

QUALITATIVE RESEARCH: ECD CENTRES IN AMAOTI

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Contribution statement

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Abbreviations

DBE	Dept. of Basic Education
DSD	Dept. of Social Development
EHS	Environmental Health Services
ECD	Early Childhood Development
PPT	Project Preparation Trust
UKZN	University of KwaZulu-Natal
KZN	KwaZulu-Natal
FGD	Focus Group Discussions
IIDI	Individual In-depth Interviews
TREE	Training and Resources in Early Education

1 Introduction

The literature review section provided in this section is derived and shortened from an early childhood study done by Mthembu, M., Mbarathi, N. and Diga, K. (2016). *Early Childhood Development and South Africa: A literature Review. SARCHI paper series. Technical Paper No. 6. University of KwaZulu-Natal. <http://hdl.handle.net/10413/13338>* as part of this project. In this it was noted that national government is concerned about the level of childcare delivered to its citizens, given that many people need to send their young children to some kind of child care centre. Government has also noted its responsibility to make sure that children at these child care centres have adequate care, and its aspiration to upgrade centres to bronze, silver and gold status if possible. This work is linked to a broader project, which has included a literature review exercise, quantitative research on child care centres in the informal urban area of Amaoti (eThekweni, KZN), a research report authored by Project Preparation Trust, and the contents of this report which contains the findings from qualitative research in 6 ECD centres. This qualitative research provides insights into the nature of child care centres in informal urban areas, adding a depth of understanding to the quantitative findings. Together, this qualitative and quantitative research can inform government's policy and actions aimed at assessing and assisting child care centres to improve the quality of the care and education they provide to our youngest citizens.

1.1 ECD in South Africa

Early child development (ECD) has recently been considered as one of the most crucial sectors for a young child's (ages 0 to 5 years old) life. Children have rapid cognitive and emotional development during the period from birth up to the start of school. ECD plays a substantive role in preparing a child to thrive in primary and secondary school. Furthermore, ECD has been shown to affect the advancement from childhood to adulthood (Phillips & Shonkoff, 2000). Children raised in deprived or impoverished conditions or within facilities where safety and a nurturing environment are limited can compromise their equitable opportunities towards a good standard of adult life. To bridge this current inequality, South Africa is implementing a comprehensive national approach around Early Childhood Development. According to South Africa's Department of Social Development (Republic of South Africa, 2015:14), ECD comprises of cognitive, emotional, physical, mental, communication, social and spiritual development of children that takes place from birth until formal pre-schooling (i.e. Grade R)¹. In order to inform this objective our research team visited a number of centres and held structured interviews with parents, centre managers, workers and carers. We conducted mapping exercises, interviews and focus groups.

Children in poverty

Children in poverty are most likely to be deficient of many types of basic needs such as food, housing, clothing and health care. Previous studies show that children who are nurtured within an appropriate environment with full access to proper basic needs are more likely to flourish in life than those who do not (CGECCD, 2013; UNESCO 2015). Access to proper nutrition, health and parental & community support constitute the basic elements that can boost sensory, emotional, cognitive, social and physical development of children from birth

until they reach school going age (UNESCO, 2015). With such resources, ECD can also positively impact on a child's readiness to enter into the schooling system. Poverty reduction should thereby be prioritised to ensure children are given the greatest potential to meet their early developmental and educational needs.

At the moment, there is an unevenness in resource provision to ECD centres and programmes which thereby compromises the full potential for early childhood development to influence human development change especially for children in urban informal settlements. Parents are employed in order to meet their household needs, and they send their children to either individual caretakers or ECD facilities during their work periods. In the case of ECD, parents leave their children with caregivers who have the facilities to ensure the safety and in some cases, cognitive programming for children. However, within the current situation there is a gap as parents can afford only a certain amount for ECD care, and current ECD facilities located in marginalised areas suffer from low levels of resources as a consequence. They are often missing critical features. Sadly, those most in need fail to access government subsidy or support as they are below the bar for the registration of their centres which is an a priori requirement for government funding. Thus, despite the replete evidence globally that childhood interventions have long-term economic benefits, reduce childhood cognitive delays, and deliver positive long-term labour outcomes such as a productive workforce in a country (Biersteker, 2012; Martin et al 2014), the current modalities of government policy in South Africa act to exclude the poorest children from care.

Poverty in South Africa: the context

South Africa has approximately 18, 6 million children (Hall & Sambu, 2015). In 2013, over fifty per cent of South African children (ages 0-17) lived below the "lower bound" poverty line (R671 per month) (Hall & Sambu, 2015). This percentage thereby estimates that approximately ten million children (all ages) in all of South Africa live below the "lower bound" poverty line (Hall & Sambu, 2015). 2.6 million of these 10 million poor children are living in KwaZulu-Natal (KZN). While this total is less than the 3, 3 million poor KZN children counted in 2003, this remains the largest absolute number of poor children per province in the country (Hall & Sambu, 2015). Regarding poor children under the age of 6 (those children who live in the poorest 40 percent of households and would be eligible for free ECD services), there are around 4, 0 million in South Africa, with approximately 957 000 based in KwaZulu-Natal (KZN) (Hall et al, 2014). In regard to housing provision, forty-two per cent of SA children living in informal dwellings are aged up to 5 years (Hall, 2015). In 2013, more than 2 million children (11 per cent) lived in shacks within informal settlements in South Africa (Hall, 2015). In KwaZulu-Natal in 2015 265 000 children lived in informal housing; this is a substantially smaller figure compared to 2002 when 433 000 children lived within informal housing (Hall, 2015). In eThekweni Municipality, an estimated 34 percent of households live on an average monthly income of R1500 or less (eThekweni Municipality, 2013). At the higher income rate of R3 500 per month, there are 60 percent of eThekweni municipality households who earn this monthly average (ibid). Within the same eThekweni quality of life survey, 70 percent of those who lived in an informal settlement were not satisfied with their current dwellings, mainly due to its poor maintenance and overcrowded nature (eThekweni Municipality, 2013).

Thus, child poverty is deep and widespread in South Africa. Households with children under the age of 6 continue to live in under resourced areas such as informal settlements where housing, health, water and educational services are not sufficient for children to have decent well-being. Child poverty can be seen as intergenerational, with poverty being passed on from adult to child. Major consequences arise for child poverty including poor nutrition, deficiencies in schooling and emotional problems.

ECD in South Africa

Early childhood development is an emerging field of research and policy development in South Africa. The state of ECD in South Africa in terms of reporting on its progress was non-existent prior to the 1994 democratic elections. However, since the ratification of the United Nations Convention of the Rights of the Child on 16 June 1995, improved indicators and monitoring have been taken place and from this data, the understanding on the situation of children has improved over time (Storbeck and Moodley, 2010; van der Merwe, 2015). As a starting point in South Africa, a national audit to establish the status of both registered and unregistered ECD centres was conducted in 2013 (DSD, 2014). Currently there are 20,442 registered ECD centres nationwide (UNICEF, 2015). According to Richter et al., (2012), the General Household Survey demonstrates that 43 percent of children below the age of five had access to early childhood programmes in 2009. However, in 2010, the statistics improved and reached 63 percent (Richter et al., 2012). Drawing from this same data, information on unregistered ECD centres in informal urban areas is unavailable. But we know that most of the registered ECD centres are inaccessible to most poor areas both in rural and informal urban areas (Martin et al, 2014; UNICEF, 2005). While nationally around 8 percent of registered ECD facilities lack proper infrastructure (Martin et al, 2014), in unregistered centres the evidence is sparse and this research gap makes it impossible to give an exact figure on infrastructural deficiencies. In Amaoti, the vast majority of ECD centres were unregistered and most suffered from infrastructural deficiencies. Under informal ECD centres, there is also a lack of proper management structures and set monitoring and evaluation mechanisms. More specifically, there is a deficiency in proper nutrition programmes, trained personnel on ECD or there are experiences of high personnel turnover (UNICEF, 2005; Atmore et al., 2013). Our research shows that workers often subsidize programmes. And more specifically food purchases, from their own resources.

According to Statistics South Africa (2012), the turnout of children to ECD facilities in South Africa varies from province to province. For example, attendance to ECD facilities among children younger than 5 years in KZN was at 26.6 percent compared to Western Cape, which recorded 39.0 percent of children younger than 5 years who attended ECD programmes. Studies indicate that areas either have limited or no access to ECD services within their community, this includes access to health services and proper nutrition (Biersteker, 2012; UNICEF, 2005; and Atmore et al., 2013). Nationally, very few provinces have met these requirements. For example, in KwaZulu-Natal, the quality of ECD infrastructure is among the poorest in all provinces and is classified among those that need urgent attention (Republic of South Africa, 2014). Children living in rural areas and informal urban areas are unable to access formal ECD services either due to the non-existence or inaccessibility.

The national audit on ECD centres (2014) show most facilities remain unregistered with the Department of Social Development (DSD) because they fail to meet the standards presented by the department. For an ECD to be registered, the infrastructural conditions should be according to the set DSD requirements. Standards range from location of the ECD centre, quality of infrastructure, management and running of ECD facilities. DSD guidelines require that ECD centres have quality infrastructure that provides children with a safe, healthy learning environment. This includes access to sufficient water, proper sanitation, electricity and a secured area away from hazards. Food must be cooked away from the children's play areas (Atmore et al., 2012). The structural conditions of ECD centres such as the roof, walls, and plumbing should be in good condition. The centres' facilities should be functional in such a way that they can accommodate people with disabilities. The lack of registration of operational child minding facilities remains an issue as facilities in under resourced areas and with low service charges to parents do not meet governmental regulations. Their failure to register also does not give the centres an opportunity to apply for much needed subsidised funding from government.

As an illustration, Atmore et al. (2012) point out that the centres particularly Grade R programmes in registered community based ECD are listed under the Department of Social Development. It is mandatory that registered community based ECD meet the requirements of the department. However, the department does not provide any kind of funding for sustenance (maintenance) and upgrades of the facilities. They do conduct follow-ups or check whether the facilities are maintained properly (Atmore et al., 2012). Another party involved in ensuring that ECD centres meet DSD standards is a local government's Environment Health Office that inspects ECD community based centres before they are approved to operate legally. Currently, the owner of the registered community based centre self-funds the facility updates and is responsible for maintenance and any kind of improvements (Atmore et al., 2012).

The location for establishing an ECD facility must adhere to local government land use regulations and other infrastructural standards. For example, a government sponsored ECD centre is required to be situated within an area that meets the Department of Social Development's standards of being located in "local service points or community service locations" also referred to "Location Zoning" (PPT, 2014 pg 7). These standards are in line with the Department of Human Settlements by regulations that require crèches to be built near community halls in order to reduce investment costs.

In addition, another setback faced by ECD centres located in informal settlements is lack of funds which prevents them from registering their centres. For example, most ECD centres are not located in areas which allow for registration. Some ECD centres operate in association with NGOs that are well resourced. As a result, they are of better quality and may be located in DSD compliant locations. However, these centres may not be affordable to people who reside in informal settlements (Republic of South Africa, 2013).

Structural challenges facing registration of informal ECD centres

According to van der Merwe (2015), ECD centres in South Africa are under resourced and thus lack sufficient funding, professionally trained ECD personnel as well as are absent of quality facilities and structured

programmes including the lack of proper nutrition programmes. In addition, there is a lack of proper management structures and a set of monitoring and evaluation mechanisms which guide the running ECD facilities (UNICEF, 2005; Atmore et al., 2013). Altogether, the infrastructure in registered community centres is recognised as poor compared to Grade R facilities in public schools. According to the Department of Education, ECD classrooms are often found to be overcrowded, accommodating over 40 children per teacher, even though set standards require that each class accommodate up to 30 children for grade R and up to 20 children for pre-grade R (Atmore et al., 2013). The National Department of Basic Education, Social Development and UNICEF found that the infrastructure in community based centres were underprivileged compared to those within public school facilities (Atmore et al., 2013). The researchers also found that the infrastructure in unregistered community based centres is below standards. The conditions within the facilities are very poor compared to other registered formal ECD service providers.

1.2 Project Background

This research forms part of a project funded by the Programme to Support Pro-poor Policy Development (PSPPD), phase II led by Project Preparation Trust.

1.2.1 Project Context and Objectives

- “Policy makers need evidence to inform their decisions so that they can make informed policy choices and improve the implementation of those policies. Good quality research helps policy makers understand the reality of service delivery on the ground and can illustrate the extent of problems and the underlying causes.
- In particular, the Phase II will build on the evaluation policy, systems and the use of evaluation to improve policy implementation and provide support for the implementation of the National Development Plan.
- Through building the institutions of government and a body of scholarship on poverty and inequality, the ability of the government to address these challenges will be improved. The overarching theme, therefore, for Phase II is the reduction of poverty and inequality.
- The focus will be on the following departments in the Social Cluster: Departments of Social Development, Health, Education and Rural Development.
- The PSPPD is situated within the National Planning Commission (NPC). The NPC has finalised the National Development Plan and Cabinet has mandated it to develop an Implementation Framework.
- The PSPPD worked closely with and contributed significantly to the evaluation component of the Department of Performance Monitoring and Evaluation (DPM&E) within the Presidency.”

The objectives of the project led by PPT are:

- Research into the nature of ECD centres in the informal urban areas of Amaoti;
- The pilot of a model to assess, categorise and facilitate the upgrading of ECD centres; and
- Upgrade selected ECD centres.

The core of this project was PPT's implementation of their model to rapidly assess ECD centres and assist those in need. UKZN had a dual role in this PSPPDII funded project, namely to conduct qualitative research on ECD centres in the informal area of Amaoti (eThekewini, KZN) and to provide methodological assistance to PPT regarding the implementation of their model and reporting on their implementation.

