

Policy Engagement Plan (draft):

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

Research Team:



Grantee Policy Engagement Workshop
17 – 18 March 2016
Premier Hotel, Pretoria



PART A

Overview of Research



planning, monitoring
and evaluation

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA



PSPPD
PROGRAMME TO
SUPPORT PRO-POOR
POLICY DEVELOPMENT



Summary of Research

Significance:

- Crisis in ECD - High priority for national government (NDP/ DSD)
- Most children attend, unregistered under-resourced ECD Centres without access to ECD services
- Focus on Informal Settlements - 2million households in SA (> 13% of the pop /55% in metros)
- Only 38% of children in KZN receives access to recognized ECD services (DSD, 2012)
- Unregistered ECD Centres unable to meet registration standards and thus remain outside the system
- Therefore we are investigating a new and potentially scalable and resource-efficient response model.

Overall Objective – Main Research Question

To what extent a proposed new response model can facilitate access to improved ECD services for children within underserved, informal settlement communities and inclusion within the current system of state support?

Methodology:

Applied, action-research project with a mix of quantitative and qualitative methods

Response model being tested:

- A) Area based Rapid Assessment and Categorisation (RAC) of existing ECD Centres including field survey.
- B) ECD Centre improvement plans and response packages (infrastructure & capacity) at six pilot sites.

This project employs a form of **action research**: it is concerned with implementing the draft model (the **action**); and monitoring, assessing and reflecting on the implementation (the **research**).

Summary of Research

Four Phases of Research

- ****Phase 1: Scoping and set up:** Est. PSC, desktop literature review, refine research method and tools, refine RAC, demarcate study area Completed
- **Phase 2: Area level rapid assessment:** Develop survey tool, field survey of all ECD centres, analysis and survey report - Completed, categorise centres, focus groups - to complete April 2016
- **Phase 3 : Pilot intervention at 6 centres:** Pilot centre selection, detailed assessments, improvement plans, funding applications, implementation (April – Sept)
- **Phase 4 Quantitative research study, dissemination and policy feedback** (Oct / Nov)

Overview: Amaoti study area. Quantitative survey. 42 centres took part. 2,560 children. A centre is defined as having 7 or more children. They cater for between 6 and 255 children each, with all centres accommodating both babies and toddlers. The research area was visited repeatedly and used a variety of approaches in order to identify as many centres as possible – aiming for 100% coverage.

- This is only one aspect of the project's planned research activities.
- Qualitative fieldwork has been delayed and further quantitative surveys will be conducted in phase 3.
- While a sample size of 42 limits the usefulness of the data in terms of identifying trends, the data does provide basic information on virtually all ECD centres within a defined geographical area

Key emerging research findings & policy relevance

Most centres are unregistered and without DSD support:

- 62% not DSD registered (26% registered, 5% in progress, no conditional reg.)
- 86% centres not DSD funded - 2,199 out of 2,560 children do not benefit

Confirms **need for different model /approach which includes and supports unregistered centres**. There is the potential to assist large numbers of vulnerable children and break long term poverty cycles. In line with ECD Policy proposing registration drive

Most centres are privately owned

- 86% privately owned (36 centres) of which 42% are NPO-registered (15) and 5.5% (two) receive DSD funding
- Of the 21 registered NPOs 71% (15) are privately owned

DSD considers private ECD centers in poor, underserved areas as **community based centers**, eligible to register as NPOs and to benefit from state funding. **ECD Policy ambiguous on infrastructure investment** – proposes NGO infrastructure improvement grant yet state that no infrastructure funding may be spent on NPO owned land.

Infrastructure challenges an important barrier to registration : 24% informal structures; 24% roof problems; 31% wall problems; 55% without space for food preparation, 14% no water, 31% without acceptable sanitation; 31% no electricity; 33% partial / no fencing, 29% without outdoor play area; 33% with health & safety issues.

In line with **proposed NGO infrastructure improvement grant in ECD Policy** which will enable centres to meet minimum standards and be included in the system of state support in order to achieve 'universal access and quality' and 'massification'.

Cost-benefit of incremental/improvement infrastructure investments compelling - Anticipated 6x increase in population coverage with same capital funding expenditure (incremental vs conventional approach): R10 ,3 million either buys 6 new builds assisting 360 children or 50 improvements / mix of responses benefiting 2,060 children

Given **prevailing fiscal constraints and significant ECD services 'backlogs', an alternative, incremental / improvement model of infrastructure investment** is required as proposed by ECD Policy and to be tested in terms of the proposed response model.

