

Early Childhood Development and South Africa: A literature review

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Executive Summary

Early Childhood Development (ECD) has become a priority sector within South Africa, particularly in respect to ensuring equity and high quality of care for the youngest members (ages 0 to 5 years old) of the population. South Africa is also burdened with high levels of poverty, inequality and unemployment as well as unequal levels of service delivery and public provision of infrastructure. Given the recent development and request for feedback on the provisional ECD policy, there would be a benefit to examine the current state of this draft policy, its respective white papers, and its national and international mandates as well as to understand their relationship to South Africa's context of poverty. Furthermore, child poverty remains a major concern in the country, particularly in respect to the geographical and living conditions where children live, study and play. This paper wishes to bring to light literature on poverty and, from a multi-dimensional lens, understand how early childhood development provision, whether it be through its programming or the physical centres themselves, are affecting the lives of children, particularly those within households living in urban poverty. ECD are intended to provide children with a safe facility to stay and with some standards of conditions which would allow children to learn and improve their skills. ECD also provides parents with the ability to leave their children in safe places so that they can work or learn. The proximity of ECD centres, their costs, the staffing and their physical conditions influence the choices of parents to leave their children at an ECD centre. The ECD centres within informal settlements are also explored in this paper, given the need for further understanding of such physical infrastructures within a municipality's planning. Planning for ECD centres within the 'grey areas', such as informal settlements or those located in traditional land, can be problematic, especially for ECD managers or principals in gaining access to much needed ECD resources through the appropriate departments. Those parents who have limited and erratic income stream are provided with inadequate choices which may put a mother and/or father in difficult situations of child care. The ECD policy would benefit poor households, particularly those living within informal settlements, through understanding the conditions of the poor and their limitation of choices in ECD centres. In understanding their limitation, government could help provide a more meaningful policy which caters to their needs.

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Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
CBW	Community-Based Worker
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CHW	Community Health Worker
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of People with Disabilities
CSG	Child Support Grant
DAFF	Department of Agriculture, Forestry and Fisheries
DBE	Department of Basic Education
DHET	Department of Higher Education and Training
DHA	Department of Home Affairs
DHS	Department of Human Settlements
DJCD	Department of Justice and Constitutional Development
DOH	Department of Health
DOAC	Department of Arts and Culture
COGTA	Department of Cooperative Governance and Traditional Affairs
DOCS	Department of Correctional Services
DOF	Department of Finance
DOP	Department of Police
DOT	Department of Transport
DPSA	Department of Public Service and Administration
DPME	Department of Performance, Monitoring and Evaluation
DRECD	Diagnostic Review of Early Childhood Development
DSD	Department of Social Development
DSR	Department of Sport and Recreation
DST	Department of Science and Technology
DWA	Department of Water Affairs
DWCPD	Department of Women, Children and People with Disabilities
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development

EFA	Education for All
EPI	Expanded Programme on Immunisation
FCG	Foster Care Grant
GCIS	Government Communication and Information System
GDP	Gross Domestic Product
GRSA	Government of the Republic of South Africa
HSRC	Human Sciences Research Council
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant mortality rate
IPAECD	South African Integrated Programme of Action for Early Child Development - Moving Ahead (2013 - 2018) KZN KwaZulu-Natal
LMIC	Low- and/or middle-income country
NDP	National Development Plan: Vision 2030
NGO	Non-Government Organisation
NIPECD	National Integrated Plan for Early Childhood Development
NPAC	National Plan of Action for Children
NPO	Non-Profit Organisation
NQF	National Qualifications Framework
NRF	National Research Foundation
NUSP	National Upgrading Support Programme
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-child Transmission Republic of South Africa
PSPPD	Programme to support pro-poor policy development
RSA	Republic of South Africa
SASSA	South African Social Security Agency
Stats SA	Statistics South Africa
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund

1 Introduction

Early child development (ECD) has recently been considered as one of the most crucial sectors for a young child's (ages 0 to 5 years old) life. Children have rapid cognitive and emotional development during the period from birth up to the start of Grade R in South Africa. ECD plays a substantive role in preparing a child to thrive in primary and secondary school. Furthermore, ECD has been shown to affect the advancement from childhood to adulthood (Phillips & Shonkoff, 2000). Children raised in deprived or impoverished conditions, or within facilities where safety and a nurturing environment are limited, can compromise their equitable opportunities towards a good standard of adult life. To bridge this current inequality, South Africa is implementing a comprehensive national approach around Early Childhood Development. According to South Africa's Department of Social Development (Republic of South Africa, 2015:14), ECD comprises of cognitive, emotional, physical, mental, communication, social and spiritual development of children that takes place from birth until formal pre-schooling (i.e. Grade R)¹. This literature review focuses on two main topics, particularly in regards to South African policy: 1) the connection between poverty reduction and ECD, and 2) ECD infrastructure and informality particularly within the South African context.

As per the Programme to Support Pro-poor Policy Development (PSPPD II) agreement, this literature review is an update and expansion of previous work done by the Project Preparation Trust (PPT) of KwaZulu-Natal in partnership with the Housing Development Agency in a 2014 document titled, "*A New Approach for supporting informal early childhood development centres: Main findings and recommendations*" (PPT, 2014). This review will focus on contemporary literature around three areas: poverty reduction addressed through ECD, ECD infrastructure, especially around informal ECD centres, and the current draft national ECD policy in South Africa. The review will begin with a brief background to child poverty in South Africa. Poverty affects households, especially those with children in a multitude of dimensions and poor children, including children with disabilities who lack access to quality early childhood development facilities. Secondly, with regard to infrastructure, this literature review will also focus on the ECD policies and the challenges faced in establishing, running and accessing ECD centres for the poor and those living within marginalised areas. We found limited literature sources on

¹ In lesser cases, ECD can apply to those that reach the age of 8 years old (the older age is in the case of children with developmental delays and/or disabilities or for whom formal schooling is delayed, whichever occurs first).

ECD in these informal areas. Lastly, this literature review also explains how the current draft policy (and its supporting documentation) endeavours to address the existing gaps in provision of adequate ECD centres or services within underserved areas, particularly those situated within informal settlements.