As part of the latter, SoBEDS (UKZN) was represented on the project steering committee of this project, alongside the provincial and local Departments of Social Development (DSD); the local Environmental Health Services Unit; Ilifa and TREE, all of whom were key stakeholders with an ongoing role to play in supporting ECD in KZN. UKZN's role on the Steering Committee was to observe and advise on PPT's project process, with respect to their methodology and the model they are testing. This report addresses UKZN's first role, namely the qualitative research.

It is vital to distinguish between research methods (and process) that form part of the ECD model being tested, and research methods (and process) that are outside of that model aimed at investigating the application of the ECD model and gathering additional information to enhance research done as part of the model. TREE and PPT are involved in both, because they are implementing a draft ECD model and at the same time reflecting on their implementation in order to improve and finalise the model. UKZN are not involved in the implementation of the ECD model and therefore only apply research methods which aim to gather information to assist PPT to refine their ECD model and enhance their information. Accordingly, the activity workflow in the following section makes this distinction via two columns which identify the responsible organisations for particular parts of the Action. This qualitative research by UKZN is represented by number 2.7. in the project's Activity Flow or summary workplan, as shown in Table 1-1.

Project Activities		ECD Model for up-scaling	Research to test/refine the model
1. Phase 1: Scoping and setup			
1.1.	Establish Project Steering Committee (PSC) and convene PSC #1 including contacting and informing stakeholders	PPT	PPT
1.2.	Review and refine research method and log-frame		PPT/UKZN/TREE
1.3.	Contextual desktop literature review		UKZN
1.4.	Review and refine categorisation framework		PPT
1.5.	Develop research tools and data management process		UKZN/ PPT
1.6.	Decide study boundary		PPT(PSC)
1.7.	Collect existing data on ECD centres, as well as broad socio-economic data on the study area	PPT (TREE)	
2. Phase 2: Area-level rapid assessment & baseline			
2.1.	Identify and train survey fieldworkers	PPT	
2.2.	Field survey of all ECD centres resulting in database of all centres including preliminary baseline data	PPT (TREE)	
2.3.	Qualitative semi-structured interviews with survey FWs and with selected local stakeholders (ECD forum)		UKZN
2.4.	Project Steering Committee meeting #2	PPT	PPT
2.5.	Process and analyse survey data	PPT	
2.6.	Apply categorisation criteria and categorise all centres	PPT	
2.7.	Undertake focus group discussions with parents and individual in-depth interviews with principals/owners at 7 centres		UKZN
2.8.	Produce research report including key trends from survey		PPT/UKZN
2.9.	Refinement of ECD response model/categorisation framework	PPT	PPT
3. Phase 3: Pilot interventions at six centres			
3.1.	Select six representative centres in terms of defined criteria	PPT/TREE	
3.2.	Detailed survey and updated baseline at six centres	PPT/TREE	
3.3.	Develop a practical improvement plan for each of the six centres	PPT(TREE)	
3.4.	Secure capital funding for infrastructure delivery at 6 pilot sites	PPT	
3.5.	Project Steering Committee meeting # 3	PPT	PPT
3.6.	Deliver skills training and programme enhancements	TREE	
3.7.	Deliver rapid equipment/material improvements at 6 pilot sites	PPT	
3.8.	Support infrastructure delivery at 6 pilot sites	PPT	
3.9.	Project Steering Committee meeting # 4 (after completion of improvements at the six centres)	PPT	PPT
4. Phase 4: Quantitative research study, dissemination and policy feedback			
4.1.	Survey assessment against baseline at 6 pilot sites (quantitative)	PPT	
4.2.	Scorecard assessment against improvement plans at 6 pilot sites (quantitative) including on-site inspections	PPT/TREE	
4.3.	Semi-structured interviews for 6 pilot sites (qualitative)		PPT/TREE
4.4.	Further review and refine the delivery response model and categorisation framework including feasibility of upscaling		PPT(TREE/UKZN)
4.5.	Final research report and description of refined model	PPT	(UKZN)
4.6.	Summary Synthesis Report for stakeholder briefing and dissemination		PPT(UKZN)
4.7.	Dissemination of Synthesis Report and Research Report	PPT/ TREE	UKZN
4.8.	Multi-stakeholder workshop (disseminate & share learning)	PPT(TREE)	PPT(UKZN)
4.9.	Project Steering Committee meeting # 5	PPT	PPT
4.10.	Assessment of potential for replication and upscaling (and plan)		PPT/UKZN/TREE

Table 1-1: Activity Flow (summary work-plan)

Source: PPT's Research Methodology document (151106 Research Method FINAL 15mar2016.pdf) page 9

1.2.2 Project Process

Qualitative research was initially due to take place in February 2016. When this could not be done, the fieldwork was rescheduled for April 2016 which also could not take place. Finally, with the project timeframe for expenditure ending at the end of January 2017, new plans for UKZN's qualitative research were put in place in December 2016. The fieldwork took place from 17 to 27 January 2017. Some of the detail behind this process is presented below.

UKZN's qualitative fieldwork was due to begin in early February and be completed by 31 March 2016. However, the start of fieldwork was delayed a few times. The project steering committee (PSC) was not happy that UKZN directly approach the councillors of the three wards concerned to inform them of the project and impending fieldwork in the area. This was because eThekweni municipal officials had not yet officially informed the Executive Council of the eThekweni (EXCO) through any of sub executive committees. The eThekweni Departments of Health, Human settlements and the Provincial Department of Social Development are represented on the project steering committee. Initially (in about June 2015), health officials were going to present the project to the health sub-committee, however in February 2016, they indicated they were no longer willing to do so, because of difficult relations between various departments, municipal officials and eThekweni councillors. Subsequently PPT had discussions with officials from engineering and housing and there was agreement that the project would be presented to EXCO through the HSI (Human Settlements and Infrastructure) sub-committee. After further discussions, PPT met with the City Manager, who indicated that the best way forward was to present the project to the eThekweni ANC EXCO caucus. UKZN rejected this idea and requested that PPT also do not engage in such a process. Rather PPT could provide the necessary information to the relevant officials, and they could proceed with their usual duties regarding liaison between city officials and elected members of the EXCO, regarding projects in the city i.e. city officials could present to the ANC caucus if they thought it was appropriate and necessary. This was the situation at the start of April 2016.

PPT was then referred to the Deputy City Manager (Social Cluster) to take the initiative forward having confirmed the importance of ECD in informal settlements and expressed in principle support, but also having noted that certain key issues require clarification (e.g. funding responsibilities of City versus the Provincial Department of Social Development). Positive follow-up meetings were held and the DCM assigned a manager to deal with the project. It was agreed that reports to both the eThekweni Human Settlements and Social Services Committees would need to be tabled. However, given the pending local government elections, officials felt it was not viable at that time to take a report to Committees. A Committee report was however drafted with several updates made. However, even after the elections, the report was not tabled to either Committee. Initially this was due to the new Committees not yet having been convened and inducted. Then the Head of Human Settlements sought clarity on various specific issues (e.g. how pilot centres were selected). Email clarification was provided. A meeting between PPT and the Head of Human Settlements was set down for 04th April 2017.

UKZN's involvement in the project was minimal from April to November 2016 because other key stakeholders were not comfortable with UKZN proceeding with qualitative research. While UKZN still preferred to initiate engagement through direct consultation with the three ward councillors and ward committees (of Amaoti) in order to dialogue with them, the pending local government elections in August led to another deferral of contact in the interests of security. It did not help that, perhaps inevitably, the act of surveying for the quantitative component of the research had raised expectations of resources in the wards concerned, and that this had then made the choice of centres where qualitative research was to take place a politicised matter.

It is normal research practice that prior to the commencement of fieldwork, researchers inform local leaders/authorities of their intention to do research, whether these are elected councillors, traditional leaders, and/or other non-official people or organisations regarded by the local population as having leadership status. However, because of the elections and the particular politics of the officials involved, Amaoti was more volatile than is even usual. Thus while UKZN needed to ensure that accepted and expected procedures were followed regarding fieldwork, it was unable to do so, and was thus also not able to proceed. Meanwhile, the PSC (reflecting the concerns of more senior officials in eThekweni) were concerned that if UKZN approached Amaoti councillors before they had been officially informed of the project through the city of eThekweni, a prerequisite which the PSC was itself struggling with, then that would heighten existing tensions and risked negative outcomes for city officials, units or departments within city structures. This situation did not change much, even after the local government elections in August 2016 (as outlined previously) and therefore, UKZN did not proceed with qualitative research until January and February 2017.

2 Research Objectives and Methodology

This section presents the objectives of the qualitative research; how ECD centres were sampled; the nature of the sample; research methods used; and the fieldwork schedule.

2.1 Qualitative Research Objectives

The main aim of this qualitative research was to enhance information on child care centres in Amaoti, adding depth of understanding and an alternative perspective to the quantitative data collected by PPT on ECD centres, for the purpose of assisting those who plan and implement improvements to the centres (including the centres themselves). There was a deliberate emphasis on centres in informal settlements as these are the most under researched to date. The secondary aim was to help inform government policy at a national level. This is needed because there are many child care centres that are struggling to provide the kind of care and education they would like to see, and there are many children that need our government to help their centre (or crèche) so that it can provide them with the kind of early childhood development opportunities that they need to have a chance of a better life. Government needs to know what the current ECD landscape looks like, particularly in informal settlements, for the children that attend them; what the problems are; and importantly, how the people using

these centres think they should be improved, so that government can support programmes for child care centres that help children develop to their full potential.

2.2 Research Sample

2.2.1 Prior Information of ECD centres in Amaoti

PPT conducted a quantitative survey of child care centres in Amaoti, attempting to include all centres catering for more than 6 children in the areas of Amaoti, Angola, Cuba, Libya, Lusaka, Mozambique, Namibia, Nigeria, Ohlange, Tanzania, Thabo Plaza, White City, Zimbabwe, and Zwelisha (these refer to the names of districts in Amaoti, rather than the countries themselves). A total of 42 centres were surveyed. As part of PPT's rapid assessment model, quantitative data was used to create indicators for scoring the ECD centres, which were then placed in one of five categories, namely A, B1, B2, C1, C2, where those in category A were the best and those in category C2 were the worst. A description of centres falling into each category is provided. The outcome of this ranking is shown in the first column of Table 2-1.

Table 2-1: Comparative ranking of 42 ECD centres in Amaoti

Nature of Category	PPT Categories (& no. of centres)	FW2 Categories (& no. of centres)	FW1 Categories (& no. of centres)
Worst	C2 (1)	Disaster (8)	Wouldn't send my child here (10)
	C1 (10)		
Not Good	B2 (11)	Early childhood un-development (10)	Would send my child if it was the only option (11)
Good	B1 (17)	Need little improvement (14)	Would send my child, Maybe (9)
Best	A (3)	My very best (10)	Would definitely send my child here (12)

The two PPT fieldworkers who did the quantitative survey were interviewed by UKZN immediately after they had completed the survey in Amaoti. This was designed to debrief fieldworkers on the process of carrying out the initial survey in field and to document information not captured by the survey that would add perspective to the data, as well as aid in the revision and improvement of the questionnaire. From the two interviews, we recorded fieldworkers' reflections on the process of finding centres; the process of securing an interview; and the process of interviewing and taking photographs and measurements; as well as the validity of responses to particular questions. In a follow-up exercise, the two fieldworkers separately ranked each of the 42 centres using one photo of each centre, the name of the centre and their memory of visiting the centre during quantitative fieldwork. While the two fieldworkers gave their categories different names, they both placed centres within four categories, from best to worst, as shown in columns 2 and 3 in Table 2-1.

2.2.2 Selection of Centres

The guidelines for the selection of centres for qualitative research in January 2017 differed from the guidelines used to select centres in February 2016 (for fieldwork in February and March). This is because by the end of 2016, PPT had already selected centres as pilots for upgrading (as well as identifying another four centres in need of some form of emergency assistance). A sample for qualitative research had to consider the stage the project was at and linked to that, the aspects of differentiation between the centres in Amaoti that should be recognised in a diverse sample. The UKZN mandate, as understood by the PI, was also that this evaluation must be autonomous from the PPT process, but cognisant of it, in order that an element of evaluation of the PPT rapid assessment model itself could be provided for. Merely sampling in those centre chosen for upgrade would introduce bias, as those not chosen also contained parents and centre leaders with an opinion on the rapid assessment model and on their circumstances in general.

Thus, the guidelines used by UKZN to select the qualitative research sample in December 2016/ January 2017 were:

- half the sample should be those selected as pilots for upgrade or for emergency assistance
- all 5 of PPT's categories ranking categories (A, B1, B2, C1, and C2) should be included
- at least one centre should to be included in the sample where the fieldworkers' qualitative ranking and PPT's quantitative ranking differed substantially

The table below details the steps followed in the selection process (reading from left to right).