Key emerging research findings & policy relevance

Significant deficiencies in ECD practitioner skills and capacity

24% of principals/owners have no or only primary school education and no formal ECD training; **57% of centres have an inadequate number of practitioners (gross); 90% had inadequate number of trained practitioners**; 24 % of centres have no trained ECD practitioners; 50% have 41 or more children per trained practitioner

Support for practitioner/centre capacitation and training a necessary part of a new response model and anticipated in ECD Policy as part of registration drive

Area-based field survey provides valuable information not previously available w.r.t the prevalence, status, needs and potentials of ECD Centres, spatial mapping of centres.

Area-based surveys necessary first phase of a new response model - provide important information e.g. type of infrastructure needed, capacity building requirements, budgetary requirements, flexibility required etc. **for ECD response planning /" developing a coherent population-based infrastructure plan**

Flexibility is necessary for registration and inclusion within the current system of support to address issues such as: lack of building plans (100%); limited number of title deeds (7%) / conventional tenure security; a third have 1m² or less of building space per child: 36% have less than 2m² outdoor space per child , private centre ownership (86%),

DSD applies flexibility (gold-silver-bronze) for programmes . Similar **flexibility required for infrastructure standards to enable registration**. Flexibility parameters need to be specific and linked to reasonable norms and standards which afford greater but acceptable flexibility e.g. reduced outdoor space

Preliminary testing of Categorisation Framework promising indicates method can be successfully applied and all centres can be accommodated in any of the five defined categories (A,B1,B2,C1,C2) based on survey data on a) institutional/capacity, b) ECD programme and c) infrastructure/health and safety factors.

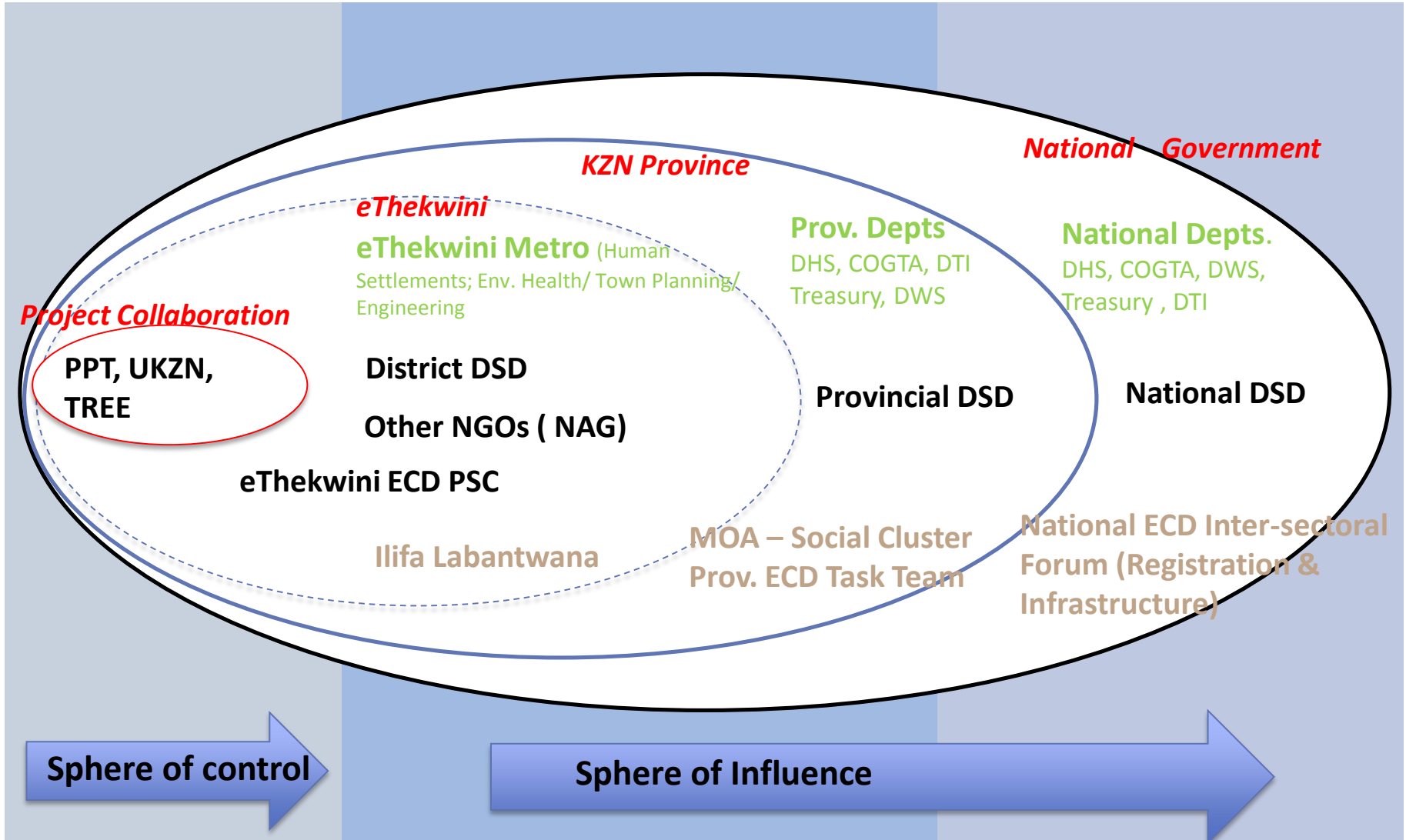
RAC framework may subject to further testing within the current project and proof of efficacy **offer DSD way to caterorise centres eligible for different levels of support, possible infrastructure investment and identify children under immediate threat**