1.2 A brief on Poverty Reduction through ECD

Children in poverty are most likely to be deficient of many types of basic needs such as food, housing, clothing and health care. Previous studies show that children who are nurtured within an appropriate environment with full access to proper basic needs are more likely to flourish in life than those who do not (CGECCD, 2013; UNESCO 2015). Access to proper nutrition, health as well as parental and community support constitute the basic elements that can boost sensory, emotional, cognitive, social and physical development of children from birth until they reach school-going age (UNESCO, 2015). With such resources, ECD can also positively impact on a child's readiness to enter into the schooling system. Poverty reduction should thereby be prioritised to ensure children are given the greatest potential to meet their early developmental and educational needs.

At the moment, there is unevenness in resource provision to ECD centres and programmes which thereby compromises the full potential for early childhood development to influence human development change, especially for children in urban informal settlements. Parents are employed in order to meet their household needs, and they send their children to either individual child minders or ECD facilities during their work periods. In the case of ECD, parents leave their children with caregivers who have the facilities to ensure the safety and, in some cases, cognitive programming for children. Under current ECD policy, it is expected that adequate formal and informal learning materials are available to the children for stimulation in their learning experiences. The current situation sees a gap as parents can afford a certain amount for ECD care, and the possibly low costs for care see current ECD facilities able to meet only certain infrastructural requirements. In other words, some of the facilities located in marginalised areas may be missing certain adequate conditions as well as programmes since they are limited with meagre resources only afforded by parents.

If ECD centres could find mechanisms to subsidise these funding gaps to operate their centres (i.e. meet the gap between the amounts received from parents and amounts needed to adequately run an ECD centre), such childhood interventions are shown to have long-term eco-

conomic benefits, reduce childhood cognitive delays and deliver positive long-term labour outcomes such as a productive workforce in a country (Biersteker, 2012; Martin et al 2014). ECD programmes now have some interesting research on long-term economic outcomes, such as reducing inequality across the richest and poorest quintiles (Engel et al, 2011). Proper investment in ECD also affects cognitive abilities and school readiness; for example, ECD can reduce the number of times a child repeats classes in advanced levels as well as minimises the school dropout rates (Young, 1996). Government benefits in increasing and strengthening their labour force participation, and citizens who engaged in early childhood development are more likely to become active, productive members, thereby providing funds towards the tax revenue base (Moore et al., 2009). ECD's provision show clear societal benefits and give a strong rationale for government, civil society, businesses and households to provide essential resources to ensure children have equitable economic and social opportunities in their early years.

In summary, ECD programmes and respective infrastructural facilities are not equal across countries or across regions, especially for those which try to cater to the needs of the poor. Some ECD caretakers struggle to maintain the educational or care needs of young children due to the lack of resources. Subsequently, there remains a gap to meet the requirements to ensure educational stimulation and proper facilities for children. The access to available subsidies is excluded from some ECD centres given their location within urban informal settlements. Certain registration requirements also make it difficult for ECD to gain government subsidies. A further review on these government provision of resources in ECD and recommendations on how to best support the most poorly resourced centres, could then allow for a more equitable opportunity for young children from disadvantaged backgrounds to attend quality ECD centres.

2 Poverty and Early Childhood Development: an overview

This section discusses the current literature around poverty reduction and the early childhood development nexus. The section starts by providing the poverty situation in South Africa and in eThekweni municipality. Further, the concept of poverty and some of its components of food insecurity, health, education and socio-emotional development, particularly amongst children, are described.

2.1 Poverty in South Africa

South Africa has approximately 18.6 million children (Hall & Sambu, 2015). In 2013, over fifty per cent of South African children (ages 0-17) lived below the “lower bound” poverty line (R671 per month (Hall & Sambu, 2015). This percentage thereby estimates that approximately ten million children (all ages) in all of South Africa live below the “lower bound” poverty line (Hall & Sambu, 2015). 2.6 million of these 10 million poor children are living in KwaZulu-Natal (KZN). While this total is less than the 3.3 million poor KZN children counted in 2003, this still remains the largest absolute number of poor children per province in the country (Hall & Sambu, 2015).

In regards to poor children under the age of 6 (those children who live in the poorest 40 percent of households and would be eligible for free ECD services), there are around 4 million in South Africa, with approximately 957 000 based in KwaZulu-Natal (KZN) (Hall et al, 2014). In regards to housing provision, forty-two per cent of South African children living in informal dwellings are aged up to 5 years (Hall, 2015). In 2013, more than 2 million children (11 per cent) lived in shacks within informal settlements in South Africa (Hall, 2015). In KwaZulu-Natal in 2015, 265 000 children lived in informal housing; this is a substantially smaller figure compared to 2002 when 433 000 children lived within informal housing (Hall, 2015).

In eThekweni Municipality, an estimated 34 percent of households live on an average monthly income of R1 500 or less (eThekweni Municipality, 2013). At the higher income rate of R3 500 per month, there are 60 percent of eThekweni municipality households who earn this monthly average (ibid). Within the same eThekweni quality of life survey, 70 percent of those who lived in an informal settlement were not satisfied with their current dwellings, mainly due to its poor maintenance and overcrowded nature (eThekweni Municipality, 2013). The National Upgrading Support Programme (NUSP) in 2013 suggests that government has interest to improve some of the conditions of those living within informal settlements (Turok, 2015). Of the strategic approaches, Turok (2015) suggests urban centres are moving towards settlement upgrades, and that the informed and agreed preferences of the community are prioritised.

One major mechanism that supports childhood development, particularly for poor households, is the Child Support Grant. The South African government continues to administer the child support grant which assists children in most need and provides free basic healthcare.

From the perspective of income and housing, poverty remains a major issue at the local provincial or national level in South Africa. The resource deficits in the country amongst children,

whether it is inadequate food, healthcare or housing, can have serious implications on the children's development.

