

# **Tshwane Centres of Excellence in Policy Innovation: Early Childhood Development Services in Tshwane Scoping Study Findings and Strategy Report**

## **Objective:**

To Support the Process of Scaling Up of Quality Early Childhood Development Programmes for children 0- 4 years in the City of Tshwane and promote the expansion of employment opportunities through the testing of innovations in service delivery in partnership local government as the implementing agency.

**Prepared for:** City of Tshwane, Integrated Community Development Directorate, Health and Social Development Department

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## List of Acronyms

CoT	City of Tshwane
CRC	Convention on the Rights of the Child
CPEG	Centre for Poverty, Employment and Growth
DoE	Department of Education
DoH	Department of Health
DoSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
HCBC	Home Community Based Care
HSRC	Human Sciences Research Council
IMCI	Integrated Management of Childhood Illness
MOU	Memorandum of Understanding
NIPECD	National Integrated Plan for Early Childhood Development Services
PMTCT	Prevention of Mother to Child Transmission
SALGA	South African Local Government Association

## Glossary of Terms

### Child

In terms of South Africa's constitution a child is any person under the age of eighteen.

### Early Childhood Development

Refers to a comprehensive approach to policies and programmes for children from birth to nine years of age, with the active participation of their parents and caregivers. Its purpose is to protect the child's right to develop his or her full cognitive, emotional, social and physical potential. This definition can be found in many of the policies and programmes of both the government and NGOs. In the National Integrated Plan for ECD (NIP) the focus is specifically on children in the 0-4 age cohort. It goes beyond creches, day care centres and preschools and includes all services for children 0-4 years including health care, nutrition, access social grants, mental development, social development – programmes such as child minding, home visiting, parent education, play projects, cognitive development, health programmes etc

### ECD Centre

An ECD centre is defined as: “any building or premises maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents. Depending on registration, an ECD centre can admit babies, toddlers and/or pre-school aged children. The term ECD centre can refer to a crèche, a day care centre for young children, a playgroup, a pre-school, after school care etc. ECD centres are sometimes referred to as ECD sites.” (Department of Social Development, Guidelines for Early Childhood Development Services, 2007, p. 6)

### ECD Practitioner

Refers to all ECD training and development practitioners including ECD educators, trainers, caregivers, development officers, including formally and informally trained individuals.

### Evidence Based Decision Making

Evidence-based decision making is the systematic application of the best available evidence to the evaluation of options and to decision making in management and policy settings. Evidence can come from programme performance information, evaluation and census data/statistics as well as from research studies, and local community information.

### Scaling Up ECD

By scaling up ECD we intend to increase the numbers of children who are benefiting from ECD, expand the different types of services children 0-4 can access and improve the quality and sustainability of ECD services.

## 1 Introduction

The HSRC and Tshwane Municipality are partnering to design and test policy and programme innovations for enhanced developmental outcomes for children 0-5 years and in order to meet the needs of poor and vulnerable children. The HSRC and Tshwane have an MOU in respect of the establishment of a Centre of Policy Excellence on Scaling up Early Childhood Development (ECD) Services to children under age five with the associated benefit of creating a large number of job opportunities in the ECD Sector.

The HSRC's Scaling Up ECD Programme is a part of a much larger policy research programme on Scaling up Early Childhood Development (ECD) service delivery which has been initiated by the HSRC in partnership with the Interdepartmental Committee on ECD and the Director General's Social Cluster.

The overall purpose of the Scaling Up ECD programme is to contribute to improved developmental outcomes for children 0 – 4 years through improving the evidence base supporting government's implementation of its vision for scaling up quality ECD for children 0 – 4 years. It is also intended to at the same time contribute to expanding employment opportunities in the ECD sector as reflected in commitments by government. These commitments are outlined in the National Integrated Plan for Early Childhood Development in South Africa, 2005 - 2010 (NIP) and the Expanded Public Works Programme.

The purpose of this document is firstly to provide an overview of the findings from a Scoping Study undertaken in respect of the current ECD services provided by CoT and secondly to identify a number of critical strategic interventions that are proposed to responsibly and effectively meet the needs of young children in a manner that supports the provision of quality care for children while enhancing the employment opportunities for mainly low skilled women. The strategic interventions for scaling Up ECD which have been identified in this report, while not focussing on all children within Tshwane, will contribute towards the implementing of Tshwane's Integrated Children's Development Strategy 2006-2011.

## 2 Background

### 2.1 CPEG'S SUPPORT TO INTERDEPARTMENTAL COMMITTEE ON ECD

During 2007 – 2008 the HSRC led a project to investigate approaches to Scaling Up of Quality Early Childhood Development Services with the additional benefit of expanding employment opportunities in the social sector. The focus on employment was based on work done by HSRC in 2004 which estimated that up to 345 000 jobs could be generated in the social sector which would enable poor and vulnerable women to enter the labour market.

The Scaling Up Early Childhood Development Project was a partnership between HSRC and the Interdepartmental Committee on Early Childhood Development (comprised of the Department's of Social Development, Education and Health) with the aim of identifying institutional barriers and innovations that would enable a rapid and responsible scaling up of quality services to children 0-4 years.

Phase 1 of this project involved an in-depth analysis of the state of ECD service delivery in South Africa. A series of research papers were commissioned which provided solid evidence on what might be required to rapidly ECD 0-4 to an acceptable quality to meet current service delivery objectives.

The research papers were closely aligned with elements of the National Integrated Plan (NIP) for ECD 0-4 and the Expanded Public Works Programme (EPWP). The NIP was adopted in 2006 with the aim of bringing synergy and coordination between government programmes undertaken

by different government departments in the area of ECD. The EPWP is a main vehicle of government for creating jobs and career paths for unemployed and low skilled workers, with the social sector EPWP plan focussing on employment creation in two social sector areas namely home and community based care and early childhood development. The findings are summarised in a section of this report below.

## 2.2 SUPPORT TO SCALING UP OF ECD IN TSHWANE

### 2.2.1 Project Objectives

This project is meant to stimulate responsible scaling up of Quality ECD services to children 0-4 years in the City of Tshwane through the testing of a) institutional models for Social Sector EPWP employment in Tshwane by the non state sector b) alternate intergovernmental funding and delivery options c) integrated models of service delivery to particularly vulnerable young children such as those living with disabilities using CoT ECD centres d) alternate mechanism for scaling up access to training and skills development in the FET sector in partnership and e) alternate models for supervision and coordination of service delivery (individual, networks and social franchises etc.)

### 2.2.2 Project scope and stages agreed in MOA

The MOU signed between City of Tshwane and HSRC outlined a programme for the establishment of a Centre of Excellence in Policy Innovation in respect of Early Childhood Development and Employment Creation within the Social Sector EPWP. In terms of the MOU the innovations to be tested would enable responsible scaling up of ECD services to meet the needs of particularly poor and vulnerable children while at the same time generating employment opportunities in this sector.

The MOA indicated that funding allocated would cover the implementation of innovations and the monitoring and evaluation. The total budget to the Scaling Up ECD project was R 9million over a three year period commencing with 2008/9 financial year until the 2010/2011 period. The initial annual allocation and outputs are listed in the table below.

Name of the project	Outputs 2008/09	Outputs 2009/10	Outputs 2010/11	Funding 2008/09	Funding 2009/10	Funding 2010/11
Testing Institutional Interventions to Enable the Scaling up of ECD Interventions for children 0 – 4 years	Sites for innovations and community identified Baseline assessments of children and providers Project established Knowledge community established	Monitoring & evaluation of intervention  Improved institutional models identified	Monitoring & evaluation of intervention  Improved institutional models identified	R 3 m  Funding for ECD services to be sourced from provincial and municipal budgets earmarked for this purpose	R 3 m	R 3 m

Extract from HSRC – CoT – MOU on the Centres of Excellence in Policy Innovation

At the time of signing the MOA, a five quarter business plan for the implementation of the Scaling Up ECD Programme reflected that the following activities would be undertaken against the allocation of resources

ECD 0-4 yrs	Deliverable	2008/09			2009/10		Total Funding to Dec 2009
		Q 2 (Oct - Dec)	Q3 (Jan – March)	Q4 (April – June )	Q1 (July – September )	Q2 (Oct - Dec)	
		Agree on project parameters with SED; programme signed as part of Tshwane-HSRC agreement	Baseline study completed, reviewing existing approaches to delivery; existing government & private programmes; support agencies; early childhood indicators available; project for Tshwane scoped; Knowledge community established	Stakeholder workshop held; Baseline assessments of children and providers; specific projects identified; communities participating identified. Gauteng province and key implementation partners determined	Recommendations made for institutional improvements; baseline assessments completed; Project(s) established in identified communities; stakeholder workshop; monitoring systems implemented	Project(s) established in identified communities; stakeholder workshop; monitoring systems implemented	
	Funding	R 600,000	R 450,000	R 450,000	R 1,000,000	R 1,000,000	R 3,500,000

Extract from Business Plan

### 2.2.3 Deliverables

The deliverables in respect of this project for the period under review were as follows:

Project Deliverables	Time Line	Status
Agreement on Project Parameters and Work plan	October – December 2008	Inception meeting was held in January 2009. This was delayed due to late signing of MOU between HSRC and CoT
Baseline Scoping Assessment Undertaken and Report Tabled	Jan – March 2009	Baseline Scoping Assessment initiated in March 2009. Draft Report to be tabled November 2009.

GIS Mapping of ECD Centres in CoT	Jan – March 2009	GIS Mapping Study initiated in April 2009. Delays in completing this due to delays in delivery of information from CoT. Mapping exercise was completed in September without the missing data requested.
Knowledge Community Established	Jan – March 2009	Knowledge sharing session held with ICD staff in June 2009.  Broader knowledge sharing Community not established
Stakeholder Engagement	April – June 2009	2 Internal workshops with ECD staff held in June 2009 and July 2009. It was expected that Snr Management of ICD would attend the July 2009 workshop.

