Effective early childhood development programme options meeting the needs of young South African children

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INTRODUCTION

1.1 Statement of the problem

In the developing world alone, there are over 200 million children who are in need of immediate early childhood development interventions (Van der Gaag & Putcha, 2015). Early childhood development interventions protect children against the effects of poverty, poor nutrition, inadequate health care and a lack of education (Van der Gaag & Putcha, 2015). According to Statistics South Africa (Stats SA) (2012), 60% of children in South Africa are born into families earning less than R544 per month. At the same time, there are a great number of young children not living with their biological parents, but living with their extended family, especially in the rural provinces of South Africa. In these rural areas, where early childhood development (ECD) programmes are less available than in urban areas, ECD is not accessible to the majority of children.

Stats SA (2012) indicates that half of all children born into families living on less than R544 per month are born to parents who are both unemployed. Living below the poverty line makes the vast majority of children vulnerable to disease, illness, stunting and death. This could be significantly alleviated if these children had access to quality ECD programmes, which include a nutrition and health component.

Quality early childhood development interventions can have a significant effect on reducing poverty and inequality across South Africa. Globally, various ECD programme interventions in communities clearly indicate that communities and families want quality ECD programmes for their children at a cost which is affordable. Parents want a stimulating and safe environment for their children whilst they are at work or are seeking work. Parents who cannot afford to access ECD centres welcome early childhood household stimulation (ECHS), because of the marked effect they see in children who have benefitted from ECHS programmes. In summary, communities support ECD programmes because they recognise the value these programmes have on their children, their families and their community.

Whilst government has ensured universal (almost 100%) access to primary schooling for South Africa’s children, with 97% of children aged 7 – 17 attending an educational facility (Hall, 2014), it has also acknowledged that it needs to increase ECD access for children between the ages of 0 and 6 years. The present research study supports the efforts by the South African government to achieve universal, quality ECD provision.
for South African children as outlined in the National Development Plan: Vision 2030 (Republic of South Africa [RSA], 2011), furthering development of South Africa and building the economic strength of the country.

In South Africa, the majority of children enter formal school at age 6 turning 7, and many are ill-prepared for the rigour of school. These are children who have not had access to quality ECD programme options, and as such, are less likely to perform well academically, are more likely to need costly remedial education, and are likely to leave school prior to completing Grade 12. Some of the effects of early drop-out include antisocial behaviours such as involvement in criminal activities, gang membership, substance abuse and teenage pregnancies. These are some of the significant social, economic and education challenges that affect our country, and which perpetuate the cycle of poverty.

1.2 Significance of the research study

South Africa has recognised the positive effect that ECD programmes have on communities and for South Africa. Direct effects on children include better academic performance in school, physical thriving through good nutrition, and improved psycho-social health. Direct effects of ECD programmes on parents include better parenting, support and mentoring of young children, all of which contribute towards healthy growth and development of the child. Direct effects of ECD programmes on the nation include a more productive society, improved socio-economic circumstances and social cohesion, all of which in turn counter the cycle of poverty.

As beneficial as ECD programmes are, the quality of ECD in South Africa varies greatly. Problems such as distance to ECD centres, affordability and poverty limit accessibility of such facilities for large numbers of young children. Geographically, ECD centres and programmes are not evenly and well distributed with many ECD centres located in urban areas and not enough in rural areas. Many of the ECD centres that are located in rural communities are of a poor quality and do not have access to many resources needed by the children, such as health clinics, nutrition programmes, speech therapists, occupational therapists and physiotherapists.
As such, the main aim of this research project was to develop ECD programme option guidelines for South Africa. These guidelines will be of benefit to children, families and communities because government, the ECD non-profit sector and communities will now have guidance on how to provide these much-needed, quality ECD programmes. These programmes will enhance the knowledge, capacity and skills of ECD providers across South Africa.

Since the guidelines comprise both centre-based and non-centre-based ECD programme options, they will also result in reaching large numbers of children through ECHS and other ECD programme options. By providing South African policymakers with guidelines based on empirical evidence, the number of ECD services and programmes offered can be enhanced, those presently not being reached can be reached, and the quality of all these ECD programmes can be improved.

This research study was conducted throughout South Africa with the aim to analyse, review and describe ECD programme options, which work towards increasing access to these centres and improving the quality of ECD for young children in South Africa. The results of this study can be used to effect policy changes and assist with the effective implementation of current ECD policies, including the new National Integrated ECD Policy of 2015 (Republic of South Africa [RSA], 2015), so that children may have greater access to quality ECD programmes thereby reducing inequality and poverty. In saying this, it is well-known that South Africa has admirable policies in place, although the implementation of these policies is weak. This research will assist government, civil society, and the private sector to implement these policies effectively and to benefit South Africa’s youngest citizens.

It is the intention of this research that these implementation guidelines and recommendations for ECD programmes will ensure that the right information is available for decision-making, that systems are improved, and that government and ECD non-profit providers may effectively reach high numbers of children through a range of quality ECD programme options. The ultimate goal is thus to reduce inequality and poverty.
1.3 Goals of the research study

This research study had four specific goals. Each of these will be listed and discussed below.

**GOAL 1** To determine, review, analyse and describe the various early childhood development programme options in South Africa.

The Centre for Early Childhood Development (CECD) analysed, reviewed and described the various ECD programme options currently used in South Africa. Through this the outcome of this goal, government, the non-profit providers and communities are supported with regard to how they can substantially increase the number of young children in quality ECD provision nationally. This study focused on those ECD programmes, which have shown the best outcome in enhancing ECD services across South Africa.

Data was collected by means of face-to-face interviews using a structured interview schedule, which allowed the researchers to explore specific ECD programme options. The ECD programme options were also compared against the norms and standards of the Children’s Act (No. 38 of 2005) and the National Early Learning Development Standards (NELDS) of the South African government. This was to ensure that the selected programmes fell within the legally accepted norms and standards.

As the study focused on how we can improve accessibility to quality ECD programmes, the action focused on gathering data and information in order to develop a data bank of quality ECD programme options currently provided that are the most viable, that work well, and that are cost-effective.

**GOAL 2** To understand what makes ECD programme options effective.

To achieve this goal, the researchers reviewed and studied the various ECD programme options available to young children. This was done in two ways; by means of desktop
research and interviews with ECD specialists. A broad and comprehensive desktop research was conducted, and comparisons were made of the ECD programme options currently in operation across South Africa, to determine which programmes were the most viable, practical and effective in reaching young children, as well as the most cost-effective. Thereafter, interviews were conducted with ECD specialists that garnered rich information and insight into what makes programmes effective.

The research team sent out a ‘Call for Participation’ to non-profit organisations and service providers throughout South Africa. The programme submission forms received provided researchers with the information required to assess exactly what each programme entailed, how it was being implemented, and what impact the programme was achieving.

To select the final ECD programme options for inclusion in this research, an extensive assessment process was conducted to ensure that these programmes were in fact programmes of value and ones that exhibit best practice. This assessment entailed developing a comprehensive ‘assessment rating scale’ with which to assess each programme submission. This tool was specifically developed for this study, and was peer-reviewed by a specialist in the ECD research sector in South Africa.

Finally, an in-depth study of the selected ECD programmes was conducted by means of face-to-face interviews and site visits. These interviews were guided by a structured interview schedule, developed specifically for this research, which formed the basis of the development of the case studies and implementation guidelines for each programme.

It was through this process that the researchers gained an understanding of what makes ECD programmes effective in their implementation.

To select the final ECD programme options for inclusion in this research, an extensive assessment process was conducted to ensure that these programmes were in fact programmes of value and ones that exhibit best practice.

Using the in-depth interview transcriptions, along with site visit notes, and additional source documents and resources, the researchers developed ECD programme guidelines and recommendations that encourage quality learning by providing a minimum standard of quality that can be required at policy level. Detailed case studies and guidelines on how to implement these programmes were written up, with implementation guidelines.
and recommendations developed for each case study. The findings of our action informed our recommendations.

By focusing on addressing how to ensure more efficient and effective implementation of ECD programmes, a greater number of children can benefit.

To provide the South African government ECD policymakers with a comprehensive package of ECD services that could be used to increase the quality and quantity of early childhood development in South Africa.

Through our engagement with government and ECD service providers, we compiled guidelines on the most effective ECD programme options across South Africa. We did this by identifying and recording what the major elements of each programme were, and then analysed and reviewed current ECD policies. This allowed for engagement with government policymakers on how ECD policies could facilitate better implementation of the ECD programme options, and which options would increase access to quality ECD provision.

The expected results of this study were that South African ECD policymakers will have a better understanding of the effect current policies have on children’s access to quality ECD provision. Policymakers will also have evidence and knowledge of which policy changes are necessary, and they will be able to shape future ECD policies based on the programme options reviewed and evaluated in this study. This will, in the long term, reduce inequality and poverty in vulnerable families and communities.

This research has provided us with evidence of cost-effective ECD programme options currently being used, and which can be replicated across South Africa. The result is a set of implementation guidelines and recommendations of ECD programme options that will increase the quality and accessibility of ECD for government ECD policymakers. An important long-term outcome of this study would be that more children will have access to quality ECD services, and that there will be a greater number of cost-effective ECD services available to children.
1.4 The structure of the research report

This research report provides an overview of the study undertaken by CECD with the support of the Programme to Support Pro-Poor Policy Development (PSPPD), a partnership between the Department of Planning, Monitoring and Evaluation and The Presidency.

This research report comprises five chapters. Chapter 1 focuses on the statement of the problem and the significance of conducting this research study within a South African context. Chapter 2 presents a review of literature related to children in South Africa, the ECD sector and current ECD policies. The chapter also provides a discussion on the essential components of the comprehensive ECD package. Following this, Chapter 3 describes the research methodology, including details of the sample and data collection methods used. Chapter 4 provides 12 detailed ECD programme option case studies, comprising centre- and non-centre-based ECD programmes, together with implementation guidelines and recommendations, as well as costs of each programme that can be used to implement ECD policy more effectively so as to ensure increased service delivery of quality ECD services. Finally, Chapter 5 concludes the report with challenges and recommendations drawn from the key findings.
2.1 Introduction

Early childhood development (ECD) brings together all aspects of children’s social, emotional, physical and cognitive development from conception up until the age of nine (Department of Education [DoE], 2001). It also refers to the role and influence of parents and caregivers throughout this most crucial period of a child’s life. In South Africa, ECD encompasses a set of policies and services addressing family planning, prenatal and postnatal care, birth registrations, parental support, preparedness and access to quality formal education (Republic of South Africa [RSA], 2011: 298). The multifaceted nature of ECD and its potential for the socio-economic development of a country has made it an internationally recognised political priority (Atmore, Van Niekerk & Ashley-Cooper, 2012a). In the last few years, the South African government has made progress investing in ECD as a strategy to break the intergenerational cycle of poverty and inequality rooted in the colonial past of the country and the many years of a suppressive Apartheid era (Atmore, van Niekerk & Ashley-Cooper, 2012a). One of the main objectives outlined in the National Development Plan (NDP), which envisions the state of South Africa in 2030, is to achieve universal access to quality ECD programmes and services (RSA, 2011). If this target can be reached, it will produce significant dividends for the socio-economic development of the country.

This section of the report offers an overview of the concept of ECD and its effect on the development of a child and of society as a whole. The current context of ECD in South Africa is discussed together with various ECD programmes and services, the ECD policy framework, targets and plans by government to improve accessibility and quality in the sector.
2.2 ECD and its importance for the development of the child

Children represent one of the most vulnerable groups globally, particularly in low- and middle-income emerging countries where poverty and inequality prevail. As stated in the 1959 Declaration of the Rights of the Child (UN General Assembly, 1959) and mentioned again in the 1989 Convention on the Rights of the Child, “the child by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth” (OHCHR, 1989: 1). This statement brings to the fore the vulnerability of children. Children born into disadvantaged communities find themselves deprived of fundamental basic socio-economic rights, including access to basic nutrition, health care, shelter, education and social services. These rights are guaranteed in Article 28 of the Bill of Rights of the 1996 South African Constitution (RSA, 1996). Notwithstanding, the harsh reality for the majority who live in impoverished communities does not resonate the promises made in the legislation (Berry, Biersteker, Dawes, Lake & Smith, 2013). This affirms the need to prioritise universal access to holistic ECD services to address these shortcomings and build foundations for a thriving and sustainable democratic society (Shonkoff, 2009).

The long-term benefits of access to quality ECD services have been recognised, and over the last 25 years, scientific research has further emphasised the physiological risks associated with poverty and malnutrition on the healthy development of a child (Dodge, 2007; Woodhead, Bolton, Featherstone & Robertson, 2014). Amongst other challenges, the detrimental effects of poverty and malnutrition manifest in high rates of infant deaths, stunting, cognitive deficits and susceptibility to illnesses with lifelong consequences, as well as inadequate resources for the care and support of children with disabilities (Woodhead et al., 2014). It has been estimated that worldwide, over 200 million children under the age of five had had their cognitive development negatively affected by poor living conditions (Grantham-McGregor et al., 2007). The consequences of these challenges are often irreversible, and they become far more complex and costly to address at a later stage in life than at a young age. Thus, there is a significant need for an integrated approach to ECD that gives access to all necessary services that could contribute to the well-being of children, their families and communities (Shonkoff, 2009).

Furthermore, early childhood services should also address maternal mental and physical health throughout and after pregnancy. In fact, it is during the first 1 000 days of a human life, from conception up to the age of two, that the foundations for a child to reach his or her full potential are determined (Hall et al., 2016). In the first two and a half years, the child’s brain grows to 50% of its adult weight and then to 90% by the age of five (DoE, 2001). Throughout this short, yet critical, early stage of life, exogenous factors could have an effect on the socio-emotional and cognitive development of the child (Grantham-McGregor et al., 2007). Some of the risks associated with maternal poverty for both mother and child include severe maternal depression, malnutrition, excessive stress, insufficient social stimulation and a lack of attachment between the mother and the child (Walker et al., 2011). South Africa has the highest rate of foetal alcohol syndrome (FAS) in the world, namely 65 to 74 per 1 000 children in 2005 (see Hall et al., 2016), which illustrates the fundamental role of maternal health care support. Additionally, findings from a 2011 survey revealed that approximately one third of South African mothers suffered from both pre-natal and post-natal depression (Rochat, Tomlinson, Bärnighausen, Newell & Stein, 2011). Statistics were particularly high in rural and urban informal settlements (Hall et al., 2016). According to two recent studies (Rochat et al., 2011; Hartley et al., 2011), 39% of women living in an impoverished area of Cape Town and 47% of women in a rural area of the country struggled with depression and anxiety disorders throughout their pregnancy (Hall et al., 2016).
A lack of support to mothers and caregivers could significantly jeopardise the potential of all ECD initiatives, given that in impoverished communities, children tend to become trapped in the inevitable next generation of a vicious cycle of poverty and inequality. The lower the socio-economic status, the higher the risks of being susceptible to diseases, and this ultimately leads to a lack of ability to counteract it. Stunting represents the most common form of malnutrition affecting almost a quarter of all South African children below the age of five (Hall, Sambu & Berry, 2014). In 2014 the District Health and Information System revealed that 13% of infants who were born in public facilities had a low birth weight. The fact that these statistics seem to have remained static since 2005 is alarming (Hall et al., 2016). Children are powerless in the face of such circumstances; hence, the responsibility to break the cycle lies with government together with ECD stakeholders, parents, caregivers and society as a whole.

Since the start of the country’s democratic transition in 1994, the challenges of eradicating poverty and alleviating inequality remain two of government’s priorities. In the long run, doing away with these issues would systematically reduce the perpetual violations of children’s basic human rights (OECD, 2013). Today, these two objectives represent the core of the 2030 NDP, as South Africa remains one of the most unequal societies in the world with a frighteningly high Gini coefficient of about 0.660 to 0.70 (Bhorat, 2015). Consequently, prioritising ECD must be understood as a powerful social investment with an economic return, building human capital and enabling further participation in the labour market (Hertzman, 2010). Not only would children have greater access to opportunities in their adult lives, increased support for ECD services and programmes would also promote the economic independence of parents and caregivers and their capacity to work. As women are most frequently children’s main caregivers, increased support for ECD equates to increased social and economic mobility for women specifically (DoE, 2001). This would also alleviate the burden on caregivers other than parents such as grandparents and other extended family members. Ideally, all children should grow up in a loving and caring environment in the presence of both of their biological parents but this is sadly not the reality for many South African children (Hall & Budlender, 2016). By 2011, about a quarter of all children did not live with any of their biological parents even though 83% of these children still had at least one of their parents alive (Hall & Wright, 2011).

Since the release of the NDP in 2011, the overriding message has been to address the desire of all South Africans to participate actively in the socio-economic development of
their country and consequently to reduce unemployment rates to 6% and produce an economic growth of 5.4% by 2030 (RSA, 2011). With respect to these targets, it is also stated that “universal access to quality early childhood development for children aged 0–3 must be made available and have a strong nutritional and educational focus” (RSA, 2011: 300). In fact, research has shown how improved access to nutrition has had direct effects on national rates of school enrolment and even increased adult earnings by up to 40% (RSA, 2011). Cognitive skills, developed by the end of Grade 1, could also be a prediction of school attendance and performance up to secondary and tertiary levels (Grantham-McGregor et al., 2007).

The issues of access to education and poverty are strongly interconnected. In 2006, more than three quarters (78.5%) of adults with no formal schooling were poor (Stats SA, 2014). That same year, it was determined that more than three quarters (76.7%) of households in which the head had had no formal schooling were poor (Stats SA, 2014). These findings strongly reveal the indisputable interconnection between levels of poverty and education. In 2010, it was determined that of the 1 318 932 children enrolled in Grade 1 in 1999, only 27.6% matriculated 12 years later (RSA, 2011). Thus, promoting universal access to quality ECD services translates as laying the foundation for all new generations to remediate such perpetuating socio-economic issues of the country gradually. As well formulated by the South African government, “the centrality of early childhood development is founded on an ever-growing body of evidence which confirms that a nation’s development depends on the extent to which it can unlock the potential human capital inherent within its very youngest population” (RSA, 2015: 18). In addition to securing the potential of future generations, promoting universal access to ECD services fundamentally means promoting and protecting children’s rights (Ilifa Labantwana, 2013).

2.3 The situation of children in South Africa

South Africa is a middle-income country with a large segment of the population (approximately 50%) being under the age of 25, and just over 20% between the ages of 15 and 24 years (De Lannoy, Swartz, Lake & Smith, 2015). By mid-2013, 18.6 million of the estimated 53 million people living in South Africa were children (under the age of 18), constituting 35% of the total population (De Lannoy et al., 2015). Approximately 6.4 million South African children are under the age of six (Hall, Sambu & Berry, 2014).
Not only are these numbers high, but they also keep on rising and attest to the fact that investing in the youth of the country must be the priority, that universal access to quality ECD services is urgent and a main determinant for the sustainable, democratic future of South Africa.

Over one million children are born in South Africa each year (Stats SA, 2015) and if the current economic growth continues to expand at the current rate, and fertility rates continue to drop, the local population will expand from 50.6 million to 58.5 million by 2030. In the event of a reverse scenario, the population would reach 59.8 million by 2030 (RSA, 2011). It is predicted that, by that time, there will be 4 million children under the age of 3, nearly 2 million aged between 4 and 5 years and close to 1 million aged 6 years old (Hall et al., 2016; RSA, 2011). It is also expected that, although the majority of children will be living in urban areas, the number of children living in rural areas will remain significantly high. Therefore, policies, planning and services should be in line with the needs of children and their caregivers in both environments (Hall et al., 2016).

Since children born in 1994 are today young adults, this is an appropriate time to assess the country’s progress in implementing children’s rights and promoting their well-being (Proudlock, 2014). The Children’s Institute produces an annual publication entitled South African Child Gauge to provide an update on the progress by both government and the general public towards monitoring and ensuring that children’s well-being is protected (Delany, Jehoma & Lake, 2016). Being such a youthful country is challenging. Despite significant strides in improving the state of children, the reality for today’s majority puts into question the efficiency of and the extent to which the progressive laws and development strategies established since 1994, have been implemented. (De Lannoy et al., 2015).

The spatial distribution of the population of children reflects the intent of Apartheid as half of the total number of children live in KwaZulu-Natal, Gauteng and the Eastern Cape (Hall, Sambu & Berry, 2014). In some of these provinces, children find themselves even more deprived of access to social services than in other. In the Eastern Cape, 37% of children live more than 30 minutes away from the closest clinic, and infrastructure and service delivery are often poor (Hall et al. 2016; Hall & Wright, 2011). The legacy of the past continues to affect children caught in a cycle of intergenerational poverty marked by striking racial disparities negatively (Berry et al., 2013). Approximately 60% of all South African children are born to households living under the poverty line (Ilifa
Currently, about two thirds of children under the age of six years live in the poorest 40% of those households (Hall et al., 2016). In 2013, 54% of children were living below the poverty line of R671 a month, of which 61% were black African, 28% were coloured, 6% were Indian and 3% were white (De Lannoy et al., 2015). These children are deprived of basic opportunities, and are forced to face the same challenges and struggles as their parents or caregivers, such as poor access to quality education, health care, nutrition and social services (Atmore, 2013). Approximately 1.9 million children below the age of six live in homes where access to piped water and toilets on site is very limited (Hall, Sambu & Berry, 2014). Poor hygiene significantly increases risks of diarrhoeal diseases and other infections, which are some of the main factors of child mortality.

The percentage of children living in poverty has been decreasing since 2003, and this is largely due to the introduction of a social welfare system, which has become a major source of income in the poorest communities (Hall et al., 2016). As of 2013, 11.3 million children were recipients of the Child Support Grant (CSG), which significantly improved the ability of parents and caregivers to afford pre-school fees and additional costs (Proudlock, 2014). In 2015, the CSG was R330 per month per child (Hall et al., 2016). It was estimated that 70% of children live in households relying on at least one social grant (Hall & Wright, 2011). In just over a decade, the percentage of social grant beneficiaries increased from 12.7% in 2003 to 29% in 2014 (Stats SA, 2015). More substantial statistics have shown that compared to 2.7 million people in 1994, more than 16 million were receiving social grants in 2014, which represents 3.1% of the gross domestic product (GDP) spent on social assistance (Hall et al., 2016). The share of social welfare clearly indicates stark disparities amongst the population as 32.8% of black Africans received a social grant compared to 24.3% of coloured, 10.4% of Indian and only 4.6% of whites (Stats SA, 2015).

The reliance on social grants by this large portion of the population and the positive outcome of the CSG on school enrolment rates point out the correlation between the benefits of employment and children’s access to education. South Africa struggles with a high unemployment rate, and recent research revealed that over 1.7 million children live in homes in which neither of the adults is employed (Hall et al., 2016). As a consequence, long-term unemployment feeds into the challenges of hunger, illness, substance abuse and violence.

The HIV epidemic represents one of South Africa’s main health and socio-economic challenges resulting in a high percentage of orphaned children as well as a significantly high mortality rate for children under the age of five. According to a national survey conducted in 2011, it was estimated that 5.6 million people were living with HIV, of which 270 000 died that same year (UNICEF, 2012). These statistics include 70% of maternal deaths and 50% of child mortality below the age of five (Berry et al., 2013). As of 2015, 6.19 million South Africans were living with HIV, making up around 11.2% of the total South African population, a quarter of the HIV population in sub-Saharan Africa, and 18% of all individuals living with HIV worldwide (Shisana et al., 2014; Stats SA, 2015). Recent research revealed that 30% of pregnant women were HIV-positive (Hall et al., 2016). However, a decline in HIV-related deaths amongst infants and children below the age of five has lowered infant mortality to 34 per 1 000 live births in 2015 in contrast with 51 per 1 000 live births in 2002 (Hall et al., 2016; Stats SA, 2015). AIDS compounds the vicious cycle of poverty and inequality, which deepens racial, gender and economic gaps. Statistics have shown that in the local population, the rates of HIV prevalence remain higher among black Africans than among any other ethnic group (Marais, 2013).
2.4 ECD in the South African context

Despite the long road ahead, the South African government has acknowledged the socio-economic potential of ECD services, and some progress has been made to improve the conditions of children. Statistics listed in the NDP (RSA, 2011) illustrate some positive results:

- 87% of households with a young child have access to safe drinking water;
- 82% of households with a young child have electricity;
- 97% of pregnant women attend at least one antenatal clinic;
- 89% of children are fully immunised at the age of one;
- 83% of births are registered;
- 73% of eligible young children receive the CSG; and
- 83% of children are enrolled in Grade R.

These achievements have contributed to improving access to education. Incidentally, the percentage of individuals with no schooling declined from 10,6% in 2002 to 5,3% in 2014 (Stats SA, 2015). Black South African children were extremely deprived under the Apartheid regime, and consequently, by 1994 only 6% had been registered in an ECD programme (Atmore, 2013). In 2000, a national survey on ECD revealed that 1,030,473 children were enrolled in the 23,482 facilities established throughout the country (Atmore, 2013). Based on a 2015 household survey, 33% of South African children below the age of 4 were going to day care, 45,8% stayed home with a parent or a guardian, 5,9% were taken care of by another adult, 14,1% were taken care of by a day mother, and 1% of children were taken care of at someone else’s dwelling (Stats SA, 2015). The remaining 0,2% of children were either taken care of by someone younger than 18 years, or classified their care arrangement as ‘other’ (0,1%) (Stats SA, 2015). Although ECD initiatives and enrolment rates have increased since, issues of inequality and access to ECD facilities in the poorest communities continue to lag behind considerably (Hall et al., 2016).

In the diverse nature of ECD, a range of ECD services are included. These services are channelled through public and independent institutions. The Department of Health (DoH) and the Department of Social Development (DSD) support mothers and infants with antenatal and postnatal services focused on nutrition and general health care. The Integrated Management of Childhood Illness (IMCI) includes a Care for Child Based on a 2015 household survey, 33% of South African children below the age of 4 were going to day care, 45,8% stayed home with a parent or a guardian, 5,9% were taken care of by another adult, 14,1% were taken care of by a day mother, and 1% of children were taken care of at someone else’s dwelling (Stats SA, 2015). The remaining 0,2% of children were either taken care of by someone younger than 18 years, or classified their care arrangement as ‘other’.

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Development (CCD) strategy, which assists mothers and caregivers in creating a stimulating environment for their children (RSA, 2011).

Activities in the public sector are being provided in pre-primary schools targeting children between the ages of 3 and 5 years, and are subsidised by provincial departments of education. Provision at independent institutions consists of Grade R (also known as the Reception Year) within private schools and also at public schools when managed by a private individual, community-based day care centres and home-based care for children from birth to age five (DoE, 2001). These programmes were developed as initiatives to provide services for children in the most vulnerable communities, and are mostly funded through parent fee contributions, fundraising and donations by community members (Atmore, van Niekerk & Ashley-Cooper, 2012b). The strong potential of these home- and community-based ECD programmes must not be underestimated, and innovative measures should be put in place to support and monitor the standards of these services better (RSA, 2011).

ECD services are delivered through various systems of service provision. The majority of children currently accessing ECD services seem to be in non-centre-based programmes (Stats SA, 2015). These non-centre-based programmes are referred to as “any ECD programme, service or intervention provided to children from birth until the year before they enter formal school, with the intention to promote the child’s early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development and early learning” (RSA, 2015: 13). In addition to the care provided to the children, many of these non-centre-based ECD services offer support to parents and caregivers (RSA, 2015). Trained members of the community provide these services with guidance of NPOs and/or government departments (Atmore, van Niekerk & Ashley-Cooper, 2012b). Family outreach and informal playgroup programmes are examples, amongst others,
of non-centre-based programmes. The family outreach programmes are designed for parents and caregivers to receive direct support in their homes and gain further knowledge on early learning stimulation and other important factors to consider for the well-being of the child (Atmore, van Niekerk & Ashley-Cooper, 2012b). Along the same lines, the informal playgroup programmes aim to gather parents, caregivers and children within the community for parents and caregivers to discuss various early learning tools and activities to implement at home (Atmore, van Niekerk & Ashley-Cooper, 2012b). Such initiatives are critical, and have shown to be the most effective thus far in reaching the most marginalised children who cannot afford to access a formal ECD centre. Thus, government emphasises the need to support and encourage the expansion of both centre- and non-centre-based ECD services to reach all the youngest citizens of South Africa effectively (RSA, 2015).

2.5 Coordination in the ECD sector

Improving the quality and access to ECD services for all South African children requires a collective commitment and coordinated effort. Inconsistency in the quality of ECD services and the lack of a comprehensive ECD legislative framework are two challenges that intertwine with the issue of coordination in the sector (DoE, 2001). Thus, there is a need for an integrated and multi-sector national strategy to ensure proper allocation of resources, effective collaboration, referrals and management within the sector. As stated in the Children’s Act, No. 38 of 2005, ECD planning falls under the responsibility of the DSD in partnership with the Departments of Education and Health (Biersteker, 2010; Hall et al., 2016). Except for health services, most ECD programmes are run by non-profit and community-based organisations (RSA, 2011).

The NDP (RSA, 2011) also highlights the role of the Department of Home Affairs for birth registrations and access to basic social services, the Department of Human Settlements, the Department of Energy and the Department of Water and Sanitation. The NDP Commission has acknowledged the lack of collaboration between these sectors in delivering ECD services and pledged to address it (RSA, 2011). Coordination should not only be strengthened between the various departments involved in ECD but should also be made to include the private and non-profit sector (RSA, 2011).

2.6 Government funding

Although government investment in the ECD sector has increased, it remains difficult to evaluate how efficient contributions by government are (Stats SA, 2015). Children attending registered ECD centres can only qualify for a per capita ECD subsidy if their household income is below an approximate threshold (Foundation for Community Work [FCW] & DSD, 2011) with different provinces applying their own thresholds in this regard. For example, in 2011, the North West province set their threshold at R1 800 per month, while the Western Cape province was set at R3 000 per month (Proudlock, 2014). In 2006, a total of 314 912 children below the age of five and registered at 5 531 facilities were benefitting from this per capita ECD subsidy, which amounted to a total budget of R350 million (Department of Basic Education [DBE], DSD, UNICEF, 2010). As of 2012, that number had increased to approximately 485 000 children. Most recent updates indicate that in 2015, 685 511 children were receiving the subsidy (RSA, 2015). However, this ECD subsidy seems to perpetuate inequality and ignores the high percentages of children attending non-centre-based ECD programmes. Most ECD services are privately provided and limited by the criteria of eligibility for registration and government support (Proudlock, 2014). In 2011, 38% of children below the age of 5 years and 21% of children below the age of 3 years were enrolled in an ECD facility.
and a large number (approximately 84%) remained excluded from access to the subsidy (Proudlock, 2014). To operate effective ECD programmes, particularly in impoverished areas, requires more support than the per-child subsidy alone. DSD also funds NPOs for specific ECD programmes; however, most of these programmes are non-centre-based initiatives and funding remains significantly limited compared to funding of centre-based facilities (Atmore, van Niekerk & Ashley-Cooper, 2012b). This funding also varies from one province to another, and often consists of once-off investments for NPO pilot projects (Atmore, van Niekerk & Ashley-Cooper, 2012b). Thus, many of the home- and community-based centres are forced to rely on other funding sources and charge fees. This limits access by the most vulnerable children (RSA, 2011). Budget limitations result in poor-quality service delivery and subsequently represent a major stumbling block for government to achieve universal access to ECD successfully as planned. Government would be wise to sponsor higher standards of qualifications and training for teachers and caregivers to upgrade children’s care and safety conditions (RSA, 2011). Government ECD funding should be reconsidered, and the most appropriate approach should be based on an accurate estimate of the cost of an effective and sustainable ECD programme. This process must include home- and community-based centres, and especially those in rural and urban informal settlements (Proudlock, 2014). Ultimately, government subsidies should equip both ECD centre-based and non-centre-based programmes to benefit all children, including the poorest children and children with disabilities (RSA, 2011). The NDP concludes that the current state funding mechanisms for ECD are not suited to the extensive range of ECD programmes and services in place and envisions improvements in the sector (RSA, 2011).

