



## ABSTRACT

Partial care is the care of more than six children on behalf of their parents or caregivers for a temporary period during the day and could include overnight care. Access to partial care and Early Childhood Development (ECD) services are important for child development. South Africa does not have minimum standards for provision of ECD and funding for it is limited. A Children's Bill has been proposed to replace the Child Care Act no 74 of 1983. In the proposed Bill, both partial care and early childhood development will be regulated. This study attempted to explore partial care and early childhood development in Cato Manor, an informal settlement in the process of development.

The study was qualitative with a sample of twelve facilities selected from partial care facilities in the community. Interviews were conducted with facilitators from the facilities about their experiences and challenges of providing partial care in the community, using a semi structured interview schedule. Observation of the facilities was also made using an observation checklist to ascertain resources and the physical environment.

The findings showed that three categories of partial care facilities existed in Cato Manor. The different categories had inequalities in resources, leading to differences in the nature of care and programmes children were offered. The findings indicated that there were problems associated with registration and monitoring of the facilities. Lack of funding was shown to be a big challenge for the facilities.

Community efforts of establishing facilities need to be strengthened. The registration process of facilities needs to be simplified and communication between government departments responsible for registration and the facilities improved. Facilitators need assistance to have access to available funding.

## **Declaration**

This dissertation denotes original work of the author and has not been submitted in any other form to another university. Where use has been made of the work of other authors and sources, it has been accordingly acknowledged and referenced in the body of the dissertation.

The research for this dissertation was completed in the School of Social Work University of KwaZulu-Natal, Durban. Research was undertaken under the supervision of Professor Carmel Rose Matthias.

Opinions expressed and conclusions attained are those of the author and are not necessarily to be attributed to the School of Social Work.



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**Xoliswa Keke**

## Acronyms

CMDA	Cato Manor Development Association
CMDP	Cato Manor Development Programme
ECD	Early Childhood Development
ECEC	Early Childhood Education and Care
GCMDF	Greater Cato Manor Development Forum
KZN	KwaZulu-Natal
MTCT	Mother to child transmission of HIV
NCOP	National Council of Provinces
NGO	Non Governmental Organization
NIP	Nutritional Integrated Programme
NPA	National Programme of Action
NPO	Non-Profit Organization
OECD	Organization for Economic Cooperation Development
RDP	Reconstruction and Development Programme
RLRU	Early Learning Resource Unit
SACECD	South African Congress for Early Childhood Development
SALC	South African Law Commission
SAQA	South African Qualification Authority
TREE	Training and resources for Early Education
UNCRC	United Nations Children's Rights Convention
UNISA	University of South Africa

## Acknowledgements

I am extremely grateful and thankful to a number of people who helped ensure that this dissertation was completed:

- God Almighty who has been with me all the way and I knew that with His help this day would come.
- My parents and sister, Nobabalo for their support and a special thank you to my father, who has always hoped that I would further my studies.
- My dearest sister, Bulelwa Keke for all the sacrifices, support and assistance, emotionally and otherwise, during my years of study. I could never find a better sister! My nephews and niece, for all the chaos, it made me laugh and warmed my heart.
- Dr. Carmel Matthias, my supervisor, for her dedication and much needed guidance. Thank you very much your valuable support and for being there for me. Thank you for reading those countless drafts and for your encouragement.
- Mrs. Joan van Niekerk for encouraging me to register this degree.
- Professors Anna Coutsooudis and Eleanor Preston-Whyte for their generosity and understanding.
- Zine Mathe and Sindi Mnikathi, colleagues and friends from Umkhumbane, for helping me through the interviewing process. No words can describe how grateful I am.
- My friend Ms. Babalwa Dano, who has been my source of support in many ways from the time I started studying for this degree. I really value and appreciate our friendship.
- Sindi Solopi and Lindiwe Sibeko for their support and being good friends and Sibongile Mkhize for keeping my spirits alive to the last minute. I could not ask for better friends!
- The study participants, from the child care facilities in Cato Manor, for allowing me into their facilities and their homes. Thank you for your time and patience.

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# CHAPTER 1

## INTRODUCTION AND METHODOLOGY

### 1.1. Introduction

In terms of clause 76 of the Children's Bill 70 of 2003, partial care is defined as the care of more than six children on behalf of their parents or caregivers for a temporary period during the day and could include overnight care. Partial care of this kind tends to be provided in crèches, day-care, play groups, pre-schools, after-school or week-night care centres. They operate in terms of contractual arrangements usually involving payment by parents and provide care for children when their parents are away at work. The care provided is partial in the sense that it alternates with that directly provided by parents or other custodians (Zaal, 2001). This concept of partial care is proposed in the Children's Bill 70 of 2003 to replace 'place of care' which is current terminology in the Child Care Act 74 of 1983. For the purposes of this study the definition of partial care in the Children's Bill is utilized.

The care of children in partial care facilities should ideally include provision of Early Childhood Development (ECD) services. Early Childhood Development refers to a comprehensive approach to policies and programmes for children from birth to nine years of age with the active participation of their parents and caregivers, (White Paper 5, Department of Education, 2001:8). In terms of Section 3(1) of the South African Schools Act, children can attend school in the year in which they reach the age of seven. However, the early years of a child's life are significant for the child's development. This is the time when the child acquires language, cognitive, physical, social and emotional skills. The quality of care and ECD provision that the child receives at this stage is therefore of utmost importance as it can lay a foundation for future adjustment and preparedness for further learning and for life in general.

It is important to note that while there is an overall acknowledgement of the need to provide services for children in their earliest years, international research studies indicate that child care does not always receive the necessary attention it deserves. In South Africa, there is a history of government accepting minimal responsibility for children in the age group 0-6 years. The majority of ECD and partial care has been provided by non-governmental organizations, private individuals and institutions, and has been funded by national and international donors (Biersteker, 2003).

In the first part of this chapter, the context of partial care in South Africa and the motivation of the study will be provided. In the second part, the methodology of the study will be discussed.

## **1.2. The Context of Partial Care in South Africa**

A situational analysis of the family in South Africa indicates that families have been particularly affected by the policies of the past, the inequitable distribution of resources, social changes, migration patterns, the growing subculture of violence, and the changes in the traditional roles of women (White Paper for Welfare, 1997). The well being of children depends on the ability of families to function effectively. Because children are vulnerable they need to grow up in nurturing and secure environments that can ensure their survival, development, protection and participation in family and social life. Increasingly, women have had to join the labor market for economic reasons and have had to rely on child care outside of home. It is in this context that partial care facilities become of utmost importance.

Partial care services cater for a wide variety of needs. The South African Law Commission (2001:684-685) has compiled a number of instances where children need partial care facilities:

- “Children whose parents work full time;
- Children who need after school care;
- Children of parents who are seeking work or attend lectures, classes or any form of training;
- Children who need care in an emergency, such as the illness or hospitalization of a parent;
- Children in play groups and play schools. These groups are intended to bring together pre-school children in a stimulating environment and to give the children an opportunity to interact with others of their own age;
- Children whose parents need assistance for a short time;
- Children attending training camps and other organized recreational activities such as holiday camps, school tours, and church outings”.

Partial care facilities could operate on full time basis, part days or extended hours (Tabata, 2000:1). These facilities include:

- Nursery school programmes- these are usually part day. These would include day care, crèches, pre-schools
- Family day care in a home of a childcare provider.
- Programmes for school aged children outside school hours and during school holidays.
- Overnight care provided for children whose parents work shifts.

There is growing evidence from child development research 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 behavior as adults. There is also growing evidence that young children are capable learners and that suitable educational experience during the pre-school years can have a positive

impact on school learning. The Department of Education (2001:6) cites compelling reasons for provision of services to children including Early Childhood Development. Some of these include the following:

- increased productivity over a lifetime and a better standard of living when a child becomes an adult,
- later cost-savings in remedial education and health care and rehabilitation services, and
- higher earnings for parents, especially women, and caregivers who are freer to enter the labor market.

### **1.3. Motivation for the Study**

Interest in this Study was generated by observations I made when working in Cato Manor. Cato Manor is an informal settlement situated within the boundaries of the Durban Metropolitan area. It is an area that suffered greatly under the apartheid government's policy of forced removals of squatters ([www.cmda.co.za/](http://www.cmda.co.za/)). The area has, however, benefited from the construction of low-cost housing, schools, libraries, community halls, roads and clinics in the last decade.

I am a social worker working in the Cato Manor area for an HIV/AIDS treatment and care programme (Mother to Child Transmission plus programme). This programme is run from the community clinic. Often I get exposure to childcare facilities in this community through following up certain child protection matters concerning children whose mothers/caregivers are involved in the MTCT Plus Programme.

Some of my concerns centered on the issues of programs. In particular, were programs in place for the children in these facilities; and if they were, what kind of programs, and whether the programs met the children's social, emotional and psychological needs.

In addition, I was concerned about whether there were systems in place to address children's needs, some of which may require external resources dealing with child protection matters. Issues around registration and registration processes were also of concern. The Department of Social Development has guidelines known as Standards that Places of Care must meet. The guidelines include such things as size of premises, health, safety, nutrition, equipment; training and child/staff ratios. A partial care facility would need to have these in place before applying for registration. However, the concern was whether these standards are achievable for underdeveloped facilities, particularly the informal facilities as they usually operate from (sometimes one roomed) homes of the managers, and whether the inability to achieve those would deter these facilities from being registered. The concern was what implications this has on child development and protection.

The literature indicates clearly that children living in poor conditions have limited access to partial care services. It also indicates the gap in service provision for children under the age of two years. The significance of the study is that it would help establish whether there is a group of partial care facilities that should be monitored, assisted and supported to develop to the level of at least minimum standards required so as to protect and improve the lives of the children who obviously require their services.

This study would give insight into partial care practices in this resource poor community and would provide some understanding of the strengths and weaknesses of the facilities.

#### **1.4. Aims and Objectives of the Study**

The study aimed to determine the types of partial care for children under the age of seven in the Cato Manor area. These are children who are not of school going age and are therefore cared for outside of the school environment. The focus of

the study was on children who were cared for in groups of more than six, because these are facilities which require registration. The objectives of the study were:

- To document what partial care facilities and services are available for children under the age of seven in the Cato Manor area.
- To explore what Early Childhood Development activities are offered to children in the facilities being studied.
- To examine how educational, nutritional, emotional and physical needs of the children in the facilities are being met. This would be done through an examination of programmes being offered and whether those programmes adhered to minimum standards established by the Departments of Health, Social Welfare and Population Development and Education.
- To document the challenges faced by childcare service providers in the Cato Manor area.

### **1.5. The Significance of the study**

The findings of this study will provide invaluable information to partial care service providers at different levels. Provision of partial care facilities and early childhood development is a responsibility that is shared by communities, non-governmental organizations, as well as local, provincial and national government departments. Individual child care facilities will be able to compare how they function and the problems they experience with other facilities in the area. Community coordinating organizations that offer support and run child care facilities will benefit from the information provided about problems experienced by these facilities. The findings of the study will also inform local government of what is happening and how it can transform its role to facilitate better provision of partial care services and early childhood development. The findings will also provide provincial and national departments with information to improve existing and proposed policies and guidelines and thus improve service provision.



## **1.6. Key questions of the study**

The main questions the research aimed to answer were as follows:

- What partial care facilities for children under the age of seven years existed in the Cato Manor community?
- What services, including ECD were offered by these partial care facilities?
- How did these facilities function in terms of registration, monitoring, or affiliation to other organizations?
- How were the facilities funded?

## **1.7. Research Methodology**

In the following section, the research design, the methods of data collection and the sampling method are discussed.

### **1.7.1. Research design**

The research was qualitative and descriptive in nature. Descriptive research is research that describes a certain phenomena (Terre Blanche & Durrheim 1999). Descriptive research presents a picture of the specific details of a situation, social setting, or relationship, (Neuman 2000:22). Some of the goals of descriptive research as described by Neuman (2000:22) are as follows:

- Provide a detailed, highly accurate picture
- Create a set of categories or classic types
- Classify a sequence of steps or stages
- Report on the background or context of a situation

This study aimed to describe partial care provision in Cato Manor. This was done by describing partial care facilities as well as reporting the experiences of

managers/owners of these facilities in this community. While the purpose of this study was not to make comparisons between the different types of partial care facilities in this community, the differences, in terms of strengths and weaknesses of each type of facility have been documented.

The study used a qualitative approach. Qualitative research aims to provide an in-depth understanding of people's experiences, perspectives and histories in the context of their personal circumstances or settings. Among many distinctive features, it is characterized by a concern with exploring phenomena from the perspective of those being studied, with the use of unstructured methods, which are sensitive to the social context of the study (Terre Blanche & Durrheim 1999). The study made use of both observation and semi-structured interviews, which are forms of qualitative research.

#### **1.7.2. Methods of data collection**

The study used both observation and semi-structured interviews, which are methods of data collection in qualitative research.

##### **1.7.2.1. Observation**

With observation, the researcher determines at the outset what behaviors are to be observed and uses a standardized checklist to record the frequency with which those behaviors are observed over a specified time period. Semi-structured observation schedules are important in investigating behaviors that are observable by researchers but difficult to discuss (Schensul, Schensul & LeCompte, 1999). As with interviews, observations can be more or less structured. The objective of semi-structured observations is to identify items or attributes of variables that can be recorded systematically by presence/absence or degree (Schensul, Schensul & LeCompte, 1999).

In this study observations were recorded while the researcher conducted interviews. An observation checklist schedule was attached to the interview schedule and the observations were recorded on the checklist schedule. Rubin and Babbie (2001:394) describe four roles of an observer. These are complete participant, participant-as-observer, observer-as-participant and complete observer. The complete observer observes a social process without becoming a part of it in any way. The researcher's role was that of a complete observer. Participants knew they and their facilities were being observed.

The observation checklist addressed the following:

- (a) **Appearance:** this looked at the type of the building i.e. institution, government subsidized home, shack; how much space was available inside, and whether there was a playground
- (b) **Hygiene:** this looked at the cleanliness of the facility, both inside and outside and the demeanor of children in the facility
- (c) **Necessities:** this looked at the availability of registers, first aid kits, menu, educational programmes, and registration documents
- (d) **Surroundings:** this looked at the movement of children for the duration of the interview and association of children with facilitators

#### **1.7.2.2. Semi-structured in-depth interviews**

Semi-structured interviews combine the flexibility of the unstructured, open-ended interview with the directionality and agenda of the survey instrument to produce focused qualitative, textual data, (Schensul, Schensul & LeCompte, 1999). Semi-structured interviewing is based on the use of an interview guide. An interview guide lists in outline form the topics and issues the interviewer should cover in the interview, but it allows the interviewer to adapt the sequencing and wording of questions to each particular interview, (Rubin & Babbie 2001:407) Interviews were in-depth and open-ended. In-depth means that the topic is explored in detail to deepen the interviewer's knowledge of the topic. Open-ended refers to the fact that the interviewer is open to any relevant responses.

The purpose of in-depth, open-ended interviews is to explore undefined domains in the formative conceptual model; and to break down domains into component factors and sub-factors (Schensul, Schensul & LeCompte 1999). Open ended questions have the following advantages:

- they permit an unlimited number of possible answers;
- respondents can answer in detail and can qualify and clarify responses;
- unanticipated findings can be discovered;
- they permit adequate answers to complex issues;
- they permit creativity, self expression, and richness of detail;
- they reveal a respondent's logic, thinking process, and frame of reference, (Neuman, 2000:261).

The interview scheduled had the following sections:

- (a) Descriptive information about the facility:** type of facility, how many children, the children's ages and how the facility decides their enrolment numbers.
- (b) Operating times:** this question dealt with the hours and days the facilities operate. It looked at provision of aftercare and overnight services.
- (c) Services and programmes:** this section dealt with provision of educational curriculum, availability of play materials and playing space and school readiness programmes.
- (d) Registration:** this question addressed whether facilities were registered
- (e) Staffing and training:** this section dealt with the number of staff, training of staff, payment of salaries and fees
- (f) Health and Nutrition:** this section dealt with nutrition, how facilitators addressed illness and injuries in the facilities
- (g) Funding:** how the facilities are funded
- (h) General:** this question addressed the involvement of community leadership in the facilities.

All the respondents were isiZulu speaking and the researcher also speaks isiZulu. The questions were therefore asked in the language of the participants. The interviews took place in the facilities and thus the observations were also conducted. The researcher was accompanied by a colleague, who knows the community. The reason behind this was that the colleague was able to take directions to the 'informal' facilities as they were identified. The colleague also became very helpful where there was one staff member looking after the children. When the staff member was being interviewed, the colleague took over the care of the children and this proved to be very useful as the researcher could get the full attention of the interviewee.

### **1.7.3. Sampling Method**

Sampling is the process used to select cases for inclusion in a research study. The research included both probability and non-probability sampling. Probability samples are based on taking a given number of units of analysis from a list, or sampling frame, which represents some population under study (Bernard, 1994). A basic principle of probability is that a sample will be representative of its population if all members of that population have an equal chance of being selected in the sample, (Rubin & Babbie, 2001:259). In this study, a list of all 'formal' childcare facilities (see definitions) was compiled and six facilities were randomly selected to form part of the sample. Thus the method of sampling was simple random sampling for this type of childcare facilities. One facilitator from the original six declined the interview and another facility from the list was randomly chosen.

For informal child care facilities (see definitions), non-probability sampling was used. With the 'informal' childcare facilities, availability sampling was used, but six facilities were chosen as well, to make a total sample of twelve facilities. The reason for the difference in sampling methods for the two types of facilities is that

the formal facilities were known and a list was available. However, the informal facilities are not so well known and there was no list available for them. The researcher obtained details of the facilities from community members, including other facilitators in formal facilities. The researcher conducted interviews with facilitators or managers of the selected childcare facilities. In this report, the term facilitator is used to refer to either the owners or managers of the facilities.

