is contained in the Constitution and the Bill of Rights which makes provision for the fact that no person should be without the basic

necessities of life. Each child has the right to socio-economic rights which comprise basic nutrition, shelter, health care services and social services.

The South African government has been working to raise awareness about the rights of both children and their parents (UNICEF, 2009). South Africa has made progress in building the legal framework for ensuring the best interests of children. There has been weakness, however, in putting policies and strategy documents into action.

4. What has been done in early childhood development since 1994?

As a country we have come a long way since April 1994 when the first democratic elections were held in South Africa. There have been a number of initiatives affecting the lives of young children. Some have been very positive and others less successful. These successes include:

1. The signing of the Convention on the Rights of the Child by our government in 1995.
2. Free medical and health care services for pregnant women and for children aged birth to 6 years of age.
3. The establishment of a Directorate for Early Childhood Development within the national Education Department.
4. The establishment of a Children's section within the national Social Development Department.
5. An Education White Paper (number 5) on early childhood development and a Welfare White paper with a section on early childhood development.
6. The introduction of Grade R for children aged 5 years turning 6 years.
7. The Expanded Public Works Programme has a focus on early childhood development.
8. A nationwide ECD Audit surveying 23,482 ECD sites was successfully completed in 2000.
9. The nine provincial Social Development Departments making ECD subsidies available for ECD sites each year.
10. The nine provincial Education Departments making Grade R grants-in-aid available.
11. The Children's Act, with two chapters that deal with partial care facilities and early childhood development programmes, has been passed by Parliament.
12. Many grant-making organisations and companies have continued their support of the early childhood development sector.

13. Some 12 million children get the Child Support Grant (CSG) in 2012.

Although we have progressed over these past 18 years, we still have a long way to go before we can truly say that we are putting young children first.

5. Some demographics on early childhood development in South Africa

Having completed an extensive literature search there is very little up-to-date quantitative data on the ECD sector in South Africa. The only national study on ECD took place in the year 2000 and is now nearly twelve years old. This nation-wide ECD audit provided accurate information on the nature and extent of ECD provisioning, services, and resources across the country. Only the Western Cape province has a more recent ECD survey, completed in 2009.

Grade R enrolment figures have been extracted from the annual School Realities reports of the national Department of Education. These are accurate and are used in this report as is a table obtained from the national Department of Social Development.

The 2001 national census found 6.5 million children aged 0 – 6 years in South Africa.

In 2000, a national audit of early childhood development was commissioned by the national Department of Education. The findings of this audit revealed that:

- There are 23,482 ECD sites across South Africa;
- 1,030,473 learners (16% of the child population) were enrolled in these sites;
- 21% of 5 - 6 year olds, 15% of 3 - 5 year old and 5% of children under age 3 were in provision;
- 11,420 (53%) of these sites have electricity, water and toilets;
- 1,669 (8%) have no electricity, water or toilets;
- 40% of ECD services are in rural areas and 60% in urban areas;
- 4% of the population is estimated to have disabilities, but children with disabilities account for only 1.36% of those enrolled in ECD provision;
- Access to ECD services is lower than the national average in the three provinces with the greatest number of poor children – Limpopo, Eastern Cape and KwaZulu-Natal;

- Of the 54,503 educators/practitioners working with children in early childhood development sites, 12% are qualified, 88% require additional training of some kind and 23% have no training at all;
- ECD sites catering for predominantly Black African learners have the greatest number of below average ratings on service quality;
- By February 2011 734,654 children were enrolled in a Grade R class;
- By March 2012 836,000 children were in 19,500 registered ECD centres nation-wide and 488,000 of these (58%) received the ECD subsidy from the provincial departments of Social Development.

From the above it is clear that the biggest challenge in early childhood development is to increase access to early childhood development programmes and to improve the quality of these programmes.

6. Government's early childhood development policy priority

The main ECD policy priority of government is the establishment of a national system of provision for the Reception Year, called Grade R, for children aged 5 - 6 years. Government policy for Grade R is laid out in Education White Paper number 5, put forth in 2001. The key elements of the White Paper 5 on Early Childhood Development are:

- the phasing in of a compulsory Grade R year for eligible children by the year 2010;
- a poverty targeted approach;
- The target set is 945,000 children; 810,000 children (85% of all 5 year olds) in Grade R in public primary schools, and 135,000 children (15% of all 5 year olds) in independent Grade R sites and at community-based ECD sites, by the year 2010. (As the latest Education Department figures tell us, there are about 1.1 million children who could be in Grade R each year. In 2001, when the White Paper 5 was written, the national Education Department underestimated the number of children aged 5 to 6 years by about 150,000 children each year);
- Grants-in-Aid to Primary schools and community-based ECD sites;
- With regard to children 4 years and younger the White Paper 5 is vague, indicating only "the development of a strategic plan for inter-sectoral collaboration, focusing... on

improving the quality of early learning programmes.” (Department of Education, 2001: 11).

The Department of Education is the lead partner for the development of an integrated service delivery strategy for ECD services for children under 4 years within the framework of the National Programme of Action for Children.

Government’s response to early childhood development programmes for 0 – 4 year olds is the National Intergrated Plan for Early Childhood Development in South Africa, known as Tshwaragano Ka Bana. Tshwaragano Ka Bana is comprehensive but vague, and the financial implications are not spelt out.

Access to Grade R

Using Education Department statistics, enrolment as at the first quarter of 2011 (the latest figures) was 734,654. Table 1 below shows the provincial distribution of these children. According to department officials, this figure excludes children in independent and community-based sites but no figures are given for these, and these numbers could not be verified.

Based on the Education Department statistics, 493,129 additional children entered Grade R in the first ten years after the release of Education White Paper number 5. The rate of take up of Grade R places has been 37,201 in 2002; 36,661 in 2003; 41,100 in 2004; 48,710 in 2005; 36,444 in 2006; 45, 884 in 2007; 56,274 in 2008; 76,424 in 2009; 86,980 in 2010 and 27,451 in 2011.

It is clear that the compulsory/universal provision target was not reached by 2010, as envisaged in Education White Paper 5, and was extended by President Zuma to 2014. At the present take up rate it will take our country at least until 2018 to reach Government’s target of a place in Grade R for every child before Grade 1.

Table 1 below excludes any comment on quality. There is, however, certainly considerable unevenness in quality across the nine provinces.

Table 1
Grade R Enrolment 2000 – 2011

Province	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000
Eastern Cape	157 184	164 803	154 514	133 249	112 889	96 384	105 231	75 571	46 371	23 562	18 873	19 555
Free State	28 627	27 209	23 767	23 699	22 429	20 072	18 449	16 482	16 323	17 220	16 002	15 025
Gauteng	86 240	76 460	64 935	54 979	49 931	47 314	41 073	34 690	31 666	28 189	23 920	21 368
KwaZulu Natal	181 585	175 541	154 666	129 742	118 884	92 948	79 276	73 098	75 996	72 312	73 993	66 031
Limpopo	117 279	113 432	97 570	98 963	93 030	102 969	98 273	89 725	89 790	90 332	84 243	75 219
Mpumalanga	56 726	51 758	46 194	40 671	34 962	25 734	14 171	23 695	13 884	12 148	5 803	10 922
North West	42 937	42 010	30 174	22 294	16 143	15 311	9 737	5 625	4 325	3 142	3 176	3 193
Northern Cape	13 153	12 387	11 508	9 575	8 423	7 259	6 598	5 875	5 500	3 744	4 042	3 972
Western Cape	50 923	43 603	36 895	30 627	30 834	33 650	32 389	31 726	31 532	28 077	11 473	11 346
TOTAL	734 654	707203	620 223	543 799	487 525	441 641	405 197	356 487	315 387	278 726	241 525	226 631

* Source: Statistics at a Glance 2000 – 2005, and School Realities 2006, 2007, 2008, 2009, 2010, and 2011.