2.7 Current ECD policies in South Africa

The post-1994 government ratified the 1989 United Nations Convention on the Rights of the Child (UNCRC) and the 1990 African Charter on the Rights and Welfare of the Child, and established a set of progressive laws to defend the rights of children. These include Article 28 of the Bill of Rights of the 1996 Constitution, the South Africa Schools Act (No. 84 of 1996), the Domestic Violence Act of 1998 (No. 116 of 1998), the Children’s Act (No. 38 of 2005), and the Children’s Amendment Act (No. 41 of 2007) (Matthias &
Zaal, 2009). As stated in the Children’s Act, the South African government committed itself to respect, protect, promote and fulfil the rights of children (RSA, 2006).

As previously stated, ECD became recognised as a key tool for positive socio-economic change (Hertzman, 2010). The potential of the labour market relies on the determinant role of government in ensuring the abilities of all children to complete their education in the best possible conditions. Today, some of the nation’s priorities include expanding access to ECD programmes and addressing disparities in the quality of service delivery in local communities. As demonstrated, children deprived of their right to education ultimately become vulnerable, and pertinent policy decision-making is essential in setting clear objectives to make an effective and sustainable plan. The Children’s Act (No. 38 of 2005) was also designed to provide a legal framework for ECD practitioners and to set the requirements for registration and eligibility for government subsidies (Berry, Jamieson & James, 2011).

In 2001, the DoE implemented Education White Paper 5, which laid the basis for ECD policy emphasising the key role of early intervention in the lives of children below the age of 3 years and up until the age of 9 years (Ilifa Labantwana, 2013). The focus of the policy was the introduction of the Reception Year (Grade R) aimed at preparing 5-year-old children for Grade 1 the following year, and thus at facilitating a smooth transition from pre-school to primary school. The objectives of the policy were to ensure that by 2010, all children would complete a reception year before entering Grade 1, and that 75% of the budget for these programmes would be subsidised by government (DoE, 2001).
The National Integrated Plan (NIP) for ECD 2005–2010 was developed to shape a national vision and standards of service delivery to address the needs of children accurately and reach the most marginalised (DoE, DoH & DSD, 2005). Until recently, this plan was the most current ECD policy initiative and, although it had reached its expiry date, many objectives have remained in process (Ilifa Labantwana, 2013).

Proposals for ECD presented in the NDP strictly highlighted the value of early childhood services to build a thriving educational system and promote economic growth. It was suggested that two years of pre-school be mandatory to prepare children at the ages of 4 and 5 better for Grade 1. This implies expansion of government funding in formal Grade R programmes (DBE et al., 2010). Since 2013, the South African government has been committed to implementing the first national policy promoting a multi-sector approach to ECD service delivery. In December 2015, Cabinet approved a new National Integrated Early Childhood Development Policy, which introduces guidelines for the implementation of a comprehensive ECD package of services for South African children (RSA, 2015). The policy targets all children from conception until the age of 5 years and includes children with disabilities up to the age of 7 years (Hall, Sambu & Berry, 2014). The prospects of this new policy are promising; however, ways in which it will be implemented will be determinant.
2.8 Essential components of the comprehensive ECD package

The comprehensive ECD package emphasises the role of parents and caregivers in making ECD programmes and services effective and sustainable. It addresses the basic needs of all children but also comprises specific recommendations at various development stages and for particular risk profiles (Ilifa Labantwana, 2013). The five essential components of the package are primary level maternal and child health, nutritional support, social services, support for primary caregivers, and stimulation for early learning (Ilifa Labantwana, 2013). In general terms, these categories of services range from prenatal care to prevention of substance abuse and mother-to-child disease transmission, screening and immunisation, birth registration, eligibility for social grants, psycho-social support, parenting skills, and access to quality early learning services (Hall, Sambu & Berry, 2014). The package must be understood as a foundation to promote the healthy development of children, the well-being of their parents and caregivers, but also a strategy to address a broad range of national development objectives to break cycles of poverty and inequality. Some examples include food security, access to clean water and sanitation, safety and basic household infrastructure (Ilifa Labantwana, 2013). The initiative of the ECD package is auspicious as it offers guidelines to improve provision of ECD services and encourages all key stakeholders to abide by the same standards. It also emphasises the need to strengthen collaboration between government, the public sector and civil society to manage integrated provision of ECD services successfully.

2.9 Conclusion

This review of the literature reported on the plight of children, the current strengths and challenges of ECD services and programmes in South Africa, and government initiatives for a scale up of interventions in the sector. Despite some significant progress since the start of the country’s democratic transition in 1994, the current living conditions of children clearly show the need for government to plan and monitor service delivery further. Globally, investments in early childhood interventions have demonstrated the potential to alleviate inequality and eradicate poverty.

ECD can establish building blocks for the socio-economic development of the country by promoting the welfare of children, parents, caregivers and communities throughout crucial phases of life. The successful implementation of Grade R (yet to be made universal), higher numbers of registration of ECD facilities, and increasing numbers of children benefiting from government subsidies, illustrate improvements in the sector. However, some major challenges remain, such as the lack of capacity to reach the most marginalised children, and ensuring the quality of service delivery in the out-of-centre programmes, which serve the majority with too little support, if any, from government.

The comprehensive ECD package presents guidelines to upgrade the standards of ECD programmes and services on a national scale. Yet, these can only be effective if adequate funding and coordinating mechanisms are in place considering the scope of the definition of ECD and the range of sectors and services that contribute to the healthy development of a child.
METHODOLOGY

This research study aimed to evaluate, research and document quality ECD programme options by developing case studies with implementation guidelines along with a costing of each programme, in order to assist stakeholders in the ECD sector, policymakers and government to implement ECD policy. It is our intention that these implementation guidelines and recommendations for ECD programmes should ensure that evidence-based information is available for decision-making, that systems are improved, skills are strengthened and that government and ECD non-profit providers can reach high numbers of children in quality ECD programmes effectively through a range of ECD programme options. By doing so, the research aimed to improve access to quality ECD programmes for all children in South Africa, and ultimately to reduce inequality and poverty in vulnerable families and communities throughout South Africa.

This research study had four specific goals:
• to determine, review, analyse and describe the various ECD programme options in South Africa;
• to understand what makes ECD programme options effective;
• to develop quality ECD programmes guidelines; and
• to provide the South African government and ECD policymakers with a comprehensive package of ECD services that could be used to increase the quality and quantity of ECD in South Africa.

To achieve the goals and overarching aim of this study, a mixed methodology approach was employed, utilising both quantitative and qualitative paradigms for data collection and analysis. The methodology involved processes of data collection and analysis. Throughout the research, purposive sampling was used to select ECD programmes for study.

3.1 Exploring ECD programme options in South Africa: Desktop research and specialist interviews

To understand and analyse the ECD programme options available to young children, the researchers conducted a broad and comprehensive desktop research and comparison of the ECD programme options currently in operation across South Africa, to determine which programmes were the most viable, practical and effective in reaching young children, as well as the most cost-effective.

This process assisted the research team in understanding the types of ECD programme options that are in existence throughout South Africa, namely both centre-based and non-centre-based programmes, and those that should be included in the guidelines. These ECD programme options were subsequently reviewed and analysed to ascertain how they are delivered, how the programme is structured, as well as the costs involved in running the programme. This desktop research laid the foundation for the development of a comprehensive literature review on the information obtained, included in this research report as Chapter 3.

In addition to the desktop research, researchers conducted six lengthy interviews with a range of ECD specialists, including professionals in the ECD NPO sector, government, and a global child-focused NPO. These interviews proved to be hugely valuable in –
• gaining rich information on the current context of ECD in South Africa;
• exploring various quality ECD programmes that are being implemented throughout
South Africa, which are successful in increasing accessibility to early learning opportunities for young children;
• gaining insight into what makes ECD programmes effective;
• gaining information on which policy challenges exist and which ECD policy changes are necessary to enhance the quality and accessibility of ECD in South Africa; and
• being provided with many examples of best practice ECD programmes.

The information gathered in these interviews helped the researchers to develop an initial list of ECD programme options, which was used when developing the framework for the implementation guidelines. It further assisted in identifying which NPOs to invite for participation in this research study, provided strategic direction for the way in which final programme options for inclusion were to be selected, and provided insight into which factors should be explored in the subsequent data collection processes.

By analysing the data collected through the desktop review and interviews with ECD specialists, the various types of ECD programmes to be included in the set of implementation guidelines was decided on, and specific ECD programmes were identified to approach along with the other ECD service providers in the country.

3.2 Call for participation and submission forms

Following the initial desktop research and one-on-one interviews with ECD specialists in the country, the research team sent out a ‘call for participation’ to a total of 85 non-profit organisations (NPOs) and service providers throughout South Africa. This consisted of 62 ECD NPOs, and 23 other NPOs that specifically offer ECD programmes, and included the various quality programme service providers identified in the initial research phase. This ‘call for participation’ was disseminated to these organisations electronically via email, and was also broadcast more broadly, via the CECD online platforms, including social media sites and the organisation’s website. This online broadcast aimed to reach additional organisations that may be offering quality ECD programming, but which were not included in the original database of organisations and service providers.
The ‘call for participation’ specifically included information on the research being conducted and its purpose, aims and objectives, and interested organisations were requested to send the research team a short email expressing their interest. Following this, the researchers sent all interested parties a submission form for completion. This form was specifically designed to collect information and data on a number of elements and criteria regarding the ECD programme being offered by the organisation. This included a description of the programme, numbers of beneficiaries reached (both adult and child beneficiaries), programme registration (if applicable), outcomes (including all monitoring and evaluation processes and impact evaluations undertaken), human and financial resources, child stimulation activities undertaken, programme activity duration and frequency, as well as NPO leadership and management indicators, to name a few.

Following this call for participation, we received 57 ECD programme submissions from 23 NPOs on a range of both centre-based and non-centre-based ECD programmes offering ECD programming for children in South Africa. From some of the respondents, we received numerous programme options.

The programme options submitted included a range of programmes, such as:
- ECD centre-based programmes;
- playgroups;
- toy library programmes;
- family outreach programmes that promote household stimulation;
- outreach programmes that promote the inclusion of special needs children;
- outreach programmes that promote maternal mental health;
- ECD training programmes (both National Qualifications Framework [NQF] qualifications as well as skills programmes); and
- programmes promoting the first 1 000 days; amongst others.

The programme submission forms received provided researchers with the information required to assess exactly what each programme entailed, how it was being implemented, and what effect the programme was achieving, thereby informing the selection process for the final programmes for inclusion.
3.3 Assessment rating scale

To select the final ECD programme options for inclusion in this research, an extensive assessment process was conducted. This process aimed to assess all programme submission forms to ensure that these programmes were in fact programmes of value and ones that exhibited best practice, and ultimately, to select options to be included in the study. To ensure this, the research team developed a comprehensive ‘assessment rating scale’ with which to assess each programme submission. This tool was developed specifically for this study, and was peer-reviewed by a specialist in the ECD research sector in South Africa. The assessment scale took a range of factors into consideration, looking at a number of key indicators, such as –

• whether the programme was registered with relevant government departments;
• outcomes of the programme and how these were measured;
• which resources were in place and whether or not they were sufficient;
• elements of child safety;
• replicability and the feasibility of scaling up the programme;
• cost-effectiveness of the programme, and
• NPO characteristics and staffing considerations.

The scale was used to ensure that a fair selection process took place, as well as to ensure that the selected programmes were in fact programmes of high quality.

All submission forms were assessed according to the ‘assessment rating scale’, which produced a score for the programme overall. The score was determined by assessing each indicator, and assigning points (from 0 to 5) for how that programme performed on that indicator. The final score was determined by calculating the total points attained for each indicator assessed.
It is important to note that, if the submission forms received provided information that was vague, or simply omitted information, organisations were contacted by the researchers for clarity and to request the additional information required. As such, at the point of applying the ‘assessment rating scale’ to each submission form, the information needed was available to the researchers.

All programme submissions were categorised into their various types (for example, ECD centre-based programmes, playgroup programmes, toy library programmes, family outreach programmes, ECD skills training programmes, ECD qualification training programmes, etc.) and the highest-rated submissions in each of the finalised (12) categories were selected to participate in the study.

During the assessment process, particularly during the categorisation process, the researchers found that there were gaps in terms of submissions received. For example, no submissions were received on nutrition programmes, which we believed to be an important component to include in the study. To rectify this, the research team consulted further with a number of ECD specialists for suggestions of organisations to approach who offer specific programmes effectively and with a significant level impact. Following this, these organisations were approached, and they agreed to submit submission forms on their relevant programmes.

The final selection of programmes included the following:
• a home visiting programme (Foundation for Community Work);
• an inclusive ECD centre and community outreach programme (The Chaeli Campaign);
• an ECD principals training programme (Ikamva Labantu);
• numeracy and literacy programmes (Knysna Education Trust);
3.4 Twelve face-to-face interviews and site visits

The ECD programmes selected for inclusion were all contacted by the research team, and face-to-face interviews, along with site visits, were scheduled and conducted with directors and programme managers at the 12 organisations across South Africa to gain more detailed and in-depth information on the programmes. These interviews were guided by a structured interview schedule, developed specifically for this research, which formed the basis of the development of the case studies and implementation guidelines for each programme. During these interviews, detailed cost breakdown schedules were also obtained by the researchers.
Each interview took approximately two and a half hours, with the site visits varying in length, on average taking approximately three to four hours each. Secondary data was also collected from all participants. This included beneficiary tables, details of staff qualifications, documented impact studies (where the organisation had conducted any), samples of training materials, excerpts from operational guidelines, implementation schedules, etc.

The site visits served three purposes:
• researchers were able to verify that the activities and implementation of the programme were taking place as reported;
• researchers were able to get a practical view of the activities of the programme, experience the context, area, location, etc. whilst also being able to see what the implementation of the intervention activities actually looked like, which provided the researchers with a good understanding of the programme being studied, and assisted in ensuring that the write-up of the programme was as accurate as possible; and
• researchers were also able to take high-resolution photographs of the activities of the programmes and of some of the beneficiaries.

All interviews were audio-recorded, and the recordings were transcribed. Using these transcriptions, along with site visit notes, and the additional source documents and resources, detailed case studies and guidelines on how to implement these programmes were written up together with implementation guidelines and recommendations developed for each case study. These case studies detail the various options and the potential reach that each programme can achieve, and are presented as Chapter 4: Case Studies.
PRESENTATION OF CASE STUDIES

This chapter presents 12 case studies on a range of effective ECD programme options currently being implemented by organisations across South Africa. These are best practice examples of effective ECD programmes that have a positive effect on young children throughout our country. The 12 case studies explore the range of ECD programmes that exist in South Africa, including both centre-based and non-centre-based ECD interventions being implemented in rural and urban environments across the country.

Each case study provides a detailed description of implementation and the steps followed in providing this programme in its specific context. This includes looking at community entry, staff recruitment, staff training, beneficiary recruitment, beneficiary training and content (if applicable), programme theory, monitoring and evaluation processes, resources and venues required, funding, and community exit. Along with each case study, a breakdown of the number of beneficiaries reached by the programme, as well as a detailed cost breakdown is provided.

Included throughout each case study are pop-up recommendations and guidelines specific to each programme. These recommendations provide the reader with information on how best to implement particular aspects of the programme. These recommendations have been developed through adaption of specific programme content and guidelines, and through the additional resources and documentation of the participating organisations.

We believe that these case studies, implementation recommendations and guidelines will improve systems, ensuring that the right knowledge is available for decision-making, and increasing the level of service delivery currently being implemented by the ECD sector in South Africa. In so doing, this research will assist government and ECD non-profit providers to reach high numbers of children effectively through a range of quality ECD programme options.
Foundation for Community Work

*Family in Focus Programme*

“An outstanding example of an alternative, out-of-centre-based ECD model that could be used and adapted to suit a variety of contexts within South Africa.”
Foundation for Community Work

*Family in Focus Programme*

**AT A GLANCE**

Name of implementing organisation: Foundation for Community Work (FCW)

Implementer status: Non-profit organisation, voluntary association, and public benefit organisation

Year organisation established: 1974

Main focus of organisation: Early childhood development

Head-office location: Athlone, Cape Town, Western Cape

Website: www.fcw.co.za

Contact number: +27 (0) 21 637 9144

Contact person: Riedewhaan Allie (Director)

**MODEL DETAILS**

Year launched: 1987

Launch province: Western Cape

Geography type: Urban, peri-urban, rural

Time frame/Stage: On-going, long-term programme

Main source of funding: Expanded Public Works Programme (EPWP) (through the Department of Social Development) and multiple other donors

Beneficiaries reached per year: 16 185 direct beneficiaries in 2016 (8 575 children and 7 610 primary caregivers)

Keywords: Home-visiting, family outreach, early learning and stimulation, non-centre-based programme
Foundation for Community Work

Family in Focus Programme

Foundation for Community Work

Foundation for Community Work (FCW) is an early childhood development (ECD) non-profit organisation based in Athlone, in the Western Cape. They are registered as a voluntary association, NPO, and public benefit organisation, and have been in existence since 1974. FCW has made huge strides in improving access to early learning services for young children across the Western Cape by making provision for alternative, out-of-centre programme options. One such programme, which has had huge success, is their Family in Focus home-visiting programme.

Family in Focus Programme

The Family in Focus (FIF) Programme is a non-centre-based ECD strategy that focuses on the needs of pre-school-aged children (0–6 years) and their caregivers, both of whom live in environments characterised by poverty, and thus have limited resources for the care and stimulation of their young children. The focus of this programme is on the family as the primary source of care for young children. Through the FIF programme, home visitors are trained and supported to reach out to these children and their caregivers in order to develop the skills and capacity of caregivers to stimulate and develop their children effectively in their homes.

The FIF programme is a well-established home-visiting programme that operates in multiple communities across the Western Cape. FIF aims to:

- serve as a strategy for ECD intervention in impoverished communities;
- assist primary caregivers, and women in particular, to form groups in order to support each other; and
- create a cadre of cost-effective ECD workers who provide support to children’s parents and other family members.

Originally, FCW had a strong focus on investing in the building of pre-schools and developing the capacity of these pre-schools and their teachers – it has been said that the first phase of the organisation was about investing in bricks and mortar. In 1987, after the realisation that there were always more children outside of the pre-schools...
rather than inside, FCW underwent a complete transformation as they shifted their focus from buildings and properties to families and communities. They introduced Family in Focus (FIF) as an alternative ECD programme and as a strategy to make ECD accessible to communities.

This programme has expanded at a rapid pace from 18 home visitors reaching 644 children in 2005, to a current cadre of 245 home visitors reaching in excess of 10 000 children and families in 2016 in urban, peri-urban, and rural communities of the Western Cape. The FIF programme is the largest ECD home-visiting programme in the Western Cape, and almost certainly in South Africa (Biersteker, 2015). FIF has a total of 12 projects in various areas around the Western Cape. In addition to FCW running these projects across the Western Cape, a number of other ECD NPOs are also now using the FIF model as it is seen as being effective.

This programme has a strong focus on the holistic development of the child, including the health and safety of children, as well as school readiness.

The programme theory

The theory of change is premised on the notion that parents are the first and best teachers of their own children. It has been found that parents living in poverty, and in communities affected by high levels of unemployment, overcrowding and violence, lack the material resources, knowledge and support to provide adequately and effectively for their children’s holistic development.

This programme allows for the opportunity of a transfer of skills and information, as well as support and encouragement to these primary caregivers, which results in them becoming better informed, skilled and motivated to interact with and stimulate their children; thus, meeting their holistic developmental needs. This is particularly important as it empowers and enables children who have not had access to an ECD centre to enter formal schooling adequately prepared for the challenges of the school system.

The logic is that this home-visiting intervention in which parents and caregivers are
supported with information and activities to stimulate and develop their children would lead to positive caregiver attitudes and behaviours. This, in turn, will improve the confidence of children and their school readiness.

The Family in Focus model

The overall goal of the FIF programme is increased access to quality ECD services and programmes for pre-school-aged children and their caregivers in marginalised communities in the Western Cape. This goal is achieved by the provision of home-visiting and parenting programmes for these children and their caregivers.

The main objectives of the programme are to:

• increase access to ECD services and programmes for young children and their caregivers in marginalised communities;
• increase awareness around the importance of ECD;
• encourage caregivers and families to become active participants in the ECD development and stimulation of their children;
• empower local communities to take ownership of the FIF programme as an ECD intervention strategy;
• provide opportunities for local community members to be trained as home visitors; and
• provide employment opportunities for locals who actively participate in the programme as home visitors.

The FIF project logic model, depicted below, provides an outline of the programme inputs, activities, outputs and outcomes, as well as the overall impact that the programme has on its beneficiaries. This logic model is a supportive tool used by the management and implementing staff to ensure that the programme meets its objectives.

Table 1. The Family in Focus Programme: Logic Model

<table>
<thead>
<tr>
<th>HOW</th>
<th>RESULTS FRAMEWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT</td>
<td>WHY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>PROGRAMME ACTIVITIES</th>
<th>KEY PROCESSES TO ACCOMPLISH RESULTS</th>
<th>KEY OUTPUTS</th>
<th>KEY OUTCOMES</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIF programme (FCW staff, trainers and learning materials, infrastructure, equipment and resources)</td>
<td>Community partnership and entry processes. Home-visitor selection &amp; training. Home-visiting &amp; parenting programmes.</td>
<td>Establish a community partnership that empowers local communities to take ownership of the intervention. Identify, contract and train home visitors. Implementation of a 40-week home visiting programme and a 20-week parenting programme. Weekly and monthly on-site support, mentoring and reporting.</td>
<td>Trained and capacitated home visitors in the programme to support caregivers directly in their homes.</td>
<td>Increased community support and approval. Registered NPO. Elected office bearers.</td>
<td>Improved access and ECD opportunities for young children and their caregivers. Increased awareness amongst caregivers and families. Improved child developmental outcomes (cognitive, social, emotional, motor &amp; language).</td>
</tr>
</tbody>
</table>
As is demonstrated in the logic model above, the FIF programme comprises three main elements: the home-visiting programme, the parenting programme, and community ownership. The programme elements are presented in Table 2.

**Table 2. The Family in Focus Programme: Main Elements**

<table>
<thead>
<tr>
<th>HOME-VISITING PROGRAMME</th>
<th>PARENTING PROGRAMME</th>
<th>COMMUNITY OWNERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained home visitors meet with parents individually in their homes or with groups of parents and their children (toy workshops) to facilitate stimulating, age-appropriate activities with children according to the manual.</td>
<td>FIF operates from the premise that parents are the first and best teachers to their own children. Parenting programmes and meetings are used to build support and social networks for parents. Parenting programmes enable parents to provide age-appropriate activities that facilitate the holistic development of their children. Two parenting workshops are conducted per month to consolidate the work done during the home visits, and homework is given to the parent to do with the child.</td>
<td>Each FIF project starts as a joint effort between the community and FCW in response to local needs. Through a community consultation process, stakeholders are encouraged to form a committee. The aim is for each community to take ownership of the process and outcomes of the FIF programme. Each FIF committee is supported in the process in order to develop their capacity to manage their project independently.</td>
</tr>
<tr>
<td>Home visitors show caregivers how to use resources found in and around the home. Each home visitor conducts one home visit per week with each of their 35 families.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each of these elements will be discussed in more depth for greater understanding.

**Home-visiting programme**

The FIF home-visiting programme is registered with the DSD as an ECD learning programme. The home-visiting component is a structured programme for 0–4-year-olds and focuses on three key areas of learning, i.e. literacy, numeracy, and life skills. These key areas are covered across all age groups to ensure holistic development of the child in the care of his or her parent or primary caregiver, with the assistance of home visitors.

The FIF Home-Visiting Field Guide informs the programme and provides information on:
- pregnancy;
- a 5-week baby guide to health, nutrition and responsive care issues for 0–24 months, including activities for the different age brackets (6 weeks to 6 months, 6–12 months, 12–24 months);
- a 49-week structured programme for 3–4-year-olds, which details activities for home visits and parent workshops, taking place every second week. The themes focused on during the home visits are the same as those focused on at the parent workshops. Parents are provided with homework to do with their children as well as assessment outcomes for each session; and
- outlines for parent workshops, which focus on building parent knowledge and reinforcing the content of the visits. In addition, there is also a Parenting Programme Guide, which provides detailed instructions on how to run each workshop.

Home visitors have four contact times per month with each of the 35 families in their group, i.e. one home visit per week. After each visit, the home visitor will leave the parent or caregiver with homework to be done with the children. At the next visit, the parent or caregiver together with the home visitor will be encouraged to do an assessment of her own child.

In addition to the weekly assessments conducted by the parent or caregiver, the home visitor will also do a pre-assessment at the start of the year, which focuses on the child’s development as well as the interaction by the parent or caregiver with the child. This same assessment will be conducted every three months (quarterly) to measure the
developmental growth of the child and the interaction of his or her parent.

The Baby Guide focuses on 0–2-year-olds and also includes prenatal sessions:

- **prenatal care** (promoting a healthy pregnancy, prenatal visit schedule, post-partum depression as well as its effect on children, foetal alcohol syndrome (FAS), HIV during pregnancy);
- **birth to 6 weeks** (birth registration, bonding with your baby, breastfeeding, the importance of keeping your baby in a routine, physical development, sleep, speech and language, health and hygiene, bathing);
- **6 weeks to 6 months**
- **6 to 12 months**
- **12 to 24 months**

(comprises an activity schedule for each month to help enhance the child’s fine motor and logical thinking skills)

The 49-week structured programme for 3–4-year-olds details activities for the weekly home visits and the parent workshops held every second week, dealing with the same themes. Each week looks at a different theme and provides a list of activities to do with the child, the resources required to do the activities as well as parent homework and assessment outcomes for each session. An example of a weekly session is provided in Table 3.

### Table 3. The Family in Focus Programme: Weekly Session

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>POSSIBLE RESOURCES</th>
<th>ASSESSMENT OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Home visitor recaps previous homework</td>
<td>• Colour paper</td>
<td>• Child knows the number 6 and can identify it.</td>
</tr>
<tr>
<td>• Parent takes child outside for a walk to the garden and tells the child, “Let’s see what we can find,” e.g. trees, grass, flowers, plants, etc. – explain the uses of these.</td>
<td>• Crayons</td>
<td>• The child knows the colours of the rainbow.</td>
</tr>
<tr>
<td>• Introduce flash cards showing garden insects to the parent and child, and allow parent to talk about these insects – which season they can be seen, for instance – and ask the child to talk about the bodies of the insects, e.g. count their legs, the texture, the colours they have, and those that are dangerous and not.</td>
<td>• Scissors</td>
<td>• Child knows the phonics l, c and e.</td>
</tr>
<tr>
<td>• Parent teaches child the ‘inny wincy spider’ song and the actions using fingers. (Refer to Rhyme 7 attached in the Home-Visiting Field Guide)</td>
<td>• Pritt</td>
<td>• Child knows how many legs an insect has (3 pairs, count in 2s).</td>
</tr>
<tr>
<td>• Introduce number 7</td>
<td>• Flash cards</td>
<td>• Can child identify shapes – square, diamond, and oval?</td>
</tr>
<tr>
<td>• Introduce phonics f (Refer to Annexure 2)</td>
<td>• Puzzle</td>
<td></td>
</tr>
<tr>
<td>• Introduce the colour orange to parent and child.</td>
<td>• Number 7</td>
<td></td>
</tr>
</tbody>
</table>

### Homework

- Parent allows child to count to 7 and revisits the number concepts 1 to 6 – use material in and around the home.
- Parent allows child to revisit shapes – make caterpillar with circle shape again – with which letter does caterpillar start? (Refer to Annexure 3).
- Allow the child to draw the number 7 and the letter f with orange crayon to reinforce the number, phonics and colour. Look for things in the home starting with the phonics f, e.g. fridge.
- Parent and child visit the library, source the book The very hungry caterpillar, for example, and books on different garden insects.
- Parent encourages child to finger paint or draw a garden picture as he or she understands it – parent lets child tell a story about the picture, focusing on the colour used.
- Sing rhyme:
  
  I plant a little seed in the dark, dark ground.  
  Out comes the sun – big and round, round, round.  
  Down comes the rain – soft and slow.  
  Up comes the seed – grow, grow, grow!  (Refer to Rhyme 8 attached in the Home-Visiting Field Guide).

### Assessment outcomes

- Child knows the number 6 and can identify it.
- The child knows the colours of the rainbow.
- Child knows the phonics l, c and e.
- Child knows how many legs an insect has (3 pairs, count in 2s).
- Can child identify shapes – square, diamond, and oval?

### Parenting programme

The parenting programme supports the work of the home-visiting programme through encouraging parents or caregivers to become actively involved in the children’s learning. The main goal of the parenting programme is to raise awareness with parents and caregivers regarding the importance of ECD and their role as the first and best teachers for the child’s holistic development. This is goal is achieved by means of a series of workshops.
Home visitors conduct two parenting workshops each month, which aim to consolidate the work done by the home visitor during the home visits. Each parenting workshop is designed to leave homework with the parent or caregiver, which is then followed up during the next parenting workshop. These workshops provide parents and caregivers with a space in which to learn ideas around stimulating children whilst at the same time being provided with a safe space to share their stories with others. These parent workshops have successfully created supportive networks of parents and caregivers in communities. The workshops also provide a time for self-reflection by offering parents the opportunity to think about their goals and dreams for their child, taking the parents on a journey of where they have come from, and making sense of how their parents parented them, and how they can do things differently in order to provide better opportunities to their children.

Toy workshops

In addition to the weekly home visits, and the bi-monthly parenting workshops, the FIF programme also includes toy workshops once per month. These are wonderful cluster sessions in which children and their families on the FIF programme are invited to a local community spot, such as the community park, for a day of play and stimulation with other children in the community. FCW makes use of their mobile ECD unit (a large van that houses the educational resources to assemble a mobile ECD classroom) to set up a range of activities and educational games for the children with which to engage and to enjoy. These mobile units were an additional innovation of the FIF programme created as a result of the vast distances between areas. The mobile units are not an essential part of the programme, but certainly enhance its value. At these toy workshops, every child is measured and weighed to monitor their growth and development, and there are buckets with water and soap for hand washing. The toy workshops are a good space to instil a sense of the importance of hygiene by ensuring that children wash their hands before and after playing with the toys. This is followed by an explanation of why this is important. These activities allow for conversations with parents and children regarding nutrition and health and the importance of sanitation. The toy workshops provide a
further opportunity to encourage parental involvement, and help to stimulate parent thinking about resources that they could use at home to stimulate the development of their children.

These monthly toy workshops are evidence of the change in thinking in terms of how ECD is provided to children with limited accessibility to centres. These workshops are also facilitated by the home visitors, and FCW employs one person to coordinate the monthly toy workshops in each area.

*The FCW Family in Focus ECD process*

The diagram below illustrates the key processes involved in implementing the FIF programme effectively (see Figure 1). This visual depiction of the programme allows for a greater understanding of how the various elements work together to achieve the overall objectives.