### 2.2.3.a Project scoping

A meeting was held in January 2009 with key representatives from various directorates within Tshwane including Integrated Community Development (ICD) Finance and Legal Services on the 22<sup>nd</sup> January 2009 where the project was discussed. The objective of the meeting was to agree on the process and approach to initiating the Scaling Up ECD Project. This included discussion on what the project parameters would be, consensus on the set of activities to be undertaken towards developing a baseline assessment of CoT's involvement in ECD, to identify the relevant role players within Tshwane Municipality as well as externally that we would need to work with and finally to identify channels of communication and the key drivers of the process between HSRC and CoT

The following was agreed to:

- Mr Gregory Chauke would be the liaison person for this project on behalf of CoT and Ms Shirin Motala would be the project coordinator on behalf of HSRC.
- That a document review would be initially undertaken on all relevant and available documentation pertaining to the work of CoT in respect of documents. CoT was responsible for making these available to HSRC
- This was to be followed by key informant interviews with CoT representatives
- That a baseline assessment report would critically assess the current programme of interventions implemented by CoT and that such a report would be tabled in April/May 2009.

### **2.2.3.b Stakeholder interaction**

#### **Within CoT**

Two internal workshops were held with CoT staff. The first held in June 2009 was targeted at the ECD staff within the ICD Directorate and was attended by 8 officials. The aim was to consolidate an understanding of the contribution of CoT to ECD. During this workshop lessons from HSRC research on good practise in relation to Scaling Up Quality ECD was shared.

A second workshop was held in July 2009 and was aimed at presenting and validating preliminary findings from the Scoping Assessment and to explore possible strategies for scaling up ECD within the CoT programme. This was attended by 19 officials from CoT. While it was intended that Senior officials from the ICD Directorate would attend, this did not materialise.

A third workshop, a broader stakeholder forum is intended to be held following the tabling of the Scoping Report and Proposed Strategy for Scaling Up Quality ECD in CoT.

#### **External Stakeholders**

Meetings, interviews and discussions were also conducted with external stakeholders, particularly those focussing on implementation of national priorities to explore possibility of synergies between their programmes and to identify possible partnerships between their work and that of Tshwane. These included SALGA, Department of Public Works, Interdepartmental Committee on Early Childhood Development, National Department of Social, ECD Directorate in the National Department of Education, CATCH – The National Children’s HIV/AIDS Sector Network, Alliance for Children’s Entitlement to Social Security (ACCESS), UNICEF and the Leadership, Innovation, Networking and Collaboration (LINC) Local Government Task Team. Details of the outcomes of these engagements is reflected in section 5 of this report.

### **2.2.3.c Review of state of ECD services in Tshwane**

The review of ECD services status in Tshwane involved the following steps:

An initial meeting with CoT officials was held from various directorates within Tshwane including Integrated Community Development (ICD) Finance and Legal Services to agree on project parameters and to outline an approach and plan for implementing the MOU. It was also an opportunity to identify relevant role players within Tshwane Municipality as well as externally that we would need to work with.

This was followed by a literature review of relevant policy and programme documentation in respect of local government and ECD and more specifically in terms of the work of CoT in relation to children and ECD.

Statistical data that has been included in this report was sourced from many places including from documentation provided by CoT, available data on Tshwane generated through HSRC’s databases, and virtual library. Information on specific government programmes was sourced via direct communication with relevant departments.

A list of documents referenced for this assignment is included in the last section of this report.

Interviews were conducted with stakeholders within the ICD Directorate who were involved in or specifically focussed on the delivery of ECD services in CoT.

During the process of reviewing CoT’s documentation it became evident that CoT had considerable amount of data on hand that if appropriately processed could provide considerable

knowledge and understanding of ECD Services in Tshwane. This included a data base of known ECD Centres. It was agreed that this data would be captured via GIS as it would indicate the distribution of ECD facilities across Tshwane. HSRC's GIS Unit prepared the GIS maps. The specific request in terms of GIS mapping was to geo-code approximately 425 records of ECD Centre Data as provided by City of Tshwane (CoT) Municipality to a sub-place level and to overlay this data on 2001 multiple deprivation and child population (0-4 years) 2001 distribution in the Tshwane Municipality at ward level. Copies of the GIS maps are included as annexures in this report and are also provided electronically on disc.

### 3 Key findings from HSRC Scaling Up ECD Research

Below we outline some of the key findings from the Scaling Up ECD Research Project. This is meant to provide background to national thinking on the expansion of ECD services and gives background to aspects that can influence the demonstration projects in Tshwane. Eleven papers were produced as listed in Box 1 below.

The research papers identified among others a *number of challenges to scaling up* ECD services:

- lack of access to funding for ECD services which hampered quality and scaling up of non centre based programmes;
- lack of integration of service delivery for children 0-4 years despite this being the intention of the NIP;
- insufficient human capacity for ECD support at all levels of government and in the NGO sector and the need for higher level leadership, management and supervisory training for ECD practitioners, government officials and training institutions;
- need for clarification on the *attribution of responsibilities in government* with particular challenges for integrated working especially with local government where ECD is not seen as a central responsibility;
- Inadequate or poor quality service delivery arising from lack of training and skills opportunities for ECD practitioners;
- there is limited understanding of the importance and value of ECD services for children 0-4 years by parents, government officials and other stakeholders;
- poor employment and labour conditions in the ECD sector with low pay, precarious employment, absence of minimum employment conditions and without career pathing potential.

In the course of the research and in the project workshop, where the findings of this research were presented to stakeholders in April 2008, it became clear that there is much evidence for good practice which would improve delivery if implemented well. There were also many *recommendations* which if implemented could substantially scale up expansion of quality ECD services to greater number of poor and vulnerable children in the 0-4 age cohort namely:-

#### ***I. Coordination of ECD Services at all levels of government***

The NIP calls for an integrated response to the delivery of ECD services. The institutional mechanism for coordination at national level is the Interdepartmental Committee on ECD. Mechanisms for integration and coordination at provincial and local level however need to be strengthened.

#### ***II. Monitoring and Evaluation Systems***

Need to improve information systems in order to inform integration, monitoring and service planning to ensure quality service delivery. South Africa needs to develop its evidence base for policy and programming in ECD.

#### ***III. Expand Access to Sustainable Training Opportunities***

Public funding for ECD training should be continued and expanded to include both pre-service and in-service training through learnerships and skills programmes. Training opportunities need to be extended to ECD practitioners working in home and community based ECD programmes. Further leadership and management training for those servicing the

ECD sector in all levels of government and in the non governmental sector is also critically required. Capacitation of local and provincial staff involved in the delivery of any of the NIP components about all aspects of the NIP service package is necessary so that they are well informed and able to provide ongoing support and referrals where appropriate and necessary.

#### ***IV. Expand and enhance employment opportunities in the ECD Sector***

There is a need to develop strategies to sustain employment in the ECD 0-4 age sector. In the current economic climate the EPWP Social Sector plan provides a critical opportunity to scale up opportunities for employment in the ECD sector as it provides a wage incentive model to government and the non state sector. The rolling out of this programme needs to be accelerated to allow for significant expansion of the sector. The issue of wages and service conditions for ECD practitioners needs to be addressed to ensure retention of skilled capacity in ECD services for children 0-4 years.

#### ***V. Enhance effective access to funding for ECD programmes***

It is difficult for organisations in the ECD sector to access funding from government and from the private sector. These difficulties relate to inaccessible and bureaucratic registration processes, lack of or inadequate financial management capabilities for many centre based programmes and the absence of a subsidy channel for non centre based ECD programmes; registration processes for ECD centres needs to be made more accessible; capacity of staff. More children are likely to access ECD services if more services are subsidized.

#### ***VI. Collaboration and Partnerships with the non state sector***

There is a need for more structured cooperation and coordinated between state and non state stakeholders in the ECD sector as it is recognised that the non state sector plays a critical role in ECD service delivery in terms of mobilising donor resources, in the provision of training and support programmes, implementation of ECD services and in innovating interventions to scale up and improve quality of ECD services and programmes.

#### ***VII. Enhance nature and quality of ECD programmes***

Scaling up without quality can be harmful to the child. In order to deepen the impact of ECD while scaling up it is recommended that interventions should focus on the most pressing threats to child development. In terms of prevalence there are potentially nine key threats to child development namely malnutrition, inadequate access to health care, impact of HIV/AIDS, lack of early childhood stimulation, inadequate affectional care, diseases linked to lack of potable water and poor sanitation, morbidity and mortality arising from injury, maltreatment and pre-birth at risk situations (alcohol consumption by mother etc).

**Box 1: Overview of Phase 1 background studies prepared in ‘Scaling up ECD 0-4**

- 1 **Early Childhood Development policy and child profile (0-4 year olds) in South Africa; a summary of policies and services.**
- 2 **Review of current Early Childhood Development service delivery in South Africa**
  - 2.1 *Government indicators and monitoring systems review*
  - 2.2 *Review of education and training*
  - 2.3 *Review of on the ground delivery models (local case studies)*
  - 2.4 *Government budget allocations, processes and systems*
- 3 **Innovations to inform improved Early Childhood Development outcomes, scaling and job creation**
  - 3.1 *Specification of child and caregiver outcomes and measures*
  - 3.2 *Identification of inputs likely to lead to agreed levels of quality of ECD*
  - 3.3 *Review of existing and proposed job hierarchies*
  - 3.4 *Review of alternative on the ground delivery and supervisory models*
  - 3.5 *International case studies*
- 4 **Integrated finding of background studies**
- 5 **Testing innovations to rapidly scale up quality ECD 0-4**
6. **Costing of Centre Based ECD Programmes**

## 4 Contextualising Early Childhood Development in South Africa

### 4.1 PROFILE OF CHILD VULNERABILITY AGED 0-4 YEARS IN SOUTH AFRICA

It is estimated that there are approximately 5.16 million children in South Africa in the 0-4 age cohort, 86,1% of whom are African and with the largest concentration of these children in KwaZulu-Natal, Gauteng and Eastern Cape. The “0-4” age cohort refers to children up to their fifth birthday.