National Grade R provision rate 2011

With the national department of Basic Education School Realities figures available it is relatively easy to calculate the national provision rate for Grade R. Just over 1.1 million children enter Grade 1 each so we can with accuracy say that the provision rate for Grade R currently stands at about 67%.

Funding of Grade R

Education White Paper 5 indicates that financial responsibility for Grade R is the responsibility of provincial Education Departments and says that in the short term, provision is made for subsidies to be paid to schools to allow them to establish Grade R facilities. Eventually Grade R sites will be funded via Norms and Standards for Grade R funding. The intention is to subsidize Grade R by 75% because “the financial burden for ECD falls disproportionately on the poor.” (Department of Education, 2001: 12).

White Paper 5 also states that the Grade R programme is able to function at “a cost considerably lower than primary school-based provision since the latter uses provincially – employed educators, whereas the practitioners at community-based sites are not employed by government and are paid considerably less.” (Department of Education, 2001: 30).

Actual funding for Grade R from 2004/5 to 2008/9 is presented in Table 2 below.

Table 2
Grade R expenditure by province, 2004/05 to 2008/09 (R'000)

Province	2004/05	2005/06	2006/07	2007/08	2008/09
Eastern Cape	36 937	39 817	69 941	120 218	145 486
Free State	29 509	33 585	49 638	52 146	54 614
Gauteng	51 807	49 000	79 000	109 000	149 000
KwaZulu-Natal	79 697	68 239	102 658	117 688	125 928
Limpopo	23 535	18 883	52 723	79 976	159 033
Mpumalanga	33 072	47 790	51 801	126 729	220 658
Northern Cape	13 198	15 819	18 141	30 336	42 798
North West	118 231	126 084	152 510	162 127	172 561
Western Cape	60 135	71 923	107 397	181 930	244 923

Source: Atmore (2007) extracted from National Budget 2007

Provincial Grade R spending was at R 1.315 billion in 2008/09. Provincial Grade R spending, as a percentage of total education spending, for all provinces was 0.74% in 2003/4, that is, less than one percent. Expenditure on Grade R by 2008/09 increased to 1.3% of the total education expenditure.

Grade R teacher employment, training and qualifications

Presently Grade R educators are employed by School Governing Bodies (SGBs) and not by provincial Education Departments, as their colleagues from Grade 1 upwards are. In other words, there is no post provisioning for Grade R educators. This means that Grade R educators have:

- different quality management processes that apply;
- different levels of accountability;
- different conditions of service and benefits; and
- different quality of training.

The reason for this is that Grade R and ECD practitioners are employed by School Governing Bodies in order to reduce costs. This makes no sense, however, if the quality of education is compromised.

There is no clear statement available anywhere as to who is employable as a Grade R educator, what their minimum qualification levels should be, or which institutions/agencies should be training them and certifying them.

7. The optimum size of the ECD sector in 2025

Table 3 below records projections for the 0 to 4 years and the 5 to 9 years old populations to 2025 (sourced from the Actuarial Society of South Africa study).

Table 3

Population Projection for Children age 0 to 9 years from 2010 - 2025.

		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Males	0 to 4 yrs	2560985	2555473	2555360	2554771	2553048	2551603	2550372	2549043	2547314	2545068	2542227	2538723	2534496	2529498	2523739	2517292
Males	5 to 9 yrs	2591810	2578926	2558849	2538309	2524177	2515451	2511895	2513474	2514462	2514290	2513812	2513451	2512949	2512012	2510524	2508407
Males	0 to 9 yrs	5152795	5134399	5114210	5093080	5077226	5067054	5062267	5062516	5061776	5059359	5056039	5052174	5047445	5041510	5034263	5025700
Females	0 to 4 yrs	2542580	2536894	2536574	2535786	2533879	2532264	2530876	2529400	2527535	2525160	2522197	2518577	2514240	2509139	2503282	2496746
Females	5 to 9 yrs	2579564	2566193	2545784	2525042	2510676	2501687	2497845	2499116	2499811	2499365	2498631	2498030	2497304	2496153	2494461	2492149
Females	0 to 9 yrs	5122144	5103087	5082358	5060828	5044556	5033951	5028720	5028516	5027345	5024525	5020828	5016607	5011544	5005292	4997744	4988896
Sex	Age Range	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Males	0 to 9 yrs	5152795	5134399	5114210	5093080	5077226	5067054	5062267	5062516	5061776	5059359	5056039	5052174	5047445	5041510	5034263	5025700
Females	0 to 9 yrs	5122144	5103087	5082358	5060828	5044556	5033951	5028720	5028516	5027345	5024525	5020828	5016607	5011544	5005292	4997744	4988896
Total	0 to 9 yrs	10274939	10237486	10196568	10153908	10121782	10101005	10090987	10091032	10089121	10083884	10076867	10068781	10058989	10046802	10032007	10014596

* Source: Actuarial Society of South Africa: ASSA 2008 Model

8. Early childhood development non-profit organisation providers

The role of the ECD non-profit organisation (NPO) sector has been crucial in enabling the approximately 1.2 million children in South Africa to access early childhood development programmes. Sixty-four (64) ECD NPOs presently provide the backbone of curriculum development, materials development, training and provision. This has been the case for more than 35 years.

In recent years, however, ECD NPOs have become increasingly vulnerable. Over the past fifteen years, 46 ECD NPOs have closed down and at least 20 have downscaled, some radically.

Besides teacher training, ECD NPOs also carry out valuable development work, including family-orientated programmes, in communities throughout the country.

9. Key focus areas

9.1 Infrastructure

Infrastructure in ECD is a particular problem in the South African context, often framed as the biggest challenge in ECD provisioning in the country (HSRC, 2010). Many ECD facilities function without basic infrastructure such as running water, access to electricity or suitable sanitation. About 8% of all ECD centres have none of these basic infrastructure requirements.

Infrastructure in the ECD setting includes the building, grounds, learning equipment and learning materials. However for the purposes of this report, infrastructure refers to the actual physical environment, including: the type of buildings (conventional brick and mortar, prefabricated buildings, containers, informal structure, etc.); the availability of electrical power; sanitation (conventional flushing toilet, pit latrine, bucket system, etc.); water (conventional pipe system, communal taps, reservoir, borehole, tank, dam, river, etc.); various indoor and outdoor areas available to learners; separate food preparation; area, and facility-learner ratios.

The Department of Social Development and UNICEF have set out the minimum standards for items relating to infrastructure in their Guidelines for Early Childhood Development Services (2006). These minimum standards apply to both centre-based and home-based ECD centres.