**Figure 1. The Family in Focus Programme: ECD Process**
Steps in implementing the FIF programme

1. Select a community and community entrance

In selecting a community in which to work, the community is either identified by a donor or the community itself approaches FCW requesting to be a part of the FIF programme. It is often the case that home visitors are approached by neighbouring communities with requests for the FIF programme to be implemented in their area as the need is great. In this way, the FIF programme grows organically. (When it gets to the stage of the programme mushrooming such as this, the home visitors will exit the original area after two years and move on to the adjacent area. If it is a neighbouring community, the same local coordinating committee will oversee the new area.)

Once the community has been identified, FCW would meet with the community leader to introduce the FIF programme and explain its importance in that particular area. Should the community leader accept the idea of the programme, he or she will call a community meeting where FCW will conduct a presentation on the FIF programme and what it entails. Should the community members become involved, a local coordinating committee is set up to assist in the establishment of the FIF programme. A good idea is to host an open day prior to the community meeting to raise awareness and get the community excited about the FIF programme. These open days provide an opportunity for parents to become exposed to the importance and benefits of the programme, and for children to enjoy in some festivities, such as jumping castles, mobile ECD units with educational games and activities, and so forth.

2. Set up local coordinating committee

When FCW introduces the FIF programme into a new community, it is always the intention that the community would eventually take ownership of the programme. A key focus of the FIF programme is to capacitate and develop communities. This is evident in FCW’s decentralised management system. Therefore, in each project area, a local coordinating committee is established to oversee the running of the project. With the assistance of the community leaders, potential members for the local coordinating committee are identified, and then taken by FCW staff through a process of explaining what the FIF programme is, how it is implemented, the project life span, and so forth.
FCW draws up a Memorandum of Understanding with the local committee responsible for the administration of the programme. Committees receive quarterly training from FCW, a monthly management fee intended to be used for sundries, such as stationery and printing, and a transport allowance for quarterly meetings, if necessary. The local coordinating committee has to open a bank account and FCW pays this management fee for the project into this account each month. Committee members are volunteers and thus do not receive a salary from the management fee. The intention is that each committee becomes an NPO, which eventually takes on full ownership of the FIF programme in the specific community and raises its own funds. It is the intent that, as each committee becomes sustainable, they would become ‘franchisees’ of the FIF programme and take on full responsibility for funding and implementation of the programme, while FCW provides the model and materials and does the monitoring and evaluation. It is important that FCW assist and support each committee to set up its own governance structures, to set up the NPO, to develop a constitution, and so forth. It is very empowering for community members to be able to say that they serve on this committee and that they play a role in managing the FIF project. This has a positive influence on the local community. Currently (i.e. 2017), there are ten local coordinating committees that are registered NPOs.

The home visitors earn a stipend each month, which is funded by the Expanded Public Works Programme (EPWP), a major source of funding in the FIF programme. The objective of the EPWP is to provide employment and training opportunities for unemployed people and school leavers to gain work experience in order to become employable. Beneficiaries of the EPWP can only be supported for two years; thus, each home visitor will receive a stipend for a maximum of two years. FCW pays this stipend directly to each home visitor. After this point, it is expected that home visitors have been provided with an opportunity to learn sufficient knowledge and skills to be able to exit the FIF programme and gain employment elsewhere. Part of the exit strategy, after the two-year period, is to assist young people with opportunities to access learnerships in order to improve their qualifications. This exit strategy also provides further employment opportunities for a new cohort of local community members.

One of the key tasks of this committee would be to identify appropriate people within the community to be trained as home visitors, thus allowing for the community to determine who their home visitors will be.

An interdependent relationship exists between FCW and each local coordinating committee, in that FCW depends on the committee to manage and monitor the programme activities, and the committee depends on FCW to secure funding for the management fund and the home-visitor stipends. This relationship is an important one to foster and nurture in order for the FIF programme to be effective and successful.

One project coordinator (PC) is employed for each area in which the FIF programme is run. This person is responsible for leading the project and moulding it in such a way that it is relevant to the particular community. The PC is the main contact person and liaison between FCW and the FIF project. The PC is responsible for the day-to-day management of the project and monitoring the home-visitor’s schedules to ensure compliance and target deliveries in respect of parents being supported and visited. This is done by going with the home visitors into the homes once a month to monitor that they are on track in terms of the 49-week guide. The PC then liaises between the home visitors and FCW to keep FCW updated about what is happening on the ground and whether the project is being implemented as it should be.
3. Recruiting and training home visitors

The FIF programme has been very successful in creating employment opportunities for members of the community in which the programme runs. The best-suited people within the community are selected and recruited as home visitors for the project. (The local DSD office have a database of people in the area who are looking to be employed. This database is helpful in identifying the best-suited people to be interviewed and employed as home visitors.) The requirements for a home visitor is a Grade 9 certificate, and the ability to read and write, as they are required to report on the progress of the development of children. There have been exceptions where excellent, older community workers who may lack some basic literacy skills but who work skilfully with children and families have expressed interest in becoming a home visitor. In such cases, FCW decided to ‘twin’ the older ‘gogos’ or grandmothers with younger, more literate, matriculants who wanted to join the programme. This provides a wonderful opportunity for an exchange of learning between the two generations.

The training programme for home visitors comprises a 4-week programme conducted over a period of 4 months – one week, once a month, for four months. This training programme is compulsory for all home visitors prior to conducting any home visits. This training programme is based on the following South African Qualifications Authority-(SAQA-) accredited unit standards:

• work with families and communities to support ECD;
• prepare resources and set up the environment to support the development of babies, toddlers and young children;
• provide care for babies, toddlers and young children;
• demonstrate knowledge and understanding of the development of babies, toddlers and young children; and
• provide information about HIV and AIDS and treatment options in community care and support situations.

By recruiting home visitors from the community, one is able to create employment opportunities and increase the economic well-being of the community.

When running a home-visiting programme in local communities, it is vital to be flexible in the implementation of the programme as communities are not all the same and each will have its own unique set of circumstances.
It is important that the trainers training the PCs are qualified assessors and that they are registered with the ETDP SETA, as the FCW training programme is based on SAQA-accredited unit standards.

The training has two components:
• general training, which covers the unit standards mentioned above; and
• field guide training, which covers what needs to be put into practice during each home visit.

In order to build staff capacity and to delegate work, the PCs attend a training of trainers programme, where they learn how to train the home visitors. It is the responsibility of the PCs to train the home visitors. This has many positive effects, such as increasing PCs’ capacity and skills, as well as allowing a relationship to develop and grow between the PCs and the home visitors. PCs also encourage mentoring to take place, during which new home visitors will shadow the older cohort of home visitors in order to become more familiar with the processes prior to conducting their own home visits.

It is important to ensure that the home visitor is able to speak the predominant language spoken in the area fluently, as well as to speak English, as the manuals are in English. Thus, as long as the home visitor and the participants (i.e. the people being visited) can speak English, the programme can be adapted to suit a variety of contexts.

4. Recruiting families

Projects normally identify interested families who are keen to participate in the programme at the beginning of the year or during the year. As a team, recruitment is undertaken through a series of meetings and physically visiting families who previously showed some interest. The project recruits enough families and caregivers to ensure that each participating home visitor can work with at least 35 homes.
The families targeted to participate in the home-visiting programme are those families whose children do not have access to an early learning programme and who are in need of social security. Given that the home visitors are from the local community, they are usually aware of which families are most in need and those who are accessing state grants, such as the Child Support Grant (CSG). It is advantageous to run the programme in close proximity to a South Africa Social Security Agency (SASSA) pay point as home visitors will quickly get an idea of which families receive state grants. If needed, the PC will approach the local DSD to request a database of all families accessing subsidies and those who are unemployed. This assists the home visitors in targeting the relevant and appropriate families for participation. Each home visitor will complete a full family profile of each family, which will become part of the FIF project’s database.

5. Implementing the home-visiting programme

The FIF home-visiting programme is a very specific, set, 49-week programme, which includes a guide which details exactly what the home visitor needs to do and which resources are required during each session. This structured programme ensures that home visitors do something different with the family each week. This type of structure is also helpful in that it allows the home visitors to have something different to do each week, which is age-appropriate. The guide is user-friendly, providing instructions that home visitors can easily respond to. This home-visiting guide has been developed in consultation with the CAPS and NELDS policy documents, ensuring that all developmental milestones and appropriate assessment tasks are incorporated. Although the home-visiting programme runs over 49 weeks (one year), the home visitors spend up to two years with each of the families providing support and mentoring, and in certain instances, referrals.

Each home visit could last anything between 30 and 60 minutes, depending on the lesson and the family situation that week. From their experience, FCW believes that the ideal time for a home visit is 40 minutes. Given the fact that home visitors need to visit four families per day, lessons exceeding one hour tend to cut into the time of the next family.
One of the major overarching goals of the home-visiting component of the programme is to ensure that parents are educated about the importance of ECD and to see to the school preparedness of the children. Age-specific quarterly grids have been developed, and these have to be completed by the home visitor in order to monitor each child’s progress accurately.

In effect, each home visitor would be responsible for 35 families over a one-year period, conducting a home visit once per week to each family (equating to 49 home visits in the first year), plus conducting two parenting programmes per month, and one toy workshop. Each home visit is structured in such a way that the home visitor conducts a themed lesson with the child and his or her parent, and then leaves homework along the same theme for the parent and child to continue during the week. During the next visit, the home visitor follows up on the work done throughout the week, and thereafter continues with the new week’s themed lesson.

All children on the FIF programme are at different stages of development, with some of them being in need of referrals to occupational, physio- and speech therapists, to name but a few. During the training, it is made very clear that a strong referral system needs to be in place so that the children are able to access the needed support and services. One of the first tasks of home visitors, after their training, is to walk around the community and become familiar with the service providers in the area and the support they are able to provide. These could be anything from social workers to the local clinic, the police station, schools, the local DSD, amongst many others. The home visitors introduce themselves and the FIF programme to the service providers in order to build a relationship with these potential partners. Home visitors have referral forms that should be completed for each referral that is made. After making referrals, it is vital that the home visitor follows up with the service provided as well.

With regard to the physical infrastructure required to run the FIF programme on such a large scale, very little is required to run the programme effectively. An office space for the PCs and the monitoring and evaluation (M&E) team is required. For the coordinating committee and home visitors, a permanent office space is not a requirement. It is usually the case that the home visitors will meet at a local community venue, such as the library, each morning to do a roll call and sign the register (these are EPWP requirements), and the committee members will often meet at one of their homes to conduct their meetings since these are usually held after hours.

In terms of a venue for the parent meetings and toy workshops, the projects do not own a specific venue that is used each month but they rather hire a local community venue such as a community hall or park. The FIF programme tends to experience a decrease in numbers during the rainy season, particularly in terms of the toy workshops, as they are unable to run them at an outdoor venue when it rains. It is thus helpful to book venues, such as a local hall, in advance so as to not interfere with the programme schedule and so that the programme can continue running on schedule all year round.

Ideally, each home visitor should have an educational equipment kit, which is taken along to each home visit. Unfortunately, due to equipment constantly disappearing and the continuous replacement of the equipment being financially unsustainable, these kits are no longer provided to the home visitors. The home visitors now make toys out of scrap and recyclable materials found within the home. These toys are sometimes supplemented with toys from the mobile ECD unit when they are in the area and during toy workshops.

An idea for the future, which might work very well, will be to have a fully equipped toy library located in each project area where home visitors could book their particular
equipment required for the week. This would ensure that there is relevant educational equipment for the children during home visits, and a level of accountability will be upheld to ensure that equipment is returned.

6. Adapting to context

One of the reasons why the FIF programme works so well is because it has many interlinked components. This allows the programme to be adapted depending on the particular context of the community. Some of the communities where FCW works are renowned for high levels of gang violence, and in times when this violence is rife, it is not recommended that home visitors risk their lives by walking from one house to the next. Instead of not doing the home visit that week, they could organise one of the bi-monthly parenting workshops for that week to avoid having to walk around the community for long periods of time. This also ensures that they are still able to keep on track with their schedule and to report to their PC on progress that week. Because the programme was established with community support and participation, the community networks become very strong. At times, the police will call the home visitors to tell them not to do visits that day because of reported gun shots, or the clinic sister will phone to inform the home visitor that particular children have missed their appointments and request

Strong community networks are evidence of the importance of getting the community to accept, approve and support the programme prior to it being established in the community.
that the home visitor follow up during his or her visit. Due to the strong relationship with the clinic staff, the home visitors often use the clinic as a central venue in which to host the parenting workshops. It can thus be seen that the FIF programme provides a platform for extensive community engagement and relationships that inevitably benefit the children and their parents or caregivers participating in the programme.

7. Monitoring and evaluation

Monitoring and evaluation is a critical component of the FIF Programme, and comprises both internal and external mechanisms.

Internal monitoring and evaluation

Each home visitor is required to conduct quarterly assessments on each child participating in their project to determine the progress of the child. These assessments commence with a baseline assessment to establish where the child is at, where the family is at, as well as specific requirements that need to be worked towards. These assessments are age-specific and done according to appropriate developmental milestones.

In addition to the quarterly reports, home visitors are required to do a monthly report. These monthly reports include statistics on the number of families visited, number of parent workshops conducted, where the home visitors are according to their schedule, and so forth. Each home visitor will send his or her monthly report to the PC in that area, who then compiles all reports into one, comprehensive monthly report for FCW. A helpful hint for the monthly PC report to the managing organisation is to have one page for the PC to write any additional comments or happenings or ideas that may have come up during that month and involving the home visitors, as the PC and home visitor often have conversations about things that will not necessarily be recorded in their monthly report. The PC needs to ensure that such things are recorded.
The PC also meets with the home visitors once a month to ensure that all is on track in terms of the 49-week programme schedule. The PC also meets with the FCW M&E team to monitor the submission of monthly reports by the home visitors, and to make sure that their statistics are up to date in terms of DSD requirements. The M&E team also meets with the team leaders to receive feedback on how the programme has run that month and whether any issues had arisen. Once the M&E team have met with the PC and the team leaders, they go into the project areas twice a month to monitor the home visitors and ensure that they are on track with their programme schedule by conducting a home visit with them and attending one of the parenting workshops. Furthermore, the M&E team also ensures that everything is in place in terms of programme compliance for the funders, the DSD and the EPWP.

In addition to all of the above, quarterly strategic planning meetings are held which are attended by the M&E team, the PC, team leaders, and some committee members. These meetings serve to monitor progress, consider challenges and figure out how to move forward strategically. The M&E team conducts rapid assessments twice a year (at the beginning of the year and again at the end of the year) during which they visit the families and parent workshops to get feedback on the performance of the home visitors.

Due to strict monitoring and reporting requirements, in August and September of each year, FCW has a clear indication of all the children participating in the programme and who will be registering for Grade R and Grade 1 in the following year. The PC in each area then sends FCW a list with the details of all children in their area who will register for Grade R and Grade 1 in the following year, including the names of the schools that these children will be attending. Home visitors even assist the parents with the registration at the school. A massive success story of this programme is that a number of principals at the local primary schools have seen the difference in the children who had participated in the FIF programme and these principals have committed to keeping a certain number of spaces available each year specifically for FIF children.

External monitoring and evaluation

Initially, external evaluations were not a requirement of the programme but FCW thought that such evaluations would be of great importance when moving forward and working towards constantly improving the programme.

In 2015 the FIF programme has undergone an external implementation evaluation by Linda Biersteker to shed light on what is working well and what is not. Staff, user, and donor perceptions on the purpose and value of the programme were examined. This implementation evaluation will be used to complement an impact evaluation currently being undertaken by a PhD student at the University of Cape Town (UCT). The implementation evaluation also provided proposals to assist in the streamlining of areas that were not working well.

8. Scaling-up

In terms of scaling-up the programme to offer it in new areas, it would be essential to partner with another ECD NPO, which is already set up and known in the community. This organisation would be required to employ one key staff member to manage the FIF programme. This person would be the liaison and key contact person between FCW and the ECD NPO partner. FCW would take this staff member through an orientation process of the various programme processes and requirements. This would include informing this member of FCW processes, M&E requirements, reporting, time frames and so forth. Thus, a great deal of time is spent mentoring and guiding this key staff member in the understanding and management of the FIF programme in the area.
Ideally, this orientation process would be a month-long intensive programme to ensure a clear, holistic understanding of the FIF programme.

FCW will then conduct an orientation session with the home visitors to orient them to the FIF programme, informing them of the expectations and responsibilities of home visitors, Education, Training and Development Practices Sector Education and Training Authority (ETDP SETA) requirements, among others.

This will then be followed by the actual home-visitor training programme, which would be the 4-week block training.

Home visitors have to familiarise themselves with the service providers in the area with which they could potentially partner and where they might have to refer children or families, such as the local DSD office, the clinic, schools and social workers.

After approximately two months of training, and familiarising themselves with the community in which they are based, home visitors will undergo a rapid assessment to assess their knowledge of the programme prior to conducting home visits. These rapid assessments are qualitative inquiries to assess the home-visitors’ preliminary understanding of the programme. This assists the implementing NPO to support and mentor each home visitor adequately and in the relevant areas of need.

As all staff, PCs, team leaders and home visitors will be new and inexperienced, FCW will play a significant mentoring role by having a very hands-on approach for the first six months of the new roll-out. The FCW M&E team would also support and monitor the FIF programme very closely.

9. Funding

When a new project is being started, it is vital that funding comes in at least six months prior to the starting date of the project in order for sufficient project planning to be done.

Funding for the FIF programme has been secured through a generous partnership with the provincial DSD and the EPWP, as well as several other smaller donors. The biggest cost drivers in the programme are monthly stipend allocations of R1 600 to each of the 245 home visitors; and training over four weeks, which often requires additional transport and accommodation costs for home visitors from outlying areas. FCW have to be very strategic in their approach to managing the programme in order to be able to cover all costs involved adequately. Over the years, the FIF programme has been streamlined and modified in order to accomplish this.

10. Paying stipends

One of the big challenges that FCW faces in running the FIF programme is the paying out of stipends each month due to the large number of home visitors. FCW has agreements with each of the projects in the various areas that their reports will be submitted by the 25th of each month – a condition of receiving the stipend. FCW consequently have to do compliance checks to ensure that reports have been submitted on time prior to any stipends being allocated. In addition to this, each PC will send an invoice to FCW, along with a bank statement, a reconciliation of all activities during that month, their monthly report, their family profiles, and their signing registers. FCW receives this information for each separate project in the various areas. Once FCW has the relevant information and documentation, they will pay the stipends as well as the management fee into the relevant committee’s bank account. The committee then has the responsibility to pay each home visitor in its area.
11. Community exit

One of the prominent reasons for setting up the local coordinating committees in each project area is so that once they have been established and registered as an NPO and are able to run the project effectively, FCW can exit the project in that community and move on to a new area in need of ECD services and support.

Lessons learnt in implementing the FIF programme

In order for the FIF programme to run smoothly and successfully, it is vital for the management organisation to know their partner organisation very well, as well as the capacity of the people with whom they will be working. The management organisation also needs to ensure that everyone working on the FIF programme, including the local committee, PCs and home visitors, has a comprehensive understanding of the programme. The programme has many elements and can become confusing for those that do not understand it and its purpose fully.

It is also very important that home visitors and PCs understand the community and its context and are able to be flexible and adapt accordingly. Because this programme is run in so many communities, all with varying circumstances and challenges, it is essential that the programme be moulded to suit the community and its needs. The content of the programme might stay the same, but the way in which is it implemented might need adapting.

Reporting is crucial. Due to the many elements included in the FIF programme, as well as the length of the programme, it is essential that regular, comprehensive reporting be done throughout the lifespan of the programme. Reporting will make a significant difference in assisting the staff involved to understand where they are at, which challenges they are facing, and which influence they are having in the community.
Due to limited funds available for the implementation of the FIF programme, excellent budgeting and financial management skills on the part of the management organisation as well as the local coordinating committee are essential for the successful execution of the programme.

Networking plays a considerable role in the FIF programme. The level of networking done and the quality of relationships built between the home visitors and the community at the very start of the programme can make or break this project. In many instances, the home visitors become a ‘go-to’ person within the community when help is needed on a personal level. The community begins to trust the home visitors and includes them in their lives. This adds a great deal of value to the programme.

Success stories

Parents often tell stories of what the FIF programme has done for their children and for them as parents too. They proudly talk about how the confidence levels of their children have soared, that their children can identify and name colours (e.g. red, blue, and green), and that they can count up to ten. Ultimately, once parents understand the value of the programme and accept it, they become involved and excited about what it does in terms of the development of their children. After joining the programme, parents tell of how they have become better, more confident parents – they take pride in being a parent. Home visitors have also related how participating parents tend to take pride in their homes, ensuring that it has been swept, and that the gardens look respectable.

Principals of the primary schools in the project areas support the FIF programme wholeheartedly and have said that they have noticed a difference in children on the
FIF programme, not only emotionally, but cognitively too. There have been numerous accounts from principals and teachers describing how children on the FIF programme enter Grade 1 with high levels of confidence, that they settle in easily and quickly, and that they are confident in their goodbyes to their parents. This is testament to the holistic approach that home visitors use when visiting families and the fact that they not only focus on the development of children’s cognitive skills, but also on their social and emotional skills. The principal of a primary school in the Caledon region has gone so far as to arrange with the PC to come in once a week to work with the children in Grade 1 who have not been on the FIF programme to assist with reading and literacy. This is proof of the positive influence that FIF has on the development of children.

Conclusion

A recent implementation evaluation of the FIF programme concluded that it was making a significant difference to children in poor and vulnerable communities by increasing access to early childhood stimulation and development and by creating employment opportunities in these communities. The FIF programme has made a substantial difference in the lives of thousands of families across the Western Cape. This programme is an outstanding example of an alternative, out-of-centre-based ECD model that could be used and adapted to suit a variety of contexts within South Africa.

References

The Foundation for Community Work’s Family in Focus Programme costing

Table 4 provides a breakdown of the number of beneficiaries reached by FCW’s Family in Focus Programme. The table shows that the programme reached 7,610 primary caregivers over a one-year period (based on 2015/2016 data), with an additional 8,575 direct child beneficiaries being reached. Of the 8,575 children reached in this period, 27 children had learning disabilities, and 26 children suffered from FAS. This work was achieved by 243 home visitors.

### Table 4. The Family in Focus Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>BENEFICIARY GROUPS</th>
<th>Number of DIRECT beneficiaries of the FIF Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visitors:</td>
<td>(243)</td>
</tr>
<tr>
<td>New-born babies</td>
<td>109</td>
</tr>
<tr>
<td>Children 0–2 years old:</td>
<td>3,662</td>
</tr>
<tr>
<td>Children 3–4 years old:</td>
<td>3,076</td>
</tr>
<tr>
<td>Children 5–6 years old:</td>
<td>1,649</td>
</tr>
<tr>
<td>Children 7 years old and older:</td>
<td>79</td>
</tr>
<tr>
<td>TOTAL Number of children:</td>
<td>8,575</td>
</tr>
<tr>
<td>Children with learning disabilities:</td>
<td>27 of 8,575</td>
</tr>
<tr>
<td>Children with FAS:</td>
<td>26 of 8,575</td>
</tr>
<tr>
<td>Primary caregivers:</td>
<td>7,610</td>
</tr>
<tr>
<td>TOTAL Number of beneficiaries</td>
<td>16,185</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programme for a one-year period, a costing for the programme in total, as well as per beneficiary, can be calculated. As seen in Table 5, the current FIF Programme costs a total of R8,157,850 per year (according to 2016 expenses). This excludes any capital investment. Utilising these expenses per year, the following costs can be calculated:

- cost per direct child beneficiary, per year: **R951**
- cost per primary caregiver per year: **R1,072**

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses to reach 86,000 children were estimated (roughly ten times the current reach). The total costs of this larger programme would be approximately R71,896,643* per year. This excludes any capital investment. Utilising these projected total costs, the following costs can be calculated:

- cost per direct child beneficiary, per year: **R836***
- cost per primary caregiver per year: **R945***

(*It is important to note that these figures are projections and are based on 2016 rates, without taking inflation into account.*)
Table 5. The Family in Focus Programme: Expenses

Programme expenses: 01 April 2015 to 31 March 2016

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ fees</td>
<td>R52 460</td>
<td>R104 920</td>
</tr>
<tr>
<td>Accounting fees</td>
<td>R290 687</td>
<td>R581 375</td>
</tr>
<tr>
<td>Bank charges</td>
<td>R25 553</td>
<td>R51 105</td>
</tr>
<tr>
<td>Advertising, marketing &amp; promotions</td>
<td>R37 275</td>
<td>R372 753</td>
</tr>
<tr>
<td>Affiliation fees</td>
<td>R2 000</td>
<td>R2 000</td>
</tr>
<tr>
<td>Cleaning &amp; gardening</td>
<td>R80 732</td>
<td>R80 732</td>
</tr>
<tr>
<td>Computer expenses (maintenance)</td>
<td>R16 327</td>
<td>R32 653</td>
</tr>
<tr>
<td>Electricity &amp; water</td>
<td>R110 341</td>
<td>R220 681</td>
</tr>
<tr>
<td>Insurance</td>
<td>R71 643</td>
<td>R716 426</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>R58 308</td>
<td>R583 079</td>
</tr>
<tr>
<td>Postage &amp; courier</td>
<td>R8 100</td>
<td>R8 100</td>
</tr>
<tr>
<td>Rental/Bond repayments</td>
<td>Does not incur</td>
<td>Does not incur</td>
</tr>
<tr>
<td>Rates</td>
<td>Does not incur</td>
<td>Does not incur</td>
</tr>
<tr>
<td>Building repairs &amp; maintenance</td>
<td>R22 497</td>
<td>R44 994</td>
</tr>
<tr>
<td>Staff training &amp; development</td>
<td>R63 915</td>
<td>R639 152</td>
</tr>
<tr>
<td>Security</td>
<td>R29 485</td>
<td>R58 971</td>
</tr>
<tr>
<td>Telephone &amp; fax</td>
<td>R56 164</td>
<td>R561 641</td>
</tr>
<tr>
<td>Website/Internet</td>
<td>R8 771</td>
<td>R17 541</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme-related costs</th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director part salary</td>
<td>R370 385</td>
<td>R740 770</td>
</tr>
<tr>
<td>Management fee – programmes</td>
<td>R259 366</td>
<td>R2 593 659</td>
</tr>
<tr>
<td>Operations manager part salary</td>
<td>R190 654</td>
<td>R381 308</td>
</tr>
<tr>
<td>ECD fieldworkers’ salaries</td>
<td>R368 467</td>
<td>R3 684 667</td>
</tr>
<tr>
<td>Trainers/Facilitators’ fees (Supervisors)</td>
<td>R392 543</td>
<td>R3 925 426</td>
</tr>
<tr>
<td>Stipends</td>
<td>R4 874 479</td>
<td>R48 744 790</td>
</tr>
<tr>
<td>Venue hire</td>
<td>R11 700</td>
<td>R117 000</td>
</tr>
<tr>
<td>Catering (including trainee refreshments)</td>
<td>R61 282</td>
<td>R612 821</td>
</tr>
<tr>
<td>Materials &amp; resources (including manuals)</td>
<td>R138 058</td>
<td>R1 380 584</td>
</tr>
<tr>
<td>Printing &amp; stationery</td>
<td>R9 689</td>
<td>R96 890</td>
</tr>
<tr>
<td>Educational equipment</td>
<td>R77 893</td>
<td>R778 933</td>
</tr>
<tr>
<td>Travelling cost/transport</td>
<td>R202 780</td>
<td>R2 027 802</td>
</tr>
<tr>
<td>Accommodation and meals</td>
<td>R144 690</td>
<td>R1 446 900</td>
</tr>
<tr>
<td>Subsistence allowance</td>
<td>R7 384</td>
<td>R73 840</td>
</tr>
<tr>
<td>M&amp;E costs</td>
<td>R53 000</td>
<td>R53 000</td>
</tr>
<tr>
<td>Modification and verification costs</td>
<td>R68 513</td>
<td>R685 130</td>
</tr>
<tr>
<td><strong>TOTAL COSTS PER YEAR</strong></td>
<td><strong>R 8 157 850</strong></td>
<td><strong>R 71 896 643</strong></td>
</tr>
</tbody>
</table>

To offer this programme, the following additional capital items would also be required:
1 car per area (currently 12 areas are served).
CASE STUDY

This programme is making a significant difference to vulnerable mothers and children by facilitating parent–infant attachment and empathic nurturing. This enhances the mother’s well-being and improves the child’s development.

The Parent Centre

The Parent–Infant Intervention Home
Visiting Programme

“... This programme is making a significant difference to vulnerable mothers and children by facilitating parent–infant attachment and empathic nurturing. This enhances the mother’s well-being and improves the child’s development.”
**The Parent Centre**

*The Parent–Infant Intervention Home Visiting Programme*

**AT A GLANCE**

Name of implementing organisation: The Parent Centre  
Implementer status: Non-profit organisation, voluntary association, and public benefit organisation  
Year organisation established: 1983 as a project of the Cape Town Child Welfare Society  
1997 as an independent organisation  
Main focus of organisation: Parenting  
Head-office location: Wynberg, Cape Town, Western Cape  
Website: www.theparentcentre.org.za  
Contact number: +27 (0) 21 762 0116  
Contact person: Venecia Barries (Director)

**MODEL DETAILS**

Year launched: Pilot project launched in 1993, with significant adaptions taking place over the two decades since the launch  
Launch province: Western Cape  
Geography type: Urban, peri-urban  
Time frame/Stage: On-going, long-term programme  
Main source of funding: Multiple donors (including DSD, DoH, Trifid Trust, the National Lottery Commission, Claremont Rotary, the Western Cape Association for Infant Mental Health, and the Rolf-Stephan Nussbaum Foundation)  
Beneficiaries reached per year: 880 direct home-visiting beneficiaries in 2016 (440 primary caregivers and 440 infants) as well as 220 indirect child beneficiaries. A further 6 594 primary caregivers and 9 891 indirect child beneficiaries reached through clinic talks  
Keywords: Prenatal care, antenatal care, positive parenting, mother well-being, home visiting, family outreach, early stimulation, parent–infant attachment, non-centre programme
The Parent Centre

Parent–Infant Intervention Home Visiting Programme

The Parent Centre

The Parent Centre was established in 1983 as a project of the Cape Town Child Welfare Society. It began as a primary prevention project to encourage positive parenting and effective child management, in order to enhance the well-being of parents and children. In 1997, the Parent Centre became an independent non-profit organisation (NPO) (and public benefit organisation) in the Western Cape. The Parent Centre has made immense progress in providing skills, knowledge and tools to parents to care adequately for their children, thereby reducing child neglect, abuse and victimisation in the communities that the organisation serves. One such programme of the Parent Centre, the Parent–Infant Intervention Home Visiting Programme (PIHV) Programme, has been essential in this process.

Parent–Infant Intervention Home Visiting Programme

The PIHV programme was established in response to the large number of vulnerable mothers and children in Cape Town. The PIHV programme sought to address these issues by formulating an intervention that enhances mother-child bonding as well as pregnancy education. Research has shown that the optimum way to improve vulnerable children’s development is by educating and helping parents.