2.2 Poverty and the Intergenerational Issue

The foundation laid in the early years of a child's life determines the chance they have for a high quality life in adulthood. The stage of life from birth to the age of five years is regarded as crucial for human development. ECD is considered as the preparation period for a child to transition to primary school education (Atmore et al, 2012). Interventions of early childhood education are essential in enhancing a child's progression from childhood to adulthood. One of the key objectives of ECD programmes is to provide fundamental opportunities for a child's social, psychological and cognitive progress (Atmore et al, 2012). Few studies on the impacts of ECD in developing countries exist. Based on 2011 research, there are 49 countries with official ECD policies and 40 other nations in the process of developing this information (Vargas-Baron, 2011). Adequate government support in early childhood education can reduce grade repetition and school dropout rates, enhance social mobility within poor households and reduce the cost burden on welfare and the criminal justice system (Károly et al, 2005). This government support will further reduce the inequality gap within low income groups and hence reduce cyclical poverty (Heckman, 2006). Overall, quality ECD education brings about positive outcomes in a society; however, poverty reduces accessibility to quality early childhood education as will be explained in detail in the next section.

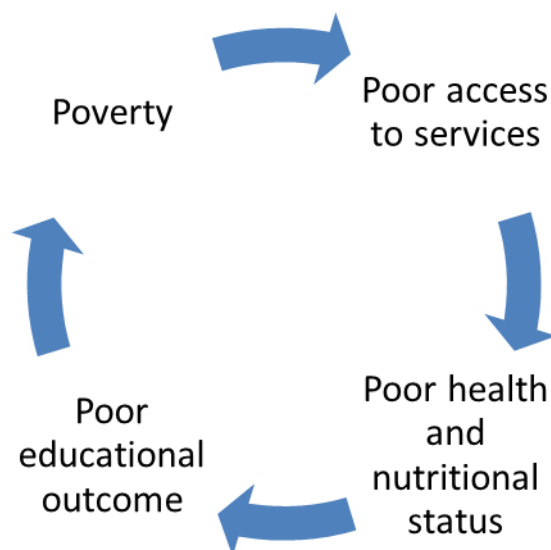
Poverty has had a considerable impact on children worldwide and governments all over the world are making considerable efforts to tackle child poverty. Poverty refers to poor living conditions as a result of lack of income and inadequate resources (Engle & Black, 2008). A child is considered poor when his or her household living standards are regarded as below a particular poverty line (in terms of lack of income and/or insufficient resources within the household).

2.3 Concepts of poverty

Child poverty has long-term effects on human development (Engle & Black, 2008). Poverty also imposes serious consequences on households and societies (Magnuson, 2013). This can be best explained by looking at both current and cyclic poverty. Currently poverty serves as a barrier to opportunities and resources which are essential to enhance sustainable human development. For instance, poverty prevents children from accessing education, health, welfare, and future employment opportunities. In some cases, current poverty can be temporary and

resolved once household adults gain employment or assistance. On the other hand, cyclical poverty is where poverty is passed on from one generation to the next and continues to worsen the status of children worldwide (Engle & Black, 2008). This cyclical poverty impacts on a child's crucial development stages from birth to adulthood (Engle & Black, 2008). According to Moore et al. (2009) children who grow up poor are more likely to be poor as adults. The children of parents who have acquired a low education level, and are usually involved in low paying jobs for that reason, are most likely to lack access to certain resources. This goes on to affect children's welfare and limits their development (Moore et al., 2009). Figure 1 illustrates a cycle of poverty which includes poor access to services, leading to poor health and nutritional status, further poor educational outcomes and then develops to persistent levels of poverty for the household.

Figure 1: The poverty cycle



Source: (Kibel et al., 2010)

In addition, poverty prevents a child's ability to access high quality education that would further develop their human potential and prepare them to be part of the future workforce. The inter-generational cycle of poverty is multi-dimensional. Early childhood development programs are regarded as one mechanism to prevent intergenerational poverty from passing on from parent to child.

2.4 Food Insecurity

Poverty can contribute to stunted growth among children mainly due to poor nutrition. Infant mortality is more likely to occur among poor households and children are more likely to be born with low birth weight (Moore et al., 2009). Children born to poor households are likely to experience circumstances where there is not enough food or where they have a poor diet. Although the government in South Africa has provided various means to address poverty and malnutrition, child poverty remains a major issue (Atmore et al, 2012). Child hunger varies between racial groups, with black Africans having the highest number of children who lack adequate food (Atmore et al., 2012).

2.5 Children's Health and Education

Each child has a right to quality healthcare. The rate of infant and child mortality is often used as a measure of health status and socio-economic status (Atmore et al, 2012). "Early investments in children's health and education offer the greatest benefit" (Kibel et al., 2010: 84). According to SAHRC & UNICEF (2014), poor health among adults and children can have a major impact on the household, which leads to a poverty trap. As an illustration, a breadwinner who is in poor health is more likely to stay out of work, and the household income is thereby reduced (SAHRC & UNICEF, 2014). This situation can affect children through the inability to provide for child's basic needs, including proper healthcare. Children who cannot address their illnesses with medical interventions can, as a result, have it impact their learning. In addition, children residing in poorly sanitised environments can also lack access to proper sanitation toilets; hence, they use unsafe facilities (Atmore et al., 2012). Poor health conditions have a long-term effect (Moore et al., 2009). Due to food insufficiency (food security) and resources, children experience various health issues such as iron and calcium deficiency. Poor children are at higher risk of being exposed to contaminated water that causes diseases. This creates poor health conditions and increased numbers of children infected by the effects, which are likely to persist until they reach adulthood (Moore et al., 2009). People from poor households often live in unsafe environments that can have a negative influence on their health. They can be exposed to various risk factors such as violent environments and parental drug abuse that negatively affect health (Moore et al., 2009). They are also exposed to a high risk of being involved in accidents and injuries because of an unsafe environment.

2.6 Schooling and Cognitive Achievements

Education is one of the development measures in societies and is one of the indicators of progress amongst individuals (Atmore et al., 2012). Education can be an instrument that enhances an individuals' ability to reach their full potential. Various studies on the impact of poor living circumstances on early childhood development indicate that there is a strong correlation between poverty and poor academic achievements (Moore et al., 2009). Poverty is also associated with higher chances of adolescents not completing secondary school level.