Outcomes for children 0-4 years are amongst the worst in South Africa, with over two thirds of these children living in poverty and exposed to conditions which threaten their development.

- Stats SA 2007 reported the highest number of all deaths in the population for this group.
- In 1999, a quarter of children under three years were reported to be stunted. By 2005, this had improved to approximately 20%, still an unacceptably high figure, and mostly helped by the distribution of social grants. By the time they reach school, the development of a significant number of South African children is already severely compromised. This impacts on their capacity to benefit from education.
- At 57.6 per 1,000, children under five have the highest mortality rate in the South African population. Over a quarter of child deaths are due to diseases related to poor living conditions.
- HIV and AIDS is the major driver of child mortality today. An estimated 3.7% of children 0-4 years are HIV positive. Few HIV-positive infants, including those who were part of PMTCT programmes, are on Anti Retroviral Therapy (ART) and many die during their first year.
- Definitions and measures of disability vary considerably but based on an estimate of 3%, some 155,000 children aged 0-4 years have a moderate to severe disability and need extra services.
- While there are relatively few children under the age of four who are orphaned (2%) and only 0.2% live in child-headed households, many live in situations in which caregiving may be compromised. This includes being in the care of elderly carers or born to teen mothers, or living with caregivers who are exposed to a combination of stress factors that may compromise their ability to provide adequately for their young children’s emotional and intellectual development. For example, maternal depression is very high and about a third of women of child-bearing age are HIV positive. For many of these factors there is unevenness across provinces, with children in rural areas generally being worst off.

### 4.2 GOVERNMENT COMMITMENT TO ECD

#### 4.2.1 National Policy

Historically, ECD was seen as an women’s work performed by mothers, grandmothers, relatives or community, generally informal in nature, largely voluntary in provision and where it has been formal underpaid. The low priority of ECD was reflected in the limited and uncertain resource allocation to ECD by the state sector which also lacked strong institutional support structures.

However in the past few years this has begun to change. The role of Early Childhood Development (ECD) services for children under five is increasingly being recognised as a critical area for Government intervention, with the aim of ensuring that poor children are able to reach their full potential during these first critical years in their life. *Ratcheting up implementation of ECD programme* is a government APEX priority, initially announced by the President iMbeki in his State of the Nation address in February 2008 and reaffirmed by President Zuma in his February 2009 State of the Nation address.

Since 1994 there has been development of a plethora of new policies and programmes aimed at promoting the rights of young children. These have formed the basis of service delivery to children which is informed by our country's commitment to the Convention on the Rights of the Child (CRC) of which South Africa is a signatory.

In May 2004, policy development for younger children (0-4 years) moved forward when Cabinet mandated the social sector cluster (social development, health and education) to develop an integrated plan for ECD. The adoption of the National Integrated Plan for ECD was aimed at bringing greater synergy and coordination to a range of government programmes targeted to children 0-4years.

The National Integrated Plan for ECD (NIP) adopted in 2004 aims to enable more integrated and comprehensive service provision and to improve the quality of provision over a five year period from 2005 -2010. The NIP signalled governments strong commitment to supporting early childhood development programmes for children from birth to four years through both formal and home and community based provision of services in an integrated and multi-service approach.

National Integrated Plan (NIP) for Early Childhood Development in SA 2005 – 2010 aims to reach 2.6 million poor and vulnerable children by 2010 in the following manner:

- 20 % children reached through formal sites (e.g. creches, ECD centres etc)
- 30 % children reached through community based programmes (e.g. IMCI, Social Grants, PMTCT, playgroups etc.)
- 50 % children reached through services directly targeting the household (e.g. birth registration, protection, hygiene, psychosocial care and support etc.)

This is in keeping with international best practice in ECD where it is accepted that no more than 20% of children in this age cohort would be serviced through centre based programmes. Refer to Annexure 1.

A sub programme of the NIP is the *Tshwaragano Ka Bana*<sup>1</sup> a poverty targeted component aimed at targeting services to 2.5 million to 3 million children 0-4 years, of which 1 million are currently receiving DoE and DoSD services through centre based provisions. Through this programme a package of services and benefits will be made available to children 0-4 years -:

- Universal registration of births
- Integrated management of childhood diseases
- Immunisation
- Nutrition
- Referral services for health and social security grants

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<sup>1</sup> 'Tshwaragano Ka Bana' means 'Cooperate and work together for the children'.

- Early learning stimulation
- Development and implementation of psychosocial programmes

The Children's Act No 38 of 2005 gives effect to a range of rights of children as outlined in Chapter 2 of our constitution and the Children's Amendment Act No 41 of 2007 provides for full range of social services needed to support vulnerable children and their families. The Acts provides a comprehensive framework and mandate which underlines the need for early intervention and prevention as key priority issues for ECD. Programmes and interventions which are explicitly indicated in the Act include partial care facilities (crèches), early childhood development (ECD) programmes and prevention and early intervention services.

Of specific interest are the functions outlined in the Children's Act 38 of 2005 which may be delegated to municipalities by the Department of Social Development in respect of partial care facilities and early childhood development services:-

- registration of facilities;
- application for registration and renewal of registration;
- consideration of application;
- conditional registration;
- cancellation of registration;
- notice of enforcement; and
- record and inspection of the provision of partial care facilities and drop-in centres. Importantly, this includes recording the type and number of facilities, compiling a profile of the children at the facilities, facilitating the establishment and operation of sufficient facilities, prioritising those most urgently required and identifying and providing suitable premises.

The Expanded Public Works Programme (EPWP) was introduced in 2003 as a short to medium term measure to tackle poverty and unemployment through providing work opportunities together with training. A secondary objective of the EPWP was to respond to backlogs in infrastructure and service delivery. For the Social Sector EPWP two areas were identified namely Early Childhood Development (ECD) and Home Community Based Care (HCBC).

The Social Sector EPWP Plan interfaces with the integrated ECD plan by focusing on providing work place experience and training to ECD practitioners working with the 0-4 year age cohorts. If the goals of the integrated plan are to be achieved there is a need to both upgrade the skills levels of practitioners and to create real work opportunities for trained personnel. The EPWP thereby becomes a spur towards longer term ECD development. This will be achieved through the recruitment of unemployed people into the EPWP component, with preference given to people who are already working in sites, although this is not a condition of employment.

In earlier work, the HSRC estimated that ECD (0-4) could potentially generate up to 345,000 net new jobs if service delivery targets were met. These jobs will tend to have a bias to marginalised workers, especially women in a wide geographical spread.

#### **4.2.2 Provincial Policy**

At a provincial level Gauteng Provincial Government has prioritized ECD services through the Bana Pele (Children First) initiative in which children aged 0-6 in Gauteng who qualify for the Child Support Grant, get access to free primary health care at state run health facilities, free screening for early detection of disabilities and special needs and free psycho-social support by

social workers. Although many of the Bana Pele services are not new the focus of the initiative was on promoting a more integrated approach to identifying, referring and tracking beneficiaries.

The Gauteng ECD Strategy was developed in 2008 to provide a comprehensive response to poor and vulnerable children in recognition of the fact that historical race based discrimination and related poverty mitigates against adequate childhood development as the quote below indicates.

*Children raised in ... poor families are most at risk for infant death, low birth weight, stunted growth, poor adjustment to school, increased repetition and drop-out rates (Education White Paper 5: Meeting the Challenge of Early Childhood Development in South Africa, May 2001).*

This Gauteng ECD Plan (2008) was developed in recognition that a concerted effort is required by government to mitigate these harmful impacts of adverse socio-economic conditions on children and that different government structures including provincial and local government have dispersed responsibilities. The ECD Strategies purpose is thus to ensure that the different interventions are experienced as an integrated package of services.

To this end the Gauteng ECD Strategy committed itself to 6 strategic objectives and related outcomes for children namely :

Strategic Objective	Outcome indicator
Create an enabling environment for expanding access to quality ECD	Policy, legislation, programme and funding environment is integrated and well coordinated
Promote overall child health and well being	Reduce risks to children living in poverty
Promoting safe, physical environments for expanding quality ECD service	increase access to ECD sites which meet appropriate standards
ECD practice ensures readiness of children to enter Grade R	Standards of ECD practice are raised
Coordination and effective management of ECD services in the province.	Clearly defined and dispersion of responsibility for ECD provision
Make accessible quality information to ECD stakeholders	Quality Information on ECD is available to all stakeholders

### 4.2.3 Role of Local Government in ECD Provisioning

The South African Constitution, Chapter Two, Section 151-164, outlines the objectives, duties and powers of local government namely -:

- to provide democratic and accountable government for local communities;
- to ensure the provision of services to communities in a sustainable manner;
- to promote social and economic development;
- to promote a safe and healthy environment; and

- to encourage the involvement of communities and community organisations in the matters of local government.

In terms of its developmental mandate municipalities are charged with -:

- progressively moving towards the social and economic upliftment of communities
- to promote and participate in national and provincial development programmes.
- to structure and manage its administration and budgeting and planning processes to give priority to the basic needs of the community
- to create an enabling environment for the integration of activities of all spheres of government at local level

The Gauteng ECD Strategy outlines the specific role of local government in Gauteng, however should be noted that not all of these roles are performed by municipalities and some municipalities perform functions over and above these indicated below -:

- Collecting and analysing statistical data.
- Regular assessment and auditing of ECD facilities to ensure that ECD sites are safe and child friendly environments and that there is compliance with health and safety by-laws and the promotion of care and development programmes that are in line with the DoE pre-primary education standards.
- Subsidising ECD sites (or making other forms of funding available) as well as in some cases making infrastructural improvements to existing ECD centres owned by the City.
- Assisting local ECD sites in the registration process – this usually involves the appointment of an environmental health practitioner who is mandated to provide health certificates to ensure sites are compliant for registration.
- Capacity Building and Management: Assessments will include proper administration of ECD centres, such as a staff component, management and development of staff through ECD forum, coordinated training for ECD practitioners, as well as provision of funding (e.g. the city's Social Funding Programme).
- Library and Information Services: This will involve purchasing of materials such as books for ECD appropriate age groups and reader development programmes that focus on delivering reading stimulation programmes.
- Provision and maintenance of recreational facilities
- Monitoring how ECD centres spend funding and the extent to which integrated services are being provided.
- Coordination and Partnership: This will involve building ECD service delivery partnerships. A coordinated liaison and interaction with the Gauteng Provincial Departments of Health, Social Development, and Education.
- The municipality also conducts ECD road shows, as well as child awareness campaigns.