This intervention promotes positive, secure parent–infant attachment and empathic caregiving. The programme particularly focuses on high-risk pregnant women by preparing them for motherhood and assisting them with their infant for the first six months of the child’s life. This is achieved through home visits by lay community counsellors (also referred to as home visitors or parent–infant attachment counsellors) from the local area. These home visits provide appropriate information and support, which assists mothers at risk of antenatal and postnatal challenges. Through this, potential child neglect, abuse and abandonment may be prevented.
The main objective of the PIHV programme is to facilitate positive attachment between the mother and her infant as early as possible: during pregnancy, around the critical time of delivery, and during the early postnatal months. The PIHV programme objectives are to:

- increase the mother’s sense of support, caring, confidence and understanding with the aid of a lay community counsellor;
- decrease ambivalence towards unplanned or unwanted pregnancies;
- increase knowledge of foetal development;
- improve access to antenatal and postnatal Depression screening and/or treatment;
- increase understanding of the infant’s needs and behaviour;
- improve capacity to respond thoughtfully and sensitively to the infant’s needs, cues and preferences; and
- provide education and guidance on breastfeeding and nutrition for the baby.

The programme is implemented in Cape Town communities characterised by high rates of unemployment, poverty, violence, family fragmentation, substance abuse, and HIV/AIDS. These communities have a high risk for vulnerabilities and child neglect. Although the programme mostly focuses on care for mothers and new-born babies, it also extends to involve fathers, additional caregivers, older children and other family members.

The PIHV programme was initially adapted from the Healthy Families America’s ‘Healthy families home visiting program’, which proved to reduce the rate of child abuse and child injury in the homes it served. This format was then adapted to fit the various contexts in Cape Town. Further research on the PIHV programme in Cape Town (namely, the Thula Sana research project) resulted in further modifying the approach, the number of sessions, the content implemented and the areas involved in the programme. The adapted model concentrated more on positive parenting and attachment such as engaging the baby, and teaching parents or caregivers attachment skills and appropriate responsiveness. The session content initially included a behavioural assessment of the infant, comprising of elements that encourage parents or caregivers to respond thoughtfully to their infant’s needs, cues and preferences. The current PIHV programme still includes the behavioural assessment, as well as information sessions, mental health screening, infant massage and four grief counselling sessions (see later). Currently, the home-visiting programme comprises five antenatal and 15 postnatal home visits per mother. These visits continue for no less than seven months.
In addition to this, the programme also incorporates ‘Pregnancy and Early Parenting Talks’ at Maternity and Obstetric Units (MOUs) and clinics, mental health screening and counselling of mothers and staff.

The PIHV programme conducts an average of 6 720 parent–infant interventions per year, involving home visits, mental health screening activities, and counselling and clinic talks. Twelve home visitors assist approximately 440 at-risk mothers. The programme has expanded since its first inception to help more disadvantaged families than previously and continues to improve Cape Town communities significantly.

Programme theory and research conducted

The theory of change of the PIHV programme is based on the idea that parents are the first and best teachers of their own children. Parenting is critical in influencing all aspects of a child’s physical, emotional, psychological, cognitive and social development. But parents living in disadvantaged communities often lack the resources, knowledge and support to stimulate this development best. Unfortunately poor attachment and inadequate parenting could increase the risk of developing problems later in life.

The PIHV programme therefore provides skills, information and support to these primary caregivers, thereby allowing them to become better educated, skilled and motivated to interact with and care for their children, thus facilitating the child’s holistic developmental needs. This not only empowers the primary caregivers but helps with the child’s future emotional and physical well-being.

The programme is an adapted version of the Thula Sana research project and is informed by Tony Brazelton and Kevin Nugent’s Neonatal Behaviour Assessment Schedule, and Lynne Murray and Liz Andrews’ The Social Baby which shows that infants, from a young age, are psychologically engaged and have high social responsiveness. As such, parents need to be aware of their infant’s cognisance and react reliably and sensitively.

The attachment theory shows that empathic, continuous and suitable interactions between mother and infant provide satisfaction for both parties. When parents appropriately respond to the baby, the baby’s perception of their environment and self-awareness improve. Furthermore, attachment facilitates the child’s future responses,
understanding, and interactions. Attachment also improves the parents or caregiver’s understanding of the child, facilitates their own reflection, and promotes communication with others.

Research illustrates that parents’ behaviours and interactions can be modelled from observing how other mothers interact with their infants. This instils a non-intrusive and supportive way for parents to come to see their children as human beings. This modelling will reassure parents of their own relationship with their child.

Currently, the PIHV programme remains the only evidence-based parent–infant attachment programme in South Africa, and extensive research has illustrated its effectiveness. A randomised controlled trial in Khayelitsha (the Thula Sana research project) concluded that the programme had a significant positive effect on the quality of mother–infant relationships and secure attachment for its beneficiaries (published in the British Medical Journal, in 2009). Similarly, an external evaluation of the programme over a period of two and a half years in Hanover Park showed home visits helped mothers address mental health problems and improved their confidence and independence. It also established the successful promotion of positive and nurturing mother–infant relationships and breastfeeding practices. Furthermore, the programme improved the mothers’ relationships with their older children and other family members.

Consequently, the logic behind the PIHV programme is that by supporting primary caregivers with information and motivation, their children will be better cared for. Parents’ attitudes, behaviours and feelings will become more positive, thus facilitating appropriate attachment with their infants. This facilitates holistic child development, in which emotional stability, confidence and school readiness will be improved.

Parent–Infant Intervention Home Visiting Programme in detail

The PIHV programme is a home-visiting, family outreach programme, which partners with the Department of Social Development (DSD) and the Department of Health (DOH), as well as various funders and individual donors, and serves as a non-centre-based ECD programme. The intervention includes five antenatal and 15 postnatal home visits to vulnerable pregnant mothers, on an individual basis. Each home visitor does a total of 20 one-hour sessions with each of their forty mothers, during a minimum period of seven months per mother. These lay community counsellors provide parents with information and skills on pregnancy, parenting and attachment.
The programme draws on aspects of government policies such as the Children’s Act of 2005 and the 2012 White Paper on Families by the DSD. The White Paper on Families emphasises the importance of building supportive families by supporting parenting and family management. The PIHV programme assists in establishing a supportive relationship between mother and infant thus ensuring positive attachment as early as possible: during pregnancy, around the critical time of delivery and during the early postnatal months.

**Antenatal home visits**

The five antenatal sessions consist of information sessions and the Edinburgh Postnatal Depression Screening (EPDS). The sessions provide information on foetal development, effects of substance abuse on the foetus, and preparation for labour. Home visitors use the EPDS as a risk assessment tool to screen the mothers for mental illness such as depression, anxiety, and suicidal thoughts. If vulnerability to mental illness is detected, the mother is referred to a psychiatric nurse or the closest appropriate organisation.

Home visitors encourage mothers to attend regular antenatal check-ups to monitor their and their unborn baby’s health. Home visitors help parents with their older children by preparing them for the new baby’s arrival and possible sibling rivalry.

**Postnatal home visits**

Postnatal sessions last for six months after the birth of the baby. These home visit sessions consist of a behavioural assessment of the infant, the EPDS, infant massage and four grief counselling sessions (if needed). In the behavioural assessment, the home visitor assesses the baby while the mother and other family members observe. This evaluates the baby’s well-being, while encouraging the parent to interact and care for the infant. Therefore the primary caregiver can focus on the baby, identify cues, feel more connected and see the baby as a human being. Information and skills are provided regarding bonding, reading baby cues, breastfeeding, nutrition, and balancing parenting of the new-born and older children. Home visitors also demonstrate and teach infant massage, which promotes a connection through touch. Home visits are more frequent in the early months because this time is the most crucial for attachment and development.

Factors of safety and hygiene are not taught explicitly, but are rather indirectly intertwined in the sessions. For example, home visitors teach the parent healthy breastfeeding and nutrition practices and ensure that parents see to it that the baby is supervised.
The first postnatal visit is three days after the mother has delivered the baby. This visit serves as a debriefing session with the mother, who has the opportunity to share her birth story. This birth story may include the joys, expectations and discomforts of labour. Sharing this story in this session helps the mother to heal and provides support. For example, a mother may be disappointed when she expected a natural birth, but then required a Caesarean section (C-section) instead. Tragically, this time can also provide counselling if the mother has had a stillbirth or miscarriage. There are therefore four grief counselling sessions to help the mother cope with such a heart-breaking experience, if needed. Confidentiality is therefore a crucial element of the sessions, which allows delicate matters to be shared and healing to commence.

The duration of the programme is ideally 12 months long (from the first trimester until six months after birth), but it can be a minimum of seven months. In such a case the programme will start as late as one month before the baby is born. Each mother’s involvement time in the programme may differ due to variations in the time that they enter the start the programme. Therefore, while the number of sessions is the set at five antenatal sessions the length of time receiving antenatal sessions may fluctuate, but postnatal sessions always remain at six months. For example, some mothers enter the programme late, when they are already eight months pregnant. Therefore the five antenatal sessions are condensed into one month, whilst the duration of postnatal sessions remains constant.

The programme also includes early parenting talks at MOUs which serves to recruit and educate mothers. Home visitors facilitate these clinic talks which provide mothers with information on breastfeeding, infant massage, pregnancy processes, early parenting and the PIHV programme in general.

Complementary projects offered by the Parent Centre are also provided to parents, and work in synergy with the PIHV programme. For example, the parent support groups are a space for parents to meet and share experiences after the PIHV home visits are completed. The Moms Circle is a baby-friendly space which offers mothers the opportunity to network with other mothers, professionals and the Parent Centre staff. Finally, parenting courses, offered by the Parent Centre teach parents certain skills regarding parenting, listening, empathy and self-esteem.

An implementation summary is outlined in Figure 2 that follows.
Steps in implementing the Parent–Infant Intervention Home Visiting Programme

1. Community Entry

Community entry begins with the PIHV programme staff forming relationships with other relevant organisations. The community entry process is diverse, continuous and practically adapted to specific communities. It does not begin with a formal community assessment, but rather when a specific need for parent–infant intervention is identified by stakeholders or the Parent Centre itself. Once the need is established, resources can be designated, staff are recruited and trained, and beneficiaries are selected.

The Parent Centre can be approached by organisations which recognise a community in need of childhood development and parent–infant assistance. For instance, the Perinatal Mental Health Project (PMHP) in Retreat was screening for mental health in pregnant mothers at Retreat MOU. They realised they needed additional support to accommodate the burden of maternal mental illness. Home visitors conduct these clinic talks informing mothers of the PIHV programme, as well as providing information on pregnancy and parenting. Thereafter, MOU and clinic staff screen clients for potential...
beneficiaries with the PIHV ‘mothers at risk assessment form’, subsequently referring the most vulnerable mothers to the PIHV programme. Alternatively, mothers can directly ask to be part of the programme after the clinic talk is done.

In other instances, family members or the mothers themselves have reached out to the Parent Centre, to be a part of the PIHV programme. This type of recruitment is important, as many mothers do not attend clinics and therefore have limited awareness of and entry opportunities into the programme.

The earlier pregnant women are assessed, the earlier home visits can commence, which speeds up the effectiveness of parent–infant intervention, and hence the parent–infant connection. Once vulnerable communities are identified, home visitors are trained and selected. From there, the new home visitors shadow experienced home visitors in other communities. Newly equipped home visitors go to entry points in the community that they are working in, such as MOUs, community centres or they walk from door to door to recruit beneficiary clients. In this way, home visitors connect with their specific community and its stakeholders. Recruitment drives have recently been implemented where all home visitors, supervisors and social workers promote the programme to mothers in an area.

2. Staff recruitment

The Parent Centre has proved successful in creating employment opportunities for members of the communities in which the programme runs. The requirements for home visitors include:
- having an interest in working with parents and infants;
- having good relationship skills (listening, empathy, being non-judgmental);
- having previous community work experience;
- having a matric certificate is preferred;
- being a parent or primary caregiver;
- being 26 years old or older;
- possessing good reading and writing skills; and
- living in the community within which the programme will run.

Lay mothers from the community are chosen because they know the community, have an emotional connection to the people, have shared similar experiences and understand parenting first-hand.
Each home visitor works under supervision. Each supervisor supervises four home visitors each. The supervisors must be qualified as a social worker, psychologist or registered counsellor. They must have had formal training and practical experience, with the additional criterion of experience of working with community workers.

3. Staff training

Before being recruited as a home visitor, the potential candidate must first go through the PIHV training programme. This training is advertised in community newspapers, posters and through connections with stakeholders. Thus trainees are recruited in accordance with the criteria mentioned previously, complete the training sessions, are interviewed by staff, and only then can they be formally selected to be a home visitor. The candidates are fully aware from the start of the training, that the training programme does not guarantee them the job at the end.

The training sessions cover self-awareness, positive parenting skills, counselling skills and ‘behavioural assessment’ criteria. The sessions occur once or twice a week over a six-month period for a total of 164 hours. These sessions consist mostly of practical training. Later on during the training, ten specialised workshops teach the candidates about feeding, infant nutrition, pregnancy, trauma, grief counselling and HIV/AIDS. This in-house training happens at the Parent Centre head office in Wynberg, as well as at their satellite offices in Khayelitsha and Gugulethu. The training is conducted by the programme manager, programme consultant, supervisors, and other staff. Specialist practitioners in the various areas of learning are co-opted to provide the required training and skills.

After these sessions are completed, home visitors are selected from the group of potential candidates. Once selected, the home visitor receives orientation into the programme when they go into the community to shadow existing home visitors for a month. During this period candidates will start building connections with stakeholders. Two evaluations, during the orientation and at the end of the orientation, will be conducted on the home visitor to assess their progress.

Additional capacity building for staff occurs in the form of re-training on the behavioural assessment, debriefing workshops and HIV/AIDS workshops. This occurs four times a year, where a day is held to focus on each of these aspects. Staff-wellness activities take place twice a year when staff from each programme take part in a fun activity to instil team building and relaxation.
4. Participant recruitment

Home visitors provide talks and pamphlets to expecting mothers who are waiting for antenatal appointments in MOUs and clinics. These occur weekly or fortnightly and include basic information about the home visiting programme, pregnancy, early parenting and breastfeeding. Hence, these talks recruit mothers and simultaneously educate the mothers. Since home visitors are from their local communities, they are aware of mothers in need and vulnerable mothers find it easy to approach the home visitors.

Beneficiary clients in the PIHV programme are included based on vulnerabilities such as unwanted or unplanned pregnancies, teen pregnancies, poor support from partners, poor support from families, a history of abuse, inter-partner violence, poverty, unemployment, a history of mental illness, suffering from loss (i.e. a miscarriage or stillbirth), HIV/AIDS, and substance abuse. These vulnerabilities are usually assessed by staff in the clinics and MOUs by using the ‘Mothers at Risk Assessment Form’. Potential participants are evaluated based on the extent of such vulnerabilities, and those who are most in need are selected. Recruitment drives have also been implemented further to expand awareness of the programme in that community.

If mothers match these selection criteria, home visitors approach the mothers, explain the details of the programme and ask the mothers to join with the appropriate consent forms. Often the demand for involvement outweighs the number of places available, which means that many women are placed on a waiting list.

5. Content, duration and delivery of the programme

The PIHV programme has a guide for antenatal and postnatal home visitors that detail what sessions should include and what resources should be used. First, the home visitors must form a stable and genuine relationship with the mother. The home visitor must be caring, empathic, non-judgmental and a good listener, in order to create a sense of support for the mother. The home visitors implement sessions from a manual with a detailed guide of what each session entails. This provides information and support on pregnancy and parenting processes. The parents do not use books from which to work, but rather receive pamphlets on different aspects of parenting, such as the stages of labour or pregnancy problems. Resources used are the behavioural assessment form, massage oils for infant massage, a torch and a rattle for infant interaction.

The duration of the support for each client is a minimum of seven months (from the...
eighth month of pregnancy until six months after the birth) to maximum of 15 months (from the first trimester until six months after the birth). Five antenatal sessions and 15 postnatal sessions are conducted with each client until the baby is six months old. Antenatal sessions occur weekly, whereas postnatal sessions are concentrated at the beginning and spread out during the final months. Each home visitor is responsible for 15 visits a week lasting for approximately one hour, and has a caseload of approximately 30 to 40 clients within a 12-month cycle. Each mother receives twenty home visits in total.

With regards to physical infrastructure, the programme is run and supervised at the Parent Centre office spaces where the director, project manager, supervisors and the Monitoring and Evaluation social worker are based. It also provides the space for home visitors to write reports, seek counselling and partake in supervision sessions.

Up to two home visitors are responsible for each area. The areas where the PIHV programme is implemented are Khayelitsha, Nyanga, Gugulethu, Philippi, Hanover Park, Mitchell’s Plain, Imizamo Yethu, Hangberg, Retreat and Seawinds, all in the Western Cape.

6. Partnerships and referrals

An extensive network exists between the Parent Centre and community stakeholders, whereby each area has a different network of referrals. By screening for mental illness, the Parent Centre has partnered with clinics, psychiatrists and organisations such as the Perinatal Mental Health Project (PMHP) where they refer mothers suffering from, or who are at risk of, mental illness. Parents who score high on the EPDS screening tool will be referred to a psychiatric nurse at the local clinic or to PMHP who will do their own assessment. Mothers with substance abuse issues are referred to Drug Rehab programmes, such as the Matrix Programme or the DSD. HIV-positive mothers are referred to Prevention of Mother to Child Transmission (PMTCT) programmes in order to provide more extensive counselling.

Mothers who experienced trauma such as abuse, harassment, and rape are referred to the Trauma Centre or Rape Crisis. Mothers who had traumatic births, due to abuse or neglect from clinic staff or family members, are referred to the Labour Resource Centre (LARC) at the University of the Western Cape. Families with housing difficulties
or mothers who are homeless are referred to local shelters, such as St Anne’s. If home visitors suspect child neglect or abuse, they must refer the case to Child Welfare.

Suspected medical conditions are pointed out to the parents in a sensitive manner. The parents are then encouraged to visit their local doctor. The programme also helps with such referrals to the local clinic, which subsequently refers the case to a specialist or to the Red Cross Children’s Hospital, if necessary. Home visitors must check on and follow up with partners to ensure parents indeed attend such referral appointments.

During staff training, the need for positive attachment and the importance of referrals are highlighted. The first task for home visitors is to familiarise themselves with the community stakeholders in order for strong referrals and communication to be implemented. The home visitors build networks with these partners and the community members.

7. **Adapting to context**

The implementation of the PIHV programme has proved to be flexible, and can be integrated into various communities, mainly because home visitors from that area are involved and they carry out the intervention activities. Therefore, the community network is also very strong, for instance with the strong relationships between clinic staff and home visitors. Home visitors are easily notified about missed clinic appointments or
any failure to attend referral appointments. The Parent Centre staff also have extensive networks with organisations in each community, allowing referral processes to occur quickly and smoothly.

The PIHV programme has been, and is currently being applied to diverse communities and cultures across Cape Town. Incorporating a local home visitor facilitates understanding of the family's culture and circumstances. Also the PIHV programme provides the parents with freedom to decide which skills and information to take on that is culturally appropriate for their family caregiving.

Local home visitors are familiar with the setting, make connections easily and empathise with the clients’ conditions. The programme is free for clients and travel costs are taken care of as sessions occur at the homes of the clients. Individual home visits have proven to show better results as opposed to a group format, because it allows concentrated teaching and support to the client. The home visitors are aware of crime and violence in the areas in which they work. Therefore, the home visitors walk around the community in groups or meet in busy places such as MOUs and clinics.

The programme is moulded by the Parent Centre from discussion and feedback with home visitors. Families provide home visitors with feedback, allowing the parents’ perspectives to be considered in making the programme better suited to the community. Although specific points are addressed, the discussion is open to broad topics. These issues go through the channels of supervision until the programme manager and director make the final decision. This community input ensures that the programme is sustainable and suitable. The programme is therefore flexible and can incorporate changes that will benefit the community in the long run.

8. Monitoring and evaluation

The Parent Centre follow a number of processes in order to monitor, evaluate and accurately report on the PIHV programme.

Internal monitoring and evaluation

Each home visitor is required to report on the 15 home visits that they do each week. The home visitors complete a form for each client’s session, which assesses the mothers’ progress through the programme. At the end of the PIHV programme, the client fills in an evaluation form regarding service satisfaction and can suggest service improvements.
Home visitors have four supervision meetings each month: three group sessions and one individual session. In each session they must bring their reports on each home visit and discuss the cases with their supervisor. Group supervision allows a space for case presentations, discussion and shared experiences. Each supervisor assists four home visitors at a time. The director and/or programme manager attend(s) the group sessions to provide added guidance. Individual supervision sessions allow dialogue to discuss difficult and specific matters. Supervision is about support, capacity building and learning. There is a report on each supervision meeting and the meetings are used in the counsellor appraisals/evaluation for the year. Spaces in the offices are provided for supervision where home visitors can write reports and meet with supervisors and other staff.

Monitoring and evaluation is mostly coordinated by the Parent Centre M&E social worker. The social worker does monthly planned and unplanned site-visits. The unplanned visits allow the social worker to arrive at the session early and unannounced. Both the home visitors and the clients are informed that these unplanned visits will occur at some point during the programme. However, this process still catches the clients and home visitors by surprise, which allows for more authentic evaluation than if the visits were announced. In each site-visit the social worker observes sessions and later provides feedback to the home visitor and the supervisor. She assesses time-management, challenges and interactions. She also observes whether the home visitors are including all aspects of the sessions in their reports. The social worker also does telephonic check-ups with the parents to review their satisfaction with the service.

Both the supervisors and the M&E social worker report to and are supervised by the programme manager, who then reports to the director. A clinical psychologist, who is the programme consultant and developer (Dr Mireille Landman), is also involved at all levels of the programme. The line of work of the home visitors proves to be emotionally taxing, and therefore provision for counselling have been put in place. Continuous supervision therefore extends throughout the hierarchy.

External monitoring and evaluation

The DSD and the DoH conduct their own M&E where they assess the programme against their norms and standards. For instance, they check whether the referral system is effective or requires improvement. This ‘outsider’s perspective’ is helpful as it keeps the PIHV programme staff constantly alert and aware of issues or gaps in the programme.

9. Funding

The Parent Centre receives funding each year for the PIHV programme. Financial support is provided by the DSD, the DoH, Trifid Trust, the National Lottery Commission, Claremont Rotary, the Western Cape Association for Infant Mental Health and the Rolf-Stephan Nussbaum Foundation, with DSD contributing the major part of the funds. Further financial assistance is needed, especially if the programme is extended and scaled-up. Home visitors have a contract that lasts for a year at a time and their salaries come from funding resources. For example, three of the home visitors’ salaries are subsidised partially by the DSD.

10. Community exit

Due to the nature of the intervention, the PIHV programme cannot run independently if the NPO leaves the community, hence community exit plans have not been implemented on a large scale. The programme has had to stop in certain areas due to home visitors retiring or being transferred. In these cases termination is conducted sensitively with
clients and stakeholders, and clients are linked to alternative resources. However, more formalised community exit strategies will need to be set up if the PIHV programme is scaled-up and extended.

11. Scaling-up

The PIHV programme has the potential to be expanded. This would only be possible through partnerships with other ECD NGOs already set up in various communities. These NGOs must operate on the same level as the Parent Centre in terms of quality assurance, programme fidelity and maintaining core components of the PIHV programme. The components of success include staff selection, quality supervision, accountability, good leadership and proper remuneration. Moreover, the home visitors must not be spread too thin with increased obligations placed on their shoulders.

With the intention to extend the programme, protocols and standard operating procedures (SOPs) must be documented. The initial and follow-up training, training manual and programme manual are already set up. Therefore, implementation in a new community would incorporate the same content. But new programmes should be adapted in accordance to the needs of the specific community. The programme must contain all the core elements such as the behavioural assessment and the minimum number of home visits. However, the programme can be adapted to suit the needs of any new community.

In order for scaling-up to be truly successful it needs to maintain the quality of the current intervention. This is ensured through stringent recruitment processes for staff, regular supervision for all staff, monitoring visits with feedback processes, maintaining staff accountability, strong leadership and management, and monitoring and evaluation in assessing home visitor and client interaction.

However, challenges in scaling-up are evident, as new communities may speak different languages which will be costly in terms of translating content and training. Also, these new communities may have underdeveloped infrastructure which makes community entry challenging. Staff recruitment may be difficult if there are a limited number of senior people with adequate training and experience. Although such expansion has not yet been implemented, there is the potential for partnerships to extend the service in the future.

Challenges and lessons learnt

Availability to beneficiaries is a challenge as there is currently only one to two home visitors for each community. Also families who are outside targeted community areas cannot currently take part in the programme. Thus, a limited amount of families can be selected, therefore many are excluded based on criteria and location restrictions. Also as only a few home visitors are actually recruited, many potential candidates are denied occupation in the programme. But in areas where home visiting cannot be done, parents can communicate with home visitors through other channels such as email or phone calls, or the Parent Centre refers them to other organisations that can assist them.

The programme gives parents a framework for development but it is ultimately the parents’ choice to take on aspects of the programme. This can be challenging when the intervention counters traditional views within the family. Thus home visitors and families must attempt to work together to assist the child’s development optimally and holistically.
Some mothers in the programme contemplate abortion, so it is difficult for the mothers and home visitors when the mother does decide to abort. Therefore counselling and support for the family and the home visitor at this time is crucial.

**Programme success**

The programme works with parents’ strengths and abilities and provides emotional support that sensitises a mother to her infant’s needs and communications. This is evident as vulnerable mothers with mental health issues are identified and supported in order to help their child. This is done by screening mothers for antenatal and postnatal depression, anxiety and suicidal inclinations, and assisting them and their children appropriately. It has been seen that a significant number of mothers on the programme, who were referred to drug rehabilitation programmes, consequently stopped using substances during their pregnancy. Mothers are counselled regarding issues of loneliness, family violence, drug use, family rejection and neglect. This enables mothers to cope with their pregnancies in spite of their situations at the time.

The PIHV programme prepares mothers for birth processes, labour and early infant care. This is because mothers who have a positive birth experience adjust better to the demands of the infant. Mothers are debriefed after the birth which helps with healing and positive attachment to their new-born baby. The programme develops a positive attachment between mother and child during the pregnancy to prepare for actual attachment after birth. Mothers are equipped to provide adequate feeding and nutrition to assist in the growth of the infant. The programme informs mothers about HIV/AIDS and the need to prevent mother-to-child transmission. Mothers are taught how to cope with the older children’s reactions to the new baby and how to balance the family dynamic. Parents are encouraged and assisted in accessing community resources, which improves their abilities to care for their children and creates a sense of community cohesion. Parental care of the children is continuously assessed and involves other services such as the Cape Town Welfare Society which is called in if parents are still unable to cope.

**Conclusion**

The many research studies and evident success of the PIHV programme have shown that this programme is making a significant difference to vulnerable mothers and children by facilitating parent–infant attachment and empathic nurturing. This enhances the mother’s well-being and improves the child’s development. Additionally the programme creates employment opportunities for community members and forges a sense of community connection. The model is effective and flexible, and therefore it is easily adapted to fit a variety of Cape Town settings. The extensive network of partnerships within Cape Town communities has proven to be essential for community entrance, recruitment and referral. The PIHV programme shows how an out-of-centre family outreach programme could improve family situations through home visits, talks and counselling.
The Parent Centre’s Parent–Infant Intervention Home Visiting Programme costing

Table 6 below provides a breakdown of the number of beneficiaries reached by the Parent Centre’s PIHV programme. This table shows that the programme conducted home visits with 440 mothers over a one-year period (based on 2016 data). These mothers had 440 new-born babies (direct beneficiaries of the home-visiting programme), with an additional 220 older children. In other words, there were 660 children in total. Furthermore, an additional 6 594 mothers were reached through 144 clinic talks on pregnancy and early parenting. These mothers had 9 891 children between them.

Table 6. PIHV Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>Total conducted</th>
<th>Number of DIRECT beneficiaries of the PIHV Programme</th>
<th>Number of INDIRECT beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visits conducted:</td>
<td>4 823</td>
<td>–</td>
</tr>
<tr>
<td>Mothers visited</td>
<td>–</td>
<td>440</td>
</tr>
<tr>
<td>Children (birth to six months)</td>
<td>–</td>
<td>440</td>
</tr>
<tr>
<td>Older children (other children of mothers)</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total reached through home visits</strong></td>
<td><strong>880</strong></td>
<td><strong>220</strong></td>
</tr>
<tr>
<td>Pregnancy and early parenting clinic talks conducted</td>
<td>144</td>
<td>–</td>
</tr>
<tr>
<td>Mothers attended talks</td>
<td>–</td>
<td>6 594</td>
</tr>
<tr>
<td>Children of mothers in talks</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total reached through clinic talks</strong></td>
<td><strong>6 594</strong></td>
<td><strong>9 891</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7 474</strong></td>
<td><strong>10 111</strong></td>
</tr>
</tbody>
</table>

If these figures are looked at in relation to the programme’s expenditure for a one-year period, the cost for the programme in total, as well as per beneficiary, can be calculated. As seen in the following table (Table 7), the current PIHV programme costs a total of R2 540 325 per year (according to the 2016 expenses). This excludes any capital investment. Given these figures per year, the following costs can be calculated:

- Cost per home-visiting mother and infant pair, per year: **R5 774**
- Cost per direct adult beneficiary per year (including home visits and clinic talks): **R340**
- Cost per indirect child beneficiary per year (including home visits and clinic talks): **R251**

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses for 4 400 mother–infant pairs were estimated. The total costs of this larger programme would be approximately R19 402 478* per year (which excludes any capital investment). With these hypothetical total costs, the following costs can be extrapolated:

- Cost per home-visiting mother and infant pair, per year: **R4 409**

(*It is important to note that these figures are projections and are based on 2016 rates, without taking inflation into account.)
### Table 7. PIHV Programme: Expenses

**Programme expenses:** 01 January to 31 December 2016

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ fees</td>
<td>R5 289</td>
<td>R5 289</td>
</tr>
<tr>
<td>Bank charges</td>
<td>R5 430</td>
<td>R5 972</td>
</tr>
<tr>
<td>Advertising, marketing &amp; promotions</td>
<td>R37 500</td>
<td>R37 500</td>
</tr>
<tr>
<td>Affiliation fees</td>
<td>R1 132</td>
<td>R1 132</td>
</tr>
<tr>
<td>Cleaning &amp; gardening</td>
<td>R1 817</td>
<td>R18 168</td>
</tr>
<tr>
<td>Computer expenses (maintenance)</td>
<td>R3 084</td>
<td>R30 840</td>
</tr>
<tr>
<td>Electricity &amp; water</td>
<td>R432</td>
<td>R4 320</td>
</tr>
<tr>
<td>Insurance</td>
<td>R6 450</td>
<td>R64 500</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>R3 326</td>
<td>R33 263</td>
</tr>
<tr>
<td>Rental/Bond repayments</td>
<td>R136 998</td>
<td>R206 998</td>
</tr>
<tr>
<td>Building repairs &amp; maintenance</td>
<td>R1 446</td>
<td>R14 460</td>
</tr>
<tr>
<td>Staff training &amp; development</td>
<td>R19 514</td>
<td>R1 269 514</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>R1 132</td>
<td>R1 132</td>
</tr>
<tr>
<td>Telephone &amp; fax</td>
<td>R20 146</td>
<td>R201 460</td>
</tr>
<tr>
<td><strong>Programme-related costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director Part Salary</td>
<td>R82 420</td>
<td>R164 840</td>
</tr>
<tr>
<td>Programme manager salary</td>
<td>R293 514</td>
<td>R880 542</td>
</tr>
<tr>
<td>ECD fieldworkers’ salaries</td>
<td>R814 636</td>
<td>R8 146 362</td>
</tr>
<tr>
<td>Trainers/facilitator’s fees (supervisors)</td>
<td>R304 233</td>
<td>R3 042 329</td>
</tr>
<tr>
<td>Programme admin assistant</td>
<td>R63 395</td>
<td>R316 973</td>
</tr>
<tr>
<td>Programme consultant</td>
<td>R25 717</td>
<td>R25 717</td>
</tr>
<tr>
<td>Support staff</td>
<td>R232 498</td>
<td>R232 498</td>
</tr>
<tr>
<td>Employer contributions</td>
<td>R114 927</td>
<td>R1 149 270</td>
</tr>
<tr>
<td>Venue hire</td>
<td>R11 500</td>
<td>R11 500</td>
</tr>
<tr>
<td>Catering (include trainee refreshments)</td>
<td>R11 736</td>
<td>R117 360</td>
</tr>
<tr>
<td>Materials and resources (including manuals)</td>
<td>R338</td>
<td>R3 380</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>R26 280</td>
<td>R262 800</td>
</tr>
<tr>
<td>Travelling expenses/transport</td>
<td>R86 539</td>
<td>R865 390</td>
</tr>
<tr>
<td>Uniforms</td>
<td>R7 000</td>
<td>R70 000</td>
</tr>
<tr>
<td>Monitoring and evaluation costs (programme social worker)</td>
<td>R221 897</td>
<td>R2 218 970</td>
</tr>
<tr>
<td><strong>TOTAL COSTS PER YEAR</strong></td>
<td>R2 540 325</td>
<td>R19 402 478</td>
</tr>
</tbody>
</table>

To reach: current 440 home-visiting pairs

To reach: approximately 4,400 home-visiting pairs

To offer this programme from scratch, the following additional capital items would also be required: 4 cars. Audio Visual equipment: 5 computers, 1 small printer, 1 camera, 1 video recorder. Office Equipment: 5 office desks, 5 office chairs, 10 filing cabinets, 5 bookshelves, 1 paper shredder, 1 storage unit.
Khululeka
Community Education Development Centre

Integrated ECD Community Development Programme

“A cohesive package of non-centre-based ECD services primarily concerned with family health, hygiene, safety and nutrition as well as quality ECD practice in the home.”
Khululeka Community Education Development Centre
Integrated ECD Community Development Programme

**AT A GLANCE**

*Name of implementing organisation:* Khululeka Community Education Development Centre

*Implementer status:* Non-profit organisation, voluntary association, and public benefit organisation

*Year organisation established:* 1989

*Main focus of organisation:* Early childhood development

*Head-office location:* Queenstown, Eastern Cape

*Website:* www.khululeka.org.za

*Contact number:* +27 (0) 45 838 1179

*Contact person:* Rene King (Director)

**MODEL DETAILS**

*Year launched:* Project launched 2014 (model in use since 2003)

*Launch province:* Eastern Cape

*Geography type:* Rural

*Time frame/Stage:* 3-year programme (with two cohorts of 18 months each)

*Main source of funding:* First National Bank (FNB)

*Beneficiaries reached per year:* 300 direct beneficiaries over three years (200 children and 100 parents and primary caregivers)

*Keywords:* Home-visiting, family outreach, rural development, nutrition, health, home gardening programme, early learning and stimulation, HighScope, non-centre programme
Khululeka Community Development Education Centre

Integrated ECD Community Development Programme

Khululeka Community Development Education Centre

The Khululeka Community Development Education Centre (Khululeka) is a non-government organisation (NGO), established in 1989 with the aim of increasing access to relevant and appropriate programmes, facilities, training, support and resources for the provision of high-quality early childhood development (ECD) services. A key element of Khululeka’s development strategy is to have a positive impact on the quality of education and health care of young children through the professional development and support of Early Childhood Development (ECD) practitioners, trainers and community workers. The organisation is also committed to providing support to ECD Association Forum members, parents and caregivers.