#### **1.7.4. Analysis of Data**

A qualitative researcher analyzes data by organizing it into categories on the basis of themes, concepts or similar features. He or she develops new concepts, formulates conceptual definitions, and examines the relationships among concepts (Neuman 2000:420). The researcher organized the data into conceptual categories that created themes and concepts, which were then used to analyze the data. This is referred to as coding. Coding provides two simultaneous activities: mechanical data reduction and analytical categorization of data into themes, (Neuman 2000:421). Open coding was used to analyze the data. In open coding, the researcher locates themes and assigns codes or labels in an attempt to condense the mass of data. This helped the researcher with identifying emerging themes at a glance, and with building a universe of all themes which were then organized, sorted, combined, discarded or extended.

#### **1.8. Limitations of the Study**

The study was limited to the Cato Manor community and cannot be generalized to other geographic areas, for example from better resourced communities. The interviews were conducted in the middle of November at a time when facilitators said children had started to drop out because their older siblings were either writing or had completed examinations. The result of this is that children are looked after by their siblings at home. This could cause bias in the number of children enrolled in facilities.

## 1.9. Operational definitions

This section will provide definitions of the terms used in the report.

**Place of care** ‘means any building or premises maintained or used, whether for profit or otherwise, for the reception, protection and temporary or partial care of more than six children apart from their parents, but does not include boarding school, school hostel or any establishment which is maintained or used mainly for the tuition or training children and which is not controlled by or which has been registered or approved by the State, including a provincial administration’ (Section 1 of the Child Care Act No 74 of 1983).

**Partial care** is the proposed new concept to replace place of care in section 76 of the Children’s Bill 70 2003. It refers to care ‘provided when a person, whether for or without a reward, takes care of more than six children on behalf of their parents or caregivers during specific hours of the day or night, or for a temporary period, in terms of a private arrangement between the parents or caregivers and the provider of the service, but excludes the taking care of a child-

- (a) by a school as part of tuition, training and other activities provided by the school;
- (b) as a boarder in a school hostel or other residential facility managed as part of a school; or
- (c) by a hospital or other medical or other medical facility as part of the treatment provided to the child’.

**Partial care facility**, as proposed in section 1 of the Children’s Bill 70 2003 means ‘any premises or other place used partly or exclusively for the partial care of six or more children, which place may include-

- (a) a private home;
- (b) other privately owned or managed premises; or

(c) a school, hospital or other state-managed premises where partial care is provided by a person other than the school, hospital or organ of the state’;

For the purposes of this study, ‘**informal childcare**’ refers to the care, including overnight care of more than six children in a residential home owned/ rented by the manager of the facility or a residential home owned/rented by the employer of the manager of the facility.

‘**Formal childcare**’ refers to the care of more than six children in state-owned, or privately owned premises that are built and recognized for public use by the community for the day care of children under the age of seven.

### **1.10. Ethical issues**

An application for ethical clearance was made to the Ethics Committee of the University of KwaZulu-Natal and was obtained before the study commenced. A written consent letter, which explained the study and its purpose was presented and explained to each participant before the interviewing started. The letter explained that the study was voluntary. All the participants who participated in the study signed the consent letter before participating. Neuman (2000: 96) asserts that participants in research need to know what they are being asked to participate in so that they can make an informed decision. He states that informed consent is a fundamental ethical principle of social research.

The participants were also assured of anonymity. In this report, the facilities researched are referred to by numbers instead of names, to preserve anonymity. The area where the research took place is however not anonymous in the report. Anonymity protects the identity of specific individuals from being known (Neuman, 2000:99).



### **1.11. The Structure of the report**

The report has four chapters. The first chapter discusses the motivation for the study and the methodology used. The second chapter discusses the theoretical framework of the study, looks at children's rights in relation to the partial care, both locally and internationally. It reviews the literature on partial care and early childhood development. The third chapter presents an analysis of the data collected and the fourth and last chapter provides a summary of the main findings and recommendations of the study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2. 1. Introduction**

The concepts of partial care and partial care facilities have been introduced in the Children's Bill 70 of 2003 to replace 'place of care' which, is a term currently used in the Child Care Act 74 of 1983. It is widely accepted that when well nurtured and cared for in their earliest years, children are more likely to survive, to grow in a healthy way and to fully develop thinking, language, emotional and social skills.

The first part of this chapter provides the theoretical framework for the study and addresses the legal frameworks governing children, both locally and internationally. Secondly, the chapter examines the types of care available for children from birth to the age of seven who are partially cared for outside their homes. It looks at current practices, in relation to policies and programs. Lastly, the Chapter reviews Early Childhood Development in the South African context and discusses the challenges thereof and how these are being addressed, if at all, and it also draws from experiences of other countries.

#### **2.2. Theoretical Framework**

The theoretical framework informing the choice and design of this research study is ecosystems theory and the ecological perspective. This theoretical framework provides understanding of the relationship that exists between partial care facilities and the environment in which they exist.

A system can be described as a unit of people who are connected through some form of relationship with one another in a particular context, space and time (Potgieter, 1998:54). As a dynamic living unit the system changes constantly in an effort to satisfy the needs of its members and is thus always in a state of

becoming (Crompton & Galaway, 1994, as cited in Potgieter, 1998). Hearn (1969) in Potgieter (1998) further argues that a system is structured through the arrangement of its parts in a hierarchy, which means that there are different ranks within the system and that each rank has its own specific tasks, roles and authority. He states that these tasks and roles are shaped by the system's membership in reference groups to which it belongs in the larger system (e.g. racial, religious, gender, and work). Partial care facilities exist as an alternative for the care of children while their parents are away at work or seeking employment. However, because children spend a lot of time at the facility, the facilities do not just provide care for the children but also take on the role of socialization, which is normally a family responsibility.

A partial care facility is a system within a system of child care facilities that is a subsystem of a wider community system. Potgieter asserts that, from this, we can therefore formulate a principle that 'systems are always subsystems of other larger systems but can at the same time be divided into smaller subsystem units'. Systems maintain their wholeness and integrity through the maintenance of permeable boundaries that allow the exchange of information through communication between the system and its environment. A core purpose of eco systems intervention is to promote adaptation between the system and their environment, (Healy, 2005:137).

Ecology refers to the study of organisms which investigates the relationship between living organisms and their environment (Bronfenbrenner (1979) cited in Jack & Jack, 2000:95); Germain (1985) cited in Pramlall (2004:11). The ecological model is defined as a holistic, dynamic interactional systems approach, based on human ecology (Bronfenbrenner (1979) cited in Jack & Jack, 2000:95). Lombard (2000) cited in Pramlall (2004:11) argues that ecology may be described as a science which studies the relationships between organisms and their environment and which describes, analyses and evaluates the

underlying interaction which occurs between organisms and their environment. The ecological model has interacting systems and these are discussed below:

### **2.2.1 Micro-Systems Level**

The immediate settings in which individuals develop are called micro-systems (Jack & Jack 2000:95). According to Fiedelely (1995) in Pramlall (2004), the micro systems level refers to the smallest ecosystem within which the system interacts, as well as the elements of the larger environment. A partial care facility is part of a number of micro systems, for example, the community organizations that the facility is affiliated to; the external organizations that provide monitoring, training and guidance, and government departments that make policies and laws for the facilities. All of these micro systems play a significant role in shaping the functioning of the facility.

### **2.2.2 Meso-Systems**

Interactions between the micro systems constitute a meso-system (Jack & Jack 2000:95). The Meso system does not only look at the nature and quality of relationships, but looks at the interconnections between the relationships. Partial care facilities provide care and educational programmes for children. However, one of the roles of the family is socialization. As a result of the relationships between the family and the facility, the latter also provides socialization as they are all subsystems of the same community system. Bronfenbrenner's theory (1979) argues that the stronger and more varied the links between micro-systems are, the more powerful is the effect on the individual.

### **2.2.3 Exo-Systems**

Exo-systems can be described as one or more settings that do not involve the partial care facility as an active participant but in which events occur that affect or

are affected by what happens in the setting in which the facility exists, Bronfenbrenner (1979) cited in Pramlall (2004:13). Settings that influence a facility, but in which the facility is not directly involved are called exo-systems. The government departments, local and provincial, donors, constitute a facility's exo systems.

#### **2.2.4 Macro-Systems**

The final level of influence, which consists of the cultural and societal environments in which all other systems are embedded, is known as the macro-system (Jack and Jack, 2000:95). Naidoo (2004) cited in Pramlall (2004:13) argues that the macro-system refers to the broader environment, consisting of systems with which facilities do not have a direct interaction, but nonetheless influence them greatly. National and international policies and legislation regulating partial care services, all form part of the facility's macro systems.

### **2.3. Children's Rights Framework**

Children's rights in South Africa derive from the international conventions that the government has signed and from the Constitution of the country as well as South African legislation, as indicated in the macro systems theory. This part of the chapter will focus on the Constitution and Conventions, with specific reference to partial care facilities.

#### **2.3.1. Section 28 of the Constitution of the Republic of South Africa**

Section 28 of the Constitution creates some important basic provisions for children. Of particular relevance to this study is Section 28 (1) (c). Section 28(1) (c) of the Constitution recognizes that every child has a right to basic nutrition, shelter, basic health care and social services. Provision of partial care services

for children addresses these basic rights and needs while children are in the care of people other than their parents.

### **2.3.2. United Nations Convention on the Rights of the Child (1989)**

There are a number of international instruments, which assert the basic rights of children, including the right to childcare. The most important of them is the United Nations Convention on the Rights of the Child (the Convention). South Africa ratified the UN CRC in 1995, reaffirming its faith to fundamental human rights and in the dignity and worth of the person and a determination to promote social progress and better standards of life. By signing the Convention, South Africa committed itself to the realization that children are entitled to special care and assistance; to the recognition that the child, for the development of his/her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. The following articles are relevant to the study of partial care facilities:

Article 3(3) of the CRC requires that:

“State Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision”.

Article 4 of the Convention provides that the State should undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention.

Article 18(3) of the Convention indicates that State Parties shall take appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible. This includes a right to good quality and affordable childcare provision.

Article 27(1) of the Convention places upon the State the responsibility to provide appropriate environment for the child and specifically requires the State

to recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

The signing of the Convention by the South African government indicates a commitment by government to provide legislation for matters affecting children. However, it is the progressive execution of the declarations made through the Convention into local legislation and then into programmes that in due course determines whether indeed the signing of the Convention translates to a better life for children.

### **2.3.3. The African Charter on the Rights and Welfare of the Child (1990)**

The Charter was adopted in 1990 and entered into force in 1999. South Africa ratified the Charter in 2000, asserting the rights of African children. The Charter notes that the situation of most children in Africa remains critical due to the unique factors of their socio-economic, cultural, traditional and developmental circumstances, among other factors. Article 5 (2) requires State Parties to ensure, to the maximum extent possible, the survival, protection and development of the child. Article 11(1) affirms the right of every child to education. Article 11 (2) (a) further states that the education of the child shall be directed to the promotion and development of the child's personality, talents and mental and physical abilities to their fullest potential. This obviously needs to begin in the early years of a child's life. Article 14 of the Charter deals extensively with health and health services for children, an important aspect of child development.

## **2.4. An Overview of Policy and Programme Initiatives in South**

### **Africa**

In the following section, the National Programme of Action for children and the White Paper for Social Welfare as they relate to partial care and ECD will be discussed.

### **2.4.1. The National Programme of Action for Children**

The South African government provides for children under the National Programme of Action (NPA). The National Programme of Action (NPA) is the instrument by which government carries out its commitments to children. It is a mechanism for identifying all plans for children developed by government departments, non-governmental organizations and other child-related structures. ECD is recognized as one of the key roles of the NPA. It also ensures that all these plans join in the framework provided by the Convention on the rights of the Child, the goals of the world Summit for children, and the Reconstruction and Development Programme (NPA, 1996). The NPA integrates the policies and plans developed by government departments and non-governmental organizations to promote the well being of children. These are all macro systems that the partial care facilities do not interact with directly but influence their functioning significantly.

The NPA identifies five policy priority areas for children. These are nutrition; child and maternal health; early childhood development and basic education and social welfare development (family environment, out-of-home care and social security). In the following section, the two policy areas of nutrition and early childhood development are discussed.

#### **(a) Nutrition**

Nutrition is addressed through the Department of Health's Integrated Nutritional Strategy (INP). Within the broader policy context the INP combines direct nutrition interventions such as nutrition, education and micronutrient supplementation with indirect nutrition interventions such as health care and provision of safe and clean water to address the causes of malnutrition. According to the Department of Health, the INP assists communities, groups and individuals affected by malnutrition. Special attention is given to children under 5



years, especially children under 2 years among other groups that need the intervention. Depending on the location of the target group and the nature of the interventions, the INP is implemented at any of the following points of delivery: communities/community sites; households; health facilities and institutions; schools, especially primary schools; care facilities and institutions (Government Communications Information Systems, last updated on 05/04/2005)

According to the South African Year book, 2003/2004 (Government Communications Information Systems last, updated on 05/04/2005), an estimated 5 million children have benefited from the Primary School Nutrition Programme. The South African Congress for Early Childhood Development (SACECD) and the Early Learning resource Unit (ELRU) made submissions to the Portfolio Committee on Social Development on the Children's Bill 70 of 2003 in July 2004. One of their comments about the Primary School Nutrition Programme was that it is inadequate in that it serves the needs of only those children in the Grade R classes attached to primary schools. They argued that an ECD nutrition programme is needed for the vast majority of children who are outside of the existing school based Grade R programmes. They further argued that nutritional support must go beyond ECD at schools and centre based facilities, and also serve the needs of vulnerable children in other ECD outreach programmes such as family programmes. In the province of KwaZulu Natal alone, there are 632 registered ECD sites in KZN, (Ewing 2005:26). But Ewing says there are approximately 6000 sites operating, of which 84 % are community-based or home-based. This would mean that the nutritional support programme benefits only a small fraction of the children who need it.

Biersteker & Newman (2003:3) state that the Department of Health funded nutritional support was to be phased out of all ECD community based sites (ECD Sub-group Discussion for the Children's Paper). The ECD audit found that 7% of sites received this subsidy and only grade R classes in primary schools would receive feeding as part of the Primary School Nutrition Programme. Community

based sites would have a period to get registered and subsidized by the Department of Social Welfare and Population Development. As the majority of children at nutritional risk are not in centre based services, they remain excluded (Biersteker & Newman, 2003:3).

### **(b) Promotion and expansion of ECD**

The National Programme of Action (NPA) maintains that Early Childhood Development (ECD) expansion and promotion is its key priority, including appropriate low-cost family and community based interventions. One of the NPA's goals is to expand universal access to basic education, and achievement of primary education by at least 80% of primary school-age children through formal school, or non-formal education of comparable standards, (NPA 1996:7). The NPA has the following national strategies, through which it plans to achieve its goals:

- Development of policies and standards for curriculum, training, facilities and materials
- Development of subsidies, an information system, and training and other standards for early childhood development
- Education support services including school health, social work and psychological services
- Specialized education
- Monitoring and evaluation of education programmes, NPA (1996:7).

The National Programme of Action (NPA) for Children states that ECD and Learners with Special Education Needs appear to be particularly neglected. While it commends the plans and the progress made by the Department of Education to provide comprehensive ECD programmes, it notes that attention to the under 5 year age group seems to be lacking (National Programme of Action for Children in South Africa, 2001).

#### **2.4.2. The White Paper for Social Welfare (1997)**

The White Paper for Welfare identifies a range of vulnerable groups of children for special attention, including pre-school children from birth to six years; children in out-of-home care and disabled children. The Department of Social Welfare and Population Development has implemented programmes such as the 'Flagship programme' entitled "Developmental Programmes for Unemployed Women and Children under Five Years". The programme targeted unemployed women with children younger than five years and through this programme, several projects for unemployed women were started across the country. The objectives of this project include building women's capacity for economic independence and empowerment, as well as providing developmentally appropriate education for children aged 0-5 years. The programme provides access to ECD opportunities. Children are either placed in an existing ECD centre or are cared for by trained women at the project site. Funding was made available for pilot programmes within each of the nine provinces that met the criteria. In the nine provinces, 1 448 women participated. In seven provinces (two unavailable), the programme reached 1 323 children (A Report on the State on the Nation's Children, 2001).

The literature which will be discussed in this Chapter, points to the fact that there are still inequalities in provision of partial care services and ECD in South Africa. Children from rural areas and informal settlements are particularly deprived. The country has also come from a history of much disintegrated services for children. However, efforts are being made to standardize services so that all the children can benefit. This will take some time and some working together by different stakeholders, such as government, the non-governmental sector and the communities at large, to strengthen the existing initiatives.

## **2.5. Legislative Framework**

The child's rights to care, education, and health are enshrined in the Constitution of the Republic of South Africa as the main instrument that governs and promotes children's rights. The Constitution is then supported by national laws that deal specifically and in detail on children's matters. The Statute that currently governs matters relating to children in South Africa is the Child Care Act 74 of 1983. However, this Statute as it stands is inadequate as it does not cover a range of issues, for example, Early Childhood Development. In 1997, the South African Law Commission was tasked with the duty of reviewing the Child Care Act. A Children's Bill has been proposed to replace Act 74 of 1983 and is in the process of being signed and enacted as law.

The Children's Bill has been divided into two Bills: a Section 75 Bill and a Section 76 Bill. At the time of the writing of this report, the Section 75 Bill was passed by the National Council of Provinces (NCOP). Once the section 75 Bill has been signed by the President, the costing process completed and the regulations drafted the Bill will become an Act. The Section 76 Bill will then be tabled in Parliament. Both partial care and early childhood development are in the section 76 Bill.