These guidelines specifically state (but are not limited to) that the ECD centre should:

- be clean and safe- all precautions are taken to protect children and centre staff from physical, emotional, and social harm, preventing any risk of fire, accidents, or other hazards;
- have at least 1.5m² of indoor space per child;
- have at least 2m² of outdoor space per child;
- be disability friendly;
- be weatherproof and well ventilated;
- have a separate area for any food preparation;
- have safe and hygienic toilet facilities available to children and centre staff.

Infrastructure in ECD can be looked at across three distinct facility types; in public schools, in registered community-based ECD facilities, and in unregistered community-based ECD facilities. In public schools ECD provisioning is limited to Grade R provisioning, whereas registered and unregistered community-based facilities generally provide ECD services to children from birth through to, and including Grade R. A small portion of community-based facilities offer only Grade R, and less than one third offer only pre-Grade R.

As such, at public schools the infrastructure for ECD (which is solely Grade R) is part of the school infrastructure which is built and maintained by each province's Department of Education (DoE) or the Department of Public Works. In registered community-based facilities, although the Grade-R learning programme is registered with the DoE, the facilities are registered with the Department of Social Development (DoSD), and thus have to meet the requirements of the DoSD. This department does not regularly provide any funding for infrastructure upgrades or maintenance (over and above the regular ECD child subsidy), and although DoSD does require an inspection from the local government Environmental Health Office before approving the registration of any ECD community-based facility, any upgrade or maintenance needs to be funded by the Governing Body or owner of the facility. There is, therefore, the great probability

that the infrastructure in registered community-based facilities is of a poorer standard than that of the Grade R facilities in public schools.

In a study conducted in 2011 by the national Department of Basic Education (DoBE), the Department of Social Development, and UNICEF, titled *Assessing Service Quality and Public Expenditure in ECD across South Africa*, the researchers found that, although the infrastructure in the community-based facilities *was* of a poorer standard to that of the public schools, it is was largely comparable. However, they did find that the unregistered facilities had a significant amount of buildings that were rated as being “in a bad or very bad condition” (Department of Basic Education, Department of Social Development & UNICEF, 2011: 61). The main reason many of these facilities are unregistered is directly related to the fact that they cannot meet the infrastructure requirements necessary for registration (Department of Basic Education, Department of Social Development & UNICEF, 2011). With this in mind, the picture of infrastructure in public school facilities versus non-public school facilities becomes clearer.

More specifically, this study found that:

- almost all public schools in South Africa had electricity (91%), whereas almost one third of registered and unregistered community-based ECD facilities did not have any electricity (21% and 27% respectively);
- roughly half of all facilities, regardless of facility type, had piped water inside the building (49.7% of public schools, 50.6% of registered community-based ECD facilities, and 44.4% of unregistered community-based ECD facilities);
- between 50% and 60% of all ECD facilities had regular flush toilets, however, roughly 10% of unregistered community-based ECD facilities made use of buckets or potties, or did not have any toilet facilities whatsoever;
- a significant portion of ECD facilities had more than 40 children per playroom. The norms which have been set for class ratios are 30 children per class for Grade R and 20 children per class for pre-Grade R ;
- safety concerns were most prevalent at unregistered ECD facilities; 16% of these ECD facilities did not have any form of secure fencing around their premises, and roughly 28% prepared food in the same area in which children spent the majority of their time; and
- in terms of overall infrastructure quality, significant differences were found across provinces, with the province that the ECD facility was based in being a stronger predictor

of infrastructure quality than facility type. In one province about 74% of the public schools, 69% of the registered ECD community facilities and 43% of the unregistered ECD facilities had good infrastructure, whereas in another province, only 6% of the public schools, 5% of the registered ECD community facilities and none of the unregistered ECD community facilities had good infrastructure.

This trend in provincial differences was also found in 2001 in the National ECD Audit funded by the national Department of Education (Department of Education, 2001). This audit found that the Eastern Cape, KwaZulu-Natal and the Limpopo provinces were significantly under-resourced, and had the poorest infrastructure ratings. In all provinces it was found that a significant portion of ECD facilities still had inadequate space, were substantially overcrowded, did not have any suitable outdoor play areas (as they were either unsafe, or there was no space), ventilation was inadequate, and vandalism was a particular challenge.

The 2001 National ECD Audit also found that racial inequalities are significantly apparent in ECD facilities' infrastructure (Department of Education, 2001). ECD facilities which provided for predominantly Black African learners (80% of learners or more) recorded the largest number of 'below average' ratings on infrastructure, whereas facilities which provided for predominantly White learners rated highest in terms of infrastructure quality.

Lastly, it is important to note that poor infrastructure at ECD facilities not only presents significant health and safety risks to children attending these facilities, but can also point to poor quality ECD service provisioning. Researchers have found that, although "programmatically sound ECD" can be provided in poor quality buildings, "an unsafe and impoverished learning environment often is associated with substandard ECD with limited development opportunities" (Department of Basic Education, Department of Social Development & UNICEF, 2011: 94).

The national department of Basic Education provides physical space for Grade R classes at public Primary schools. The national department of Social Development, the Public Works department and various municipalities have provided buildings for ECD centres but this is on an ad-hoc basis and is not part of any government programme. It is mostly NPOs and donors who provide funds for infrastructure development and upgrading at ECD centres.

9.2 Nutrition

Due to the extraordinarily high prevalence of poverty in South Africa, hunger, malnutrition and food insecurity are significant challenges facing children in communities across the country. Nutrition is not only a basic physical need that requires urgent attention, but the absence of adequate nutrition greatly affects a child's early development (physical development, brain development, cognitive and learning abilities) which can lead to significant, negative adult outcomes, such as reduced earning potential in adulthood (Wildeman, Mbebetho & December, 2005; Victora et al., 2008).

Malnutrition accounts for roughly 54% of child mortality worldwide; meaning that over half of all deaths in children under the age of 5 years old, could be avoided by eliminating maternal and infant malnutrition (Duggan, Watkins & Allan, 2008). If the child survives, the physical affects/consequences of inadequate nutrition are severe. Even in mild cases, malnourishment can cause direct and irreversible structural damage to the brain, impair motor development, cause significant developmental retardation, affect cognitive development, impair exploratory behaviour, impair learning abilities and educational achievement, and can have long-lasting impacts on their health (Duggan, Watkins & Allan, 2008; Victora et al., 2008).

Specifically, in terms of learning, research has shown that malnutrition and hunger greatly affect a child's ability to concentrate, focus attention, and perform complex tasks (Wildeman, Mbebetho & December, 2005). Children who lack certain nutrients (such as iron and iodine) or those who suffer from general malnourishment, or simply hunger, therefore do not have the same potential for learning as their healthy, adequately nourished counterparts.

These negative consequences affect children's ability to achieve their full potential, stunting not only the individual's child ability to flourish in adulthood, but collectively limiting the country's potential development (McNeil & Donald, 2006).

Longitudinal research has shown that malnourishment in childhood is directly related to later negative adult outcomes. This can be seen in educational achievement (poor performance in school, and less schooling reached), reduced economic productivity resulting in lower human capital (income and assets), and a higher risk of adult diseases (including chronic diseases such as cancer) (Victora et al., 2008). Consequently, researchers have found that the best predictor of

human capital in adulthood was height-for-age at 2 years (height being directly determined by adequate nutrition) (Victora et al., 2008).

The long-lasting effects of inadequate nutrition put significant additional stress on the health care expenditures of a country. Therefore, improving nutrition, through various interventions, can bring about not only health and educational benefits to children, but economic benefits to the country as a whole.