## 5 Early Childhood Development in Tshwane

### 5.1 DEMOGRAPHIC AND SOCIO-ECONOMIC DATA ON CHILDREN IN GAUTENG AND TSHWANE

The Census 2001 established the Gauteng Province population at 8,837,178 million people which constituted 19,7 % of the total S.A. Population. Approximately 2,186,191 million of these are children between the ages of 1 to 19 years old, the largest cohort being children between the ages of 0-9 years who comprise 1,484, 188 million.

Just over half of the children under five years of age (51%) lived below the poverty line, based on calculations from the October Household Survey in 1999, and where approximately 40% of children aged between 1 and 9 years experienced hunger. Poverty has a racial dimension with the poverty share of African children being the highest at 55%, followed by Coloureds at 32%, 15% for Indian 3% for White children.

The 2001 Census also revealed that the highest Poverty/Population proportion in Gauteng could be found in the three metropolitan areas with Johannesburg (33.8%) followed by Ekurhuleni (30.0%) and Tshwane (15.3%)

Poverty rates for children 0-6 years in Gauteng, using the relative poverty definition (the bottom 40% of households) and calculations from the October Household Survey, reveal an increase in poverty from 24.2% in 1995 to 37.8% in 1999

About 16% of the Gauteng population, that is approximately 1 449 899 people, are infected and living with HIV and AIDS, of whom close to 97 000 people have the acquired immune deficiency syndrome (AIDS). Children who are HIV affected and infected are a vulnerable group. The Gauteng prevalence level of HIV and AIDS amongst children is estimated at 14.7% or 1 299 064 children (Nelson Mandela/HSRC study *of* HIV/AIDS, 2003) representing the second highest in the country after KwaZulu-Natal, and the numbers are high and increasing, especially in informal settlements where the prevalence is estimated at 19.9%. The girl child amongst the children that is, girls in the 15-19 year age bracket, has a higher HIV prevalence rate at 7% than boys at 4%.

Department of Health,1999 showed infant mortality and under 5 year mortality rates in the Gauteng province to be 36.3 and 45.6/100 per live births, respectively although in relation to national data this age group fared better.

In addition to the above the table below reflects the extent to which children are at risk in Tshwane.

#### Death of Children in Gauteng from non natural injuries (2001)

Age group	Homicide	Suicide	Transport	Unintentional	Undetermined	TOTAL
<1	12(11.0)	0	6 (5.5)	20 (18.3)	71 (65.1)	109 (100)
4-5	37 (14.1)	0	55 (21.0)	146 (55.7)	24 (9.2)	262 (100)
9-13	16 (10.5)	0	77(50.3)	56 (36.6)	4 (2.6)	153(100)
14-	15 (11.5)	15 (11.5)	65 (49.6)	28 (21.4)	8 (6.1)	131 (100)
15-17	36(18.9)	68 (35.8)	59 (31.0)	20 (10.5)	7(3.7)	90 (100)

Source: SAPS CAIC (2002) as quoted in Department of Social Development, Gauteng Five Year Strategic Plan 2005 – 2010

## **Tshwane Socio-Economic and Demographic Profile**

It is estimated that Tshwane has a population of approximately 2,4 million as at 2007 and approximately 713,407 households<sup>2</sup>. Tshwane is divided into 5 regions with the largest population concentrations in the Eastern region and followed by North West and then North East.

Children under the age of 14 constituted approximately a fifth of the population with 548,531 children residing in Tshwane. According to Census 2001 there are 318, 112 children between the ages of 0-9 years in Tshwane. The NE and NW regions have the highest concentration of children 0-14 years. The child dependency ratio in Tshwane is 32% which indicates that for every 100 adults there are 32 dependent children. The dependency ratios are highest in the NE and NW regions. It is important to note that these two areas are predominantly black due to large townships located there (Mamelodi and Soshanguve).

36% of the households in Tshwane are female headed with most of these households to be found in the NE and NW. 1% of households are child headed.

The poverty rate (households earning less than R800 per month) is estimated at 27.9% and the unemployment rate was estimated at 18.9%. This is likely to have increased in the current economic climate. Almost one fifth of households lived without formal shelter (20.7%). The HIV Prevalence for CoT was estimated at 11.4. Just under 20% (19,8%) population was unemployed with the highest concentration of unemployed to be found in the NW (43,5%) and NE (31.4%)

The North Eastern and Western areas of Tshwane have the highest concentration of children as well as the higher levels of poverty and unemployment. Households without income in those areas ranged from 44 % to 58%, with the unemployment rate at 20%. It was estimated that 3% of the population is disabled. 15.1% of population is in receipt of social grants with 7% (96 000) of children in Tshwane accessing the CSG. Of those children receiving the CSG, 45% were being cared for by adults over the age of 60. Of concern was that in 33% of the households the grant supported one other person while in 22% of the households it supported between 2-3 people.

HIV/AIDS remains a major concern for the city with estimations that 200 000 of the population were infected according to Tshwane Aids Management Strategy and the number of orphans exceeded 50 000.

## **ECD Demographic Situation for Gauteng and Tshwane**

From a nationwide audit of ECD sites, commissioned by the national Department of Education in May/June of 2000 in Gauteng there were 5,308 sites, where six or more children received regular care. However, by 2004, the Department had registered 3300 private creches that provide services to 4500 children. The Department of Social Development had 686 registered sites at the time of the audit, and by 2004 it was providing services to 14000 children in 168 registered homes. The study also found that 17% of ECD practitioners in Gauteng were rated as below average compared with 12% nationally.

Access to ECD services in Gauteng was found to increase with age, where the younger children are least well serviced. This is also the picture nationally. It is estimated that over three quarters of children up to six of age are not in preschool, many of whom come from deeply poor households. Mothers and grandmothers are most often the caregivers with some child headed household.

Enrolment of children 0-7 years in ECD services as a percentage of the provincial child population is high in Gauteng at 24% compared with the national average of 16%. This includes Grade R where the highest number of children are enrolled.

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<sup>2</sup> Tshwane Household Survey, July 2008

According to DoE majority of enrolments in ECD Centres are in community based ECD sites 47%, followed by 42 % in home based ECD sites and the remaining 11% are enrolled in school based sites (mainly Grade Rs). Source: DoE, 2001

### **ECD Demography for Tshwane**

In CoT, over 40% of children of children 0-4 years are attending ECD centres although it is predominantly the older children, mostly 3-5 year olds. According to CoT majority of the children in the Northern areas did not have access to ECD. Access to ECD is not spread uniformly across all wards with children in the Northern areas having the least access. The GIS maps attached provide a profile of known ECD centres and reflect this pattern.

*According to information derived from the Environmental Health Register in CoT there were 786 operating ECD centres in the municipality. The database provided by ICD Directorate of CoT however reflected 421 names. More work needs to be done to verify the correct number and location of these sites.*

## **5.2 CITY OF TSHWANE EARLY CHILDHOOD DEVELOPMENT PROGRAMMES AND SERVICES**

### **5.2.1 Alignment with CoT's Objectives in respect of Early Childhood Development**

The City of Tshwane's vision is to establish itself as a leading African Capital City of Excellence that empowers the community to prosper in a safe and healthy environment. More specifically the Tshwane Aligned City Scorecard defined 5 Strategic Objectives with its 3<sup>rd</sup> objective being "To fight poverty, build clean, healthy, safe and sustainable communities".

Two key performance areas (KPA's) elaborate on how Tshwane intends to address this objective:

- **KPA:** 3.2. Reduce the burden of poverty through an effective indigent policy that enhances the access for all those who qualify and link indigent families to targeted poverty alleviation programmes that would improve household income.
  - 3.2.4. Implement annual poverty alleviation programmes that benefit a range of target groups, including women, *children*, elderly and the youth.
- **KPA:** 3.4. Decrease the vulnerability of targeted groups at risk through mainstreamed programmes for *children*, youth, women, disabled and elderly.

City of Tshwane developed its *Integrated Children Development Strategy 2006 – 2011: A Collective Effort to Make Tshwane a Child Friendly City* with the aim of providing a framework for the City to advance the rights of children through mainstreaming a child centred governance approach, through effective planning, implementing and monitoring of child focussed plans and programmes and through creating an enabling environment for giving effect to international child rights instruments that South Africa has ratified as well as national legislation and policy pertaining to children. This policy was developed by the Strategic Programmes Unit in the Mayors Office within CoT.

The Integrated Child Strategy expressly aims to make Tshwane a "Child Friendly City" in alignment with Gauteng Government's Bana Pele Programme, which identified nine priority areas to be mainstreamed across all CoT programmes namely -:

- ❖ Promoting Healthy Lives
- ❖ Providing Quality Education
- ❖ Protecting children against abuse, exploitation and violence
- ❖ Providing a safe environment

- ❖ Combating HIV and AIDS
- ❖ Leisure, Recreation and Culture
- ❖ Disability and children
- ❖ Economic well-being of children.
- ❖ Children and technology

This strategy development was informed by a Draft Discussion Document on Children's Issues, Challenges and Services in Tshwane produced by the Integrated Community Development (ICD) Directorate in 2006 which identified a number of critical areas requiring attention. ECD was identified as one of the critical areas.