With the Bill not law as yet, it means that all matters relating to partial care facilities are governed by the Child Care Act and that the Bill is just the proposed law at this stage. In the following sections the provisions in the Child Care Act will be discussed and then the proposals in the Children's Bill.

### 2.5.1. The Child Care Act no 74 of 1983 and the Children's Bill 70 of 2003

This Act defines a 'place of care' as:

"any building or premises maintained or used, whether for profit or otherwise, for the reception, protection and temporary or partial care of more than six children apart from their parents, but does not include any boarding school, school hostel or any establishment which is maintained or used mainly for the tuition or training of children and which is controlled by or which has been registered or approved by the State, including a provincial administration".

This definition tries to combine the concepts of temporary full-time care and partial care of children and thus takes under its wing such facilities as day-care and after-school centres and places of safety and shelters. Zaal (2001:) asserts that it is confusing to try and combine the notion of full time, temporary care with the very different situation of partial care. Zaal (2001:212) supports the South African Law Commission's proposed use of the concept of 'partial care'. He argues that "care provided is partial in the sense that it alternates with that directly provided by parents or other custodians."

As has already been noted, the concept 'partial care' is proposed in the Children's Bill 70 of 2003. Matthias and Zaal, (2003:479) maintain that partial care as conceived in the Bill covers services provided for children at crèches, nursery schools, day-care centres, pre-schools, play groups and privately run after-school centres. They maintain that the definition of partial care in the Bill is broad enough to cover some forms of overnight care and they also argue that the proposed definition would allow for the differentiation of temporary care facilities that contract with parents or other private care caregivers. This would therefore allow for better-directed regulation of such facilities that is not currently possible under the vague definitional provisions in the Child Care Act, as discussed above. The Children's Bill introduces a major difference with child care facilities in that it has a holistic approach to child care, child care facilities and ECD.

In relation to Early Childhood Education, the Child Care Act does not include any legal provisions. The Children's Bill will fill a gap in current legislation by including legal provisions on Early Childhood Development (ECD).

## **2.6. Registration Requirements**

Section 30 of the Child Care Act of 1983; deals with registration of places of care. Section 30 (2) states that "no child may be received in any place of care (other than a place of care maintained and controlled by the State) unless that place of care has been registered under this section, or otherwise in accordance with the conditions on which that place of care has been so registered". Section 30 (3); further deals with the process of application for registration. The application is to be made to the Director-General who may require information in connection with the applicant concerned or the proposed place of care.

### **2.6.1. The Current Process of Registration of Child Care Facilities**

Registration is a legal requirement for any facility that cares for more than six children, apart from their parents. The registration is dealt with by the provincial departments of Social Welfare and Population Development. The current registration process is detailed in the Guidelines for day care (Department of Social Development, 2001:35-37) as follows:

*"a person intending to establish an ECD facility has to contact the social worker at the district office in the region to arrange for an interview. The social worker will provide the applicant with an application form and any other relevant documents to use as guidelines. The following documents, attached to the application form has (sic) to be completed by the applicant:*

- *Menu*
- *Daily programme*
- *Needs assessment form*

*The applicant has to submit a copy of:*

- *A lease agreement*
- *The staff recruitment criteria*
- *The grievance and disciplinary procedures to be implemented".*

No incomplete forms will be accepted. All documents required are to be submitted with the application form. Upon receipt of the properly completed application form and all relevant documents, the social worker does the following:

- Completes a checklist
- Visits the premises
- Completes the needs assessment form to determine the need in the community
- Informs the environmental health officer per letter of the application, who must do an environmental inspection of the facility
- Informs other relevant stakeholders per letter, i.e. fire department, building inspectorate

Upon receipt of the health clearance certificate and/ or other reports, the social worker does the following:

- Completes the checklist- if satisfactory, issues a provisional registration certificate (valid for 3 months)

The following conditions need to be met:

- Administrative and financial systems to be satisfactory
- Services provided to the children in terms of physical, emotional, intellectual and social care to be satisfactory
- The condition of the centre to be satisfactory
- The general functioning of the centre to be satisfactory

If not satisfactory, the social worker will continue to consult, advise, empower, build capacity and review the facility. The social worker will monitor the centre for 3 months and does an assessment of the services offered by the centre, including:

- The general care of the children
- Administrative systems
- Financial systems

If satisfactory, a full registration is issued (valid for two years). If not satisfactory, either extended provisional certificate or shut down. Application for subsidization can now be made. The centre is monitored by the social worker for two years. A developmental quality assurance assessment is done and the registration certificate is renewed or withdrawn.

It is hard to imagine that in reality facilities, especially from the previously disadvantaged groups and communities can achieve these standards required for registration. This would therefore create a situation where people who otherwise would be in a position to operate facilities would be discouraged from doing so, because of the very high and unattainable standards imposed on them. Another limitation of the registration process is that it has no time frame.

### **2.6.2. Challenges with the Current Process of Registration**

The process of registration of facilities is currently very cumbersome. The application is made through the provincial department of Social Welfare and Population Development. Regulation 30(2) of the Child Care Act 74 of 1983 provides that an application for registration must be accompanied by a certificate issued by the local authority to the effect that the building(s) complies with all structural and health requirements of the local authority and a certificate issued by the Director General: Social Development confirming that a needs assessment supports the need for the resource in the community. The various departments in the Local Authority that are involved include the Department of Health, the Fire department, Town Planning and Building Inspectorate, who carry out inspections of the facility to see if the requirements are met, (SALC 2001:692).

However, the role of local authorities has been criticized in that it leads to duplication and fragmentation of services. The applicants have to satisfy several different authorities and this is burdensome. The requirements for successfully



registering a place of care are administratively onerous and vary considerably in different parts of the country according to the different local authority by-laws, (SALC 2001:692).

In addition, some ECD service providers have to register as Non-Profit Organization (NPO) as well. There is a general feeling that the requirements for registration are unachievable. For example, one of the criteria is the minimum building standards for places of care. The challenge with this criterion is that many local authorities apply first- world building regulations with which impoverished communities cannot comply, e.g. requirements for child-sized toilets (even if the children concerned have no toilets of any kind in their own homes, ideal amounts of floor space per child etc. (SALC 2001:691). Local Authorities also do not have a time frame within which to provide the clearance certificate and, as a result, applicants wanting to register are usually kept waiting unnecessarily.

The following is an example of the challenges the facilitators are faced with regarding registration of the facilities. The description also demonstrates how the registration affects other aspects of the running of facilities. It was submitted as part of the submissions made on the Children's Bill in July 2004 by Nomsa Manxiwq (sic) Nquza, a principal of a childcare centre (Qhamani Educare) in Brown's Farm, in Phillips summed up some of the main problems that face the facilities:

*"I want to talk about registration, especially the department of social services (sic). They are supposed to be helping us before anything else, before the fundraising. But their registration is too slow. They need so many things before they take us to registration. They take time to do that. I think if they can make a better plan than they do now, it will be fine for us and the children too. Even now we don't have groceries to cook for children, because of their registration problems. Last year we filled the forms and we received the certificate last year late (sic). So we thought early this year we're supposed to get funding for the children, maybe in April or May. But until now we didn't hear anything".*

The extract was taken from submissions made for the discussions on the Children's Bill to the Children's Institute in Cape Town (<http://web.uct.ac.za/depts./ci>). The submissions for discussions on the Children's Bill were made in July 2004.

The above sentiments give an indication of some of the concerns and problems experienced by those providing childcare services. It highlights the problems with the process of registration of the facilities, the problems with the processing of applying for and receiving funding when the registration has been complied with and completed, as well as funding when it has already been approved. It indicates that the facilities are often run with less funds and limited resources than they ought to be. It also gives the impression that the facilities are sometimes left in the dark about whether and when they would receive the necessary funds to run them. This could mean that the quality of care given to the children is compromised.

The South African Law Commission (2001:697) recommended that the existing registration system be replaced with a licensing system where groups of more than six children are involved and that regular inspection and monitoring of partial care facilities be carried out. Licensing is a system which requires official approval if a person is to undertake a particular occupation. A licensing authority sets standards and is required to evaluate an applicant's suitability before granting a license. The license may be withdrawn if the required standards are not maintained SALC, (2001:697-699). Licensing offers a mechanism by which:

- Standards may be set before a person or agency is authorized to provide child care
- Adherence to required standards can be regularly monitored
- Those who fail to meet these standards can be compelled to do so or be excluded from provision of partial care SALC, (2001:697)

This would assist facilitators in building their facilities up to at least the point where they meet minimum standards required while being monitored. This

process would help identify facilities with capacity to be developed further. The Nationwide Audit of ECD provisioning in South Africa (2001:16) states that provisioning for historically disadvantaged and/ or at risk (due to factors such as poverty, ill-health, lack of family support and violence) children under five years of age will emerge out of a strong collaboration between the Departments of Education, Health, Social Development, Local Government and others.

## **2.7. Funding**

The issue of funding for ECD and in particular child care facilities is a contentious one. According to the 2001 Department of Social Development Guidelines for Day Care, Step 5 of the procedure of registering a place of care states that if the social worker finds the application satisfactory at this stage, a full registration certificate is issued. Once the certificate has been issued, the facility is ready to apply for subsidization. However, from the information received from Ms Dlamini, a social worker from the Department of Social Welfare and Population Development, this funding is subject to availability (telephonic interview 08/11/2005).

The Department of Education provides funding for the school attached Grade R as much as possible. The facilities that are not guaranteed funding are the ones operating outside of the Grade R structure. As a result, there is not much data available about the funding of these facilities. The submissions made by Nomsa Manxiwq (sic) Nquza, (an educare principal) for the Children's Bill (<http://web.uct.ac.za/depts./ci>) suggest the following challenges with funding: That facilities are provided with money for specific purposes but the facilities end up using it for different purposes, which seem more urgent at the time the funding becomes accessible to them. For example, the funding could be for subsidizing educators, buying equipment for the facilities, but most of it will end up being spent on buying food for the children. The funding from the Department of Education is reportedly paid quarterly, which creates problems with the

management of the funds, as the facility usually has no money until this quarterly funding is paid. This would then create the situation where the money is spent on other expenses of the facility rather than what it was intended for. Information that alludes to this is contained in the submissions made.

The system Ms Nquza describes interferes directly with the running of her centre and it interferes with managerial issues in her centre. At least she does receive the funding, amid all the problems. One can only imagine how intimidating and discouraging the application must be for the practitioners who have not even had their registration approved by the departments. The call to have the departments of Social Development and Education working together to simplify the processes cannot go unnoticed.

Nationally, the per capita spending on ECD in 2003/2004 was approximately R390, compared to per capita spending in public schools of about R4243. The average per capita spending in public schools is 11 times higher than the investment in ECD, (Wildeman & Nomdo, 2004: 6). Wildeman & Nomdo assert that the per capita spending on ECD compared to public schools is frighteningly small. In KwaZulu-Natal and Limpopo, the average per capita spending is 39 and 40 times higher than the investment in ECD services.

The Education White Paper 5 on Early Childhood Education (2001) proposes a national reception year that comprises three different types of provision. There will be reception year programmes at primary schools, within community based sites, and through the independent provision of reception year services. Provincial education departments have funding responsibility for the first two while private providers take responsibility for the independent component. Public primary schools will be compensated by the provincial education departments through the provision of "grant-in-aid" that would be directly paid to school governing bodies. This money would be specified in per learner terms to enhance the efficiency of the use of scarce State resources.

Through this allocation, school governing bodies become the employer of the ECD practitioner and also accept responsibility for the overall management of reception year classes. Grants-in aid are poverty targeted and would follow the school funding norms in its skewing of per capita subsidies to the poorest schools and sites. ECD facilities were funded by private donors in the past. However, even this funding was only accessible to few facilities that are now in a better financial position and hence provide more quality services. For the rest of the facilities, government funding is still an urgent need. Funding can be provided in various ways to ensure the quality of ECD that children receive. These can take the form of funding of programmes for children, funding of training, and provision of nutrition for children.

## **2.8. Training of Personnel**

Training of personnel who care for children has a history of being provided by non-governmental organizations. Based on the nationwide audit of ECD provisioning in 2001, Idasa estimated that in the Eastern Cape, nearly 73% of practitioners were NGO trained, while approximately 41% of practitioners in the Western Cape were NGO trained, (Ewing 2005:24). The Director of Training and Resources for Early Education (TREE) estimates NGO trained practitioners to be at around 85%. TREE trains around 1000 Early Childhood development practitioners from around 1000 ECD sites in KwaZulu-Natal and the Eastern Cape annually, (cited in Ewing, 2005:26). The new qualification structure of the South African Qualifications Authority (SAQA) allows for practitioners trained for NGOs to have their qualifications officially upgraded, (Ewing 2005:24). The smallest percentage of ECD practitioners are considered "qualified." Gauteng has the highest number of qualified practitioners (16.2%), followed by Western Cape (13.4%) and Northern Cape (11.2 %). Eastern Cape has 7% qualified practitioners (Wildeman & Nomdo 2004:4).

## **2.9. Early Childhood Development in South Africa**

Early childhood development (ECD) refers to a comprehensive approach to policies and programmes for children from birth to nine years of age with the active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential (Education White Paper 5 on Early Childhood Development, 2001). While ECD addresses children from birth to the age of nine, it is important to note that this research study is focused on the age group birth to seven years. The term ECD conveys the importance of a holistic approach to child development. ECD provision has been and remains largely under funded. Most existing ECD facilities are run by welfare organizations, NGO's, community based organizations, and private providers. Due to lack of resources, the quality of much of the services is less than optimal as many of the facilities have no equipment, educators are untrained and conditions are sometimes unhygienic, (South African Law Commission, 2001:664). The lack of ECD services has fuelled a practice of allowing underage enrolments at primary schools. This practice has become widespread because access to ECD is limited. The South African Law Commission (2001:666) states that in general, the country's legal coverage of ECD services is inadequate.

### **2.9.1. The importance of Early Childhood Development**

According to the Education White Paper 5 (2001:6), the early years of a child are critical for acquisition of the concepts, skills and attitudes that lay the foundation for life long learning. These include acquisition of language; perception-motor skills required for learning to read and write; basic numeracy concepts and skills, problem solving skills and a love for learning. With quality ECD provision in South Africa, educational efficiency would improve, as children would acquire the basic concepts, skills and attitudes required for successful learning and development prior to or shortly after entering the system, thus reducing their

chances of failure. The system would also be freed of under age and under-prepared learners, who have proven to be the most at risk in terms of failure and drop out. Provision of ECD services of a good quality are supported by meso system of the ecological perspective, which looks at the nature and quality of relationships, as well as interconnections between the relationships.

### **2.9.2. The state of ECD in South Africa**

The Department of Education's nationwide audit indicates that the problem of ECD in South Africa is that of access and equity. South Africa does not have a uniform legislated system of partial care and ECD provision. Children in poverty stricken rural areas and informal settlements enjoy fewer services than their counterparts in the urban areas. The audit of ECD provisioning in South Africa (2001) conducted by the Department of Education revealed inequalities in the provision of ECD services in South Africa. It confirmed the longer lasting effects of the apartheid government's policy of racial discrimination in ECD provision for birth to 5 years olds. Tabata, (2000:13) also found that inadequate services exist for children in the category of 0-3 years and those with disabilities.

The White Paper on ECD acknowledges 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. Of the children from birth to nine years who qualify for provision of ECD, almost 82% of ECD services provide such services to children between 3 and 5 years of age. Children in the age group 6 to 9 years are provided for in primary school education. The audit indicates challenges in the status of ECD provision in the country. Some of the challenges include the issue of access and inequity, with African children having the least access to ECD services.

The nationwide audit notes that racial inequalities are still evident. Children on farms are shown to be the worst off while rural children generally are the most

likely to suffer exclusion from early childhood development, stunted physical growth and lags in emotional and cognitive development (White Paper 5 on ECD, 2001). The audit however acknowledges that segregation is being diffused by the emergence of a small number (less than 10%) of ECD sites which accommodate children from a variety of population groups. However, the inequitable divisions in wealth distribution are self evident (White Paper 5, 2001:2).

The audit indicated the distribution across types of ECD provision for the audited ECD sites with community based higher at 49%, followed by home-based at 34% and school-based at 17%. Half of the enrolled children were in the age group of 5 to 6 years, and most of the remainder was younger than 5 years. Two percent were seven years or older and just over 1% had some form of disability. Thirty-one percent of the overall children with disabilities were 7 years and older. The audit also showed that since approximately 75% of ECD provision is fee-based, the financial burden for ECD falls disproportionately on the poor. The audit further indicates that children with disabilities constituted only about 5.9% of the target population of disabled people and 9.4% of the ages of 1 and 5. Children with disabilities are for the most part, not provided for either in the mainstream or within specialized services.

Focusing on the province of KwaZulu-Natal, the nationwide audit found that ECD facilities in KwaZulu-Natal are much less well resourced. They also received less support from their constituencies. The audit found that the province has a weak resource base, with a 'below the average' educator rating. However, the audit also found that the nature of educational activities being conducted at these facilities is inline with national averages.

According to the 1997 White Paper for Welfare, preschool children from birth to 36 months old and in the three to six year age group are regarded as particularly vulnerable. The White Paper for Welfare reported that in 1997 there was an estimated 9 947 000 children up to the age of nine years who were in need of



early childhood development services. Statistically, the White Paper for Welfare reported that children under the age of six constituted 13% of the total South African population with two thirds living in rural areas. It also stated that about 60% of children of preschool age lived in impoverished circumstances. The extent of child poverty in South Africa is supported by Cassiem & Streak (2001:23). Cassiem & Streak state that research suggests that when income poverty is defined in the absolute sense- as a situation in which a child does not have the income needed to meet his or her basic needs- the child poverty rate in South Africa is even higher, about 70%.

