Reconciling employment creation and childcare services through early childhood development: A comparison of selected models of provision

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DECLARATION

The work described in this dissertation was carried out in the School of Development Studies, University of KwaZulu-Natal, Howard College Campus, Durban, from June 2005 to July 2007, under the supervision of Professor Francie Lund.

These studies represent original work by the author and have not otherwise been submitted in any form for any degree or diploma to any tertiary institution. Where use has been made of the work of others it is duly acknowledged in the text.

Signed: 

ABSTRACT

South Africa faces crises in both childcare and unemployment. These two areas are central to development and economic growth. South Africa may be the first country in the world to design and implement a public works programme (PWP) in early childhood development (ECD). This study compares selected models of ECD provision - centre-based ECD, integrated-ECD-interventions and programmes that equip caregivers for ECD, in terms of their ability to accomplish three goals: improve childcare, provide employment and help caregivers reconcile paid and unpaid work. The models vary in the programmes they offer, costs and reach as well as their training requirements, institutional arrangements, use of volunteers, sustainability and ability to complement developmental services, and all have a context in which they work best. Quantitative and qualitative data is used to make projections on the potential socio-economic effects of expanding services according to the various models, and in the context of government plans. ECD will not be able to expand successfully until specific challenges have been overcome. With that as a foundation, the proposed expanded public works programme (EPWP) in ECD could be used as a vehicle to train and develop a cadre of practitioners. Serious consideration needs to be given to the quality of job opportunities created as this will directly affect the programme's impact on ECD. In addition, the model chosen for expansion will determine the ability of the programme to support caregivers in reconciling their paid and unpaid work.

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CSG	Child Support Grant
DoE	Department of Education
DoH	Department of Health
DoSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
ETDP-SETA	Education and Training Development Sector Education and Training Authority
GHS	General Household Survey
Grade R	Reception Year
HIV	Human Immunodeficiency Virus
I-ECD-I	Integrated Early Childhood Development Intervention
KZN	KwaZulu-Natal
NGO	Non-Governmental Organisation
NQF	National Qualifications Framework
PWP	Public Works Programme

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Chapter 1
INTRODUCTION

Two of the great challenges South Africa currently faces are a crisis in childcare and a crisis of unemployment. South Africa is the first country in the world to implement a public works programme (PWP) in early childhood development (ECD). Millions of South Africa's children live in conditions of poverty and their development is at risk. Few children have access to ECD services. Many centres do not have the required materials or trained practitioners to ensure that those who have access to them develop to their potential. As part of an Expanded Public Works Programme (EPWP), the government has compiled a Social Sector Plan. The EPWP targets poor and unemployed women to provide them with education and training, work experience and an income to help integrate them into the economy while improving the care and educational opportunities for children (DoSD, DoS & DoH, 2004). Furthermore, ECD services can relieve caregivers, who typically work informally, for a few hours enabling them to earn an income (Budlender, 2005:35).

A model of home-based childcare has been compared to the centre-based model in terms of employment opportunities and costs (du Toit, 2005). However, alternative models of childcare currently used in the ECD NGO sector have not been considered for the expansion of services. Models differ in their potential to impact children's development, draw women into employment, and support caregivers in unpaid work relative to costs. In addition, they have varying institutional and training requirements, ability to combine with developmental services, use of volunteers and sustainability. These differences need to be analysed and the strengths and weaknesses of each model taken into account when considering which to use for ECD expansion.

In Chapter 2, literature from a variety of fields is drawn on to illustrate the potential for reconciling employment creation and childcare services through ECD. Chapter 3 describes the quantitative and qualitative methods used to compare the socio-economic

impact of selected ECD models, which is then detailed in Chapter 4. Chapter 5 addresses underlying challenges that must be overcome in order for ECD expansion to be successful. Based on the findings, Chapter 6 discusses whether or not the EPWP is an appropriate vehicle for ECD expansion and if the programme would help support women in unpaid work.

Children in ECD centre in rural KwaZulu-Natal

Chapter 2

LITERATURE REVIEW

The applied research project draws on literature from feminist economics, social policy, labour market analysis and ECD. Gender runs as a theme throughout the study. Gendered analysis recognizes the power relations and resulting inequalities both between men and women and among men and women themselves. They are formed and internalized from an early age within families and communities and are later reflected in educational institutions, markets and states. For example, a gendered analysis of the division of care work may reveal that women produce more care work than men, as well as poorer women producing more care work than wealthier women. Care work is dealt with as a whole because it includes childcare (or ECD) and it provides a broad theoretical framework for understanding the link between the need for ECD, the challenge in reconciling responsibility for paid and unpaid work, and women in the labour market.

DYNAMICS OF CARE WORK

Care work is that which is done for the care and nurturing of others, including children, the sick, elderly and disabled, who usually need more care than they are able to give. The demands of care work can vary in degree from passive childcare, which may take place while simultaneously working at home, to caring for a terminally ill family member, which may require one's full attention at regular intervals. Care work makes an essential contribution to development by laying a foundation for human capabilities. This forming and maintaining of citizens, including the future workforce, has historically been the work of mothers and women (Tuominen, 1994: 230, 237). Taking responsibility for the care and nurturing of dependents has both financial and temporal implications. Care work has costs attached in the form of financial obligations, missed opportunities and wages foregone. However, it also has the benefits of stronger family and social ties and high quality services for dependents (Folbre, 2006).

Care work is largely unpaid and disproportionately undertaken by women. This has implications for how care work is valued and allocated between paid and unpaid economies. Himmelweit (2005) argues that care work does not conform to assumptions made about typical goods and services because "care is the development of a relationship, not the production of a product that is separable from the person delivering it" (2005:3). For other economic activities, labour is just an input in the production process. This means that output can be increased through capital investment, technological improvements and better organisation. However, in the case of care work, labour is not only an input in the 'production of care process', but also an effective output because of the relational nature of care. Maintaining standards of care requires a constant amount of labour time, whether paid or unpaid. Should the need for care increase, more hours of labour will be required. This is unlike the production of other goods and services where labour is only an input and so standards can be maintained or improved while the amount of labour time is falling. For example, in domestic activities such as cooking and cleaning (which are necessary in order for carework to take place), labour is simply an input and the amount of labour time can be reduced while productivity increases through mass-production (such as food preparation) and technological innovation (such as provision of water to households in undeveloped areas or washing machines and dishwashers in developed areas) respectively. Alternatively, domestic activities can be outsourced to a paid domestic worker which frees up time. Labour is only an input in domestic activities, so work produced can be separated from the person delivering it and productivity increased while labour time required decreases. This is unlike caring for people where the relationship built with the carer becomes part of the output and a decrease in labour time would be associated with a decrease in the quality of care produced. "Indeed, what in other industries would be seen as measures of high productivity are specifically taken as indices of low quality when it comes to care" (Himmelweit, 2005:5).

Himmelweit's (2005) argument about the relational nature of care hindering productivity increases in care work gives insight into why wages for carework are low. Wages in other sectors rise in accordance with productivity gains but productivity in care will not increase without decreasing quality. There is also downward pressure on paid carework

wages because if care costs too much, demand for paid care will decrease. Employment will no longer be seen as "worthwhile" financially and people will leave paid work to engage in unpaid care work. Low wages in care work make staff retention challenging and can result in less well-trained workers entering the sector. High staff turnover and lesser trained workers will have a negative impact on quality of care. In a competitive and innovative world, the opportunity cost of caring is increasing. This affects how people choose to allocate their time between paid and unpaid activities. While the increasing productivity of aspects of unpaid domestic work has freed up time for carework, the financial opportunity cost of being out of the labour market is increasing because unpaid careworkers will not experience "the general rise in prosperity that rising productivity in the production of most goods and services brings through increasing the purchasing power of wages" (Himmelweit, 2005: 17).

Participation in paid employment increases resources but the pressure on women's money and time is escalating:

> New patterns of time allocation may also intensify inequalities among women. Relatively well-educated, high-earning women are often able to engage in domestic outsourcing, purchasing substitutes for time they would otherwise have devoted to housework, or child care. Poorly educated low-earning women typically have less flexibility. Women living in tightly knit rural communities may enjoy assistance from other female family members; recent migrants to urban areas may have less access to such forms of informal assistance. Age differences may also come into play. As young girls increase their participation in schooling, for instance, their allocation of time away from housework and care responsibilities may increase the burden on mothers (Folbre, 2006: 185).

In the South African case, about one million domestic workers allow high- and middle-income households to outsource some of their domestic activities. Domestic work is typically low paid and insecure in nature and is performed by women from poor households.

On a microeconomic level, time needs to be allocated between unpaid and paid work for both men and women. Gender relations play a role in determining the amount of time spent on unpaid care work, which is usually done by women (Lazaro, Molto and Sanchez, 2004:983). Women's decisions about caring and employment are linked as time needs to be allocated between them. Women's availability to participate in the paid labour market, therefore, is related to the time spent working (without pay) in the household and community in which they find themselves (Chen et al, 2005:23). This means that on a macroeconomic level care is viewed as both a contributor to and a limiter of economic growth (Himmelweit, 2005). This increase in women's unpaid care work further limits their ability to access the labour market to earn an income or produce for their own consumption and contribute to the economy. Participation in the labour market does not guarantee a potential pathway out of poverty if the resultant care of her household is of a poor standard (Chen et al, 2005:27). This has significant implications for the sustainability of the use of volunteers in the community.

Care decisions have a short term impact on the labour market but long term implications for society in general. If an accurate and appropriate political economy theory is to be built, it must recognize the unpaid care work of women. The full costs of work are hidden because they don't account for the unpaid work on which it depends (Chen et al, 2005: 33). Most of this significant work, which adds to the human capital of a society, is done by women, who are low-paid or unpaid. The problem is that women from poor households also need to earn an income if they are to find a pathway out of poverty.

Unpaid care work and childcare in the context of AIDS

Before the HIV/AIDS epidemic in South Africa, apartheid policies had led to fragmentation of families. It has been interpreted that one effect was, ironically, the strengthening of cultural values about communal responsibility for children, where "members of the grandparental, parental and child's generation may take a leading or significant role in a young child's care for a certain period of time, with a handover of caregiving roles often occurring with a major shift in economic circumstances,

employment or physical location" (Bray and Brandt, 2005: 16). Circumstances may also shift due to changes in health status.

The HIV/AIDS epidemic has led to a dramatic increase in the need for care. HIV/AIDS was the leading cause of death among adults and children alike in 2000 and is responsible for 40 percent of children's deaths, 47 percent of females' deaths and 33 percent of males' deaths (Bradshaw and Nannan, 2003: 53 - 54). Not only do women have higher HIV/AIDS infection rates, they are also more affected by HIV/AIDS with regards to care provision. Women may be drawn out of productive work, such as agriculture, or paid employment in order to care for the sick (Chen et al, 2005:23). The care work not only increases because women are looking after the ill in addition to children and the elderly, but the nature of care work can be exceptionally demanding when it involves care for frail people, or those who are terminally ill.

"The gendered relations of power and understandings of femininity and masculinity help structure the care economy" (Urdang, 2006:167). The context of HIV/AIDS exacerbates the implications of this even further. Atkintola provides a gendered analysis of the burden of care on family and volunteer caregivers in Uganda and South Africa (Akintola, 2004). He notes the gradual shift in Africa in the model for caring for those living with HIV/AIDS from hospital care to home-based care programmes. His study indicates that caregiving activities are divided according to socio-cultural expectations whereby men generally carry out more physically demanding tasks, such as transporting the sick to health facilities, and women (grandmothers, mothers, sisters and girl children) generally carry out more nurturing activities. The expectation on women to nurture does not alter should she become ill. In this case the emotional and psychological stress related to dying and leaving their children without proper care, particularly if their children are infected, is significant as is made worse by Akintola's finding that men provide little support for caregivers (Akintola, 2004:34-36).

These increasingly difficult social and economic circumstances impact the wellbeing of households. This in turn affects the environment in which childcare takes place. An

ethnographic analysis by Bray and Brandt (2005) examined the ideals and practices of childcare in Masiphumelele, a resource-poor community in the Western Cape. It was found that a caregiver's ideals and hopes for a child may not change, but practice may because of the decreasing financial, physical and emotional resources that are available for childcare. Research demonstrates that HIV/AIDS is usually one of multiple stress factors in the lives of children and their carers, and does not autonomously impact their financial and social wellbeing (Bray and Brandt, 2005:23). However, the burden of disease and unpaid care work is taking its toll on women of all ages, reducing the resources available for ECD (amongst other things), as households become increasingly susceptible to disintegration.

What is South Africa's policy on childcare and does this offer support to women to resolve their unpaid and paid work responsibilities in order to escape poverty and fulfill their potential to the benefit of the whole nation?

PUBLIC POLICY ON CARE

Care work is mostly unpaid and invisible. Its contribution to the economy is therefore not counted and not taken into account when forming policies. However, other family and labour policies rest on assumptions about unpaid work and analyzing these can reveal the implicit or hidden 'policy on care'.

Assumptions underlying social policies

Both economic and social policies have gendered implications and these must be understood if one is interested in improving the wellbeing of all citizens. For instance, policies put in place by the government to support families are based on certain assumptions. Elson and Catagay (2000) mention the "male breadwinner bias" which presupposes that the nuclear family has a male breadwinner in formal employment who is earning sufficiently, accessing benefits such as insurance for his whole family, and whose care work done is by an unpaid female. Regular work for the male is assumed, along with stable families. As a result, families that do not fit into this model are not targeted through such policies, or are targeted as residual, atypical and marginal categories. There

has been an increase in single-person households and numbers of women earning which has challenged the male breadwinner model at a behavioral level (Lewis, 2001: 153). In some European countries there has been a shift to an adult worker model. This assumes that all adults are employed full time but this has run ahead of social reality in which the "one-and-a-half earner" family, where women are more likely to be employed part time in order to engage in unpaid care work, is more prevalent. A dual earner-dual carer model has also been proposed, a two x three-quarter earner model whereby every adult is assumed to have equal work and care responsibilities (Pascall and Lewis, 2004:378). The aim of this is to equalize both paid and unpaid work for the sake of gender equality through state regulation:

> If gender equality policies are to be more effective in delivering equal treatment, in paid work and welfare, they need to address the interconnecting elements of gender regimes as systems, with a logic of gender equality in care work, income, time and voice, as well as in paid employment (Pascall and Lewis, 2004: 380).

For the majority of South Africa's population, whose families were torn apart in the apartheid regime, the male breadwinner model could not be assumed. The high incidence of female household heads and significant poverty levels confirm this. In addition, the adult worker model or dual earner-dual carer model could not be assumed because of the high level of unemployment and fatherless families.

It is, in fact, very difficult to apply models and social policies from a developed region of the world to a developing region. Esping-Andersen's work on welfare regimes (1990, 1999) makes the distinction between 3 welfare regimes in the OECD world: liberal, conservative and social democratic. He identifies the role of the family, market and state in each, which play a central, marginal or subsidiary role in the provision of welfare depending on the underlying ideology. A significant shift from his 1990 work, *The three worlds of welfare capitalism,* to his 1999 publication, *Social foundations of post industrial economies,* was the recognition of women's unpaid work as a major contributor to welfare. Nevertheless, social policy in Western countries is able to rely on

"a legitimate state, a pervasive labour market as the basis for most people's livelihoods, and sophisticated financial markets providing insurance and a vehicle for savings" (Gough, 2004: 21). In these contexts, notwithstanding the variety in welfare-mix mentioned above, the role of the state is privileged. However, in many developing countries, people cannot "reasonably expect to meet their security needs via accessing services from the state or via participation in open labour markets" (Wood, 2004:50). While, as Mkandiwire (2004) encourages, developing countries can learn from social policy in developed countries whose histories can provide useful lessons and insights, welfare regimes in developing countries "encompass settings where the state is only one player among several and not necessarily the most important" (Gough, 2004: 26). Wood (2004:53) argues for an approach to social policy "that does not conceptually privilege either the state or market; and which treats them both as problematic alongside civil society or community and the household." The community is added into the welfare mix in developing countries, in addition to the state, market and family. This contributes to an informal security regime whereby people rely heavily on community and family relationships of various kinds as they cannot reasonably expect their security needs to be met through either labour market participation or the state:

> These relationships are usually hierarchical and asymmetrical. This results in problematic inclusion or adverse incorporation, whereby poorer people trade some short-term security in return for longer-term vulnerability and dependence... Nevertheless, these relations do comprise a series of informal rights and afford some measure of informal security (Gough, 2004: 33-34).

In South Africa, the welfare regime is an odd mix between fairly generous cover in some areas and no cover in others, in which case informal arrangements would be required for support.

Support for childcare in South Africa

In terms of gender equality in South Africa, gains have been made, although this does not automatically translate into addressing gender based social and economic inequalities. In

fact, gains made are more often reflected in areas that concern women, such as maternal health, as opposed to gender concerns where this may impose on the power of certain groups of men, as land rights would (Hassim, 2005: 346-347). The 1997 White Paper on Social Welfare promotes the cultural concept of 'ubuntu', emphasizing the principles of caring and mutual interdependence. However, unpaid care work itself is not practically recognized. The 1998 Maintenance Act empowers the state to hold defaulting parents (mainly fathers) accountable for debts. Hassim (2005:347-8) argues that part of the reason the act won support in government was because it entrenched the notion of privatized responsibility for children. The government's ideological stance on privatized responsibility for children will shape the forms of support offered to its citizens in terms of childcare. For instance, childcare effectively falls under the DoSD. The department does not initiate any childcare services. Childcare must be initiated by a member of the community. The DoSD then supplies guidelines for these services and upon registration provides a "place of care" grant per child per days attended. However, the capacity to initiate services, comply with regulations and apply for registration is a serious hindrance to many childcare centres receiving state support. This leads to a heavy reliance on volunteerism in the sector. The implications are twofold. Firstly, many children are subjected to unregulated and poor quality services that are purchased through fees. The second is that those households too poor to pay even low fees will need to make informal childcare arrangements if their caregivers need to work. The government does provide a Child Support Grant (CSG), a monthly payment of R200, to the primary caregiver of the child which can be used to the meet the child's needs. However, even if responsibility for children is privatized, this does not mean that the family actually is able to provide all a child needs for holistic development:

> Beyond specific resources, the family cannot possibly provide some of the things that are needed. The family cannot provide vaccinations or health care unless these things are available. The family cannot develop a clean, healthy environment in a community where there is not community participation. The family cannot drain away stagnant water in the total community or spray for mosquitos. Thus, in the final analysis, in order to help the families attend to the

needs of the children, the community and government must get involved (Arango and Nimnicht, 1987:44).