Khululeka uses a participatory approach to the delivery of appropriate ECD programmes by building capacity within the region, encouraging active community involvement, and facilitating the development and sustainability of partnerships and community networks of support for children, families and ECD practitioners.

Integrated ECD Community Development Programme

Khululeka’s Integrated ECD Community Development Programme is a cohesive package of non-centre-based ECD services primarily concerned with family health, hygiene, safety and nutrition as well as quality ECD practice in the home. It aims to improve access to quality ECD practice for vulnerable and marginalised children through three core, related interventions:

- the family home-visiting programme;
- the household food garden project, and
- weekly infant and toddler parent support workshops.
These interventions are offered by local Community Development Practitioners (CDPs) trained, assisted and mentored by Khululeka team members.

Operational within ten villages of Ward 12 at the Lukhanji Municipality (within the Chris Hani District Municipality, Eastern Cape), this programme is implemented by activating five villages during each of two 18-month phases, over a period of three years. This particular version of the programme started in 2014, although the model for it was in use as early as 2003.

Programme theory

This programme specifically targets those who might otherwise not receive ECD services. Khululeka believes that the best way to serve the needs of these children is by working with and supporting the adults taking care of them. This support is offered in a structured framework by providing information and psycho-social support, which could enhance the capacity of parents or caregivers to care for and stimulate the young children in their charge. At the same time, the project acknowledges resource scarcity, and thus aims to support and extend children’s active learning by increasing access to age-appropriate materials, resources and equipment. There is a clear focus on sustainable grassroots solutions that are easy to implement and to share independently, despite resource constraints.

A holistic approach is central to this project. Priority is given to nurturing safe and caring family relationships, advancing continuity and stability, and improving access to essential services in association with social groups in the community. By building stronger connections between the home, the ECD setting and the primary school, Khululeka seeks to address the survival, development, protection and participation rights of all young children.

Finally, the programme seeks to better the reach of ECD services by developing capacity, specifically through providing a resource-based professional skills development programme that enables more effective population-based ECD coverage for those otherwise excluded.
Detailed programme description

This programme focuses on family health, hygiene, safety and nutrition as well as related questions of children’s rights by training local CDPs to engage with participants on these issues in the home.

The parents or caregivers of those vulnerable children identified for participation are first invited to benefit from the family home-visiting programme, offered by the CDP under the mentorship of Khululeka's programme facilitator. Over a nine-month period, each family receives sixteen weekly visits of approximately two to three hours per session. These visits allow for the provision of necessary resources and the discussion of important information about key ECD topics, using relevant materials and guided by a curriculum developed specifically for this programme by Khululeka.

Towards the end of the nine-month home-visiting period, CDPs begin to offer weekly infant and toddler parent support workshops during which parents and caregivers in the community can come together to speak and learn.

Both of these informational interventions are supported by the household food garden project, which encourages families to establish and maintain their own home gardens, growing fresh produce essential for improving nutrition and realising healthier living.

It is important to note that the various elements of this project function to support one another and address the child’s situation and development holistically. The programme focuses on three pillars: Happy (children’s rights, grants, support), Healthy (nutrition and safety) and HighScope (child stimulation). HighScope is a research-based child-focused curriculum approach to teaching and learning that uses a carefully designed
process to help young children excel in language and cognitive learning. It promotes “independence, curiosity, decision-making, cooperation, persistence, creativity, and problem solving — the fundamental skills that help determine success in adult life” (HighScope, 2017).

**Family home-visiting programme**

During the 16 home visits from the CDP, families work through a series of modules in the ‘Healthy and Happy Child Series’ (a specific section in the manual). Each session looks at a certain topic based on information provided in printed manuals that Khululeka has developed. All manuals are written in both English and isiXhosa, and are illustrated in order to be accessible to those who are not literate.

In addition to these sessions, a pre-assessment visit and post-assessment visit take place for each family. Therefore, a total of 18 formal home visits are conducted.

An education equipment and toy kit is provided to each family, with one toy or book being provided at a time, at each session, in the course of the home-visiting period. The CDP will model the toy and discuss its benefits, showing the parent or caregiver how to use it in play with the child, before it becomes part of the kit, which each family owns and keeps after completion of the programme.

**Household food gardens**

Families receive visits from the Khululeka food garden facilitator for the duration of the 18-month project. During this time, families create their own household garden and are taken through ten modules, which assist them in maintaining it. Gardens are created from found materials like stones and sand, old boxes and tins. This is to ensure that anyone can build a garden without incurring any significant costs, with various models being used depending on what the individual home has available. Seeds are the only additional physical resource provided by Khululeka for this project, as the rest of the material resources are gathered from around the home.
The food gardens provide a much-needed source of nutrition in the form of fresh vegetables, and have resulted in many families saving money, or even earning extra income if they produce enough vegetables to sell to neighbours. Along with practical tools for growing plants, the programme teaches various methods for using and storing the produce. This takes the form of recipes and demonstrations on preservation techniques, like canning.

In addition to home visits, the Khululeka food garden facilitator runs quarterly information workshops for the village at large.

**Infant and toddler–parent workshop support programme**

These workshops complete the 18-month set of engagements, and consists of 10 workshops in total, each of which is between 3 and 4 hours in duration, and are held on a weekly basis. All parents and caregivers in the community are invited to participate. The workshops are arranged at an easily accessible location in the village, and provide a space for collective learning on a set sequence of topics. The topics covered largely reflect those in the home-visiting programme, with additional space for play and discussion.

**Steps in implementing the Integrated ECD Community Development Programme**

**1. Community entry**

This particular project began at the invitation of the Municipal Ward Council for the ward in which it has taken place, following work Khululeka had undertaken in other areas. From the inception of the programme, this has meant a high degree of cooperation between local leadership and Khululeka.

In terms of community entry, the programme follows a very rigorous process. Villages are identified as suitable through conducting a ‘transect walk’ in which the Khululeka team observes situations and talk to the local people to find out what is already happening in the area and to establish whether there is a need for a programme such as this. Factors considered include how many children there are, how people occupy themselves, the level of unemployment, prevalence of shebeens, and how many houses are temporarily vacant. An important consideration is whether there are ECD centres present (and if so, how many) or whether external projects are already taking place to meet ECD needs. It might be found that a village is already over-subscribed, in which case, beginning a new project is unnecessary.

Khululeka invests significant energy into building a meaningful relationship with the target community at the outset of their project, ensuring that there is informed participation from all stakeholders and gaining important insight for the effective implementation of the programme. At the heart of this is the participatory rural appraisal (PRA) process. During the transect walk, the team takes care to meet important local community leaders such as the ward committee member and the ward councillor, the headman and his bhodi (an advisory body of leaders in the community), the chief and his council. The Khululeka staff introduce themselves, describe what they would like to offer the community and request the opportunity to present the project to the community at large. After this meeting and presentation, Khululeka waits for approval from the village before continuing the process.

The key feature of this labour-intensive, but very worthwhile PRA process, is home visits.
The belief is that those who are truly most vulnerable might not be attending meetings or seeking support; therefore, unless staff members go from door to door they might not find them. Once the village has confirmed their desire to participate, the Khululeka team visits every single home in the village seeking vulnerable children and compiling a list of possible beneficiaries based on criteria detailed under the ‘Participant recruitment’ section. This list is then considered during a community ‘social mapping’ exercise.

‘Social mapping’ is used to confirm which families will participate as beneficiaries in the programme. During the exercise, issues of vulnerability are discussed, and the community speaks about what they consider a vulnerable family to be – for example, a household with no livestock. Once a set of criteria is established, the Khululeka team encourages members of the community to draw a visual map of the village, usually on the ground. It is important that this map be visual to involve those who are not literate. Using the map, each family is considered, home by home, in relation to the set of developed criteria, until a final list of participants emerges. The three interventions, which Khululeka can offer, are then explained and the community can decide which are needed (if, for example, all homes in the village already grow vegetables, then the home garden project may not be necessary).

There are a number of key benefits that flow from this approach. One is that community members can verify or deny one another’s statements thereby acting as a form of accountability – for example, they might reveal that a neighbour has assets they have not disclosed. Another is that everyone has been listened to and feels a sense of ownership over the programme, which Khululeka’s team has been able to gain from the knowledge community members bring. Finally, it allows for tailoring the exact programme interventions to the particular requirements of a place.

The procedure also facilitates a conversation regarding the characteristics of a good CDP. These individuals usually either present themselves or are identified through the process. Once chosen by the community, they then make final home visits to potential participants together with the Khululeka team to confirm that the families would like to take part, before the project begins.

2. Adapting to context

An essential strength of the Khululeka programme lies in it being rooted in the
community, with all team members emerging from the community itself. The programme is additionally shaped to ensure that it is contextually appropriate in order to avoid cultural challenges in implementation. For example, in certain settings, it is deemed inappropriate for a man to visit a married woman alone, and for this reason, Khululeka works exclusively with female CDPs (as all of the beneficiary parents and caregivers in this programme are female). Another example is that the gardens can be created in different ways because in some villages it was found that people did not want key-hole gardens or door-sized plots because they thought these looked like a grave, which upset local beliefs. Respecting both traditional and governmental leadership structures also ensures appropriate cooperation.

Barriers of accessibility are also considered in adapting the programme and have been overcome by implementing this free programme within people's homes so they do not have to travel. For CDP training or workshops, a central location close to a main road is chosen so public transportation might be used easily.

Khululeka also takes access to resources very seriously and has adjusted the programme to offer alternatives, taking this into account. Participants can implement the gardening and childhood development interventions independently with minimal cost. For example, gardens are created using found items like stones, old tins and boxes, bones, aloes, cow dung or chicken manure, and sand. Methods for preserving garden produce are then shared to suit situations in which storing fresh produce is difficult. Another example is that various methods for making toys from readily accessible materials are also demonstrated.

3. Staff recruitment

This project is driven by an internal field staff of three people, supported by an administrative team also consisting of three people. Most of the current team members were already 'on the ground' doing excellent community work in previous Khululeka projects at the time of being brought on board to this specific programme. They had good knowledge of the communities involved as well as existing experience. Knowledge in rural development is important for this work. Essential for recruitment is that prospective staff must show exceptional dedication and commitment to making a difference in their communities, as well as being empathetic with strong communication and listening skills.

CDPs make up the site-specific staff for the duration of this programme. As noted previously, CDPs are identified in each village through the PRA process and offered a
stipend for the time working for the project as well as the training required to carry out functions on the ground.

Characteristics of a good CDP are discussed with the community at large when they are identified. Khululeka tries to find people who have a level of literacy that allows them to fulfil the administrative functions necessary; however, where an otherwise ideal candidate has a low literacy level such person may be partnered with someone who can assist him or her with writing responsibilities. The most important traits sought in a CDP are being active and developmentally minded with a love for young children. For all staff, internal and CDPs, the ability to remain resilient despite repeated challenges or disappointments is essential, as is a belief that parents can change and that all children deserve a nurturing and caring family environment. Individuals must also be able to uphold confidentiality, as well as be committed, enthusiastic and energetic, mature and non-judgmental even in the face of dire circumstances.

4. Staff training

Training and mentoring are taken very seriously in this programme, both for internal and site-specific staff. When it comes to the internal team, Khululeka assists in developing skills within the areas of interest for which individuals express a passion, whilst seeking opportunities for further accredited training. Internal staff also undergo in-house training and are closely mentored by the project manager. Although Khululeka looks for opportunities for skills development, there is no set training programme in this regard. The focus is rather on the transfer of knowledge from team members who are very experienced to those who are less experienced. The programme manager emphasises this sharing of knowledge, with very experienced staff members remaining active both in the field and in guiding roles.

CDPs (as site-specific staff) all receive training through the capacity building programme, which takes the form of six decentralised workshops (each of which are of four days in duration), which take place quarterly, over a period of six quarters. Training for CDPs is run by the programme coordinator. Each workshop covers a particular module before the CDP is required to implement it in the field (i.e. training on how to conduct a home visit precedes the beginning of home visits). Again, mentoring is a large part of the project, with Khululeka’s internal community development facilitator fulfilling a support and mentoring role for the CDPs in carrying out their work.
5. Participant recruitment

The participatory rural appraisal (PRA) process conducted at the outset of this programme is integral in identifying participants. The focus throughout this process is on ensuring that the programme benefits those most vulnerable while being implemented by those best able to have a positive influence. It targets children between 0 and 6 years old whose families are most urgently in need of support and intervention in order to improve their life chances.

Vulnerability is understood in terms of the children whom this programme seeks to identify within a community, guided by particular key markers. Indications of vulnerability include, but are not necessarily limited to:

- children who have lost one or both parents, as they face a greater risk of suffering psychological distress, increased malnutrition, loss of access to services and reduced opportunity for schooling (for example, if the families that have taken them in cannot afford education for all children in the home);
- siblings separated in order to share the economic burden between family members caring for them;
- children from families who cannot afford food or who go without food, or children from indifferent families not managing to provide for them;
- children with disabilities or children whose parents or caregivers are differently abled;
- children from single-parent families where the parent or caregiver is not able to fulfil his or her role;
- children abandoned by parents or neglected by parents or caregivers;
- children from child-headed households where the caregiver is younger than 18 years of age; and
- children who have been denied access to ECD programmes and services, significantly, for example, the children of foreign nationals.

In the course of the PRA, the Khululeka team goes from door to door visiting every single home in the village, observing conditions and speaking to community members about their circumstances. In so doing, the team can assess the home and families according to the stated indicators.

6. Delivery of programme - venues

The programme takes place between participants’ homes and any easily accessible
When delivering the programme, especially within a rural context, it is important to ensure that a participant’s home or an easily accessible community venue is used.

CDPs and facilitators actively encourage parents and caregivers to implement the booklet content related to safety and hygiene, ‘rolling up their sleeves’ and helping with cleaning or other tasks where necessary.

In addition to this, a space with access to a computer is required for central administrative functions. Khululeka uses an office, but believes the work could be done elsewhere, provided there is access to at least one laptop or computer, with Internet access.

7. Content

The programme covers children’s holistic development and includes a focus on nutrition. It thus looks at health and safety as well as necessary emotional, cognitive, and social support. Each aspect of the programme is guided by a detailed delivery framework, with rigorous programme implementation guidelines and programme monitoring systems in place. All materials and resources used to convey content are relevant and age-appropriate. Where applicable, such resources are written and designed to be accessible for those who are not literate so that they can be independently used.

The programme followed by parents and caregivers comprises three sets of booklets, with each containing a series of manuals on different topics. Safety and hygiene, health and nutrition are integral within the curriculum, but children’s rights, services and development are covered as well.
Topics in the series include:

**The Healthy Child Series**
- Household gardening
- Nutrition
- Household hygiene
- Children’s health
- HIV
- Caring for children with HIV

**The Happy Child Series**
- Children’s safety
- Children’s rights
- Accessing social grants
- First aid for children
- Child abuse

**The HighScope Child Series**
*Included in the family home-visiting programme:*
- Active learning
- Creating an active learning environment
- Schedules and routines
- Supportive adult–child interactions

*Included in the infant and toddler parent workshop support programme:*
- The key experiences
- Early literacy 1: Introduction
- Early literacy 2: Communication
- Early literacy 3: Language
- Early literacy 4: Pre-reading
- Early literacy 5: Pre-writing
- Early Numeracy 1: Introduction
- Early numeracy 2: Numbers and counting
- Early numeracy 3: Classification
- Early numeracy 4: Seriation
- Early numeracy 5: Space
- The Wordworks series ‘Every Word Counts’ is also incorporated into this programme
The *home food garden* project covers content like food preservation, wind and frost protection, and composting and mulching as part of quarterly information workshops. Areas covered include: monthly crop planting, double-digging trench gardens, crops, pests and pest control, and composting and mulching.

In the programme, where toys are used, the focus is on open-ended and imaginative playthings like Lego, blocks, toy cars or soft toys. Effort is also made to provide parents with skills for making toys from various household items, to encourage the belief that play does not have to depend on shop-bought resources.

Government policy informs the content by providing the framework within which the programme is delivered. Khululeka’s content and implementation have developed within the ambit of policies like the Children’s Act, Education White Paper 5 on Early Childhood Education, the National Integrated Plan (NIP) for ECD, the Children’s Rights Delivery Guide for Municipalities, and now the new National Integrated Early Childhood Development Policy (2015). Care is taken to remain abreast of any changes at this level in order to continue improving, adapting or amending the programme. For example, changes in policies initiated a greater focus on inclusion of children with disabilities in Khululeka’s work, motivating the organisation to encourage those parents or caregivers to look out for certain signs and take children to the clinic where necessary.

8. **Time frame**

The duration of this programme is three years as per the grant agreement with the funders. It is implemented in two phases of 18 months respectively. Everything within this period is carefully rostered in the implementation guidelines.

Following preliminary undertakings like the PRA, the first nine months of the project see CDPs working with beneficiaries in the home-visiting programme. The household garden project also begins in this time, and runs concurrently.

Towards the end of this nine-month period, CDPs begin the infant and toddler parent support workshops, which continue until the end of the first phase in the first set of villages. The gardening project continues during this time as well.

After the first eighteen months, phase 1 officially concludes and phase 2 begins, following along the same time frame. However, in this period, phase 1 villages are not neglected – Khululeka’s location and the continuation of work in the ward allows ongoing access to Khululeka and continued occasional visits to follow up on participants, providing advice and service as an ongoing resource. It has also been found that CDPs will often continue their role informally after the official phase ends. This will likely be the case at the end of phase 2 as well.

Although the three-year time frame has a significant positive effect, there are certain families who require more long-term support. Khululeka is constrained by funding in the provision of this; however, an observable unintended outcome of the project has been that community members often step in to assist the most vulnerable children once they have been identified.

9. **Monitoring and evaluation**

Monitoring and evaluation (M&E) take place for both the participants and the team implementing the Khululeka programme. Training for M&E, which CDPs have to conduct, is included in their quarterly workshops, while oversight for team members comes from Khululeka staff.
M&E is guided by set forms, beginning with the completion of preliminary assessment documents. These include:
• household profile forms and trial profile forms
• a grant checklist
• a safety and hygiene checklist
• a coping questionnaire
• the household food garden impact assessment
• child development milestones

In monitoring progress, Khululeka uses –
• CDP home-visiting report forms;
• programme status reports;
• community development project coordinator reports;
• training reports and training reflections; and
• mentoring progress quarterly assessment schedules.

The Khululeka programme coordinator checks all administrative forms completed by the CDPs and does weekly site visits on a rolling basis. He or she accompanies CDPs on their home visits and talks to them about it afterwards, offering feedback and support. With internal staff, monitoring and mentoring often go together. Each week, staff sit with the programme director to discuss issues that have arisen or share successes.

Quarterly planning and review sessions keep the programme on track as per the delivery framework. The programme director also conducts quarterly quality assurance visits in the field to do on-site assessments and provide support, examining how facilitators work with participants. The programme director also visits randomly, between these official visits. Feedback based on these evaluations is always given to the facilitator, and issues are discussed to reach understanding and establish agreements and disagreements, before modifications and follow-up plans are considered.

11. Partnerships

Relationships are formed with various community stakeholders and local structures, including the local municipal community development worker, the ward committee members, the ward councillor, staff at the clinic, and the community policing forums in the area. On occasion, it has been found that the programme enables these groups to
perform their functions more effectively, due to the training that Khululeka can provide, and which they have found is often absent. In addition, links have been built with SASSA, DSD, Home Affairs and local primary schools.

These connections allow Khululeka to solve problems that arise, access resources, and connect families to important services or grants.

12. Funding

Funding for this particular programme is received from First National Bank (FNB). Khululeka ensures that financial resources are adequate for the needs of all their programmes by planning carefully and at least six months in advance, working out the exact budget before funders are approached. Once established, the budget is closely adhered to. Khululeka emphasises that, while they are an NPO, they run according to business principles in order to promote sustainability and ensure the effective implementation of their projects within budget.

13. Scaling-up

While this Khululeka programme has not necessarily been scaled-up in terms of reaching significantly higher numbers, the model has been drawn upon by other organisations in the past. In the past, eight ECD NPOs have been trained to implement the household food gardening programme, the infant and toddler workshops, and the family home-visiting programme, as well as in the HighScope orientation.

The fact that the manuals are so user-friendly and because the programme is structured according to very clear frameworks and guidelines, and also because it has an identifiable positive impact, it could be successfully further scaled up to reach more children.

Khululeka feels that the programme could be offered in urban contexts as well as rural, provided areas are manageably subdivided allowing for the same mode of community engagement. For example, in the past, organisations trained by Khululeka approached urban areas by targeting pockets of streets.

14. Community exit

During the final three months of the programme, data on the situation after the intervention, is collected and compared to data before the intervention. Clarity at
the outset of the programme is essential for its successful completion. From the start, Khululeka is very clear that time to spend sharing skills and information in the community is limited. Intrinsically in this is the understanding that CDPs will be equipped to continue the work of connecting vulnerable children with the necessary interventions, supported by the ward councillor and committee members. This allows the NPO to exit the community.

Ideally, the programme should be able to run independently following Khululeka’s exit, given the CDPs’ training to build this capacity. The issue, however, is that Khululeka cannot pay stipends beyond the period of their grant, which usually means that CDPs must find alternative employment if they can.

WhatsApp groups are established between participants and facilitators, and Khululeka continues to be seen as a source of advice. In this way, relationships continue beyond completion of the programme.

Challenges experienced

In certain instances, referrals by staff members must be made where Khululeka identifies vulnerabilities faced by a child, which neither the programme nor the parent or caregiver is able to address adequately. This may take the form of referrals to a clinic or hospital coupled with follow-up assistance. On occasion, however, and in a context where access to psychological and other support services is very limited, this has meant needing to connect a child with organisations better able to meet his or her needs. This could be cases of more serious disability where parents or caregivers do not have the resources or knowledge to navigate through this challenge alone. An example is the referral of a blind child to the Efata School for the Blind. Although this situation is not ideal given Khululeka’s belief that primary caregivers are important in providing a nurturing environment for children, the focus is always on the best way of meeting the child’s needs.

Conclusion

Khululeka’s Integrated ECD Community Development Programme has been able to create lasting and positive change in the lives of some of South Africa’s most vulnerable children by reaching their families in remote communities.
By providing skills and information as well as necessary resources, the programme equips parents and caregivers to care better for children and to stimulate their children at home. Parents and caregivers learn about family health, hygiene, safety and nutrition, grounded in an awareness of children’s rights and the role played by a nutritionally balanced diet in a safe and loving home environment in order to improve ECD. Parents and caregivers are left with tools and skills such as educational equipment and toy kits, manuals, and household gardens. In addition to this, the community benefits from the knowledge of a trained local ECD practitioner.

An impact evaluation of the programme with statistical analysis conducted for the Sobambisana research project (a national, multi-partner ECD initiative) recorded numerous additional outcomes of the programme, namely:

- a steady improvement in the hygiene and safety status of homes, with children being visibly cleaner, safety hazards removed, immunisations updated and health concerns seen to;
- an increase in engagements between parents or caregivers and children;
- greater access to and use of educational materials and toys;
- improvement in parent and caregiver responsivity, language, acceptance and educational stimulation;
- improvement in language development and cognition among children;
- decreased child hunger and food insecurity over time;
- the facilitation of community linkages-assisted social stability; and
- connection of children to grants and services.

In combination, these outcomes improve parent and caregiver confidence and coping, leading to better general well-being and a desire to control their situation more positively. Offering support and an opportunity to be drawn back into community restores some sense of hope and dignity, allowing families to rise up and to begin meeting some of the challenges they face. Although numbers affected are not enormous, the model has huge potential.

References

Khululeka’s Integrated ECD Community Development Programme costing

Table 8 provides a breakdown of the number of beneficiaries reached by Khululeka’s Integrated ECD Community Development Programme over the course of 18 months (the duration of the activities of the programme for each family). This table shows that the programme reached 5 villages, 50 families, 50 primary caregivers and parents, and 100 children over the 18-month period (based on 2015/2016 data). Of these 50 families, all members were Black African, and the majority of the parents or primary caregivers were female. Furthermore, an additional 100 adult family members were reached in this programme cycle.

Table 8. Integrated ECD Community Development Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>BENEFICIARY GROUPS</th>
<th>Number of DIRECT beneficiaries of Khululeka’s Integrated ECD Community Development Programme</th>
<th>Number of INDIRECT beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Villages worked with:</td>
<td>(5)</td>
<td>–</td>
</tr>
<tr>
<td>CDPs employed from local village:</td>
<td>(5)</td>
<td>–</td>
</tr>
<tr>
<td>Families reached:</td>
<td>(50)</td>
<td>–</td>
</tr>
<tr>
<td>Parents and primary caregivers reached:</td>
<td>50</td>
<td>–</td>
</tr>
<tr>
<td>Children (0-6 years old) reached:</td>
<td>100</td>
<td>–</td>
</tr>
<tr>
<td>Additional adult family members reached:</td>
<td>-</td>
<td>100</td>
</tr>
<tr>
<td><strong>TOTAL Number of beneficiaries:</strong></td>
<td>150</td>
<td>100</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programme over an 18-month period, a costing for the programme in total, as well as per beneficiary, can be seen. As seen in the following table (Table 9), the current Integrated ECD Community Development Programme costs a total of R753 132 per 18 month period (according to 2015/2016 expenses). Utilising these expenses per 18 month period, the following costs can be extrapolated:

- Cost per family (for an 18-month period): **R15 603**
- Cost per direct parent or primary caregiver beneficiary (for an 18-month period): **R15 603**
- Cost per direct child beneficiary (for an 18-month period): **R7 531**

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses for 500 families (i.e. 500 parents or primary caregivers and 1 000 child beneficiaries) were estimated. The total costs of this larger programme would be approximately R3 152 516* per 18 month period. Utilising these hypothetical total costs, the following costs can be extrapolated:

- Cost per family (for an 18-month period): **R6 305**
- Cost per direct parent or primary caregiver beneficiary (for an 18-month period): **R6 305**
- Cost per direct child beneficiary (for an 18-month period): **R3 153**

(*It is important to note that these figures are projections and are based on 2016 rates, without taking inflation into account.)
Table 9. Integrated ECD Community Development Programme: Expenses

Programme expenses: 01 January 2015 to 30 June 2016 (18-month programme)

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ fees</td>
<td>R10 000</td>
<td>R30 000</td>
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<tr>
<td>Bank charges</td>
<td>R3 000</td>
<td>R9 000</td>
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<tr>
<td>Computer expenses (maintenance)</td>
<td>R3 000</td>
<td>R9 000</td>
</tr>
<tr>
<td>Electricity &amp; water</td>
<td>R18 000</td>
<td>R54 000</td>
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**TOTAL COSTS PER 18-MONTH PERIOD**

To reach: current 50 families

To reach: approximately 5 000 families

To offer this programme from scratch, additional capital items would also be required, such as computer hardware and software, office furniture, vehicles, etc.
Cotlands

*Cotlands Early Learning Playgroups Programme*

“Through this model, Cotlands is able to reach thousands of children and influence their early development, and by extension, their future.”
Cotlands
*Cotlands Early Learning Playgroups Programme*

**AT A GLANCE**

Name of implementing organisation: Cotlands
Implemener status: Non-profit organisation, voluntary association, and public benefit organisation
Year organisation established: 1936
Main focus of organisation: Early childhood development, since 2008
Head-office location: Turffontein, Johannesburg, Gauteng
Website: www.cotlands.org.za
Contact number: +27 (0) 11 683 7201
Contact person: Jackie Schoeman (Director)

**MODEL DETAILS**

Year launched: 2013
Launch province: Gauteng
Geography type: Urban, peri-urban, rural
Time frame/Stage: On-going, long-term, annual programme
Main source of funding: Multiple donors (including accessing the DSD subsidy)
Beneficiaries reached per year: 1 861 direct child beneficiaries in 2016
Keywords: Playgroups, early learning and stimulation, learning through play, non-centre programme
Cotlands

Cotlands Early Learning Playgroups Programme

Cotlands

Cotlands is a registered non-profit early childhood development (ECD) organisation, which operates in six provinces across South Africa (Gauteng, Western Cape, Eastern Cape, KwaZulu-Natal, Mpumalanga and North West). Cotlands was established in 1936 as a baby sanctuary and over the last 80 years has evolved to meet the changing needs of vulnerable children in South Africa. In 2012, Cotlands began the process of phasing out its AIDS hospices and home-based care programmes due to the reduction in AIDS-related deaths. The toy library programme was first implemented in 2008, and has since then been used to resource the Cotlands early learning playgroups (ELPGs) as well as local ECD centres. Cotlands’ new direction of non-centre-based ELPGs was piloted in Gauteng in April 2013 and introduced in other provinces in May 2013.