The principles driving the Strategy are as follows -:

- Child-centred. The needs and rights of children are central to all services and provisions. Holism. Children develop in a holistic way and social, emotional, intellectual and physical development should be equally valued.
- The Rights of Children. The rights of young children as established in the UN Convention, African Charter on the Rights and Welfare of the African Child and the South African Constitution must be protected.
- Accountability. Everyone who intervenes in the lives of young children and their families should be held accountable for the delivery of an appropriate, effective and efficient service.
- Empowerment. The resourcefulness of each young child and her family should be promoted.
- Participation. Young children and their families should actively participate in the utilisation of the facilities.
- Family-Centred. Programme delivery must strengthen the family.
- Integration. Services to young children and their families should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible.
- Accessible. The language and format of the guidelines must be easily understood by most people who need to use them.
- Family Preservation. All services should prioritise the goal to have young children remain within the family and/or community context wherever possible.

In addition to the strategy CoT has developed a number of policy and strategies that have guided their responses to ECD including -:

- Early Childhood Development Policy, CoT, 2007
- Health By Laws for Child Care Services, CoT
- Local Plan of Action Strategy, CoT, 2006
- Guidelines for establishing Forums in the Social Development Department
- Early Childhood Development Funding Strategy, 2006
- Policy Framework on Funding of Not-For-Profit Organisations, 2007

The CoT ECD Policy outlines 3 policy objectives-:

- To regulate and improve ECD centres

- To ensure children's access to a safe environment
- To improve quality of service delivery to ECD centres as well as the services provided at ECD centres
- To make Tshwane a Child Friendly City.
- To mainstream children's issues into the projects and programmes of the city

## 5.2.2 Findings in respect of the policy framework

### Assessment of Current CoT Policy in respect of ECD

The policy output of CoT is commendable and extensive both in approach and in its intentions. CoT policies reflect a strong commitment to making CoT *A Child Friendly City*. The challenge lies in the manner in which these policy prescriptions are being translated into action and in the manner in which they are being implemented.

The ECD Policy focuses fairly narrowly on centre based ECD services at crèches and preschool centres. Internationally the norm is that only 20% of children will be reached through such provisions and that too mainly the older children 3-5 years. There is a need to focus attention towards the development of non centre based ECD programmes such as parent education programmes, playgroups and home visiting programmes among others. There is a growing body of experience in the implementation of such programmes in South Africa through innovations by the Non Profit ECD Sector.<sup>3</sup>

While the focus is on integration and mainstreaming there is insufficient evidence of this across policies and programme work in CoT. One example of this is the Indigent Policy which allows poor households to access a package of free basic services. However this policy does not apply to children from indigent households who may attend a CoT run ECD centre, and will be required to pay fees. Another example is that in the ECD directorate no provisions are made for providing support to children 0-4 living with disability.

There are inconsistencies across policies with the definition of a child varying from children 0-18 years as outlined in our constitution, while the ECD Policy defines a child as being 0-9 years. It is understandable if a policy is targeted at a particular age range. That would be addressed by defining the scope of the particular application.

The location and funding of centers is not well aligned to where poor children live. The GIS maps shows the Ward distribution of people living in 'multiple deprivation' and the distribution of the residence of children who are under the age of five, as compared to where the ECD centres are located whether funded or not. The majority of ICD listed centres and therefore the centres funded by Tshwane are mostly located outside of poverty concentrations and areas where young children live. It may be that the centres we could not locate in this process are located in poor areas where young children live. It is urgent that this be known, and much more effort should be made to support these areas where poor children live.

The institutional location of ECD within the ICD is deemed to be strategic and is welcomed. However it is unclear how it will influence and enable paradigm shifts in other departments such as agriculture or community safety to mainstream children into their programmes and budgets.

The ECD programme which CoT implements has four main thrusts, each of which is described briefly in the following sections:

- CoT owned centres
- Funding of ECD centres
- ECD Capacity Development

<sup>3</sup> UNICEF, 2008; Rapid Appraisal of Home and Community Based ECD Services.

- ECD Facility and Child Minder Registration

### **Recommendations**

It is advisable that CoT revisit its policies in order to address some of the issues identified above and more importantly to explore mechanisms for integration and mainstreaming of children into CoT programmes. In particular, CoT needs to reach the younger group of children under the age of 3, enlarge support for home/community care, and reach a more effective geographic spread of services that reflect where poor children live in the metro.

### **5.2.3 CoT owned ECD Centres**

There are 10 CoT owned ECD centres which are registered with the CoT and the Provincial Department of Social Development. CoT provides the infrastructure and maintenance of the facility. The operational costs of running these centres is covered fully by CoT. ECD Centre staff are employed by CoT and a CoT Supervisor oversees the functioning of these Centres. The Centres report to CoT by way of monthly statistical reports on enrolment levels.

### **Findings in relation to CoT funded ECD Centres**

The 10 CoT centres have an approved staff structure that should include:

- 4 teachers
- 1 principle
- 2 chefs
- 1 handy man
- 1 seamstress

However this is not the situation and ECD centres are understaffed. In some centres, the post of principal has not been filled for over 2 years. This appears to be a legacy of a decision taken previously to close down such centres. While this decision was subsequently reversed the staffing norms have not been addressed.

A review of a sample of quarterly reports from the 10 centres revealed that the focus of the reporting is largely quantitative namely in tracking number of children in attendance. A further observation was that Child to ECD Practitioner ratios were not adhered in almost all the centres, at one centre the ratio was 60 children to one ECD practitioner.

Almost all the children serviced through these centres were between the ages of 3- 5 years confirming that younger children are not being easily reached.

During the workshop with ECD staff from CoT the following was reported:

- The current curriculum used in these centres is old and outdated
- The centres would like to expand to include Grade R classes but are not doing so as educators don't have the appropriate qualifications
- Staff training in respect of ECD is required. Staff are accessing skills development via the CoT skills development plan but these are generic skills, not ECD specific.
- Infrastructure requires upgrading

As mentioned previously, the Indigent Policy did not extend to fee waivers for children from poor and vulnerable households. In fact it was reported that children whose families were in receipt of the Child Support Grant were expected to pay fees.

There was no evidence of any monitoring and evaluation of the centres performance in enhancing children's well being and development outcomes.

## Recommendations

The 10 Centres have the potential to serve as Centres of Excellence in showcasing quality ECD programmes for children 0-4 years. They could be developed to integrate children with disabilities, provide an incubator for in-service training of ECD practitioners and also could serve as a model for outreach programmes to be implemented. This would be particularly important in the context of DSD's intention to emphasize the expansion of home/community care, which essentially requires a network model of services.

CoT needs to explore how to access the Municipal Infrastructure Grant (MiG) for the upgrading of municipal and community run ECD centres.<sup>4</sup>

### 5.2.4 Funding for NPO ECD Centres

In recognising that the direct funding of 10 Centres by CoT would not reach the vast majority of children, CoT identified the need to provide funding and support to community run ECD centres. The aim of allocating funding was to assist these centres to improve the quality of their services to children and to enhance the skills and capacities of ECD practitioners in these centres through training.

As a result in the 2006/7 financial year CoT developed an ECD Funding Policy, aligned to the NPO Funding Policy that it had previously developed. The policy development was aimed at guiding the funding process in a comprehensive manner.

The policy outlined criteria for who could access funding, the process of selecting organisations to be funded, monitoring and evaluation processes and a plan to promote sustainability.

Since 2007, CoT has been supporting NPO ECD Centres through a grant in aid. To date approximately R8 million has been allocated annually. The identification of Centres to be funded is undertaken by Councillors and CDW's in CoT. A uniform grant of R 100,000 is allocated for each centre with the understanding that a centre will not receive funds in the following year. The use of the funds is prescribed according to a formula that CoT provides.

### Finding in respect of CoT Funding of NPO ECD Centres

ECD is an unfunded mandate at local government level and this initiative by CoT is thus unique. This funding reaches approximately 7,000 children in 80 centres annually. This is impressive.

Although CoT has a detailed policy around funding of NPO's it would appear that the policy prescripts are not been adhered to in the allocation of the Grant.

CoT does not appear to have a monitoring and evaluation system beyond the assessment of how funds are utilised by centres. Although the funding policy aims to promote sustainability it actually mitigates against that in terms of penalising centres who have other donor sources. There is also a need for a more strategic manner in which to identify which centres to support in order to achieve higher level objectives of equity and redress.

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<sup>4</sup> The Municipal Infrastructure Grant (MIG) is a conditional grant to support municipal capital budgets to fund municipal infrastructure and to upgrade existing infrastructure, primarily benefiting poor households.

The funding allocation prescribes how funding must be utilized and is a uniform prescription for all centres irrespective of their need. Research undertaken by HSRC in the Western Cape found that centres which did not have financial management systems in place were less likely to raise funding or in kind support.

### **Recommendation**

The manner in which the funding allocations are made to ECD centres needs to be reviewed as the practice is not in keeping with the principles outlined in the policy. It is also suggested that the policy be reviewed if it is serious about promoting sustainability as some of the funding conditions actually work against sustainability.

It is suggested that even if CoT does not increase the amount of resources it is allocating to ECD it could substantially improve its reach, efficacy and impact on ECD centres. The most important source of funding for ECD comes from DSD, via Gauteng Province, and increasingly it will be from the EPWP 2 employment incentive funding stream, from DPE via the IDT. There are also substantial fundings streams available to support FET and training via the National Skills Fund amongst others. Tshwane ECD services will benefit most if it can ensure that these funding streams are accessed to their fullest extent. These are now relatively stable forms of income for ECD services. It is not realistic to expect ECD services in poor areas to be sustainably funded by their own fund raising efforts otherwise. These funds if appropriately utilised could leverage other funding both state and non state and in this way expand access to quality ECD.

### **5.2.5 ECD Capacity Development**

ECD outreach and capacity development work is undertaken by CDW's and social workers who comprise a team of 20 and who have to deal with all social matters across CoT. Outreach programmes are provided to centres which are graded level 1 or level 2 as these are deemed in terms of their level as needing support.