The kind of support that is offered should encourage participation and build capacity for community ownership. Otherwise, responsibility will always rest with the government. Macroeconomic policies pushing for cuts in state social spending result in reduced state support which affects the poor most seriously. The shifts from formal public services to community care indicate a reliance on volunteerism in the community, which may be the only support there is, and this can be very costly to volunteers themselves in terms of severe physical, emotional and psychological strain (Chen et al, 2005:31). This means that "unless care is underpinned with public services, gender equality will belong to the better off" (Pascall and Lewis, 2004:385).

It must be emphasized that dismissing the value of quality childcare and other forms of unpaid care work would have severe repercussions in South Africa's future. Care work is essential especially when the health status is threatened and disease burden so severe. Because of the relational nature of care, productivity of care work cannot be increased that much before quality begins to decrease. This dilemma requires an innovative policy response that gives support to all women. While commodification of care may enable wealthier women to outsource care work, this may be at the expense of poorer women who are paid very low wages to care, ultimately resulting in lower quality care. South Africa's policy on privatized responsibility for care may mean that many children would fall through the cracks if their immediate families were unable to support them, whether due to poverty, disease or death. Giving support to those providing care in this context, whether paid or unpaid, formally or informally, would improve the chance of prioritizing investment in the country's children from an early age, allowing an opportunity to empower our future labour force. Furthermore, this initiative could draw significant numbers into employment. A major theme of this study is the potential to reconcile child care with the need to create employment.

UNEMPLOYMENT IN SOUTH AFRICA

In 2002 South Africa's unemployment rate was 29 percent according to the strict definition and 41 percent according to the expanded definition. Streak and van der Westhuizen (2004:1) mention four noteworthy features of South Africa's unemployment crisis. Firstly, unemployment is not transient; rather it is structural or systemic in nature and is closely linked to the legacy of apartheid schooling. Secondly, the youth comprise the majority of the unemployed. Thirdly, most of the unemployed are semi-skilled or unskilled. Fourthly, unemployment in South Africa is due to both too little demand for labour and to the fact that the skills required by the economy do not match the skills profile of work-seekers.

Male economic participation rates are higher than those of females. However, more females are unemployed than males: the 2002 expanded unemployment rate of females was 46 percent compared to 35 percent for males (Burger and Woolard, 2005:6). There are also inequalities among women regarding the amount of unpaid care work they do and this may affect their employment status. Taking childcare as an example, Table 1 details the 2004 economic participation and unemployment rates for working age women in general and those women with children less than six years old:

Table 1: Participation and unemployment rates for women in SA (official definition)

Category of women	SA Women	Women with children less than 6 years old
Participation rate (%)	50	51
Unemployment rate (%)	35	42

Source: GHS 2004, own calculation

While the participation rate for women with and without young children is almost equal at around 50 percent, women with children less than six years old experience higher levels of unemployment. Considering that the participation rates, or desire to be in paid work, are the same for women with and without young children, why are women with young children less likely to be employed? In developed countries, the presence of young children in the household may be correlated with a decrease in paid employment for a

certain period of time, possibly due to policies that support reproductive labour such as maternity and paternity benefits. However, in a context of poverty demand for work does not necessarily decrease as childcare responsibilities increase. This may be because of the presence of other unemployed women in the household who are able to take care of the young children or because income generation is prioritized over childcare in this situation. On the other hand, women may leave the job market temporarily in order to have children and then not be able to get back into it, either because of the scarcity of jobs or because there are inadequate forms of support for women making it difficult to reconcile paid and unpaid work.

With such significant levels of unemployment, one would expect the government to offer assistance to the unemployed. According to Streak and van der Westhuizen (2004:3-4), the government has used both direct and indirect measures in this regard. Indirect assistance, such as measures to assist job creation, are part of a long-term strategy. Raising the level of demand for labour and working to develop the unskilled workers so that they can be absorbed into the economy are strategies that must be linked. Direct assistance to the unemployed is through the provision of goods, services or income to eligible individuals but does not provide employment (Streak and van der Westhuizen, 2004:3-4). There may be tension between short-term distributional strategies and instant reduction of poverty and long term growth sustaining measures resulting in poverty reduction (Bigsten and Levin, 2001:25). While economic growth is required in order for labour demand to increase, growth in high technology and high value added industries will not absorb unskilled and semi-skilled labour. Another approach is to grow sectors that are able to generate much employment, which should then be multiplied through linkages in the economy (Pollin, Epstein, Heintz and Ndikumana, 2006:3). For example, the demand for childcare should be recognized and invested in by government because of the market's inability to meet the demand and its employment generation potential. If the government is not going to prioritise investment in sectors that will absorb unskilled and semi-skilled labour into productive employment, then other measures of assistance should be considered (Streak and van der Westhuzizen, 2004: 28, 32).

The measures that one uses to assist the unemployed should be based on an understanding of who the unemployed are. Lee and Woolard (2002) categorise the unemployed into broad categories based on factors such as education levels, employment history, age, gender and location. No one strategy will benefit all groups of the unemployed. For example, the unemployed who are young, with a secondary or post-secondary education and living in urban areas, should benefit from policies to stimulate growth in economic demand in conjunction with appropriate supply-side measures such as vocational training. On the other hand, those who are older than 35 years old with little or no primary education or prior employment experience could be considered 'unemployable' and because their absorption into the private labour market is unlikely, participation in a state intervention such as a public works programme (PWP) may be appropriate. Consideration needs to be given to which group of the unemployed is being targeted by government programmes to increase the chances of success.

As noted, women do experience higher levels of unemployment than men. In addition, those who do find employment often find lower paying work and they have less time for paid employment because of time spent on unpaid care work (Sadan, 2004:2). There may be potential, however, to reconcile women's needs for employment while providing support for unpaid care work.

RECONCILING EMPLOYMENT CREATION AND CHILDCARE SERVICES THROUGH ECD

Quality childcare is labour intensive. Paid care work provides an opportunity to reconcile the demand for women's employment with providing care that children need for development. On the one hand it may be argued that the genuine demand for care work provides a case for expanding services that could provide sustained employment opportunities. On the other, it may be argued that this proposition traps women into care work. The quality of work opportunities created in ECD is likely to determine which of these arguments is correct, which is a central focus of this study.

The case for expanding ECD

A recommendation by the Poverty and Inequality Report (1998) suggested that more funding be made available for early childhood development in order to reduce South Africa's poverty and inequality. This provides a significant case for providing early education intervention for at-risk children during those sensitive times for developmental growth. What is the rationale and evidence for the importance attached to ECD rather than other development interventions? There is a large amount of evidence in the United States that points to the cumulative effect of early learning which provides a foundation for further skills learnt at school. By preparing children well for school, this is effectively an investment in their educational attainment and economic performance. A report by the Carnegie Institute's Task Force stressed how important the early years of a child's life are in terms of brain development and the implications of this for child development, a key to socio-economic development (Pence, 2004:6).

In South Africa, ECD is defined as an umbrella term that applies to the processes by which children from birth to at least 9 years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially. The period from birth to 5 years provides both immense opportunity and vulnerability for healthy development of children in the physical, emotional, social and cognitive aspects. Critical factors include the nature of early relationships with caregivers, the degree to which they are cognitively stimulated and their access to suitable nutrition and health care. Some children are more resilient in the face of hardships than others whose development may well be compromised in the short or long term. Delayed development may have implications for the rest of their schooling where these gaps persist and even widen as they progress. Suitable school readiness includes cognitive skills, socialization, self-regulatory behaviour and learning approaches (Karoly, Kilburb and Cannon, 2005). It is important to recognize that social and emotional skills affect performance in both school and the workplace and that cognitive skill is not the only important factor with regard to achieving success in life. Furthermore, early interventions are able to alter social adaptability and motivation of a child more easily and this is not the case with IQ (Heckman, 2000).

ECD interventions are especially beneficial for disadvantaged children and women and have the potential to break cycles of intergenerational poverty (DoE, 2001a:6). This is confirmed by a longitudinal study conducted in South Africa, where researchers Short and Biersteker (1984:59 in World Bank, 1994:17) found that "overall, taking all available evidence into consideration, we feel that it is justifiable to conclude that participation in the Early Learning Centre programme did have a lasting effect on the scholastic achievement of these disadvantaged children...We think that their results show considerably better progress throughout their school careers than could be expected for children of their socio-economic background."

This is further supported by evidence that early intervention programmes can result in cost savings by preventing problems that would require remedial attention later on (Karoly et al, 2005:21). It is argued that it is both more caring and cost effective to prioritise child development in the early years rather than trying to rectify problems later on. This needs to be taken into account in making well-informed policy decisions, particularly in a context of fiscal constraint (Heckman, 2000). Regarding both equity and investment efficiency, "public funding should be allocated to the base of the educational pyramid rather than to its apex" (Bennet, 2004:2). Furthermore, the foundation of development laid in the early years increases the returns of the other investments the government makes in health and education later in the lives of children, thereby increasing human capital.

Upon budgetary analysis, ECD remains extremely underserved in comparison to other education programmes (Chisholm, 2005:206). For example, in 2003/04, the national average of annual ECD spending per learner was R390 compared to some R4245 for primary school (Wildeman and Nomdo, 2004:35). The amount of public sector spending on ECD in comparison to other primary school years indicates the value that the government assigns to it and the need for advocacy in order to change this. It has yet to comprise even 1 percent of provincial spending on education, as Table 2 indicates:

Table 2: ECD as a percentage of consolidated provincial education budgets

YEAR	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
ECD	0.6	0.6	0.7	0.6	0.9	1.1	1.4

Source: Estimates of National Expenditure, 2006 in Wildeman, 2006: 20

While ECD formed only 0.6 percent of provincial education spending in 2002/03 and 2003/04, this was expected to grow towards 1 percent in the 2006/07 and 2007/08 years. Wildeman and Nomdo (2004:11 – 12) maintain the fiscal space for ECD has been derived from a decrease in enrolment rates and an increase in efficiency in the schooling system.

It has been argued that early childhood programmes can realize monetary benefits for the government, the children and families participating and other members of society. Economic analyses of such programmes demonstrate they are able to repay the initial investment with savings in future governmental expenditure as well as benefiting society further on (Karoly et al, 2005). Research has shown that it is poor children who are more susceptible to low-quality care and as a result benefit more than others from better-quality care (Whitebook, 1999:153). "Increased quality provisioning can free parents and other adult carers to take up opportunities for education and employment, which can dramatically improve the socio-economic status of impoverished families" (DoSD, 2006:12). Typically in post-independence African countries, ECD was recognized as offering an important opportunity for nation-building, but was not prioritized. This is evident by the number of ECD policies that are yet to be implemented (Pence, 2004:9, 21).

Many models exist for providing ECD services. They vary according to the outcomes targeted for improvement, target persons (child or caregiver), targeting criteria (demographic, socio-economic etc), age of focal child, location of services, services offered, intensity of intervention (frequency and duration of services), individualized attention and programme reach. It is usually the combination of services offered, who

delivers services and the characteristics of the population served that will determine the outcomes and effectiveness of a programme (Karoly et al, 2005:23-27).

While the above benefits from expanding ECD services are clear, the way in which provision should be expanded is less so. The ECD NGO sector has historically been the main provider of ECD services in South Africa. The ECD programmes used in this sector can provide insight into which models will be most socially and economically beneficial, given the specific poverty and labour market context.

Types of ECD models

The two most well known strategies for early childhood interventions are centre-based programmes, such as preschools and crèches, and home-based programmes. In South Africa, centre-based ECD services are far more well-known, practised and supported. Biersteker (1987:91) gives three reasons why centre-based programmes have been the preferred alternative, sometimes for the wrong reason. Firstly, because of severe inequalities and the dearth of education and social services for black children, there is a perception that "the middle-class, colonial model of a professionally run centre-based preschool is superior to any alternative models". Secondly, early childhood educators need to embrace the transferring of their skills onto caregivers (such as parents) but professional interest may prevent them from doing so in which case many caregivers will not recognize their own significant role as primary educators. Thirdly, alternative programmes are not supported financially by the state and "the private sector often prefers to finance preschools which are visible and clearly understood" (Biersteker, 1987:91). While site-based services are not the only option for ECD, they have the potential to be centres for care, support and outreach into the surrounding community which can multiply impact.

The argument for home-based alternatives in early childhood education is not new. Biersteker (1987:84 – 87) describes three reasons why caregiver-oriented and home-based programmes can be considered as an effective alternative to centre-based programmes. Firstly, caregiver involvement a child's education reinforces and helps

sustain the effects of an education programme which emphasizes the importance of caregivers as primary educators. Secondly, changes in caregiver behaviour will have a continuous impact on not only one but all the children in the household. This makes caregiver-oriented programmes more cost effective as they reach greater numbers, require less use of space and equipment. Thirdly, caregiver education can empower caregivers, increasing their confidence which may be transferred into other areas. In order to become better caregivers, they may need to change time spent with children, attitudes, gain understanding and certain skills (Arango and Nimnicht, 1987:43). However, caregiver support as an ECD strategy cannot be standardized into a "one size fits all" package. Interactions with children can be improved by increasing the amount of time with children or improving the quality of that time. Because caregivers have varying resources of time, finances and health, each will require a different option. Arango and Nimnicht (1987:37) argue that when developing alternative programmes for the development of young children, it is important to ensure that programmes "respect the cultural diversity of people and at the same time build a base for understanding other cultures and national unity."

It must also be remembered that ECD may serve varying purposes (Arango and Nimnicht, 1987:41). For instance, crèche facilities may enable women to participate in the paid economy and could therefore be seen as a means to liberating women of childcare duties and gaining their economic contribution in sectors other than the domestic sphere. However, in a context where many women are unemployed, it may make sense to design programmes that provide support for women who are at home. The mere fact that they are at home does not necessarily mean they do not need support in unpaid care work, especially if the general health and disease burden of the nation is high. In either situation, women who are supported by these programmes should not be at the expense of those delivering them. All women involved should be considered and their interest protected.

ECD provision in South Africa

In 2000, the government commissioned a nationwide audit to understand the ECD sector. This was conducted in 23482 sites across the country, where 1.03 million out of 6.4 million children aged 0 - 6 were enrolled and attended by some 55000 educators. The average age of ECD educators in South Africa was then 38 years, 99 percent were women, two thirds were African.

Only 10 percent were qualified and almost 50 percent of the educators earned less than R500 a month (an unskilled labourer would have received a minimum wage of around R1000). The pay of educators with NGO training was similar to those with no training. There was a link, however, between having a qualification and years of teaching experience suggesting that investing in educator training increased retention of teachers. However, the financial situation of most sites audited was unstable with fee income as the only source of income for more than a quarter of the sites, half of learners paying less than R50 per month and only 25 percent of fees charged paid regularly. These statistics relate to the national average. In poorer provinces, the situation was much worse. For example, in KwaZulu-Natal (KZN), a rural province with about one fifth of the country's population, the audit showed that the ECD resource base was weak and educator rating 'below average'. Table 3 reveals the province's performance against the national average.

Table 3: ECD indicators in KwaZulu-Natal and South Africa

INDICATORS	KwaZulu-Natal	South Africa
Percentage of sites in rural areas	62	40
Percentage of sites more than 3km away from a primary school	11	8
Percentage of sites with piped water, flushing toilets and mains electricity	32	53
Learner: educator ratio	23:1	19:1
Half the learners monthly fees	Less than R25	Less than R50

Source: ECD Audit, Department of Education, 2001a

The table shows clearly how KZN, the site of the study, fared worse on every indicator - the percentage of rural sites, state of infrastructure and level of fees in comparison to the national average. The specific context of each province needs to be considered when policy making and planning is taking place.

At a similar time to the audit being carried out, the National ECD Pilot Project was being concluded. It was launched by the DoE in 1997 to test the interim ECD policy, with special attention given to Reception Year (Grade R). Each province was given pro-rata funds which they had to use in accordance with the National ECD Pilot Project Design. The Gauteng Education Department designed and implemented the Impilo project, which ran from 1998 to 2000, and had the objective of piloting an ECD model with a multi-service approach to a group of children at risk and/or living in poverty. Partnerships between government and non-government ECD role-players, communities and families were successful and enabled the running of three projects which aimed to communicate key integrated messages to the ECD sector, communities and families about children's basic and developmental needs and the value of partnering to meet these. Conclusions from Impilo included "the need for flexible models of ECD provisioning and the need for new inter-sectoral, integrated and comprehensive legal frameworks for ECD in order to ensure coordination at all levels and access to funds that can target those children most at risk" (DoE, 2001a: 20).

After the National ECD Pilot Project, the Education White Paper 5 on ECD was written to formalize policy. The White Paper 5 acknowledges that the "largest part of brain development happens before a child reaches three years old and that it is during this period that children develop their abilities to think and speak, learn and reason and lay the foundation for their values and social behaviour as adults" (DoE, 2001b, Section 1.1.2). However, despite recognizing this critical stage of development for children, ECD policy in South Africa prioritizes a pre-school Reception year for children 5 years old. For children aged four years and younger, it is suggests that an inter-sectoral strategy be developed that focuses on improving the quality of learning programmes and targets children from poor rural and poor urban families, those that are HIV/AIDS infected and

affected, and children with special learning needs. It plans to improve quality of ECD programmes by developing a curriculum for this age group and developing practitioner career pathing. The EPWP in ECD aims to provide training to upgrade the qualifications of ECD practitioners in registered sites with this purpose in mind. The plan to improve the quality of ECD provisioning by formalizing practitioner career paths is problematic given the lack of evidence that this causality exists. Rather, formalization tends to increase costs of ECD provision (DoE, 2001b).