This shift in focus is aimed at finding a scalable model of ECD provisioning to ensure that more children have access to early learning opportunities, through playgroups supported by toy libraries. Cotlands recognises that by working with parents, communities as well as private and government sectors, key early learning and developmental gaps could be addressed to give young children the opportunity not only to survive, but also to thrive into adulthood.

Cotlands Early Learning Playgroups Programme

Cotlands’ ECD programmes are based on best practice principles, which ensure the holistic development of the children they serve. Cotlands approaches ECD through the implementation of three programmes, all of which work in conjunction with each other. The Early Learning Playgroups (ELPGs) programme is the focus of this case study, but an overview of the other programmes is also provided for optimising understanding.

ELPGs are non-centre-based playgroups established in vulnerable communities to increase the learning opportunities for children from birth to 4 years old. ELPGs are divided into playgroups for children from birth to 2 years old, and for children 2 to 4
years old. Each age group has specifically designed play-based learning plans that are followed. Each child attends two 4-hour play sessions a week, which are structured around a routine, creating learning and play opportunities that develop children’s language, numeracy, problem-solving, gross and fine motor, as well as social and emotional skills. The playgroups operate during the school terms and are closed during the school holidays.

The toy libraries programme is a high-impact, cost-effective non-centre-based programme, which provides children, their families, early learning facilitators (ELFs) and ECD practitioners access to a collection of carefully selected educational play materials, play sessions and toys in their own communities and households. The programme is focused on ensuring that young children have access to educational and development opportunities, preparing them for formal schooling on entering grade R.

Toy libraries provide:
- a lending service where members take out educational toys for their children, providing play and learning opportunities at home;
- play sessions for children who do not have access to an ECD programme;
- resources that support under-resourced ECD centres; and
- community capacity building sessions for parents and primary caregivers where general health, education and psychosocial information is disseminated.

The toy libraries also serve the important task of resourcing the playgroup sessions. Each week, the toy librarians prepare a kit for the playgroups, which comprises all the toys, educational materials and other resources, which the early learning facilitators (ELFs) need to run the sessions. The toy librarians are required to understand the learning plan and pack kits that are appropriate for the sessions without repeating the games/toys from the previous week.

Nutrition, health and psychosocial support is provided to the children who attend the ELPGs in the form of a nutritious meal and access to a qualified nurse and social worker. The nurse and social worker visit the ELPGs and follow up with the families of children identified as having possible health or psychosocial concerns. Together with the ELF, the social workers observe children for signs of neglect or abuse, and families are supported to enrol children into formal schooling once they turn 6. If any children are flagged with a serious health concern they are escalated to a ‘Level 1 beneficiary’ within Cotlands,
and then receive additional health intervention. It is important to note that not all regions have a social worker and/or nurse attached to the programme. Those that do not, make use of local and governmental services.

Programme theory

‘Learning through play’ is at the heart of Cotlands ECD programmes, and forms the basis of the programme’s theory of change. Key child-related policies in South Africa (including the Children’s Act [No. 38 of 2005] as well as the National Curriculum Framework [NCF]) state that play is an essential element in early development, when working with and promoting the rights of children, and the Cotlands programmes reflect this. Through the play learning methodology, the ELFs actively guide the child’s play as opposed to utilising direct instruction. The child chooses the activity, the amount of time spent at each activity and what to do next, while the play and relevant learnings are facilitated by the ELF.

The ELFs are trained in how to use the toys and educational material effectively and are thus able to guide and enhance the children’s play where needed. The programmes are designed so that the children’s development is holistic and not simply focused on educational improvement. Play and actively engaging with different elements (books, toys, listening to stories) enhance development and learning while also facilitating interaction between children.

The Cotlands programmes target communities where there are no other early learning opportunities available to the children. These communities are often in rural areas and under-resourced, with limited access to early learning opportunities. Cotlands goes into these spaces to provide early learning programmes and access to educational toys and resources. As such, the ELPG programme is designed to increase the school readiness of children who otherwise may enter Grade 1 without ever having read a book or played with a puzzle.

The first 1 000 days of a child’s life are the most crucial in terms of development (see Hall et al., 2016). It is during these early years, that the foundations of all numeracy, literacy and emotional development are laid. The right nutrition, proper health care, as well as emotional and cognitive experiences during this period have a significant influence on
It is important to ensure that children and their families are ready to enter the formal schooling system.

**Detailed description of the programme**

The ELPGs currently run in six provinces across South Africa (Gauteng, Western Cape, Eastern Cape, KwaZulu-Natal, Mpumalanga and North West). The ELPGs are divided into playgroups for children from birth to 2 years old and for children who are 2 to 4 years old, with each set of playgroups having its own specific learning plans and goals. The ELPGs are facilitated by an ELF and an assistant, and the aim of the programme is for each ELF to reach approximately 70 children. This includes each ELF (and her assistant) working with three ‘birth to 2-year-old’ groups, with anything from 4 to 10 children per group (depending on the area), and two ‘2- to 4-year-old’ groups, with approximately 24 children per group.

The overarching goal of the ELPGs is for the children who attend the playgroups to become ready to attend formal schooling. Once they have attended the entire ELPG programme, the children should be equipped and ready to begin formal schooling. The nutritional component of the programme ensures that children are physically ready to learn, whilst the ELPGs focus on cognitive development and the social worker ensures that the parent or caregiver and the family have all the necessary documentation available (e.g. ID books and birth certificates).

‘Birth to 2-year-old’ playgroups

The ‘birth to 2-year-old’ playgroup is structured in a way that it can accommodate 10 mothers with their babies, as attendance by the mother is compulsory. In 2016, there were 335 children attending this branch of the programme. Recruitment of participants to these groups has proved to be a challenge. The reason for this is that some mothers, who would be interested, go out to work and can therefore not attend the playgroups with their children. Cotlands has also found that, in some areas, there are taboos around physically touching children, and this programme has many elements of baby massage incorporated into it.
The ELPGs are further split by age, into ‘birth to 1-year-old’ and ‘1- to 2-year-old’ groups to accommodate the different needs of the different developmental stages of the children. The ‘birth to 1’ group has a strong massage focus, while the ‘1 to 2’ group incorporates more free play. The mothers and children attend one group every two weeks. This group meets in the afternoons.

The ‘birth to 2-year-old’ ELPGs provide the primary parents and caregivers with:
- the opportunity and setting to bond with the child;
- techniques to activate the child’s senses through touch;
- information on the importance of developmental milestones, and how to assess these;
- ideas on how to stimulate the child’s development;
- support and counselling;
- important baby care information; and
- training on how to make improvised educational toys that can be used at home.

The ‘2- to 4-year-old’ playgroups

The ‘2- to 4-year-old’ ELPGs give the children access to play-based learning. ELPGs are not intended to provide full-day care, but rather to offer high-impact stimulation sessions where specific concepts are introduced, explored and discovered through play. The children attend two 4-hour sessions every week, which provide them with at least 80 early learning sessions within a calendar year. The ‘2- to 4-year-old’ ELPGs are held in the morning, and the groups are capped at 24 children, with the same children attending the same group each session.

Another aspect of the programme which has been phased in over the last year, is the introduction of parent workshops. These parent workshops take place once a month for a two-hour afternoon session, and are based on the Department of Social Development’s (DSD) parenting programme. One of the successes of this programme has been the increase of fathers attending the workshops. Fathers started attending the workshops as mothers found that the food parcels being given out were too heavy for them to carry. This was an unintended, but very welcome, result.

As well as receiving educational input and stimulation, the children are provided with breakfast and lunch. The ELF is responsible for preparing the meals, with ingredients provided by Cotlands. The lunch menu has transitioned away from cooked food due to the lack of facilities in many of the ELPG venues, and each child is now given a sandwich and a juice, whilst breakfast is generally fortified porridge. Cotlands has also introduced an incentive programme: if the child attends 80% of the sessions in a month and if the parent attends the parenting workshop at the end of the month, they receive a food parcel to take home to their families. The food parcels are designed to feed a family of five for a week, but as Cotlands are dependent on donations for these parcels, the parcels vary from month to month.

The number of ELPGs has fluctuated over the last three years. In 2014, there were 129 playgroups, which dropped to 97 in 2015, and then increased to 138 playgroups in 2016. In 2016, there were 62 playgroups countrywide for the ‘birth to 2-year-old’ group, reaching 335 children. There were also 76 playgroups countrywide in the ‘2- to 4-year-old’ group, reaching 1 526 children. Forty ELFs facilitated these 138 groups, with a total of 1 861 children participating in the ELPGs in 2016. There were 595 home visits in 2016, and 186 referrals facilitated for further intervention. The ratio of boys to girls is fairly even with 914 boys and 947 girls attending the ELPGs in 2016.
Implementing the Cotlands Early Learning Playgroups Programme

1. Community entry

Cotlands has had two entry points when establishing ELPGs. When the programme was launched, Cotlands decided to work in the communities where their current staff lived. The reason behind this choice of entry point was that their staff were locals, spoke the language, they would incur no additional transport costs and they would be able to secure a central venue easily.

The primary way in which Cotlands currently selects a community is through identification of critical wards from a list provided by the local DSD offices. The DSD keeps Cotlands updated as the list changes. When ELPGs come to an end (for example, when there are no more children in the area) Cotlands will reassess whether to begin a new group in the same community or whether there is a greater need elsewhere. Consequently, an assessment of where the greatest need is will direct the creation of a new group. The communities that are selected need to be close to a toy library in order to have access to the necessary resources, and need to have enough children (not yet receiving ECD provisioning) to establish an ELPG.

2. Adapting to context

One of the reasons for the ELPGs structure being so effective is its flexibility. It can be adjusted easily in order to meet the needs of the community, which means it meets the community where it is at. Ideally, ELPGs are comprised of 10 mothers and 10 babies (in the ‘birth to 2-year-old’ groups) or 24 children (in the ‘2- to 4-year-old’ groups) but in some rural areas, there may be a homestead with only three babies. The ELF will then form a group with those three babies and run one or two other groups as well. Similarly, in order to accommodate parents with more than one child in the ‘2- to 4-year-old’ category, these playgroups accommodate a mix of ages. Originally, when the programme was launched in 2013, the ‘2- to 4-year-old’ group was split into two age categories. The intention was that the 2- to 3-year-olds would attend the playgroup on one day and the 3- to 4-year-olds would attend on another, but this was found to be impractical for mothers with children of a similar age. Some communities did not have...
enough children in each age cohort to justify having separate groups and therefore, in order to meet the needs of the communities in which the ELPGs operated, mixed age playgroups were identified as the way forward.

Each ELF is required to secure her own venue in the community. These venues range from church halls to people’s homes and even outside, under a tree, in order to work within the resource constraints of the community they serve. The venues aim to be accessible to the children, within a 10-minute walk, and there are no specific requirements for joining the group (besides age and the lack of current ECD provisioning). The parent or caregiver simply needs to sign an indemnity form to give the child permission to attend the group. Cotlands understands that in many rural areas parents may not have documents such as ID books and birth certificates and this could hamper participation in some early learning programmes. As such, the ELPGs are aimed at making participation as accessible as possible.

As the ELPGs are run in different contexts, in different provinces and because the ELFs all operate groups in communities with which they are familiar, the ELFs are able to ensure that the groups are meeting the needs of the community. The KwaZulu-Natal and Mpumalanga programmes operate in rural areas, while the Eastern Cape programmes are run in urban and peri-urban areas. The Western Cape and Gauteng programmes operate in urban areas, and a number of the Gauteng and Eastern Cape ELPGs are run in informal settlements. As the contexts are all different, Cotlands works closely with the ELF to ensure that the programme is run so that it meets the needs of the community in the most effective and efficient way possible. To accommodate these needs, Cotlands has structured the programme in such a way that the only resources that the ELF needs are a venue, the ‘kit’ that she will use each week and the knowledge of how to use it. The programme is kept simple so that even the most under-resourced communities are able to use it effectively, with all the necessary equipment being provided by the Cotlands toy library.

3. Staff contingent

In each region, there is a regional manager who is responsible for all programme and operational functions (including the toy library programme in that region). Under each regional manager, are team leaders who are expected to have a National Qualifications Framework (NQF) Level 5 qualification. The team leaders coordinate their teams of six
ELFs and ELF assistants are responsible for staff training once a week. The ELF assistants are generally members of the community who have an interest in ECD. In the Western Cape, Eastern Cape, Gauteng, and KwaZulu-Natal regions, the assistants are employed by Cotlands. In Mpumalanga, there is a mixture of assistants who are employed and some who are volunteers. Cotlands have found that in the other regions, volunteers for this programme were not reliable, and thus formal employment was required. Although the team leaders spend the majority of their time in the office, they are expected to make site visits for monitoring purposes.

4. Early Learning Facilitator recruitment

When Cotlands transitioned into the field of ECD, they did not want to retrench their staff and allowed them to transition with the organisation. They therefore gave existing staff, who were health workers and experienced in the field of HIV, the opportunity to be re-skilled into an ELF. Approximately 90% of the health workers chose to stay with Cotlands and be re-skilled (while the other 10% chose a retrenchment package). During the process of reskilling, Cotlands made the decision to provide assistance to help their staff attain an NQF Level 4 ECD qualification. Ideally, any new recruits are expected to have an NQF Level 4 qualification, but in more remote and rural areas, the reality is that there may be no one with an NQF Level 4 qualification or even a matric certificate. If Cotlands identifies a community such as this, where an ELPG is to be established, the process begins of finding a committed and interested person who may be under-skilled, and upskilling such person to the required level of an ELF. One requirement is that an ELF needs to come from the community. This link to the community is more important than the ELF’s previous qualifications, as Cotlands can facilitate ELFs attaining the NQF Level 4 qualification.

If at all possible, when an ELF resigns, the assistant will be promoted to the position of ELF. As an assistant, such person would be familiar with the structure of the ELPGs, he or she would have attended all of the training sessions and would be able to progress naturally to the position and take over the responsibility of an ELF.
5. Staff training

ELFs are required to attend an in-house training session every Friday of the week. These training sessions are run by the team leader and are based on the following week’s learning plan and activities. Each ELF receives the learning plan in the form of a concise handbook, at the training session. This learning plan details the programme for the week ahead. The learning plan is very specific and breaks down each day into its activities and the time each activity should take place. The ELFs are also trained on how to use each toy, game or educational resource in the toy kit for that specific week, as they are expected to engage with the children in all the activities. As a large proportion of the ELFs are concurrently studying towards the NQF Level 4 qualification and working, their team leader supports them with any work with which they may need assistance. Each year, all of the ELFs are given first aid training to ensure that they are able to care responsibly for the children in their ELPGs.

The Cotlands programme Development Manager developed the material that is used for in-service training. One of the challenges with the kit training is that the toy libraries do not all necessarily have the exact number of the same games or resources, and so the training needs to be creative. Despite these sometimes limited resources, the programme has been made to work. The kits may be different for each ELF but they all follow the same learning plan. To accommodate for this, the ELF and her assistant are given a game and required to play it to ensure that they are able to facilitate this with a larger group, as opposed to one on one.

6. Participant recruitment

The responsibility of recruiting enough children for an ELPG falls to the ELF. As the ELF is generally a local individual from the community, she is often aware of who the children are who are not attending any ECD programme. It is then a matter of approaching the parent or caregiver of such children to propose the ELPG. Often the recruitment process involves the ELF going from one house to the next, proposing the playgroup programme and explaining it to the parent or caregiver.

Participant recruitment has been a challenge in some communities, especially in more rural areas, where the value of play-based learning is often not understood. Cotlands has found that the best advocates for the ELPGs are parents and caregivers who had been sceptical at first, but then noticed a change in what their children were able to do. As such, word of mouth is a significant method that is used to promote the ELPGs.

Many of the communities in which the ELPGs are run are characterised by extreme poverty and a significant lack of financial resources. For many parents and caregivers, meeting basic needs, such as earning money and providing food for their families, take priority over getting their child to an ELPG. Cotlands tries to encourage the parents and caregivers to get their child to the playgroup where the children will receive breakfast and lunch. The monthly food parcel incentive is another way to try and encourage attendance. The only criteria for joining the group are that the child should fall into the birth to 4-year-old age group, and that they child is not receiving any other ECD provisioning. If there is another ECD programme in the community, Cotlands will not target children from such programme. If parents and caregivers can afford to attend another ECD programme, their children are not eligible for the ELPG programmes.

7. Delivery of programmes – venues

The ELPGs are run in a variety of venues, depending on the context and resources of the community. The ELF is responsible for securing her own venue and once this has
been done, the process of recruiting participants can begin. Cotlands would not place an ELF in an area with which they are not familiar. This is to ensure that the securing of a venue as well as participant recruitment takes place as smoothly as possible. As the venue needs to be free of charge and because the ELPGs are often run in under-resourced communities, it is not possible to insist on any particular norms or standards for venues. This has proved challenging with regard to DSD registration requirements for playgroups, as no distinctions are made between the requirements of an ECD programme, such as the ELPGs, and those for registration as an ECD centre. Cotlands prefers each ELF to run all of her groups in one venue but are flexible in terms of this, in order to meet the needs of the community. An ELF may therefore have one or two venues in different areas. The 2- to 4-year-old groups meet twice a week from 08:00 to 12:00, after which the ELF has a lunch break and then continues with the birth to 2-year-old groups.

The office spaces and toy libraries required are either owned by Cotlands or are rented; however, in order to ensure that the ELPGs are able to remain a free service, the venue for the actual playgroups needs to be obtained free of charge. Once the ELF has found a potential venue and has made contact with the relevant person to get permission, the regional manager or team leader needs to formalise the use of the venue by signing a Memorandum of Understanding. The Memorandum of Understanding stands to ensure that the venue is secured, and if the ELF resigns and someone takes over the group, the playgroups should be able to continue using the venue. Cotlands will not pay for a venue but will compensate for electricity, water and gas use as negotiated in the Memorandum of Understanding. The process of securing a venue is a time-consuming and challenging task, but it is essential to the successful running of the ELPG programme.

8. Content

As mentioned, for the purposes of the ELPG programme, the ‘birth to 2-year-old’ age cohort is divided into ‘birth to 1-year-old’ and ‘1- to 2-year-old’ groups. The ‘birth to 1-year-old’ group has a strong focus on massage, which is built into the learning plans. Massaging is encouraged as a way of stimulating the babies, whilst also allowing the parents or caregivers to bond with the babies. There are ten learning plans for this age group, each of which has a slightly different focus but with the same structure.

To begin the session, there is a welcome activity, which is aimed at relaxing the babies. This activity is often song-based. Following this, the mothers are taught specific baby massage techniques. The ELF has a doll, on which she demonstrates the techniques, and then the mothers apply the technique to their babies. This takes about 40 minutes after which the mother and baby have time to play freely with whichever toys and books are available. These sessions are aimed at encouraging bonding between the mother and baby, and equipping the mother with the skills needed to stimulate the child. The session ends with a closing song. The ‘birth to 1-year-old’ groups are not involved in the parenting programme but rather receive input on parenting from the ELFs at their sessions. This is possible because it is compulsory that the mothers attend the ELPGs with their babies. The topics of the learning plans are very specific for the age and developmental stage of the children, with topics such as breastfeeding and bonding being discussed.

The ‘1- to 2-year-old’ groups incorporate more free play, and are less focused on massage. The sessions last for roughly an hour and a half. There are seven stations set out by the ELF, and the child chooses to which station he or she wants to go. The ELF is there to facilitate the learning between the mother and the child. Each week there is a particular concept (such as ‘counting to three’), which is focused and which can be applied to all seven of the activity stations. The seven stations are: a puzzle table, a table...
for playing with clay, an art activity station, a station with books, a construction activity station, a fantasy play area and a maths/numeracy station.

The ‘2- to 4-year-old’ groups begin their sessions with a story, which is always linked to a theme. All of the themes are drawn from the Curriculum and Assessment Policy Statement (CAPS) curriculum. After the story, the children get time for free play for an hour and a half where they are allowed to choose from the same seven stations as for the ‘1- to 2-year-old’ groups. The maths activities are progressive, and in line with the NQF. The maths station is the only station which all the children are required to do during each session. The ELF remains at the maths activity station and ensures that each child comes to the station. The maths concept is taught by the ELF, as these concepts are not something with which the children would be able to engage easily without assisted direction and guidance. While she is teaching the maths concept, the assistant is monitoring the other stations and enriching the play where appropriate. There is also, generally, an outdoor area with a game set up. These games are designed to cover all gross motor skills even if there is no equipment available. To end the session, there is a language discussion, which can be moulded to suit the needs of the specific group. If, for example, there are a number of older children in the group, then the language discussion may be focused on phonic work.

Facilitating games that do not require equipment is specifically included in order to take the context and resources of the venue and community into account.
Each week, the two ELPG sessions are based on one learning plan, and there are 24 learning plans, which cover the weeks up until the June holidays. The programme is then repeated in the second half of the year. Cotlands structured the programme in this manner as they found that children do not necessarily stay with the programme for a full year, especially in areas with seasonal work. The learning plans have been designed to be based on free play so that in the second half of the year, the same plan can be used, and the play enhanced again by the ELF and the assistant. New discussions and concepts will organically come through for those children who remain with the programme.

9. Time frame

Cotlands encourages parents to involve their children as early as possible in the ELPGs and remain with the programme until they start attending Grade R at 5 years old. Cotlands tries to promote the attendance of formal Grade R, as the ELPGs can only offer two sessions a week and therefore cannot cover all of the Grade R content required before children enter Grade 1. This is especially the case if there is a site within walking distance from homes, but if there is no formal Grade R facility in the area, the child can remain with the ELPG until they start attending Grade 1.

10. Monitoring and evaluation

Cotlands conducts rigorous monitoring of all programme elements, in order to ensure the ELPG programme is meeting all targets and being implemented as it should be.

Monitoring of the programme

In order to track the progress of the children and, by extension, the effectiveness of the programme, summative assessments are conducted twice a year. Children are assessed two weeks after they have joined the programme, and then a random sample of children is reassessed ten weeks later in order to track their progress. This process (of conducting summative assessments) takes place twice a year (at the beginning of the year, and in July/August) with the 10-week period reflecting a school term. The assessments are used to monitor the ELFs’ performance, to gauge the effectiveness of the programme and to monitor the children. The summative assessments are conducted in the first and third terms, while an academic report is provided to the parents at the end of the second and fourth terms. The reports help to keep the parents up to date with the progress of their children and are often a requirement for entering formal schools.

Internal monitoring of Cotlands’ staff

The monitoring of staff at Cotlands happens via a tiered system. The team leaders are required to observe a full ELPG session, in all age ranges, for each of their ELFs, once a month. The team leader has a comprehensive checklist, which she is required to submit as proof of her monitoring and the checklists form part of each ELF’s ‘personal development plan’. Once a quarter, the team leader will sit down with each ELF for a performance appraisal and to assess which ELFs may require additional site visits and extra support. The regional manager is responsible for monitoring the team leaders, and attends one ELF training session a month to ensure that the training is being done adequately by the team leader. In addition, the regional managers are required to visit a playgroup once a month, without the team leader, to get an idea of what is happening on the ground. The regional managers are also required to complete a comprehensive checklist for this visit.

The programme development manager (PDM) is required to visit all of the regions...
once a year, and on these visits she conducts monitoring visits at 10% of the regional groups. By experiencing the playgroups, in context, these visits serve to guide the PDM to adapt programme development adequately and effectively when required. In areas where Cotlands employs a nurse or social worker, the regional manager oversees them utilising the same process, with once-a-month visits. The regional manager plays a significant role in monitoring administrative processes and documents, and verifying and managing statistics. Each week, the ELFs hand in statistics regarding attendance at the ELPGs, which parents have received food parcels, and demographics of beneficiaries to their team leader via a smartphone application. This data is also handed in at the Friday training sessions in hard copy format for verification. The capturing of data in real time helps to eliminate the problem of parents and caregivers claiming food parcels for children who have not attended ELPGs. Once a month, the team leaders hand the data to the regional manager who submits it to the head office. The data overseer at the head office then merges all of data into a consolidated overall system from which national statistics can be drawn.

This continuous monitoring is used to determine what the next phase of operations should be, as well as assessing where more resources are required. This data is provided to donors and board members in order to increase transparency, and is used for internal decision-making.

11. Partnerships

One of the main partners with whom Cotlands works in order to run the ELPGs efficiently is the DSD. In Mpumalanga, for example, Cotlands works with local DSD officials who understand the programme and have knowledge of other registered ECD programmes. The DSD then facilitates these programmes becoming members of the toy library by paying the membership fee of R100 per annum, and Cotlands then trains them on the ELPG model, which they can run independently. (Often these smaller ECD programmes are lacking programmatic direction. However, once they have been trained in the ELPG programme, their programmes thrive. This points to the importance of not only the logistical benefits of running an early learning programme, such as the venue and a possible feeding scheme, but also to the importance of good training and content.)

The partnership with the DSD is vital as a support system for referrals of children, assistance with social interventions, as well as knowing where ELPGs are needed in various communities. Cotlands also maintains partnerships with UNICEF and the
Department of Basic Education (DBE). Cotlands and the DBE have partnered to train Grade 1, 2 and 3 teachers as well as ECD practitioners in play-based learning. Cotlands has also created the training materials, and the training platform is online with the aim of bringing play back into the Foundation Phase of formal schooling (i.e. Grade R–3).

Cotlands is currently aiming to reach 10 000 children annually, and this, they assert, is not possible without partnerships. As Cotlands cannot currently afford to carry the full staffing costs that would be associated with reaching so many children, the logical step to reach this target is through partnerships with other ECD services providers and programmes. An example of this is a successful partnership with Smart Start. Through this partnership, Cotlands has been able to offer training to the staff of Smart Start (who wanted to pilot a playgroup model in the North West) and make the toy library available to them, thus extending Cotlands’ reach without carrying the costs.

In order to streamline monitoring and data collection, Cotlands has partnered with Mobenzi (an online research and data collection platform), who created a system for smartphones which enables ELFs to capture all the pertinent information of the ELPGs in real time. Cotlands has also partnered with the Teacher Learning Centre (TLC) in Gauteng, which facilitates training with some of Cotlands’ team leaders as well as ECD forums in the local area. These ECD forums are invited to use the toy library and are offered training. Cotlands is also partnered with a number of organisations who donate to their nutrition programme. These include Stop Hunger, Jam and the Lunch Box Fund.

12. Funding

Cotlands receives funding from numerous sources and tries to secure funding for a three-year period in order to stay financially sustainable. The DSD provides funding in the form of a subsidy of R15 per child per day, for the sites that are registered, and through sponsoring, the membership of a number of ECD programmes to the toy libraries. A number of donors who were involved with Cotlands before they transitioned into ECD remained with them, whilst others felt the need to find other HIV- and AIDS-related work to fund. One challenge which Cotlands experiences with finding donors is that some corporates and businesses want to fund a particular geographic area, where they can display their brand. This is problematic as the ELPGs are a non-centre-based programme with the intention that the ELF can be moved if a group is no longer needed in an area. For this reason, Cotlands tends to dissuade corporates from funding just in a particular area.

Another challenge which Cotlands has found is that people are willing to fund the purchase of physical resources but are reluctant to fund human resources.

13. Other processes followed

Cotlands follows two other significant processes which are important to note, namely the registration process of the ELPGs and the referral process for individual children in the ELPGs who may require further intervention. These processes are discussed separately.

Registration process

In order to receive a subsidy for the children in the ELPGs, the groups need to be registered with the DSD. This has proved to be a challenge as the DSD has no set norms and standards for non-centre-based playgroups, and thus the ELPGs are subject to the same norms and standards as ECD centres. This is problematic as the structure of the ELPGs is completely different from that of an ECD centre-based programme. ELPGs cannot meet the requirements to have a separate kitchen or cook, for example. Due
to these constraints, ELPGs have a very low success rate of registration. Cotlands aims to get DSD officials to understand that it is the programme, and not the site, that they want to register, and therefore the same norms and standards do not apply. This success in this process varies from province to province. In Mpumalanga, almost all of the sites are registered, with about half being registered in KwaZulu-Natal. In the Western Cape, Cotlands is in the process of reapplying for registration of the ELPGs, and is struggling with registration in the Eastern Cape and Gauteng. Cotlands ultimately aims to receive overall registration of the programme with the DSD, as the programme is the same at all of the sites, but this has not happened yet. Cotlands is currently trying to negotiate with the DSD about this.

Referral process

The ELPGs have an internal referral process where the ELF would identify a possible concern with a child, whether academic or occupational therapy-related, and then refer that child to the toy librarian in the corresponding Cotlands toy library. The toy librarian then conducts an assessment of the child, which forms part of an external referral to the nurse or social worker, depending on the issue. Cotlands also tries to assist with transport costs for referrals, by either directly arranging transport for a parent or caregiver, or by subsidising the cost of public transport so that there is no barrier for the parent or caregiver taking the child to a clinic, for example.

14. Community exit

Cotlands aims for ELPGs to run independently, after Cotlands have exited a community, with the ELF’s salary being funded by the DSD subsidy. This would allow Cotlands to exit a number of communities, and create new groups in other communities. The registration process is a huge barrier to this, as the DSD will not support unregistered sites. While there are a number of ELPGs that have been successfully registered (particularly in Mpumalanga), Cotlands feels that the programme works effectively because Cotlands is administratively strong. As such, maintenance of quality is a concern if the ELFs run ELPGs independently without the monitoring or training processes Cotlands facilitates. As the ELPGs have only been functioning for three years, they have not exited many communities yet.

When Cotlands exits a community, they ensure that the exit is a slow process and does not take place suddenly. They engage with all parents and create an exit plan so that all parties are aware of the circumstances and the exit process.

15. Scaling-up

The ELPG programme is proving to be an effective model for early learning, especially in under-resourced communities. If additional funding is made available to scale-up the programme, Cotlands would focus on opening additional ELPGs rather than changing the programme structure in any way. Cotlands’ focus is on saturating an area, and therefore any scaling-up would look to increase the reach in the current areas first, before looking to expand the programme elsewhere.

Conclusion

The ELPG model is one that meets the needs of communities for accessible and quality non-centre-based ECD programming. The programme is flexible yet structured in a way that ensures the quality and purpose of the programme, and its content is maintained. This is aided by having strict M&E systems in place. The ELPGs are growing in number
and attendance, and are seeing an increasing number of partnerships with external playgroups. Through this model, Cotlands is able to reach thousands of children and influence their early development, and by extension, their future.

References

Cotlands ELPG Programme costing

Table 10 below provides a breakdown of the number of beneficiaries reached by Cotlands’ ELPG Programme across South Africa. The table shows that the programme reaches approximately 1 861 direct child beneficiaries in a one-year period (based on 2016 data).