### **2.9.3. Government's approach to dealing with ECD**

The three main government departments responsible for service provision for young children are the Departments of Education, Health, and Social Development. The policies of these departments have many common strands including:

- recognition of the preventive value of good services for the youngest most vulnerable children;
- recognition of multiple approaches including direct services and services targeted at parents, families and communities;
- focus on most at risk, poorest, those with disabilities;
- commitment to integrate service delivery and optimal use of existing resources and services;
- concern for quality assurance / standards

While South Africa has a history of inequalities in the provision of resources, the government of the day has prioritized ECD in many policies and programmes over the years. (A Report on the State of the Nation's Children, 2001). The Department of Social Development registers and subsidizes ECD providers that offer services to children who are not in Grade R (South African Congress for Early Childhood development, and Early Learning Resource Unit, July 2004).

The Department has also started 'Flagship initiatives' that target unemployed women with children under the age of five. The Department of Social Development has prepared Draft Guidelines for day care and Chapter III of the Guidelines provides for minimum standards for ECD services. The Department of Health provides nutrition through the Integrated Nutrition Programme.

#### **2.9.4. ECD provision in the Department of Education**

The Education White Paper 5 (2001) on ECD identifies two main categories of ECD services, and it maintains these are fragmented and characterized by duplication. Those are public and independent. Public ECD institutions are funded by provincial departments of education and consist of pre-primary schools that provide ECD services and programmes for children aged 3-5years. A much greater variety of ECD services exist in the category of independent ECD institutions, (Department of Education, 2001). These institutions are funded through parents' fees, community fundraising and /or donations of material, with some or no financial support from government. Independent ECD provision includes:

- The reception Year (Grade R) at independent schools
- The Reception Year (Grade R) attached to public schools, but managed by the school governing body and operated by a private individual or the community
- Independent pre-primary schools that provide for children from 3-5 years of age
- Privately operated or community run crèches or nursery schools that provide for children from birth to 5 years
- Home-based provision for children from birth to 5 years.

The department of Education maintains that, of the ECD programmes that exist for birth to 5year olds, almost 82% of ECD services provide such services to children between 3and 5 years of age. This indicates a gap in the provision of

ECD services and programmes to children from birth to two years, the most critical stage in terms of children's growth and development.

## **2.10. Innovative ECD Programmes**

In this section, pre-school programmes that were implemented as a pilot project by the Gauteng Department of Education and the lessons learnt from those programmes will be discussed.

### **2.10.1 Impilo Pre-School Projects**

In 1997, the Department of Education launched a national ECD pilot project and published its third and last series of reports in 2001. A feature of the pilot project was that it utilized existing community based pre-school projects to offer the reception year programme, and NGOs to train teachers. As part of the pilot project, children and families who live in extreme poverty were targeted. The project explored ways of supporting the needs of young children, their families and ECD educators through multi-functional centres.

Examples of these programmes are the ECD programmes formed under Impilo. Impilo is a series of linked pilot activities initiated by the Gauteng Department of Education as a pilot project in 1997 to develop and test new multi-service approaches to ECD provisioning through cycles of action and reflection. The project had an emphasis on partnership between different departments such as Social Development and Health, as well as the non-governmental community. The Impilo project had three linked ECD projects that were funded and monitored. These projects in turn engaged a number of ECD programmes in their areas as pilot sites. The three projects drew their target sites from different communities. For example; the Kathorus Regional Pilot Project had a family-based ECD project that developed and tested a model for registering, resourcing and monitoring small family-based ECD services, which meant that it would deal

with close knit families and community and build capacity for caregivers and ECD practitioners under those circumstances.

The Inner City/Joubert Park Project targeted children of mainly street vendors working in the city. The projects basically targeted children made vulnerable by different circumstances. ECD practitioners received training during the process of this pilot project, which lasted for three years. The projects were based on the integration of key messages to families, communities and the ECD sector about children's basic and developmental needs and the importance of partnerships in meeting these needs.

The project had some important findings about how ECD should be taken forward. Some of these findings included:

- An intersectoral initiative supporting early identification and intervention for children with barriers to learning and development
- Establishing links between the Department of Health and Education through the Integrated Management of Childhood Illness pilot to promote health seeking behavior
- Taking forward the initiative to support food security and poverty alleviation
- Taking forward other intersectoral initiatives, such as Child Protection, HIV/AIDS training
- And creating an intersectoral safety net to support families in deep poverty (Impilo: an holistic approach to early childhood development)

The conclusions drawn from Impilo included: the need for flexible models of ECD provisioning and the need for intersectoral, 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.

The above recommendations are tremendous, if they are followed through and that those departments and stakeholders involved in ECD actually carry these initiatives through. The initiatives should also be provided with funding and training of practitioners and must be monitored. It is also of importance to note that while the projects that have just been discussed above were innovative and had a wide scope for defining 'vulnerable children' and families, they were run in urban and semi-urban areas. This may be due to the fact that they were run in the Gauteng Province. However, ECD programmes need to be extended to fit children in rural areas and informal settlements and accommodate experiences of children and caregivers from these areas. Otherwise policies that are later developed through these programmes are not formulated in consultation with rural communities and may not reflect their needs.

## **2.11. International comparisons: Child Care and ECD Provision**

This section provides an outline of child care provisions in other countries. Child care in the Organization for Economic Cooperation Development (OECD) countries is discussed and two systems within the OECD, the English system and pre-school in Turkey are discussed in more detail.

### **2.11.1. ECD and child care in OECD countries**

OECD countries are member countries of the Organization for Economic Cooperation and Development. These countries have early childhood education and care (ECEC) policies and programmes that include a wide range of part-day and full day programmes under education, health, and social welfare auspices, funded and delivered in a variety of ways in both the public and private sectors. The programmes include pre-schools or pre-primary schools (kindergartens, pre-kindergartens, and nursery schools), childcare or day care centres, family –type day care homes (both regulated and unregulated), before and after school programs, publicly subsidized care provided within a child's own home, and

family support programmes (child centered, family focused neighborhood-based programs offering a cluster of services to families with very young children (Kamerman, 2000:8).

The dominant European pattern is one in which the programmes serving 2 or 3 to 5 or 6 year olds are under educational auspices while the younger children are cared for under health or welfare auspices, (Kamerman 2000:11). One major pre-school model of ECEC programmes is that of publicly funded pre-school, administered under Ministries of Education and delivered under education auspices. Pre-school facilities may be situated next to or even in a primary school, but often are free standing. The programmes are free for the standard school day which usually covers 7 or 8 hours, and have supplementary services available before and after school hours, at lunchtime, and during school holidays for parents who have a longer work day and younger children in need of care and supervision, (Kamerman 2000:22). Parents pay for the supplementary services at income related fees. The programmes are universal, and available to all children regardless of parents' income or employment status. The programmes were initially established as educational programmes, but are increasingly stressing on socialization, and enhancing child development generally as well as cognitive stimulation and preparation for primary school.

Most ECEC programmes are delivered in centers or special facilities, sometimes in or near primary schools that are designed to provide appropriate physical environments for young children, usually with outdoors. In OECD countries, with the exception of Sweden, Spain and Italy, very young children, under three years are as likely to be cared for at home as in the a center, particularly if it is a publicly supervised and regulated home. France and the US provide a partial subsidy for in-own home care through a special cash benefit and tax benefit, respectively (Kamerman 2000:130). Governments expand the supply of ECEC places by funding and operating more such programmes or by increasing subsidies they offer providers. Either local government agencies operate

programmes, as in the Nordic countries, or greater public subsidies are provided to religious organizations or voluntary organizations to expand provision as, for example, in France, Italy, Spain, Germany and the US. Provider subsidies are the dominant strategy by which governments fund these programmes. The US, Canada and Britain use the tax system to subsidize parents who purchase services and compensate some of the ECEC costs. France provides extensive cash benefits as well as tax benefits to compensate the costs of in-home and family day care to working parents. The benefits compensate the social security contributions that parents must pay as employers and their caregivers owe as employees.

The discussion above shows commitments of the OECD governments to the provision of childcare. This is demonstrated in the availability of alternatives in the provision of programmes as well as incentives for providers and parents.

#### **2.11.1.1 The English system**

In England, Part III of the Children's Act of 1989 makes provisions for local authority support for children and families. Section 18 of the Children's Act, deals with provision of day care for pre-school and other children. It requires local authorities to provide day care for children in need within their area who are five years or under and not yet attending school, as is appropriate. The Act further states in Section 18 (2) that a local authority may provide day care for children within their area who satisfy the above conditions even though they are not in need. Section 18 (3) requires local authorities to provide facilities (including training, advice, guidance and counseling) for those caring for children in day care; or who at any time accompany such children while they are in day care. Day care means any form of care or supervised activity provided for children during the day (whether or not it is provided on a regular basis). Supervised activity means an activity supervised by a responsible person.

From the above, it is clear that the English system requires the local authorities to take more responsibility for children in their jurisdiction. It also provides them with more discretion to take action. As Matthias & Zaal (2002) rightly point out, in terms of section 18 of the Children's Act 1989, English local authorities are obliged to provide day care services for a specified subcategory of disabled children. These disabled children are those whose health or development is likely to be significantly impaired if they do not receive such services. For such disabled children who especially need day care services, these include day care for pre-scholars, and after-school and holiday care for school-going children. For other children who do not need day care services because of health, development and disability problems, a local authority may choose to provide day care (Matthias & Zaal 2002).

#### **2.11.1.2. Pre school education in Turkey**

Pre-school education is described as an educational process for children aged 0-6 years. This process is suited to these children's developmental level and individualities, provides rich stimulating environments, supports physical, mental, emotional and social development, guides the learning of cultural values, prepares for elementary schooling and is considered a part of the integrated whole of the education process. The age groups of children who attend pre-school education institutions generally called crèches are 0-36 months, kindergarten 37-60 months, and infant school 61-72 months, (Kapci & Guler 1999). The pre-school education institutions may be divided into private and state institutions. Private pre-school institutions may be established only when regulations and conditions relating to the person who intends to open the institutions, the staff who are to be employed in the institution and the physical conditions of the building are met. State pre-school institutions, on the other hand, again have to satisfy similar conditions but may be opened by any kind of state establishment and or institution. To increase the attendance rate and to extend this service to every part of the community, the country allowed every



existing primary school to have infant classes depending on the school's size: infant classes are added to every new school project.

The case of Turkey is such that the State provides educational services for its children, right from birth and there is an effort to ensure that attendance is at maximum by introducing infant classes in every new school project. South Africa has introduced Reception year in primary schools through the Grade R. However, even that has not reached all the children it should reach. It will take some time before it does reach all the children who need it, especially given that the Reception year has not been introduced to all the independent facilities. The idea of introducing the Reception year in all new school projects so that the youngest of our country are in programmes, while measures are being put in place to deal with the rest of the children that have been left out might work for South Africa.

In Turkey, child-minder education programmes have also been started. The aim of these programmes is to enable unemployed women with lower incomes to become a child-minder. In turn, these child-minders look after the children of the working mothers who again have lower income, but their children then have cheap and high quality care. This study has shown that unemployed women take on the responsibility of being child minders for other parents who are either employed or seeking employment. The idea of training those child minders instead of waiting for them to be registered before training them and assisting would help facilitate high quality of care for the children while the carers make employment out of caring for these children. This in turn would encourage the carers to work towards having registered facilities without feeling intimidated as is currently the case to be discussed in the next chapter.

## **2.12. Conclusion**

The available literature indicates that South Africa has a history of minimal provision of partial care and ECD for children, especially the youngest children. It

also indicates inequalities along race in service provisions with African children and children from rural areas and the farms receiving the least. The literature has also indicated a lack of coordination in services between the departments, and between departments and civil society which has been the main provider of ECD. It points to a lack of funds directed for provision of childcare services.

The South African government has prioritized ECD in policies and programmes through various departments. Programmes focusing on children have also been developed and various departments have allocations for children in their budgets. It is evident from the literature, however, that ECD functions of all government departments need to be coordinated and integrated, uniform training standards be developed and ECD services be equally subsidized. The Department of Education's White Paper 5: Early Childhood Development (2001) has recommended wide ranging and intersectoral responses in order to increase access to ECD services, correcting existing imbalances in ECD provision, improve the quality of ECD services and plan and deliver ECD services in a coordinated way. The proposed policy priority of White Paper 5 however is limited to implementation of primary school Reception Year (Grade R) for six year olds, based in public primary schools and a small community-based component (South African Law Commission, 2001:667). Services do however need to be extended to home based facilities as well.

## CHAPTER 3

### DATA PRESENTATION AND ANALYSIS

#### 3.1. Introduction

In this chapter, the analysis and discussion of findings are presented. In-depth interviews and observations were used as the methods of data collection. The chapter begins with a contextual background of Cato Manor, the community where the data was collected. The findings of the interviews are then discussed, beginning with the description of the facilities. For the purpose of the analysis and discussion all twelve facilities included in this study have been divided into three categories. These categories are discussed in detail in section 3.4. Observations made during the interviews are also filtered through the discussions.

#### 3.2. Description of Cato Manor

Cato Manor is situated within the boundaries of the Durban Metropolitan area and is home to about 93 000 people, with a future population estimated to be 170 000 ([www.cmda.co.za](http://www.cmda.co.za)). It is an area that suffered greatly under the apartheid government's policy of forced removal of squatters. In the mid-1980's, the then House of Delegates in keeping with apartheid policies initiated low and middle income housing estates for Indians in the Bonela and Wiggins areas of Cato Manor. The provision of racially exclusive housing for Indians sowed the seeds for racial conflict in the early 1990s, leading to housing invasions by Africans from neighboring squatter settlements and Chesterville.

During the transition period to democracy (1990-1994), Cato Manor experienced major turmoil due to political infighting from different factions, struggle for space from new invaders, different factions laying claims of entitlement to space, resistance from neighboring white communities to squatters on their residential

borders and political uncertainty relating to development of the area (Gigaba and Maharaj as cited in Khan and Maharaj, 1998:203). In 1991, the Durban Functional Region Economic Development Initiative, code named 'Operational Jumpstart', highlighted the possible positive effects the development of Cato Manor would have on the City of Durban (Maharaj and Ramballi, cited in Khan & Maharaj 1998). The Greater Cato Manor Development Forum (GCMDF) was formed out of discussions by different political groups, local government, provincial and central government. The purpose of the GCMDF was to guide and advice on the development of Cato Manor (Lundberg and Wiese 1996, cited in Khan and Maharaj 1998:203). Difficulties arose within the GCMDF when it was realized that advice and guidance based on the principles agreed on by this forum was not adequate for the development of Cato Manor. The Cato Manor Development Association (CMDA) was formed after much deliberation on the type of organization needed to be entrusted with the development of Cato Manor along non-racial principles. It was formed in March 1993 and registered as a Section 21 company not for gain, enjoying legal entity and the status of a non-governmental organization (Robinson and Smit 1994, cited by Khan and Maharaj 1998:204).

In November 1994, Cato Manor was recognized as a Special Presidential Project in the Urban Renewal category of the Reconstruction and Development Programme (RDP). All stakeholders who were initially involved in setting up the GCMDF were included in the CMDA and the vision expounded by the Forum was adopted by the Association.

The Cato Manor area in which the research was conducted includes Wiggins, Cato Crest, and Dunbar Road. However, it should be noted that the Greater Cato Manor area also includes Bonela, Chesterville and Nsimbini. Cato Crest is an area abutting the previously white residential suburb of Cato Manor. It is mainly a shack area which experienced a wave of settlement with many of its residents settling there to escape the political conflict of the peripheries. Wiggins had a

nucleus of a community whose origins date back to the removals of the 1960s. The growth in squatting in Wiggins has been on a lesser scale than in Cato Crest. The numbers of people in the area began to swell only in the late 1980s due to an influx of settlers. Another area of Cato Manor, Dunbar Road is the most recently formed shack area which took its name from the road running east to west through the middle of Wiggins and Bonela. The invasion of Dunbar Road took place in mid- 1994, in the run up to South Africa's first democratic national elections. While very little is known about the circumstances under which the invasion in the area took place, it appears to have been well organized, certainly in contrast to the previous settlements in Cato Manor.

It is in this context that Cato Manor has developed and grown. It is also within the same context that the child care facilities that are the subject of this research have been established.

### **3.3. The Role of the Cato Manor Development Association**

The Cato Manor Development Association (CMDA) secured substantial funding from the European Union, local, provincial and central government, as well as other funding agencies. R380 million in public sector funding has been invested in the project ([www.cmda.co.za](http://www.cmda.co.za)). The area has therefore undergone some major developments, in terms of housing, infrastructure, community facilities like schools, community multi-purpose centres and other facilities and municipal services. From a personal observation of the area, Cato Crest has received the least development as compared to Wiggins and Dunbar. It is the area that still has more shacks and fewer infrastructures, like roads, electricity and water.

The development of social facilities in Cato Manor was implemented by the CMDA through the Cato Manor Development Programme (CMDP). Over time, the context in which the CMDA operated changed, and it was decided to incorporate the CMDP into the Municipality and to unbundled the CMDA by 2003,

or soon thereafter. Completed facilities were handed over to line departments within the Municipality and the provincial government, which are responsible for ongoing facility management and upkeep (CMDA Annual Report, 2002 [www.cmda.co.za](http://www.cmda.co.za)).

The development of pre-school facilities formed part of the social infrastructure projects. Khan and Maharaj (1998:210) cite the 1996 CMDA annual reports as having a plan to provide 16 pre-schools. However, in the 2002 CMDA Annual Report, 8 child care facilities for 150 children per facility were reported as having been provided or in the process of being provided. This would mean that CMDA built less child care facilities than it had anticipated or planned to provide. The sample for this study was chosen from the Wiggins, Dunbar and Cato Crest areas of the Greater Cato Manor area. One facility declined the interview with the reason that they are not interested because they believe research does not produce any results for them.