The Education White Paper 5 also states that there is a "general neglect of provision of ECD services and programmes to children from birth to 2 years, the most critical stage in terms of children's growth and development" (DoE, 2001b, Section 2.2.1). However, elsewhere (Section 3.1.4), the point is made that the government believes the primary responsibility for the care and upbringing of young children belongs to parents and families, which needs to be kept in mind while reviewing its ECD policies. In addition, the White Paper on Social Development also emphasizes a family approach to childcare. This points back to the discussion earlier in the chapter where ideology will determine the policies about the role of the family, state, market and community.

The DoE is aiming to achieve universal coverage for Reception Year. However, it expresses confidence that parents, families and communities will not respond to this state investment at the Grade R level by reducing their spending on ECD "but will instead refocus at least part of their funds on ECD services for children 4 years of age and younger" (DoE, 2001b, Section 4.1.1.3). Without a strong pre-Grade R sector, it will be difficult for Grade R to deliver solid educational foundations for future schooling (Wildeman and Nomdo, 2004:37). This is likely to result in more funds being required at the primary school level as many learners will be underprepared (Wildeman, 2003).

The government's Integrated Plan for ECD focuses on the 0 to 4 age group and entails "providing children with access to birth registration, health, nutrition, water and sanitation, psychosocial care, early learning, and protection, through the strengthening of the capacity of communities and improving access to basic services at the local level"

(DoE, 2005:12). These services will provided on a continuum of intervention where the primary level of care is with the household, which involves nutrition, hygiene, protective shelter, water provision, primary health care among other vital care giving practices. The second level of intervention is the community who contributes to the child's development by providing access to services such as clinics, care centres and community help groups, play groups and parent support programmes, community management of childhood diseases etc. The third level of intervention on the continuum of care is the provision of formal services such as crèches, day care centres and pre-schools, which contribute to the development and wellbeing of young children. This continuum of care should result in creating environments in which (particularly vulnerable) children can learn, grow and develop socially, emotionally, physically and cognitively; provide more opportunities to improve young children's school readiness; support and empower parents and caregivers to care for and educate children in their communities; and decrease the negative developmental effects of poverty on the lives of young children (DoE, 2005:14). The DoSD planned to first consolidate their existing services to one million children who were then receiving the CSG. These services would then expand to a long-term target of 2.5 million poor and vulnerable children (DoE, 2005:18).

> That significant numbers of South African children live in poverty cannot be disputed. That poverty negatively impacts on the lives and development of children cannot be disputed. That the HIV/AIDS pandemic is undermining the developmental and survival prospects of South African children cannot be disputed. That the majority of children in South Africa continue to endure the inheritance of apartheid cannot be disputed. In such a context, the value of ECD and the role it can play in redressing past injustices and addressing current adversities becomes more apparent (DoE, 2001a:7).

The ECD sector has been marginalized and devalued and the model of provisioning is heavily influenced by Euro-centric, middle-class contexts, which may not be the most appropriate in the current situation (DoE, 2001a). "The laissez-faire replication of this

model in disadvantaged communities without sufficient funding and support, results in questionable provisioning" (DoE, 2001a:11).

Children in a "traditional" ECD site

Various pilot projects have informed the development of innovative ECD models providing integrated services for vulnerable young children and although there is not extensive literature describing the work, this is not a reflection of what is currently being achieved (Masibambane Consortium, 2006). The Integrated Plan for ECD acknowledges that non-governmental organizations in South Africa have accumulated expertise in the field, which the government would like to tap into. The various innovative programmes run by NGOs need to be understood, compared and contrasted for what their potential could be in contributing to the continuum of care for young children envisioned by the government. Currently, fee-based programmes ensure that childcare can be afforded only by the better off. Furthermore, only sites with the capacity for registration are able to access a "place of care" subsidy. Assuming that many poor children are found in sites which do not have management capacity for registration, government is probably not effectively targeting the poorest children with the current system of subsidisation. Expansion of ECD services is required and these need to effectively target the children who need it most. Investigation is required into how the ECD sector be expanded in a way that will contribute to improving both the child care and women's unemployment situation. The EPWP in ECD is a vehicle that could be used for this expansion.

EPWP as a response to unemployment

PWP in South Africa, both during and post-apartheid, have been hampered by uncoordinated and unsystematic programme design and implementation with disappointing results in terms of employment and asset creation. A number of special public works programmes, such as Working for Water, have been introduced but failed to generate enough employment and sustained benefits. The EPWP was launched in 2003 – the significant departure from previous PWPs, which were focused on infrastructure, is its inclusion of the social sector (du Toit, 2005).

The government's long term plan to deal with unemployment is to boost economic growth, provide education and training to upgrade skills and to improve the environment in order for industry to thrive. The EPWP is a short to medium term programme that aims to create 1 000 000 short term jobs for the unemployed (targeting youth, women and the disabled) so they will gain skills that enable them to be employed or self-employed, and use public sector budgets to reduce unemployment. As a result, its success is highly dependent on the restructuring of line function budgets and conditional grants and requires a change in technology towards the use of labour techniques (DSD, DoE & DoH, 2004).

Altman (2003) argues that employment creation strategies are more likely to be successful if they are aligned with industrial strategies that help the government meet their basic needs obligations. These strategies need to be developed from a detailed understanding of industry dynamics and with a long-term perspective in mind, unlike most of the current thinking regarding short-term job creation strategies (Altman, 2003). Government itself has claimed that the EPWP is not designed to address the structural nature of unemployment and it is a small part of their overall strategy to reduce unemployment. Having said that, expectations for the programme have been inflated in terms of what the actual impact will be. Streak and van der Westhuizen (2004:37-38) mention a few reasons why it is unlikely to have a large impact on employment. To start,

1 000 000 short term jobs created is a fraction of the jobs required. As in most public works programmes, low wages paid on the EPWP are unlikely to move participants above the poverty line. Furthermore, the income earned on the EPWP is unlikely to translate into accumulated business or human capital, for which there may be insufficient demand.

A challenge in public works is the multiple programme objectives that need to be reconciled. For example, Sadan (2004:26) suggests that short term public works programmes should have "good quality, accredited training programmes", but Haddad and Adato (2002:28) argue there is a trade-off between short-term job creation and skills training. They argue that developing marketable skills takes longer than what a short term project would take to complete. Furthermore, longer term programmes are required if the EPWP is to have a sustained impact on employment and hence poverty. Extended programmes help stabilize the effect that the income transferred has on the poor, enables consumption smoothing and decreases vulnerability to shocks – in effect, it acts as a form of insurance, which can have a more significant impact on reducing poverty than the direct transfer itself (Dev, 1995:126,136 in McCord, 2003:25). In KwaZulu-Natal, the labour intensive road maintenance programme, Zibambele, is designed with this objective in mind, providing a sustained, low income transfer of R350 per month based on 8 days of employment. Women were targeted as participants and should the woman not be able to work, due to illness or need to take up unpaid work responsibilities, she can be replaced by another member of her household, which ensures income stability at the household level, and is possible because of the low skills set required for the work. The design of this programme takes into account the challenges HIV/AIDS infected and affected households face, for instance, allowing flexibility to respond to changing circumstances without compromising on earning an income. However, this can also be seen as extending work opportunities to households which are labour-constrained, which may be a burdensome requirement depending on the household's situation (McCord, 2005b). A choice needs to be acknowledged and then made, however, about the quantity and quality of opportunities created. Providing low skilled jobs per household, as in the Zibambele case, allows for a low yet stable income transfer but provides flexibility for

participants which may be required for vulnerable households. Creating jobs of an intermediate skill level for individuals allows for a higher income transfer but does not provide participants the flexibility to be replaced if necessary because of the level of training required.

To ensure effective self-targeting for EPWP participants, the wage must be set at the right level. This is problematic in a context of mass unemployment where both the poor and non-poor want jobs. There is also trade union opposition to the public works programmes being long-lasting, which is important for poverty-mitigating effects, as they want to prevent labour protection being undermined by workers receiving reduced benefits and wages (Seekings, 2006:23). The problem with this is that "the implementation of multiple short term projects may therefore serve only to churn the unemployed, replacing one cohort of the unemployed with another in short term employment projects, and removing them temporarily from the pool of unemployed labour, rather than addressing either the underlying problem of unemployment or having significant or sustained impact on livelihoods" (McCord, 2003:26). If the EPWP is to help participants gain skills required by the private or public sector, reduce unemployment and thereby contribute to poverty reduction, longer term projects are necessary. Longer term projects could be justified where the EPWP is used to meet real needs for which there is a sustained demand. Also, it may be possible to restructure work opportunities over a longer term, on a part-time or job-sharing basis for the reasons abovementioned. This allows for flexibility for participants and time to take up opportunities in the informal sector. Furthermore, complementary development initiatives, such as microfinance, and sustained support allow for secondary programme benefits to take effect. "If appropriately designed...public works offer the opportunity to provide employment and sustained social protection gains...while also addressing critical social and developmental assets" (McCord, 2005b:1-2).

South Africa is unique in opening up the field whereby public works programmes could be a policy response to help women reconcile the paid and unpaid work tension. The

study aims to see if this can be done in the ECD field and how childcare and employment can be aligned.

Conclusion

Women produce most of the extremely labour intensive care work of the nation with little or no pay. Among others, quality ECD services will go a long way to building a foundation for social relations and human capital development, and will ultimately impact the skills profile of the nation's labour force. The South African economy is characterized by both high unemployment and rising capital intensity. While there is economic growth, there is a need to increase the labour intensity thereof. The structural problem of a skills mismatch in South Africa's economy needs to be tackled if the future generations are going to participate in the labour market. Expansion of the ECD sector should be prioritized considering the strategic importance of ECD for the future labour forces' skills set and the potential of this labour intensive sector to successfully draw significant numbers into employment. The government's EPWP in ECD is an attempt to achieve this.

The research questions are:

Set 1: Setting the context

- How many children are there in each age cohort from 0 – 5 years?
- How many children aged 0 - 5 are in formal pre-school services?
- What is the labour market status of mothers with children under 6 years old compared to women in general?

Set 2: Comparing models of provision

- What models of ECD provision currently exist?
- How do the models compare in terms of programmes offered, practitioner costs and numbers of children practitioners reach?
- How do the models compare in terms of training requirements, institutional arrangements, use of volunteers, sustainability and ability to combine with developmental services?

- What are the strengths and weaknesses of the models?
- In which context does each model work best?

Set 3: Making projections

- Based on government plans and the number of children who require ECD services, what possible opportunities exist to employ women to meet these needs?
- What is the potential of each model to improve ECD and provide quality employment relative to costs?

Set 4: Expanding ECD

- What factors will affect expansion of ECD services?
- Is an EPWP a suitable vehicle for ECD expansion?
- Can an EPWP in ECD help caregivers reconcile paid and unpaid work?

The methodology used to research these questions is described in the following chapter.

Chapter 3

METHODOLOGY

The aim of the study was to explore the government's plan for ECD expansion and after analyzing selected models of provision, make projections about their ability to provide ECD and employment as well as help caregivers reconcile paid and unpaid work. The study also explores the challenges in expanding ECD. The study took place in KZN, which despite being a largely rural and poor province, is one of the stronger provinces in ECD.

The research consisted of both quantitative and qualitative analysis. The quantitative work was a minor component, and was meant to provide background information for the qualitative analysis, as well as basic figures from which simple projections could be made. The aim of the qualitative analysis was to compare selected ECD models of provision in terms of their potential and suitability for the expansion of ECD services.

Quantitative analysis

In 2000, a National ECD Audit (DoE, 2001) was conducted providing valuable information about the ECD sector, including the number of children in ECD services. With the changes at the Grade R level since 2000, this information needed updating. For this study, the 2004 General Household Survey (GHS), which was the most recent national household data set at the time, was used to estimate the numbers of children in preschool. The GHS contains information on each member of selected households, including their age, education and employment status and it was thus possible to estimate the number of preschool children in each age cohort, number of children in formal preschool services and the labour market status of mothers of children under 6 years old in South Africa compared to women in general[1]. The numbers of children are used to

[1] Question 1.11 in the 2004 GHS asks "Which of the following educational institutions does ... attend?" One of the options to choose from was: "1 = preschool (including day care, crèche, pre-primary)." The category "preschool" was used as a proxy for formal childcare arrangements. A variable "mothers with children less than 6" was created for the analysis of women's labour market status.

project possible scenarios for employing women in ECD services according to different models.

Qualitative analysis

The qualitative analysis involved a literature review and preliminary interviews used for generating research questions, selecting interviewees, gathering and analyzing data.

Generation of questions

In order to understand the current context of ECD policy and plans for expansion, government officials were interviewed. In order to explore models of ECD provision in the field, information was gathered from NGOs on programmes offered, costs of practitioner training and employment as well as the number of children each practitioner could reach. The criteria used by Karoly et al (2005) to describe various early childhood interventions in the United States were drawn on because of the helpful framework it provided for comparative purposes. Other factors that were considered were the model's training requirements, institutional arrangements, use of volunteers, sustainability and ability to combine with developmental services, which are important for programme success (Masibambane Consortium, 2006; McCord, 2005b). These were the themes underlying the questions asked of NGOs.

Selecting interviewees

Key informant interviews were conducted with NGO directors, NGO trainers, ECD practitioners and principals, provincial government officials and other experts in the field. NGOs provide training to ECD practitioners who are based at sites. Because of capacity and time constraints, not all ECD NGOs in KZN could be interviewed. The four NGOs (called NGO 1, NGO 2, NGO 3, NGO 4) were chosen because together they conduct about 85 percent of the ECD training in the province – an essential aspect to consider should ECD services be expanded. One additional NGO (NGO 5) was interviewed to see if its experience was especially different from the others. Between two and six interviews were conducted per NGO (except for NGO 5 where only one interview was conducted). This was to get an idea of the experience of their programmes with practitioners "at all

levels". Table 4 indicates the themes evident in questions asked of different groups of interviewees.

Table 4: Interview question themes used with different interviewee groups

INTERVIEW QUESTIONS	Groups of interviewees			
Themes	NGO Directors/ Project Managers	NGO Trainers	ECD Practitioners	Government officials
ECD Model	X			X
Sustainability	X	X		X
Volunteerism	X	X		X
Combining with other developmental services	X			
Institutional issues	X			X
Training details		X		
Training impact		X	X	
Positive and negatives of ECD work		X	X	
Childcare	X	X	X	X
Policy aims				X
Policy implementation				X
Vision for ECD	X			X

Officials in the KZN Education and Social Development departments were interviewed because these are the lead departments in the Integrated Plan for ECD and the EPWP in ECD respectively. Furthermore, the officials interviewed had responsibility for implementing the policies in question in KZN. Of the three government officials spoken to, one was from the DoSD and two were from the DoE. Two additional key informants were interviewed – a former KZN Education Department Official, and a person involved in one of the alternative ECD models. Three government officials, two NGO directors, three project managers/co-ordinators, four ECD trainers, six ECD practitioners, two

trainee ECD practitioners and two additional key informants were interviewed. In total, twenty two interviews were conducted. Appendix A provides a schedule of interviews (Interviews A –V), including the length of time of each interview.

For each interview, a schedule of questions, targeted to different interviewee groups, was drawn up. Appendix B details these schedules. Interviews with NGO directors and project managers were in-depth with questions relating to the ECD models they make use of and issues in the ECD sector; interviews with ECD practitioners were brief as the purpose was simply to get a snapshot impression of the impact that NGO training had made on their practice.

The Higher Degrees Committee of the Faculty of Humanities and Social Sciences of UKZN granted ethical clearance for the study, and informed consent forms were used. Appendix C gives an example of an informed consent form.

Data gathering and analysis

The first three interviews, including a NGO director, project coordinator, and a family facilitator, were transcribed. This gave an opportunity to reflect on interviewing technique and the various schedules of questions. Thereafter comprehensive notes were taken and these were written up immediately after the interviews to allow for maximum recall. In addition, a contact summary sheet was generated for each interview allowing for reflection on the main themes that emerged, summarization of responses to key questions as well as preparing questions for follow up (Miles and Huberman, 1994:53). The interviews were semi-structured. While a set schedule of questions was prepared for each interview, there was flexibility to ask additional questions to clarify understanding for both the interviewer and interviewee. This was important when the interviewee's first language was not English although language was not a significant problem. In addition, if something unexpected came up in an interview, further questions were asked to explore the issue.

Where interviewee responses were long winded or repetitive, they were edited, but with care taken not to change the meaning. In the chapters that follow, interviews are identified by an alphabetical letter followed by the group of interviewees that the key informant belonged to (for example: Interview K, ECD practitioner). Where consent was not given for their position to be disclosed, either the organization type or no extra information follows (For example: Interview H, DoSD). Care was taken to protect the identity of key informants as they requested.

Once the interviews were conducted, data gathered was used to draw up descriptions of the ECD models. The models were compared according to certain criteria and then analysed in terms of their strengths and weaknesses. With increased clarity on government's plans for ECD, projections were then made regarding the potential of the selected models to provide (in all likelihood women's) employment and childcare. Du Toit (2006) uses an exploratory approach to consider the options for creating employment in the social sector of South Africa. This involved taking two models of ECD provision, one centre-based and another home-based, and making projections on what the employment implications and costs would be if these services were expanded to various degrees. The aim of the investigation was to take three models found in the fieldwork (and one additional model in which different programmes were combined) and project how many children could be reached and how many jobs could be created if these models were expanded. This was not meant to be an evaluation of programme impact on children's development, which is beyond the scope of this study. Each model is analysed according to its prima facie potential to contribute to employment and ECD.