Interventions in nutrition in South Africa are offered by a number of service providers, including NPOs and private companies. These interventions include school feeding schemes, the provision of deficient micronutrients through fortified sachet powders/pap to homes and community based ECD facilities, the facilitation and start-up of food gardens, as well as skills development and training on nutrition and agricultural development. Government, specifically the Department of Social Development (in the form of the per child ECD subsidy) and the Department of Education (in the form of the National School Nutrition Programme) also contribute nutrition programmes.

The Department of Social Development (DoSD) and UNICEF set out the minimum standards for items relating to Health, Safety, and Nutrition in their Guidelines for Early Childhood Development Services (2006).

These guidelines specifically state that (but are not limited to):

- “Food must be provided for children at least once a day, either by parents or by the centre.”(Department of Social Development & UNICEF, 2006: 47);
- “All meals and snacks should meet the nutritional requirements of the children.” (Department of Social Development & UNICEF, 2006: 50);
- “Planning of a menu, whether for babies, toddlers or older children, must be done in consultation with an expert (e.g. clinic sister, dietician)...” (Department of Social Development & UNICEF, 2006: 50);
- “Children younger than one year should be fed when hungry i.e. on demand.” (Department of Social Development & UNICEF, 2006: 50).

In the National Audit of ECD Service Quality in South Africa, the Department of Basic Education, Department of Social Development & UNICEF (2011), found that all ECD facilities surveyed provided some form of nutrition. Not surprisingly, the quality and quantity of the meals

varied from public schools (in the form of Grade R classes), to registered community-based ECD facilities and unregistered ECD facilities; with the majority of registered and unregistered community-based ECD facilities offering two or more meals a day, whereas the majority of public schools only offered one meal a day.

In terms of funding for nutrition, the audit found that most public schools (71%) provided food to the children in their care through the NSNP programme, whereas only 29% of registered community-based ECD facilities were part of the NSNP programme. At these community ECD facilities, the meals were provided mainly by the facility itself (41%), or the meals were provided by the parents and sent from home (28%). More than three quarters (79%) of the unregistered ECD facilities provide meals themselves, and only 37% indicated that meals were provided by the parents and sent from home. For more details, please see Table 4 below.

Table 4
Sources of Meal Provision across ECD Facilities

	Public	Registered community-based	Unregistered community-based
Parents send lunchboxes from home	32.2	28.0	36.7
Parents send milk/formula from home	N/A	13.8	31.1
Facility provides for it out of funds at its disposal	14.1	41.2	78.9
School Nutrition Programme	71.2	28.9	N/A
Department of Health/clinic/hospital	0.8	7.5	N/A
Municipality/local government	1.3	2.2	N/A
Local business	1.8	0.6	0
Other	0	3.1	4.4

* Figures are presented as percentages.

** Totals do not add up to 100% as multiple options could have applied in any one ECD facility

*** Source: Tracking Public Expenditure and Assessing Service Quality in Early Childhood Development in South Africa: DoBE, DoSD & UNICEF, 2011.

It is important to note that children attending ECD programmes in public schools are most likely to receive their nutrition through the NSNP programme, whereas food for children from registered and subsidized community-based ECD facilities is supposed to be funded through the DoSD per child ECD subsidy. However, this subsidy is often also used for administration and personnel costs (HSRC, 2009), and therefore optimal nutritional meal provision is not guaranteed in these ECD centres. This makes children at community-based ECD facilities, registered and unregistered, “particularly vulnerable to malnutrition if they come from poor households in facilities that do not provide good nutrition.” (DoBE, DoSD & UNICEF, 2011: 54). Of significant concern is that some research has shown that the majority of public schools in South Africa do not have adequate infrastructure to effectively implement the NSNP (DoE, 2009).

9.3 Programme Options

Due to the diverse economic, social, and historical backgrounds and settings that children are brought up in across South Africa, the ECD sector offers a number of ECD programme options in order to meet the needs of all children and their caregivers. There is no single model or complete programme that would be appropriate to replicate in all settings, with all communities, and for each child, therefore a range of programme options are available. These programmes include the traditional centre-based ECD model of provision, and ‘non-traditional’ models of ECD provision, such as playgroups and home-visiting programmes. The following section will explore these various programme options and provide some insight into the best approach to offering various programmes.

Traditional ECD provision involves the common practice of ECD teachers providing ECD care and education for a class of children, ranging from 0 to 6 years of age. Traditional ECD provision is provided at various facilities, in various physical structures. This form of ECD provision can take place at public schools (in the form of Grade R classes), and at community-based facilities (in the form of pre-Grade R and/or Grade R classes). Community-based facilities can be further broken down according to physical space; the ECD service can be provided at home-based facilities where an ECD practitioner converts a portion of their house to accommodate education and care of children, or it can be provided at centre-based facilities where an independent ECD practitioner or a community has a dedicated building for the children.

Globally, centre-based ECD has been the main form of ECD provision. However, one of the biggest challenges in ECD South Africa today, remains the need to increase access to programmes. Due to poverty and distance, many families do not have the resources to pay for ECD services and thus parents and caregivers cannot afford to send their children to traditional ECD facilities. How to provide access to these children has now become the major challenge and complementary ECD programme options have been developed to provide services to marginalised young children. Increasingly it is being accepted that ECD can be provided in various forms and places.

Non-traditional ECD provision involves a range of programme options, usually provided by members of the community, who have been trained by service providers such as ECD NPOs and/or government departments. This form of ECD provision includes two predominant programmes, namely, family outreach, and play groups.

Family outreach programmes involve the provision of ECD services within a home. Family outreach workers (also referred to as Family or Community Motivators) work with a number of families in a community and visit each family for a set amount of time each week or month (depending on the nature of the specific programme). During a home visit, the family outreach worker works directly with the caregiver sharing knowledge with them on how to provide early learning stimulation and on various other important topics such health, safety and nutrition. The family outreach worker also works directly with the children in their homes; demonstrating to the caregiver the various activities which can be done at home, and providing the children with a foundation for their early development. These programmes aim to empower parents and primary caregivers to provide early learning opportunities to their own children. The intention of the family outreach programme is that parents continue to provide these early learning activities and opportunities to their children after the completion of the programme.

Informal play groups involve the provision of ECD services within a community setting or informal gathering. In these programmes, a fieldworker works with a group of parents and children on early learning activities on a session basis in a local park, in a residential home or at a community hall. The activities focus mainly on the education activities that the parents can do in the home with their children. Playgroups, allow for information sharing between the primary caregivers and parents, and provides a space for supporting them, as well as allowing the parents/caregivers to support each other. These programmes also allow for groups of children,

who usually do not interact with many other children, to interact in large groups, on shared activities.

With these programme options in mind, it is important to note that much research has shown that the best way to provide ECD to children, and thus give them the best possible start in life, is by offering them an integrated approach to ECD.

Previously, programmes have attempted to address the various needs of children by focusing on distinct areas of concern, such as health, early learning, psychosocial care, etc.). It is now generally accepted that an integrated approach to ECD provisioning (where comprehensive ECD services and programmes are provided to ensure holistic development of all children), with coordination between government departments, ECD NPOs, private sector companies, communities, and caregivers, provides optimal results for young children (Department of Education, Department of Social Development, Department of Health & UNICEF, 2005).