### 3.4. Description of the partial care facilities

A total of 12 facilities were included in the study. For the purposes of analysis the facilities have been categorized as informal and formal facilities. The informal facilities are further broken down into two categories, as explained below. Facilities 1-3 represent informal Category A facilities, Facilities 4-6 are referred to as informal Category B facilities, while facilities 7 to 12 represent formal facilities.

**Table 3.1. Types of facilities**

<b>Informal Category A</b>	<b>Informal Category B</b>	<b>Formal</b>
No. 1 – No. 3	No. 4 - No. 6	No. 7- No. 12

### **3.4.1. Informal facilities**

Six facilities have been categorized as informal because they operate from the homes of the owners of the facility. Five of them were established by women and one facility (number 4) was established by a church, the Emmanuel Ministry. The latter functions from the property of the owner who is also a priest of the church and is male, but a female facilitator is employed. The facility and the church are both on his property, right next to his house.

Five of the informal facilities, are based in Cato Crest and one is in Wiggins. All five informal facilities in Cato Crest are in the shack area and two of them, (facilities 2 and 3) operate from actual shacks. As has already been discussed, Cato Crest is the area of Cato Manor that has had little development so far.

The informal facilities can be divided into two categories. For the purposes of the analysis these will be referred to as Category A, and Category B informal facilities.

#### **3.4.1.1. Category A Informal Facilities**

In these facilities (numbers 1-3) child care is provided in the same space where the facilitator and her family live. There are no separate rooms specifically for the children. The facilitator is either the only person looking after the children or sharing the responsibility with the members of her family, like daughters. They do not follow a particular programme. The facilitators in these facilities just provide child care while the mothers/ caregivers are away from home. The ages of children being cared for in this category of informal facilities are 0 to 3 years. Facilitators said they sometimes care for one week old babies when their mothers have to return to work. Section 25(3) of the Basic Conditions of Employment Act, 75 of 1997, states that no employee may work for six weeks after the birth of her child, unless a medical practitioner or midwife certifies that

she is fit to do so. However, parents are possibly usually desperate to go back to work because they will either lose their jobs or they will lose their income for the time that they did not work. The researcher's observation was that these homes are overcrowded. They are in overcrowded environments. There are also other members of the facilitators' family and that is not taken into account when the children are accepted for care. In spite of these conditions, children in these facilities are better off than children who do not have someone to look after them.

#### **3.4.1.2. Category B Informal Facilities**

The facilities which fall within this category numbers (4-6) operate from two rooms. They are separate from the facilitator's house but on his/her property. One room is for babies and one is for older children or they have one room divided into two, to accommodate babies on one side and older children on the other side. The room is divided using self created partitions, or by leaving a large space between the areas where different groups of children sleep. They provide potties for use by the children. The ages of children being cared for in these facilities are from 0 to 6 years. Facility 4 cares for children from 0 to 6 years, facility 5 cares for children from 0 to 4 years and facility 6 cares for children from 0 to 3 years. Facilitators from facilities 5 and 6 said that they send older children to formal facilities.

Category B Informal facilities (Numbers 4-6) operate in a manner that is closer to the formal ones, in that they provide some educational programmes. The difference is that they operate from private homes and they have fewer resources in terms of buildings, space, playground, toilets and educators, than the formal facilities, but are better resourced than the Category A informal facilities. They have larger numbers of children enrolled in comparison to the Category A informal facilities and they aspire to achieve the status of the formal facilities. These facilities have some formality within the informal category.



### 3.4.2. Formal facilities

Facilities which operate from buildings built for the purpose of child care provision have been categorized as formal facilities. Five of the six formal facilities are run from buildings that were built by the Cato Manor Development Association and are now owned by Municipality. These facilities are easy to identify in the community. The buildings were allocated through a process where people who were already operating child care facilities (mostly from their homes) applied for the use of CMDA buildings. The buildings accommodate 150 children. They have 3 separate rooms for older and younger children with enough sleeping space. They have an office, eight flush toilets and eight wash basins suitable for children and two adult toilets and wash basins. They are equipped with electricity and running water; a playground equipped with swings and they are fenced.

The one facility (facility 11) which is not in a CMDA building operates from a dilapidated building. The building is very old and unsafe; it is not well maintained, it is dark inside and has no electricity and running water. It has old broken windows with cardboards used as windows for some rooms. It has rough uneven floors and looks unsuitable to accommodate the 65 children that are reportedly enrolled there. Outside there is dirty, muddy water. People and children going in have to jump over this waste water using stones that have been put in for this purpose. I learnt later from a community member involved in leadership committees that there are plans to demolish the building because it is not safe, even though he did not elaborate on when this would be done or by whom.

Five formal facilities provide care for children from 3 months to six years of age. The youngest child at the time of the interviews was three months old, but facilitators said they take children younger than three months. One facility only provides care for children from the age of 3 years. The facilitator from facility 9 said they had children who were seven years old and facility seven had a child who was 7 years old at the time of the interviews. In the latter case, the child's

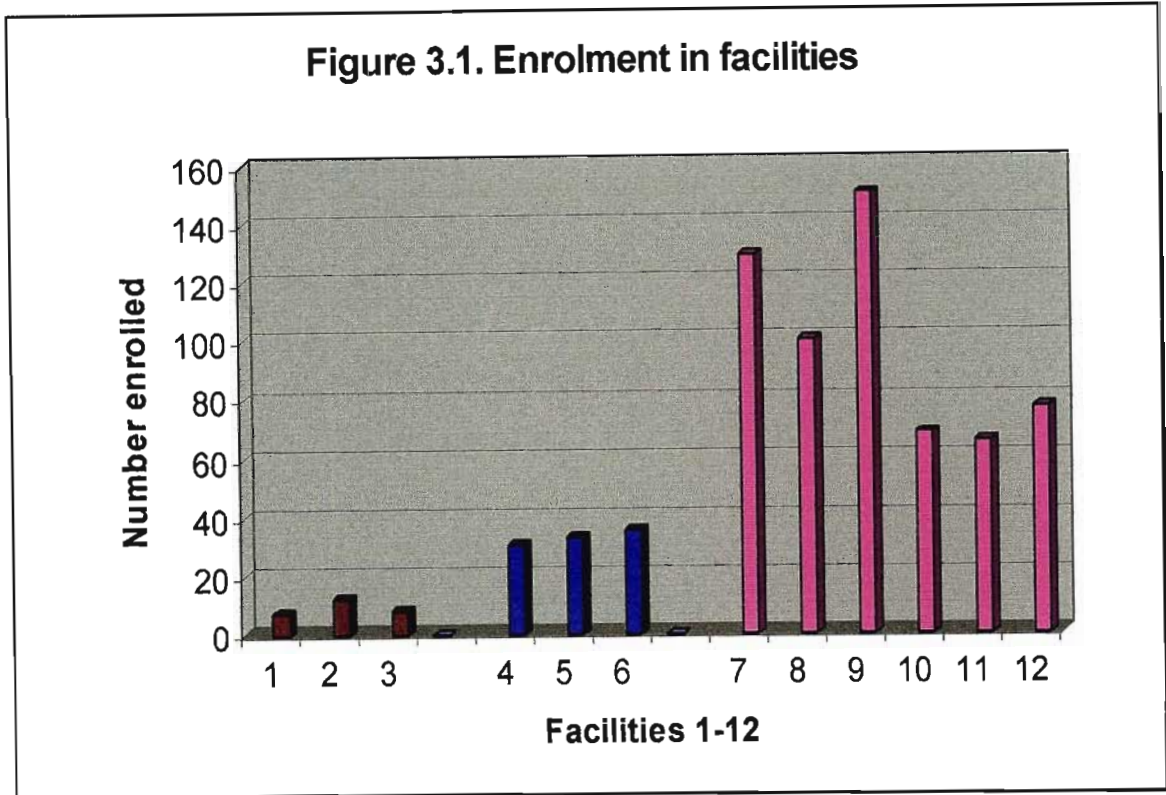
mother had died and the child was left with the father. The mother had taken the child's birth certificate with her to the rural area before her death and the father said this was the obstacle in getting the child into primary school. Otherwise the facility generally sent children who are seven years old to primary school.

The findings indicate that Informal Category A facilities provide care for mainly younger children. These facilities are poorly resourced. According to the 1997 White Paper for Welfare, preschool children from birth to 36 months old and in the three to six year age group are particularly vulnerable. The National Departments of Health and Social Welfare and Population Development have been assigned responsibility for provision of ECD for children between 0 and 5 years, (Department of Education, 2001:1). According to Kamerman (2000:23), care of children under the age of 3 is a major concern, internationally. Kamerman maintains that in OECD countries, the ECEC policy involves some combination of maternity, parenting and child rearing leave policies as well as ECEC services. All the OECD countries except the US and Australia provide paid and job-protected maternity or parenting leaves following childbirth to enable women to recover physically, the family to adapt to a new baby, and to help the baby get a good start in life.

Formal facilities on the other hand are better resourced in terms of building requirements. They are also recognized by both government and non-governmental structures. An interesting finding of this study, which will be discussed later in this chapter, is that none of the formal facilities were actually registered facilities.

### 3.5. Enrolment in the facilities

Figure 3.1 below indicates the number of children enrolled in the 12 facilities in the study.



#### Key

Facilities	Description
Facilities 1-3	Informal Category A
Facilities 4-6	Informal Category B
Facilities 7-12	Formal

#### 3.5.1 Enrolment in informal facilities

In Category A informal facilities, the number of children enrolled was between 7 and 12 and in Category B informal facilities, the number was between 30 and 35 children. In Category A informal facilities the facilitators, have established relationships with the parents and are informed of any changes relating to the child.

Category B informal facilities on the other hand had similar experiences to formal facilities, discussed below with regards to whether parents sent their children consistently to the facilities.

### **3.5.2. Enrolment in formal facilities**

The number of children enrolled in the formal child care facilities ranges from 65 to 150. All the facilitators reported that there is never a consistent number of children enrolled because children come in depending on whether their parents have money for that month or whether they are satisfied with the facility. Sometimes children drop out when their parents have no money to pay for fees, because they have stopped working. This happens mostly with parents who are in casual employment. Facilitators reported that there are fewer children during the months of January, November and December. This is because the schools are closed for some of the time and parents get older siblings to look after the children. Even though the schools are not closed in November, the older children complete writing examinations in the middle of the month and stop attending school. Some parents try and save the money for those months by taking their children out of the child care facilities.

It is clear from the above discussion that children have access to care and ECD provided in these facilities based on whether their parents can afford to pay or not. The facilitators reported that they do not send children away whose fees are not paid; however, the facilities do need funds to function and as will be discussed later in this report, these facilities rely on fees as they are not funded, by either government or private donors.

### **3.6. Operating times**

The following section discusses the times during which the facilities operated.

### 3.6.1. Category A Informal Facilities

Category A facilitators have close relationships with the parents of the children they look after. They know each parent and their circumstances closely and therefore usually know if a parent needs to bring the child earlier or fetch them later than the agreed time. The operating time for these three facilities is between 6am and 6pm.

### 3.6.2. Category B Informal Facilities

All these facilities said their ideal operating times are between 7am and 4pm. However, parents start bringing their children from between 6am and 6.30 am and they gradually fetch them until as late as 6.30 pm. Bringing children earlier than the operating time is generally understood and accepted. This is because facilitators know that some parents have to travel to work and they start work early. Fetching children late is experienced by the facilitators as an unfair and mostly abusive practice by parents. Facilitators said that parents sometimes got home earlier but fetch children later. Facility 5 in the Category B informal facilities called a parents' meeting specifically to discuss this matter. The following decision was made at that meeting:

*"We decided that when it was time for us to go home, we would clean up the place, change nappies for all the children and leave them in the crèche and listen from home for any crying babies".*

This is a facility run by a mother and her daughter and the facility is run from the same property as their home, but from separate rooms, a few meters away from each other.

On comparing the Category A informal facilities and the other facilities, it appears that the former benefit from having fewer numbers of children and close relationships with their parents. This is because they did not report the same

exploitation reported by their counterparts in the Category B and formal facilities. Their times can be flexible, depending on the needs of the parents at the time, but this is discussed in advance rather than left to the facilitator to find out when the child is not picked up, as is the case with Category B informal facilities and formal facilities.

### **3.6.3. Formal facilities**

Formal facilities open between 6am and 5pm. The common practice at these facilities is that the principal facilitator, whose home is often in the same vicinity; opens the place early in the morning before the rest of the staff comes to work. The facilitator sets the place up for the day; receives the children and then goes back home when the rest of the staff arrives, to prepare herself for work and later returns to work. One facilitator said she even starts preparing breakfast (cooking porridge) for the children during this time. Like the Category B informal facilities, formal facilities have the problem of parents not fetching their children on time from the facilities. The facilitators reported that parents sometimes fetch their children as late as 7 and 8 pm.

### **3.7. After care services**

Category B informal facilities and formal facilities provide after care services for parents who are late to fetch their children. From the time the facility closes to the time the parent fetches the child, the facility charges extra fees.

*“If you charge extra fees, parents think you are taking their money and so you must look after their children until such time that they come to get them, and yet the money we charge is really not worth it”.*

This was expressed by a facilitator who does provide the service, but is not happy about it. Facilitators said they find that when they charge extra fees parents abuse the service. They feel that the attitude of the parents about aftercare is that they pay and therefore they can make full use of the service.

Facilitators on the other hand charge the fee, because parents leave their children for longer, leaving the facility with no option but to provide aftercare services.

The general feeling is that the amount the facilities can charge is not worth the effort of providing aftercare services (fees charged by facilities will be discussed later in the chapter). The common fee charged for aftercare is R10 per afternoon. Facilitators said there are incidents where they have taken children to their homes because parents do not fetch them. In essence, aftercare services and the amount charged for them are provided as a penalty and most facilitators want to discourage aftercare and rather encourage parents to take responsibility for their children. The following types of responses were received from facilitators about aftercare services:

*“The aftercare money is supposed to be a fine to a parent for not fetching their child on time and it is supposed to discourage the parents from leaving their children till late. However, when you take the money, parents think that you want to do the aftercare. Even though the money we charge for aftercare services is so little, parents still complain that it is expensive.”*

*“I provide aftercare services as long as the parent pays me the extra amount of money. I angrily demand it, and it does not matter when it is paid, as long as it is paid”.*

The above statements give the impression that even though the facilitators provide aftercare services, they resent doing so.

Odd incidents of children being fetched at 9pm were reported by these facilities. In these situations, the facilitators take children to their own homes where their parents pick them up when they finally do. This means that they have to provide food for these children beyond the official times. At facility 10, the staff member whose children are picked up late stays behind to look after the children when it is time to go home. If children from one particular class are left by their parents more often, the teachers rotate to look after them while the others go home at the

end of the day. This facility charges R5 per hour for aftercare services and says that parents complain that the amount is high. The facilities felt that parents take advantage of the fact that the facilitators live in the same community and they know where their homes are, so that they can fetch their children late if they need to.

### **3.8. Overnight care**

Similar sentiments were expressed about provision of overnight services by all but one facility, as those about aftercare. Some facilities had experiences of children being left overnight in their care, without arrangements. The facilitators dealt with the situation in different ways, as discussed below.

The facilitator from facility 3, a Category A informal facility said that when she had an experience of a child who was left overnight in her care, without an arrangement, she 'expelled' the child from her facility. This facilitator now discusses with the parents when she takes a child that she would 'expel' them from her care if the child is left overnight.

Facility 5, a Category B informal facility had an incident where a mother did not have a place to stay. She left her baby for two days at the facility. The facilitator called a meeting of the crèche committee and they resolved the matter.

The facilitator from facility 9 was requested by social workers (did not know from which organization) to keep a baby that was left by its mother, and another baby whose parent was ill. She kept the first baby for five days and was promised money which she never got. My suspicion was that she was requested to be a place of safety, but this was not done properly and legally.

At facility 11, a formal facility, the facilitator was forced to look after a baby whose parents had a fight. The mother brought the baby to the facilitator and left it there



for four days. The facilitator only learnt what had happened when the father of the baby came to the facility to explain what had happened. He went to the police station to 'get permission' (probably an affidavit stating he was the father) to take the baby, as the facilitator did not know him and needed proof that he was the father of the child. They are therefore very careful about providing overnight care.

Facility 4, a Category B informal facility is the only facility that provides overnight care, on request by parents who work night shifts. At the time of the interviews, the facility had four children for whom they were providing overnight services. This is the facility belonging to the church and the facilitator interviewed at this facility said that, even though she is employed at the facility, she also lives at the owner's home. She reported that parents of the children offered overnight care sometimes fetch their children for a while in the afternoon and they later bring them back. Sometimes they fetch them on weekends only, and sometimes not even on weekends. The facility charges higher fees for the overnight services, more than double the highest amount they charge for day care services.

Another problem expressed about aftercare and overnight care is that there is usually no extra provision for the children in terms of food and nappies, except for what is usually provided for the day. As will be discussed under the sections of payment of fees and health and nutrition, some parents pay fees erratically, do not bring any food for their children and they leave the children for longer hours at the facilities. The care of the child becomes the sole responsibility of the facility. The general feeling expressed about care beyond official times is that facilitators assess the situation over a period of time and they have a sense of who abuses their generosity and when help is really needed they decide accordingly. The fact that they care for children within their neighborhood makes it easier for facilitators to know what is happening with the mother or caregiver.

### **3.9. Educational programmes**

Educational programmes provided by facilities will be discussed in the following section.