Data was also gathered on challenges that will affect ECD expansion. Once the data was analysed, suitability of EPWP as a vehicle for ECD expansion and its potential to help caregivers reconcile paid and unpaid work was addressed.

Chapter 4

COMPARING ECD MODELS

This chapter describes the main models of ECD provision, compares them and makes projections on their potential to contribute to ECD and employment.

DESCRIPTION OF ECD MODELS

The aim of this section is to describe the work of four ECD NGOs (NGO 1, NGO 2, NGO 3, NGO 4) in KZN. The types of programmes have been placed into three categories: centre-based ECD, integrated developmental early childhood intervention (I-ECD-I) and equipping caregivers for ECD. These models are each described and discussed in terms of the programme, training, institutional arrangements, use of volunteers, sustainabililty and their ability to combine with other developmental services.

Centre-based ECD

Centre-based ECD is the most common type of ECD service in South Africa, with approximately 1.22 million children attending a formalised pre-primary programme in 2004 (GHS, 2004). The centre may be based in the community, at a private home or attached to a primary school. Children can attend a daily learning programme provided by practitioners who receive an accredited qualification. The DoSD (2006) recommends practitioner: children ratios ranging from 1:6 for infants to 1:30 for the 5 to 6 age group.

Infants at an ECD site

Training

All four NGOs provide services to ECD centres. Typically they are involved in training practitioners and site management committees to improve their capacity and thereby the quality of their service to children. Some NGOs also provide or train adults involved to make educational toys and vegetable gardens for the benefit of children's development.

The ECD sector has historically been NGO driven and training has been characterized by a plethora of certificates and odd qualifications (Interview N, former DoE). Training has now been formalized by the National Qualifications Framework (NQF) which provides for a Basic Certificate in ECD at NQF Level 1, skills training at Levels 2 and 3 (no formal qualifications at these levels), a National Certificate in ECD at NQF Level 4 as well as a trainer's qualification at NQF Level 5. This framework provides sequential steps, allowing for practitioners to progress in their level of qualification, such as from a low skills level (Level 1) to an intermediate skills level (Level 4). The formalization of accredited ECD training programmes has standardized the level of training offered by organisations.

Institutional arrangements, use of volunteers and sustainability

ECD centres do not fall under the DoE, even though they are providing an early learning service, or the DoSD, even though they are serving young children. ECD sites are governed by community-based management committees who employ practitioners to work with the children and pay them from income derived from fees and fundraising. The DoE does provide a monthly subsidy of R1500 for the payment of Grade R practitioners. However, there is no state support for salaries of practitioners working with the birth to four year old age group and in a context of poverty and disease families struggle to pay fees. Therefore, most people work at ECD centres as volunteers, from the centre manager/principal to cooks and gardeners. The DoSD pays a "place of care" grant to registered centres for children older than one month. The national norm has been set at R9 per attendance day per registered child, although many provinces do not yet meet this standard. The grant is used to provide meals and refreshments for children, meet their

basic needs and provide them with an appropriate educational programme and is subject to certain conditions.

Ability to combine with developmental services

Centre-based ECD services have the potential to provide many complementary developmental services. Discussions and plans are underway for ECD sites in KZN to become nodes/hubs/centres for care and support for children and their families (Interview N, former DoE). For example, partnering with the DoH could result in providing support to HIV infected and affected households and the management of childhood diseases through these sites.

Integrated early childhood development intervention (I-ECD-I)

This programme aims to strengthen the capacity of families and the community to create an environment that nurtures healthy child development and develop a sustainable safety net for children through community based management structures (Interview O, NGO Project Manager). This model encompasses a shift away from practitioners offering a narrow activity based programme to becoming caring responsive caregivers (Interview B, NGO Director). Children targeted are those who are vulnerable and in distress according to pre-determined criteria. Children are, therefore, the entry point into the community but the programme also targets their caregivers. Because the single most important factor to create resilience (ability to cope with disaster) is a warm and caring relationship with at least one adult, the family facilitator is tasked with forming relationships with children in vulnerable households who do not have such an adult. The relationship building, with both child and caregiver, is then coupled with communication and stimulation (Interview G).

Once a family has been identified as in distress, a family facilitator will make contact with the household. This involves collecting data regarding the household's documentation (birth certificates and IDs), income (eligibility for grants), health cards and immunization. If there is a disabled child in the household, this is also taken note of. The family facilitator will intervene, helping the family access the documentation, grants,

and home-based care and support for household members that are sick or disabled. Thereafter household visits will involve following up on any intervention taken previously and discerning whether there are any problems in the household. If there has been a death in the family, the family facilitator will prioritize counseling the caregivers and engaging the children in play skill therapy to help build resilience and cope with bereavement (Interview C, Family Facilitator). If the caregiver needs attention, she might start off the daily activities and set the children up to play on their own and then attend to the caregiver (Interview A, NGO Project Coordinator).

The activities that the family facilitator leads the children in are the same as those that would be done at an ECD centre. The family facilitator takes a toy bag with educational resources to the household and works with the children in their own home. The bag has toys that cover all aspects of development. The family facilitators swap their bags every month so that the children do not have to play with the same toys all the time (Interview A, NGO Project Coordinator).

The children are also occasionally taken to the nearest ECD site. This ensures that the children have contact with others and develop their social skills. It helps break down stigma of children who are on the programme who do not usually get the change to visit sites. In addition, if other children want to join the home-based activities when the family facilitator is visiting, they are most welcome. (Interview A, NGO Project Coordinator).

The family facilitator visits the household once a week for an average of two to four hours. A family facilitator would work with up to 15 families in a densely populated area, less in a sparsely populated area.

Training

Family facilitators have received training in all the aspects of their service, from how to help families obtain documentation and access grants to workshops where the women are taught how to draw, complete puzzles and conduct basic early learning activities with children, to building resilience in children through play skill therapy. On request from the

programme funders, the family facilitators were given training for the accredited Basic ECD Certificate at NQF Level 1. This is a "phenomenal empowerment tool" for the women (Interview B, NGO Director). However, doing ECD work outside of a centre required a mind shift:

> Initially practitioners thought that because they were training in ECD they needed to work in an ECD site. A new mindset was required but they realised that they could work as family facilitators doing ECD activities in the homes of the children (Interview A, NGO Project Coordinator).

This incident confirms the perception by trainees that ECD should be conducted by professionals outside of the home. The training is empowering these family facilitators with the knowledge that they can teach children as well as show caregivers how to play with them.

Institutional arrangements

Networks form on the ground between the family facilitators, centre-based ECD practitioners, home-based carers, police etc. During the initial baseline study, indicators of vulnerability were used to select families for the programme. The need to resurvey fell away because as the community has understood the role and contribution of the family facilitators, any concerned member of the community, such as a neighbour or community health worker approaches the family facilitator and asks them to go and visit a particular household. In a similar way, if the family facilitator comes across someone in the household who is sick or disabled, she will call on the community health workers or home-based carers to visit and assist those in need. This grassroots network acts as a natural inter-departmental co-ordinating mechanism, whose effectiveness is obviously dependent on the capacity and availability of those working in the community at any given time.

As one key informant explained, "this model is transdisciplinary. There is a planned integrated strategy by all that is context based, relevant and appropriate, and highly specific to the cultural context and the child's life" (Interview G).

Use of volunteers

At the start of the project it was thought that the family facilitators should be unpaid volunteers. However, a small monthly stipend of R400 was paid as it became apparent that it is very difficult to ask somebody to care about somebody else when they are not able to feed their own families (Interview B, NGO Director). Even with the stipend as a form of support, facilitators face the harsh reality of people's lives when they go into households. They are able to help them with documentation and accessing grants but not with hunger and sickness. One trainer explained that when families see the facilitator it raises their hopes that they will provide help. Sometimes, family facilitators will take food from their own homes to other households (Interview D, NGO Trainer). The aim is to come alongside adults and "prop them up" (Interview B, NGO Director)

Sustainability

This programme is funded by a non-profit organization. Currently, the government only funds registered centre-based programmes (Interview H, DoSD; Interview B, NGO Director). While funding is needed for toy bags and training etc, there are less infrastructure costs to consider. In terms of human resources, the stipend paid may add to the sustainability of the programme and the attainment of a recognized certificate may provide motivation.

Ability to combine with developmental services

This programme strengthens families with vulnerable children while providing on the ground support for the departments of home affairs, social development and health.

NGO 1 felt strongly that the programme was having a significant impact on the community:

> I look back now and I can't believe it. None of us went in there with a magic wand and gave everybody employment and cleaned up all the rubbish and fixed all the buildings and tarred all the roads. All we did was show concern and build relationships with other human beings and they then felt that love for one another (Interview A, NGO Project Manager).

> The children call me when they see I'm coming. They like to call me Miss. They need love because most of them are orphans. They need to go to school and we have learnt how to take them to school. They stay with gogos but the gogos are sick, they are old. They don't like it when I leave. (Interview C, Family facilitator).

These comments reveal the extent of relationship that has been built with the targeted families over time, through which ongoing support has been offered and seemingly making an impact on community wellbeing.

Equipping caregivers for ECD

This programme targets the caregiver, who is often the parent, in the hope that equipping them with knowledge, skills and capacity building will improve ECD provision in a community context. NGO 2 runs two such programmes. The first is based loosely on the playgroup format whereby caregivers come together with the children they care for and engage in interactive play using toys and equipment, following the example of a facilitator. After refreshments are served, children continue to play with a facilitator while the caregivers discuss their issues relating to their roles and responsibilities as primary caregivers as well as how to respond to the developmental rights and needs of their young children. Issues that the caregivers may have are discussed and they are assigned tasks related to discipline or a child's performance at school, for example. When caregivers bring their suggestions about how they coped in various situations there is sharing and cross-pollination of ideas. With an increased knowledge base on child development, the adult-child relationship is encouraged as is play with children. These workshops (of up to 20 caregivers each) take place every second week and are conducted

by women leaders in the community. The programme operates in 16 communities in KZN and has developed such that they now also carry out household visits and maintain self help groups. This work is acknowledged with a monthly stipend of around R500.

The second programme is for caregivers only and includes teenage parents and child heads of households. It is based on the premise that increased understanding of their responsibility at a household level will help caregivers provide young children's rights and needs, including the right to play. The programme is run by facilitators who are trained in caregiving skills, facilitation, how to value community assets so as to set up a community profile, develop their own support systems and links, find a venue for workshops and inform the community. They then run 10 workshops with 20 caregivers. This is supported with a 16-part course, presented in leaflets in a cartoon format and translated into isiZulu. So far, the programme boasts having impacted 800 households in KZN. The facilitators are not paid but are given R150 per workshop to cover costs for workshop refreshments and transport.

Training

The facilitators receive their training from NGOs. There are no formal unit standards or qualifications available for these programmes at this stage. However, practitioners can gain credits for training in facilitation skills, for which they receive a certificate. Caregivers who attend the workshops are awarded with an attendance certificate at the end of the programme.

Institutional arrangements

Equipping caregiver programmes have developed from grassroots and are the work of NGOs. Thus they do not interact with any of the elected government structures. However, NGOs have to work closely with the traditional leadership structures of the communities they work in as the traditional leadership both approves programmes and is instrumental in selecting those who will be involved. The relationship between NGOs and traditional leadership is essential to the success of programmes run in the community

and this was emphasized by the larger NGOs. Funders will also influence the work of NGOs by means of their requests and desire to invest in specific areas.

Use of volunteers

These programmes are almost entirely dependent on volunteers. The stipend paid in the first programme in recognition of the household visitation work is likely to encourage and help motivate volunteers. This could, however, destabilize the running of workshops which in comparison to household visits would be seen as unpaid. In the second programme, no stipend is paid but an allowance is made to cover refreshments and transport costs. Volunteerism is recognized by the NGO as a major challenge for the sustainability of this programme.

Sustainability

As mentioned above, sustainability of human resources is a significant challenge. The presence of a stipend, recognizing the contribution made in terms of time and energy, helps but the low paying stipend is quickly foregone if a better earning opportunity arises. In addition, these programmes are donor-funded as opposed to government funded which has implications for long-term sustainability.

Ability to combine with developmental services

While these programmes are not formally linked to other developmental services, interaction with caregivers and community members at a grassroots level provides potential for meeting needs. As caregivers discuss their issues in workshops and self help groups, ideas shared can lead to income-generating projects being started, for example.

Another interesting model found in the fieldwork was an ECD initiative that resulted from a partnership between a NGO and local government, with the support of an international agency (Interview O, NGO Project Manager). The aim is to gain municipal level involvement and community ownership of ECD using a human rights approach. The project took place in Community X, a rural and very poor community with a high HIV/AIDS prevalence rate and lack of infrastructure. This model targets "political buy-

in" as a starting point and this commitment to serving children is reflected in the Integrated Development Plan, wherefrom human and financial resources are committed to various ECD programmes. For example, four new preschools (centre-based ECD) have been opened. Community Child Care Committees were sent out into the community to identify children made vulnerable by HIV/AIDS and poverty. Thereafter family facilitators were sent out to make integrated ECD interventions with 10 families each as well as working with the nearest ECD site while receiving a stipend in recognition of their work. The types of programmes used reflect those found in the models described previously. However, this model is unique in that it is driven by the local government.

The models described here cover the main approaches to ECD in South Africa. There are also programmes that target early learning specifically, following a similar format to the caregiver equipping programmes described above, such as family programmes that show caregivers how to support nutrition and health, the development of literacy, maths, science and life skills in children in everyday life while simultaneously developing their own skills (EFA, 2006; Desmond, 2003). The family facilitators in the I-ECD-I programme draw on a model of family outreach workers or community motivators that has been used by NGOs around the country. The aim of outreach projects can vary, depending on the age of children targeted and programme focus (Marfo, Biersteker, Sagnia and Karibu, forthcoming). Outreach projects have also been combined with developing ECD enrichment centres, that may include a toy library, and have potential to become a service hub for the surrounding community (Masibambane Consortium, 2006). Over the years, NGOs have been working with communities to strengthen the services offered to children in ECD sites, and this relationship has become a bridge over which further community development initiatives have taken place. These include economic development such as food gardens. Income-generating projects are encouraged in addition to lobbying local authorities for increased access to basic services, structures and equipment (Tshabalala, 2006).

This section has described three different models as well as detailing their training requirements, the institutional arrangements, use of volunteers, sustainability and ability to combine with developmental services. The next section will compare the models.

Children playing at an ECD site

COMPARING ECD MODELS

This section will now compare the models, analyse their strengths and weaknesses and project their potential to contribute to ECD and employment.

Comparison of models

Models can be compared using various criteria such as outcomes targeted, persons targeted, intensity of intervention and location of services, for example (Karoly et al, 2005). Centre-based ECD, I-ECD-I and caregiver equipping programmes will now be compared in terms of the programmes offered, programme costs and programme reach. These factors determine the potential social and economic impact the model will have if used for expansion. Thereafter, the programmes will be compared in terms of their training requirements, institutional relationships, use of volunteers, and sustainability and ability to combine with developmental services. Table 5 provides a summary of the comparison of three ECD models.

Table 5: Summarised comparison of three ECD models

	Centre-based ECD	I-ECD-I	Caregiver equipping for ECD
PROGRAMME OFFERED			
Service offered	daily programme	household visits	Workshops, self help grps
Outcome targeted	early learning, school readiness	social support and early learning	caregiving practice, to improve child development
Target persons	Child	caregiver and child	caregiver(+indirectly child)
Intensity of intervention	daily, up to 8 hours a day	weekly for 2-4 hours	every 2-4 weeks, for a few hours, depending on prog
Location of services	centre (community- or school- or home-based)	Home	community venue
PROGRAMME COSTS			
Practitioner Qualification	NQF Level 1, NQF Level 4	NQF Level 1	Accredited as a facilitator, not for caregiving content
Cost of training	R16000 per NQF L4 qualification	R8000 per Level 1 qualification	R750 per trainee
Practitioner pay	R1500pm subsidy for Grade R practitioners.No subsidy if working with 0–4yrs olds.Pay from fees	Stipend: R400pm	No pay, unless household outreach included which is recognized by a stipend of about R500.
PROGRAMME REACH			
Practitioner ratio	1:13 children (weighted average of recommended ratio for 0 – 4 years)	1:13 households on average, including numerous caregivers & children	1:20 caregivers (plus the children who are reached indirectly)
Adjusted prac ratio	1:13 children aged 0 – 4	1:15 children aged 0 – 4	1:24 children aged 0 – 4
OTHER ASPECTS OF MODEL			
Training	formal training, standard requirements	mix of formal and non-formal training	non-formal training
Institutional	Interdepartmental, intersectoral challenges	Integrated programme design, yet must work with traditional leadership structures	Work with traditional leadership structures
Use of volunteers	Staff range from being paid with government subsidies, to paid with fee income or no income	Volunteers used, paid a stipend	Volunteers used, some are paid a stipend for household visiting work
Sustainability	More sustainability at the Grade R level, but not in the 0–4 sector	Donor funded, stipend paid which helps but pay low	Donor funded, no pay except for those who do household visitation
Complementarity with developmental services	Potential to be centers of care and support	Yes, other services accessed through relational safety net	Potential to meet other needs of caregivers

Note – children included are between 1 month and 6 years old

Programme offered

ECD sites (centre-based ECD) provide a daily programme of up to eight hours for children to stimulate early learning and provide school readiness. I-ECD-I provides weekly household visits for a few hours to build relationship with vulnerable children and their caregivers in order to offer social support and encourage early learning. Caregiver equipping programmes, which may occur once or twice monthly in community venues, provide 10 workshops with the aim of changing caregiving practice for improved child development. Each model offers a different service to a specific target person/s, at a set location, for a certain period of time, in order to achieve a particular outcome that will hopefully improve ECD. While ECD sites target children and caregiver equipping programmes target caregivers, I-ECD-I stands out as the programme that targets both, which may have implications regarding impact. A NGO director compared the impact between the organisation's site-based and I-ECD-I:

> I am confident there is more impact with I-ECD-I than with the sites. At one site we have 75 children and may get contact with 20 of the parents twice a year. With I-ECD-I you are in contact with the caregivers all the time and they are included in the activities, some of which they will continue afterwards. There is also accountability because they know the family facilitator is coming back every week to offer ongoing support and if she doesn't pitch they want to know why. Parents and teachers have said the kids coming in from the I-ECD-I programme are probably better equipped for school. They know the concepts and they are more confident because their consistent, responsive caregiver (Interview B, NGO Director).