The following are the activities undertaken:

- Facilitating the formation of Ward based ECD Forums/Parents committees at centres
- Conducting of training and awareness raising workshops on topics such as how to make toys on recycled material, daily programme ,puppetry, story telling and on how to run their centres on low budget
- Facilitating registration of ECD centres with the relevant Departments
- Workshops conducted on the nutrition, and establishment on food gardens
- Facilitation in acquisition of funding/sponsors especially in regard to purchasing of educational toys.
- Workshops conducted on how to plan out-door and in-door activities
- Provide on going support and guidance.
- Provide on going support, monitoring and evaluation.

### **Findings on Capacity Building and Support to Centres**

The lack of an audit of capacity building needs of centres means that the support programme is not tailored to individual needs. The support programme appears to lack clear objectives and outcomes.

Materials and reference guides being used by the ECD staff at CoT are outdated. There is a lack of a formal and structured mentoring and supervisory relationship between CoT and the NPO ECD centres.

The existing staff within CoT are not likely to be able to service all or even a majority of the known 425 centres in Tshwane. A model needs to be developed for how to extend the capacity of the municipality to ensure that quality services are provided.

In addition to the above, CoT also offers services which while not expressly targeted to children 0-4 but do have an impact on them. These include:

- Nataise Aftercare Programme offered in six areas for school going children
- Supervision of homework
- Holiday programmes in corporation with Sport and Recreation
- Parenting skills programmes
- Distribution of food parcels on weekends

### **Recommendation**

Improving the skills base of ECD practitioner and improving employment conditions will go a long way to retaining ECD workers and to improving quality of services. CoT needs to explore how to leverage the range of opportunities available to enhance learning and employment opportunities for ECD practitioners.

### **5.2.6 ECD Facility and Child Minder Registration**

ECD facility and Child Minder registration is managed mainly by the environmental and health division in Tshwane and is informed by Health By Laws for Child Care Services. It involves the allocation of a health certificate once a site has been approved for the operation of a child care facility. It largely focuses on safety and health requirements for such facilities.

### **Findings**

There appears to be multiple registration processes for ECD sites including registration with CoT, Dept of Social Development for the ECD subsidy and with the NPO directorate of DoSD. It is not known what percentage of centres are unable to access state subsidy due to failure to register.

The registration of Child Minders is not integrated into the Capacity Development and Outreach Programme to ensure quality care for children in home settings.

### **Recommendation**

Nationally, ECD facility and Child Minder registration is seen to be a major barrier to accessing ECD subsidies. This is certainly an area where Tshwane Metro could offer stronger and more active coordinating support.

## **5.3 OVERALL FINDINGS FROM BASELINE ASSESSMENT OF CoT ECD SERVICES**

The current services and programmes offered by the City of Tshwane reflects a strong commitment by CoT to enhancing outcomes for children, particularly poor and vulnerable children aged 0-4 years. Key findings indicate the following:

- CoT contributes substantial funding for ECD, through direct provisioning of ECD centres and through provision of grants for ECD service delivery by the non profit sector.
- In addition, CoT invests significantly in the development of skills and capacities of communities and individuals towards meeting its developmental objectives.
- Current ECD interventions by CoT reach mainly the 3-5 year olds and this is uneven in terms of geographic spread and in relation to where the most vulnerable children are located. In addition children with special needs are not well accommodated.
- CoT ECD programmes and resources could be more effectively utilized towards leveraging additional funding from provincial government and the donor community. Quality of ECD services rendered to children in Tshwane could be improved through strengthening the coordination and support programmes implemented by CoT.
- There is a need to establish effective Monitoring and Evaluation systems to measure the impact of services and interventions on child well being and on ECD practitioners.
- Importantly the CoT programme provides key opportunities for CoT to significantly contribute to enabling provincial and national government meet its targets for EPWP and for the NIP as well as in addressing gender equity and poverty alleviation objectives.
- CoT reflects strong political will and commitment to making CoT a Centre of Excellence across many spheres. A rapid mass scaling up of services aimed at young children must be done to an accepted quality. Such a process, particularly when aimed at vulnerable 'voice-less' groups can be dangerous if not done to a standard and with checks and balances. CoT's partnership with HSRC reflects this commitment to responsible scaling up.

## 6 Overview of Proposed interventions

### 6.1 OBJECTIVES

The aim of the HSRC –City of Tshwane partnership is to establish a Centre of Excellence on Early Childhood Development that can showcase scalable interventions that could have a meaningful impact on improving child wellbeing outcomes.

The interventions proposed in this project are aimed at intensifying and promoting a faster scaling up of quality early childhood development services for those aged 0 – 4. In a context of extreme poverty and inequality, the emphasis is on poor and vulnerable children. The interventions are meant to facilitate the workings of policies and budgets that already have already been adopted, but which require additional support to achieve the required quality and scale.

The project should enable learning about how relatively low cost interventions might enable improved implementation and impact. This project will identify the intervention, work with implementation partners to implement the interventions, assess whether the intervention made a significant difference or not, and share this learning through a knowledge network. Through this process, the project will enable Tshwane to access national programmes more effectively.

More specifically, the goals are to achieve:

- Improved institutional delivery capacity to support sustainable improvements in the delivery of ECD services to children 0-4 years in the Tshwane area. In part, this should help to define the role of local government in scaling up ECD (0-4), particularly as it is required that all spheres of government develop plans to implement the provisions of the Children's Act as it pertains to them from 1<sup>st</sup> April 2010.
- Larger proportion of poor and vulnerable children achieve improved outcomes
- Improved access of centres and home community carers to available services and funding streams
- An increased number of people who access employment and/ or learning opportunities in the Tshwane area in order to enhance quality of ECD provision and to provide effective support to ECD organisations and home community carers.
- Learning amongst key stakeholders on delivering effective Early Childhood Development interventions that are scalable nationally.

### 6.2 INTERVENTION AREAS

The project objectives and sub-objectives will be achieved through two interventions:

**Intervention 1:** The development of **recruitment, training, transition training and placement mechanisms for ECD (0-4) practitioners**

**Intervention 2:** The establishment of a **support mechanism** to enable NPOs and home community carers access to available services and funding streams (such as the ECD subsidy and EPWP 2 employment incentive).

### 6.3 STEPS TO IMPLEMENTING THE INTERVENTIONS

The steps to realising the two interventions are broadly as follows:

- Design the central concepts (transition and placement mechanisms; and support mechanism) driving each programme
- Identify, design and secure partnerships
- Project and related Monitoring & Evaluation process design finalised
- Institutional arrangements in place
- Engagement with recipients

These are discussed in more detail in Section 7 below.

#### **6.4 EFFECTIVE PARTNERSHIPS**

Within Tshwane, the Health and Social Development Department is the central coordinating municipal oversight agent.

The effective delivery of the strategic interventions will be dependant on relevant and successful partnerships. It is envisaged that a Reference Group and an Implementation Partnership Group will be established.

It is proposed that the Reference Group will offer advice and guidance to the programme and will include the following parties: the HSRC and the CoT (as champions of these interventions) as well as national departments that are responsible for norms and standards and funding in areas required for these interventions. This includes the Department of Social Development nationally, the Provincial Department of Health and Social Development, being responsible for the ECD subsidy. The Department of Higher Education and Training is central to the provision of the NCV as well as learnerships and other opportunities. Critically, the possibility of the NSF supporting a placement voucher as part of its commitment to more effective career guidance and placement will also be explored. The Department of Public Works and the IDT are both considered core partners in the implementation of intervention two. Moreover National Treasury is considered to be an important player in terms of the extent to which these interventions, if shown to be successful, can be sustained over time through different fiscal mechanisms.

The Implementation Group will be the specific key stakeholders participating in the project implementation. This is likely to include amongst others: the HSRC and CoT as well as the implementing agency appointed by these parties. Key partners could include the National Interdepartmental Committee on ECD (which includes national Departments of Basic Education and the Department of Social Development), Department of Public Works (DPW), Independent Development Trust (IDT), the Gauteng Department of Health and Social Development, the South African Congress for Early Childhood Development (SACECD), Gauteng Local Government Association and South African Local Government Association, and the SACN. In this regard, the SETAs are also considered vital partners, the District Departments of Education will be critical both to supporting the messages included in this programme and in enabling the placement agencies to access recruits, and the FET Colleges as well as other providers could play a critical role in expanding access to learning programmes. These organisations and institutions have all indicated willingness to participate in these processes. Players such as the IDT while critical at a strategic level will also be important at the level of implementation as they will have to review the applications submitted by the NGOs for employment incentives.

It is hoped that if these partners are able to successfully implement these interventions and demonstrate success then, with the support of partners, there can be a process of taking these interventions to scale in both Tshwane as well as elsewhere.

## 6.5 TSHWANE PLACEMENT

Initially, the Executive Mayor had requested that interns be made available for the HSRC-CoT partnership. We recommend that a support office be set up in Tshwane based at the Health and Social Department.

## 6.6 APPROACH TO MONITORING AND EVALUATION

The purpose of the Centre of Excellence in Scaling Up ECD (0-4) is to test scalable interventions that could have widespread impact on child outcomes. Monitoring and evaluation is a central component of this work, since we are trying to see whether an intervention makes a noticeable difference to programme expansion and to the reduction of unemployment, in a way that can be copied nationally. The elements of an M&E approach include:

- Initial Baseline Report on the Status of ECD (0-4) in Tshwane
- Identifying ‘testable’ interventions
- Monitoring and evaluating impact on participants
  - Producing baseline assessments of beneficiaries and follow up M&E of impact on beneficiaries
  - Comparing the experience of beneficiaries with non-beneficiaries (eg a ‘control group’).
- Monitoring and evaluating impact on institutions
  - Baseline assessment of how participating institutions and organisations operate prior to the demonstration, as compared to how they operate as a result of the intervention. This includes quality of services provided through the programme (eg home care).
- Monitoring and evaluating implementation against project milestones

The aim of this programme is not to reach large numbers immediately. Instead, the aim is to showcase interventions, with learning shared through a knowledge network. Through this process, we learn more about what works and what does not, in a way that is more precise than simply implementing. The M&E process helps to separate out different parts of the intervention to identify which were the aspects that worked. The most important scaling up is meant to result from the ability of a wide range of stakeholders adopting the practices identified in this programme.