#### **3.9.1. Category A informal facilities**

All three Category A informal facilities do not provide any educational programs for the children in their care. They care for babies of up to three years and all they do is 'provide care'. They look after babies 'who just need to be fed, changed and put to sleep'. The facilitator at facility 2 said she sings to the children and often tells the older ones who will be going to school about what school is like. This is an informal discussion that does not form part of a curriculum. In Italy, a survey of parents found that early childhood education and care for the under 3's is valued not only because it meets the needs of two working parents but because of the opportunity the child is offered to relate to other children of the same age. The children were better prepared both for pre-school and for primary school (Kamerman, 2000:19).

#### **3.9.2 Category B informal facilities**

There are a variety of programs provided by these facilities. All Category B informal facilities have some program they implement. The variety of programs includes education about such topics as body parts, hygiene, and story telling. The facilitators also do a 'ready to go to school program' for older children who will be going to school the following year, which prepares them for school. The quality of what the children get is dependent on the creativity and the effort that the facilitator and the rest of the teaching staff put into the program. Facilitators use visual aids such as charts and drawings to devise activities for children over 2 years old, as a way of stimulating and keeping them interested. Activities such as painting, singing and rhymes are also used by facilitators. One facilitator said she focuses on having a 'theme for the week' that she emphasizes, so that by

the end of the week the children are familiar with that topic, e.g. farming. The program offered is in relation to children's ages. One facilitator had been so creative that she added topics on child abuse and prevention as part of the program.

The following is an example of a program for the day. It was taken from facility 4, a Category B informal facility:

**Table 3.2. An example of a daily programme (informal facility)**

<i>8am -8.40am</i>	<i>Breakfast</i>
	<i>Theme for the day e.g. farming</i>
<i>Activity</i>	<i>Painting</i>
	<i>Wash hands</i>
<i>10.30am</i>	<i>Snack time</i>
	<i>Music, rhymes, story time</i>
<i>12pm</i>	<i>Lunch</i>
<i>12.45pm</i>	<i>Sleeping time</i>

The other days have a similar program with different activities, such as drawings, and different themes, such as animals, etc. The facilitator usually has pictures and drawings about the topic, such as pictures of farms, pictures of what is grown on the farms, people that do farming, etc.

The value of educational programmes for children at this age cannot be underestimated. This is a period in which primary prevention and early intervention measures can be most effective. Exposing children to appropriate early stimulation, nutrition, health and care through a range of services has many benefits, including the reduction of costly medical, remedial and welfare services,

(SALC, 2001:663). In countries that implement ECEC programs the purpose is a dual one. The first, education for children aged three to six, with care subsumed under the educational goal, remains the primary objective of the pre-primary school programs. The second, care of children while mothers work, has become a dominant goal for younger children. There is however, increasing attention being paid to socialization, development, and cognitive stimulation-or education in the broader sense- as key components or supplementary goals in providing care for these very young children, (Kamerma 2000:9-10).

### **3.9.3. Formal facilities**

All the formal facilities provide educational activities and have a curriculum even though the detail and how the curriculum is presented might differ from one facility to the other. The main provider of the curriculum for facilities is TREE. Each facility uses its own method and creativity to present its curriculum and as with Category B informal facilities, what and how children learn is to some degree dependent on the creativity and dedication of the facilitators. The most commonly used method is to have themes that the facilitator focuses on, and so uses storytelling and music for emphasis. One facility planned its classes in such a way that they have a maximum of 50 children per class. They divide the children into five groups of 10 and for the week they have one theme. Each day of the week they choose a different group and work intensively with that group while the other 40 children listen and participate if they wish to. Facilities also use visual aids, like charts, posters, drawings which are hung up on the wall and are referred to during teaching.

Some facilitators are more creative than others. Below is an example of situations in two formal facilities, both in CMDA equipped buildings.

### **(a) Facility 9**

This facility had the highest number of enrolments at the time of the interviews. It was also the best organized of them all. The children are all in the classes and there is a teacher in each class, while the principal facilitator attends to me. This facility makes sure that parents pay, by charging them quarterly, so it does not matter when the parent brings the child, or removes them, they must pay for the quarter. The facilitator has completed forms with details of each child and their parents, with contact numbers.

There are three classes, one for babies to two years, another for over 2 years to 5years, and the last one for over 5years to 7years. Children over the age of two years are in school uniform, black shorts and red t-shirts. There is a culture of learning as the children greet you when you enter. They are doing an activity, which they stop, to look at me. The teacher is engaging with them. There are visual aids throughout the classrooms. In the babies room there are educational toys, likes blocks, puzzles, etc. Each facilitator develops the curriculum for their class with the principal facilitator.

### **(b) Facility 10**

At the time of the visit to this facility there was not much activity going on. The rooms are large, empty and neglected, making the environment look cold and uncaring. There were no pictures or posters on the wall and no visible visual aids, no programmes or menu on display. The facilitator said that she got support from a committee member who sometimes even looks after the children for her when she needs to leave the facility. The facilitator is alone when the interview is conducted, even though she said that a total of three staff were employed. The children wanted to go home. When they saw that I was interviewing their teacher, they saw an opportunity and were quick to head for the gate to go home but were stopped by my colleague who had accompanied me. The facilitator said she felt

isolated and unsupported. She said she does not have a good relationship with facilitators from other facilities and has not felt that the crèche Association, Masibumbane, (explained and discussed in Section 3.12. (a) of this report), has been supportive of her. She does not involve herself in the activities of Masibumbane because of her disappointment with the association in the past.

### **An example of daily programme**

The following is an example of the daily programme, taken from facility 9.

**Table 3.3. An example of a daily programme (formal facility)**

<i>Arrival and inspection</i>		
<i>Toilet and wash hands</i>		
<i>8am</i>	<i>- 8.30am:</i>	<i>Morning Ring (activity)</i>
<i>9am</i>	<i>- 9.45am:</i>	<i>Plan time /free choice</i>
<i>9.45am</i>	<i>- 9.55am:</i>	<i>Review time</i>
<i>9.55am</i>	<i>- 10.05am:</i>	<i>Tidy up and Toilet routine</i>
<i>10.05am</i>	<i>- 10.20am:</i>	<i>Snack time</i>
<i>10.20am</i>	<i>- 10.45am:</i>	<i>Second Ring (activity)</i>
<i>10.45am</i>	<i>- 11.15am:</i>	<i>Tidy up</i>
<i>11.15am</i>	<i>- 11.25am:</i>	<i>Out door play</i>
<i>11.25am</i>	<i>- 11.35am:</i>	<i>School readiness</i>
<i>Toilet routine and washing hands</i>		
<i>11.35am</i>	<i>- 12.00pm:</i>	<i>Story time</i>
<i>12.30pm</i>	<i>- 1pm;</i>	<i>Lunch time</i>
<i>1pm</i>	<i>- 4.30pm:</i>	<i>Going home</i>

From my observation during interviews, programs and menu plans put up on the wall are a guide, the ideal that facilitators would like to achieve, or what facilities believe is the standard. They are not followed as strictly as they appear, but just guide the facilities.

### **3.9.3.1. School readiness programme**

All formal facilities have a program that prepares children who are ready for school to move to Grade 1. Again, the program depends on the creativity and the resourcefulness of the facilitators. The facilities provide psychological preparation for children by telling them what school is like; much bigger, longer hours, they will be writing in books, they will wear uniforms, etc. The facilities have a relationship with the nearest school, which has a responsibility to accept the children from the facility. Some facilities, for example, facilities 7 and 9 work very closely with the school in a way that guarantees their children place in the school. The schools work with them to assess the children's readiness for school and the admission to schools for children in these facilities is done before the end of the year, when assessments have been done. Some facilities provide a child with an assessment report and the parent has to make their own application to the school. There is also the graduation ceremony which is standard for all the formal facilities, which is also a kind of rite of passage for those children going to school and is confirmation of their readiness for school.

### **3.10. Space and play materials**

There are major differences in terms of space available for children in the three different types of facilities. The minimum standards for ECD services require that the buildings in which such services are provided must be clean and safe with sufficient space for children to be active and move freely. A provision of 1.5m<sup>2</sup> of indoor play space per child must be adhered to (Department of Social Development, 2001). Play is essential to the growth and development of children. It fulfills a number of functions and needs for children from birth through to adolescence. Play may be defined as the medium children utilize to learn about themselves and their environment. It provides them with unique opportunities to practice the complex processes of living, communicating and developing relationships with others.

### **3.10.1. Category A informal facilities**

All these facilities operate from private homes. Children at these facilities have therefore got very limited space to play. They barely move around. This impacts on their stimulation as facilitators concentrate on making sure they know where the children are because there is no safe, fenced area. There is no balance between children's right to play and their safety because the children have to be indoors so that the facilitator can see them. The facilitator has to choose safety over play.

All three Category A informal facilities have no play material or space for children to play. The facilitator at facility 3 bought a few toys, to keep children busy. The reason given for the absence of toys is that parents cannot afford toys but the researcher also thought they wanted to avoid a situation where children take their toys to the facility and are lost there. These facilities have no space for children to play. In one of the facilities, facility 2, all the children have to be within sight of the facilitator. This is mainly because her home, where she cares for the children is in one of the overcrowded shacks where children could disappear easily. She has no space for the children to play whatsoever, just for them to be there and sleep on her family beds and couch. Her priority is to make sure that the children are there and safe, rather than that they have a place to play. She however keeps the place very clean and neat and so the children can rest in a clean place.

### **3.10.2. Category B informal facilities**

Two Category B informal facilities have no play area except the small lawn that is limited to the home of the facilitator. Only facility 6, in this category, has an area in which children can play. Even this area does not have playing equipment for the children. The facility is fenced in such a way that there is space, enough for children to play. The children generally play indoors with some toys that were



donated by TREE and the Sherwood branch of Durban Children's Society. TREE also teaches facilitators to make their own toys from cheap materials that they already possess. Otherwise they buy toys themselves.

### **3.10.3. Formal facilities**

All the formal facilities, with the exception of facility 11 have a huge play area that is equipped with play equipment, like different types of swings. Facility 11 is the facility not housed in a CMDA building. The facilities were fenced before being handed over; however whether the fencing is repaired is up to the facility itself. The facilitator at facility 12 complained that members of the community hang their laundry on the facility's fence and it is therefore falling. Two facilities, 7 and 9 have gardeners amongst their staff. Part of the gardeners' job description is to maintain the fencing and ensure the safety of the children by keeping the gates locked and not allowing children to leave the facility unattended.

A social worker, mainly from Durban Children's Society as well as a representative from TREE was also mentioned by facilities as having donated some toys. The exception is facility 10, which is quite isolated from most services that give support to facilities in this community.

### **3.11. Records**

The following section discusses how the facilitators keep registers of the children in their facilities.

#### **3.11.1. Category A informal facilities**

All three facilities keep no records of the children they look after. The facilitators in this category felt that they know the parents and the children very closely and have never thought of keeping records. They do not necessarily see what they are doing as a job, but were just helping their neighbors and 'word got around'

and therefore they found themselves looking after more than just two children. Because of the small number of children they care for and the close relationships they have with parents, facilitators feel that it is easy to notice if a child is not coming to their care and usually they already know as the parents will have informed them and there would be no need for follow up.

### **3.11.2. Category B informal facilities and formal facilities**

The facilities in this category all keep attendance registers. They keep receipt books and visitors' registers. They get visits from TREE, the Children's Rights Centre, Durban Children's Society, Department of Education, university students, churches and church organizations, as well as overseas visitors. I found that TREE particularly makes repeated and consistent visits to the facilities compared to any other organization. They therefore know when a child is absent from the facility for long periods. It is common practice for the facilities not to follow up if a child is absent from the facility for a long period. The main reason given for this is that parents decide where to take their children. Facilitators generally believed that a parent taking their child out of the facility is either due to financial reasons or is an expression of the parent's finding a better or more suitable place for their child. As one facilitator indicated:

*"Sometimes a parent identifies something they do not like about the crèche. They take their child somewhere else and there's nothing you can do about that. It's their right".*

Another reason given for lack of follow up is that sometimes parents send their children to stay with their grandparents in the rural areas. As Miss N of facility 7 explained:

*"You meet a parent in the community and only then do you find out that the child has been sent to the farm (rural areas) to live with the grandparents. What can you do"?*

The biggest challenge with this, as has been mentioned earlier, is that the facilities can never be certain how much money will be collected for fees. Miss N added:

*“Out of the 129 children that I have at the moment, I must not count on the money of at least 30 children in my budget, because I don’t know who will drop out this month. Sometimes children disappear for two months and then come back, and you as the facilitator must figure out how you are going to pay salaries”.*

This was expressed as a reality of running the facilities by both Category B informal facilities and formal facilities.

Facility 9 however, has a different approach to the follow up issue. As mentioned earlier, all the parents who send children to this facility provide telephone numbers so that they can be contacted if there is a need. In this facility parents pay fees quarterly and therefore if a child is absent for a long period, the facility investigates what has happened because usually the fees have already been paid. The temptation for the parents to withdraw the child from the facility when they experience financial difficulties is not as great, as the period of financial difficulties might have subsided by the time they have to pay for the next quarter. This facility operates differently compared to the rest of the facilities in this community. Children wear uniforms. There is a clear administrative process. The researcher had the privilege of being shown forms that parents complete as well as application forms that are sent to school for children who are moving on to Grade 1 the following year. Each child has a file with all the necessary details, such as information about parents, child’s birth certificate, and progress report about the child. If the child does not have a birth certificate, it is then a known factor and efforts are made to help facilitate such application by the parents.

### **3.12. Registration**

In terms of the Child Care Act 74 of 1983 any building or premises maintained or used, for the reception, protection and temporary or partial care of more than six

children apart from their parents is a place of care. Section 30 (2) of the Child Care Act requires places of care to register and applications must be made with the Department of Social Development. In essence all the facilities included in this study are places of care in terms the Child Care Act. The Act requires them to register as such. The process of registration for facilities is explained in detail in Section 2.6.1 of this report. In Cato Manor there are four structures that are involved with the facilities. When registration was discussed with participants, facilitators referred to all these structures and therefore the researcher will explain them first. There is Masibumbane Association, the Department of Social Welfare and Population Development, Municipality and Durban Children's Society. For the purpose of clarity, the following section will explain what each of these organizations represents.

#### **(a) Masibumbane Association**

Masibumbane Association is an umbrella body coordinating crèches in Cato Manor. It was formed by crèche facilitators and was officially launched on the 11<sup>th</sup> September 2001. Its purpose is to give voice and support to crèches and to negotiate on behalf of facilitators with other stakeholders. It was started because the facilitators were struggling to get access to services on an individual level. They therefore decided to form a coordinating body that would represent the facilities. It has a constitution and an elected executive and is registered as a Non Profit Organization. Facilities belong to Masibumbane through membership and they contribute R100 per year that is payable quarterly. Part of its mandate has included negotiating with CMDA for involvement of facilitators in the process of allocation of the buildings that now house the formal facilities. This process ensured that these facilities were allocated to people that are from Cato Manor and have been operating facilities in this community. It has also been involved in investigating the process of registration and reporting back to the facilitators. This information was obtained from a special interview (10/11/2005) with one of the facilitators, who is a principal in one of the facilities and was the first

chairperson of Masibumbane Association at its inception in 2001. She is no longer the chairperson (the names of the participants have been kept confidential).

## **(b) Department of Social Welfare and Population Development**

- **Non Profit Organization**

Registration as a Non-Profit Organization is done with the National Department of Social Development. This registration is regardless of whether the facility is registered as a place of care with the provincial Department of Social Welfare and Population Development. It is not mandatory. However, it does affect application for funding once a facility is registered as a place of care with the regional office, as a certificate of registration as an NPO is needed for fundraising activities. These fundraising activities include application for funding for nutrition, which is done through the provincial Department of Social Welfare and Population Development once the facility is registered. The funding is available at R9 per child per day, subject to availability of funds. (This information was obtained from a telephonic interview (09/11/2005) with Samkelisiwe Dlamini, a social worker at the Department of Social Welfare and Population Development, Pietermaritzburg region).

- **Registration as a place of care**

Registration as a place of care is done with the Provincial Department of Social Welfare and Population Development. This is required in terms of the Child Care Act for any building or premises used for temporary or partial care of more than six children apart from their parents. The application is submitted to the local Department of Social Welfare and Population Development office.

## **(c) Ethekwini Municipality**

When the application has been lodged with the local Department of Social Welfare and Population Development, the department notifies several authorities at the Municipality. These are the Environmental Health Inspector, the Fire

Department and the Building Inspectorate who must all visit the premises and submit a report of their assessment. The CMDA buildings also belong to eThekweni Municipality.

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#### **(d) Durban Children's Society**

Durban Children's Society is a child and family welfare organization that falls under the National Council of Child and Family Welfare. Its main office is in Morningside in Durban. It has a sub-office that services Cato Manor, among other areas, based in Sherwood. From a telephonic interview (10/11/2005) with a representative of this organization, they used to employ a social worker who was involved with the Masibumbane Association. When the social worker left the organization, they no longer worked with the facilities, except for networking and attending to their child care related matters when cases were referred to them.

#### **3.12.1. Category A Informal facilities**

Category A informal facilities have never attempted to register. The facilitators in these facilities see themselves as helping their neighbors and therefore do not see the need to follow any procedures and guidelines.

#### **3.12.2. Category B Informal facilities**

Category B informal facilities provided varying responses to the issue of registration. Facilitators at Category B informal facilities were confused about the actual procedure of registration and with whom the registration was done. They were clear about Masibumbane Association. That it is an organization unique to their community and that belonging to it has benefits in terms of belonging to a group of facilities in the area. However, facilitators had different perceptions about the Association. Some expressed feelings that it is there to serve the needs of individual people, particularly the ones in the executive and that it has not really helped them. Others recognized it as a necessary

organization to negotiate for their needs and they felt that it should take up the matter of registration.