While ECD sites may struggle to make meaningful contact with caregivers, they do have the most contact time with children out of all the models. The potential power of caregiver equipping programmes lies in the aim to bring about permanent change in childcare practices to improve the development of multiple young children. Further research is required to determine which programme has the greatest impact on child development. However, it is likely that all of these programmes, with the required

resources, can make a positive contribution in this regard. Comparing costs of these programmes does, however, add a further dimension.

Programme costs

This takes the training and employing of practitioners for the various programmes into account. Infrastructure, coordination and other costs are not considered here. Qualifications required by practitioners and their respective costs vary according to the model. Practitioners at sites should have at least a NQF Level 1 qualification and be working towards a NQF Level 4 qualification, which costs up to R16000. I-ECD-I practitioners receive training for providing social support and may have a NQF Level 1 ECD qualification, which costs up to R8000. Caregiver equipping programme facilitators are provided with information about caregiving and receive formal training in facilitation, for which they receive accreditation, and their training costs R500. The most qualified practitioners in terms of ECD are likely to be found in ECD sites, which has cost implications.

For registered sites, a DoE subsidy of R1500 is provided for Grade R educators, who require a NQF Level 4 ECD qualification. Other site-based practitioner salaries are determined by fee income and are low and variable. A stipend of R400 is provided for family facilitators in I-ECD-I and stipends of around R500 are being introduced for caregiver equipping programme facilitators although this is not standard practice. Given the amount that qualifications cost and the potential earning for practitioners in these models, it is clear that it is much more costly to train and pay practitioners based in sites compared to the other models. This may make the alternatives to centre-based ECD attractive from a financial point of view as low paying jobs may enable more opportunities to be created in the short term. However, this type of employment may not be able to retain human resources in the sector and so may cost more in the long term. The problem with comparing models based on the cost of training and paying practitioners is that this does not take into account the 'reach' the practitioner has in terms of making an impact on ECD. This is where the practitioner ratio becomes a powerful comparative tool.

Programme reach

Centre-based practitioners serving the 0 – 4 age group reach on average 13 children each, if recommended educator: learner guidelines are followed. I-ECD-I practitioners reach up to 15 households, including multiple caregivers and children. Caregiver equipping practitioners reach 20 caregivers each, which should impact even more children. It is not possible to compare practitioner's reach because one model is dealing with children only, another households and another caregivers. An adjusted practitioner ratio is created in order to transform these ratios into practitioner: children under five years old ratios for the purpose of comparison. This is done using data from the qualitative field research. In this case, site-based practitioners reach 13 children each, I-ECD-I practitioners reach 15 children each (in the 0 – 4 age group) and caregiver equipping practitioners reach 24 children each. See Appendix D for details on these calculations.

This exercise shows that centre-based ECD is the most expensive and reaches the least amount of children. The costs would be even higher if infrastructure and other expenses were included. On the opposite extreme, caregiver equipping programmes are the least expensive and reach the highest amount of children, although indirectly. I-ECD-I falls between the two in terms of cost and reaching numbers children, yet it is also reaching the children's caregivers. This should add depth to the impact in comparison to caregiver equipping programmes which provide greater breadth.

Training

The Basic Certificate in ECD at NQF Level 1 and the National Certificate at NQF Level 4 are qualifications that have standardized training requirements whether they are used to train practitioners for ECD sites or I-ECD-I. The DoE (2001b) noted that formalization tends to increase costs of ECD provision. When comparing the programme costs above, it was quite clear that the cost of formal qualifications is higher than the alternatives. Despite the lower costs associated with alternative programmes, the state only supports formal training for practitioners in ECD centers thereby excluding caregiver equipping programmes, I-ECD-I etc. Furthermore, government funded training is targeted at youth,

women and the disabled thereby excluding men and women older than 35. Targeting specific practitioners is not a factor when training for alternative programmes run by NGOs, who can work with greater flexibility according to the needs on the ground although they are accountable to their funders.

The higher costs associated with formal training factor in the greater time, content and assessment demands of the qualifications. However, what all variations of ECD training have in common is the challenge of retaining trainees because regardless of the recognition the training may or may not receive, practitioners in all models are poorly paid, if at all.

Institutional arrangements

While ECD services provided in sites are the only ones that receive government funding, ECD does not fall under one department and as a result the site management committee has to deal with various government departments. I-ECD-I and caregiver equipping programmes were developed at grassroots and although they do not intersect with local government structures, they do work closely with traditional leadership through whom the programmes are approved and volunteers selected. NGOs also need to comply with the requests of their funders, which influences the way they work. Each programme has institutional challenges specific to the environment in which it operates, whether it be the need for interdepartmental collaboration, satisfying the demands of funders or working with traditional leadership structures.

Use of volunteers and sustainability

Some site practitioners may be paid with government subsidies, but most salaries come out of fee income and are low and variable. This leads to a high reliance on volunteers. I-ECD-I and caregiver equipping programmes are provided by NGOs and are donor funded. Without state support, these programmes also rely solely on the work of volunteers although payment of a small stipend is becoming more common to increase sustainability.

Ultimately it is the lack of state financial support in the ECD sector that results in the inability to attract and retain human resources. There exists an unsustainable reliance on volunteers and low paid practitioners, among whom turnover is high. It is the children who suffer the most as they require consistent, responsive caregivers for proper development. This problem is common to all models.

Ability to combine with developmental services

ECD centers have the potential to be sites of care and support for young children as well as reaching out to the surrounding community through household visitation programmes. Caregiver equipping programmes provide a context in which caregivers discuss their issues and ideas and this can lead to needs being met through income-generating projects etc. Both of these models have potential to complement a broader development objective although they are not currently operating as such. I-ECD-I is designed to offer an integrated service to households and as community networks strengthen these services are likely to complement each other even more. The I-ECD-I model design allows for combining with other developmental services. ECD centres and caregiver equipping programmes have potential in this regard but this will not be realised if they work in isolation.

Strengths and weaknesses of models

Each model has strengths, weaknesses and will work best in a particular context.

Centre-based ECD

The strength of the centre-based model is that ECD sites have the potential to become centres for care and support for both practitioners and learners, reaching out to parents and the surrounding community (Interview O, NGO Project Manager). Centre-based services allow trained practitioners to have a significant amount of contact time with children. Quality care provided out of the home can be an effective intervention in the context of poverty, disease and child abuse (Interviews D, I, K, NGO trainers). Through developments in the NQF and education system, Grade R practitioners can now receive

recognized qualifications and subsidized salaries while helping better prepare learners for school.

A weakness of this model is that in rural provinces distance to sites is a real barrier to access for many children as "you cannot ask a three year old to walk five kilometers to school" (Interview B, NGO Director).

Hilly terrain increases the distances in rural areas

Another criticism is that the educational focus is too narrow to have an impact on the complex lives of children who are living in very difficult social circumstances (Interview G). Challenges ECD centres face include having the capacity to get registered and thereby qualify for the "place of care" subsidy (Interview H, DoSD). Even with subsidies, the centre-based model is by far the most expensive form of provision and reaches too few children.

ECD centres probably work best in an urban setting where working caregivers can pay fees and where there is more likely to be the capacity or easier access to support for registration and subsidization.

Integrated early childhood development intervention

In contrast to the centre-based ECD model, this intervention is multidisciplinary. Households are strengthened as family facilitators build a lasting relationship with both

children and caregivers with the aim to offer social support first, and second an opportunity for early learning. This increases the potential for impact as both children and caregivers are targeted. Caregivers can be supported and sensitized in the importance of stimulating their children who are having contact with a responsive family facilitator. Networks at grassroots level form an integrated safety net for children. What is particularly significant about this model is that it can work well in a rural area overcoming the distance barrier to access because the local adult family facilitator walks from house to house. Practitioners may have the opportunity to attain a formal qualification through their training and a small stipend is paid.

Good childcare and parenting is not instinctive and abuse and neglect of children takes place regardless of the caregiver's socio-economic status. Many hours need to be spent promoting positive engagement with children during the critical years of development. Working at the household level can be extremely difficult for family facilitators when families are overwhelmed by disease and poverty. The stipend paid recognizes the contribution family facilitators make and aids the sustainability of the work. However, the donor funding source could undermine this when it is terminated.

This model will offer the most to communities who need social support. Because the model encourages relationships, it will work best in communities with higher unemployment and if caregivers are at home and willing to engage.

Caregiver equipping for ECD

Programmes that equip caregivers for ECD, reassuring them of their vital role in education, can have a wide-reaching impact on childcare practices. As caregivers, many of whom will be parents, come together to talk about their issues, they find their voice and support. As the literature revealed, programmes promoting caregiver involvement in children's education help to sustain effects, are more cost effective as a result of impacting the whole household, reach greater numbers and use less space and equipment (Biersteker, 1987).

Until very recently, unpaid volunteers have been used to run these programmes. Working without a stipend demotivates practitioners and ultimately adds to costs because of the need to retrain volunteers. In addition, should an income-generating project start up in response to caregiver's needs, this is typically prioritized over child development objectives when in a context of poverty, where women are likely to need to earn an income regardless of childcare responsibilities. It is also questionable as to how much contact time is required with caregivers before actual changes in caregiving practice occur.

Caregiver equipping for ECD workshops can reach significant numbers of people. They could work very well as a second phase to family outreaches, once a foundation of social support has been laid.

Table 6 summarises the strengths, weaknesses and best fit of the three models.

Table 6: Comparison of strengths, weaknesses, and best fit of three models

OVERALL ASSESSMENT	Centre-based ECD	I-ECD-I	Caregiver equipping for ECD
Strengths	- recognized qualifications &subsidies for Grade R teachers - quality care can be provided for vulnerable children out of home - provides much contact time with children - potential for centres to become a base of care and support for children and families	- targets both caregivers & children so impact potentially increases - integrated approach, relational networks form safety net - can work in deep rural areas - volunteers are paid a stipend and can train towards a qualification	- caregivers come together, support systems formed - encourages caregivers to take up their role in meeting children's needs - programme benefits can be transferred to other children in caregiver's care as well - cost effective, reaches greater numbers, uses less space and equipment
Weaknesses	- less appropriate in rural contexts - narrow educational focus - lack of capacity for centre management, affects financial and staff sustainability - very costly model - reaches too few people	- stress for volunteers working at household level - takes time to develop trust and a relationship through which support can be offered - donor funding dependent - community readiness for alternative ECD?	- many contact hours required in order to change caregiving practice - demotivated volunteers working without pay can result in high practitioner turnover & retraining costs - income generation prioritized over childcare
Best fit	in an urban setting where working caregivers can pay fees, where there is capacity/access to support for registration and subsidization	communities who need social support, with caregivers who are at home and willing to engage	if a foundation of social support has been laid through family outreach, could work well and reach large numbers at low cost

THE POTENTIAL OF MODELS TO PROVIDE ECD AND EMPLOYMENT

The models in question will vary in their ability to create employment and provide ECD relative to costs. Before these projections are made, the current policy and plans for ECD are discussed so the relevant context into which these models could be expanded is understood.

Current policy and plans for ECD

In terms of ECD expansion, two government plans were investigated: the Integrated Plan for ECD and the EPWP in ECD. The purpose of this was to understand what the overall vision for ECD in South Africa is and how the government is planning to attain it. The Integrated Plan for ECD has not yet been devolved to the provinces. The Social Sector Plan for EPWP was developed at the national level, after which the provinces were required to develop their own plans. The KZN EPWP in ECD is currently in the implementation phase.

The Integrated Plan for ECD

The Integrated Plan for ECD should provide the vision and direction for the 0-4 age sector. Tshwaragano le Bana is a component of the plan that targets poor and vulnerable children. At the time of the study, these plans were not finalized and as a result they have not yet provided direction for the 0 – 4 age sector. This was the finding after interviewing key KZN government officials, none of whom could answer questions relating to the plan. The official from the DoSD mentioned that they were still in the process of listening to others about what models would be suitable for expanding services (Interview H, DoSD). While it is encouraging that the DoSD is open to learn from others, it seems this plan has not made the progress it should have after 13 years of democracy.

The official from the DoSD said her vision for ECD would be a variety of services including family and parenting programmes, play groups, innovative use of formal ECD sites for custodial care and afterschool programmes, luncheon clubs for grannies to relieve them from childcare, and seeing ECD as a friendly service integrated with other services, such as HIV drop in centres which helps to reduce stigma. However, in reality

the only programmes that are currently funded by the department are the structured, facility-based programmes in which partial care takes place (Interview H, DoSD). Furthermore, there was not full support for the alternative models proposed by the draft Integrated Plan for ECD by a DoE official:

> The Integrated Plan indicates that not all children need go to a site. It mentions caregivers and practitioners going to families, training parents and providing early stimulation. We are concerned about this, however, as opening up one's home to strangers could invite trouble. There is also the financial aspect with transport, payments and the logistics of it. So I don't foresee being able to take services to homes. Capacity also needs to be addressed. The human resource capacity we have can't even reach the sites that we have now, let alone if they expand (Interview V, DoE).

While the safety concern about strangers entering homes is certainly understandable, there are other services that are structured in this way such home-based carers, community workers etc. More importantly, in order for alternative programmes to work it will require that the community is willing to change their mindsets and attitudes to ECD.

KZN EPWP in ECD

The EPWP in ECD focuses on the birth to four age group. The aim is to upgrade the practitioners in existing, subsidised sites, or train unemployed people who meet the targeting criteria. Thereafter the opportunities will be expanded to newly registered sites, and finally those that are not yet registered. A DoE official said they would like to expand to home-based sites, although this would be challenging (Interview P, DoE).

According to the KZN EPWP Social Sector Plan plan, the national target for ECD intervention is:

> To reach out to 1 million children in ECD care by 2010. This requires the registration of 20000 ECD sites, the training of 40000 Grade R teachers, 50000

> practitioners for the 3-4 year olds and 67000 practitioners for the 2-3 year olds...The national targets with regard to the number of work opportunities for the sector translate to a total of 106000 work opportunities to be created over the 5-year period, 34000 (32%) ... at NQF Level 1; 24000 (22%) of ... at NQF Level 4... A total of 48000 long-term employment opportunities will be created (DoE, DoSD, DoH, 2006:15).

The KZN EPWP in ECD plan above provides mostly training opportunities for practitioners at NQF Levels 1, 4 and 5 in addition to skills programmes, work and exit opportunities for anxiliary and support staff. The hope is that this investment will give participants access to a clearly defined career path benefiting not only them but also the children served in ECD programmes. While the EPWP learnerships offer an opportunity for those who are currently volunteering, underemployed or interested in working in ECD sites, there is the sense that this programme is not being worked into a "bigger picture" for ECD. There is certainly much value to be gained in upgrading practitioners and consolidating existing site-based services but the Integrated Plan for ECD suggests that alternative models to site-based ECD will be promoted in an effort to reach more children. Furthermore, the reasons behind why one million children have been targeted in the national plan or the number of training opportunities allocated between NQF Level 1 and 4 qualifications, for instance, are not clear. Again, if there was a national plan for upgrading ECD practitioners, the EPWP targets could be framed in those terms which may make more sense. It would be better to have finalised the Integrated Plan for ECD and Tshwaragano le Bana, before utilizing the EPWP as a tool to inject human and financial resources into the sector.

Different ECD models would reach different numbers of children, with varying opportunities for employment and associated costs. The current KZN EPWP is only looking at site-based ECD as a means to expand services to children. Some of the other models currently practiced in the province should also be considered.

Modeling expansion

With current policy as a background, a comparison of models' ability to contribute to ECD and employment in accordance with government's plans follows. Data from both the qualitative and quantitative components of the research has been used for these projections, including the adjusted practitioner ratios, costs of training and practitioner pay figures from the qualitative research. The following parameters apply:

1. Although the research took place in KZN, the information was used to model various options on a national scale by applying the figures to the numbers of children aged 0 – 4 in South Africa, as indicated by the GHS 2004 data.
2. The numbers of children reached by the ECD programmes will be used as an indicator of social impact and numbers of (mostly) women employed will be used as an indicator of economic impact.
3. Only the practitioner payment and training costs are considered. The administrative, infrastructure, monitoring and co-ordination costs are not included in this analysis. Attention will be drawn to this throughout.
4. The national DoSD was unable to provide the number of vulnerable[2] children in South Africa and therefore the number that would be targeted by Tshwaragano le Bana. However, the Integrated Plan for ECD states that Tshwaragano le Bana aims to target 2.5million poor and vulnerable children. The assumption is made, therefore, that 50 percent of children 0 to 4 (2.5 out of 5 million) are poor and vulnerable and therefore targeted.
5. The costs of training, salary subsidies and stipend amounts were taken from NGOs in the field.
6. Costs of employment (training and monthly payment) are calculated and averaged over a two-year period. The reason for this is twofold. Firstly, the NQF Level 4 qualification usually takes longer than a year to complete so training costs should

[2] Vulnerable children are defined in the plan as those who are orphaned, have physical disabilities or incurable diseases, from dysfunctional families, in homes headed by other children, from poor households and communities, especially children who are eligible for child support grants.

not all be allocated to one working year. Secondly, the maximum duration of participation on the EPWP is two years and so these figures are comparable with EPWP Social Sector Plans. The subsidized salaries/stipends proposed are stated.

Table 7 details the number of children from birth to four years, attending preschool.