PART B

Implications of emerging findings for policy engagement planning

Spheres of Influence Diagram:

Mapping of actors influencing the policy arena



Policy engagement plan

Stakeholder	Level of power	Engagement	Intervals
eThekwini ECD PSC Directly aligned	<ul style="list-style-type: none"> Moderate power. 	<ul style="list-style-type: none"> PSC meeting on all project matters Joint meetings on various aspects Circulation of documentation for comments 	3 monthly Continuous Continuous
eThekwini Municipality Directly aligned	<ul style="list-style-type: none"> High power. Responsible for development planning policy , budgets, services, funding, oversight and compliance 	<ul style="list-style-type: none"> Via PSC eThekwini Council submission via Human Settlements and Health Departments /Committees Bilateral meetings : key officials /Committees Individual Departmental meetings Env. Health - direct involvement in key issues e.g. categorisation, pilot site selection, improvement plans, level of flexibility 	3 monthly April Ongoing and as required. Ad hoc Continuous

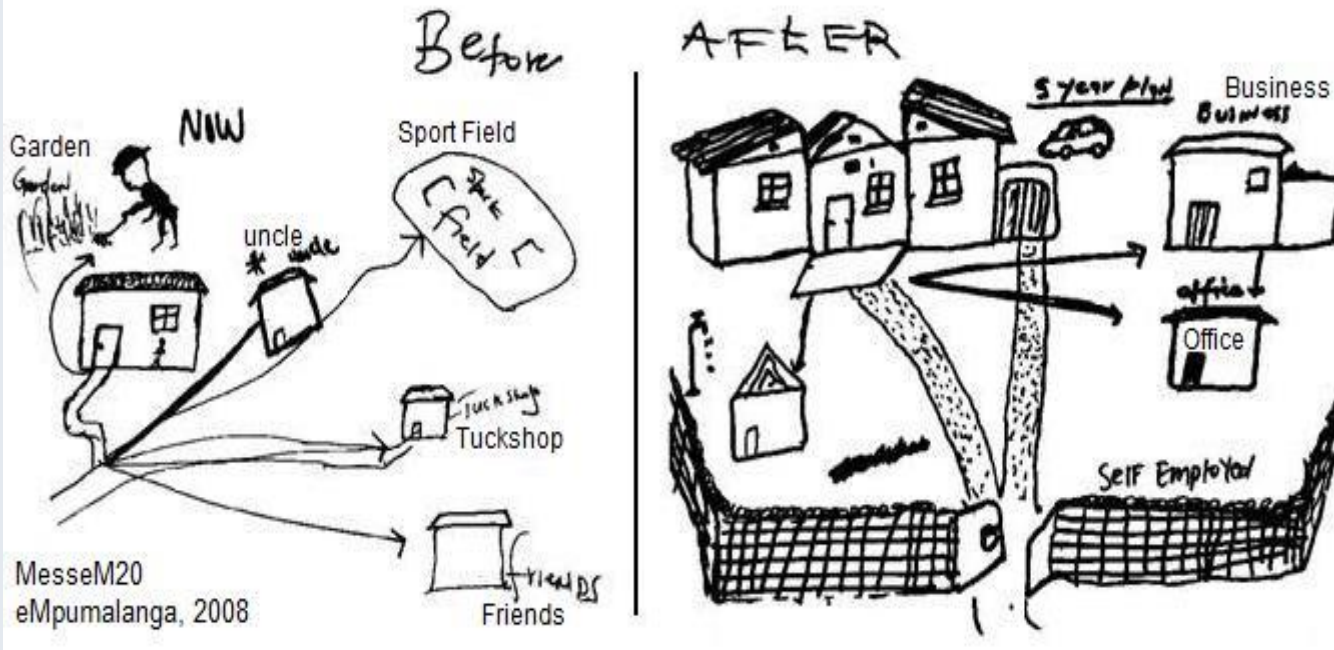
Challenges: Municipalities bound by NBR & Acts (compliance may be difficult); competing MIG/ USDG funding priorities in wards (sharing of cake). **Solution :** Bilateral meetings, building relationships, keep key politicians informed