Compared with rich children, poor children are usually raised by caregivers who have not reached a high level of education (Moore et al., 2009). Some children can grow up in an environment within little educational stimulation, and this has a poor impact on children's cognitive skills and educational attainment. Poor children also are more likely to attend schools that are considered disadvantaged. These schools have few facilities, poor infrastructure and insufficient learning resources. In summary, children from poor families who have no access to, or cannot afford, adequate early childhood education are less likely to advance academically compared to children from well-off families (UNICEF, 2012).

2.7 Social and emotional development

Poverty affects children's emotional and social development. As mentioned earlier, children living in poor conditions are more likely to demonstrate behavioural and emotional issues (Moore et al., 2009). Children from poor households can find it difficult to relate with other children and can lack self-confidence. This implies that children from poor households can have lower chances of reaching their full human potential compared to children living in households with adequate income (Moore et al., 2009). Deprived children also experience change of location, and/or family structure compared to children who have never experienced poverty. A study by Moore et al. (2009) conducted in the United States maintains that children who grow up under poor living conditions have a higher risk of developing social, emotional and behavioural problems. For some, poorer children are likely to display aggressive behaviour and have low self-esteem, which may result in violent behaviour. Unstable living circumstances undermine children's social and emotional development, resulting in high levels of insecurity (Moore et al., 2009).

In conclusion, child poverty still remains a major issue in South Africa. Households with children under the age of 6 continue to live in under-resourced areas, such as informal settle-

ments, which have insufficient housing, health, water and educational services for children to have a decent well-being. Child poverty can be seen as intergenerational, with poverty being passed on from adult to child. Major consequences arise from child poverty including poor nutrition, deficiencies in schooling and emotional problems.

3 ECD in South Africa

Early childhood development is an emerging field of research and policy development in South Africa. The state of ECD in South Africa in terms of reporting on its progress was non-existent prior to the 1994 democratic elections. However, since the ratification of the United Nations Convention of the Rights of the Child on 16 June 1995, improved indicators and monitoring have been taken place, and from this data, the understanding on the situation of children has improved over time (Storbeck and Moodley, 2010; van der Merwe, 2015). As a starting point in South Africa, a national audit to establish the status of both registered and unregistered ECD centres was conducted in 2013 (DSD, 2014). At present there are 20,442 registered ECD centres nationwide (UNICEF, 2015). According to Richter et al., (2012), the General Household Survey demonstrates that 43 percent of children below the age of 5 had access to early childhood programmes in 2009. However, in 2010, the statistics improved and reached 63 percent (Richter et al., 2012). Drawing from this same data, information on unregistered ECD centres in informal urban areas is unavailable.

The national situation analysis also reveals the status of ECD centres and the children within their respective programme. In 1996, the enrolment of children in ECD centres stood at 22.5 percent. In 2007, the figure increased to 80.9 percent, which is most likely those registered into Grade R. Around 8 percent of ECD facilities lack proper infrastructure (Martin et al, 2014). Most of the registered ECD centres are inaccessible to most poor areas both in rural and informal urban areas (Martin et al, 2014; UNICEF, 2005). Under informal ECD centres, there is also a lack of proper management structures and set monitoring and evaluation mechanisms, which guide the running ECD facilities. More specifically, there is a deficiency in proper nutrition programmes, trained personnel on ECD or there are experiences of high personnel turnover (UNICEF, 2005; Atmore et al., 2013). Nevertheless, no single study on ECD in urban informal settlements exists; this is a research gap that needs further investigation.

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

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

As an illustration, Atmore et al. (2012) point out that the centres', particularly Grade R, programmes registered community-based ECD and facilities themselves are listed under the Department of Social Development. It is mandatory that registered community-based ECD meet the programme and infrastructural requirements of the department. Upon registration, ECD centres become eligible for per child funding for specific items like feeding schemes, and staffing. However, the department does not currently provide any kind of funding for specific suste-

nance (maintenance) and upgrades of the facilities. They do conduct follow-ups or check whether the facilities are maintained properly (Atmore et al., 2012). Another party involved in ensuring that ECD centres meet DSD standards is a local government's Environment Health Office that inspects ECD community-based centres before they are approved to operate legally. Currently, the owner of the registered community-based centre self-funds the facility updates and is responsible for maintenance and any kind of improvements (Atmore et al., 2012).

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

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

3.1 ECD centres within Informal Settlements

According to the Project Preparation Trust report, informal ECD centres play a crucial role in poor households (PPT, 2014). Informal centres are regarded to be based in an informal settlement, be operating without formal registration or both. The informal ECD centres serve as the main care support for poor parents or caregivers who lack affordability and access to formal ECD services (PPT, 2014). The informal ECD centres serve those who are socially and economically marginalised, particularly the poor households that lack access to formal ECD services (PPT, 2014). The informal ECD services themselves are under-resourced and face challenges such as poor community conditions and lack of basic infrastructure.

Informal ECD centres are important for poor households who urgently need child minding services at an affordable rate. In this situation, ECD centres located within informal settlements operate as unrecognised day care facilities which assist with caring for children of, for example, working mothers (PPT, 2014). One of the main reasons that some ECD centres might be of poor quality is because they are under resourced. For example, they lack sufficient funding to provide professionally trained personnel, essential facilities or structured programmes to undertake ECD services (van der Merwe, 2015). Despite the lack of resources, parents may trust the caretaker to watch over their children. These services are provided to these parents with very few resources when compared to most ECD centres administered by private entities or, for the most part, NGOs which, in comparison, are relatively costly, well-resourced and are mostly located in safe areas (PPT, 2014).