Table 7: South Africa's 0 – 4 aged population in/out of preschool

Age	Population	In preschool	%	Not in preschool	%
0	1002770	10497	1	992273	99
1	925206	28064	3	897142	97
2	976806	80214	8	896592	92
3	1053245	175267	17	877978	83
4	1087890	304958	28	782932	72
Total	**5045917**	**599000**	**12**	**4446917**	**88**

Source: GHS 2004, own calculations

Table 7 indicates that in 2004 there were 5.05 million children aged 0 – 4 in South Africa, of which 12 percent were in some formalised preschool service. Generally, preschool attendance is low for all ages but there is a steady cumulative increase as the children approach school-going age. Tshwaragano le Bana plans to target 50 percent of these children.

Targeting poor and vulnerable children with 3 different models

2.5 million children could be reached through centre-based ECD, I-ECD-I or caregiver equipping programmes. Assumptions are made regarding practitioner pay because of the lack of salary norms. Assumptions and notes for each model are stated, regarding the practitioner training, qualifications and pay only. The present pay levels reflect the extremely low pay of care workers noted in the literature. The quality of employment created will impact on ECD. The tension exists between either creating fewer, better paid jobs or more, lower paid jobs. The aim of the study is not to recommend pay scales and modelling using the low wage data is not intended to endorse them. Rather, the work

reflects the reality of problematic pay in ECD and allows for comparison between models.

Model 1: Centre-based ECD

- Assume half the practitioners are trained for NQF Level 4 qualifications and the other half for NQF Level 1 qualifications. A NQF Level 4 qualification is specifically required for teaching Grade R. Practitioners working with 0 – 4 year olds must have at least the NQF Level 1 qualification and be working towards their NQF Level 4 qualification. Therefore, on average practitioners should be between NQF Level 1 and 4. This makes the annual cost of training per site-based practitioner R12000 - the average between NQF Level 1 and NQF Level 4 costs.

- Assume subsidized monthly salary of R1250 per practitioner. Table 6 indicated that a Grade R practitioner with a NQF Level 4 qualification receives a salary subsidy of R1500. Practitioners in the I-ECD-I programme with NQF Level 1 qualifications receive a monthly stipend of R400 and caregiver equipping programme facilitators with a certificate (but no qualification) in facilitation skills may receive a monthly stipend of R500. There should be a consistent pay scale according to qualification. For this modeling exercise, I propose that a practitioner with skills training (such as facilitation skills as is required for the caregiver equipping programme) receives a R500 monthly stipend. Attaining the NQF Level 1 qualification is recognized with a R1000 salary subsidy and the NQF Level 4 qualification (whether you are a Grade R practitioner or not) with a R1500 subsidy. If half the centre-based practitioners trained have a NQF Level 1 qualification and are paid the proposed R1000, and half have a NQF Level 4 qualification and are paid R1500, the average monthly subsidy will be R1250.

Model 2: I-ECD-I

- The figures based on current reality are noted, and the proposed pay (of R1000) and related costs are in brackets.
- The R8000 for training includes NQF Level 1, play skill therapy etc

Model 3: Caregiver Equipping for ECD Programme

- The caregiver equipping for ECD programmes take less than a year to complete, in which time they would reach 24 children per practitioner. Over a two year period, two sets of caregivers can be reached and therefore double the amount of children.

Table 8: Comparison of practitioner costs for three models reaching 2.5m children

Models	Centre-based ECD	I-ECD-I	Caregiver Equipping for ECD
Practitioner ratio, programme intensity	1:13 children Daily programme	1:15 households Weekly programme	1:20 caregivers Biweekly, monthly
2 year adjusted prac ratio (number of children reached in 2 years by practitioner)	1:13 children	1:13 children	1:48 children (1:24 children p.a. over 2 years)
Practitioners required (2.5m children x adj prac : child ratio)	192308	192308	52084
Cost of training (as per NGO guidelines)	R12000, average between NQF L1 and L4 costs	R8000, NQF L1	R500, for training as a facilitator of a caregiver programme
Monthly payment of practitioner	R1250, average between proposed L1 & L4 subsidy	R400 stipend (R1000 proposed)	R500 stipend
Annual cost per workplace opportunity (training costs + monthly payments)	R21000	R8800 (R16000 proposed)	R6250
Annual Practitioner Costs required to reach 2.5m children (wk opp cst*prac req)	R4 038 468 000 ≈ R4 billion	R1 692 310 400 ≈ R1.7 billion (R3076 928 000 prop, ≈ R 3 billion)	R325 525 000 ≈ R0.3 billion

In this table, the adjusted practitioner ratio shows the number of children reached over the two years that the practitioners were trained and employed. Table 8 indicates that 2.5 million children could be reached by less practitioners and at a fraction of the cost by equipping caregivers for ECD compared to the other models because the adjusted practitioner ratio of 1:48 is much higher than the centre-based and I-ECD-I model respectively. In the latter two models, practitioners are working with the same children for two years. In the caregiver equipping programme, the caregivers engage in the course for one year only meaning that over two years double the amount of caregivers, and hence children could be reached. These workshops may only take place once or twice a month which also is more economical in terms of time. However, the impact of the programme on ECD would need to be assessed as the contact is not directly with children. I-ECD-I practitioners reach on average 13 young children under five years old but also interact with young people up to 22 years of age in the household as well as caregivers, which may multiply and sustain effects at the household level. The centre-based ratio of 1:13 is the least powerful in terms of reaching large numbers of children. However, contact is directly with the children on a daily basis which may result in higher quality interactions if the practitioners are well qualified. Again, it is beyond the scope of this research project to provide an assessment of the actual impact of these programmes on children's development. The modeling takes the recommended practitioner ratios into account which should ensure better quality provisioning. A programme that reaches more children, however, may not necessarily have greater overall impact than one that reaches less children. The depth of these interventions would need to be contrasted to the breadth.

Clearly, centre-based ECD services are by far the most expensive option, almost three times the cost of I-ECD-I and almost twelve times the cost of caregiver equipping programmes, and this is without including infrastructure, administration, co-ordination costs etc. The cost of training practitioners is directly related to what they qualify in. For example, the NQF Level 4 qualification costs up to R16000 per practitioner; the facilitator's certificate included in the training for caregiver equipping programmes costs R500 each but no formal qualification is attained. As mentioned in Chapter 2, the DoE (2001b) found that there is a lack of evidence that formalizing practitioner career paths

improves quality of provision. Rather, formalisation increases costs, which is evident from the vast difference in costs in the formalised and non-formalised training programmes. Much support is needed on the ground to make sure that increased investment in training is translating into increased impact on ECD. There is also a link between the cost of qualifications and the amount of pay expected. While caregiver equipping programmes may seem a very attractive option because of the relatively low training costs, the current model does not pay practitioners which is likely to affect sustainability.

The Integrated Plan for ECD

The Integrated Plan for ECD is for all South African children aged 0 - 4. The approach is to start off by consolidating existing services within sites, targeting poor and vulnerable children through Tshwaragano le Bana and then reaching out to the remaining children aged 0 – 4 through alternative programmes. In du Toit (2005), a model for ECD expansion is proposed that also includes centre and home-based services. It assumes that 60 percent of children need services, and that the one million children currently in centre-based care continued to be served there with all new services being home-based. It also assumes a practitioner ratio of 1:25 for the centre-based programmes and two to four caregivers per 10000 home-care sites for the home-based programme. From the fieldwork in this study, it can be argued that both of these ratios are unrealistic, particularly the practitioner ratio for home-based services, and are unlikely to result in quality care. While the costs and numbers of employment opportunities created are important, serious consideration should be given to the quality of ECD services provided. I propose a combination model, with four assumptions, for this purpose:

Model 4: Combination Model

1. Assume that the government trains enough practitioners so that the 12 percent of children currently in ECD sites have qualified practitioners, according to the recommended practitioner: children ratios. This results in a practitioner ratio of 1:16. See Appendix D for calculation.

2. Assume that I-ECD-I is provided for an additional 50 percent of children who are poor and vulnerable children and assume these children are not already in sites.
3. Assume that the remaining children (38 percent) are reached through the caregiver equipping programme.
4. Assume that the annual practitioner costs, consisting of training and salary subsidies, are the same as above.

Table 9: Combination model for providing universal ECD services

COMBINATION MODEL	Centre-based ECD	I – ECD – I	Caregiver Equipping for ECD	Total
No. of children	599000 (12%)	2522959 (50%)	1923959 (38%)	5045918 (100%)
No of Practitioners required	38860	168198	128264	335322
Annual cost per workplace opportunity	R21000	R8800 (R16000 proposed)	R6250	
Annual cost to reach 5.05m children	R816 060 000	R1 480 142 400 (R2691168000)	R801650 000	R4308878000 ≈ R4.3 billion

This combination model, which provides universal coverage for children aged 0 – 4 provides 335322 training and employment opportunities, would cost R4.3 billion. This is only R0.27 billion more than the cost of providing centre-based services for 50 percent of South Africa's children, comparing only practitioner costs. Centre-based programmes will have far higher infrastructure costs than alternative programmes so including these and the remaining programmes costs, universal provision using the combination model would likely cost less than centre-based provision for half the 0 – 4 population.

Table 10 presents data on the practitioner costs of providing universal coverage using all four models. The annual cost of practitioner employment in the combination model is the weighted average cost of the programmes.

Table 10: Comparing socio-economic effects of ECD models reaching all aged 0-4

COMPARING MODELS	Centre-based	I-ECD-I	Caregiver Equipping for ECD	Combination model
Employment created	384616	384616	104168	335322
Annual costs of practitioner employment	R21000	R8800 (R160000)	R6250	R9295 (R12895)
Total annual cost for universal coverage	≈ R8 billion	≈ R3.4 billion (≈ R6.2 billion)	≈ R0.7 billion	≈ R 3 billion (≈ R4.3 billion)

Table 10 compares the four models discussed in terms of their potential to provide employment while providing universal access to ECD services. Centre-based services are the most demanding in terms of human and financial resources and caregiver equipping programmes the least demanding. I-ECD-I may offer the most comprehensive service in terms of impact as it targets both children and their caregivers. Finally, the combination model offers a high employment rate and varying opportunities, which are required given the diverse needs in South Africa.

With all its limitations, these projections make clear the potential for alternative models to reach vast numbers in an economical fashion in terms of human, financial and time resources. However, in order for ECD services to be taken to scale, there are some fundamental issues that require attention.

Chapter 5
EXPANDING ECD

Chapter 4 compared the potential of various models to meet the dual need of quality childcare provision and employment of (mostly) women. The weaknesses of these models were also discussed. This chapter goes on to describe challenges in the ECD sector such as institutional arrangements and relationships, training requirements, use of volunteers and sustainability, and the value placed on childcare.

Institutional arrangements and relationships

Challenges in the sector relating to institutional arrangements and relationships include interdepartmental and intersectoral struggles and the change in dynamics in the sector surrounding the ETDP SETA learnerships. These all affect the implementation of ECD plans and therefore expansion.

While current policy points to "integrated, inter-sectoral and interdepartmental" co-ordination, this in reality is one of the most significant challenges facing government intervention in ECD, particularly where departments are already struggling with human resource capacity. This frustration was shared by government departments and NGOs alike. All government officials interviewed commented on the difficulties in co-ordinating their efforts and responsibilities to implement government plans (Interviews H, P, V). Simply holding a meeting with the right people is a challenge. Unfortunately, co-ordination is not the only problem. All government officials expressed reservations about rolling out new plans when they were struggling with capacity to service existing programmes. An official from the DoSD said:

> At the moment the foster care backlogs are so significant that it is consuming the department and so we hardly have the capacity to initiate ECD services. Typically a member of the community takes this initiative and the DoSD gives guidelines for setting up ECD sites, management committees etc... But there are no

dedicated staff for monitoring and evaluating ECD services. ECD actually falls under Child Protection (Interview H, DoSD).

As is evident from the comment made by this official, the capacity of the DoSD in particular is questionable. While struggling through backlogs, and with no monitoring or evaluation taking place, the DoSD is unlikely to be attuned to what is happening in ECD on the ground or otherwise, or have the capacity to initiate and drive a major project. Processing foster care and other grants is a statutory requirement resulting in ECD falling down the DoSD's list of priorities. However, the DoSD is the lead department for the KZN EPWP in ECD, because the project targets the 0 – 4 age sector, which is deemed their responsibility. Significant managerial capacity will be required to make a success of the EPWP. Serious consideration needs to be given to whether the leading department for this plan should rather be another member of the Social Cluster, for example, the DoE. With regards to ECD falling under Child Protection, this indicates that ECD services are perceived as a welfare issue as opposed to an opportunity to invest in the development of children for future returns. Aside from the capacity and priorities of the DoSD, a misunderstanding of the importance of the early years of a child's life may explain why so little resources are committed to ECD despite the amount of research and evidence to suggest its strategic importance (Karoly et al, 2005; Heckman, 2000; Pence 2004; Short and Biersteker, 1984 in World Bank, 1994).

Regarding collaboration between the government and NGO sector, government officials all responded similarly explaining that collaboration was important because NGOs play an essential role as ECD training providers. Even though the NGO sector has been the main provider of ECD over the last few decades and as a result has much experience, the government officials made no mention of "tapping into the pool of expertise" that NGOs have to offer. Instead, one official explained that working with NGOs can be problematic because of them wanting to know "what's in the kitty" (Interview V, DoE). The NGOs had a mixed response about collaborating with government. NGOs generally expressed frustration working with the government although it was also mentioned by one NGO

Director that there is currently an openness to learn from those with experience in the field (Interview B, NGO Director).

With the introduction of formal ECD qualifications and learnerships, a further institutional dimension was added to the sector as a working relationship had to be formed with the ETDP SETA, who offered the first ECD learnerships in the province. The dynamics that may be a hindrance to the expansion of ECD in the future are political tension between various stakeholders, the accreditation process for training providers, and the lack of funding for post-training support. NGOs mentioned the political tension between the DoE and the ETDP SETA at a national level which, among other things, results in changing goalposts for accreditation of training providers. This was becoming a deterrent for training organizations, especially those that want to offer more post-training support than is currently prescribed. ETDP SETA funded learnerships have provided training organizations, who are usually highly dependent on donor funding, a new way to make money. However, this changes the manner in which organizations invest their time and energy and may not be adding to the sustainability of the government's investment in training for the purpose of expansion (Interviews B, E, I, N, Q).

Training

One of the major challenges to expanding the sector is to train a cadre of ECD practitioners that will deliver services (Altman, 2003). The training challenges center around acquiring the qualifications, the motivation, selection and turnover of practitioners, and targeting learnership participants. Challenges in acquiring qualifications include meeting the standards associated with formal qualifications, significant time and travel costs required for training, and finding suitable mentors for the learnership process.

Trainers mentioned that those who complete a NQF Level 1 qualification before entering NQF Level 4 have a good foundation and far better ECD practice than those who enter at NQF Level 4 (Interviews B & D). However, at the recommendation of the National Department of Education, the ETDP SETA is considering dropping the NQF Level 1

qualification and making Level 4 the entry qualification with skills programmes at Levels 2 and 3. The justification for this is that NQF Level 4, which is the equivalent of Grade 12, is the minimum qualification a teacher should have in order to teach Grade R and below. Apart from the NQF Level 1 qualification being an excellent empowerment tool for women who never completed school, it also allows access into the core modules of the NQF Level 4 qualification which, even if they didn't manage a full qualification, would be more than they would attain otherwise (Interview B, NGO Director). If the ECD sector is to create opportunities for unskilled and low-skilled women, the entry level and path of progression made available to them must take their starting point into account. This need to build slowly towards a qualification was also recommended in an evaluation of a five year ECD pilot project (Masibambane Consortium, 2006).

Practitioners are trained to meet fundamental unit standards in Communication and Mathematics, unless they have already attained these in a Matric Certificate. In particular, Mathematics poses a real challenge as practitioners typically do not have the competencies to meet the required outcomes in the time prescribed. Smaller NGOs may not have the capacity for Mathematics training and some of the content, such as understanding the stock exchange and compound interest, is seen as irrelevant to the needs of ECD practitioners (Interviews B, F, I, N & Q). From a general adult basic education and training perspective, exposing trainees to subject matter other than their direct area of study can be argued as beneficial in and of itself. Whether or not the content is balanced in terms of its urban – rural or formal – informal market bias would need to be explored further, however.

Another challenge is the time and high travel costs incurred by practitioners who live in deep rural areas to get to training venues (Interviews A, D, F & I). This problem is largely overcome by two of the NGOs who offer residential training. Whether or not training is residential, trainers still need to travel out to sites to assess practitioners. Trainers mentioned how the demands of assessment for the formalised qualifications meant that they had less time to visit and support the sites that they had a working relationship with before the formal training began (Interview F, NGO Trainer). All

practitioners also require post-training support if the impact is to have sustained effects. All ECD practitioners interviewed were positive about their training experiences and site-visits by trainers were considered helpful for correcting practice and motivating practitioners. This is probably the motivation for using mentors for learnerships. However, an interviewee did voice her concern:

> In the learnership agreement mentors are required. But in ECD, who are those mentors? And how have those mentors been trained? ECD is a historically disadvantaged sector...Many classroom teachers had strong NGO training, even though it was haphazard...so now trying to find trained mentors in the ECD sector is difficult... they are likely to have 'as little' knowledge as the learner (Interview N, former DoE).

This poses a significant challenge for the sector. If there are not many trained practitioners, particularly in remote and rural areas, how can good practice be modeled and poor practice corrected? A DoE official explained that practitioners identify a mentor at the site, who is then given a three day training programme (Interview P). This should ideally be done before the practitioner gets trained but does not happen in practice. It seems unlikely that a mentor who has had three days of training would be able to fulfill the role that is intended.