The negative sentiments about Masibumbane could result from the fact that not all the facilitators were able to get the CMDA buildings, as seemingly there were not enough for every facility. This created competition among the facilitators and maybe feelings of unfairness and lack of transparency of the process, mainly from some of the facilitators from Category B informal facilities.

An employee interviewed from a Category B informal facility 4 responded as follows:

*“The church is registered as a Non-Profit Organization. The crèche falls under the church and therefore the crèche is registered as an NPO. We are also registered with Masibumbane Association for pre-schools. We meet once a month to discuss pre-school matters and how to do fundraising. All the crèches in Cato Crest and Cato Manor are registered with Masibumbane. Masibumbane is also an NPO and we pay R100 per year for belonging to it. We pay in terms, R25 per quarter. About registration with the Department of Welfare, the Department is supposed to check if your application is appropriate. They are supposed to come and inspect if what you have put in the application forms is correct. They do not encourage you with your application. They come once a year and recommend something you must correct, but they disappear for the rest of the year when you wait for them to come and see if you have done the right thing. They change social workers often. One social worker will be addressing one matter with you and she leaves and someone new comes and that person has other priorities”.*

In this interview, the employee was talking about application forms the facility had put in with the Department of Social Welfare and Population Development (herein after, the Department). This was mirrored in interviews with other facilitators, from formal facilities as well. This facility had attempted to register, but they were not sure at what stage their registration process was.

At the time of the interviews they did not know whether their application for registration had been approved or not, and they did not know what the next step

would be. The facilitators were confused between social workers from the Department of Social Welfare and Population Development and those from Durban Children's Society. The Department is responsible for registration, but Durban Children's Society renders services in this community and is not at all involved with registration. The latter offer their services as a preventative and supportive measure for child protection. This gesture is interpreted by the facilitators, who do not know the difference between the two organizations, as a directive from the Department.

The facilitator from facility 5 said that her facility is also registered with Masibumbane Association. She had enquired about registering with the Department. She said she has not registered because her facility has no toilets, no space for children and she thought the amount of space she had is not enough for the number of children she accommodated.

At the time of the interview she had 33 children and two rooms to accommodate them. She believed the Department deals with 'bigger crèches'. She said she had spoken to a Mr. F (the environmental health inspector) from Old Fort Road (Department of Health) and he had informed her about the requirements such as toilets, space, and number of children in relation to space available. According to her, the social workers from the Department of Social Welfare and Population Development should do a visit to the facility after an application has been put through. They should write a report to Mr. F of the Department of Health, recommending whether the facility should be registered or not. She has never attempted to meet with the social workers from the department. The chairperson of Masibumbane is the person who holds such meetings but she was not aware of any feedback. She felt Masibumbane only caters for certain people and was not happy with the association. She was not keen to attempt registration, unless there was some clarity about exactly what she needs to do in order to register. She also knew that she is not at this stage ready to meet the requirements for registration as she currently understands them. This facilitator was very unhappy



with Masibumbane. She had met with Mr. F on her own, even though she knew that Masibumbane is supposed to do that, because she felt that there was no transparency. The facilitator from facility 6 had never attempted registration and her facility was therefore not registered.

### 3.12.3. Formal facilities

**Table 3.4. Registration status of formal facilities**

	Registered	Not Registered	Applied	Not sure
Facility 7			•	
Facility 8		•		
Facility 9				•
Facility 10			•	
Facility 11				•
Facility 12			•	

Formal facilities also had difficulties with the registration. Their difficulties though were different from those experienced by informal facilities. The following responses were received from the facilitators:

#### **Facility 7**

*"I completed forms I had obtained from the Department of Social Welfare and returned them and I was promised that my facility would be registered. In January 2004, the fire department came to check the place for safety. In March, a Mr. F came and did an environmental assessment of the place and was satisfied with the suitability for use and he said he would come back and confirm the numbers of children enrolled in the facility. He said he would come in April. In September I checked with the social worker what was happening and she said she would come and visit the place. The Department of Social Welfare sent us for a book keeping/record keeping course in an institution at Umlazi. After that, nothing happened with the registration. They never came back".*

The interviews were conducted in November 2004; 10 months after the application had been lodged. In essence she did not know whether her facility is registered or not. If it is registered, she did not have a confirmation letter at that stage that it is. If there were delays due to problems she needed to rectify, she did not know what kind of problems. She said that the registration would help the facility to apply for subsidies, and help buy food for the children. She said that food is their main problem. If they had food for their children, the fees would only pay for the salaries of the staff.

### **Facility 8**

This facilitator said that she started applying for registration when she still ran the facility from her home in 1999. She moved to the new building in 2001 and was still not registered in November 2004 when the interviews were conducted. *"I have completed forms several times, but I am still not sure about the registration"*. Her facility receives a Grade R salary from the Department of Education. According to the social worker interviewed, the Grade R salary is part of a pilot project, Grant in Aid from the Department of Education. Facilities that are primary school based or work very closely with a primary school get this grant.

### **Facility 9**

The facilitator had applied and had not received any response. She was still waiting for response from the Department.

### **Facility 10**

The facilitator from facility 10 was the only one who believed that her facility was registered. She believed this because after submitting an application she had received a letter stating that an application had been lodged with the Department

of Social Welfare and Population Development. She however knew that she needed a 'certificate with the stamp' from the department, confirming the registration and she had not received that. It would seem that the letter was an acknowledgement of receipt of the application.

### **Facility 11**

The facilitator from this facility had submitted an application for registration. She had received a letter from the Department of Social Welfare and Population Development stating that her application was received. She was however not sure what had happened and was worried that her application would not be approved because of the condition of the building where the facility operated, discussed in Section 3.4.2 of this report.

In summary, none of the facilities in the study were registered in terms of the Child Care Act of 1983. However, the facilities referred to as formal, with the exception of facility 11, are recognized by the EThekweni Municipality since they operate from CMDA buildings, now owned by the Municipality and had lodged applications at the time of the interviews.

According to TREE, cited in Ewing 2005:26, there are 632 registered ECD sites in KZN. But Ewing says there are approximately 6000 sites operating, of which 84 % are community-based or home-based. With this being the case, the Departments responsible for ECD need to roll out efforts to work with the communities to reach these facilities. Initiatives like establishment of organizations like Masibumbane Association need to be encouraged and strengthened. These are started by the people themselves, they know how to reach each other and have a greater chance of surviving if they are assisted. These are organizations that would help with feeding back information to the facilitators. For example, in this community, Masibumbane would need

encouragement in being inclusive of all facilitators, including facilitators from Category A informal facilities.

The interviews revealed that there is limited communication between officials doing the registration and the facilitators. The facilitators do not feel empowered to ask questions about exactly what to expect with regards to registration. This situation is even more complicated and intimidating for facilitators whose facilities do not meet the required minimum standards.

### 3.13. Staffing

**Table 3.5. Staff /Child ratio**

Facility	No. enrolled	Teaching Staff/Caregiver	Other Staff
1	7	1	None
2	12	1	None
3	8	1	1 (family member)
4	30	2 (1 untrained)	None
5	33	2	1 (daughter)
6	35	2	1 (general helper)
7	129	5	2 (cook, security officer)
8	100	4	1 (cook)
9	150	6	2 (cook, gardener)
10	68	4	1 (cook)
11	65	3	1 (cook)
12	77	4	1 (cook)

The number of staff employed at the facilities varies from facility to facility. The table above shows the number of children enrolled in each facility and the number of staff per facility. Even though the facilities 7, 8 and 9 have a bigger number of teaching staff, looking at the child/teacher ratio, it is evident that children in informal facilities (1-6) benefit by smaller numbers compared to formal facilities (7-12) which have larger numbers.

### 3.14. Training of Staff

Training of the staff is mainly provided by TREE but also by University of South Africa and the Department of Education through courses attended at Embury College. Facilitators who attend courses at UNISA are self enrolled. All the educators from the Category B informal facilities and formal facilities have attended training at TREE. Educators from Category A informal facilities have not attended any training. The courses are attended periodically and therefore facilitators and their staff attend the courses at different times. Facilitators have attended most courses, over the years and they then send their teaching staff for the courses. Some were in the process of attending the course during the interviews.

From the information received from the interviews, TREE finds sponsors to pay for the training and then provides the training. Some facilitators were aware of who was sponsoring their training, e.g. Standard Bank, Engen, etc while others were not aware. The training from TREE is continuous and therefore updates the facilitators on different and new developments in early childhood. Some of the courses attended included the following:

*Orientation Course*

*Early Childhood Development Practitioner Training Programme*

*Child development and Management*

*Curriculum Development*

*Learning Programmes, Programmes and Activities*

*Preparation of Learning Materials*

*Assessment and Evaluation*

*Administration, Organization and Management*

*Conflict Management*

*Health Care and Nutrition*

According to Wilderman and Nomdo (2004:4) the largest percentage of ECD practitioners are NGO trained. The qualification structure has been replaced by the new structure of the South African Qualifications Authority (SAQA). There is a process underway, where practitioners that were trained by NGOs can apply to have their qualifications officially upgraded in terms new qualification structure. The facilitators interviewed did not seem to be aware of this process. However, some of the training they had received had been provided by the Department of Education through Embury College, a SAQA approved training institution.

TREE trains around 1000 Early Childhood and Development practitioners from around 1000 ECD sites in KwaZulu-Natal and the Eastern Cape annually (Ewing 2005:26). This organization reports that there is lack of an holistic approach to ECD and there is a focus on education, to the exclusion of birth registration, immunization, provision of social services, health care and nutrition. They also state that the government has initiated an expanded public works programme for ECD, providing training through learnerships. However, there are not enough registered, subsidized sites where trained ECD practitioners could work (Ewing 2005:26).

### **3.15. Salaries and Fees Structures**

In the formal facilities, salaries for facilitators are paid from fees. The first two facilitators interviewed did not want to reveal their salaries and the researcher decided not to pursue this question. The structure for the fees is decided by the facilitator for certain facilities. Fees were charged according to the age of children or according to the time children spent in the facility. For example, Facility 1 charges R50 per month for children between the ages of 3-6 years while it charges R65 per month for children between 0-2 years. Facility 5 on the other hand charges R150 per month for children who spend 11 hours (between 6am and 5pm), while it charges R60 for children who spend 6.5 hours (between 7.30am and 2pm), and R70 for children who spend 8 hours (between 7am and

3pm). For situations where they charged according to the age of the child, the younger the child the higher the fees. This is because there is more work involved in looking after a younger child than there is with older children. The minimum fee charged is R40 and the maximum fee is R150 and the most commonly charged amount is R70 per month. There was not much difference in terms of fees. The only difference is for facilities that have an agreement with parents for keeping children for longer hours. For example, Facility 4, which provided aftercare and overnight services, charged R20 extra per day for aftercare services and R150 per month for children who stayed overnight, while it normally charged R65 and R50 per month for babies and older children respectively.

The facilitators said unanimously that there is always a shortage in the fees collected because some children drop out just before the fees are payable. Parents do not always have the money. They said the money cannot really be budgeted in terms of how many children are registered, but according to who brings the money at the time it is needed. Ewing (2005:26) states that ECD sites are dependent on fees of R10-R60 a month, which is beyond the poorest households. Similarly, in this study, the facilitators are dependent on fees of R40-R150 per month. Ewing (2005:26) further states that based on such fees, personnel get paid perhaps R300 a month if they are lucky and consequently there is quite a high turnover of staff. The amounts paid for salaries in this study were not discussed, but facilitators made an inference to the fact that salaries were based on fees collected and therefore very low.

The issue of fees and salaries raises the question of funding for facilities, which is discussed in Section 3.17 of this report. ECD is largely under funded. Participants in this study said that the head of the facility often does not get a salary after paying for the other expenses with the available money. In contrast, in OECD countries, ECEC programs are funded largely by government, national, state, or local depending on the country. Only in the Anglo-American countries do

parent fees cover most of the costs. In Italy, only a small amount is funded by employers, while local and national governments carry most of the burden (Kamerman, 2000:15).

### **3.16. Health and nutrition**

The discussion about fees, food and salaries was interconnected and difficult in that facilitators said that the money they receive from fees barely allows them to buy decent nutritious food. Parents however expect their children to have two meals, breakfast and lunch at the facility. The requirements for registration are that a facility must provide at least one hot meal for the children.

Category A informal facilities expect parents to send children with their own food. They look after mostly babies and therefore the babies are sent with formula and bottles. Facilitators who look after formula fed babies are not expected to buy the formula. However, they have had experiences of children who are sent to the facility by their parents without food for the whole day. The facilitators at facilities 2 and 3 have taken food from children who are sent with food and shared it with those who do not have any food. Facilitators from this category of facilities said that they do not attend to illnesses should children get sick. They suggest to the parent/caregiver that the child be taken to the clinic. They do give medicines if the mother requests them to do so. None of these facilities have first aid kits.

Category B informal facilities and formal facilities have a menu plan that is put up on the wall. For example, in facility no 9, the menu plan was donated by the Heart Foundation. However, my observation in some of the facilities where lunch was served while the researcher was there was that there were differences from the menu plan up for display to what the children were provided. One facilitator even pointed out that the menu plan is what they aspire to serve children, but what they can afford to provide is far less nutritious. The difference in the menu plan to what is really served can also be explained by the fact that a menu plan is



a prerequisite for application for registration. All facilitators had a concern about food. It used up most of their budgets. Facilitators said that if their facilities were registered and they had a certificate to show they would apply for funds. For example, the facilitator from facility 10 who believed her facility was registered applied for a grant from the Community Participation and Support Unit at eThekweni Municipality. The registration certificate was required for the application to be considered. She could not follow her application through as she could not provide that. According to Ms Dlamini, the social worker from the Department of Social Welfare and Population development, the government subsidy for meals is R9 per child per day. This funding is available on application, depending on availability of funds for registered facilities.

All Category B informal facilities and formal facilities, with the exception of facility 11 have first aid kits. Some kits were donated by TREE. One facility (number 5) bought their own kit and the others were received from the Department of Health. Facility 7 has a kit for each class. TREE also educated facilitators on the basics of HIV/AIDS. When the interviews were conducted, at facility 5 there was a child who was in isolation, in one of the facilitator's bedrooms. The child was suspected to have TB and looked very sick. According to the facilitator, the mother was aware of the child's illness but had not taken her to the clinic. The facilitator said the mother was also sick. The child was in isolation because the facilitator did not know how to deal with the situation and was worried that the child would infect others. Facilitators mainly said that they report illness to the parents if it starts while the child is at school. They had been educated about HIV/AIDS and universal precautions. They applied these in dealing with injuries at the facility.

### **3.17. Funding**

Category A informal facilities have no funding, whether in kind or training funded by companies. Donations of food, and toys were occasionally made by non

governmental organizations to Category B informal facilities and formal facilities. With the exception of the two formal facilities discussed above as receiving Grade R subsidies, there is no other government funding available. Facilities have to do their own fundraising. Their training is also sponsored by companies and they sometimes receive government funded training. Facilitators painted a bleak picture of the funding situations for their facilities, which leaves them relying on fees, which as stated before are often paid erratically.

### **3.18. General**

Facilitators from Category B informal facilities and formal facilities said they had good relationships with the local community leadership. The leadership involved street committees, crèche committees and the local Municipal councilor. Street committees are people elected by the community in each area to represent the area in community matters. They receive complaints from members of the community when there are problems and they have authority to address the problems and use their discretion to deal with or refer the problems to appropriate structures. They are responsible for convening community meetings in their areas to address problems and they represent their areas in leadership meetings. Part of their role in the crèche as stated by facilitators is to protect the property from being vandalized. The crèche committee deals with matters related to the running of the crèche. Facility 11 is the only facility that did not have support from leadership. This is mainly influenced by the fact that the leadership does not approve of her running a facility in an unsafe building as discussed in section 3.4.2.

### **3.19. Conclusion**

Partial care services are available in Cato Manor, in different varieties. The sampling of informal facilities was based on availability of facilities. The researcher believes that there are many more of these facilities in this

community. The Category A informal facilities have the potential of growing and enrolling more children. They have no information about standards. For them, caring for children provides a source of income that they need. It would be in the interest of the children, the parents, the facilitators and the community at large for these facilities to be identified and for their facilitators to be part of associations like Masibumbane, so that they can acquire knowledge on the work they do.

Categories B informal facilities are more resourced than the former, but are also neglected in some ways. The facilitators have made efforts to be trained, have some advice and guidance about operating facilities, but are not completely provided for as formal facilities. This was found to be discouraging for them and they view it as unfair, since they all provide the same service. These facilities could benefit from the licensing system suggested by the South African Law Commission, as discussed in section 2.6.2.

## CHAPTER 4

### MAIN FINDINGS AND RECOMMENDATIONS

#### 4.1. Introduction

The purpose of this study was to document partial care services available for children under the age of seven in the Cato Manor area. It was to examine how educational, nutritional, emotional and physical needs of children in the facilities are being met by exploring what Early Childhood Development activities are offered to children in the facilities being studied. This was done through an examination of programmes being offered and whether those programmes adhere to minimum standards established by the Departments of Health, Social Development and Education. A further objective was to examine how partial care facilities in this community functioned in terms of registration, monitoring and whether the minimum standards set through laws and policies are comprehensible for these facilities. Lastly the study aimed to document the challenges faced by partial care service providers in the Cato Manor area.

The sample of 12 facilities was drawn from three kinds of facilities that operate in this community. In this report, these facilities are referred to as Category A informal facilities, Category B informal facilities, and formal facilities. Semi-structured in depth interviews and observations were used as tools for data collection. The main findings and recommendations are provided in this chapter.

#### 4.2. The main findings of the study

The following were the main findings of the study.