District DSD Directly aligned	<ul style="list-style-type: none"> Moderate power. Responsible for ECD programme planning, centre registration, support, funding 	<ul style="list-style-type: none"> Via PSC Direct engagement on key aspects , e.g. categorisation, pilot site selection, improvement plans, level of flexibility, etc. Inputs at final workshop - SW and EHPs 	3 monthly Continuous
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Challenge: Decision making sometime very difficult, not easy to commit, bound to funding cycles & provincial priorities. **Solution:** involvement in decision making e.g. pilot projects

Stakeholder	Level of power	Engagement	Intervals
Provincial DSD Directly aligned	<ul style="list-style-type: none"> • High power. • Responsible for ECD provincial policy , budget allocation, provincial planning, provincial database 	<ul style="list-style-type: none"> • Via PSC • Direct engagement via correspondence, submission of documents for comments, reports, focused on policy, model, funding. • Invitation to pilot projects before and after intervention and workshop • Indirect via Ilifa - MOA with KZN Social Cluster And KZN ECD Prov. Task Team 	3 monthly Ad hoc April Sept, October Ad hoc
<p>Challenge: <i>“Territorial – difficult for Dept to partner on research / projects not commissioned by themselves .</i> Solution: <i>Keep officials informed, invite direct involvement in PSC and participation in key research processes.</i></p>			
Ilifa Labantwana – Directly aligned	<ul style="list-style-type: none"> • Low power but serve on important committees. 	<ul style="list-style-type: none"> • Via PSC • Channel copies of all reports to feed into Provincial ECD Task Team and National DSD Inter-sectoral ECD Forum – Registration and Infrastructure subcommittee (ad hoc) 	3 monthly Ad hoc
National DSD Directly aligned	<ul style="list-style-type: none"> • High power • Responsible for Acts, policies, budget, national planning and strategy national database, 	<ul style="list-style-type: none"> • Direct engagement - submission of research reports; presentations via DPME, invitation to pilot projects and <u>workshop</u> once completed • Indirectly via Ilifa on Nat. ECD Inter-sectoral Forum & Registration and Infrastructure subcommittee. 	Ad hoc October Ad hoc
Other Provincial / National Depts. Not directly aligned	<ul style="list-style-type: none"> • Treasury , DTI, DHS, • DWS, DCOGTA 	<ul style="list-style-type: none"> • Municipality / Provincial and / or National DSD will engage ; May be required to assist with motivation for possible submissions 	none

Qualitative Investigations



At 7 ECD centres:

- Individual In-depth Interviews with principals/ owners.
- Focus group discussions with parents and PCGs.

Use of diagramming and other visual materials during qualitative interviews will:

- Generate local (or **user-based and owner-based**) understanding of ECD centres, their issues and ideas for improvement.
- Encourage a **holistic analysis** of the centre, its problems and potential solutions.
- Create a **visual summary** of issues discussed, which owner can keep, share and work on.
- Allow **multiple voices** to be heard, without need for consensus (in group discussions).

Results will be used to enhance understanding of survey findings and indicate areas where the quantitative survey could be improved.

Thank You!



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