It is intended that there will therefore be an overarching Monitoring and Evaluation Strategy developed. This strategy will ‘test’ whether the interventions put in place have a significant impact in terms of the efficacy of the system and whether this turn contributes to the achievement of the overall goal of this strategy, that is, an expansion of quality ECD (0-4) services.

For this reason it is proposed that once there is finality about the strategic interventions a rigorous process should be put into place which develops the monitoring and evaluation framework for this strategy in such a way as to ensure that the key assumptions built into these programmes are tested, and that the extent to which the interventions proposed have the desired impact is credibly established.

## 7 THE PROPOSED INTERVENTIONS

### 7.1 INTERVENTION 1: RECRUITMENT, TRAINING, TRANSITION TRAINING AND PLACEMENT MECHANISMS OF ECD (0-4) PRACTITIONERS

**Intervention 1** – Recruitment into ECD training and work has been weak, with few skilled entrants who are committed to servicing young children. A voucher would be introduced to encourage recruitment agencies to recruit candidates, place in training, ensure completion and place in ECD service opportunities. The voucher would partly be paid upon recruitment and partly upon proven success of placement. This complements Intervention 2, which enables a faster expansion of ECD opportunities.

#### 7.1.1 The Opportunity

There are growing funding streams available from government which could support the expansion of different sorts of ECD (0-4) services. In particular, there is the ECD subsidy which is soon to be expanded to home/community care, the EPWP II employment incentive which will support a variety of NPO services, the social sector and Community Works. Therefore, there could potentially be many new opportunities for service provision in this sector (and not only in ECD centres), that are likely to be offered in different sorts of network models.

There are additional opportunities that Tshwane can access. First, there is a national commitment to doubling FET enrolments, whether in the private or public institutions. It is anticipated that substantial funding will be made available for bursaries. However, the pace of expansion is still slow, the pass rates low and employment success poor. Second, there is still significant funding available in the NSF for learnerships that offer opportunities for scaling up these programmes. Thirdly, there has been a rapid expansion of recruitment services over the past decade in SA, which in some cases includes short-term training and candidate preparation. These services are mostly targeted at highly educated and paid personnel where the return to placement is higher. There is an opportunity to stimulate interest in expanding training, preparation and placement of FET graduates by good quality placement services.

This set of demonstration projects will test interventions that raise the potential success of placements into learning (including FET and other occupational learning programmes) and workplace opportunities in ECD (0-4).

#### 7.1.2 The Challenge

The ECD sector is not attracting in younger people or skilled people, and most services appear to be offered by older service provider with low skills levels. This will not be sustainable. There are also reports that many people who access opportunities in ECD are doing so to obtain a qualification or be paid a learnership stipend, and not necessarily because they are passionate about servicing young children. One reason may be poor recruitment, but another might be that the pay in ECD centres tends to be very low and uncertain. Any stabilisation should improve the prospects for attracting in providers.

#### 7.1.3 Programme Elements

The specific process steps which will be followed to achieve the primary purpose are as follows:

- Establish the reference committee for this intervention
- Finalise project plan, management process and monitoring mechanism

- Define the placement voucher concept: what it should cover with regards to career counselling, job preparedness skills and generic skills, how much it should be worth, and how it gets allocated in terms of number and sequencing of tranches, conditions for allocating monies, etc.
- Establish how this placement voucher will be funded and which institution will be responsible for the allocation of this voucher (this includes leveraging additional funding for the voucher)
- Secure agreement with the Placement Agencies in terms of the participation in the programme: this would include agreeing on a mechanism for them to make contact, how they will support them, how reporting will take place and related to this the manner in which they will access the voucher (it is noted that at this stage the DoL Labour Centres will not take the voucher and so alternate ways of acknowledging their contribution will need to be determined).
- Work with the FET Colleges and training centres as well as the CoT to encourage their participation in the programme: though the specifics of their contribution may differ.
- Secure District DOE support so that it is possible to access the learners (in the initial phase this may be through using exam venues to distribute the posters which explain the programme and ultimately through life skills teachers)
- Engage with learners so that they are aware of the interventions (through posts and/pamphlets and ultimately through life skills teachers) and the ways in which they can secure a relationship with a recruitment agency.
- Monitor that the recruitment agencies are able to work with the people to prepare them for placement and then place them appropriately (this includes monitoring that the agreed upon level of support is provided to people placed and that the voucher is paid out in terms of the agreed upon criteria).
- Distribute the findings of the programme to relevant role players and stakeholders.

## 7.2 INTERVENTION 2: SUPPORT MECHANISMS TO ENABLE IMPROVED ACCESS TO SERVICES AND FUNDING STREAMS

**Intervention 2:** The establishment of a **support mechanism** to enable NPOs and home community carers to available services and funding streams (such as the ECD subsidy and EPWP 2 employment incentive). The idea is to recruit, train, and supervise a service support group that would help make institutional connections, prepare reports, help with financial reporting, follow up on funding amongst other activities. The intended impact is that access to a range of ECD services will expand rapidly, become more stable and achieve higher quality and impact on children.

### 7.2.1 The Opportunity

There is now wide acceptance in policy making and budgets that ECD services aimed children aged 0-4 is a top priority with the aim of improving human development outcomes and reducing inequalities. The majority of support has focused on assisting ECD centres. However, the national policy envisages that home community based ECD services will be the main approach in reaching small children.

There are many concrete opportunities that can be accessed for this purpose. There is:

- the ECD subsidy which is currently designed to support centres. There is a process to extend support to home and community based ECD services, but no subsidy model is developed yet.
- a new employment incentive in the second phase of the Expanded Public Works Programme (EPWP II). The opportunity involves dramatically expanded national targets and budgets, expanded local funding based on success, and new programme windows that enable municipalities, communities and non-profit organisations (NPOs) to access the opportunities.

There are three particular opportunities worth mentioning: first, an NPO Employment Incentive is being introduced, to be administered by the IDT. It is expected that this will pay approximately R 1000 to R1300 per month per participant without a time limit imposed. The application process has begun, and it appears possible to access this funding from March 2010. Second, there is substantial commitment to the Community Works Programme (CWP) which offers a guaranteed ongoing one to two days work for participants to provide services identified by bodies such as Ward Committees. The areas to be designated as beneficiary regions are still being discussed, and there is potential for Tshwane to be one of the designated areas. The CWP will soon be administered by the Department of Cooperative Governance.

It is noted that subsidy is to be introduced into the Social Sector to support EPWP type activities like home community based care. This programme has not yet been designed, but there is a possibility that Tshwane could act as a demonstration to support this design process.

The combination of these funding streams should enable improved stability in non-profit delivery of ECD services.

### **7.2.2 The Challenge**

Many non-profit organisations, and especially those in the ECD sector, run on small unstable budgets, and have relatively weak administrative and financial systems. This poses a number of very serious challenges to the linking of NPOs and home carers to the funding streams, and also to services that are critical to ECD such as birth registration, centre registration, inoculations, food banks, training, etc. Moreover, accessing these funding streams requires the ability to prepare proposals, reports and financial statements, and also to follow up on the status of the application, payments and so forth. It is unrealistic to assume that the majority of service providers and carers have these skills. This already poses a challenge for centre registration and access. It is an even greater challenge for home community based ECD services, which by definition operate in different sorts of network models.

Another challenge is that currently CoT provides funding to the value of R 8 million directly to approximately 80 organisations annually and training and support to a further 200 – 300 (not clear how many are actually serviced as there are poor records available). This support is provided by a small cadre of 20 CoT staff including social workers and community development workers. This function is overstretched and the quality uneven. It is generally accepted best practice that quality services are achieved with good quality supervision and support. Poor quality programmes can not only be wasteful but they can be harmful to children. To enhance the value of the funding made available from CoT requires that alternate innovative models of support and supervision of ECD programmes. This intervention should help to address this.

### **7.3 FOCUS OF THE PROGRAMME DEMONSTRATIONS**

There are a number of programme gaps that our work at the HSRC has shown could constrain the expansion of EPWP 2. We will test the following interventions:

- **Mechanisms to provide support services** – accessing funding streams requires that NPOs have project management, financial management, and report writing capabilities, as these are needed to apply, acquire and report to Government. Moreover, it is assumed that NPOs have the capability to negotiate and engage with government or other bureaucracies. Finally, ECD services, especially those that are home community based, are essentially networks of services that are not necessarily easy or costless to access. Therefore, we will introduce a mechanism that enables the development of these services aimed at ECD (0-4) providers. At the outset, an identified group will be recruited, trained, enabled and supervised, but it is possible that this group of people could be based at existing service organisations, or may themselves ultimately apply for funding from the EPWP Employment Incentive and other sources, including CoT. An approach will be required which will likely require specialisation, but we would assess the numbers of service providers, at different skill levels, at different extent of specialisation or multi-tasking, that are needed to effectively support the achievement of ECD targets. Their functions will include (amongst others): identifying service providers; preparing, submitting and monitoring funding applications, as well as follow up on payments, report writing, and keeping financial records; matching service providers to the network of services (clinics, training, toy libraries, etc); quality assurance especially in respect of enabling qualifying for centre registration etc;
- **EPWP 2 NPO Employment Incentive as applied to ECD (0-4)** – the employment incentive for NPOs has not been tested. It is intended that as this rapid expansion in Tshwane is facilitated there should be monitoring and evaluation mechanisms in place which would show how the incentive was used, whether it led to longer term opportunities, and any unintended consequences.
- **Entry Training** – EPWP 2 has greatly reduced the training component from its programme design. This decision was based on the difficulties in programming delivery in the past, as well as the complexities of linking the training with exit opportunities. This means that training is no longer addressed in the EPWP 2. We will test simple approaches to introducing appropriate training for people in EPWP 2 programmes. This activity will take place in partnership with private providers and the FET colleges. It appears likely that funding could be forthcoming from the DoL, National Skills Fund, and IDT. This will dovetail with Intervention 1.
- **Community Works Programme (CWP)** – The CWP is itself an experiment as it is a new programme, piloted in Munciville. Tshwane has as yet not been confirmed as an implementation site for CWP but there is openness to this possibility and a requested has been made on behalf of the HSRC team (it would be important that this if formally followed up by CoT); This will require the organisation of Ward Committees to identify local needs on an on-going basis and the recruitment of participants. As noted, the CWP will offer regular part-time work of a maximum of 1 – 2 days per week. While the ECD applications have not yet been considered, they should be possible.