42 ECD centres	PPT category (& no.)	Start of selection process -> ->				Resultant Sample (6)
Pilots (8)	A (2)	RS: 1 of 2 ->	Ithembaesizwe ->	Unhappy with participating ->	Selected Alternative ->	Fisani Okuhle [A: Pilot]
	B1 (6)	RS: 1 of 6 ->	->	->	->	Sandile [B1: Pilot]
Non-Pilots (34)	A (1)	Not Selected -> Cat. A already in sample I				
	B1 (11)	B1 (9): None selected -> Cat. B1 already in sample I				
		B1(2): Identified for Emergency Assist -> none selected -> Emergency Assist already in sample			RS: 1 of 2 ->	Tholokuhle [B1: Emergency Assist]
	B2 (11)	B2(2): Identified for Emergency Assist -> RS: 1 of 2 -> Phathakahle -> unable to contact -> Selected Alternative -> Siphosezwe -> unable to contact ->			^^ ^^ Move to B1 [Emergency Assist] I	
		B2 (7): Similar ranking - not Emergency Assist -> None selected -> B2 already in sample I				
		B2 (2): Rankings differed (2) -> RS: 1 of 2 ->			->	Siyazama [B2: ranking differed]
	C1 (10)	C1 (9): Removed 1 centre (less than 7 children) -> RS: 1 of 9 -> Siyathuthuka -> unable to contact -> RS: 1 of 8 ->			->	Kwa Nomarashiya [C1]
	C2 (1)	Selected ->			->	Mpilonhle [C2]

Table 2-2: Process to select ECD centres for Qualitative Sample

*Note: RS = Random Selection

2.2.3 Participating ECD centres

The names of the ECD centres included in the qualitative research sample are shown in Table 2-3, together with their categorisation by PPT and by PPT's two fieldworkers. It also shows the characteristic represented in terms of selection guidelines noted above.

ECD Centre	PPT Cat.	Fieldworker 1 Ranking	Fieldworker 2 Ranking	Other Sample Characteristic
Fisani Okuhle	A	Best	Best	PILOT
Sandile	B1	Good	Good	PILOT
Tholokuhle	B1	Worst	Not Good	Rankings differed & Emergency Assist
Siyazama	B2	Worst	Worst	Rankings differed between PPT and fieldworkers
Kwa Nomarashiya	C1	Worst	Worst	
Mpilonhle	C2	Worst	Worst	

Table 2-3: ECD Centres participating in qualitative fieldwork.

Research Methods

Qualitative research methods were used to gain a holistic view of the potential and challenges facing ECD centres in Amaoti. This study used focus group discussions (FGDs) with parents of children at six ECD centres and individual in-depth interviews (IIDs), with ECD operators, either principals, supervisors or owners.

The overall focus was to gain understanding of the nature and operation of child care centres in informal settlements. The key topics to be explored from the perspectives of parents and staff at ECD centres in Amaoti included:

- Problems with ECD centre and improvements
- Funding and related decision making
- Issues surrounding Department of Social Development registration
- Different features considered by parents when selecting a child care centre

A discussion guide was used to facilitate the IIDs, which also provided an opportunity for ECD operators to raise issues which they wanted to discuss. Visual mapping of the ECD centre was done with operators (who were willing) in order to enhance their engagement with the issues at hand and to allow the fieldworker to ask about parts of the centre not referred to by the respondent. The discussion guide asked operators to consider improvements (rather than asking them about needs or problems) in an effort to move away from “shopping list” responses – which often emerge when either individuals or organisations are asked what their individual or organisational needs are. There is a tendency for people to respond according to what they think the interviewer might be able to deliver. The discussion was not audio-recorded but rather notes were taken by

hand. The IIDI lasted between 45min and 120 minutes. A copy of the IIDI discussion guide is included in Appendix A

Results from the quantitative survey showed that in some cases staff members did not have sufficient information to answer questions concerning registration, funding and/or ownership status. Because funding and registration were important topics of discussion, it was decided to interview the owner, principal or main driver of selected centres. IIDIs with staff members from sampled ECD centres allowed the research to focus on the specifics of each centre, providing a holistic and in-depth understanding of the centre, including its specific challenges and ideas for improvements.

Focus group discussions were organised with parents and caregivers of children who were currently attending the ECD centre. The purpose of these was to gain insight into the nature of the centres, any problems they may have and ideas for improvements to centres, from the parents of children attending. A discussion guide was used to facilitate the focus group discussion, which also provided an opportunity for the parents to raise issues which they wanted to discuss. Visual participatory exercises were done with parents to improve the quality of the information gathered and to promote participation. The discussion was not audio-recorded but rather notes were taken by hand. The FGDs lasted between 60 and 120 minutes. A copy of the FGD guide is included in Appendix B.

2.3 Fieldwork Schedule

Facility_Name	IIDI date	FGD date
Fisani:	18 th	24 th
Mpilonhle	19 th	26 th
Nomarashiya	17 th	27 th
Sandile	20 th	23 rd
Siyazama	17 th	26 th
Tholokuhle	20 th	25 th

Table 2-4: Fieldwork Schedule

2.4 Limitations

There were a few limitations to the qualitative research process that should be noted:

- The timing of visit was not opportune, as it was the start of the school year and teachers were busier than usual
- Some centres only had one teacher so it was difficult for them to find time for the interview and they had to be interviewed while caring for the children
- Parents are busy people and it was difficult to secure a day and time for parents to gather for a group discussion. As a result, we had to drive and pick up those parents that were available on the day.

- Taking notes by hand allows participants to feel freer to raise issues, however it does mean that some valuable information could have been missed.
- The fieldwork had to be completed in a short space of time to conform with the completion of the overall project, in the context of the earlier delays.
- General working conditions were restrictive and some centres did not have enough space to accommodate FGD participants.
- Parents had preconceived perceptions that researchers were going to select their centres for upgrading. The researchers thus had the additional task of talking to participants about the overall project and what their reasonable expectations of results could be. It is in this context that it is most unfortunate that the political negotiations with eThekweni to secure funding for the planned upgrades have not been successful to date (May 2017), even though the mapping exercise has established valuable data on how best to use such funding if it were to be provided.

3 Findings: Principals' perspectives

The findings outlined in this section were gathered from all six principals that were interviewed. Common information which pertains to all of the ECD practitioners is that:

- All six informal ECD centres are businesses owned by females
- Four of the ECD practitioners are above fifty years of age
- Most of the ECD centres are child minding/ day care centres
- Owners of the informal ECD centres use their own homes to look after children
- All centres look after children from zero to five years of age
- The large number of enrolled children is remarkable in this context

There was also one uncommon feature in that one of the ECD practitioners could not draw or sign the informed consent form because she could not write at all.

All practitioners indicated that they have been operating ECD centres for more than ten years. For example, one owner/operator noted that: "When I established this Centre my son was doing grade two and he completed grade 12 in 2001".

The practitioners indicated that they had seen the need in the community for the facilities they provide, as many of the children were found loitering on the streets without proper guidance or attendance. Largely because of the safety aspects pertaining to the child, the operators were motivated to establish centres. The economic standing of the community as a whole is not one that is pleasing or satisfactory and therefore many of the parents are unable to afford a decent education or formal ECD centre for their children. In this context, the establishment of these informal centres had become a vital development issue in these communities. One of the principals has referenced back to his childhood saying; "My background played a major role in motivating me into starting a ECD centre: when I was still young my mother was working as a domestic worker and she would leave me and

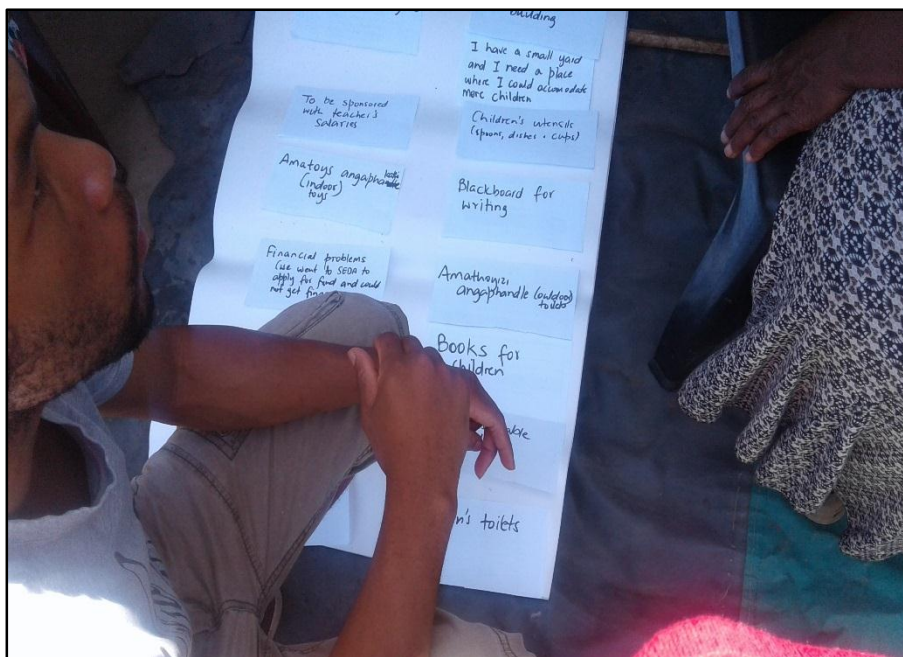
my siblings alone with no one to take care of us and as a result I enrolled at school at the age of ten”. The six practitioners that were interviewed are the ones who established these ECD centres.

Picture or Map of the ECD Centre.

The pictures below show the actual centres including grounds and spaces which were drawn by the principals in conversation with the UKZN researchers. The principals were asked to choose improvements that could be made in the drawing and also state how these changes may benefit children. The improvements included the most basic of necessities, such as fences for safety, potable water and taps that work to enable the children to drink and wash their hands, and repairs to roofs and walls so that the children are sheltered from the weather. They also then include such items as ‘blackboard for writing’ and ‘books for children’ as illustrated in image 1 in Mpilonhle.

The items listed as priorities by the centre managers, teachers, parents and workers did not always overlap with those identified by the PPT fieldworkers in their rapid assessment exercise. However, there were many commonalities, particularly regarding basic infrastructural challenges and facilities.

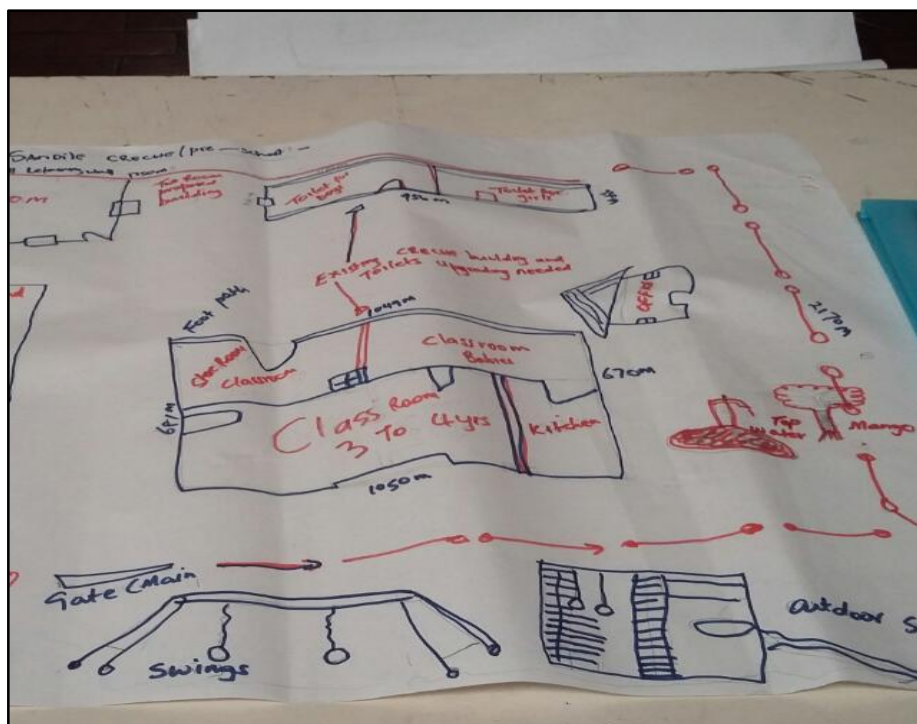
Image 1: Interview and drawing in Mpilonhle ECD



Picture credit: Mbali Mthembu and principal, January 2017

Facilities Improvements

Image 2: Slyazama Creche



Picture credit: Nhlanhla Nkwanyana and principal, January 2017

Table 5: Siyazama Creche Ranking of improvements

Things that need improvement	Ranking 1 is most important	Reason for improvement
New building	1	Reason is that the principal does not own this building - they pay rent. If the building was owned by the facility money paid towards rent could be utilized in various other ways. For example, in substituting the current meals for children to focus on more healthier options.
Pit latrine	2	It is a safety threat because it's not suitable for small children: the seat is too big and it is near the house so that children like to play and get inside it.
Gate	3	The gate can't close properly so the children might leave the premises and end up in the street.
Stoop (Door step)	4	It not well built and children might fall and get hurt: it's too high.
Toys	5	They do not have a variety of toys, as play forms a vital part in child development it is essential for children's toys to not only be physically appealing but also for them to be stimulating in order to aid the development of children.

Field work, 2017

Note that in these rankings by the principal, the issues of child safety appear salient with risk to children from falling in toilets, a steep stoep, and wandering outside the gate. This was a centre ranked 'worst' by the field workers, but which was classified as 'B2' by PPT.

Table 6: Sandile Creche Ranking of improvements

Issue to improve (from cards)	Rank (where 1 is most important)	Explanation/ reasons
Education	1	The standard of education needs to be at the acceptable level and because education is the first priority for the children.
Fence	2	Fence is very important for the children specially to avoid having children running out in the street. But also thieves from the area have broken into the centre numerous times, variously stealing food, and a printer and scanner.
Building	3	The current building has cracks and might collapse, this causes an occupational health and safety issue.
Roof	4	The roof leaks when it is raining because it is too old, this is neither productive nor safe for the children who use this facility.
Windows	5	There's a need for fresh air to circulate for the health of both our teachers and children, but the main room is without windows
Doors	6	The doors are old and when it is cold the children get cold

Field work, 2017

Sandile crèche was ranked B1 by PPT and was included in the pilot study where infrastructural upgrades were costed. The emphasis on the importance of infrastructure is reflected in the Principal's nomination of fences, roof, cracks and doors are critical: the children here are not protected from the weather and face the risk of injury from the building.