Table 10. Cotlands ELPG Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th></th>
<th>Total*</th>
<th>Number of DIRECT beneficiaries of the Cotlands ELPG programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ELFs conducting playgroups</td>
<td>(40)</td>
<td></td>
</tr>
<tr>
<td>Number of playgroups:</td>
<td>138</td>
<td></td>
</tr>
<tr>
<td>Number of ‘birth to 2-year-old’ playgroups:</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Children reached through these playgroups:</td>
<td>335</td>
<td></td>
</tr>
<tr>
<td>Number of ‘2- to 4-year-old’ playgroups:</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>Children reached through these playgroups:</td>
<td>1526</td>
<td></td>
</tr>
<tr>
<td>Children reached in all playgroups:</td>
<td>1861</td>
<td></td>
</tr>
<tr>
<td>Male children reached in all playgroups:</td>
<td>914</td>
<td></td>
</tr>
<tr>
<td>Female children reached in all playgroups:</td>
<td>947</td>
<td></td>
</tr>
</tbody>
</table>

*This figure is the number of playgroups conducting weekly playgroups sessions; not the number of sessions conducted.

If these figures are considered in relation to the expenditure for the programme for a period of one year, a costing for the programme in total, as well as per beneficiary, can be calculated. As seen in Table 11, according to the 2016 expenses, the current ELPG programme costs an average total of R1 069 982 per province per year. The programme is run in six provinces, with approximately 310 children reached in each province on average per year. Utilising these expenses per province per year, the following cost can be calculated:

- Cost per direct child beneficiary per year: R3 450

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses for 18 600 child beneficiaries (i.e. ten times the current reach) were estimated. The total costs of this larger programme would be approximately R2 519 611* per province per year. Utilising these projected total costs, the following costs can be calculated:

- Cost to Cotlands per child beneficiary per year: R813*

(*It is important to note: to reach approximately 18 600 child beneficiaries, Cotlands would partner with other organisations. As such, the costs reflected here would be the costs incurred by Cotlands to train partner organisations, with additional operating costs (not reflected here), which would be for the partner to carry. Furthermore, these figures are projections and are based on 2016 rates, without taking into account inflation.)
**Table 11. Cotlands ELPG Programme: Expenses**

**Programme expenses: 01 April 2015 to 31 March 2016**

To reach: current 1 861 direct child beneficiaries

To reach: approximately 18 600 direct child beneficiaries

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>Amount per province</th>
<th>Amount per province*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ fees</td>
<td>R5 000</td>
<td>R5 000</td>
</tr>
<tr>
<td>Accounting fees</td>
<td>R43 988</td>
<td>R43 988</td>
</tr>
<tr>
<td>Bank charges</td>
<td>R1 230</td>
<td>R1 230</td>
</tr>
<tr>
<td>Advertising, marketing &amp; promotions</td>
<td>R250</td>
<td>R500</td>
</tr>
<tr>
<td>Affiliation fees</td>
<td>R1 470</td>
<td>R1 470</td>
</tr>
<tr>
<td>Cleaning &amp; gardening</td>
<td>R2 760</td>
<td>R2 760</td>
</tr>
<tr>
<td>Computer expenses (maintenance)</td>
<td>R5 520</td>
<td>R5 520</td>
</tr>
<tr>
<td>Electricity &amp; water</td>
<td>R6 360</td>
<td>R6 360</td>
</tr>
<tr>
<td>Insurance</td>
<td>R2 940</td>
<td>R2 940</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>R18 530</td>
<td>R37 060</td>
</tr>
<tr>
<td>Postage &amp; courier</td>
<td>R900</td>
<td>R900</td>
</tr>
<tr>
<td>Rental/Bond repayments (toy libraries share cost)</td>
<td>R24 060</td>
<td>R24 060</td>
</tr>
<tr>
<td>Building repairs &amp; maintenance</td>
<td>R4 098</td>
<td>R4 098</td>
</tr>
<tr>
<td>Staff training &amp; development</td>
<td>R7 500</td>
<td>R7 500</td>
</tr>
<tr>
<td>Security</td>
<td>R1 830</td>
<td>R1 830</td>
</tr>
<tr>
<td>Telephone &amp; fax</td>
<td>R9 420</td>
<td>R9 420</td>
</tr>
</tbody>
</table>

**Programme-related costs**

| Regional manager                                          | R206 123            | R206 123             |
| Team leader                                               | R64 204             | R64 204              |
| ECD fieldworkers’ salaries (ELFs)                         | R441 923            | R441 923             |
| Programme development manager                             | R95 115             | R95 115              |
| Project manager for training partners                     | -                   | R360 000             |
| Printing & stationery                                     | R3 540              | R35 400              |
| Educational equipment                                     | R37 272             | R372 720             |
| Travelling expenses/transport                             | R30 000             | R300 000             |

**Other costs**

| Food                                                      | R44 400             | R444 000             |
| Protective clothing                                       | R750                | R7 500               |
| Mobenzi cell phone                                        | R799                | R7 990               |
| Additional resources                                      | R10 000             | R30 000              |

**TOTAL EXPENDITURE**

R1 069 982 R2 519 611
This programme is based on the belief that if every child in South Africa has access to a toy library, which provides high-quality early learning resources and play opportunities, they will have the required foundation to succeed in formal schooling, pass matric, gain employment, and contribute to the economic development of our country.
**Cotlands**

*Cotlands Toy Libraries Programme*

**AT A GLANCE**

**Name of implementing organisation:** Cotlands  
**Implementer status:** Non-profit organisation, voluntary association, and public benefit organisation  
**Year organisation established:** 1936  
**Main focus of organisation:** Early childhood development, since 2008  
**Head-office location:** Turffontein, Johannesburg, Gauteng  
**Website:** www.cotlands.org.za  
**Contact number:** +27 (0) 11 683 7201  
**Contact person:** Jackie Schoeman (Director)

**MODEL DETAILS**

**Year launched:** 2008  
**Launch province:** Gauteng  
**Geography type:** Urban, peri-urban, rural  
**Time frame/Stage:** On-going, long-term, annual programme  
**Main source of funding:** Multiple donors (and minimal Toy Library subscription fees)  
**Beneficiaries reached per year:** 8 691 direct child beneficiaries in 2016  
**Keywords:** Toy library, educational resources, early learning and stimulation, learning through play, non-centre programme
Cotlands
Cotlands Toy Libraries Programme

All information on Cotlands, a summary of their various programmes, and their programme theory can be found in the previous case study on the Cotlands Early Learning Playgroups Programme.

Detailed description of the Cotlands Toy Libraries Programme

The toy library programme was first implemented in 2008 and has since been used to resource the Cotlands early learning playgroups (ELPGs) as well as resourcing local early childhood development (ECD) centres. The toy library programme is based on the belief that if every child in South Africa has access to a toy library, which provides high-quality early learning resources and play opportunities, they will have the required foundation to succeed in formal schooling, pass matric, gain employment, and contribute to the economic development of our country. Therefore, increasing children’s access to quality ECD opportunities and educational resources is the main focus of the toy library programme.

A toy library is a high-impact, cost-effective, non-centre based programme that gives children, their families, ECD practitioners and Cotlands’ early learning facilitators access to a collection of carefully selected educational equipment, toys and play materials, as well as play sessions and training on how to use the toys to encourage development.

The Cotlands toy libraries are currently operating in five provinces and include ‘traditional’ toy libraries as well as mobile toy libraries in order to make the service accessible to remote and under-resourced areas. Each region offers different services based on the available resources and the needs of the community. In Gauteng, there are two libraries which offer ‘come and play’ services (where children are invited to come to the toy library to play with the toys) as well as two mobile toy libraries, to deliver the ‘go and play’ service (where the mobile toy libraries go to ECD centres to allow children opportunities to play with the toys at their centre). In the Western Cape, there is one library which offers the ‘come and play’ service and in KwaZulu-Natal (KZN), there is one...
library which offers the ‘go and play’ service. Mpumalanga has one library in an urban area, which offers the ‘come and play’ service and one library in a rural area, which supports the Cotlands early learning playgroups (ELPGs) in that area. The Eastern Cape has one library, which acts as a depot for the ELPGs and does not offer either the ‘come and play’ or ‘go and play’ service as yet.

A mobile toy library is a vehicle equipped with a wide range of educational toys and resources that enhance learning for young children. The mobile toy library visits a number of sites during the course of the week and offers day mothers and ECD centres access to a variety of educational play materials. Toys are lent to recipients for a two-week lending period. The ‘come and play’ service consists of play sessions held at the toy library and run by the librarian, while the ‘go and play’ service involves play sessions held at ECD centres (that cannot afford to travel to the toy library but need assistance and resources) and other locations to which the toy librarian will travel and conduct the play sessions.

Statistics for 2016 indicate that 1 085 toy library play sessions were conducted over the past year, with a total of 8 691 children attending. 176 ECD centres were served by the mobile toy libraries (from 95 different communities) and 3 389 children attended these mobile play sessions. In 2016, 29 592 toys were lent out to members and a remarkably low number of 179 toys were lost.

Cotlands also manages and administers the Toy Library Association of South Africa (TLASA), which promotes the establishment of and provides training on toy libraries. It is a membership organisation which distributes newsletters and holds toy library seminars and play conferences. The number of participants trained through TLASA increased from 186 in 2015 to 212 in 2016, while the membership base increased dramatically from 17 members in 2015 to 110 members in 2016.

Implementing the Cotlands Toy Libraries Programme

1. Community entry

When the toy libraries were first established in 2008, they were set up in areas of existing Cotlands projects to supplement the services that Cotlands was already offering. However, following expansion, a specific community entry process began to be implemented.
Before establishing any new programmes in a community, Cotlands conducts a community-needs assessment. Once the needs of the community have been identified, and if a need for additional early learning resources and opportunities has been identified, a toy library will be established. At this point, it is critical to work with local community leaders in the area, in order to ensure buy-in from and involvement by local stakeholders. Once the toy library programme has been established, there is a need to promote its services to the community. This is done by making contact with ECD centres and by networking with community members, existing stakeholders and NGOs.

When funding for a new toy library is made available, Cotlands will examine their existing programmes and assess which province or region has the greatest need. This process will involve working with the Department of Social Development (DSD) in order to identify areas in need of intervention.

2. Adapting to context

The toy library programme follows a basic structure which is then moulded to suit the needs of the community. Planning sessions are done in a team of toy librarians who can share ideas and experiences. Each toy librarian is required to plan their play sessions with the specific community in mind, and is able to carefully customise the content and delivery of the programme based on the specific needs of the community, while ensuring that the sessions are still offering the core of the programme and aligned to CAPS and the NCF (with each activity having a specific purpose and promoting learning and development).

In some areas, the fact that the toy libraries were run by Cotlands was an apparent deterrent to members of the community, who associated Cotlands with a place of safety for children who were removed from parents or caregivers. Cotlands worked hard in order to shift this perception, and removed this perceived stigma related to the organisation. This process has been successful, and compounded through positive word-of-mouth referrals from past beneficiaries to new beneficiaries.

As communities are specific, organic entities, and possess their own norms and beliefs, any outside organisation needs to gain the buy-in, acceptance and involvement of community stakeholders. In order to do this, Cotlands employs members of the community to be toy librarians. Cotlands also conducts open discussions with community leaders.
3. Staff recruitment

In each region, there is a regional manager who oversees both the toy library and the early learning playgroup programmes. Each toy library has a team leader who manages the daily operations of the library as well as the toy librarians. The toy librarians are required to have a matric certificate and ideally an NQF Level 4 qualification in ECD, but they can also be given extra training once they enter the programme (which would include extra training in administration and planning skills). Toy library team leaders are required either to have or to be working towards, their NQF Level 5 qualification in ECD.

The toy library programme specifically employs members of the community where the programme is being run. To identify a suitable candidate, Cotlands works with community leaders who are aware of those seeking employment and the community workers programmes to identify individuals who may be a good fit for the programme.

Each potential employee must complete a ‘competency test’, which assesses basic literacy and numeracy as well as a computer-based assessment which assesses his or her level of computer literacy. In addition to this, the potential staff members are required to run a play session in which their interaction with the children is observed. One of the main priorities in recruiting a new employee is identifying the potential employee’s attitude towards work and towards children. This attitude is of crucial importance, and is significantly valued at Cotlands.

4. Staff training

The initial training for the toy librarians happens over a period of 15 weeks. During this time, the toy librarians attend weekly in-service training on 15 different modules. They also job shadow a senior toy librarian. Each module is completed in one day, and covers various aspects of the programme policy file (policies, procedures and implementation). Once they have completed a module, they write a competency test, and when they are competent in all modules, they are qualified junior toy librarians. With experience, the junior toy librarians can work their way up to a more senior post. Cotlands also encourages the early learning facilitators (ELFs) from the Cotlands Playgroup Programme to transition into the toy librarian role as they already possess many of the necessary skills required to be an effective toy librarian.
Training is a continuous process at Cotlands and every Friday, the toy librarians meet with their team leaders for a training session. The training sessions take various forms depending on the purpose of the session. The training sessions cover the following:

- planning meetings for play sessions and monthly themes;
- training on the toys and packing the kits for the playgroups and their ‘play and go’ sessions (in this programme, the toy librarians need to work closely with the ELFs and understand the learning plans for the playgroups in order to pack the kits);
- computer, software and equipment training;
- programme policy training (when it has been identified that there is a need to refresh a certain policy or aspect of a policy);
- personal wellness (including personal finances and budgeting, and any other issues that are identified); and
- Quality Improvement Plan (QIP) training (explained in more detail below).

Every six weeks, the toy librarians run an ECD forum meeting where they provide training and input to ECD centres from the communities they serve. The programme that they follow is known as the Quality Improvement Plan (QIP). Two weeks before the forum meeting takes place, the toy librarians receive specific training from the toy library team leaders on the content of the upcoming session.

5. Member recruitment

Membership to a Cotlands toy library can be taken up as an individual or as an ECD centre, each of which involves different membership rates. ECD centres pay R150 per annum (with the principal being held responsible for toys that are lost or broken), while community members pay R50 per annum. This fee can be paid in one instalment or throughout the year. In some situations, with specific extenuating circumstances, membership fees may be reduced or disregarded (such as an ECD centre that does not have any funds for membership fees, but is in desperate need of resources, or children coming after school to the toy library to wait for their transport). This reduction is at the discretion of the team leader and regional manager.

Membership for community members spreads through word of mouth. Each Cotlands ELF (from the ELPG programme) is required to become a member but is exempt from the membership fee. The ELFs are encouraged to take toys out in their private capacity and play with their own children to increase their knowledge of the different toys available, as well as to encourage bonding with their own children.
The toy libraries market their services to the ECD centres in the area through visits to the centres and at forum meetings. While visiting an ECD centre the toy librarians would find out what services the centre needs (‘come and play’, ‘go and play’, or ‘lend and play’) and whether or not the toy library would be able to meet those needs. The toy libraries offer their services to help equip under-resourced ECD centres, thereby reducing competition between these ECD centres and the well-resourced Cotlands ELPGs, which was a challenge at the beginning of the programme. The ELPGs are designed for children with no access to early learning and never aimed to take children away from centre-based ECD programmes.

6. Delivery of programmes

‘Go and play’
In order to deliver a programme that meets the needs of an ECD centre the toy librarian will first gather important information on the number of classes, age groups, and number of children at the centre, as well as what resources the centre already has access to. Based on this information the toy librarian will pack a toy kit specifically put together for that ECD centre. The toy librarian takes the kit to the centre and runs a two hour play session with the children and teachers. The kit is left with the centre generally for two weeks, depending on the number of ‘go and play’ ECD centres one library is servicing. The mobile toy library is stocked with the kits for each ‘go and play’ ECD centre, as well as extra resources for the toy librarian to use. The mobile unit does not offer borrowing services. At the ECD sites, the ECD practitioners or day mothers are guided by the toy librarian regarding best practice, and the necessary skills needed to play with the toys and provide play-based early learning opportunities for the children at their ECD sites.

‘Come and play’
The ‘come and play’ programme is run out of the toy library. The toy librarian runs sessions in the mornings and afternoons, which last for two hours, with ECD centres bringing their children to attend. In order to allow maximum saturation the same class from an ECD centre is allowed to attend two sessions per month. Each toy library is housed in a different space depending on the province and resources within that province. Essentially, the toy library consists of a room, with shelves to store the toys, and is equipped with a computer and bar code scanner to use when lending toys. A playroom space and training room are also necessary. The few toy libraries that do not have a training room make use of municipal libraries and other local venues for internal and external training sessions. The play sessions are child-directed and allow for play in different themed play areas, both inside and outside. Each week, the play-based activities focus on exploring maths, communication (language), and knowledge and understanding of the world (life skills), all at an age-appropriate level.
There are both educational and financial benefits from making toys out of recycled materials. This should always be encouraged.

‘Lend and play’
The ‘lend and play’ programme is accessible to anyone who is a member of a Cotlands toy library. Members have access to clean, safe and age-appropriate toys which they are able to borrow and play with at home, at their ECD centre or at the Cotlands ELPG. The members are taught how to play with the toys and how best to use them to provide play-based learning opportunities. The Cotlands ELFS use this service to implement play-based learning plans in their ELPGs and are encouraged to borrow toys for personal use with their families as well.

“Make and play”
The ‘make and play’ programme involves children, parents (or caregivers) and ECD practitioners coming to the toy library to learn how to make improvised toys from recycled material. The main benefit of this programme is being able to make a variety of cost-effective toys and resources while having fun making them. Improvised toys use recycled materials from around the home. These materials would normally be thrown away, but are then used to create something new which the child is able to play with and enjoy. This also teaches the children, parents and ECD practitioners about the importance of recycling and caring for the environment, while stimulating imagination and creativity. By learning how to make simple, age-appropriate toys, children are able to have continued play-based learning at home.
**Toy management**

When a toy is bought, processed and captured into the electronic database, both the supplier and the manufacture are recorded, as well as the cost. This enables the toy librarians to track any patterns in breakages and this informs future purchases. Taking stock of the toys is important, as is recording when toys are lent out and returned. Toys that get lost or broken need to be replaced. Being aware of the stock is essential to the effective management of the toy library.

7. **Content**

**Play sessions**

The toy library play sessions are planned, as a group, by the toy librarians and adapted to the needs of the community that is being serviced. The content is guided by national policies such as the Curriculum Assessment Policy Statements (CAPS) and the National Curriculum Framework (NCF). The activities are play-based and ensure that the six early learning development areas (ELDAs) of children are being met, as per the NCF. These ELDAs aim to meet the development and learning needs and interests of the children, and are as follows:

- Well-being
- Identity and belonging
- Communication
- Exploring mathematics
- Creativity
- Knowledge and understanding of the world.

The toy library programme policies and procedures guide the play sessions so that they are well planned, and have a variety of enriched early-learning indoor and outdoor play activities. Cotlands has a comprehensive planning document that needs to be completed for each play session to ensure that the activities implemented are in line with the NCF. The play area is set up according to the theme of the week in a stimulating, safe and child-friendly way which encourages children to have fun, explore and discover in a variety of early learning settings namely adult-directed play, small and large group play, as well as free play.
**Toy library monthly themes**

The toy library play sessions are structured around set themes for each week, in each month of the year. The themes are often linked to important dates (such as Mandela Day) and national campaigns. For example, the themes for the first half of the year (presented in Table 12) are as follows:

<table>
<thead>
<tr>
<th>Table 12. Cotlands Toy Libraries Programme: Monthly Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January</strong></td>
</tr>
<tr>
<td>Wk 1-4: Toy library closed</td>
</tr>
<tr>
<td>Wk 5: Winnie the Pooh birthday</td>
</tr>
<tr>
<td>Summer gardens/Mr Shabalala’s Garden</td>
</tr>
<tr>
<td><strong>February</strong></td>
</tr>
<tr>
<td>Wk 1: My family</td>
</tr>
<tr>
<td>Wk 2: Valentine’s Day</td>
</tr>
<tr>
<td>Wk 3: My Friends – Winnie the Pooh and friends</td>
</tr>
<tr>
<td>Wk 4: Healthy lifestyle</td>
</tr>
<tr>
<td><strong>March</strong></td>
</tr>
<tr>
<td>Wk 1: Dr Seuss birthday/Read Aloud Day</td>
</tr>
<tr>
<td>Wk 2: My Body/Healthy Living</td>
</tr>
<tr>
<td>Wk 3: Easter/Going on Holiday/National Library Week</td>
</tr>
<tr>
<td>Wk 4: Human’s Rights Day/National Library Week</td>
</tr>
<tr>
<td>Wk 5 Diseases and Germs/ TB Day</td>
</tr>
</tbody>
</table>

The toy library programme not only caters for children advancing towards Grade R, but also provides inclusive early learning opportunities for children with barriers to learning. All activities and resources are anti-bias (such as gender, race, religion and culture) and adapted so that all children can participate and enjoy the activities provided.

**Quality Improvement Plan (QIP)**

As mentioned previously, the purpose of the QIP is to build capacity of ECD centres to improve the quality of the service they offer. There are eight sessions held throughout the year, in which the toy librarians provide insight into various topics and the skills needed to run an ECD centre effectively and that meets the DSD minimum requirements, as well as catering to the developmental needs of the children. As the toy librarians become aware of any common issues that ECD centres are struggling with, these topics are addressed at the QIP meeting. An information sheet is provided to each participant at each session, and if all eight meetings are attended by a participant, a manual is given to that participant and a certificate of attendance is awarded to him/her. The QIP sessions are offered to the toy library members, and the borrowing service is available to them at the meeting. (Although the QIP sessions are aimed at ECD centres, individual members are invited to attend.)

TLASA also hosts quarterly seminars in each region and anyone who is a member of a toy library or a member of TLASA is welcome to attend. These seminars provide an opportunity for attendees to network and share ideas, as well as gain input from a number of speakers on current trends in ECD and any new developments.
8. Time frame

The toy library programme is membership-based and therefore there is no set time frame for participation in the programme. The individual or ECD centre simply needs to renew their membership on an annual basis. (If membership is not renewed, they become inactive members. As soon as the membership fee has been paid, they are reactivated.) The fact that new children attend ECD centres each year means that the impact of the toy libraries is constantly expanding.

The ECD centres are encouraged to continue their membership for as long as they are in need of the toy library services. The toy library is focused on providing for children up until Grade R but has toys and educational materials for children from birth until age 12, and aims to serve children for the duration of their early childhood. (Children can ask their parents or caregivers to join the toy library as a community member so that they can continue using the services of the toy library.)

The influence of the programme can be seen within a term if the child is attending a play session once a week.
9. Monitoring and evaluation

Cotlands has very thorough monitoring and evaluating systems in place for both the Cotlands programmes and the staff. The outcomes of the toy library programme are monitored through assessing the children and their progress. A baseline assessment is conducted when the child enters the programme, generally at the beginning of the term. Eight weeks later, a summative assessment is conducted in order to track progress. A sample of approximately 10 children is assessed in both the ‘come and play’ and ‘go and play’ programmes and the set of baseline and summative assessments is repeated in the second half of the year.

The toy librarians are part of a tiered monitoring system whereby their team leader carefully monitors their operational duties and development. Once a month the regional manager is involved in monitoring the toy librarians, and the other three monitoring sessions are conducted solely by the team leaders. Monitoring activities cover all aspects of the programme from how it is being implemented and stock management, to the condition of the physical building and the setting-up of the toy library. There are checklists that the team leaders and regional managers need to fill out in order to ensure a standard monitoring process for all staff. The toy librarians are also expected to audit themselves. This involves checking their registers and checking their planning, etc., in order to pick up any mistakes and improve their own performance. Each toy librarian has a personal development plan (PDP) which is used to set monthly objectives and identify areas where development is needed. Once every quarter, the programme development managers (PDMs) are involved in monitoring all the programmes in each region, and the statistics for each play session is audited and any challenges are identified. This data is used for internal monitoring as well as for inclusion in reports to donors.

There are regional meetings, which all the team leaders, regional managers and head office managers attend, and these are used to evaluate what has worked and what has not worked in the programme. Cotlands uses a ‘programme policy file’, which is also reviewed each year and updated as necessary. There is room for further evaluation and analysis of the data collected, but the monitoring and evaluation systems that are in place are proving to be very effective.
10. Partnerships

Partnerships are essential to the effective running of the toy libraries, and vary according to region and province. One of the major partnerships is with DSD who funds the running of a number of Cotlands playgroups and memberships to the toy libraries. DSD is also a valuable resource when it comes to referring children who are identified as needing additional intervention. The toy librarians may refer children from their play sessions to a DSD social worker if there is no Cotlands social worker for the region.

TLASA, although being administered by Cotlands, is another important partner. Through TLASA, Cotlands tries to partner with other NGOs and ECD centres to equip them with the capacity to run their own toy library programmes, seminars and forums. Cotlands also serves to connect partners in learning how others are implementing toy library programmes. In each region, the toy libraries partner with local ECD centres that make use of the services that the toy libraries offer. Cotlands also partners with multiple stakeholders and provides training on how to set up and run a toy library. The Department of Basic Education (DBE) and UNICEF have partnered with Cotlands to run an online course in the power of play for 150 000 educators across South Africa. The toy libraries are linked to the Cotlands ELPGs through support and provision of toy kits each week.

11. Funding

The toy libraries are financially supported by Cotlands, and rely heavily on donors. The ideal model of self-sustainability through membership (as seen in international toy libraries) is unattainable in the communities that Cotlands is targeting. These communities are indeed targeted because of their need for resources and increasing membership fees would result in the programme becoming inaccessible for many. Funding from donors is therefore essential. The toy library programme needs a lot of resources and more resources, such as educational toys, art materials and stationery are always required, especially as the programme expands to include more Cotlands ELPGs. Cotlands has found that donors are more willing to fund the purchasing of toys and educational materials than human resources, such as the toy librarians’ salaries or staff training and development, which is a challenge. An additional challenge is found when donors have a particular geographic area that they want to fund, but Cotlands may not be working there. If this is the case a community needs-assessment is conducted to see what is required in the community, and then a proposal to the donor is made.
12. Other processes followed

Registration process
Currently there is no provision in the Children’s Act (No. 38 of 2005) for non-centre-based ECD programmes and as such each toy library is required to register as a partial care facility with the DSD. In terms of registration, the physical toy library is seen as a centre-based programme and therefore is required to comply with the minimum standards of partial care facilities, as specified by the Children’s Act. Each toy library programme is registered as an ECD learning programme with DSD, but the fact that there is nothing guiding non-centre-based programmes has been a challenge. A policy for non-centre-based programmes is currently being developed. This will address many of the issues surrounding centre-based and non-centre-based programmes, their registration and minimum standards.

Referral process
As the toy librarians are working in vulnerable communities, they often encounter children who are in need of more specific intervention, such as health care or access to a social worker. If the toy librarian is concerned about a child from an ECD site, their first port-of-call is to discuss their concern with their team leader, and then address the ECD principal. In some regions, Cotlands employs a nurse and/or social worker who will work with the child and his or her family. In regions where there is no nurse or social worker attached to the toy library the child is referred to a professional who can assist him or her. Each region has a list of service providers in the area. Cotlands has a good working relationship with these service providers, who can provide assistance.

13. Scaling-up

Funding is essential to expand the toy library programme. Any new toy library needs to be sustainable in terms of being able to pay the salaries of the toy librarians as well as ensuring the necessary stock of toys and educational materials. If the toy library programme were to expand it would need to be in an area with ELPGs, under-resourced ECD centres and communities, and enough children in need to justify its presence.
14. Community exit

The toy library programme is designed to support Cotlands ELPGs and other programmes providing services to children. Due to this, the toy libraries would only exit a community if there were no longer any services being offered to children. In most communities the need for the toy library services is continuous as new children enter the programme each year. As long as the toy library programme is meeting the needs of a community or ECD centre, then there is no motivation from Cotlands to exit the community.

When Cotlands is assisting an external organisation or NGO to set up a toy library, Cotlands would exit the community in stages, ensuring at each stage that those left to implement the programme have sufficient skills and resources to implement the programme effectively.

Conclusion

The toy library programme has been successful in providing under-resourced communities and ECD centres with quality and age-appropriate educational materials and toys. The toy libraries promote learning through play and are able to equip teachers and facilitators with the skills needed to enable this form of learning. The toy libraries are an integral part of the Cotlands playgroup programme and are a simple, yet effective way of trying to provide a toy within reach of every child in South Africa.
Cotlands Toy Libraries Programme costing

Table 13 provides a breakdown of the number of beneficiaries reached by Cotlands’ Toy Libraries Programme. This table shows that the programme reaches approximately 8 691 direct child beneficiaries in a one year period (based on 2016 data).