As indicated it is anticipated that once the **Social Sector EPWP 2** comes on stream there will be a range of subsidies available for home community based care, especially aimed at health and ECD related services. It is recognised that these subsidies are generally not enough to cover the wages of workers in recipient NPOs. Therefore an employment incentive will be offered to qualifying centres. The Social Sector EPWP 2 has not yet been designed. We have requested that Tshwane potentially be used as a pilot for the Social Sector EPWP 2 with design and M&E tested for national application. This is under consideration with the NDPW.

### 7.3.1 Programme Elements

The primary purpose of this programme is:

The establishment of a **support mechanism** to enable increased numbers of people to have access to EPWP non state sector, and/or community works programmes

The specific process steps which will be followed to achieve the primary purpose are as follows:

- Reach agreement on the different programme dimensions, this includes:
  - Which areas of activity will form the focus of the support (that is which NPOs will be supported)
  - The way in which the support provided by the support service providers to the NPOs will be organised (who the people will be, what training they receive, how many functions would a single person take on, would they work in teams, how they will be managed and monitored)
  - The type of training the people based with NPOs could receive and the way in which this could be offered; and,
  - The areas in which the Community Works Programme will be implemented and the activities that will be covered within this programme.
- Finalise project plan, management process and monitoring mechanism with implementation partners
- Finalise Implementation partners for the different programme elements;
- Lobby CWP and IDT to support the programmes in Tshwane and ensure that they get the applications for these programmes
- Engage with NPO's to secure their support in the programmes and establish how the people can best support their application process as well as the subsequent reporting processes
- Support the NPO's with recruiting people into the programmes endorsed by the IDT and CWP
- Ensure that project management and monitoring mechanisms are identified, developed and implemented: these should focus on the impact of the interventions and also consider the kinds of opportunities that people access once the EPWP programmes are completed.

## 8 Indicative Budgets

The scale of the programmes will depend substantially on the extent to which national funding is channelled into Tshwane and its constituency. We will produce two sets of budgets and targets, which will require regular review. A contained set of targets will be reached should we have to rely only on the Tshwane budget of R 9 million. The higher set of targets will be reached should national funding be successfully drawn in. As national processes cannot necessarily be relied upon, a range of options are presented, and progress will be monitored closely with targets and budgets revised continuously if more resources are available. The crowding in of national resources will enable re-prioritisation of the Tshwane budget. Should scale be achieved, we anticipate that approximately 4,400 more people will be engaged in training and work opportunities to support the ECD (0-4) sector. Potentially, five times the Tshwane budget will be drawn into the Metro. Specific targets would set in respect of the expanded number of children reached, and the quality of that service.

### Indicative Budgets to July 2011

Programme Element	Tshwane Budget	Plus National	Potential source of funds
Project initiation	R 550,000		
Monitoring and Evaluation	R 1,340,000		
CWP			Dept Coop Govt
EPWP NPO employment incentive		R 21,300,000	IDT
ECD subsidy		R 8,730,000	DSD, Gauteng H&SD
EPWP support service	R 1,208,000	R 1,208,000	IDT, DoL, EU Jobs Fund
FET feeding in and bursary	R 1,000,000	R 3,000,000	NSF, NSFAS
Placement voucher	R 1,300,000	R 8,250,000	NSF, EU Jobs Fund
Project research reports	R 675,000		
Project oversight & admin	R 1,288,600		
Stakeholder workshops & facilitation	R 370,000		
Disbursements	R 160,000		
Total ex VAT	R 7,891,600	R 42,488,000	
Total incl VAT	R 8,996,424	R 48,436,320	

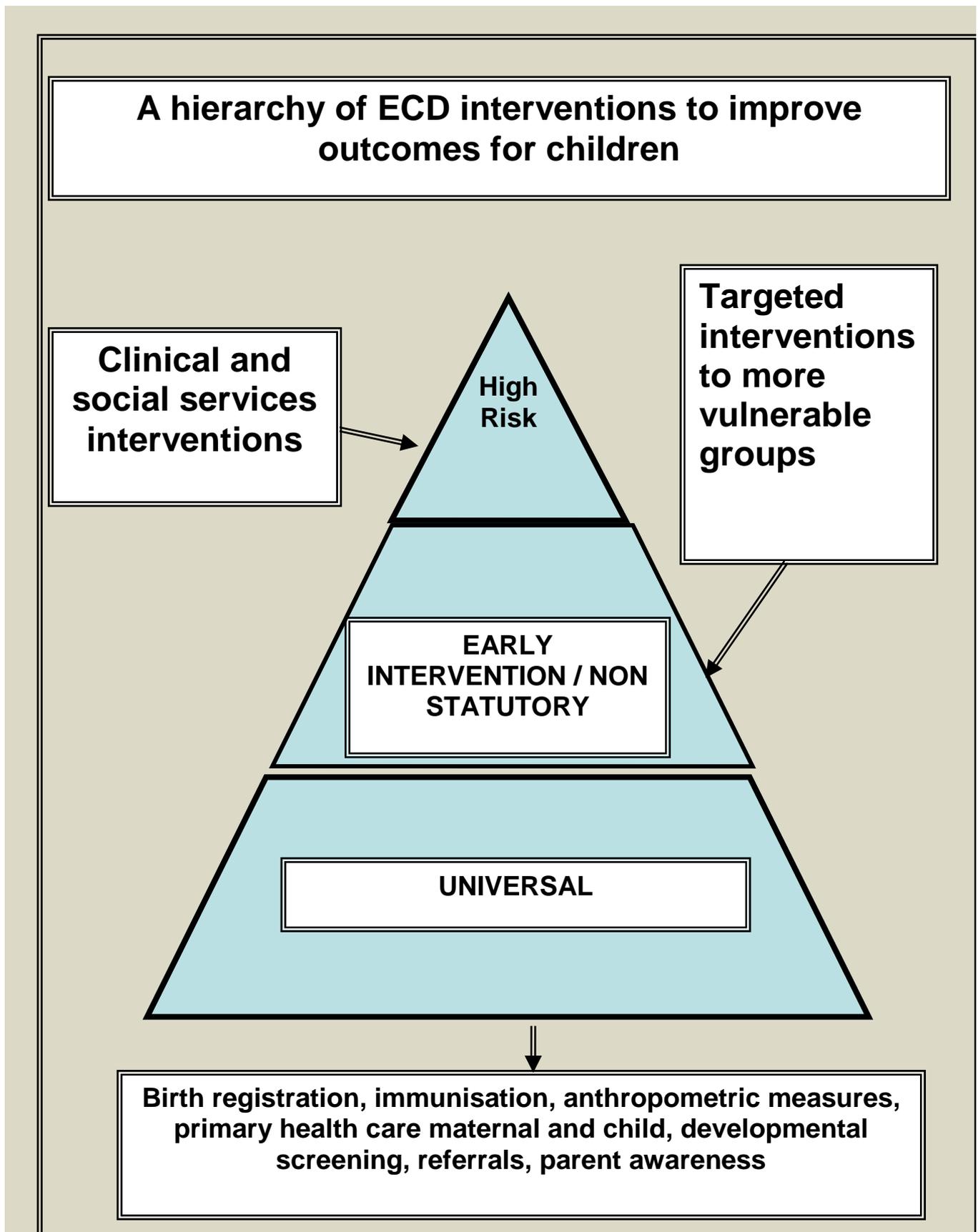
## 9 Indicative Project Activities and Timelines

<b>Result area</b>	<b>Objectively Verifiable Indicators</b>	<b>By when (TBC)</b>
Scoping Study	Scoping Study Report and Proposal for Scaling up ECD in CoT developed and submitted	October 2009
Project Reference Team	Final team established	December 2009
Baseline Studies	Baseline studies commissioned and reports shared <ul style="list-style-type: none"> <li>○ GIS Mapping of ECD Services in Cot</li> <li>○ ECD Skills Audit</li> <li>○ Quality and Impact Assessment of ECD services</li> </ul>	January to April 2010
Design of Scaling up ECD Interventions	Design teams for the various interventions established and Project Plans finalised for each intervention	November 2009 – March 2010
Project Implementation	Project Implementation	December 2009– July 2011
Monitoring, Evaluation and Learning	M & E systems established and ongoing monitoring. Knowledge community established reflections on learning's shared widely	Ongoing until July 2011

## 10 References

- United Nations Convention on the Rights of the Child (ratified by South Africa in 1996);
- African Charter on the Rights and Welfare of the Child;
- Constitution of the Republic of South Africa (Act 108 of 1996);
- Children's Act 38 of 2005;
- Children's Amendment Act 41 of 2007
- Guidelines for ECD Services (Department of Social Development July 2007);
- Children's Rights Delivery Guide for Municipalities (Office on the Rights of the Child June 2006);
- White Paper on Local Government (1998);
- Local Government: Municipal Structures Act, No. 117 of 1998; and
- Local Government: Municipal Systems Act, No. 32 of 2000.
- Early Childhood Development Policy, CoT, 2007
- Health By Laws for Child Care Services, CoT
- Local Plan of Action Strategy, CoT, 2006
- Guidelines for establishing Forums in the Social Development Department
- Early Childhood Development Funding Strategy, 2006
- Policy Framework on Funding of Not-For-Profit Organisations, 2007

## Annexure 1: Hierarchy of ECD interventions



## **Annexure 2: Maps of ECD (0-4) Centres in Tshwane**

Please see separate file – maps are too large to include in this electronic file