Nomarashiya

The principal could not draw so the cards were used for her to rank. This crèche was ranked C1 by PPT, meaning that it poses an immediate health and safety hazard with a low potential for efficient infrastructural improvement. Here, the children were sharing wet beds, could not be hygienically catered for, suffered a shortage of food, had no secure space outside, were cramped and without toys inside and had no toilets, having instead to share a nearby communal block.

Table 7: Nomarashiya Ranking of Improvements

Issue to improve (from cards)	Rank (where 1 is most important)	Explanation/ reasons
Sponges	1	The children are housed on the only bed we have and sometimes it becomes wet: they need their own sponges.
Food	2	The children bring their own food but due to the weather this sometimes becomes off, and there's no refrigerator and we don't have enough food to cook for children daily.
New building	3	I want designated ECD space to stop the children from playing in the neighbor's yard
Fence	4	There's no fence to keep the children secure and also to stop them from leaving the yard.
Toilets	5	We only use communal ablution block and that is not good for children they need toilet that are designed for them.
Own building	6	The room we use is too small and children cannot play freely.
Toys	7	They need toys in order to learn and develop

Field work, 2017

Fisani Okuhle Creche

Fisani Okuhle was chosen as a centre for inclusion in the pilot and graded A. The improvements noted by the Principal would protect the children from the cold and provide an increased level of equipment.

Table 8: Fisani Okuhle Ranking of improvements

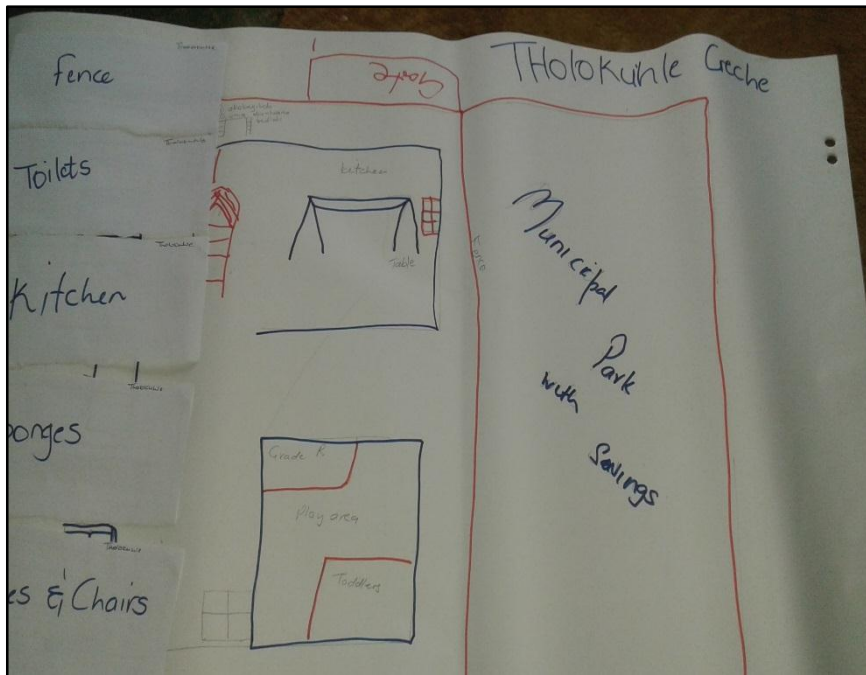
Issue to improve (from cards)	Rank (where 1 is most important)	Explanation/ reasons
Outdoor equipment	1	Reasons are that I do not have enough for my children in this centre
Sponges	2 ⁿ	We do have some sponges but the number of the children in this centre increases and now we have the shortage of the sponges because the children are many.
Renovation	3	I need the renovation of the doors and windows because it is old now. If I get the new doors and windows the children will be protected from the cold. One classroom does not have a door.
Indoor equipment	4	We do not have enough as the children are many.
New building	5	I need to have the formal building

Field work, 2017

Tholokuhle Creche

Tholokuhle centre was chosen for emergency assistance and ranked B1 in the overall sample. There are urgent repairs here that need to be carried out to protect the immediate safety of the children. This included risks from a drop toilet, a broken fence, cooking while the children are in the same room, a broken fence and no means to keep children and traffic apart. There are also few toys or dedicated equipment for the children and no way to safely and hygienically prepare food.

Image 3: Tholokuhle Creche



Picture credit: Nhlanhla Nkwanyana and principal, January 2017

Table 9: Tholokuhle Ranking of improvements

Issue to improve (from cards)	Rank (where 1 is most important)	Explanation/ reasons
Fence	1	The children will be protected to walk to the road. The children will be safe if are playing within the premises of the centre. This fence has the holes and the swing has been broken by the old children who were playing with it.
Toilets	2	The toilets are not in good condition to be utilized by children
kitchen	3	There's no dedicated space for cooking so children are at risk as everything is done in one room.
sponges	4	At the moment we do not have the sponges and the children are sleeping in the floor where there's only a mat.
Table and chairs	5	There are no tables and chairs and children do their school work on the floor.

New building	6	I need the new building so that I will be able to separate the children in group ages. At the moment all are combined
Indoor equipment	7	There are no toys for the children and when we are teaching might be better to have the toys so that children will understand the theme of the lesson when are watching or practical things.

Field work, 2017

Mpilonhle Creche

This centre was graded C2 as unsuitable for children and a health risk. What can be noted from the Principal's responses though is her desperate need for assistance on even the most basic functions of maintaining the children's' health and nutrition. Here are children whose parents cannot afford to feed them, and a Centre manager who uses the fees to pay her staff and buy food for the children. They have no bespoke crèche equipment such as toys or learning materials.

Table 10: Mpilonhle Ranking of Improvements

Issue to improve (from cards)	Rank (where 1 is most important)	Explanation/ reasons
Food for children	1	Parents cannot afford to provide lunch for their children so the Centre has to make sure that children are fed.
Building	2	More parents want to enroll their children at this centre but they cannot since the building is too small; space is limited
Toilets	3	Children's toilets should be separated from adults
Toys	4	Children do not have toys, if they want to play they have nothing to play with. Some children cry, they tell their mothers that that want to go to other creches that have playing equipment; swings
Financial problems	5	I use fees to pay for the teachers
Stationary	6	Children do not have learning materials
Black board	7	I use paper charts that I find in newspapers, I use them to write for the children

Field work, 2017

Health and Safety

Health and safety emerges as salient in most, if not all of the sampled centres, and should be seen as a priority by Government. The parents mentioned that fencing is important and that the children require it: most of the centres are not properly fenced and do not have a lockable gate. This enables children to migrate into the streets and traffic with the risk of injury or death, while criminals are able to enter the premises and steal what little equipment they have. Another factor is provision of sponges and blankets for each and every child to prevent

children contracting illnesses like eczema. Another important point is the provision of toilets that are dedicated to children as they are using unsafe pit latrines that they share with adults, sometime when they are playing they end up going inside these pit latrines. Most of the principals require new building as the ones they are using are not conducive for children, some are not properly built and children might get harmed as there is generally not enough space to accommodate children, let alone allow them to play freely or exercise properly.

Registration

Out of six sampled informal ECD centres in Amaoti, only two centres indicated that they are fully registered with the department of Social Development, which is a high proportion in the sample relative to the total number of unregistered centres in the area. This indicates the selection bias generated by eThekweni in negotiation with PPT, to choose centres where the work could be sustainable. Sandile and Fisani Okuhle centres are ECD centres that indicated that they are fully registered with DSD.

The principals of the two registered centres indicated that there are benefits attached to registration status of the ECD centre. They pointed out that they have received some benefits from DSD and eThekweni municipality. The centres indicated that the DSD provides some support; the department assists with the formal training of the ECD practitioners and some funding for the centre. The funds assist with the improvements and coherent functioning of the centre.

“I have received the grant aid; the crèche fee from DSD. I also receive donation from eThekweni municipality. This assists me with running and improving the centre” (Fisani Okuhle centre).

“I receive funds from the government. I also receive a monthly income to assist me run the centre. Last year on the 16th of March 2016 I was given 30 000 donations from the municipality which helped me a lot in buying a few things for my centre, I bought a laptop, a car port, cement for the concrete, and I was able to pave the yard. I also get information and training from government which has improved me as the head of the centre”, (Sandile centre).

Four out of six centres indicated that they are unregistered with the DSD, and thus receive no formal grant or in-kind support. They also indicated that they would like to register as ECD centres.

One of the informal ECD (Tholokuhle) principal indicated that she has tried to register the centre but she could not proceed further. The principal indicated that she did not meet the requirements for ECD registration. She pointed out that she has a challenge of meeting the social development requirements hence the centre is unregistered.

“I have not registered my centre but I tried before to apply and they need many things. They need the centre to have the proper toilets for the children, centre to be fenced, a separate kitchen and classes for different ages. I just gave up because they need many things which I do not afford. I like my centre to be registered because there are many benefits” (Tholokuhle centre).

In addition, some of the informal ECD principals indicated that they lack information on ECD registration. The ECD principals indicated that they do not know about the registration:

“I have not registered the centre and I have never tried to register before, I would like to be registered so that my centre could be recognized and formalized. I have heard news before about registration of child care centre but I do not know who I would approach if I were to do it”, (Siyazama centre).

“The centre is unregistered. I have never heard anything about registration. I have never heard anyone mentioning registration. The only people who visit the centre are the nurses that come to immunize the children. I would like to register the centre because I will get support and the centre will be developed” (Nomarashiya).

“The centre is unregistered. Someone will take me to TREE, I will register it. Someone told me that if I register the centre I will get funding, food for children and pay for teachers” (Mpilonhle centre).

Lack of funding/support in informal ECD centres

Four out of six informal ECD centres indicated that they do not receive any form of support from any department. The centres indicated that they lack funds to run and improve the centres. The principals of the centres indicated that they rely on fees from parents, many of whom are from the most vulnerable communities in South Africa, to keep the centres functioning. Only two (Sandile and Fisani Okuhle) ECD centres indicated that they receive some funding from the DSD and eThekweni municipality. The funds assist in terms of upgrades of the centre; ensuring that the infrastructure is up to standard and the proper functioning of the centre. The research results indicate that informal ECD centres that do not receive funding face major difficulties, while the children risk major harm, despite the heroic efforts of the principals. The principals of informal ECD centres that do not receive any form of funding indicated that they face various financial constraints; they have limited resources, and that they even struggle to keep the children fed and clean. The non-funded facilities struggle to make certain improvements to their centre from what are still basic levels.

The research findings indicate that all six of the sampled informal ECD centres in Amaoti are fee paying centres. Parents of the children who use the service pay a certain amount. The ECD principals indicated that they use the fees to cover monthly costs for the centre. The monthly costs involve paying electricity bills, maintenance, rent, food for children and some learning materials. Fee payments keep the informal ECD centres functioning.

Most ECD principals also indicated that they use the fees to pay for the ECD supporting staff; the teachers of the children.

One of the principals pointed out that she has to pay the supporting personnel that work in her centre because they care and teach the children. She mentioned that she hires young women who have acquired grade twelve as their highest qualification. The young women serve as teachers at the ECD centre.

“All my teachers have matric; I make sure that I employ young women who have matric. I have to pay them because they assist with learning of the children. I have three teachers. I pay R700 each educator” (Mpilonhle Principal).

[note: the R700 is a per month salary figure]

However, some ECD principals indicated that some parents default pay. The principals indicated that they carry on caring for children and they even try to go an extra mile; help wherever they can. They indicated that they are often in the situation of doing their work out of the goodness of their hearts.

“Some parents do not want to pay” (Nomarashiya).

“Some parents do not pay at the end of the month; they do not pay on time (Nomarashiya).

“Sometimes I use my own money to buy pampers for children who run out” (Nomarashiya).

“Many parents of this area are not working and I end up buying food with my own money because they do not have money to pay. It is difficult for me to send back home the child because I know the situation. Some children are not paying anything but I keep them in the centre. It is difficult for the parents to pay if they are surviving with the grants” (Tholokuhle centre).

“Most parents do not work which has led to poor payments and I end up having to cater for their children without any fees. Poverty is affecting a lot of people; some parents come and ask for work but I cannot offer them anything due to the fact that I am trying to raise funds” (Sandile centre).

Decision Making

The two registered centres indicated that they have an ECD committee. The ECD committee is involved in the decision making. The two registered ECD centres indicated a formality or sense of partnership in decision making; the principals organize a committee meeting whenever there are decisions to be made regarding the ECD centre.

“I have established a committee that assists me to make decisions with regards to the running of the centre”
(Sandile centre).

“The decisions are made by the ECD committee. If I need anything to improve the centre I meet with the ECD committee. Therefore, I do not take decisions on my own”, (Fisani Okuhle centre).

The four unregistered ECD centres had no ECD committee. There was no sign that indicated that the principals are aware of the concept of an ECD committee, or of its contribution or value in terms of governance. One principal indicated that she makes decisions on her own. Three principals indicated that they seek advice from family members and make decisions with the family members. One principal (Mpilonhle centre) indicated that she makes decisions with her neighbour that she trusts. Other centres indicated that they are assisted by relatives. Thus, while there is an absence of a formal committee, few principals were not taking advice from a trusted source, which suggests that in terms of formal requirements for registration, a formalisation of pre-existing collective discussions might suffice to meet some of the governance requirements in some centres.

The research results indicate that only a few ECD centres are registered with the DSD. Only a few informal ECD centres have an ECD committee that assists with the decision making. There is evidence that the centres that indicated that there is an ECD committee are well functioning; the principals share responsibility with the committee. This is little available evidence either way to comment on the governance of centres without formal committees.