Some of the identified research gaps around poverty reduction and ECD were highlighted in the 2014 PPT paper particularly around infrastructure. For example, many ECD centres are located within informal settlements where they lack proper registration and thereby do not meet the minimum standard requirements. The DSD request all ECD centres to be registered in order for them to be formalised and thereby access various government resources. There; however, remains an unknown number of unregistered centres within poor areas. The PPT report also designed a categorisation framework which disaggregates the various physical conditions of the ECD centre infrastructure. The group uses three categories: Category 'A', 'B' and 'C'. The first, Category 'A', consists of ECD centres which are either fully or partially registered. In the case of these partially registered entities, the ECD centre can benefit from some support to qualify them as fully-fledged, recognised centres. ECD centres ranked within the Category 'B' require some level of 'emergency assistance' in, for example, improved health and safety. These centres may warrant immediate attention and assistance in facilitating their full registration. The third, Category 'C', consists of ECD centres that are in dire states, and according to PPT, they are regarded as 'low functioning.' These centres also require immediate attention to improve their ECD services. At the moment, there is little information about ECDs located within poor communities such as informal settlements. The technical categories would be a start to give some descriptive information on the state of available ECD centres within the country's urban informal areas. Besides the paucity of information on ECD infrastructure, the PPT review had a dearth of information about poverty reduction. Within informal settlements, some infrastructure, such as sanitation and water, may not be readily available to ECD centres. Land and buildings may not be owned by the ECD caretaker, yet given the high demands for affordable

child care; the centre will operate through informal rental agreements and be outside of formal zoning regulations. Despite these limitations, these child minders operate because parents prefer to leave their children with a responsible adult rather than unsupervised at home or left on the streets (van der Walt et al., 2014). Consideration of flexibilities around these infrastructural resources would be beneficial to ECD caretakers within the settlement to still be able to provide the child care services. For example, the restrictions around certain aspects on the ECD formalisation process could be relaxed or revised to fit the current living conditions, for example, the inadequate water and sanitation facilities within informal settlements. Given the South African government's recent interest to provide informal settlement upgrades, the parental preferences in accessing affordable and quality child care programmes and facilities would need to be considered. It would be in the interest of ECD policymakers to consider equity in resource allocation to the poorest facilities given the diverse set of ECD centres which currently exist within informal settlements.

Consequently, support and funding are required to provide quality ECD and thereby promote human development in informal settlements. The support for ECD in informal areas is regarded by many as a valuable investment for the country and community (PPT, 2014). This educational intervention can also be regarded as a way to break out of persistent poverty within poor communities (PPT, 2014).

4 ECD Policy in South Africa

The South African government has recognised ECD as a critical area. Policy makers have made the effort to ensure appropriate, equitable ECD policy, particularly through supporting poor and vulnerable children (Biersteker, 2012). Of the latest available information on registered ECD centres in the country, there were reported 18 000 in South Africa [as of the 2013 Department of Social Development's (DSD) annual report]. The government, through the respective departments - the Department of Education (DoE), Department of Health (DoH) and the Department of Social Development - and their relevant stakeholders, are addressing the existing policy gaps through the implementation of ECD programmes (Storbeck & Moodley, 2010). The government of South Africa, through the DSD, presented a draft national ECD policy (13 March 2015), which is currently under public review prior to its final ratification (Republic of South Africa, 2015). This draft ECD policy falls under the DSD's 18 September 2013 mandate and is promoted through the South African integrated programme for Early Childhood Development – Moving Ahead (2013-2016). With this said, the government of South Africa would

need to make some key financial allocations to ensure the implementation of ECD policy is cost effective and equitable, especially to ensure material and infrastructural resources reach the poorest of the poor.

A nation's progress depends on its capacity to produce the best possible human capital under equitable means (Department of Social Development, 2015). This involves significant government-funded initiatives which provide suitable educational conditions and essential resources required for child development. The provision of equitable and quality education is to ensure that each child within the country can reach his or her full potential. This section of the literature review will specifically address what policy exists in regards to ECD with specific focus on the policy content around infrastructure provision.

Atmore et al., (2012) indicate the need to increase access to adequate ECD programmes in South Africa because of the currently inadequate provision for its highly demanded services particularly amongst disadvantaged households. Households lack resources to pay for ECD services and more specifically, parents and caregivers lack finances to send their children to traditional centre-based ECD centres. Traditional centre-based ECD facilities consist of diverse and established physical structures, sometimes within public schools, community-based and home-based facilities. In addition, the centres are run by both trained and untrained practitioners providing ECD care and education for a number of children from age 0 to 6 years (Atmore et al., 2012).

Presently, government departments (Health, Social Development and Basic Education) in partnership with stakeholders in the field of ECD, such as non-profit organisations and formal ECD centres, work together towards ensuring that ECD centres are operating efficiently. While the institutions work together, each government department has its own policy in undertaking their tasks on ECD. To begin with, all the departments (Health, Social Development and Basic Education) regulate some aspects of children within different age cohorts between 0 and 9 years old. With specific emphasis on ECD, the Department of Health (DoH) caters for children from the pre- and postnatal stages up to 5 years old around health issues; the Department of Social Development (DSD) is responsible for children between birth to 4 years old on ECD before Grade R; and lastly, the Department of Basic Education (DBE) focuses on children in Grade R or 5 years old.

With the above mentioned departmental mandates in mind, the amended Children's Amendment Act (41 of 2007) and the National Integrated Plan (NIP) for ECD specifically inform policy for the ECD service delivery for children under the age of 6 years (Kibel et al., 2010). Both policies consider the provision of early childhood care and education within households, societies, departments or organisations. ECD centres play a pivotal role towards ensuring that the basic education needs of children are addressed (Richter et al., 2012).

4.1 Amended Children's Act

In regards to infrastructure, the amended Children's Act notes two new concepts: partial care facilities (Chapter 5 of the amended Act) and Early Childhood Development programmes (Chapter 6 of the Act). All previous centres' terms (i.e. crèches, day care centres and educare centres) are now termed as partial care facilities. As for registration, an individual who offers the above services would need to first register their partial care facility with the provincial government [Section 80.1(a)], and second, register their ECD programme to the Department of Social Development. The amended Act (2007) requires a national strategy which focuses on an 'appropriate spread of partial care facilities' throughout the country (Section 77.1). The provinces are responsible to keep record of these partial care facilities (Section 77.2a) and prepare a strategy to ensure an 'appropriate spread' of these facilities (Section 77.2b). In regards to the provision of partial care, there are 'national norms and standards' which must be adhered to (see Appendix A for the list of national norms and standards for partial care - Section 79.2) and the facility would need to follow municipal bylaws of structural safety and health (Section 78.2.bi & bii).