#### **4.2.1. Types of partial care facilities**

From the findings, it is evident that there are different types of child care facilities in Cato Manor. Three types of partial care services were identified in this community. These have been referred to as informal Category A facilities, which operate from the facilitators' private homes; informal Category B facilities which operate from the property of the facilitators, and formal facilities, which operate from the municipality buildings. The informal Category A facilities are run by the facilitators with the help of their family members, in the same space the facilitators and their families live. They usually care for babies and children up to three years old. The facilitators who provide this kind of care have casual arrangements and relationships with the parents of the children they care for.

Informal Category B facilities have a separate room(s) for child care from those used by the facilitators and her family. These facilities sometimes employ staff members who care for the children. They have developed some educational curriculum and participate in activities involving pre-schools and care facilities in the area.

Formal facilities operate from the equipped institutions built for partial care as part of the infrastructure development in the community. They operate like pre-schools and, in this study, two facilities received Grade R funding from the Department of Education. The infrastructure development in Cato Manor took into consideration the needs of children in this respect and as such facilities were built for the purpose of providing partial care services for children. The community has also been proactive in the establishment and running of facilities, especially the formal facilities. The formation of an association to specifically address matters related to the facilities has been particularly innovative and progressive.

The formal facilities are built to accommodate 150 children each. At the time of the interviews, only one facility had 150 children in their care. The difference in fees charged by the different facilities is not significant. It would be worth exploring why parents send their children to poorly resourced facilities in private homes when there are fully equipped facilities that have been purposefully built and are not running at full capacity.

#### **4.2.2 Enrolment in facilities**

As reflected in Table 3.1., Category A informal facilities had fewer children enrolled, followed by Category B informal facilities and formal facilities. This situation is dictated by availability of building, space, and teaching staff. Even though the formal facilities have more staff than informal facilities, the ratio of facilitators to children is less in informal facilities than it is for formal facilities. Category A informal facilities enrolled particularly babies, and this is advantageous for the babies, since they need specific individual care as compared to older children who can be worked with in a group.

#### **4.2.3. Operating times**

The study revealed that parents left their children in the facilities for longer hours than is usually agreed on at enrolment. This situation also indicates that parents spend less quality time with their children, leaving them in the care of facilitators. This situation is of course also created by the working conditions of some parents. Both children and parents miss out on invaluable time of being with each other. From the perspective of facilities, the results show that informal facilities are more flexible with time. Arrangements can be made in advance for extended care, be it after care or overnight care. Informal facilities offer the flexibility of providing extended arrangements of child care. This offers working parents, for example, the opportunity to be at their work place without problems. It also offers children the safety net of being cared for while parents are away.

The flexibility offered by the informal facilities needs to be acknowledged and taken into account in planning for child care and ECD.

#### **4.2.4. Educational programmes**

The results showed a difference in what children received based on the type of facility they attended. Category A informal facilities provide no planned programmes for the children they care for. They are not equipped to do such. Children in these facilities miss out on the opportunity of being provided with quality programmes at the very beginning stages of their lives, the critical stage in child development. Nevertheless, Category A informal facilities provide a critical service by caring mostly for infants. Their work is, however, not generally recognized by any organization or State department.

Category B informal facilities and formal facilities do provide educational programmes. TREE provides support for the facilities to create their own educational programmes based on the courses they attend. TREE creates an opportunity for all facilitators from all the facilities that TREE visits. Support from TREE does not depend on whether the facility is registered or not. Facilitators also take their own initiative to attend more courses from other institutions to equip themselves and as such are able to provide programmes. However, the study shows that the quality of programmes is often dependant on different dynamics as there are no standard programmes. The motivation and creativity of the facilitators; the availability of resources; the training of facilitators are some of the dynamics. These factors have been demonstrated by the study to be unequal. It was not within the scope of this research to study those dynamics. Government therefore needs to strengthen and support the initiatives of the facilitators. This could create standardized, quality ECD programmes for the facilities.

It is well documented that ECD provisioning in South Africa is under funded and as a result of this, access to quality services is limited (South African Law Commission 2001). The Education White Paper on ECD maintains that there is a general neglect of provision of ECD services and programmes to children from birth to 2 years. The lack of services to Category A informal facilities points to the neglect of children from birth to 2 years, as these facilities specifically provide care particularly for this group of children.

#### **4.2.5. Play materials**

The issue of play material and space highlighted the inequalities between the facilities. Formal facilities have equipped playgrounds and enough space for children to play outdoors. The study found that play and play material was particularly neglected. There were some facilities with no play material at all for the children. Playing space was also a big issue for some facilities, with some facilitators having to consider safety of the children over their right to play, due to lack of space. Children need their time and space to play as they grow up. Child development experts agree that play is very important in the learning and emotional development of all children. Through play children develop their personalities and a positive sense of self, realize their potential and experience success. Play unlocks children's creativity and imagination, develops reading, thinking and problem solving skills as well as motor skills. Through play children process and manage emotions, and understand and interpret the world around them.

The lack of initiative around play is influenced by the financial position of the facilities. Because of the lack of funding for the facilities, facilitators have to concern themselves more with issues such as food for the children, salaries for the facilitators and while play is a necessity for the children, it may be viewed as a luxury.



#### 4.2.6. Registration

The process of registration of child care facilities and its challenges has been discussed in detail in Sections 2.6.1 and 2.6.2, respectively of this document. At the time of the interviews, registration of facilities was one of the biggest challenges for the facilities as it was beyond the control of facilitators and it affected possible funding. All the facilities included in the study had more than six children enrolled and should thus have been registered in terms of Section 30 of the Child Care Act 74 of 1983. A significant finding of this study is that none of the facilities were registered. This omission points to gaps in the registration process, which is complicated and intimidating for facilitators.

Facilitators from formal facilities knew about registration, probably because they were in the process of application. However, the lack of communication with the departments doing the registration made it difficult for them to be clear and informed about the stages they should go through. They were not sure which department they should get feedback from. While the department of Social Welfare and Development and the municipality might have had genuine reasons for the delays, lack of communication with the facilitators made it a frustrating and uncertain process for the facilitators.

The feeling of facilitators from Category B informal facilities was that of being left out and not fully supported. As one facilitator mentioned, the requirements of the registration were difficult for her to meet. Facilitators felt that the government pays attention only to the big crèches.

The findings of the study show clearly that there is no synergy between the micro, meso, exo and macro systems.

#### **4.2.7. Staffing**

The results showed that Category A informal facilities have mostly one person looking after the children. The highest ratio of teacher/child minder in this Category is 12:1. For Category B facilities the highest ratio is 17:1 and for formal facilities the highest ratio is 25:1. The ratios exclude the other staff members who are usually the cook, security officer or a family member in the case of informal facilities. The ratios, particularly for the formal facilities are higher than those found across ECD sites in the province of KwaZulu-Natal. The ratio of practitioners and child minders to learners in the province is 20:1 (White Paper 5 on Early Childhood Development, 2001).

The children in the informal facilities are better resourced in this category than the children in formal facilities. An inference can be drawn that children in informal facilities get more attention. This could also be the reason why parents particularly choose the informal facilities for their newborn babies, even though formal facilities provide services for them as well. Informal Category A facilities are a particularly neglected group, yet they provide an important service.

#### **4.2.8. Training**

TREE provides the most training for the facilitators. The training is provided for all facilities, with the exception of Category A informal facilities, who receive no services and therefore no training. The fact that TREE does its own fundraising for the training of facilitators makes the training accessible and facilities take advantage of this.

#### **4.2.9. Salaries and fees structures**

Salaries were not discussed at length. However, facilitators from Category B informal facilities and formal facilities mentioned that they sometimes did not have a salary after buying food for the children from the fees and paying the salaries for the rest of the staff. The feeling of facilitators was that food used up most of the money and the facilitators had to pay salaries to the staff and they only got paid if there was any money left. This is because facilitators had a sense of responsibility as persons who 'employed' the other staff.

Fees charged were not significantly different at the facilities and were not guaranteed. Most facilitators reported that parents pay fees erratically and this led to poor running of the facilities, for example, buying of good quality food, equipment, learning materials as well as paying of salaries. Facilitators still had to pay salaries for months like January, November and December while attendance dropped and payment of fees also dropped.

#### **4.2.10. Vulnerable Children and Children with Disabilities**

Only one facility in this study had a child with a physical disability. This leaves the question of where the children with physical disabilities are. Could children with disabilities be in special schools or are disabled children hidden indoors in the community?

Another concern was that of orphaned children. Statistics of children being orphaned by the effects of HIV/AIDS in South Africa have been reported to be very high. The estimated number of children who have lost one or both parents to AIDS was 660 000 in 2001, (South African Epidemiological Fact Sheet, 2002 as cited in Barolsky 2003:10). The province of KwaZulu Natal is well documented as the province with high rates of HIV prevalence. Yet, during the interviews, only one facility mentioned children who were known to be in the care of

grandparents. The only other mention of children being cared for by grandparents was reference to children who dropped out and the facilitators would sometimes find out later that the children were sent to the rural areas. There was no information on those children in terms of figures. The concern is whether these could be the children vulnerable to and affected by HIV/AIDS. If this is the case, no one is documenting this. The long term effects of apartheid and the lack of service provision in rural areas is a well known factor in South Africa. It is therefore likely that the children sent to grandparents in the rural areas do not necessarily get services. Questions need to be asked about these children and what really happens to them.

### **4.3. Summary of Challenges facing facilitators**

The challenges of facilitators can be summed up as follows:

- provision of unplanned after care and overnight services
- lack of consistency in payment of fees by parents/caregivers
- problems with registration of facilities
- lack of funding resulting in lack of resources
- lack of standardized training for all facilitators and understaffing of facilities

### **4.4. Recommendations**

The following recommendations have been made from the study:

#### **4.4.1. Registration of partial care facilities**

It is cause for concern that none of the facilities in this study were registered. From the interviews it was clear that the formal facilities had lodged applications, but were not clear about how to proceed. Registration of facilities is currently a very cumbersome process. It is recommended that:

- The process of registration needs to be clearly regulated and simplified.

- The responsibility for registration needs to be channeled through one department to prevent duplication.
- The relevant department with whom the applications are lodged needs to keep those who have lodged applications informed about the status of their applications.
- Registration applications should be processed within specified time periods.
- The licensing system for partial care services, recommended by the South African Law Commission should be adopted. This system would give facilities an opportunity of being supported to a point where they meet the required minimum standards.
- A certificate or a license for registration must be accompanied by a letter providing details of what services, if any, the facility has access to after registration and information on how to apply for such services. For example, obtaining subsidies for food for the children in the facilities, so that fees are utilized for other purposes.
- Regular monitoring and inspection of facilities after registration to ensure quality programmes.

#### **4.4.2. Funding**

Lack of funding of the facilities deprives children in these facilities of their right to quality programmes and services. It is recommended that:

- Funding should be made available by government departments to facilities. There needs to be prompt registration of the facilities so that they can access funding for food, play and other education materials, salaries for staff and training of staff.

- Principal facilitators should be trained on how to write funding proposals and identify possible donors. This would help with familiarizing the facilitators with the processes of applying for funding from private donors and promote interaction between facilities at the micro level with systems at other levels.

#### **4.4.3. Educational programmes**

This study supports the proposal in the Children's Bill that ECD should be regulated. This will create standardization of this service over time. The coordination of services by Masibumbane association as suggested above could make accessible the available resources to all the service providers in Cato Manor and thus improve the quality of care children get.

#### **4.4.4. Training**

The researcher recommends the education of all facilitators about the importance of access to play for children. This kind of training is already available from the training organizations, but not all facilitators, especially those in informal categories have access to the training. This study therefore recommends the inclusion of facilitators from all informal facilities in training, as they provide a vital service for a particularly vulnerable group of children. The responsibility to identify and refer the facilities to training organizations would be better placed with all social workers who work in the area, as they do visits in these facilities.

#### **4.5. Recommendations for further research**

- A study investigating the factors which influence parents' decisions on choice of facility. This suggestion is made as result of the finding that the formal facilities, built specifically for this purpose are not functioning at full capacity, but parents send their children to other facilities that are not as equipped.
- A study documenting what challenges are faced by the Department of Social Welfare and Population Development in the registration of partial care facilities.

#### **4.6. Conclusion**

This study has raised a number of issues and has given in-depth insight into partial care facilities in Cato Manor. It has also highlighted areas that need to be dealt with, particularly by government departments to improve service delivery to children from previously disadvantaged communities.

The results of this study showed that while there was a tireless effort by the facilitators to make partial care of children and ECD in this community work, there is still fragmentation of services. Access to necessary social services for facilitators and the facilities is still difficult, more so for some facilities than for others. Not every individual facility can be monitored, especially if they are not linked to any service provider. However, this community has taken its own initiative to coordinate ECD and provision of partial care services. These efforts need to be rewarded and strengthened to benefit all the facilities and as such all the children in this community. TREE has been demonstrated in the study to be a non governmental organization that is committed to the provision of partial care services and ECD. It has shown that with commitment, these services can be provided under the most difficult circumstances and with limited resources.

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**APPENDIX A**  
**INTERVIEW SCHEDULE**

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**A. Information about the facility**

1. Type of facility: formal childcare facility/informal childcare facility
2. Can you describe the facility you run, as you understand it? .....
3. What categories of children do you look after? .....
4. How many children are enrolled/do you care for.....
5. What are the ages of the children in your facility? .....
6. Where are the parents/caregivers of the children you care for? .....
7. How are your enrolment numbers decided? .....
8. Is that the number you would like to enroll? .....
9. Could you have taken more children if there were more? .....
10. Did you have to turn away some children because you had already big numbers? .....
11. Do you think the space you have is enough for the number of children you care for? .....

**B. Operating times**

1. How many hours per day do you operate? .....
2. How many days a week do you operate? .....
3. Do you look after children overnight? .....
4. Do you ever come across situations where children are left in the facility for longer than the time agreed upon? .....
5. If yes, what situations are those? .....
6. How are those situations addressed? .....

**C. Information on services offered at the facility**

1. Do you provide any educational activities for children? Yes No
2. If yes, describe.....
3. Do you follow a particular educational curriculum? Yes No
4. If yes, who provides the curriculum? .....
5. Do you have play material for the children? .....
6. Do you have space for children to play? .....
7. Describe your programme for the day .....
8. How do you prepare the children in your facility for the first year in school?  
.....
9. Do you keep attendance registers for the facility? .....
10. Are you able to notice when a child is absent for long periods? .....
11. Do you make any follow-up? .....

**D. Registration**

1. Is the facility registered? .....
2. If yes, with whom is it registered? .....
3. If no, why not? .....
4. Have you ever attempted to register? .....
5. Do you know how to go about registration? .....
6. Which organizations do you work with? .....

**E. Staffing and training**

1. How many staff care for the children? .....
2. What training background do you and your staff have? .....
3. If there is one staff member: who looks after the children if you are ill or there is a crisis? .....
4. Do you have continuous training on protocols and new childcare developments? .....
5. How do you deal with problems affecting the children like loss of parents, abuse, etc? .....

6. Is the facility externally monitored? Yes No
7. If yes, by whom? .....
8. Who pays salaries for you and your staff? .....
9. How do parents of the children contribute towards their children's care?  
.....
10. How much do you charge per child per month? .....

**F. Health and Nutrition**

1. Do you have first aid kits? .....
2. How do you address injuries and illness within the facility? .....
3. Who provides food for the children during the time they are in your care?  
.....
4. How many meals do they have? .....
5. If you provide food, how do you determine the menu? .....
6. Give me an example of the menu? .....

**G. Funding**

1. How are you funded? .....

**H. General**

2. Do you have any relationship with the local leadership structures? .....
3. Why have you chosen to do the job you are doing? .....
4. Is there anything you would like to add? .....

**APPENDIX B  
OBSERVATION CHECKLIST**

Description	Observation Category	Comment
<b>1. Appearance</b>	The building	
	Space (inside)	
	Playground	
<b>2. Hygiene</b>	Cleanliness of the facility	
	Demeanor of children	
<b>3. Availability of the following</b>	Registers	
	First Aid Kit	
	Registration Documents	
	Menu, if available	
	Educational programmes	
<b>4. Surroundings:</b>	People visiting for the duration of interview	
	Movement of children for the duration of interview	
	Association of children with carers	

## APPENDIX C

To Whom It May Concern:

Dear Sir / Madam:

### RE: INFORMED CONSENT

You are hereby invited to participate in a study that aims to find out about childcare facilities and early childhood development programs in Cato Manor. The study aims to determine the methods of childcare for children under the age of seven in the area. It aims to find out what early childhood development programs are in place as well as how these facilities function. The study will also establish the kind of support the facilities receive in terms of registration, monitoring, funding and support from other non-governmental organisations providing child protection services.

Participants will be required to participate in an interview that will take approximately one and half-hours. Notes will be taken during the interview, which will take place at each childcare facility to allow the manager to be present at the facility. Participants can remain anonymous should they wish to do so.

Participating in this study will make a significant contribution to a better understanding of the childcare facilities and the implications on child protection. It will contribute to the understanding of registration processes and how these could be made easier and accessible for other facilities.

There will be no payments made for participating in the study. The participants have a right to withdraw from the study at any stage and for any reason.

I \_\_\_\_\_ the undersigned hereby understand the contents and conditions of participating in this research

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_



My name is Xoliswa Keke. I am a social worker at an MTCT plus clinic in Cato Manor, providing services for families affected with HIV/AIDS at Umkhumbane Community Centre. I also work as a social science researcher for HIVAN (Centre of HIV/AIDS Networking) of the University of KwaZulu Natal. I have previously worked with iThemba lethu, also based in Cato Manor and working with, abandoned children, youth in schools and their families. Before working with iThemba lethu I worked with Childline Family Centre, an organisation that provides services for abused children and their families.

My Contact details are as follows:

Tel: 031-2615675/ 2685816 during working hours

Physical address: MTCT Plus clinic

25 Kalenden Road

Umkhumbane Community Centre

Cato Manor