Aside from problems relating to acquiring qualifications, the motivation, selection and turnover of practitioners was called into question. As one interviewee explained, the current context of poverty means that many learnership applications are motivated by the stipend that is paid (Interview N, former DoE). Prior to learnerships, potential practitioners would approach the NGOs and pay to be trained. Government sponsored learnerships, which involve an opportunity to train towards a qualification while receiving a monthly stipend, are attracting both those who are interested in ECD and those who are not. Some NGOs blamed this on the learnership selection procedures or lack thereof (Interview B, NGO Director). A government official explained that learnership opportunities are posted in the newspaper and the only requirement is that a

form needs to be filled out and returned. One interviewee criticized this and suggested that as a minimum requirement a letter of motivation should be supplied and at best, sites should be visited and practitioners' interest observed before selecting who is given the opportunity to train (Interview B, NGO Director). Improved selection processes are likely to result in greater impact on ECD and the community. Poor selection processes are likely to result in practitioner turnover but this is not the only reason:

> About 25% of practitioners have left us. One left for full employment, another enjoyed working in the community so much that she enrolled at the University of Zululand to do Community Development. Another woman left as she was next in line to look after the children at home once the elderly caregiver in her home died so circumstances forced her to leave (Interview A, NGO Project Coordinator).

Given the context of mass unemployment, practitioners leaving for full employment opportunities should be expected. Practitioner turnover is usually perceived negatively but the case of a woman feeling empowered enough to take up an opportunity for further study is encouraging. The comment about the elderly caregiver reveals the dilemma the woman faces when her paid and unpaid work cannot be reconciled. The opportunity to participate in the programme was given up in order to fulfill her duty to look after children in the home. Practitioner turnover was reported as being problematic by all stakeholders, including government officials:

> Turnover is high because of poverty. Even during training they leave. Now we are trying to introduce a contract to get them to complete their training and work there because the current contract says that after the training they are free to go. We would want them to work for a year or two after the training (Interview P, DoE).

This comment by the DoE official reveals his awareness of the turnover problem in regard to sustainability of the programme. It is no surprise that people are leaving once the training is complete and the stipend is no longer being paid, assuming they cannot find a paid opportunity in ECD that matches their stipend. However, the reason that

people are leaving the programmes even while they are being trained and paid needs to be further explored. While this may be due to ineffective selection procedures there are likely to be other factors at play. The official expresses the DoE's desire to see practitioners working for a year or two after the training. Perhaps it would make more sense to pay for the qualification, not pay a stipend during training, and then pay them the monthly stipend as they take up an ECD work opportunity for a year afterwards. If participants are willing to work towards the qualification without an allowance, as would be the situation when a university or technikon student receives a bursary for fees only, knowing that they would be granted a work opportunity thereafter, this may prevent those 'chasing the stipend' from entering the sector as it will involve a two year commitment at least.

In terms of practitioners, NGO directors and trainers made a generalized distinction between younger and older trainees. Younger practitioners were described as sometimes being lazy and those who get ECD training and then leave the sector to pursue the next opportunity that presents itself. Older practitioners were described as being more dedicated and interested in their work – those who are still in the sector are precisely those who when younger did not leave for better opportunities (Interviews N, Q & S). Along with government funding has come stipulated targeting criteria. For the NQF Level 4 qualification one needs to have at least Grade 9, have been working in an ECD site for 3 years, be a youth or volunteer already there. Also, if one is underemployed, earning less than R540 a month, then one can enter the programme (Interview P, DoE). Focus is on youth, those under 35 years old, yet according the National ECD Audit, the average age of ECD practitioners is 38. This was commented on:

> I think it is a huge miscarriage of justice that learnerships are offered exclusively to those under 35, thereby excluding the older women who have held the sector together for so many years... this kind of detail should have been teased out before (Interview N, former DoE).

This view was not shared by one DoE official who believes that:

> Projects need to have age limits. Older people have passed the prime stage of employment therefore they are not prioritized. They may be experienced but they are not the right people in terms of the qualifications (Interview V).

This issue of which age group to target could be easier if the planners know exactly what category of "unemployed" person they are designing a strategy for, as Lee and Woolard (2005) indicated. There may be sense in targeting older women, who have less years to work back the training investment, for programmes that require a lower qualification level and targeting younger women, who have more time to "pay off" expensive training, for programmes that require a higher qualification level. Currently, funding is targeted at Level 4:

> There are gaps in the career pathing...Most people are at L1 but the government has decided not to fund this level, so those organizations who are passionate about Level 1 and have donor funding do... but otherwise there is no money, so access for very poor people is not there. The original vision had sequential steps, that makes sense to me but now those steps are not there. They are taking significant portions into Level 4 but that is not where the ECD sector is at (Interview N, former DoE).

The whole idea of drawing women into a sector with a clearly defined career path was supposed to add to the sustainability of human resources in ECD. However, unless funding allows for progression on the NQF, it makes no difference that the structures are in place (Interview N, former DoE). An official from the DoE explained why funding was mostly at NQF Level 4:

> If you need people at the Level 4 capability, where would you choose to put your limited funding? Why put it at Level 1 where they are still so far away from what you need? (Interview V).

While it would be preferable to see all practitioners demonstrating NQF Level 4 competence, the reality on the ground is that many people currently working and volunteering in ECD do not have the skills required for such a qualification. It is unlikely that significant numbers of unemployed will be drawn into the labour market unless their access to opportunities is supported by means of small, graduated steps. However, for those that do have the competency, there also is not much funding available at NQF Level 5, which is designed for professional development (Interview N, former DoE).

Before learnerships were offered, practitioners would request NGO training and pay accordingly although the cost to practitioners would be dependent on donor support. The involvement of government has changed the dynamics of the sector. As in all policy work, targets may be set but can have unintended consequences. Furthermore, ground work may be done (as in the setting up of the NQF) but then this may not be followed through with appropriate funding thereby preventing success. Training and accurate targeting remain key factors in the success of expanding services. Currently, government sponsored training is only for formal ECD qualifications. If the government uses alternative programmes to expand ECD services, the issue of which children, caregivers and potential practitioners should be targeted needs to be resolved if a sustainable impact is to be made.

Volunteerism and sustainability

Volunteering in a context of poverty is what undermines sustainability in this sector. ECD centres rely heavily on volunteers in all aspects – from the practitioners themselves, to site management committees, to those who are cleaning, gardening, fetching water and cooking for the children (Interviews F, H). The volunteering practitioners include those who are using the opportunity to demonstrate their practice for assessment purposes (Interview B, NGO Director). For alternative ECD programmes, voluntary workers are usually chosen by the local community leaders. Increasingly, stipends are paid to recognize the work of volunteers. A stipend of a few hundred Rand "isn't really money at all but it does help a little bit" (Interview B, NGO Director). One NGO trainer spoke of the difficulty in getting parents to attend and participate in meetings without expecting

something in return (Interview F). If it is difficult to get co-operation from caregivers "for free" in some communities, it is likely to be unrealistic to expect volunteers to work "for free".

One trainer and another family facilitator described the harsh realities the practitioners face when working directly in households that are overwhelmed by poverty and disease:

> There's nothing here, if you go inside their rooms there is nothing. Even food. Much poverty...I'm worry when I see the poor children and families but I can't help, I have no power to help them, only love (Interview C, Family facilitator).

The family facilitator seems to imply that if she had material resources, she would be more empowered to help the families she works with. Akintola's (2004) study revealed that volunteers working in home-based HIV/AIDS programmes can experience significant psychological stress as families may raise their hopes when they see the volunteers who may not be able to meet their needs. Unpaid care work in the context of HIV/AIDS is essential but can become so demanding costing the volunteer physically, emotionally and psychologically. Some compensation would serve to acknowledge the time and energy spent by volunteers who themselves may be living in poverty.

However, there are concerns about what the effect of payment will be on community volunteerism. For example, Zimbabwe Red Cross, which runs a Home Based Care programme and desires to preserve the organisation's spirit of volunteerism, has raised concerns that "payment might create divisions and resentments within the community... it could create the 'wrong' motivation for providing community service, and that programmes might risk collapse if funding were interrupted or suspended" (McCord, 2005b:43). Significantly, the Western Cape's Social Capital Strategy informed the payment of volunteers in an ECD Enrichment Centre pilot project. The document:

> ...raises a concern that participation of volunteers should not impose undue burdens on those who are donating time, energy and care... The stipends paid

though modest made a significant difference to the fieldworkers. Difficulties with drop out and having to recruit and train new people were closely related to the need for payment (Masibambane Consortium, 2006).

Given the advantages of alternative ECD services mentioned above, serious consideration must be given to the support that will be offered to practitioners for home-based ECD programmes if sustainable interventions are to be made.

Informants gave a variety of responses when asked whether paying people for ECD work in the current context of volunteerism would be a problem. One government official believed payment of some ECD workers would not threaten volunteerism because almost everybody in ECD is volunteering (Interview H, DoSD). However, a NGO Project Manager thought ECD volunteerism would be upset in the community if suddenly a department put people on a full-time salary without giving those who have been working voluntarily for years first option (Interview A). Clearly, the manner in which this happens will influence the effect on volunteerism.

In assessing whether the level of volunteerism in the ECD sector was positive or problematic, there was also a mixed response. It was considered positive because volunteerism acts as a springboard for the implementation of many programmes, many children would not otherwise have care, and it helps trainee practitioners to gain experience (Interviews N, P, Q & V). One government official added that expanded employment in ECD would strengthen volunteerism as those who are already volunteering may be rewarded with an opportunity to train (Interview V, DoE). On the other hand, an interviewee commented that volunteers should not be the backbone of the ECD system but rather they should be providing back-up support. Her analysis was that if there was to be change in the ECD sector, practitioners need to be seen for what they are worth by getting proper training, recognition and payment. Volunteers should be coming in at an apprentice level and getting absorbed into the system (Interview N, former DoE). This was echoed by a NGO Director who said that ECD, and hence volunteerism in ECD, was the most unappreciated work by all levels of society (Interview Q, NGO Director). It

is of interest to note that those who did not see the reliance on volunteerism as problematic were male and those who did were female.

Sustainability was found to be dependent on conditions of work, committed financial and human resources, accredited qualifications, potential career paths and political will. One NGO Director commented on the expectations held of women working in ECD in conditions which do little to attract people into the sector:

> We expect them to have all this training and keep up professional standards... and we pay them nothing. We need to change that first. We need to change the environment in which they work. If we made it easier for the people to be there and pay them what they are worth then I think ECD can go to scale (Interview B).

While one of the practitioners mentioned that it was a shortage of job opportunities that led her to start an ECD initiative (Interview T), the official from the DoSD felt that the opportunities in the ECD sector were not attractive in terms of pay or career pathing in comparison to the health sector for instance, where it was possible to work your way to becoming a nurse. This was the reason given for the younger trainees in ECD moving onto something else (Interview H, DoSD). Another interviewee made a similar observation: the younger people get trained in ECD and then go off to do hairdressing, and then again to do information technology. The difficulty is that the programme targets younger women, and in doing so may marginalize older women who may be more likely to stay in the sector (Interview N, former DoE). However, even with better developed career opportunities, people cannot be expected to remain in the sector if they are not paid (Interview B, NGO Director). Both officials from the DoE indicated that increasing ECD salaries would be necessary to retain practitioners (Interviews P, V). One official gave another perspective on 'losing the investment in training', commenting that since the aim of the EPWP is poverty eradication, the experience gained stays with the person wherever they go even into their own families. Whether losing trained practitioners is viewed negatively or not, however, it cannot be denied that continual training is a costly exercise. Furthermore, people are not only leaving the sector because of greener pastures,

but because they are dying of HIV/AIDS. One NGO Director mentioned that during their last internship, two practitioners died (Interview Q).

The major problem plaguing the ECD sector is sustainability. Before expansion of the sector is considered, committed financial and human resources need to be secured. Interviewees commented that the Grade R sector is stabilizing because of the government's commitment to providing practitioner training and subsidizing salaries. However, the 0–4 year sector does not have the same support. A committed investment by government allows for the creation of links between service providers, curriculum developers and training jobs (Interview N, former DoE). Having said this, government departments themselves have plans in place but the implementation is dependent on funding (Interviews P, V, DoE). However, although the state needs to provide sustained funding in order for plans to be realised, a government official also spoke of the danger of relying on state funding to support ECD as parents need to play their part as well (Interview V, DoE). The DoSD official also mentioned the need to meet parents half way, which echoes what Arango and Nimnicht (1987) argued about making sure that government interventions are enabling for parents who can then take ownership of programmes. While national government needs to set a framework of norms, relevant and committed local interventions are required to make a sustained impact. This points back to the strength of the model found in the field where local government initiated the ECD programmes. This provides a framework from which sustained financial and human resources can be committed and held accountable, thereby enhancing its chance of success.

The high reliance on volunteerism undermines sustainability and expansion. Ultimately this comes down to not valuing carework enough to invest in it.

Value placed on childcare

"If the sector is to challenge its marginalized status and gain recognition for the valuable social, community and educational role it plays, ECD educators need to receive salaries which reflect their qualifications, experience and service" (DoE, 2001a:165). The

government can intervene by increasing the supply of well trained care workers and services and facilitating access to these services by the women and children who need them most (Lazaro, Molto and Sanchez 2004:983). This expansion will not be possible until childcare is valued and prioritized by families, communities and the government.

With only 12 percent of the under five population attending formalized ECD centres by day, most children will be cared for at home. In addition, many caregivers are at home and are potentially available for childcare as they are unemployed. However, this does not necessarily translate into quality childcare (Interviews B & D).

The quantity and quality of childcare is certainly under threat due to circumstances of worsening poverty and disease in communities, in which case it is not usually prioritized. Childcare or ECD does not seem to be prioritized at a government level either. A theme that emerged in interviews was that one of the underlying problems in ECD is the value attached to it. Two interviewees commented that work has to be done specifically on the understanding the value of ECD before there are any attempts to expand services (Interviews B, N). In addition, interviewees described the need for advocacy and political buy-in in order for ECD to receive more support from both government and business (Interviews N, P, Q). Marketing ECD was also suggested and awards such as the ABSA Community Builder of the Year award to the best ECD practitioner may help promote the sector.

If advocacy is successful and the excellent returns on ECD are taken seriously, money would be invested and ECD practitioners recognized and paid what they are worth. The lack of value attached to ECD is reflected in the pay of Grade R practitioner who receive a salary of R1500 (bearing in mind that practitioners working with children from 0 – 4 years get no state support) in comparison to a primary school teacher who earns around R6000 monthly. Yet, Grade R practitioners are still required to uphold professional standards and a NQF Level 4 qualification. The pay situation devalues the work and practitioners apologise for being a pre-school teacher. One NGO Director said that there was little respect for ECD practitioners as ECD is not seen as a profession in comparison

to other countries where you need a degree to work in ECD (Interview Q, NGO Director). This problem of not valuing ECD was also mentioned on the ground where one trainer commented that people get trained but become discouraged and demotivated because they are not recognized or supported (Interview D, NGO Trainer).

Himmelweit (2005) described why an inability to increase the productivity of care work without decreasing quality placed downward pressure on wages. While in the field, it was quite clear that the value attached to and the resultant low financial compensation for care work was a significant cause of the lack of sustainability in the sector. Because care work in the home is not paid, it is undervalued, given a low status, and when women get paid for the work it is usually not well compensated. According to Elson and Catagay (2000:1356), this leads to a "commodification bias". Given the gendered division of labour, an attitude that "any women can do the work" exists. It is assumed that childcare workers can come from the large pool of untrained and inexperienced women jobseekers and this results in low wages (Whitebook, 1999:154). Childcare is then valued by the cost of a market replacement but this can be misleading as the market replacement may not have the same quality. For instance, the value of a college-educated caregiver spending time reading to their child should be measured by asking how much it would cost to employ a college-educated worker for the task as opposed to valuing the time by the cost of an average housekeeper. Another approach to valuing childcare is to work out what it would cost for the child to receive the same service out of the home, such as a daycare centre, where the costs of "capital goods, household utilities, and food provided to the child as well as the direct supervision and interaction" are accounted for (Folbre, 2006:194). It is important to recognize, however, that the market does not provide a perfect substitute for non-market work. Although women live in a world that is structured by "commodity production and exchange", only some of the goods they produce are commodities, which makes valuing their work challenging (Hartsock, 1983, in Tuominen, 1994:240).

The arguments for intervening to bolster the status of the profession centre around the historical devaluation of women's work, continued marginalization of the sector and "by

implication the lack of acknowledgement of the impact of children's early years experiences not only on their individual future development, but also for broader social development" (DoE, 2001a:166). ECD is a historically disadvantaged sector and support for the 0 – 5 year old sector has been by those who just loved young children (Interview N, former DoE). As was mentioned by one interviewee, people are not aware that quality child care takes time and effort. This lack of awareness about the importance of care is reflected in policies relating to care work or where care work is assumed. Furthermore, in a country where the disease and therefore care burden is escalating as a result of HIV/AIDS, support for care work should be prioritized. As one NGO Director put it: "there are certainly no changes (in ECD) regarding the AIDS pandemic...surely you need to be doing something differently?" (Interview B, NGO Director). ECD expansion could provide support both for children and their caregivers in this context.

If a range of ECD services are going to bring long-term social and educational benefits for families and children, then appropriate measures need to take place (Podmore, 2002:2). Grade R is now formally part of the education system and with that commitment has come building of appropriate infrastructures, regulations, curriculum development, accredited training and subsidisation of practitioner salaries with the hope that universal access for children will be achieved by 2010. A similar commitment is required for the 0-4 age sector in order to make expansion possible. For centre-based ECD, after a major registration drive to help sites secure subsidies available, local municipalities would need to invest in infrastructure, the ETDP SETA would need to fund both NQF Level 4 and NQF Level 1 qualifications for the training of practitioners, a suitable curriculum would need to be developed for this age group and the government would need to provide a certain number of subsidies per site to ensure recommended practitioner: learner ratios. Many of the structures necessary for the centre-based services to 0 – 4 year olds are present although without financial backing. This is not the case for alternative programmes. Government would need to consider which alternative programmes it wants to use in what contexts, decide on whether to align training programmes to the NQF to allow for accredited (even if full qualifications are not received) and government funded training, and whether they would be willing to subsidise at least a stipend for part time

volunteering. If the sector is going to draw low skilled women into training and work opportunities, the NQF would need to allow access and mobility supported by funding. Ongoing support for practitioners is essential and NGO capacity and experience could be used in this regard.