9.4 ECD Practitioners/teachers

Quality teaching and learning is essential for effective early development to take place. Regardless of the situation or the facility in which a child is placed, a quality teacher can provide a learning environment in which a child can develop in a holistic manner. In order to produce quality ECD teachers, various training and education opportunities are made available through short skills programmes, as well as through full ECD qualifications. This section explores the ECD qualifications available in South Africa, and describes how these qualifications affect teaching in various ECD facilities.

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). 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 levels of education and training in ECD qualifications, registered on the NQF, are as follows:

Level 7 – 10	Higher Education and Training band	Refers to Professional qualifications, Honours degrees, Masters degrees and Doctoral degrees
Level 6	Higher Education and Training band	Refers to Junior degrees and Higher Diplomas
Level 5	Higher Education and Training band	Refers to the National Diploma or Higher Certificate: ECD
Level 4	Further Education and Training band	Refers to the Further Education and Training Certificate: ECD (equivalent to Grade 12)
Level 1	General Education and Training Band	Refers to the Basic Certificate: ECD (equivalent to Grade 9)

* Qualifications from Levels 6 – 10 are mainly offered by public and private universities.

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). They go further to state that a practitioner who meets this minimum standard must be able to:

- “Demonstrate how to facilitate growth and skills development in early childhood development programmes.”
- “Set up and manage a variety of active learning activities that are appropriate to the development needs of young children.”
- “Interact and communicate with young children in a way that supports all aspects of learning.”
- “Use an inclusive anti-bias approach that respects the cultural, religious and experiential background of the children and supports children with disabilities.”
- “Maintain a safe and healthy learning environment.”
- “Establish a supportive and caring environment that meets children’s basic and social needs and helps them manage their own behaviour.

- “Establish respectful and co-operative relationships with co-workers’ families and community.”
- “Contribute to programme planning and evaluation, the assessment of children’s progress and administration of the learning programme.”

(Department of Social Development & UNICEF, 2006: 66).

The original purpose of the Basic Certificate: ECD (Level 1) qualification was to provide access to training to teachers who work in an ECD setting (home-based or centre-based) who, previously, may have been excluded from such training opportunities. It aimed to provide teachers with the necessary skills to meet the basic needs of young children in all areas of their development (physical, mental, emotional, and social). However, this qualification has expired (the last enrolment date was 10/01/2010) and is no longer being offered. (There are still teachers currently being trained in Level 1, who are expected to graduate by the beginning of 2013.)

The NQF Further Education and Training Certificate: ECD (Level 4) qualification has become the entry-level qualification for ECD practitioners. It serves as the equivalent of a Grade 12, and a Grade 9 certificate is required for entry. This qualification aims to provide ECD practitioners with the necessary skills to facilitate the holistic development of young children (including those children with special needs), and offer quality ECD services in a variety of settings (such as at ECD centres, home-based ECD centres, or within community-based services).

The NQF National Diploma or Higher Certificate: ECD (Level 5) qualification is intended to provide higher education to experienced ECD practitioners (including ECD teachers, Grade R teachers, trainers, Family and Community Motivators in ECD, and managers in ECD) who already have a Further Education and Training Certificate: ECD (Level 4) qualification, or at least a Grade 12 certificate. It aims to provide ECD practitioners with the necessary skills to use their experience and knowledge in ECD to further their professional practice, and specialise in a particular area of ECD, i.e. Grade R, management, etc. (Department of Social Development & UNICEF, 2006).

Learnerships were introduced by the Department of Labour after the announcement of the Skills Development Act of 1998, and form the basis of the National Skills Development Strategy (Department of Social Development & UNICEF, 2006). Learnerships involve training in one of the ECD NQF Level qualifications (4 or 5), as well as workplace learning at an ECD facility.

Teachers who are trained under the Learnership programme do not pay for their training and receive a stipend for the duration of their training.

The question of whether or not training in various qualifications actually produces outcomes of quality teaching as required by the DoSD (listed above), is however not clear. While teacher qualification level is often used as a quality indicator for ECD services, higher levels of qualification do not always predict higher levels of quality teaching. This has been found both in South Africa (e.g. Dlamini et al., 1996; Department of Education, 2001b), and internationally (e.g. Cassidy et al., 2005).

In a recent study assessing the quality of ECD services in the Western Cape, researchers found that qualification level was not *always* associated with higher quality outcomes such as quality of care and learning (HSRC, 2009). More specifically, they found that qualification level was positively associated with quality care in classes catering for infants and toddlers, but there was no such association with classes catering for older children (HSRC, 2009). They also found that only 35% of practitioners responsible for infant and toddler classes had any form of ECD qualification, and only 47% of practitioners responsible for older children had any form of ECD qualification (HSRC, 2009).

A number of possible reasons exist as to why training does not necessarily guarantee quality care and teaching. These could include: a lack of practical demonstration and instruction during training, a lack of on-site support to assist with implementation of theoretical training, and lastly, a lack of follow-up support after the completion of training so as to ensure consistent implementation.

In another recent study, conducted in 2011, the researchers found that, throughout South Africa, ECD practitioners based in Grade R classes in public schools and those based in community-based facilities are “relatively experienced, and have a fair level of ECD qualification.” (Department of Education, Department of Social Development & UNICEF, 2011). They did find, however, that ECD qualification level achieved has a strong association with salary earned; short courses in ECD and Basic Certificate: ECD (Level 1) carries minimal financial gains, but ECD certificated in Levels 4 and 5 in ECD carry far greater financial gains, with tertiary education in ECD carrying the most financial gain for the teacher.

Table 5 below lists ECD qualification figures, by NQF level for April 2005 – July 2006.

Table 5
Qualifications statistics by NQF level (April 2005 – July 2006)

Qualification Title	Number Qualified
Basic Certificate: ECD (Level 1)	71
National Certification: ECD (Level 4)	5375
Higher Certificate: ECD (Level 5)	161
National Diploma: ECD (Level 5)	27
Total	5634

* Source: The Uptake and Impact of Qualifications and Unit Standards in the Subfield: Early Childhood Development, Directorate Strategic Support: SAQA, Pretoria.

9.5 Institutional Capacity

According to the Guidelines for Early Childhood Development Services (DoSD & UNICEF, 2006), it is crucial that administrative and management systems are developed and put in place for the effective running of an ECD centre. Minimum standards with regards to the administration and management of ECD facilities have been set by the Department of Social Development, and ECD facilities are required to adhere to these.

These minimum standards include:

- “Administrative systems and procedures must be in place to ensure the efficient management of the facility and its activities.”
 - “The privacy of families and children must be respected and protected. There must be admission policies that provide for the children who are affected or infected by HIV and AIDS.”
 - “Policies and procedures regarding reportable incidents or actions must be provided to families. Families must be given information about child protection.”
- (Department of Social Development & UNICEF, 2006).

In order for ECD facilities to adhere to these minimum standards, specific processes and structures are required to be in place. It is crucial that ECD facilities provide families with information and policies relating to the facility prior to the child being admitted. Each child is required to have a file containing correspondence regarding the child as well as a detailed registration form, a complete record of the child's medical history and permission from the child's parent/caregiver that s/he may go on excursions. The principal at the ECD facility is obliged to keep registers of the children attending the facility which should include the date that the child was admitted as well as the date on which the child left the facility. In addition to this, daily attendance registers need to be kept that detail the child's presence or absence. The daily menu for each age group should always be clearly displayed and available for relevant persons to access. Finally, every ECD facility is required to have regulations in place for the transport of children and parents/caregivers need to be informed of these rules (Department of Social Development & UNICEF, 2006).