“My sister works in the centre, she looks after children within the centre. She is aware of the running of the centre hence we make decisions together” (Tholokuhle centre).

“I make decision regarding the centre. My daughter also helps me with decision making; the running of the centre, child minding and communicating with the parents” (Nomarashiya).

Positive aspects in the running of ECD centres in Amaoti Area

- All the principals mentioned that Amaoti is a great place for business.
- Parents are always available when it comes to matters regarding the Centre.
- Parents have their trust in principals to take good care of their children. One principal mentioned that they run their own businesses and do not have to look for work.

Negative aspects in the running of ECD centres in Amaoti Area

- All the principals complained that the level of crime is very high and there are burglaries and their appliances and food gets stolen and that is a major periodic and repeating setback for them.
- Parents are unemployed and can't afford to pay creche fees and as the principals are parents themselves they find it difficult to chase children away.
- Another principal mentioned that "It's difficult operating in this area as sometimes when they see that you are becoming successful they use witchcraft on you".

Message to Government

Most of the informal ECD centre principals indicated that they would like to receive funding or any form of support from the government.

Whether registered or unregistered, the poorest children are not receiving their entitlement to health, education, safety, play and childhood as provided for in the various legal documents and conventions applicable to the Government of South Africa.

4 Findings: Parents' perspectives

4.1 Reasons for sending the child to an ECD centre

This section presents findings from the six centres on the main reasons for parents choosing to send their children to an Early Childhood Development (ECD) centre. Findings provided are from across all six centres. A further analysis and synthesis will be provided after this section. One of the key reasons for parents sending their children to an ECD centre is to ensure that their child is in a safe environment during the day when the parents are at work. *"Some of us are working, we need someone to look after our children. We do not have people at home, like grandmothers to look after children"* (FGD Parent). Most of the focus group participants stated that they both live alone and have no one to look after their child when they go to work, or they live with very old people that cannot look after a young child as required. When there is no one at home the child might play with dangerous furniture and end up hurting himself, such that to avoid injuries the child is taken to a day care centre. They also feel that there may be too many people in one house and no one will take the responsibility to look after a young child. The child could also fall victim to abuse and rape by other family members.

In short, a complex decision is made by the parents on the relative safety environment of the child at 'home' as opposed, and in relation to, at the ECD centre and given availability of resources, the child is taken to the ECD for the increased safety it is believed to provide. It should perhaps be noted here, that if parents are unable to find even the small amount (such as R100 per month) required, then the

child might be left in even more danger in a home, or left to feral behaviour, or tied to furniture alone all day to prevent movement and potential abuse by others.

By comparison, on the issue of safety in ECD centres *“our children always have someone monitoring them at all times. By taking my child to a day care I know he can’t go and play on the road because they the teachers are very committed to the safety of our children”* (FDG parent).

Another motivating factor besides child safety that was prevalent in all five centres was that taking a child to an ECD allows the child to meet other children, be sociable, learn and be educated from a very young age. Parents felt that their children developed good communication skills and displayed general improvement in basic education. Some parents added that in one of the centres their children get taught poems and basic education skills like learning numbers and counting. This made the parents happy to see that they are learning new things in the centres. The desire by parents to give their children education is also deeply felt and critical in the Amaoti community more widely. This also prepared children for formal schooling by making them used to being taught by a stranger. In this case, they would quickly adapt to primary school and they will be disciplined enough to excel in their first year of formal schooling. Parents also stated that it was important for their children to learn to listen to strangers without them being present. They also get used to being with other children and learn to make friends from a young age.

Another motivating factor that led to one of the parents taking her child to an ECD centre was because her house is next to one. This encouraged her to just take her child to the centre as a means to support her neighbour and also just because it is conveniently accessible to her. The fact that the teachers are caring and very good with children has motivated some of the parents to decide to take their children to day care. One of the parents further elaborated by stating that *“some of the children that were in one of the centres have graduated from university and are married”* (FGD Parent).

4.2 Reasons for choosing a specific ECD centre

Key reasons for parents deciding on a specific ECD centre are presented in this section. Some parents saw that teachers and principals in the child care centres they have chosen are really good with children and they also heard from neighbours. Parents tended to choose centres where teachers are caring and genuinely love to be around children but also, they mentioned that in their chosen centres the children are well trained and highly skilled. Things like cleaning and changing the children require teachers that care for children otherwise it will not be done properly. Parents prefer to send their children to centres where principals have love for children so that they can be assured that their children will be in good hands. One parent indicated that she chose her centre because *“teachers have a good care and where I previously sent my child teachers used to beat our children so I removed my child from that*

centre because of that abuse and I have noticed that my child is very happy to be learning here” (FGD Parent).

The quality of education also influenced parents in choosing a childcare centre, for example some parents stated that their children in *“Many schools (including the Indians' school in Phoenix) recommend their ECD centre because they see good performance of children coming from this centre and some children even skip grades because they are well trained from this centre”* (FGD Parent). The progress of previous children persuaded a lot of parents in their choice of an ECD centre. Parents pointed out that they feel that their children are well trained for school due to choosing a good centre.

The provision of food in the centre also played a role in parents deciding where to send their children. This was mentioned prominently among the six centres as some parents cannot afford to pack lunch for their children. Hence provision of food was very important as one parent stated that *“it is hard for some children to watch other kids eat when they don't have food”* (FGD Parent) so they choose to send their children to centres where food will be provided.

Children's safety and security are other factors raised by parents in choosing an ECD centre, for example parents indicated that they preferred centres that were not close to the main roads. Children could not wonder on the streets without any supervision. One of the parents stated that they chose their centre because they do not have to cross the main road to drop their child. Fencing was also critical because children can be easily monitored and unauthorised people won't have easy access to the children. It was also indicated that security was critical: parents were more inclined to send children in a centre that was fully fenced and where teachers generally worried about the safety of children. One of the parents was impressed by the fact that in her centre only she can pick up her child and no other unauthorised person can pick the child up. Unless if she has indicated to the teachers that someone will come to fetch her child.

Locality is another factor that parents raised, with parents preferring centres that were located close to home as it was convenient for them to drop and pick the child up. One of the parents indicated that finishing late demands that she fetches her child in the evening and it is good for her because her centre is close and she doesn't have to walk too far to fetch her child. But other parents indicated that they preferred centres that are not too close to their homes, because their children sometimes run back home instead of staying at the centre until they come back from work. Parents were inclined to choose centres that were not located on busy roads so that their children would be safe always. Some parents stated that they chose their centre due to it being located close to a police station.

Low fees influenced the majority of the parents in choosing an ECD centre, for example most parents indicated that their ECDs were affordable (130 Rands at most per month) as they earn low wages and

salaries. In some cases, extremely poor parents cannot afford to pay for their children's fees because of very low salaries and remunerations received from work. They indicated that they work as domestic workers for rich people who pay very bad wages. These parents prefer to send their children to a cheap and affordable centre, due to their limited effective choice.

The flexibility in opening and closing times persuaded them to choose a centre for their children. Parents indicated that they sometimes work irregular hours and they preferred centres that can look after their children on weekends and late in the evening or early in the morning. They further stated that some centres charge an added fee for taking care of children on the weekends and fetching them late (after 18:00 PM) or leaving them too early (before 07:00 AM). One of the parents indicated that one of the centres has flexible times that can accommodate them: *"Her opening and closing times accommodate us, they are flexible. There are no after care costs and a child can stay over-night"* (FGD Parent). Parents further stated their satisfaction by saying *"Some centres close early and they leave a child crying but we do not experience that at this centre, we are happy to leave our children here"* (FGD Parent). In other cases, the parents who were also teenagers themselves, preferred sending their children to centres with flexible times because they are able to attend and go for study groups during exams.

Cleanliness and general conditions of the centre influenced a lot of parents in choosing an ECD centre. Some parents indicated that they have sent their children to centres that were not up to their hygienic standards so they decided to pull them out and look for a cleaner and more hygienic centre. Parents indicated that they prefer their chosen centre because it is clean and will not expose their children to infectious diseases. Factors like availability of clean toilets and clean classrooms were frequently mentioned in the focus group discussions.

Assistance with health-related child matters also influenced some parents in choosing a centre to send their children to. For example, in one of the centres the principal takes the children to the clinic if they are ill and the principal also gives advice to parents on their children's health. In other cases, the principal encourages parents to pay close attention to the well-being of their young children. One parent was quoted saying that *"she even goes as far as using her own medicine and traditional methods"* (FGD Parent).

Other parents decided to send their child to a centre where their neighbours also send children because they wanted to their child to be close to children she knows.

4.3 Service features and improvements

The data presented below gives a representation of a variety of features that focus group parents and participants liked the most about their chosen centres.

4.3.1 Most liked features

The members of the focus groups were asked by our research assistants, who were facilitating, to give preference rankings to the features that they most liked and disliked about the centres. While the principals, in their interviews, were most likely to talk of safety features, the basic infrastructure, food and learning materials, the parents were more likely to also include qualitative issues of care, love, concern and the emotional aspects of the wellbeing of their children. They commented often on the judgements they had made concerning the characters of the principals in relation to their ability to care for their children. Practical issues, such as cost, were interspersed within a complex framework which also included these other emotional aspects. In Siyazama and Sandile centre the principal's services are clearly also reflected in the rankings, as they pertain more directly to the parents. These principals provide additional services to assist the time poor parents, such as taking the children to clinics.

Table 11: Mpilonhle centre

WHAT DO YOU LIKE THE MOST	THREE VOTES PARTICIPANT	PERCENTAGE %
Staff are patient	6	29
Principal is motivating	4	19
Flexible hours	4	19
Principal takes children to clinic	3	14
She nurses children- she uses traditional method (<i>ukwazi ukusichathela</i>)	2	10
Overtime	1	5
Help child to eat	1	5
Total votes	21	100 %

Source: Field work 2017.

Image 4: Parents voting



Source: Field work 2017. Photograph by Mr Nhlanhla Nkwanyana

This table is based on 7 people voting using 3 votes each, such that there are 21 votes cast in total. Thus, based on the number of people, six of the seven parents mentioned patient staff as a most like feature.

Table 12: Tholokuhle centre

WHAT DO YOU LIKE THE MOST?	THREE VOTES PER PARTICIPANT (ONLY 1 VOTE PER FEATURE)	PERCENTAGE %
The centre is well organized	5	15
Care and love (exhibited by workers)	6	18
Cheap	5	15
Teachers well trained	2	6
Education training	3	9
Safe	6	18
Cleanliness/hygiene	6	18
Total votes	33	100 %

Source: Fieldwork 2017

Table 13: Sandile centre

WHAT DO YOU LIKE THE MOST?	THREE VOTES PER PARTICIPANT (ONLY 1 VOTE PER FEATURE)	PERCENTAGE %
Overtime	1	5
Patient	6	29
Principal is supportive (encourages parents)	4	19
Flexible hours	4	19
Principal takes children to clinic	3	14
Help child to eat	1	5
She nurses children- she uses traditional method	2	10
Total votes	21	100 %

Source: Field work 2017

Table 14: Nomarashiya centre

WHAT DO YOU LIKE THE MOST?	THREE VOTES PER PARTICIPANTS (ONLY 1 VOTE PER FEATURE)	PERCENTAGE %
Flexible time- opening hours	7	26
Service available on weekends	1	4
No additional costs- after care	4	15
First person started child care	3	11
Fees less than other crèches	6	22
Cares	6	22
Total votes	27	100 %

Source: Field work 2017

Table 15: Siyazama Centre

WHAT DO YOU LIKE THE MOST?	THREE VOTES PER PARTICIPANTS (ONLY 1 VOTE PER FEATURE)	PERCENTAGE %
There has never been any child lost or rape incidents	5	19
Her love for children has never changed, remains the same	5	19
She respects parents	4	15
You can wake her at any time, she is welcoming	4	15
You can leave a child and pay some other time, she is not fussy, she understands if we do not have money to pay especially since it is January	9	33
Total votes	27	100 %

Source: Field work 2017

Table 16: Flsani OkuhleCentre

WHAT DO YOU LIKE THE MOST	THREE VOTES PER PARTICIPANT	PERCENTAGE %
Flexible hours	10	30
Education	8	24
Teachers care	7	21
Security (centre is fenced)	4	12
General safety	3	9
Responsible teachers	1	3
Play area for children	0	0
Total votes	33	100 %

Source: Field work 2017

Focus group participants also provided a list of things which they liked the least or things they would like to improve about their chosen centres.

4.3.2 Required improvements

Other features that were mentioned during the focus group discussions were recorded by facilitators, and then through a process of discussion and then individual voting, the most important were ranked and voted on by participants.

The Sandile centre focus group produced the following list of improvements in a preference order established by voting:

- A. The centre lacks financial and food support and there are too many children.
- B. The centre has no play equipment; *“there are no swings for our children to play”* (FGD Parent).
- C. There are no beds
- D. Teachers need training in order to keep developing
- E. The building is small; it should be bigger in size for children to have enough space
- F. Lack of sponges and children's walking rings.
- G. Lack of children's toilets

Table 17: Sandile Centre

IMPROVEMENTS	THREE VOTES PER PARTICIPANT	PERCENTAGE %
Swings	7	29
Toilets	6	25
Poverty	6	25
Teachers' training	2	8
Beds	2	8
Big structure- building	1	4
Total votes	24	100 %

Source: Field work 2017

In the Tholokuhle centre the focus group participants identified the following list of needs and items and services needing improvement, with the issue of the dangerous kitchen being part of the room where the children were resident emerging salient:

- A. Add Classes
- B. Toilets not in good condition
- C. Fence is old and worn out
- D. Kitchen should be separated from the main classes
- E. Tables and chairs not enough
- F. Change the floor
- G. Portable sink for children
- H. Add beds
- I. Face cloth and towels for each child
- J. Roof must be changed
- K. Toilet paper for kids with sensitive skin
- L. Swing for children
- M. Cleaning material

Table 18: Tholokuhle Centre

Improvements	Three votes per participants (only 1 vote per feature)	Percentage %
Kitchen should be separated from the main classes	5	28
Add classes	3	17
Fence is old and worn out	3	17
Roof must be changed	3	17
Add beds	2	11
Cleaning material	2	11
Total votes	18	100 %

Source: Fieldwork 2017

The list of features in Fisani Okuhle centre that parents identified for improvements included a playground, swing, an unlocked gate, the need for a vegetable garden to augment the fresh food available and a feeding scheme. In this centre, and emphasis on nutrition and food is clearly of most concern.