As Lee and Woodard's (2002) study proved, the various categories of the unemployed should be considered when deciding to whom work opportunities should be granted and at what skills level. For example, young women with Matric could be targeted specifically for NQF Level 4 qualifications. However, a prerequisite could be that every applicant needs to have volunteered for a certain amount of time in ECD before they are afforded the opportunity to train. This would help with selecting those who are interested in the field and reward some of those who have volunteered faithfully for years. Selection for alternative programmes needs to be carefully considered as this is usually done in partnership with the community leaders. After establishing a strategy for selecting, training and employing practitioners, research would be required in terms of how to target vulnerable children and their caregivers.

McCord (2005a) argues that the EPWP as currently conceptualized is flawed because of the limited demand for the skills obtained on the programme, with the exception of the social sector. There is significant demand for ECD skills at all levels throughout the country but because there is little opportunity for ECD employment in the private sector demand will not be actualized without government support. Consideration needs to be given to the type and quality of work opportunities that women could be drawn into as well as whether the government is committed to delivering services to those who cannot pay for them on a sustained basis.

Chapter 6

CONCLUSION AND IMPLICATIONS FOR EPWP IN ECD

South Africa has crises in both childcare and unemployment. These needs can be reconciled in expanding ECD services, with varying ability to support women in unpaid work. This dissertation has illustrated that there are more models for ECD provision than current government policy and planning consider. Given the varying services offered, reach and cost of ECD programmes, some models work better in a more densely populated area where there are higher employment rates (center-based), some work better in a rural context (I-ECD-I) and some aim to change caregiving practices on a broader scale (caregiver equipping for ECD). One model will not be suitable for the entire country. Rather, each model works best in certain situations. Using the EPWP in ECD and Integrated Plan for ECD as a framework, projections were made about the numbers of children reached, and the costs and number of employment opportunities created using three different models. A combination model, consisting of all three programmes, was proposed and contrasted to the model detailed in du Toit (2005), whose caregiver to children ratios were questionable and unlikely to render quality services. Depending on which model is chosen for universal provision, between 105000 and 385000 ECD jobs could be created.

In order for ECD to expand, government must first make a commitment to ECD, acknowledging that while privatized responsibility for childcare is legislated, the state should support families in this regard (Arango and Nimnicht, 1987). This could be made possible because of improved revenue collection and fiscal space created by increased efficiency in spending at the primary level (Chisholm, 2005; Wildeman and Nomdo, 2004; Wildeman, 2006), but should be seen as a strategic investment that can potentially decrease poverty and inequality while increasing returns to social spending later in life (Bennet, 2004). Secondly, leadership and coherent policy should be provided, considering alternative ECD models and how best to target vulnerable children, caregivers and practitioners. Thirdly, institutional capacity and coordination must be

improved. Qualification structures should provide real access for women given their existing skills levels as well as opportunity to steadily improve qualifications and earning ability (Masibambane Consortium, 2006). Government policies and programmes must be well designed with a clear sense of who the potential practitioners are so that they are appropriately targeted, trained and offered post-training support. If done correctly, this would validate volunteerism and promote sustainability in the sector. It would also enhance service quality and prevent a mass employment programme being rolled out without significantly improving ECD. Government should recognize NGOs as equal partners, not simply as delivery vehicles. A robust, productive and dynamic relationship between government and ECD NGOs would multiply capacity, experience and leadership into the sector. Fourthly, finances must be allocated to back plans.

Having argued for government intervention in ECD, is an EPWP a suitable vehicle for ECD expansion and does it have potential to help caregivers reconcile paid and unpaid work?

Is an EPWP a suitable vehicle for ECD expansion?

PWPs and ECD each have their challenges. The challenges in expanding ECD were discussed in Chapter 5. The challenge in expanding PWPs to make a significant contribution to employment revolves around the need for long term programmes. Haddad and Adato (2002) argued that longer term programmes will enable a change in skills levels and a sustained effect on poverty. This is possible when there is sustained demand for labour, such as in ECD.

As Himmelweit (2005) explained, the atypical nature of care work as an economic activity makes it very labour intensive. The relational aspect of care work means that labour is both an input and output in the production process and is hence unavoidably labour intensive. Unlike PWPs in construction or physical infrastructure, productivity cannot be increased by replacing labour inputs with machinery. If the amount of care work produced needs to increase, more labour must be employed. In addition, care work, which contributes to the "social infrastructure" of a nation, is in continual demand.

Akintola's (2004) study revealed that populations infected and affected by HIV/AIDS have an increasing demand for care work. As McCord (2005b:15) indicated, instead of PWPs developing assets that are physical in nature, which can be considered an investment in economic development, this innovation proposes PWPs developing assets that are social in nature, which can be considered an investment in the development of human capabilities and thereby an investment in economic development. The EPWP in the social sector has the potential to draw women into employment in social services, for which there is a continual demand, and hence the possibility of longer term employment which should be encouraged (Bigsten and Levin, 2001; Pollin et al, 2006). Increased understanding of the social sector, care work and ECD will help in designing appropriate programmes.

The constraints of PWPs include legislated wages and duration of programmes (Seekings, 2006, Dev 1995 in McCord 2003). The maximum length of participation on the EPWP is two years. This poses a challenge to the unique opportunity of sustained demand for labour. The Zibambele case offers part time jobs to households, which has allowed for a longer programme period than the stipulated duration of two years of full time work, but this is made easier by the fact that the work is of a low skills level. Replacing participants is easier, which is arguably a supportive policy for HIV affected households (McCord 2005b). ECD work ranges from an intermediate skill level, such as the NQF Level 4 qualification with more expensive training, to a lower skill level such as is required for a outreach worker, who does not necessarily receive formal, accredited training. From a financial point of view it is easier to replace the low skilled workers but because the work is care and relationship orientated it can impact the quality of service. This makes ECD unsuited to a low skill – high replacability job opportunity for households, such as is offered with Zibambele.

Even with all the justification for investing in ECD (Heckman, 2000; Karoly et al, 2005; Pence 2004; Biersteker, 1984 in World Bank, 1994), the dynamics and challenges of the sector must be understood in order to create a suitable strategy for long term expansion. Altman (2003) argued that an intervention must be designed to meet the needs of the

specific industry and employment context, complementing programmes already in existence and be sustained enough to have an effect on asset creation. As it is currently construed, the proposed EPWP in ECD functions effectively as a training programme, providing a stipend while gaining a combination of classroom and practical experience. It works well for the Grade R sector as graduates can then move on to subsidized jobs. For those in the pre-Grade R sector, there is nothing to move on to. This is not entirely the fault of the EPWP; the condition of the ECD sector is also problematic. If there was government investment in the pre-Grade R sector, the EPWP would also function effectively to upgrade practitioners for the purpose of providing quality care.

The government proposed EPWP in ECD is a significant departure from traditional programmes for a number of reasons. Firstly, the asset created is not physical in nature but social or developmental. Secondly, the duration of a physical infrastructure project usually lasts for as long as it takes to complete the work, unless it is an infrastructure maintenance project which sustains demand for labour. Demand for ECD is continual. Thirdly, construction is traditionally work that draws men into employment and ECD is traditionally work that draws women into employment (though Zibambele is a notable exception in its targeting of women). Fourthly, labour techniques are used in construction for the purpose of creating employment but the work could be far more productively done by a machine. ECD is unavoidably labour intensive and productivity cannot be increased by improvements in technology. As a result, an EPWP in ECD could draw significant numbers of low and unskilled women into training and work opportunities for a longer period of time while benefiting child development, caregivers and practitioners. If a foundation of investment is laid in the ECD sector, the EPWP will be an appropriate vehicle for the training of the practitioners who will hold the 0 – 4 age sector together. The investment should make significant returns, provided that continued government support is offered.

Can an EPWP in ECD help caregivers reconcile paid and unpaid work?

The challenge caregivers face in reconciling paid and unpaid work was highlighted by Folbre (2006), Chen (2005) and Sadan (2004). The ability of an EPWP in ECD to help

reconcile paid and unpaid work will be dependent on the model chosen for expansion. For example, a centre-based model would allow some caregivers to be drawn into paid care work, while others are relieved from unpaid care work for a few hours. I-ECD-I is similar in that an external caregiver spends time with the children but this would not be on a daily basis and one of the programme aims is to build a relationship with caregivers as well as sensitise them to stimulating their children. Caregiver equipping programmes specifically encourage caregivers to enhance the quality of the unpaid time they spend with their children, so again this would not free up time for paid work. ECD requires a continuous demand for labour. In order for the caregiver to be relieved of unpaid care work, another person's labour is required and this may be provided within or outside the home, full time or part-time, formally or informally, paid or unpaid. The result is that "home-based programmes" that aim to strengthen the primary caregiver's ability for ECD will not help them reconcile their responsibilities for paid and unpaid work (unless they use that information to hire and train another person to care for their children).

There are four reasons why this should not discourage policy makers from promoting home-based programmes. Firstly, in South Africa, there are many unemployed caregivers who would be available to care for their children (Biersteker, 1987). Secondly, while it may not help reconcile the caregiver's paid and unpaid work responsibilities, the programmes should positively impact on children's development. Thirdly, if people are employed to deliver services then some caregivers will be moving out of unemployment into paid work. Fourthly, while caregiver equipping programmes and I-ECD-I aim to improve the caregiver's childcare, they are more flexible and economical in terms of time than centre-based ECD would be. As a result, they could be combined with other arrangements for an outside caregiver to help relieve the caregiver when necessary. Programmes where an outside caregiver is providing childcare, such as centre-based programmes, help the primary caregiver to reconcile their paid and unpaid work but are significantly more expensive. This will ultimately affect the programme's reach.

Expanding quality ECD services will draw significant numbers into employment while helping build a foundation for social relations and human capital development, ultimately

impacting the skills profile of the nation's labour force. As Pascal and Lewis (2004) argue, without government intervention, quality ECD, employment and support in unpaid work will belong to the better off. The EPWP in ECD is a significant departure from traditional PWPs providing an exciting opportunity to draw the low skilled into work with the potential of upgrading to an intermediate skill level (McCord, 2005a; McCord, 2005b). Further research is required to measure what the actual impact of these innovative models will be on practitioner employment, children's development and caregiver's ability to reconcile paid and unpaid work, as well as which policy and programme mix will provide optimally.

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APPENDIX A: SCHEDULE OF INTERVIEWS

Interview	Organisation / Department	Position	Date of Interview	Interview length
A	NGO 1	Project Coordinator	13/9	45 minutes
B	NGO 1	Director	13/9	55 minutes
C	NGO 1	Family Facilitator	13/9	20 minutes
D	NGO 2	Training Area Manager	15/9	45 minutes
E	NGO 3	Project Manager	18/9	35 minutes
F	NGO 3	Trainer	18/9	30 minutes
G		On management committee for I-ECD-I	21/9	2 hours
H	KZN DoSD		4/10	1.5 hours
I	NGO 4	ECD Trainer	10/10	55 minutes
J		ECD Principle	10/10	20 minutes
K		ECD Principle	10/10	20 minutes
L		Grade R Teacher	10/10	20 minutes
M		Grade 1 teacher	10/10	20 minutes
N		Former ECD Official	11/10	2 hours
O	NGO 2	Project Manager	17/10	2 hours
P	KZN DoE		24/10	1.5 hours
Q	NGO 5	Director	24/10	1.5 hours
R		ECD practioner	26/10	20 minutes
S	NGO 2	Trainer	26/10	20 minutes
T		Trainee	26/10	20 minutes
V		Trainee	26/10	20 minutes
U	KZN DoE		1/11	1 hour

APPENDIX B: SCHEDULE OF INTERVIEW QUESTIONS

1. Schedule of questions for NGO Directors / NGO Project Manager/Co-ordinator:
a) What ECD model does your organization use? Describe other ECD models you know.
b) Describe the strengths and weaknesses of your ECD programmes.
c) What has your experience with ECD learnerships been?
d) Describe your relationship with the relevant government departments.
e) Describe your relationship with the rest of the NGO sector.
f) Do you consider volunteerism to be positive or problematic? Explain.
g) Are your volunteers trained or paid? Will employment in ECD threaten volunteerism?
h) Describe the sustainability of your model.
i) What other developmental services complement your model?
j) How would you describe childcare in the community?
k) What would your vision be for expanding ECD services?
l) Do you think a public works programme is a suitable vehicle for expanding services?

2. Schedule of questions for NGO Trainers:
a) What are the training requirements for your ECD model/programme
b) Describe how/when/where/for whom ECD training takes place.
c) Does your organization provide all aspects of training? (core, fundamental, elective)
d) What has your experience been with learnerships?
e) How much does it cost to train one practitioner? What is the impact of training?
f) In your experience, is practitioner turnover low or high? Explain.
g) Is ECD a good work opportunity for women? Is there a career path for practitioners?
h) What are the rewards and challenges in ECD training?
i) How would you describe childcare in the community?

3. Schedule of questions for ECD Practitioners:
a) When did you train to become an ECD practitioner?
b) What did you learn from the training?
c) What happens when you are visited by the NGO?
d) What do you like/not like about your job?
e) How would you describe childcare in the community?

4. Schedule of questions for ECD government officials
a) How would you describe childcare in the community?
b) What ECD models exist?
c) What would your vision be for expanding ECD services?
d) What is your department's responsibility for ECD?
e) Explain the Integrated Plan for ECD / EPWP for ECD and what stage it is at.
f) How do you find working interdepartmentally for ECD?
g) Describe your relationship with the NGO sector.
h) Do you consider volunteerism to be positive or problematic? Explain.
i) What are the challenges the ECD sector faces?
j) What is targeted for funding in ECD?

APPENDIX C: INFORMED CONSENT FORM

(To be read out by researcher before the beginning of the interview. One copy of the form to be left with the respondent; one copy to be signed by the respondent and kept by the researcher.)

My name is Leigh Berg (student number 205522811). I am doing research on a project titled "A Comparative Analysis of Models to Expand Early Childhood Development Services through the Expanded Public Works Programme."

This project is supervised by Professor Frances Lund (lundf@ukzn.ac.za) at the School of Development Studies, University of KwaZulu-Natal. I am managing the project and should you have any questions my contact details are:

School of Development Studies, University of KwaZulu-Natal, Durban OR
PO Box 917, Umdloti Beach, 4350.
Cell: 0723203139
Tel: 0315681968.
Email: lburger@webmail.co.za

Thank you for agreeing to take part in the project. Before we start I would like to emphasize that:
-your participation is entirely voluntary;
-you are free to refuse to answer any question;
-you are free to withdraw at any time.

The interview will be kept strictly confidential and will be available only to members of the research team. Excerpts from the interview may be made part of the final research report. Do you give your consent for: *(please tick one of the options below)*

Your name, position and organisation, or	
Your position and organisation, or	
Your organisation or type of organisation *(please specify)*, or	
None of the above	

to be used in the report?

Please sign this form to show that I have read the contents to you.

---------- (signed) ---------- (date)

---------- (print name)

Write your address below if you wish to receive a summary of the research report:

APPENDIX D: PRACTITIONER AND ADJUSTED PRACTITIONER RATIOS

1. Centre-based ECD

Recommended practitioner: children ratios in ECD centres

Age group	Practitioner: Children ratio
0 – 18 months	1:6 or less and preferably with an assistant
18 – 36 months	1:12 or less and preferably with an assistant
3 – 4 years	1:20 or less and preferably with an assistant
5 – 6 years	1:30 and preferably with an assistant

Source: Department of Social Development (2006)

Using recommended ratios detailed above, the average ratio for pre-Grade R is:

0 1:8
1 1:8 (average between 1:6 for first 18 months and 1:12 for next 18 months)
2 1:8
3 1:20 (recommended ratio for 3-4 years)
4 1:20

(8 + 8 + 8 + 20 + 20) / 5 = 13 children to 1 practitioner

The practitioner ratio is 1:13 and assumes that there are the same amount of children in each year.

The centre-based model does not need an adjusted practitioner ratio as it is already a ratio of practitioners : children. This is not the case for I-ECD-I or Parenting Programmes.

Combination model practitioner ratio

For the Combination Model, I calculated the number of practitioners required to serve the number of children currently in preschool services. This was done by taking the number children in preschool in year (age 0, age 1, age 2, age 3, age 4) according to the 2004 GHS and dividing by the recommended practioner: children ratios. This was then averaged over the whole age group 0 – 4 years.

Age	Number of children in preschool (2004GHS)	Practitioners required according to DoSD guidelines
0	10497	1313
1	28064	3508
2	80214	10027
3	175267	8764
4	304958	15248
Total	**599000**	**38860**

Source: Own calculations

The practitioner: child ratio used for the combination model is therefore:
38860: 599000 ≈ 1:16.

2. I-ECD-I

Based on the statistics from the NGO 1 project, in 2006, 20 family facilitators were working with 307 families, with 363 children in the 0 -7 age group and another 462 kids in the 7+ age group. Each practitioner works with 307 / 20 = 15 - 16 families. The 363 children in the 0 – 7 age group translates into each family facilitator working with 13 children under the age of 5, giving an adjusted practitioner ratio of 1:13.

3. Caregiver Equipping for ECD

"They then run 10 workshops with 20 caregivers." This results in a practitioner to caregiver ratio of 1:20.

The 2004 GHS data revealed that 4.12 million women had 5.05 million children under the age of 5. Dividing the number of young children by the number of mothers, mothers had on average 1.2 young children. Using this ratio, it was projected that 20 caregivers in the caregiver equipping workshops would represent on average 24 children. Hence, the adjusted practitioner ratio of 1: 24 children, albeit indirectly. A limitation is that this does not take into account caregivers who look after children under the age of 5 but are not their mothers.