A research study, entitled *Tracking Public Expenditure and Assessing Service Quality in Early Childhood Development in South Africa*, conducted by the Department of Basic Education, Department of Social Development & UNICEF in 2010, showed that community-based ECD facilities in South Africa appear to be less advanced in terms of financial management and governance than that of ECD facilities in the public school system. A summary of the results of this study in relation to the institutional capacity of both community-based and public ECD facilities is provided below.

At registered community-based ECD facilities in South Africa the majority of sites do not have one main owner but are rather run in the same fashion as many non-profit organisations. It has been found that at most of these ECD sites the principal plays a crucial role in the major decision-making processes of the ECD facility.

In the research study, some very interesting data was found regarding the financial management of ECD facilities. The financial management of many of the registered community-based ECD facilities is poor, as it was found that more than 50% of these sites do not have many of the necessary administrative documents and structures in place, including such items as a petty cash book. The study found that only 70% of community-based ECD facilities had annual financial statements, and of those who were recipients of the DoSD subsidy, only 77% could indicate how much they had received in 2008. The main reasons they gave for not having annual financial

statements was that they did not see them as necessary, or could not generate the statements. Furthermore, only 61% of the facilities who charge centre fees were able to supply evidence on income from fees, and only 36% of all ECD facilities surveyed kept salary disbursement records. Approximately 95% of community-based ECD facilities had a bank account and in very few instances were these bank accounts in the name of the owner or another person involved in the running of the facility (Department of Basic Education, Department of Social Development & UNICEF, 2010).

With regards to the management committee/governing bodies in community-based ECD facilities, in the majority of cases, a management committee exists and functions well. Three percent of facilities do not have a management committee at all. It has also been found that 85% of community-based ECD facilities have recorded minutes of management committee meetings. It is usually the case that decision-making processes are the responsibility of the management committee and in approximately 75% of the community-based ECD facilities the management committee approves the budget and sets the ECD centre fees. The remaining 25% of facilities rely on the principal to approve the budget and set the school fees (Department of Basic Education, Department of Social Development & UNICEF, 2010).

Evidence shows that most of the community-based ECD facilities are “owned” by individuals and usually that person acts as the principal as well. Another common situation is where the ECD facility is owned by a faith-based organisation, in which they are often also on the management board, are responsible for most of the facility’s finances and act as a signatory on the ECD facility’s bank account.

Encouragingly, the research has shown that the administrative structures within the community-based ECD facilities are fairly good, with 71% of these facilities having application forms for children which include information on the parents/caregivers, and 66% having Road to Health Certificates. Approximately 90% of community-based schools have correctly completed attendance registers for children indicating that they are in line with this aspect of the minimum standards set by the Department of Social Development. Documents relating to children that are required as a minimum standard, but that are often not in place at community-based ECD facilities include: incident books, medicine administration books, accident books as well as children’s progress reports.

Referring now to ECD facilities within the public school sector, the institutional capacities of public schools appears to be more sophisticated than that within community-based ECD centres and therefore are more structured in terms of governance and financial reporting. This could be due to the fact that these ECD facilities form part of public schools and that they have close ties with the Department of Education administration. With their superior institutional capacity, Grade R facilities in public schools are seen as the benchmark for community-based ECD facilities. Evidence indicates that within public schools, the school governing bodies are well established and therefore have effective methods of accountability to parents. In most cases the process of accessing management information is simple and there are usually processes in place to manage the age-related necessities of children in the formal years. Importantly, Grade R facilities in the public school system appear to have better processes in place for ensuring and encouraging the involvement of parents/caregivers in the life of the school.

9.6 Funding

The vast portion of ECD centre funding nation-wide is from parents fees. Government funding for ECD comes mainly from the Department of Social Development and the Department of Education at the provincial level.

There are two primary ways in which the Department of Social Development in each province provides funding to ECD. The first channel of funding is through a subsidy for registered ECD facilities, calculated at R12 per child per day (but varying by province, in some instances) for those children from birth to 4 years of age (some provinces have increased this to R15 per child per day. Only those children whose parent's/caregiver's income falls under a specific level (as assessed by an income means test) qualify for the subsidy. This means that only those ECD facilities that cater to the poorest of families benefit from this subsidy (Giese, Budlender, Berry, Motlatla & Zide, 2011).

The funding and expenditure of various Governmental Departments and programmes shows that funding for ECD facilities through the subsidy has increased over the last decade from R335 million in 2003/2004 to more than R1 billion in 2011/2012 (Giese, Budlender, Berry, Motlatla & Zide, 2011). While this increase is encouraging, there are significant disparities across the provinces in terms numbers of centres accessing the subsidy, as well as the actual amount they receive, with many ECD centres not receiving the subsidy at all. This could be due to number of

factors, including differences in how provinces calculate the subsidy, and a backlog in the registration process.

The second way in which DoSD provides funding for ECD is through programme funding for non-profit organisations for various ECD programmes. These programmes are usually non-centre based models of ECD provisioning, such as family outreach programmes.

Funding for non-centre based programmes for NPOs is significantly smaller than funding for centre-based facilities. There are significant differences in this funding across provinces, although each province is greatly underfunded. NPO programmes that receive funding from DoSD include toy libraries, home visiting programmes and informal playgroups. This funding is often once-off funds for pilot projects. The allocation of funding to centre-based ECD programmes points to a general favouring of this form of ECD provisioning, even though non-centre based programmes have the potential to reach the most vulnerable children not currently being reached.

The Department of Education provides funding to ECD in a number of ways, the majority of which is focused on Grade R programmes. The three primary channels of funding are: funding for Grade R in public schools; subsidies for registered community-based Grade R facilities (either in the form of a per child subsidy or as the payment of salaries for Grade R teachers); and funding for training fees and stipends for those ECD practitioners who receive learnerships.

The funding and expenditure of various Governmental Departments and programmes, researchers found that the share of ECD budget in the total education budget allocated to the DoE has increased from 0.7% in 2006/2007 to roughly 2% in 2012/2013 (Giese, Budlender, Berry, Motlatla & Zide, 2011). Once again, while this increase is encouraging, there are also significant variations in ECD funding across the provinces, with most of the funding going towards Grade R facilities in public schools.

In the Audit of ECD service quality in South Africa, the researchers (Department of Basic Education, Department of Social Development & UNICEF, 2011), found that more than half of registered community-based ECD facilities receive funding from DoSD (37.7% receive solely from DoSD, and 19.5% receive from DoSD and DoE), and that almost 40% of facilities receive funding from DoE (20.1% receive funding solely from DoE). In their sample, approximately one quarter of registered community-based facilities (22.6%) receive no funding from either

department. Table 6 below presents their findings, as broken down by type of ECD provisioning (pre-Grade R vs. Grade R).