Table 19: Fisani Okuhle Centre

IMPROVEMENTS	THREE VOTES PER PARTICIPANTS (ONLY 1 VOTE PER FEATURE)	PERCENTAGE %
Feeding scheme	9	27
Playground	8	24
Gate- lock to be fix	8	24
Add swing	4	12
Garden for veggies	4	12,12
Total votes	33	100 %

Source: Fieldwork 2017

Image 2: Fisani Okuhle voting

Source: Field work 2017. Photograph by Mr Nhlanhla Nkwanyana

In Nomarashiya centre parents raised this list of required improvements:

- A. Respondents indicated that the space in the centre is too small
- B. Respondents indicated that there is no fence at the centre therefore children are not safe
- C. Respondents indicated that there are no toys at the centre
- D. Respondents indicated that the centre needs food
- E. The centre has no play area for children
- F. Respondents indicated that Nomarashiya does not own the place, she needs her own place

The parents were knowledgeable of the circumstances of the owner, such that the need which emerged as most important were new premises in their entirety, since the principal was only renting and this limits the amounts of bespoke features that are, or can be made available to the children. Here the children were short of food, toys, space, fencing and a play area. In relation to how Government policy conceives of a safe and stimulating place for children, this centre, according to its parents, does not contribute a single aspect, being only a room with a person willing to keep them safer than the alternative scenarios available to these parents. In this case, if it were fiscally possible, upgrading and improvements should probably be forfeited in pursuit of a new build centre.

Table 20: Nomarashiya Centre

IMPROVEMENTS	THREE VOTES PER PARTICIPANTS (ONLY 1 VOTE PER FEATURE)	PERCENTAGE %
Permanent place since she is renting	7	26
Open space	5	19
Fence	5	19
Play area	4	15
Toys and books	3	11
Basic food- nutrition	3	11
Total votes	27	100 %

Source: Fieldwork 2017

SIYAZAMA CENTRE SUGGESTED IMPROVEMENTS

In Siyazama the parents also produced a list of detailed improvements that could be made, many in respect of the logistics and operating terms:

- A. The operating hours are not enough: they open from 6am to 4pm. It would be better if they closed at 5pm because some parents are working
- B. Most of the children that do not have birth certificates are not allowed to attend - this needs to change.
- C. Outdoor play area equipment
- D. Air conditioner or fans
- E. In the community, the water is scarce and if they can get water tanks it would make things easy
- F. Sponges- they have few and children suffer especially during winter.
- G. Blankets- children need it because what they have are not enough.
- H. Fence – for security reasons there have been many burglaries in the past and that has affected us because a lot of things have been stolen like food, kettle.

This issue of birth certificates is interesting in an area where there is much inward migration both from other parts of South Africa and other African countries, and where the centre itself is not registered. This is a centre where the PPT ranking indicated scope for improvements (B2) but the fieldworkers had a more negative view (C or 'worst').

Table 21: Siyazama Centre

IMPROVEMENTS	THREE VOTES PER PARTICIPANTS (ONLY 1 VOTE PER FEATURE)	PERCENTAGE %
Water Tank (Jojo)	10	34
Build Separate Kitchen	6	21
Air conditioners /fans	4	14
Security	4	14
Roof	4	14
Fence	1	3
Outdoor play area equipment	1	3
Total votes	30	100 %

Source: Fieldwork 2017

Focus group participants were given ten vote to rank features that were presented to them in the order of importance. The next section provides a table giving an indication of the most important features required by parents in each centre.

MPILONHLE CENTRE SUGGESTED IMPROVEMENTS

- A. The centre lack support. There are many children at the centre. The centre needs support such as funding and food. We are poor.
- B. The centre has no play equipment; there are no swings for our children to play
- C. There are no beds
- D. Teachers need training to keep developing
- E. The building of the centre is small; there should be a bigger size for children to have enough space
- F. Lack of sponges and children's walking rings
- G. Lack of children's toilets

Table 22: Mpilonhle Centre

IMPROVEMENTS	THREE VOTES PER PARTICIPANT	PERCENTAGE %
Swings	7	29
Toilets	6	25
Poverty	6	25
Teachers' training	2	8
Beds	2	8
Big structure- building	1	4
Walking rings	0	0
Total votes	24	100

Source: Fieldwork 2017. *Note one parent joined late

Table 23: Ranking features across all six centres

			Siyazama		Tholokuhle		Nomarashiya		Mpilonhle		Sandile		Fisani Okuhle	
Features	Total %	Total votes	%	Votes	%	Votes	%	Votes	%	Votes	%	Votes	%	Votes
Toys, games and books	0%	2	3	2	0	0	0	0	0	0	0	0	0	0
Good structure	15%	66	29	20	0	0	29	26	22	20	0	0	0	0
Water & sanitation, electricity, furniture	16%	88	17	12	20	22	1	1	17	15	20	15	21	23
provision of food	9%	48	23	16	7	8	7	6	6	5	7	5	7	8
Flexible hours	6%	32	3	2	6	7	7	6	9	8	5	4	5	5
Affordable/ cheap	10%	53	3	2	12	13	2	2	0	0	28	21	14	15
Number of children in centre	1%	6	0	0	1	1	0	0	0	0	4	3	2	2
Teachers/ the level of care	13%	71	0	0	33	36	0	0	0	0	0	0	32	35
Convenience and accessibility	12%	64	11	8	5	6	11	10	13	12	32	24	4	4
other family send their children there	1%	5	0	0	0	0	6	5	0	0	0	0	0	0
Health and safety	11%	60	14	10	7	8	13	12	21	19	5	4	6	7
Enough space for children to play	3%	14	0	0	2	2	9	8	0	0	0	0	4	4
Playground size and equipment	3%	17	3	2	3	3	8	7	1	1	0	0	4	4
Security threats from outside	5%	29	6	4	4	4	8	7	11	10	0	0	4	4
Total number of votes	100%	550	100	70	100	110	100	90	100	90	100	76	100	110
Total number of people voting		55		7		11		9		9		8		11

Source: Fieldwork 2017

MESSAGE TO GOVERNMENT

Messages to the Government of the Republic of South Africa were not made in all focus groups, but those which were, are recorded here and can generally be deduced to apply to, or represent the views of the sample as a whole.

Fisani okuhle

- *“Department of education must provide training to the teachers”*
- *“Department of health to vaccinate children in the Centre because some parents are working”* (FDG Parents).

Mpilonhle

- *“We would appreciate if the DSD support or assist children that do not have birth certificates”.*
- *“We would appreciate assistance from each department, help such as food, infrastructure because we are poor. We need assistance”.*
- *“I am a grandmother supporting grandchildren; we would like to have food, beds and many things at the centre”*
- *We would like the departments to meet the principal halfway because she is very helpful, “she even takes care of older people in the area and even the sick people, I wish that she can have a formal care centre”.*
- *“It will be helpful if the principal gets gloves and medication for children. She also needs formal training in terms of health, safety and children care”. “We would like to see her developing, it has been many years for her doing this, she is good with children, and she prepares children for school”. One of the participants further mentioned that “Amanda works for the True Love magazine now, she was born in 1989, and she started learning at this centre”.*

(FDG Parents)

Tholokuhle

The government should further train teachers and also give them decent salaries so that they can commit fully to their work. The government should also offer programs to vaccinate our children as some of us have to work all the time and we never get time to take our children to the clinic. The department of health should also draw up food programs that are recommended for young children. Social development should assist parents that are in deep poverty by providing food parcels and clothes to these families. Department of education should sponsor poor centres by providing black boards and other stationery.

4.3.3 Other matters

Some comments were made which do not easily fit into the categories that were built during the focus groups, such as food, nutrition, play equipment. For example:

Mpilonhle

- Participants stated that *“It is good to see people like you visiting us. Some people come and go away. You must come back again, be patient with us, we appreciate your knowledge and any form of assistance to develop us further”* (FGD Parents).
- Parents also mentioned that *“The principal of the centre needs support, I have another child that used to attend here, my child is doing grade three at school now, and she gets position 3 all the time. I am proud of the principal of this centre; my child received a foundation here”* (FGD Parents).

Tholokuhle

One of the parents mentioned that *“Windows and doors should be replaced. Add more stuff that specializes in cooking, children’s education, and there should also be special teachers for 4-5 year olds”* (FGD Parents).

4.4 Analysis and synthesis

This section will provide an analysis, synthesis and a discussion on salient issues that the research team noted during the focus group interviews, which will be provided under five themes. Salient issues will also be discussed first followed by the analysis and synthesis of data.

4.4.1 Salient matters

The research team picked up that focus group participants feel that government officials including their local councillors are not doing enough to ensure that ECD centres are in a condition that is satisfactory. For example, participants feel that their centres should be free as they are very poor and the food should also be provided by relevant government departments. Some of the ECD centres are of very poor standards in terms of hygiene and safety but because parents have nowhere else to take their children due to financial constraints, they end up sending their child to such centres and risking exposing their children to ill health. Secondly teachers in these centres are not well looked after in terms of their salaries and their development as child care specialists. Lastly internal family problems such as abuse and incidences of rape has been one of the reasons for some parents choosing to send their child to an ECD centre. They feel that their child will be safer at the ECD centre than at their place of residence or in the community during work hours while they are away working.

4.4.2 Motivating factors for sending a child to an ECD centre

Most focus group participants across the six centres gave a clear indication that they want their children to gain education and that is why they want their children to attend an ECD centre. They further indicated that they noticed that their children show significant educational development from attending an ECD centre. In most cases, it makes the parents happy when they see their coming back home and

reciting poems and other songs they learnt during their stay in a child care centre. Children also have the opportunity to learn things that their parents will not have time to teach them. It also makes it easier for the child to develop social skills and learn to make friends from a young age. Therefore, education is a primary reason for deciding to send a child to an ECD centre and to prepare the child for formal education.

But it does not end there some parents cited the issue of safety and having someone responsible to take care of their child. Other parents feel that their child will be safer if they take it to an ECD centre instead of leaving it with other family members who either are too busy to monitor the child or they are too old to take care of the child.

4.4.3 Reasons for choosing a specific childcare centre

Participants significantly cited the need for genuine and passionate childcare principals as one of the motivating factors in choosing their centre. They prefer to take their children to centres where principals have a good reputation with children. Things like quality education, safe and secure centres, provision of food were mentioned frequently among all six childcare centres. These features have been key in shaping parents' decisions on choosing a centre for their child. Convenience and flexibility in terms of working hours and proximity to home were also cited as key decision drivers in choosing a centre. Parents further prefer affordable child care centres that are still up to a good standard. Because most people in Amaoti are poor they cannot afford to pay high fees. Centres that charge extra fees for after care hours are least desired by most focus group participants as some parents work long hours. Some parents specifically stated that they chose their centre because of flexible hours and no fee added for after-hours care. The issue of time was cited frequently in all six centres, as parents simply do not have the luxury of staying at home to look after their child. This is because parents have to go to work to try and feed their children and support other family members.

Assistance with health-related child matters also influenced some parents in choosing a centre to send their children to. For example, in one of the centres the principal takes the children to the clinic if they are ill and the principal also gives advice to parents on their children's health.

4.4.4 Most liked features in the chosen centres

Participants also had an opportunity to give feedback on the things they like most about their chosen centres. In Tholokuhle centre most participants (19 % as shown in Table 2) stated that they like their centre because the staff are caring, the centre is clean and that they feel their children are in a safe place. For these parents these previously mentioned features are what they prefer most as compared to other features like teachers being well trained (6 %) and the quality of education provided (9 %). This

could be because parents feel their babies are still too young to worry about education but rather they prefer to have their young babies cared for and being in a clean and healthy environment.

In Mpilonhle centre focus group participants rated staff being patient (29 %) as their most liked feature, followed by flexible working hours and a supportive, motivating principal (19 %) (see Table 1). This could be due to the fact that most parents work long hours and they like to have support with their parents in terms of nursing their children and making sure that their children's health is well looked after. Sandile centre's focus group participants also eluded to having supportive staff and principal as their second most liked feature, at 19 %, after staff being patient (29 %) (see Table 3). The need for these features could once again be due to single parenting and not having enough family support in raising children. The majority of participants (31 %, see Table 5) in Siyazama centre indicated that their principal is not fussy about fees, so they rated it as their most liked feature. They further rated there had not been any reported incidences of rape or abuse (19 % Table 5), and that this emerged as their second most liked features.

Nomarashiya focus participants rated flexibility of opening hours as their most liked feature (26 % refer to Table 4), followed by very low and affordable fees (22 % refer to Table 4). These could be because most members in the community are very poor and they cannot afford to pay high fees.