4.2 The National Integrated Plans

There are two national integrated plans which affect ECD centres: a) the national integrated plan², and b) the South African integrated programme of action for early childhood development. The current national plan for children speaks to early childhood development in section B1. In regards to infrastructure, the following objective and strategy are most relevant (Republic of South Africa, 2013:35):

- Objective: "To ensure all partial care facilities that provide early childhood development programmes (ECD centres or facilities) are registered and meet the minimum standards"; and

² National Plan of Action for Children in South Africa 2012-2017

- Strategy: “improve access to ECD centres”.

As to leads and supporting departments, the following applies to infrastructure (Republic of South Africa, 2013:36):

- Department of Social Development – “registration and monitoring of ECD centres”, “provisioning of funding to ECD centres”, “development of policies, norms and standards for regulating the registration of ECD centres”;
- Department of Basic Education (Grade R): “provision of infrastructure, resources and programmes for learners”;
- Department of Health: “inspection of facilities for health compliance”; and
- Department of Human Settlement “integration of ECD facilities within the current human settlement infrastructure”.

The South African integrated programme of action for early childhood development – moving ahead (2013/14-2016/17), (Republic of South Africa, 2013b) follows on the national action for children. The focus is on distribution of early childhood care and education (ECCE) services to children from birth to 4 years old in disadvantaged rural, and informal urban, locations (Richter et al., 2012). Specific to infrastructure, Section 5 titled “ECD infrastructure” (page 10) has the main objective to develop an integrated infrastructure policy for ECD. The three main outputs which lay within this objective are as following:

- 1) Audit of existing ECD infrastructure provisioning (31 March 2014)³;
- 2) Develop an integrated infrastructure policy for ECD; and
- 3) Amend and consolidate spatial norms and standards for ECD infrastructure.

This again requires support from multi-sectors and departments; various government institutions have the obligation to recognise the needs of vulnerable children.

In South Africa, the ECD services have primarily focused on formalising the Grade R programmes. However, the new act has seen a renewed enthusiasm towards service and infrastructure provision for pre-school (0-4 years old). Partial care facilities or ECD centres would need to be established to provide education and early childhood care for children. Atmore et al, (2012) argue that there are various challenges for ECD centres and Grade R services such as

³ This audit is completed and titled “*Audit of Early childhood Development (ECD) Centres: National Report*” and referenced through this review.

the lack of learning materials and resources, the absence of trained educators and poor security in learning facilities. One of the main reasons for these challenges is child poverty as well as historical marginalisation within the education sector. Although there has been some improvement in the number of available ECD centres since South Africa's democratic elections in 1994, stakeholders in the ECD field assert that more needs to be done to address access. Furthermore, the quality of ECD facilities located in marginalised and poverty stricken areas in rural and informal urban areas need this government support (PPT, 2014). The PPT (2014) report indicates that informal ECD programmes, which operate in poorly resourced environments, lack support because they are unable to attain the minimum standards and requirements indicated by Department of Social Development. The informal ECD centres lack means for registration, which enable recognition and funding from government institutions and programming (PPT, 2014).

ECD is the foundation of a child's education progress (PPT, 2014:26). One of the critical aspects or fields for promoting ECD services by education involves the development of infrastructure (i.e. structures for instruction, and water, electricity and sanitation provisions), learning materials, formal personnel training and supporting the schooling foundation phase (Richter et al., 2012). Progress in these domains promotes quality education essential for sustainable human development.

4.3 Main Challenges of Current ECD policy

According to the ECD National Audit Report 2014 (DSD, 2014), infrastructure was cited as the main factor that restricted ECD centres from registering with DSD. According to Richter et al. (2012), one of the main challenges of Early Childhood Care and Education (ECCE) is that children living in poverty, disadvantaged societies and those living with disabilities remain with limited access to ECD centres and are deprived of quality ECD facilities. Therefore, regardless of the legislative framework, whether it be the Children's Act or the National Integrated Plan of ECD, disadvantaged children remain with the challenge of inadequate access to services (DSD, 2014).

Lack of funding is another factor that affects delivery of quality ECCE services. Funds accessed through user fees are inadequate, especially when used by poor. In addition to the lack of government subsidies for some of the informal ECD centres, funds for the ECD services in under-resourced settings lack government support and are inadequate to meet the standards

put in place to quality for ECD centre registration. As a result most ECD centres operate under informal means. Many ECD facilities require payments for children who attend or use the service and in poor areas, the cost of care charged to parents is made to be affordable within their limited and erratic salaries. The low household incomes and non-subsidised ECD centres excludes poor children from accessing quality ECD services. As a result, informal child care arrangements (or centres) serve as one of the few alternatives to poor households.

The government departments have not been successful in developing a strategy to help ECD centres reach the standards required for subsidy access. In addition, services have been disadvantaged by poor infrastructure in centres within under-resourced areas. (Richter et al., 2012). Infrastructure is important for provisioning of quality and equal access to ECD facilities for disadvantaged children. The state would need to work with multiple stakeholders, including human settlements and local government departments, to fill the gaps in infrastructure, particularly for ECD centres. Thus, so far, a few NGO's interventions have filled some of the infrastructure gaps (Richter et al., 2012).

Richter et al. (2012) point out that the present ECD strategies are insufficient to meet the essential needs of children living in poverty and those with special needs. Poor children and those with special needs are marginalised from accessing necessary services. There is an imperative for the reviewed National Integrated Plan to openly implicate the government departments and their respective responsibilities in addressing the issue of the ECD exclusion of vulnerable children. A multi-sectorial coordination from various state departments and NGO stakeholders is necessary (Richter et al., 2012). Various government departments have the responsibility to provide services and programmes that promote positive welfare to households living in poverty. The obligation should be placed on all government spheres; national, provincial and local government to ensure support and provide ECD facilities for vulnerable children (Richter et al., 2012).