Table 6

Funding for Registered Community-based Facilities by various Government Departments

	DoSD	DoE	DoSD and DoE	Neither	Total
Grade R only	3	34	2	2	41
Pre-Grade R only	55	4	14	26	99
Both Grade R & pre-	62	26	46	44	178
Total	120	64	62	72	318
% of total	37.7%	20.1%	19.5	22.6%	100.0%

* Source: Department of Basic Education, Department of Social Development & UNICEF, 2011

There are many factors affecting ECD funding from these Government Departments. The most notable of these include that the fact that DoE and the DoSD are under no obligation to fund ECD services.

Table 7

Provincial Budgets for Early Childhood Education Programme (R1000)

Province	2009/2010			2010/11	2011/12	2012/13
	Main approp	Adjusted approp	Revised estimate	Medium-term estimates		
Eastern Cape	367361	307816	290486	528492	652168	676000
Free State	80555	82122	82122	95738	100978	105717
Gauteng	309146	280785	280785	557541	660215	679843
KwaZulu Natal	336299	326704	264963	598678	722054	758157
Limpopo	228615	171515	144116	237432	249253	267750
Mpumalanga	96922	97922	97922	124553	155718	134667
Northern Cape	63350	58284	50337	47930	51655	55673
North West	193156	194503	194503	209020	224109	239553
Western Cape	313468	305489	305489	342657	363593	384764
TOTAL	1988827	1825140	1710723	2742032	3179743	3302124

* Source: Government Funding for Early Childhood Development: Can those who need it get it? Giese, Budlender, Berry, Motlatla & Zide, 2001.

Table 7 above illustrates the allocations for early childhood development programmes (including Grade R and provision for younger children) in the 2010 budget. The programme accounts for a small share of the overall provincial education budgets.

10. The rural ECD context

There are marked differences between ECD provision in urban areas and in rural areas. More than half of all children in the birth to 6 year old cohort live in rural communities, mainly in the Limpopo, KwaZulu-Natal, Eastern Cape, North West and Mpumalanga provinces. These areas are remote and impoverished and communication and transport networks are severely limited. These children are least likely to have access to quality ECD programmes with only 9,124 ECD centres (40%) being in a rural community. Whilst KwaZulu-Natal, Eastern Cape and Limpopo have the most children living in a rural area, they are also significantly under-resourced.

Sixty percent of children live in poverty with children in rural areas being particularly vulnerable.

ECD centres in rural areas are characterised by:

- * poor teacher-child ratios
- * poor infrastructure
- * poorly trained staff
- * minimal salaries (if they are fortunate enough to earn a salary)
- * no equipment
- * little or no feeding at ECD centres
- * no access to books or technology
- * no access to ECD training providers; and
- * remoteness from donor and funding sources.

Whilst the situation in rural areas is dire, in the informal housing communities in the urban areas overcrowding often makes conditions far more undesirable for vulnerable young children than in rural areas.

11. ECD centre quality levels

When looking at the ECD centres in a qualitative manner, four clear levels of quality is evident. These are labelled as follows:

- * Superior
- * Advanced
- * Acceptable
- * Survivalist

A brief description of each follows.

Superior

A superior ECD centre will be used for a single purpose only (solely as an ECD centre) and will be custom-built from brick and mortar. The teachers will be trained, usually tertiary qualified, there will be a quality education learning programme, a book corner filled with books, sufficient age-appropriate equipment and toys (not broken), there will be a daily routine which is followed, and the children will receive a well-balanced lunch, an early morning snack, and a mid-afternoon snack all of which supplement the children's nutrition needs which are catered for mainly in the home.

The centre will be financially secure and parents will pay the full cost of the service. These fees can be as much as R 3,000 per child per month.

Teachers will generally earn salaries of between R 6,000 and R 10,000 per month and could earn more.

The centre will be registered with the various local government authorities and the provincial Departments of Education and Social Development.

The centre will have a School Governing Body (SGB) and administration will be excellent. There will be much parent interaction and parent education.

The centre will have access to technology and there will be a number of computers and education software for children to work/play on.

Approximately 5% of all ECD centres will be at this level and it will be directly correlated with the economic position of the parents and surrounding community.

Advanced

An advanced centre will also be used for a single purpose only (solely as an ECD centre) and will be custom-built from brick and mortar. The teachers will be trained, there will be a quality education learning programme, a book corner with books, sufficient age-appropriate equipment and toys (not broken), there will be a daily routine which is followed and the children will receive a well-balanced lunch, an early morning snack, and a mid-afternoon snack, all of which supplement the children's nutrition needs which are catered for mainly in the home.

The centre will be financially secure and parents will pay the full cost of the service. These fees will range from R 800 per child per month to R 2,000 per child per month.

Teachers will generally earn salaries of between R 4,000 and R 8,000 per month and could earn more.

The centre will be registered with the various local government authorities and the provincial Departments of Education and Social Development.

The centre will have a School Governing Body (SGB) and administration will be good. There will be parent interaction and there may be a parent education programme.

The centre will have access to technology and there will be a computers and education software for children to work/play on.

Approximately 20% of all ECD centres will be at this level and it will also be directly correlated with the economic position of the parents and surrounding community.

Acceptable

An acceptable ECD centre will generally be used for a single purpose only (solely as an ECD centre) but may accommodate a church group or a youth group in the evenings. It will be either custom-built from brick and mortar and can also be in a church or community hall or in a residential home. The teachers will be trained, usually having a NQF Level 4 or 5 qualification (but seldom tertiary qualified), there will be an education learning programme, a book corner with some books, age-appropriate equipment and toys (some of which may be broken), there will be a daily routine which is followed, and the children will receive lunch, and may receive an early morning snack, and a mid-afternoon snack.

The centre will manage financially, but financial viability and sustainability is unpredictable. Parents will pay towards the cost of the service and fees do not cover the full costs. These fees can range from R 500 to R 1,000 per child per month.

Teachers will generally earn salaries of between R 2,000 and R 4,000 per month.

The centre will be registered with the various local government authorities and the provincial Departments of Education and Social Development.

The centre will have a School Governing Body (SGB), administration will be acceptable and there will little parent interaction and parent education.

The centre may have access to technology and there may be an old computer (which may or may not work) available. There may be education software for children to work/play on.

Approximately 30% - 40% of all ECD centres will be at this level and it will be directly correlated with the economic position of the parents and surrounding community.

Emerging/survivalist

The emerging/survivalist centres will be multi-purpose and will operate out of a disused garage, a residential home, a container, a prefab room or in a wood and iron structure. The teachers will be partially and minimally trained, there will be occasional education activity but no regular quality

education learning programme, there will be no book corner nor age-appropriate books, there will be no minimal age-appropriate equipment and toys (usually broken), there may be a daily routine displayed which is not followed and the children will receive a poor quality meal which is insufficient for their nutritional needs. There may be breakfast and an inadequate early morning snack, and an inadequate mid-afternoon snack which do not meet the children's nutrition needs. In some cases the child's main meal is at the ECD centre.

Financially, the centre will be very insecure and parents will pay only a fraction of the costs of the service. These fees will range from R 100 per child per month to R 300 per child per month.

Teachers will generally earn salaries of between R 500 and R 1,000 per month; seldom earning more.

The centre will most likely not be registered with a government authority, and given the situation, is unlikely to ever meet even the minimum government registration requirements.

The centre will have a School Governing Body (SGB) in name only and they will seldom meet. Administration will be poor and there will be little to no parent interaction and parent education.