4.4.5 Required improvements

In most of the centres participants stated their centres require financial support more than anything else. This will help these centres to provide things like food, clean water and sanitation, in turn greatly improving the quality of education that it will be possible for the centres to provide. Furniture, building infrastructure and play areas also demand a financial boost in order to be safe and up to an acceptable standard. Each centre voted on their most required service to be improved, for example in Sandile centre 88 % of participants rated play equipment as their priority followed by toilets and the need to address poverty in their centres as their second most important improvement. Participants were concerned that toilets in the centre are not enough and there is no toilet seat for small babies which could place the children's lives and health at risk (in the context of dug out, drop toilets).

In Tholokuhle centre participants were mostly worried about the safety of children in the classroom. They want the kitchen to be separated from the main class room followed by the need to improve on the building infrastructure and adding new classes and putting a new fence: all were rated second in number of voted for improvements.

Nomarashiya centre also prioritized building infrastructure at followed by fencing and play area at. The probable reason that building infrastructure was ranked first was that the principal is renting and

does not have her own building to run the childcare centre. In this situation changes and renovations are restricted by the terms.

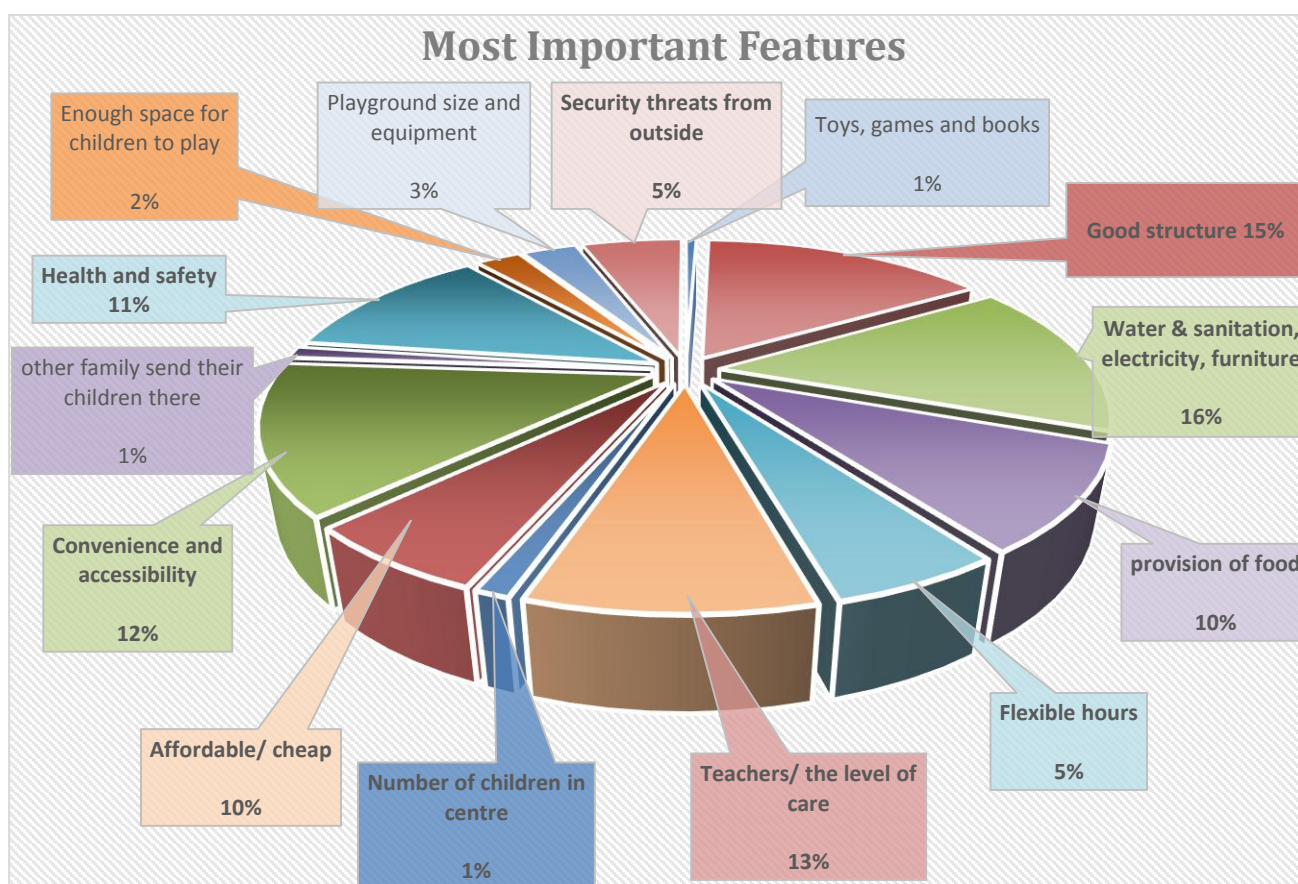
In Fisani Okuhle they ranked a feeding scheme as the most required improvement at 27 % followed by an improved play area and a secure lock at the gate which was ranked second on 24 % of the total votes. The need for food gives a clear indication on the socio-economic status in Amaoti, and of the urgent need for interventions to assist such centres.

Lastly Siyazama centre participants prioritised water tanks (34 %) as their most required improvement because there is a water shortage problem in their area. Sometimes it is hard to clean young babies and to use the toilets due to water scarcity. This was followed by having a separate kitchen at 20.69 % because parents feel their children are at risk in case of a fire or any other incident that might occur.

4.4.6 Most important features

Focus group participants were also asked to vote on features which they considered as the most essential.

Illustration 4-1: Pie Chart 1



Source: Fieldwork (2017)

Pie chart above gives a clear indication of what participants ranked as their most important features. The results provided are gathered across all six centres. The need for water, sanitation, electricity and furniture was ranked as the most important preference, closely followed by good structure as the most important feature in relation to the safety of children in the centres. It is clear that these centres are in great need of basic service provision and government assistance. The fact that participants prioritized these features also reflects the foundational fact of their deep and structural poverty. The level of care was ranked the third most important feature at 13%, which indicates the dedication from the teaching staff, parents and focus group participants who prefer sending their children to a centre that demonstrates a high level of care and love for children. Health and safety of children in ECD centres was voted fifth with 11 % of the votes, after convenience and accessibility at 12% in terms of the most important features. This was followed by the need for provision of food at 10%, which is important to ensure that children from very poor families are well fed during their stay. Another feature that was voted on was the affordability and low fees charged by ECD centres. Security threats from outside were given 5 % of the votes in terms of the most important feature, with flexible working hours following. Playground size, toys, play equipment, other relatives sending their children to the same centre and the number of children that are occupied in each centre were all also mentioned.

5 Conclusions

In most of the centres participants stated that their centres require financial support more than anything else. This will help these centres to provide things like food, clean water and sanitation. Furniture, building infrastructure and play areas also demand a financial boost in order to be safe and up to an acceptable standard.

Participants significantly cited the need for genuine and passionate childcare principals as one of the motivating factors in choosing their centre. They prefer to take their children to centres where principals have a good reputation with children. Things like quality education, safe and secure centres, provision of food were mentioned frequently among all six childcare centres. These features have been key in shaping parents' decisions on choosing a centre for their children. Convenience and flexibility in terms of working hours and proximity to home were also cited as key decision drivers in choosing a centre.

6 Recommendations

It is important for all ECD centres to try and register with the relevant departments to open doors for possible government assistance. However, the registration process should allow for centres that are under severe

conditions to continue operating because in most cases these centres are affordable to even the poorest community member, and the parents have little effective choice but to use such centres as their least worst option for their child during the time they have to work. But this should be done with the intention to prioritize improving conditions in such centres. It is further recommended that the provision of food, clean water and secure learning and teaching environments must be prioritised in all Amaoti ECD centres. Teacher and other training workshops must continue to be provided but this information needs to be made available early so that teachers can provide quality education to all their children as this is a critical development phase for children.

It is recommended that the Department of Social Development give clarity to principals as to how the registration process goes and the requirements, as it is beneficial for centres to be fully registered. It would be ideal if one Social Worker could be dedicated to the ECD centres so that if they have enquiries they are aware of who they must contact. In instances where the principals enrol children without birth certificates DSD should intervene and assist principals. The principals should be assisted with necessities like food.

Given the evidence collected here it is simply unacceptable to use a bureaucratic hurdle – of registration – to prevent government subsidy and assistance to some of the most vulnerable children, parents and carers.

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8 Appendixes

8.1 Appendix A: Discussion Guide for IIDs

Individual In-Depth Interview: Discussion topics for CENTRE owner/ principal		
Introduction and Area	1. How long have you been working here? Did you start this centre? If so, when? Why did you start this centre?	
Facilities and Improvements	2. Please draw a rough picture or map of your centre. Include all grounds and spaces. Ask person to explain to you what happens in each space. ___Now, how would you improve your centre, if you could? What would you add, take away, or change? Please draw it and explain the change or improvement you'd like. ___ONCE they are finished showing you all aspects of the centre they'd like to improve, ASK: Are there any problems with the centre that you have not referred to through a suggested improvement?	If no drawing of improvements, ASK: If you could improve things at your ECD centre, what would they be? Write one per card and place together in front of participant. Ask what must be done and why for each.
	3. Pick changes from your drawing and write each one on a card (FW can do this). ___Rank (1) suggested improvements in terms of most benefit for children. ___Record ranking with reasons and then jumble cards again: ASK: Now thinking of the children's health and safety, Rank (2) in terms of biggest improvement to health and safety of children, specifically and / or rank in terms of urgency.	For each, ask them to explain the change/improvement in detail (if they did not do it in 3 above or if you don't understand something about suggested improvements). (1) i.e. which would have the greatest positive impact on the children (however person defines benefit or positive improvement). Record reasons for ranking. (2) Allow for fact that ranking (1) might be in relation to health and safety – the biggest benefit for children might be the same as biggest improvement in health and Safety. In this case, they don't need to do a second ranking.
Registration	4. There are different types of child care centres: some are registered with fully DSD, others have partial registration and some are not registered at all. ___From our survey, we have recorded that your centre is/ is not currently registered with the DSD? Is that correct? ___How do you feel about registration? Discuss. Draw out positives and negatives.	
FUNDING	5. What are the different types of monthly costs for the centre? (e.g. water; teacher wages; crayons; etc....) How does the centre pay for these regular or ongoing costs? 6. How has your centre funded improvements or bigger purchases (e.g. equipment) in the past? ___Who is involved in the raising of the funds used to improve the facility? ___Who makes the decisions about these improvements?	
The local area	7. What are some of the good things about this Amaoti area, in relation to running this CENTRE? Are there things about this Amaoti area that are not so good (impact negatively) for running this CENTRE?	
Reflection on interview	8. How did you feel about taking part in the PPT survey (if they did)? And now, how about doing this interview with us?	

End Off:	Is there anything else you'd like to discuss about this centre or ECD centres in general? Any messages for government? Any other questions and comments?
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8.2 Appendix B: Discussion Guide for FGDs

FGD: Discussion Guide with centre's Parents and PCGs (possibly including parents who form the committee)		Meaning/ Probe:
Introduction	1. Welcome; make parents comfortable; inform parents of reason for discussion; allow questions.	The topics and purpose would already have been explained to parents individually when they gave informed consent. Here you repeat this in the group setting, so that it becomes common shared knowledge. Emphasise that: a) there are no right or wrong answers; b) as parents who send their children to this particular crèche, they are experts on the topics you are interested in and we want to learn from them; c) we need their honest opinions and nothing they say will be attributed back to them directly through anything we (UKZN) write or say – we will put all the information together from all the different groups. Check for any concerns before you start.
Choosing a Child Care Centre/ Creche/ Play school/ pre-school/ ECD centre	2. What made you send your child to a child care centre?	At what stage in your life/ your child's life/ your family did you decide to send the child to pre-school and why? Was it a particular event or change that lead to the decision to send the child to pre-school?
	3. Why did you enrol your child in this particular ECD centre? [Are you aware of other ECD centres in the area? If so, what made you choose this one over the others?]	We want to understand the basis on which people select a CENTRE – what issues do they consider, and then which of those issues are critical factors that determine their decision i.e. a safe outdoor playing environment may be very important to a parent, but being able to get to the centre quickly or cheaply may override that. If some moved their child here from another CENTRE, find out why, and probe for detail if it was because they did not like something at the previous centre.
Services, features and Improvements	We may use a map of centre if one is available from the IIDI with principal/owner: 4. In general, what do you like best about this CENTRE? Brainstorm list. Make into cards. Then vote on three best things about the CENTRE.	This is spontaneous mention – what are the good things at this CENTRE? In this discussion, parents may mention things they are not happy with – note them down separately and keep till question 5. We want to get the full range of features that parents value (even if only valued by one parent). If parents start disagreeing on whether a particular feature is a good thing or not, allow discussion to continue for a while noting down differing viewpoints. Then ask them to hold off on discussion because you'll do a voting exercise later on.
	5. What do you appreciate least about the CENTRE? What would you like to see improved within this centre?	Often things you don't like, relate to things you'd like to change/ improve. You can discuss what they don't like or alternatively what improvement they would like to see at this centre. Parents may be more comfortable discussing improvements, because it is not a 'complaint' or expression of disapproval, which some may be reluctant to express.