4.4 The Draft: National Early childhood Development Policy

The draft National Early Childhood Development (ECD) Policy document is currently in circulation for comment. This draft policy acknowledges that poverty is significant in regards to the main source of inadequate child development (Department of Social Development, 2015). The South Africa's national vision is that "by 2030, (we) seek to eliminate poverty and reduce inequality" (Department of Social Development policy draft, 2015:24). "The National Development

Plan (NDP) recognises quality ECD services, especially for the most vulnerable, as sustainable and cost-effective way of ensuring the optimal development of children, their resultant educational success and improved employment prospects as a key player to overcoming the apartheid legacy of poverty and inequality” (Department of Social Development, 2014:24). Therefore, the draft policy plans to address access challenges experienced by vulnerable children, including young children living in poverty and those living in under-serviced areas, and young children with a disability (Department of Social Development, 2015).

The Department of Social Development (DSD, 2015) first recognises that, to date, there are some ECD facilities that are not accessible and are affected by poor conditions. The draft national ECD policy indicates that the government has a responsibility in ensuring human resources and infrastructure are in place for quality ECD services for all children in South Africa. The draft document also indicates the significance of equitable access; the policy ensures that no child is restrained from using the available facilities regardless of their socio-economic status.

The draft policy specifically states that equal access to ECD services is attained or possible when all children, including those affected by poverty or any form of developmental challenges, have the equal opportunity to access appropriate ECD services (Department of Social Development, 2015).

4.4.1 Opportunities and Challenges: challenges faced in establishing informal ECD centres

As mentioned earlier, the main challenge for informal ECD centres is inadequate infrastructure. While it is important to set standards for infrastructure in ECD centres, the ability to ensure quality ECD infrastructure in underserved communities is a constraining factor. More specifically, ECD centres that do not have the budget or the means to meet the current standards prevent (through this restraint) such centres from reaching full registration status with the DSD. Therefore they miss out on any DSD subsidy opportunities. It is important that ECD centres, especially within informal settlements, are provided with assistance and support so that the caretakers can be well equipped to provide appropriate infrastructure during their child care duties. According to a National audit report on ECD centres (2014), the type of infrastructure of an ECD centre can affect the safety and well-being of children (Republic of South Africa, 2014). In order to get a holistic sense of the state of infrastructure at ECD centres, the audit poses

various questions related to the nature of the building. For example, the report looks at the condition of specific aspects of the structure such as the roof, walls and plumbing, the structure's ability to cater to the needs of learners and staff members with special needs, as well as the availability of sanitation facilities (Republic of South Africa, 2014).

Studying the responses to questions on the quality of the infrastructure nationally, the results demonstrated that centres in KwaZulu-Natal and the Northern Cape have the poorest quality infrastructure. This places the KwaZulu-Natal province as having the highest proportion of centres with the greatest need of "urgent maintenance". In other words, ECD centres' infrastructure has a high proportion with physical defects in the roof and walls; including avoidable safety hazards such as sharp and dangerous fixtures as well as obstacles obstructing passages (Republic of South Africa, 2014).

4.4.2 Structural Challenges Facing Registration of Informal ECD Centres

According to van der Merwe (2015), ECD centres in South Africa are under-resourced and thus lack sufficient funding, professionally trained ECD personnel and are absent of quality facilities and structured programmes, including the lack of proper nutrition programmes. In addition, there is a lack of proper management structures and a set of monitoring and evaluation mechanisms which guide the running ECD facilities (UNICEF, 2005; Atmore et al., 2013). Altogether, the infrastructure in registered community centres is recognised as poor compared to Grade R facilities in public schools. According to the Department of Education, ECD classrooms are often found to be overcrowded, accommodating over 40 children per teacher, even though set standards require that each class accommodate up to 30 children for grade R and up to 20 children for pre-grade R (Atmore et al., 2013). The National Department of Basic Education, Social Development and UNICEF found that the infrastructure in community based centres were underprivileged compared to those within public school facilities (Atmore et al., 2013). The researchers also found that the infrastructure in unregistered community-based centres is below standards. The conditions within the facilities are very poor compared to other registered formal ECD service providers.

4.4.3 Measures Put in Place to Address the Infrastructure Challenges in ECD Centres

The draft National Early Childhood Development Policy has attempted to address these challenges to ensure that children living in marginalised areas are able to access quality ECD services (Department of Social Services, 2015). Presently government departments have part-

nered with stakeholders who provide ECD services to create awareness and advance the importance of ECD (van der Merwe, 2015). A South African integrated programme on Early Childhood Education has been generated to encourage children to attend school, as well as to inspire teachers to teach. This includes improving the quality of education infrastructure in ECD centres including improving infrastructure within the realms of sports culture and heritage (Republic of South Africa, 2014). These efforts will enable the relevant departments to work together since current service provision for ECD centres from the national provincial and local government level is relatively disconnected. The current draft policy intends to harmonise the department's roles and duties and reduce the previous custom of departments that were 'working in silos'.

4.4.4 Plan of Action, ECD Policy at National Level

The government of South Africa has taken a great initiative towards reforming the ECD. According to the draft gazette notice dated 13th March 2015, the government has tasked the relevant departments; Department of Social Development (DSD, Department of Cooperative Governance and Traditional Affairs (COGTA), Department of Women, Children and People with Disabilities (DWCPD), Department of Basic Education (DBE), National Treasury, South African local Government Association (SALGA), National Development Authority (NDA), Department of Public Works (DPW), Department of Human Settlement (DHS) to undertake an audit on current ECD resources (Republic of South Africa 2014). Once this is achieved, the DSD infrastructure unit will spearhead the development of integrated standardised policy guideline to ensure all levels of government are able to administer fair distribution and access to ECD infrastructure at local level. The DHS will work together with COGTA, SALGA, NDA, Department of Correctional Services (DCS), DWCPD, DPW, and DHS to accomplish this task (Republic of South Africa, 2014:50). Among the core elements to be addressed in the integrated infrastructure policy are:

- a. Identify all policies relating to infrastructure and ECD;
- b. Compile an applicable policy in relation to this;
- c. Identify gaps and challenges of the policy;
- d. Align infrastructure policies;
- e. Model bylaw on infrastructure developed and circulated to all municipalities;
- f. Propose amendments to infrastructure policies on ECD in the parliamentary legislature programme;
- g. Promote and implement on agreed upon policies and amendments.

National Treasury will fund the initial undertaking of the integrated infrastructure policy. A concept paper will be developed in order to generate a budget and expend the funds. A deadline to accomplish this task was March 2016 (Republic of South Africa, 2014).