The centre will not have access to information and communications technology.

Approximately 30% – 40% of all ECD centres will be at this level and it will be directly correlated with the extremely weak economic position of the parents and surrounding community.

12. Linkages to government priorities and programmes

In considering recommendations on how the National Development Agency can support the ECD sector it is important to consider linkages to government priorities and programmes. As indicated earlier, government's ECD position is set out in the Education White paper 5 on early childhood development, in the Welfare White paper of 1997, in the National Integrated Plan for Early Childhood Development (2005) and in the Children's Act of 2005 and subsequent amendments.

The recommendations which follow link strongly into the priorities and programmes set out in these documents.

13. How the NDA can support the ECD sector

It is important that the NDA use the norms and standards and guidelines of the various government departments in deciding on its involvement in the ECD sector. These are set out especially in the Education White paper 5 on Early Childhood Development, in the 1997 Welfare White paper, in the Children's Act and Amendments, in the National Integrated Plan for Early Childhood Development, and in the Guidelines for Early Childhood Development Services of the national department of Social Development. It is recommended that the NDA not consider new models of provision as models covering the full range of ECD services already exist.

Having considered the preceding chapters and identified gaps that currently exist there are a number of options for the National Development Agency to consider in supporting the ECD sector in South Africa. To provide guidance on this, we have drafted a portfolio of seven (7) ECD programmes, projects and services that provide an opportunity for support. These are in no particular order.

1. ECD centre infrastructure upgrades

The NDA can support the Early Childhood Development sector by providing minor and major infrastructure upgrades to ECD centres depending on the needs identified following an ECD centre needs assessment. These upgrades will ensure that our youngest and most vulnerable citizens receive a quality early learning programme in an environment that is safe, secure and hygienic.

Proper ECD infrastructure will also enable ECD centres to meet the minimum registration requirements and thus be eligible for the per capita ECD subsidy which is available from the provincial Education and Social Development Departments. This will, in turn, increase the likelihood of the ECD centre being financially and educationally sustainable.

ECD centre infrastructure upgrades of between R 20,000 and R 50,000 could be made to qualifying ECD centres by the NDA.

2. Education equipment provision

For optimal learning to take place at the ECD centre, it is necessary that sufficient age-appropriate education equipment be available for use by children. Age-appropriate education equipment at the ECD centre must be durable, safe to play with and fun. With the proper teacher guidance, equipment can be used to stimulate children's early learning with a focus on literacy, numeracy and life skills. The training of teachers in how to use educational equipment is essential.

Equipment grants of between R 20,000 and R 30,000 could be made to qualifying ECD centres by the NDA.

3. Nutrition support

Due to the extraordinarily high prevalence of poverty in South Africa, hunger, malnutrition and food insecurity are significant challenges facing children in communities across the country. Nutrition is not only a basic physical need that requires primary attention, but research has shown that the absence of adequate nutrition can greatly affect a child's early development (physical development, brain development, cognitive and learning abilities) which can lead to significant, negative adult outcomes such as reduced earning potential in adulthood. These negative consequences affect children's ability to achieve their full potential, stunting not only the individual's child ability to flourish in adulthood, but collectively limiting the country's potential development.

An intervention in nutrition supplementation is strongly recommended. Such an intervention could include school feeding schemes, the provision of food supplies to community-based ECD facilities and home-based centres, establishing food gardens in rural communities as well as skills development and training on nutrition.

Children attending ECD programmes in public schools are most likely to receive their nutrition through the NSNP programme, so the focus should be on children from community-based ECD facilities and home-based ECDD facilities.

One strategy is for government to expand the School Nutrition Programme to ECD facilities but this not likely to happen in the short term.

A question to ask is: can food gardens be an effective nutrition intervention. Food gardens are suggested by some as a means to tackle hunger and malnutrition through providing access to fresh vegetables. There is however much debate about the extent to which food gardens can deliver this. Justine Jowell, in a report for the DG Murray Trust writes: “In order to address stunting and underweight, increasingly energy rich foods and protein is essential. Food gardens are generally not able to provide enough calories to support this”. However, in rural communities where land is generally more available, food gardens have worked although, as Jowell writes “Establishing and maintaining a productive food garden requires hard work and constant inputs”.

Nutrition grants of between R 40,000 and R 50,000 per year could be made to qualifying ECD centres by the NDA.

4. ECD Practitioner/teacher development

To run an ECD centre which is efficient, sustainable and effective in educating and caring for young children we need to ensure that ECD principals, supervisors, teachers and governing body members are appropriately trained. Teacher training on a wide range of topics, selected as they relate to a specific group of teachers/practitioners, are essential.

It is recommended that the NDA **not fund** full ECD qualification training as the ETDP-SETA provides Learnerships at NQF levels 4 and 5 for these, even though in their most recent Annual Report it appears as if only some 750 ECD teachers were trained across South Africa.

It is recommended that the NDA instead support skills programmes which focus on the acquisition of essential teaching skills for ECD teachers. Skills Programmes are implementable over a short period of time and produce a significant benefit to young children.

Skills programme grants of between R 10,000 and R 15,000 per trainee could be made to qualifying ECD NPOs by the NDA.

5. Building Institutional capacity

There has been an under-emphasis on the development of the basic skills of management at ECD centres, especially financial management, general administration, record keeping and staff recruitment, selection and development. To improve learning environments we need to strengthen ECD centres management particularly in the areas of governance, management, financial management, fundraising, human resource management, report-writing and how to register with the provincial Departments of Social Development. There exists an NQF level5 unity standard which equips ECD centres principals, governing body members and supervisors with these skills.

Management training grants of between R 200,000 and R 250,000 could be made to qualifying ECD NPOs by the NDA.

6. Family Outreach Programmes

The majority of South Africa's children cannot access formal ECD provision and are not exposed to a quality early learning programmes prior to entering Grades R and Grade 1. This means that our poorest children are generally not ready for formal education. These children enter Grade 1 not having experienced even one year of a structured learning programme and are poorly prepared for formal schooling.

In this programme option, family outreach workers partner with parents and caregivers in their homes to provide an early education programme which encourages parent-child interaction and learning through play. These home visits provide support, advice and hands-on, practical information and activities on various topics including health, nutrition, child safety, discipline, cognitive development, assistance with accessing social assistance grants, as well as making educational toys and resources from recyclable materials.

Family outreach grants of between R 100,000 and R 200,000 could be made to qualifying ECD NPOs by the NDA.

7. Research

Quality research can assist government and ECD organisations in structuring programmes that are more effective, serving those most in need and producing models that are cost-effective and easily replicable. With an investment in research we can improve ECD programme quality and improve early learning opportunities for our youngest citizens.

Research grants of between R 80,000 and R 100,000 could be made to worthy research projects by the NDA.

14. Conclusion

There have, no doubt, been improvements in Grade R and ECD provision over the past eighteen years since 1994. The number of children in Grade R has trebled and quality has improved. Government expenditure has increased three-fold since 2005/06. The number of ECD centres registered with the national department of Social Development has increased to 19,500 and there are currently approximately 836,000 children in a registered ECD centre, of which 488,000 (58%) received the ECD subsidy. However, it is fair to say that much work is still needed. If we want to improve the quality of children's lives in South Africa we must start with early childhood development. The National Development Agency has a major role to play in meeting the needs of our youngest children.

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