Importance of features	<p>Other parents of children at ECD centres have mentioned the following things as considerations when choosing a pre-school. PLACE cards in front of parents. (We've also added these cards based on what you have already told us.) Place new GENERATED cards down.</p> <p>We'd now like to do a quick voting exercise to find out how important each of these are in keeping your child at a particular centre. Think about what may make you want to take your child out of this centre (maybe if it gets worse) or a reasons why you want to stay at the centre.</p>	<p>Give each person 10 buttons. You have 10 votes each. You can put all your buttons on one feature or split your buttons however you want to between the features.</p> <p>DEMO</p> <p>The more buttons you put on a feature, shows it's more important to you. Allow voting. If possible, each parent to get a different type of button – in case they want to move things around</p> <p>NOTE: you can also split some of the existing features, if this is needed based on the views they have already expressed e.g. maybe convenience and accessibility should be in 2: a) cheap to get to and b) easy to get to.</p>	<ul style="list-style-type: none">a. Toys, games and booksb. Playground (size and equipment)c. Water & sanitationd. Electricitye. Teachers / the level of care and attention they get from the supervisors/ teachersf. Enough space for children to playg. Easy/cheap to get to (close to home or on transport route) - convenience and accessibilityh. opening and closing timesi. Security threats from outsidej. The health and safety of your childk. Feesl. Which other families send their children therem. Number of children in centren. Good structure/buildingo. Furniturep. Provision of lunch	<p>Depending on how much detail you got from discussion on 3, 4 and 5; this exercise may seem like a repeat. If so, you can decide not to do it, however then you need to check the list (a. to p.) for any issues/ features that were not discussed at all.</p> <p>If there is one or two, then in place of this exercise, ASK: You did not say anything about“the toilets” or “number of children in the centre”. What are your thoughts on this? (do one at a time).</p>
End off:	<p>6. What message do you have for government (the Education, Health and the Social Development Departments) as they consider how to use scarce resources to help ECD centres?</p> <p>7. Is there anything else you'd like to discuss about this centre or ECD centres in general? Any other questions and comments?</p>	<p>If people look bored, tired or restless, then skip this question.</p> <p>People can also stay behind to ask their question if others want to go.</p>		

8.3 Appendix C: Quantitative Data on Sampled ECD centres

ECD Centre	Ward #	Suburb	Village Name	Starting Time	Closing time	Operational Hours	Establishment date	NPO Number	DSD Registration Date	DSD Funded	Number of Subsidies
Fisani Okuhle	53	2	Amaoti - Cuba	6:30	18:00	11:30	2000	044-703	27-Jun-05	yes	50
Kwa Nomarashiya	59	8	Amatowana - Nigeria	6:00	19:00	13:00	1995	n/a	null	no	0
Mpilonhle Creche	53	5	Amaoti	5:00	18:30	13:30	1990	n/a	null	no	0
Sandile	53	12	Amaoti(White city)	6:00	16:00	10:00	1998	008-777	6-Aug-09	yes	60
Siyazama Creche	59	8	Amaoti (Nigeria)	6:00	16:00	10:00	1992	n/a	null	no	0
Tholokuhle ECD	53	6	Amaoti (Mozambique)	7:00	16:00	9:00	2000	n/a	null	no	0

Appendix C: Quantitative Data on Sampled ECD centres (Part 1)

ECD Centre	Governance Committee	Minutes Available	Committee Work Training Received	Number of Meetings	Parents Consulted	NPO has Constitution	Financials In Place	Committed to Registration	Staff willing to be trained	Committee willing to be trained	Department and Entity Relationships	Principal's ECD Training	Teaching Principal	Number of ECD Practitioners	Trained ECD practitioners	Number of Kitchen workers
Fisani Okuhle	yes	yes	no	4	yes	yes	yes	yes	yes	yes	Clinic, Dept of Social Devel	Yes	Not teaching	5	3	1
Kwa Nomarashiya	yes	no	no	11	yes	no	no	yes	yes	yes	Clinic	No	Teaching	3	0	0
Mpilonhle Creche	no	no	no	0	no	no	no	yes	yes	yes	Clinic, Dept of Social Devel	No	Teaching	2	0	0
Sandile	yes	yes	Don't know	2	yes	yes	yes	yes	yes	yes	None	Yes	Teaching	4	4	1
Siyazama Creche	no	no	no	0	Don't know	no	no	yes	yes	no	Clinic	Yes	Teaching	1	1	0
Tholokuhle ECD	yes	no	no	10	3	no	yes	yes	yes	yes	Clinic, Dept of Social Devel	Yes	Teaching	2	2	0

Appendix C: Quantitative Data on Sampled ECD centres (Part 2)

ECD Centre	Keep Enrolment Forms	Keep Staff Job Description	Keep Incident Register	Keep Staff Attendance Register	Keep Staff Development Plan	Keep Child Attendance Register	Keep Visitors Book	Keep Medication Register	Keep Receipt Book	Keep Fees Register	Keep Road To Health Register	Crèche Policies	Obvious Safety Threats	Harmful Substances Stored Safe	First Aid Trained Staff	First Aid Kit
Fisani Okuhle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2	none	Yes	1	Yes
Kwa Nomarashiya	No	No	No	No	No	No	No	No	No	No	No	4	none	Yes	0	No
Mpilonhle Creche	No	No	No	No	No	No	No	No	No	No	No	3	open trenches, sharp objects, other	Yes	0	No
Sandile	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	DK	3	none	Yes	1	Yes
Siyazama Creche	No	No	Yes	No	No	No	No	Yes	No	No	No	4	sharp objects	Yes	0	No
Tholokuhle ECD	Yes	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	1	sharp objects	Yes	1	Yes

Appendix C: Quantitative Data on Sampled ECD centres (Part 3)

ECD Centre	TOTAL Children Attending	Number Of Babies	Number Of Toddlers	ECD Programme Displayed	Book Corner	Educational Toys	Art Equipment	Children's Work Displayed	Learning Posters	Separated Spaces	Nutrition Breakfast	Nutrition Lunch	Topography	Fenced	Building Type	Wall Problems
Fisani Okuhle	193	27	166	1	Yes	Yes	Yes	Yes	1	Yes	ECD Centre	ECD Centre	flat	Yes	Formal	No
Kwa Nomarashiya	25	10	15	3	No	No	No	No	4	No	Parents	Parents	gentle slope	No	Informal	No
Mpilonhle Creche	40	10	30	3	No	No	No	No	2	No	Parents	Parents	gentle slope	Yes	Informal	Yes
Sandile	148	49	99	1	Yes	No	Yes	Yes	1	Yes	ECD Centre	ECD Centre	steep slope	Yes	Formal	No
Siyazama Creche	15	5	10	1	No	Yes	Yes	Yes	3	No	ECD Centre	Parents	gentle slope	Partially	Formal	No
Tholokuhle ECD	40	18	22	1	Yes	Yes	Yes	Yes	2	Yes	ECD Centre	ECD Centre	flat	Yes	Formal	No

Appendix C: Quantitative Data on Sampled ECD centres (Part 4)

ECD Centre	External Opening windows	Cross Ventilation	Kitchen Space	Dedicated Office Space	Have Electricity	Have Water	Adult Toilets	Children's Toilets	Toilet quality	Road Access	Outdoor Play Area	Safe Play Area
Fisani Okuhle	8	Yes	Yes	Yes	Yes	Yes	1	2	good	Yes	Yes	Yes
Kwa Nomarashiya	1	No	No	No	No	No	4	0	average	No	No	No Outdoor area
Mpilonhle Creche	1	No	No	No	Yes	Yes	1	0	average	Yes	No	No Outdoor area
Sandile	6	No	Yes	Yes	Yes	Yes	1	3	average	Yes	Yes	Yes
Siyazama Creche	1	No	No	No	No	Yes	1	0	poor	Yes	Yes	Yes
Tholokuhle ECD	5	No	Yes	No	Yes	Yes	1	0	poor	Yes	Yes	No

Appendix C: Quantitative Data on Sampled ECD centres (Part 5)

ECD Centre	Planned Improvements	Programme Registered	Donor funding applications	Absence due to safety concerns	Of Number Playrooms	RATIO: children/practitioner	child/ RATIO: trained practitioner	space/ outdoor child
Fisani Okuhle	premises to be painted ,floor tiles ,teacher to	Yes	food, outdoor equipment,	No	3	39	64	0.7
Kwa Nomarashiya	New premises, toys and food	No	n/a	No	1	8	No trained practitioners	0
Mpilonhle Creche	Building a new building to improve	No	n/a	Yes	1	20	No trained practitioners	0
Sandile	Increase class size and number	Yes	n/a	No	3	37	37	0.6
Siyazama Creche	To have a formal and bigger building, to	DK	food, training	No	1	15	15	5.6
Tholokuhle ECD	Kitchen space for making food for kids,	No	food, training, educational equipment	No	2	20	20	9.5

Appendix C: Quantitative Data on Sampled ECD centres (Part 6)

8.4 Appendix D: Consent Form

Dear Sir/Madam,

Consent to Participate in Research

January 2017

My name is _____ from the School of Built Environment and Development Studies (BEDS) at the University of KwaZulu-Natal (UKZN).

You are being invited to consider participating in a study that involves research on child care centres in Amaoti. We want to learn more about child care centres, like how parents and caregivers chose a centre for their child and what their thoughts and views are about different aspects of the ECD centre. With your consent we would like to ask you some questions. The duration of your participation if you choose to join is expected to be no more than 2 hours. We cannot promise that participation in the study will lead to improvements for you but we are hoping that we may be able to influence government policy makers using what we learnt from people like you, to make some improvements.

We are working alongside the Project Preparation Trust (PPT) on this study, and together we report back to government on different aspects of the research. In the event of any problems or concerns/questions you may contact Professor Bracking at Bracking@ukzn.ac.za or the survey coordinator, Mr Nana Ndlovu at PPT on 031 305 1288. Participation in this research is voluntary and you may withdraw participation at any point without any bad consequences for yourself or the Centre. You may also refuse to answer particular questions but still carry on with the discussion. The information provided will be safely stored and your name, surname and personal details will not be used in the research report or shared with any stakeholders.

Participant details and consent

I, _____ (Name of participant), understand the purpose and procedures of the study. I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I understand that I may contact the researcher at **UKZN or PPT**, if I have any further questions/concerns or queries related to the study; if I have any questions or concerns about my rights as a study participant; or if I am concerned about an aspect of the study or the researchers.

I am giving permission that:

• The name of the child care centre may be used in the research report that will be published	Yes	No
• Photos of the child care centre may be used in reports that will be published on condition that the name of the child care centre not be linked to the photograph.	Yes	No
• Photos of myself be used in the research report, on condition that my name or the centre's name is not linked to the photograph.	Yes	No

.....
Signed by participant

.....
Signed by fieldworker/ facilitator

.....
Signed by witness

Participant Details:					
Name of Respondent:		Date:	Day January 2017		
Gender:	Male / Female /Other	Age:	a. Up to 35yrs	b. 36-50yrs	c. 50 + yrs
Daytime activity: (circle)	a. Employed b. Own business c. Searching work	d. Study e. Child care (own family) f. Household work	g. Subsistence work h. Volunteer work i. Other (fitness training, etc.)		
Number of children at the ECD centre?		Number of children:			
Name of Fieldworker:		Name of ECD centre:			

8.5 Appendix E: Information available for participants regarding the research

ECD centres in Amaoti: Focus Group Discussions and IIDs

Process:

- Introductions: Explain project overall and then purpose of the FGD/ IIDI with parent, PCG, or staff member. Check if they have any questions.
- Collect basic data (see Participant Details and Consent Form). Ask if they are happy to participate. Ask them to sign consent form.
- Gather participants and conduct group discussion using appropriate discussion guide.
- Give time for anything additional they may want to discuss with you. Record questions you cannot answer and tell them you will pass their question on to one of the project leaders.

Information for Participant	
Purpose of FGDs	<ul style="list-style-type: none"> FGD intends to assess the perceptions of parents/guardians of their ECD centre and the issue of pre-school child care more generally. Time: The focus group will take about two hours.
Topics covered and use of information	<ul style="list-style-type: none"> A discussion guide will be used to facilitate in structuring the focus group discussion. It will also highlight the topics that need to be covered, but participants welcome to raise other issues as well. Recoding information shared: Notes will be taken. The hand notes will be confidential and any information provided will not be linked to any participant.
Why this research and who is doing it?	<ul style="list-style-type: none"> Who is doing the research: Programme to Support Pro-poor Policy Development (PSPPD) through University of KwaZulu-Natal, School of Built Environment and Development Studies (BEDS, UKZN) and through Project preparation Trust (PPT) – an NGO. One of the five PSPPD II themes is Child Poverty (ECD and Children& Violence). PSPPD is located within the Presidency (National Planning Commission). Why this research: National government is concerned about the level of childcare delivered to its citizens. They know that many people need to send their young children to some kind of day care facility. It is governments responsibility to make sure that children at these ECD centres get adequate care. This work is to find out the reality of child care centres and to assist government to find a way to efficiently assess which CCCs need what kind of assistance.

Extracts from The Programme to Support Pro-poor Policy Development II (PSPPD II): <http://www.thepresidency.gov.za/pebble.asp?relid=7078> on 13 January 2016

- Policy makers need evidence** to inform their decisions so that they can make informed policy choices and improve the implementation of those policies. Good quality research can help to illustrate the extent of problems and the underlying causes.
- The PSPPD is **situated within the National Planning Commission** (NPC). The NPC has
- In particular, the Phase II will build on the evaluation policy, systems and the use of evaluation to improve policy implementation and provide support for the implementation of the National Development Plan.
- Through building the institutions of government and a body of scholarship on

<p>finalised the National Development Plan and Cabinet has mandated it to develop an Implementation Framework.</p> <ul style="list-style-type: none">• The PSPPD worked closely with and contributed significantly to the evaluation component of the Department of Performance Monitoring and Evaluation (DPM&E) within the Presidency. These two Ministries within the Presidency will continue to be strategic and institutional partners to the PSPPD II.	<p>poverty and inequality, the ability of the government to address these challenges will be improved. The over-arching theme, therefore, for Phase II is the reduction of poverty and inequality.</p> <ul style="list-style-type: none">• The focus will be on the following departments in the Social Cluster: Departments of Social Development, Health, Education and Rural Development.
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