The national objectives of the policy indicate that the DSD will be responsible of providing operational grants for ECD centres. However, ECD centres will be required to meet DSD standards by acquiring public health permits and fire clearance certificates. As mentioned earlier, this may pose as a challenge for most ECD centres, particularly those that do not own land. In the same vein, the procedure for applying for municipal health clearance and safety bylaws is difficult, particularly for ECD centres located in informal settlements and rural areas. The policy suggests that the process needs to be flexible enough for both ECD and non-ECD centres located in underserved areas.

Within this action plan, the Department of Human Settlements are tasked to integrate ECD facilities within current Human Settlement infrastructure plans. The departments of DSD, COGTA, DWCPD, DBE, National Treasury, SALAGA, NDA, DPW and DHS are all required to generate national goal indicators on the percentage of schools that maintain safe learning environments as well as monitor the progress and improvement of infrastructure accessibility among children living in underserved areas as well as those with disabilities (Republic of South Africa, 2015). An infrastructure roll-out plan should be worked out with a core focus on rural areas. In addition, there should be in place services which enhance infrastructure development towards reducing poverty and inequality as well as meeting the needs and priorities of children (Republic of South Africa, 2015). The starting point is to identify all policies relating to infrastructure and ECD through a compilation document, determine the existing gaps and challenges and work towards adjusting them within the infrastructure policies. A model bylaw on infrastructure should be initiated and disseminated to all municipalities. Through their actions, the municipalities can then suggest amendments in the parliamentary legislature programme. It is after this process that the amendment proposal can be agreed upon and thereby publicised (Republic of South Africa, 2015).

As for the specific instructions from the draft policy:

- *National indicator (objective 2): Ensure urban and rural planning infrastructure and broader efforts to reduce poverty and inequality towards meeting the needs.*

- *Ministries requested that each Minister is to deliver an outcome and provide a delivery agreement.*
- *Department agencies and spheres of government are to achieve output, target, indicators and key activities for each outcome as well as identify and further clarify roles and responsibilities (i.e. on who will do what with what resources).*
- *Delivery agreement should unpack output, requirement, target legislative, institutional and environmental decision making process rights as well as the resources needed and re-allocation of resources where appropriate. (Republic of South Africa, 2015:77)*

4.4.5 Action Plan at the Local Level

The municipalities and the Department of Social Department are required to work together in order to improve infrastructure. The policy suggests that “a pilot project [is] necessary to enable plan[ned] grant mechanisms to fast track the process” (PPT, 2014:7) In addition, the availability of emergency renovation will be undertaken through the use of the municipality infrastructure grant. The urban settlement development grant will be used within the special needs group (a provision included in the Housing code).

The Ministry of Housing has been tasked with the upgrading of ECD infrastructure at local level. The tasks include ensuring that infrastructure is upgraded accordingly, the centre is fenced and that water and sanitation provisions are well equipped. These standards would allow un-registered ECD centres to obtain clearance certificates or partial registration from DSD. In addition, should ECD centres be located in inhabitable areas, the department of housing will assist in relocating ECD centres to safer and accessible locations (Republic of South Africa, 2013, under proposed new approach to achieve scale - pg10). To enable monitoring and evaluation of ECD centres, PPT (2014) suggests that ECD centres should be categorised and ranked into three categories in order to monitor the progress and highlight infrastructural matters that may facilitate in improving ECD services. Furthermore, adequate funding and the participation of relevant stakeholders are of great importance when dealing with infrastructural improvement of ECD facilities.

5 Conclusion: Way Forward

This literature review attempts to acknowledge the contemporary research around ECD in tackling poverty, ECD facilities and the draft policy on ECD in South Africa. The review also looks at policy challenges that South Africa's government institutions face, particularly in reaching poor and marginalised communities.

South Africa has managed to ensure that Grade R children are now integrated into ECD programmes; however, the same has yet to be said for the opportunity to access proper ECD facilities and care for pre-Grade R programmes. There remains major need gaps for ECD infrastructure and programmes for ages 0 to 4, particularly within informal settlements where standards and regulations do not fit well within current policy framework. Many of the ECD facilities, especially within informal settlements, are not registered, in some cases it is due to the failure to comply with the standards set by Department of Social Development. The draft National Integration ECD policy attempts to address the policy gaps that prevent poor and vulnerable children's access to ECD services. Furthermore, complementary healthcare, nutrition and parental support can be offered in ECD centres to help children reach their full potential. In addition, policy makers have suggested that more research needs to be done in order to facilitate decision towards the investment and improvement of ECD centres throughout South Africa.

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Appendix A: Amended Children's Act (2007)

Excerpts from Chapter 5: Partial Care: Section 79 – National norms and standards for partial care

National norms and standards for partial care⁷⁹.

(1) The Minister, after consultation with interested persons, and the Ministers' of Education, Finance, Health, Provincial and Local Government and Transport, must determine national norms and standards for partial care by regulation.

(2) The national norms and standards contemplated in subsection (1) must relate to the following:

- (a) A safe environment for children;
- (b) proper care for sick children or children that become ill;
- (c) adequate space and ventilation;
- (d) safe drinking water;
- (e) hygienic and adequate toilet facilities;
- (f) safe storage of anything that may be harmful to children;
- (g) access to refuse disposal services or other adequate means of disposal of refuse generated at the facility;
- (h) a hygienic area for the preparation of food for children;
- (i) measures for the separation of children of different age groups;
- (j) the drawing up of action plans for emergencies; and
- (k) the drawing up of policies and procedures regarding health care at the facility.

(3) A partial care facility for children with disabilities or chronic illnesses must, in addition to the national norms and standards contemplated in subsection (1):

- (a) be accessible to such children;
- (b) provide facilities that meet the needs of such children; and
- (c) employ persons that are trained in and provide training to persons employed at the facility on-
 - (i) the needs, health and safety of such children;
 - (ii) appropriate learning activities and communication strategies for such children; and
 - (iii) basic therapeutic interventions.

(4) A partial care facility may offer programmes appropriate to the developmental needs of the children in that facility as may be prescribed.