Table 13. Cotlands Toy Libraries Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>Total conducted</th>
<th>Number of DIRECT beneficiaries of the Toy Libraries Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECD centre members:</td>
<td>936</td>
</tr>
<tr>
<td>Play sessions held:</td>
<td>1 085</td>
</tr>
<tr>
<td>Children reached in all toy library play sessions:</td>
<td>8 691</td>
</tr>
<tr>
<td>‘Come and play’ sessions held:</td>
<td>971</td>
</tr>
<tr>
<td>Children reached through ‘Come and play’ sessions:</td>
<td>5 302</td>
</tr>
<tr>
<td>‘Go and play’ sessions held:</td>
<td>414</td>
</tr>
<tr>
<td>Children reached through ‘Go and play’ sessions:</td>
<td>3 389</td>
</tr>
<tr>
<td>ECD centres reached through ‘Go and play’ sessions:</td>
<td>176</td>
</tr>
<tr>
<td>Adults trained in training sessions</td>
<td>907</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programme for a one-year period, a costing for the programme in total, as well as per beneficiary, can be calculated. As seen in the following table (Table 14), according to the 2016 expenses, the current Toy Libraries Programme costs an average total of R1 364 938 per province per year. This figure includes the capital cost of fully installing a new toy library in that province in that year (at a cost of R250 000 per toy library). The programme is run in six provinces, with approximately 1 449 children reached in each province per year. Using these figures per province per year, the following cost can be calculated:

• Cost per direct child beneficiary per year: **R942**

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses for 87 000 child beneficiaries (i.e. ten times the current reach) were estimated. The total costs of this larger programme would be approximately R5 112 477* per province for the first year of operation. Once again, this figure includes the capital cost of fully installing a new toy library in that province in that year. Utilising these projected total costs, the following costs can be calculated:

• Cost to Cotlands, per direct child beneficiary per year: **R353***

(*It is important to note: to reach over 80 000 direct child beneficiaries Cotlands would partner with other organisations. The costs reflected here would be the costs incurred by Cotlands to set up toy libraries and train partner organisations, with additional operating costs [not reflected here] which would be for the partner to carry. Furthermore, these figures are projections and are based on 2016 rates, without taking inflation into account.)
### Table 14. Cotlands Toy Libraries Programme: Expenses

**Programme expenses: 01 April 2015 to 31 March 2016**

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>Amount per province</th>
<th>Organisational/Overhead costs</th>
<th>Amount per province*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ fees</td>
<td>R5 000</td>
<td>R5 000</td>
<td></td>
</tr>
<tr>
<td>Accounting fees</td>
<td>R43 988</td>
<td>R43 988</td>
<td></td>
</tr>
<tr>
<td>Bank charges</td>
<td>R2 460</td>
<td>R2 460</td>
<td></td>
</tr>
<tr>
<td>Advertising, marketing and promotions</td>
<td>R540</td>
<td>R1 080</td>
<td></td>
</tr>
<tr>
<td>Cleaning and gardening</td>
<td>R4 068</td>
<td>R4 068</td>
<td></td>
</tr>
<tr>
<td>Computer expenses (maintenance)</td>
<td>R7 660</td>
<td>R7 660</td>
<td></td>
</tr>
<tr>
<td>Electricity and water</td>
<td>R26 010</td>
<td>R26 010</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>R4 968</td>
<td>R4 968</td>
<td></td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>R18 110</td>
<td>R36 220</td>
<td></td>
</tr>
<tr>
<td>Postage and courier</td>
<td>R900</td>
<td>R900</td>
<td></td>
</tr>
<tr>
<td>Rental/bond repayments (playgroups share costs)</td>
<td>R24 060</td>
<td>R24 060</td>
<td></td>
</tr>
<tr>
<td>Building repairs and maintenance</td>
<td>R4 098</td>
<td>R4 098</td>
<td></td>
</tr>
<tr>
<td>Staff training and development</td>
<td>R10 650</td>
<td>R10 650</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td>R10 488</td>
<td>R10 488</td>
<td></td>
</tr>
<tr>
<td>Telephone and fax</td>
<td>R17 460</td>
<td>R17 460</td>
<td></td>
</tr>
<tr>
<td><strong>Programme-related costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional manager</td>
<td>R195 456</td>
<td>R195 456</td>
<td></td>
</tr>
<tr>
<td>Team leader</td>
<td>R85 546</td>
<td>R85 546</td>
<td></td>
</tr>
<tr>
<td>ECD fieldworkers’ salaries (toy librarians)</td>
<td>R453 146</td>
<td>R453 146</td>
<td></td>
</tr>
<tr>
<td>Programme development manager</td>
<td>R63 410</td>
<td>R63 410</td>
<td></td>
</tr>
<tr>
<td>Project manager for training partners</td>
<td>–</td>
<td>R360 000</td>
<td></td>
</tr>
<tr>
<td>Materials and resources (including manuals)</td>
<td>R1 200</td>
<td>R12 000</td>
<td></td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>R10 740</td>
<td>R107 400</td>
<td></td>
</tr>
<tr>
<td>Educational equipment</td>
<td>R83 496</td>
<td>R834 960</td>
<td></td>
</tr>
<tr>
<td>Travelling expenses/transport</td>
<td>R16 200</td>
<td>R48 600</td>
<td></td>
</tr>
<tr>
<td><strong>Other costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>R24 000</td>
<td>R240 000</td>
<td></td>
</tr>
<tr>
<td>Protective clothing</td>
<td>R1 285</td>
<td>R12 850</td>
<td></td>
</tr>
<tr>
<td>Additional capital costs (educational toys and resources)</td>
<td>R250 000</td>
<td>R2 500 000</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td><strong>R1 364 938</strong></td>
<td><strong>R5 112 477</strong></td>
<td></td>
</tr>
</tbody>
</table>
The Unlimited Child

*The Unlimited Child ECD Programme*

“This programme allows communities to access quality, organised and sustainable early childhood education practices and support, thereby facilitating holistic childhood learning and development.”
# The Unlimited Child

## The Unlimited Child ECD Programme

### AT A GLANCE

<table>
<thead>
<tr>
<th>Name of implementing organisation:</th>
<th>The Unlimited Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementer status:</td>
<td>Non-profit organisation, non-profit company, and public benefit organisation</td>
</tr>
<tr>
<td>Year organisation established:</td>
<td>2008</td>
</tr>
<tr>
<td>Main focus of organisation:</td>
<td>Early childhood development</td>
</tr>
<tr>
<td>Head-office location:</td>
<td>Hillcrest, Durban, KwaZulu-Natal</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.theunlimitedchild.co.za">www.theunlimitedchild.co.za</a></td>
</tr>
<tr>
<td>Contact number:</td>
<td>+27 (0) 31 716 9684</td>
</tr>
<tr>
<td>Contact person:</td>
<td>Candice Potgieter (CEO)</td>
</tr>
</tbody>
</table>

### MODEL DETAILS

| Year launched:                     | 2008                    |
| Launch province:                   | KwaZulu-Natal           |
| Geography type:                    | Peri-urban, rural       |
| Time frame/Stage:                  | On-going, long-term, annual programme |
| Main source of funding:            | Parent funder: The Unlimited Group |
| Beneficiaries reached per year:    | 334 (direct) adult beneficiaries and 35,896 (indirect) child beneficiaries in 2016 |
| Keywords:                          | Early learning and stimulation, educational equipment, early childhood education, teacher training, practical skills programme, centre-based programme, centre outreach |
The Unlimited Child

The Unlimited Child ECD Programme

The Unlimited Child

The Unlimited Child is a national early childhood development (ECD) non-profit organisation (NPO) and public benefit organisation based in Hillcrest, KwaZulu-Natal. Their ECD programme is the sole focus of the work they do. The programme is an integrated, rapid-impact model used for the education and stimulation of children in underprivileged communities. The Unlimited Child assists practitioners in ECD centres to utilise high-quality training and resources. The programme ensures that young children (0–6 years) have access to quality, sustainable early childhood education and care. The programme comprises manuals, training programmes and accompanying toy kits, all for four different age groups. The programme seeks to enhance mathematics, language, life sciences and life skills whilst simultaneously promoting fine and gross motor development. Furthermore, it is culturally appropriate as it is implemented in diverse communities and taught in multiple languages. This allows children to develop their full educational and personal potential.

The Unlimited Child was initiated in reaction to a number of significant challenges seen in ECD centres throughout South Africa, namely:

• a lack of quality learning and stimulation programmes at ECD centres;
• trained ECD NQF Level 4 qualification practitioners struggling to develop lesson plans, which integrated all domains of child development;
• a high amount of rote teaching and learning in ECD classrooms;
• a lack of quality educational resources used, with existing resources being ineffective; and
• practitioners unable to meet entry-level requirements for ECD NQF Level 4 qualifications.

The Unlimited Group, an authorised financial services provider based in Durban, saw the need for more structured stimulation programmes for young children. Hence, The Unlimited Child started as a separate NPO with the Unlimited Group serving as its parent funder. In 2008, The Unlimited Child started working with five ECD centres in KwaZulu-
Natal and has since expanded to assist multiple communities across South Africa. Since 2008 the programme has developed a national footprint, cumulatively supporting over 900 ECD centre, 3,000 practitioners and 110,000 children in six provinces (the Western Cape, KwaZulu-Natal, Gauteng, Limpopo, the Eastern Cape and Mpumalanga). Such an expansion was possible due to partnerships with other ECD organisations, creating an all-inclusive collaboration that supports scaling up and quality growth.

The Unlimited Child programme aims to facilitate the programme with ECD centre practitioners and supervisors (the direct beneficiaries of the programme) and children aged 0–6 years (the indirect beneficiaries of the programme) in vulnerable communities. The main objectives of the programme are to:

- promote and support quality, sustainable, holistic early childhood education in disadvantaged communities;
- provide access to quality training in early childhood education, care and development for adults at ECD centres;
- improve practitioner proficiency through capacity building focusing on quality education and training programmes for stimulation of children;
- provide access to a range of high-quality educational resources that promote child development; and
- ensure continuous monitoring, evaluation and reflexive quality review.

Via these objectives, The Unlimited Child programme aims to transform disadvantaged ECD centres rapidly through continuous training and provision of appropriate educational resources. It also provides constant learning and skills development through structured support and mentoring. The programme has a strong focus on stimulating children in the early phases of life through early childhood education, thereby positively affecting their holistic ECD. Thus, all domains of childhood development – social, emotional, cognitive and physical – are enhanced.

Programme theory

The programme is based on the premise that early childhood learning and stimulation will improve childhood development and thus, school readiness. If a child does not attend an ECD centre to learn basic skills, it is unlikely he or she will reach his or her full potential.
Extensive research has shown that human beings establish their most important learnings and brain development in their first few years of life. Early learning is shown to be more productive than later learning, implying that waiting until preschool or primary school may be too late to intervene (Carneiro & Heckman, 2003). Thus, ECD is far more effective and promises greater returns than remedial training later (Carneiro & Heckman, 2003).

An impact study specifically conducted on The Unlimited Child programme showed that this model implements important early childhood education, thus significantly facilitating ECD (Kvalsvig, 2016). It was found that ECD centres under The Unlimited Child were better organised, better resourced and better managed, and generally happier than ECD centres not on the programme (Kvalsvig, 2016). Furthermore, children in ECD centres under The Unlimited Child had improved language, comprehension, cognitive and fine motor skills compared to those children in ECD centres not on the programme (Kvalsvig, 2016). Although the ECD centres on the programme generally had more children per teacher, the staff showed greater competence and confidence compared to staff at ECD centres not on the programme (Kvalsvig, 2016).

The logic behind The Unlimited Child is that access to quality, sustainable early childhood education and care are essential to allow development of children’s full potential. This can only be achieved by integrating elements of training, resources, assessments, mentoring and support, monitoring and evaluation (see figure 3). Thus the array of interventions and support from The Unlimited Child has been shown to enhance outcomes of ECD. Practitioner knowledge, skills, competence and confidence are improved so that early learning programmes at ECD centres are adequately implemented. As such, play and learning opportunities for children at these ECD centres have improved as the children’s needs are appropriately met.

**Detailed description of The Unlimited Child Programme**

The Unlimited Child’s ECD programme is registered with the Department of Social Development (DSD) as an ECD site learning programme in the Western Cape. The Unlimited Child is in the process of registration in the other provinces where it is currently being implemented. This programme is categorised as a ‘centre-based’ programme in the sense that it targets practitioners based at ECD centres. It is a structured programme for 0 to 6-year-olds and comprises four specific models for four different age groups.
The specific age groups are: babies (3–18 months), toddlers (18–36 months), pre-Grade R (3–5 years) and Grade R (5–6 years). Each age group’s model consists of a manual, training programmes and accompanying toy kits, which focus on mathematics, language, life sciences and life skills, as well as motor development.

Developed with assistance from ECD specialist, Freda Wilkens, the content and layout of the practitioners’ guides for the learning programme are simple and easy to follow, yet thorough. The practitioner’s manual provides structured, thematically based curricula implemented over a 36-week school calendar. Each calendar day has its own page in the manual and all 200 days of the school year are included. All domains of ECD are addressed in the manuals, such as nutrition, health and safety, culture, as well as early learning and stimulation. The programme is also culturally appropriate as it incorporates various cultures and languages namely English, isiZulu, isiXhosa, sePedi and Afrikaans (all manuals are produced and printed in these five languages). A comprehensive educational resource kit is provided to the practitioners, with every item linked to lessons and activities in the curriculum.

Government policies that guide the programme are the Children’s Act (Act No. 38 of 2005), the National Early Learning Developmental Standards (NELDS), the Curriculum Assessment Policy Standards (CAPS) and National Curriculum Framework (NCF). Initially, the programmes for babies, toddlers and pre-Grade R children were aligned to NELDS, whereas the Grade R programme was aligned to CAPS. Currently, the full programme has been adapted to orientate towards the NCF.

The training programme, which involves an initial four-day workshop (which lasts 7 hours per day), provides foundational knowledge of ECD and understanding of practical implementation. Ongoing site mentoring and support to each trained practitioner ensures quality ECD effectiveness. Regular and interactive cluster workshops (held once a month, for ten months of the year) aim to improve practitioner expertise to achieve stimulation outcomes. Continuous monitoring and evaluation seek to measure the effect of interventions. Figure 3 below presents the various elements of the programme, which will be discussed in detail in the following sections.

**Figure 3: The Unlimited Child ECD Programme: Key elements**

When The Unlimited Child expands to a new area it must ensure the programme is culturally sensitive to that community. Therefore, the manual must be modified to align with the language and cultural beliefs of the specific community.

By printing all manuals in five different languages, the programme is able to reach a large group of practitioners and children, from various language groups. This also means that teachers are better able to take on the programme (as the materials are in their own language) and implement it with the children whom they teach.
Step-by-step implementation of The Unlimited Child ECD Programme

1. Community entry

The Unlimited Child programme started in 2008 in response to community needs. The Unlimited Child enters communities firstly by consulting with ECD forums and associations and through support from local and regional ECD coordinators (such as the DSD). Following this, baseline assessments are conducted to initiate the beneficiary selection process. The target community is selected based on criteria such as having:
- a high multiple deprivation index;
- a high poverty index;
- a high concentration of ECD centres (due to their clustered approach of support);
- ECD centres struggling with programme registration or which are not registered; and
- disadvantaged communities (in peri-urban or rural areas).

These criteria are also determined by using national audit data.

The programme’s model follows a sequence in terms of choosing geographic areas, baseline surveys, ECD centre selection, training, resource provision, monitoring and support.

Choosing geographic locations

The Unlimited Child enters communities by consulting with stakeholders. This involves an initial start-up activity, which identifies centres in consultation with forums and associations including ongoing liaison with the DSD and other relevant stakeholders. These engagements include four meetings per annum attended by The Unlimited Child’s trainers and their chief operating officer (COO), as well as all relevant stakeholders.

When entering a community, it has been found to be significantly beneficial to engage with clusters of ECD centres in that community. The ECD centres in the targeted area need to be in a reasonable proximity to each other, for operational and cost-effectiveness. This also facilitates a cluster network approach to training. Initially, a group of approximately 20 to 50 ECD centres is identified and surveyed for suitability. Later, following the selection process, these ECD centres will be formed into geographic clusters of approximately 20 ECD centres and 40 people (practitioners and supervisors) that function as support structures. Specific monitors will be allocated to geographic areas to facilitate best practice and scaling up.

Baseline assessments

Baseline assessments are the first on-site contact with ECD supervisors. These assessments are implemented at the beginning of the programme. The assessments involve on-site visits to each ECD centre identified, to assess suitability for the programme. These centres are recommended by the local ECD forum or local ECD co-ordinators. Each centre is screened, assessed and selected for the programme implementation. About 60 centres will be baseline in the target area during this initial phase, and then reviewed by the COO or team leader (whose roles are discussed in more detail in the ‘Staff responsibilities’ section of this case study) who approves the selection of centres for training whilst consulting with stakeholders. In the end, 20 ECD centres will be selected per cluster in accordance with certain selection criteria.

Baseline assessments of ECD centres inform The Unlimited Child of the ECD centre’s conditions and sustainability. These assessments establish:
- the number of ECD practitioners;
• the number of children;
• the children’s ages;
• the current environment;
• learning resources available;
• learning and play space available; as well as
• the general condition of the building.

The more detailed the baseline, the better the possibility of selecting the right ECD centres. Each baseline must be signed by the relevant ECD centre supervisor, which commits the supervisor and practitioners to attend training, implement the learning programme, and incorporate the educational equipment into their lessons.

Once the community has been identified, the CEO coordinates strategic programme direction and resource mobilisation. Following this, provisioning of resources and the effect and outcomes of the programme are assessed. Thereafter, ‘monitors’ in each province conduct quality assurance and evaluation. Finally, the programme is implemented through the partner organisations and field monitors (with ECD centres) who constantly evaluate the situation.

Having a signed commitment with the ECD centre supervisor in place ensures that the programme will be implemented successfully and that equipment will be used and cared for daily.
2. Participant recruitment

The programme targets the most vulnerable beneficiaries through various criteria, such as ECD centres being unregistered or in the process of registering, having no stimulation programme in place, not receiving the DSD per capita ECD subsidy, being based in informal and rural locations, having untrained practitioner, exhibiting minimal institutional capacity and having little or no parental involvement taking place. On top of this, the ECD centre should have a support structure in place, governance already set up, a significant amount of children enrolled, clearance from the Child Protection Register, and have passionate and willing practitioners, and lastly, have a platform for feedback.

3. Partnerships

The Unlimited Child realises that ECD is multifaceted; therefore no single organisation can develop expertise in every aspect. This goal can only be achieved in a sustainable way through partnerships with like-minded organisations, which understand the need for ECD. The Unlimited Child continues to builds on what partners are already doing, and aims to bring expertise and structure to the learning programme.

The Unlimited Child has formed two types of partnerships. Firstly, The Unlimited Child arranges partnerships in the local area to ensure needs are catered for in every ECD centre, as well as to provide other ECD services. For instance, practitioners are able to identify children with mental and physical disabilities and illnesses and to refer them to local service providers such as clinics or Maternity and Obstetric Units. Usually, the practitioner will notify the monitor of such problems, who will then refer the case appropriately. The Unlimited Child has also partnered with nutritional support organisations, such as The Community Chest, Joint Aid Management (JAM), Futurelife and Stop Hunger Now.

The second type of partnership relates to growth, reach and scalability. Partners are sought who are willing to replicate the model in their own geographic area. The Unlimited Child can only expand through the process by getting similar organisations, which are prepared to assist in scaling up the programme and also to assist with the management of at least one new cluster, to become involved. For instance, in KwaZulu-Natal (KZN), The Unlimited Child partners with the Domino Foundation, Key of Hope, and the Network Action Group, whereby The Unlimited Child trains the organisations’ staff to implement and monitor the programme. Consequently, the programme is co-facilitated by The Unlimited Child staff and local monitors.

The Unlimited Child programme has an extensive array of partnerships in various provinces, namely the Centre for Early Childhood Development (CECD), the South African Education and Environment Project (SAEP), Sikhula Sonke, MasiCorp, Valley Development, Save the Children, DSD, the Department of Education (DoE), the Department of Health (DoH) and the DG Murray Trust. Partners understand that working with The Unlimited Child is a symbiotic relationship.

The Unlimited Child has forged collaborative partnerships with multiple ECD NPOs who focus on implementing aspects of The Unlimited Child’s model. This has proved to be a cost-effective approach because partners cover contracting their staff and their remuneration, operational expenses for onsite support and training expenses (venue and refreshments).

4. Staff responsibilities

The Unlimited Child staff component includes a Chief Executive Office (CEO), Chief Operating Officer (COO), financial manager, a monitor and evaluator, trainers, monitors...
and field monitors. In each province, there are six monitors and trainers (with one appointed as the provincial trainer for the Western Cape, specifically). Other human resources are paid for directly by The Unlimited Group, such as public relations (PR), administration, and marketing employees (along with covering various other costs, such as office space rental, electricity, etc.).

The trainers have to –
• facilitate training workshops on The Unlimited Child curricula at national level;
• train field monitors to be able to support practitioners with implementation of The Unlimited Child programmes;
• conduct quarterly reviews and refresher workshops with monitors;
• manage and support all activities of monitors to ensure effective implementation of The Unlimited Child programme
• do quality assurance and assessment to evaluate the effect and outcomes of the programme;
• ensure effective verification and distribution of kits to ECD centres within two weeks after training;
• report regularly through electronic information management systems
• support all monitoring, evaluation, research and reflexive review processes;
• attend all meetings with relevant stakeholders; and
• need to be insightful within the ECD classroom in order to identify challenges experienced by practitioners.

Monitors work in the field, and they have to –
• provide monthly onsite monitoring and support to trained ECD practitioners so that the practitioners are able implement quality stimulation programmes at their centres;
• set up and sustain geographic clusters, through monthly cluster meetings;
• assist with the verification and distribution of kits to centres within the clusters;
• assist with co-facilitation of training workshops; and
• ensure regular reporting through electronic information management systems.
While they provide ongoing guidance and support to caregivers, these monitors’ first priority is to ensure that the programme is being used effectively on a daily basis.

The Western Cape is the only area that has appointed a provincial trainer. This provincial trainer is required to conduct baseline assessments and finalise site selection, facilitate training programmes, train, mentor and support partner monitors (monitors from partner ECD NPOs) and conduct quality assurance site visits. In other provinces, the monitor/trainer provides direct service in terms of monitoring, support and facilitating cluster meetings. In these provinces, there is a team leader selected from the six monitors/trainers who does the mentoring and quality assurance activities. The team leader also reports on training, monitoring and cluster meetings, therefore providing individual support.

Each cluster appoints a specific partner monitor who reports to The Unlimited Child’s trainers and monitors. These partner monitors report on monitoring and cluster workshops and receive direct support from the monitor and evaluator for the specific area. This monitor has to support two to three centres per day, reaching 50 centres over a 20-day period. In KZN, a local field monitor receives a stipend to provide a monitoring service, which relieves the effort by team leaders. These field monitors attend two or three training sessions in order to build their capacity to become trainers one day. This saves operational costs, strengthens capacity of the partner organisations and empowers and develops local communities.

5. Staff recruitment

Potential staff require ECD expertise in terms of their qualifications and practical experience. Trainers in The Unlimited Child programme are recruited based on qualifications and skills, including at least two years of practical experience at an ECD centre or ECD organisation or within the education sector. They also require a minimum of a NQF level 5 ECD qualification, a driver’s license, English writing skills, ability to speak another South African language, should have achieved credits in facilitation (part of the full ETDP [Education, Training and Development Practitioners] qualification) and computer literacy skills.
Monitors are selected to be part of The Unlimited Child if they possess two years of practical experience at an ECD centre, a minimum qualification of a NQF Level 4 in ECD, and basic technological skills and the ability to use a smartphone.

Field monitors are recruited from the local community where the programme is being run. They may already be working in the partner organisation or may be recruited from the local community. The Unlimited Child has a community development approach whereby they employ field monitors from the target communities, who receive a stipend. This proves cost-effective and sustainable for communities.

6. Participant and staff training

The Unlimited Child provides training for both staff and participants, each of which will be discussed separately.

Participant training

Selected practitioners and supervisors receive four consecutive days of training based on The Unlimited Child’s structured learning programme (with four specific programmes, for the four age groups). These training programmes provide foundation knowledge of ECD and understanding of practical implementation of the learning programme. Training is supplemented with an age-appropriate toy kit, a manual containing daily activity guides, and continuous support, monitoring and mentoring after the completion of the training. During the four-day workshop, The Unlimited Child trains practitioners (principals and teachers) on how to understand the practitioner guide and cover various classroom aspects. This makes learning fun and beneficial for both practitioners and children. The ‘pre-Grade R’ programmes are the most taught and implemented due to the limited number of structured models in that age cohort. Usually, each centre would start with the ‘pre-Grade R’ programme and then build on that, with the baby and toddler programmes. Some centres are trained on Grade R material because of the current wait for training on the government model.

It is essential that the supervisor is also trained in each age group’s programme, in order to offer support and assistance to the teachers. This is especially important if a high turnover of teachers exists at their centre. Training usually occurs in a sponsored venue or one arranged by a partner organisation, otherwise training will occur in an ECD classroom or ECD centre hall. During training, practitioners have daily and final evaluations, which they complete. Also, trainers will write a report after each four-day block, which will be assessed by the COO of The Unlimited Child.

Staff members who work directly and closely with ECD centres should be individuals from within the community. This ensures that these staff members have local knowledge and are culturally sensitive.

Training sometimes needs to be adapted to suit the practitioner’s prior learning. This requires a skilled trainer and intensive effort from both sides.

Continuous mentoring and support are crucial if training is going to be entrenched and implemented by the teacher back at the ECD centre.

If the supervisor of the centre is not actively supportive of the implementing practitioner, poor implementation occurs. Therefore, it is crucial for supervisors to be adequately trained.
Training should ideally take place in the first or last quarters of the year. Practitioners trained in the last quarter, should implement the programme the following year. Due to high attrition of practitioners, the model also includes two ‘mop-up’ sessions of training, which occur during the second and third quarters of the year. This is facilitated over a two-day period by trainers who train new practitioners. Once training has been completed, toy kits are delivered within two weeks of the workshop, to ensure speedy implementation.

Continuous learning and skills development of practitioners with post-training support and mentoring will improve the overall quality of ECD programming. A site visit within two weeks after training is conducted and at the end of that month, a cluster workshop is held. Thereafter, on-site monitoring visits and cluster workshops occur every month.

Staff training

The curriculum developer, Freda Wilkens, trains all the staff on The Unlimited Child programme. This consists of six training processes:

- focused training in curriculum content;
- a review process;
- training with practitioners (trainers are participants in this training);
- observation of trainers;
- a further review process; and
- information updates.

Trainers are supported by a team leader and the COO through assessments of trainers during site visits, assessment of ECD centres through quality assurance (QA) visits, approval of ECD centres as programme beneficiaries, and review and feedback of monitoring, cluster and training reports.

Providing a detailed plan for a 36-week ECD centre programme means teachers are resourced with all themes and activities to implement in their classrooms, and as such, they are assisted to fill the whole year with fun and stimulating activities. No additional theme planning is necessary and children are not left without stimulation for long periods.

7. Content, delivery and duration of programme

The detailed practitioner’s manual provides thematically based, structured curricula implemented over a 36-week school year. The model implements manuals, practitioner guides and resource kits pertaining to 18 themes, which facilitate learning in terms of mathematics, language, life sciences, life skills and motor development. This is accompanied by a practical daily programme (which is detailed in and integrated into
the practitioner’s guide, and is also provided in the form of a large-format visual daily programme, which should be displayed on the wall of the ECD classroom. The content of the practitioner’s guides is detailed, comprehensive and aligned to all areas of child development. Four manuals and kits are provided for baby, toddler, pre-Grade R and Grade R groups. The curriculum and equipment are designed by an external company, Vivlia, who owns copyright on all materials. However, the program model has been developed and is owned by The Unlimited Child.

As mentioned, each day has its own page in the practitioner’s guide and all 200 days of the school year are included. Each page in the guide explores the daily activities of the programme for that specific day (e.g. Week 1, Day 2), specifically stating which activity and, where relevant, which educational toys should be used, at which time during the day.

An example of a week’s activities in a practitioner’s guide is presented in Figure 4 below:

**Figure 4. The Unlimited Child ECD Programme: Weekly Activities**

<table>
<thead>
<tr>
<th>Week 2a</th>
<th>WEEK 2b</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 8</strong></td>
<td><strong>Day 9</strong></td>
</tr>
<tr>
<td>a. Encourage the children to join others in play.</td>
<td>b. Ask the children to wash their hands and drink water.</td>
</tr>
<tr>
<td>a. Encourage them to wash their hands and drink water.</td>
<td></td>
</tr>
</tbody>
</table>

**Activity 3**

The snack activity during free play is: children to wash their hands and drink water.

**Bear Paws**

Let the children wash their hands and wash their hands and drink water.

**Activity 2**

The snack activity during free play is: children to wash their hands and drink water.

<table>
<thead>
<tr>
<th><strong>Activity 2</strong></th>
<th><strong>Activity 3</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group activities or, at times, groups of 4-6 children</td>
<td></td>
</tr>
</tbody>
</table>

**Bear Paws**

Let the children wash their hands and wash their hands and drink water.

Furthermore, the guide sets out a specific daily programme. For example, in the pre-Grade R practitioner’s guide, the day is set up to run along the following sequence:

- **Arrival & free play**: Children should be greeted and welcomed individually by the practitioner as they arrive. The practitioner should introduce himself/herself. Show each child to the play area to settle in. Children should be kept busy and supervised effectively.
- **Toilet routine**: Children should go to the toilet and wash their hands before breakfast.
- **Breakfast**: Children sit quietly while eating.
• Early morning routine:
  – News: children are asked to tell the class what they did at home; and
  – Weather: children are taken outside, observe the sky and outline the weather.

• Activity 1
  – Main activity during free play indoors, usually in groups of 4 or 6 children,
  – Examples: painting, children’s symbols, moulding, dolls, drawing.

• Tidying up & toilet routine
  – Practitioner must encourage the children to help her put the toys away.

• Refreshments
  – Children should sit in groups.

• Outdoor play
  – Practitioner walks around and explores the grounds with the children.
  – Practitioner plays a familiar game with the children.

• Tidying up and toilet routine
  – Let children tidy up and put away the toys.
  – Practitioner takes children to the toilet in groups.

• Activity 2
  – Whole group activities for groups of 10+ children.
  – Examples: Discussion – I am special, Story 1 – Martha’s doll, Song – Good morning, Movement such as playing the drums.

• Calming down/Resting
  – Children take off their shoes, lie down and rest for about 20 minutes.

• Lunch

In the pre-Grade R practitioner’s guide (as an example) the topics covered include the following:
• Hygiene
• Health: food, water and healthy living
• How to be safe
• The five senses, for example ‘My eyes/sight’
• My family
• My friends and neighbours
• Health: doctor, clinic, medicine
• Helpers: police, fire brigade, traffic police
• Transport and road safety
• My environment
• Animals
• Holidays

Once practitioners are adequately trained, the distribution of kits must be within a minimum of two weeks after training to ensure immediate and effective implementation. The Unlimited Child needs to guarantee the ECD centres use, care for and store the kits appropriately. Sponsored jungle gyms and outdoor equipment are provided to centres from external funders.

The Unlimited Child provides programmes to peri-urban and rural areas in the Western Cape, KZN, Gauteng and Limpopo, and rural areas in Eastern Cape and Mpumalanga. Workplace training and support largely take place at ECD centres. The programme is accessible to beneficiaries as workplace training and support are arranged within the community and geographic cluster meetings are conducted. Practitioners are not required to pay for training and equipment.

As mentioned, training programmes occur for four days per learning programme, and ongoing site mentoring and support and cluster workshops occur once a month (ten times a year). Quarterly training of field or partner monitors is also provided.
8. Monitoring and evaluation, mentoring and support

Every aspect of The Unlimited Child model has a Monitoring and Evaluation (M&E) component attached to it. The following section provides a brief summation of The Unlimited Child’s thorough monitoring activities.

On-site monitoring consists of monthly visits by a monitor to each centre to confirm that information and skills acquired during the training are being practically implemented. Each session lasts approximately two hours during which the trainer observes the practitioner in action and then provides feedback. Monthly assessments evaluate compliance to the daily programme, correct and appraised use of the kit and practitioner guide, practitioner proficiency, classroom layout, and health and safety. The monitor also discusses challenges and provides support. These are unscheduled and unannounced visits to allow a more authentic evaluation of the situation. This ensures compliance to learning programmes and seeks to improve stimulation and programme implementation.

Feedback is provided to the practitioner as homework, which is then discussed and checked by the monitor and supervisor, in follow-up sessions. If monitors detect the practitioner is struggling in the classroom, they may intervene to demonstrate the correct way. The monitor completes reports on their successes, challenges, observations, learnings and recommendations. In KZN, on-site monitoring information is collated by the electronic information management system supported by Salesforth (an electronic data management platform) through the use of tablets. All field monitors are allocated a tablet and data bundles to ensure efficient data collection. The monitor captures
information during each site visit. This platform allows for check-in and check-out functions with global positioning system (GPS) location tracking. Other provinces use the same tool (i.e. as that used on the Salesforth data management platform), in written form. These reports are used to refine the programme and to provide feedback to funders.

Interactive cluster meetings are facilitated once a month by trainers supported by field monitors. These bring together about 20 practitioners from 20 ECD centres in the same area. During these meetings, training content is reinforced and a platform for cross-learning and sharing is established. Practitioners support each other by sharing their knowledge and experiences, allowing for an environment of continuous learning. This encourages practitioners to rely on one another and to create strong working relationships. Furthermore, special organisations are invited and they educate practitioners on certain topics, such as nutrition and health. This creates an upward spiral of quality learning through internal support and interaction. Over a one-year period, the field monitor should develop competency, proficiency and capacity to facilitate these cluster meetings independently. Usually one practitioner will emerge as a facilitator or leader of a cluster. After each meeting, a cluster report is compiled by the facilitator of the workshop.

The supervisor does not attend cluster meetings but rather attends forum association
meetings, which are facilitated by The Unlimited Child COO and monitor and evaluator. Review processes are done midterm and at the end of the year, which assess the whole programme. Furthermore, child assessments are conducted at the end of each year to assess child outcomes. These assessments are done by trainers with at least 10% of children across approximately two to four ECD centres in each area. This year (2017), The Unlimited Child aims to introduce baseline, mid-year and end-of-year child assessments. A quarterly plan is drawn up by The Unlimited Child on training, monitoring, QA visits, cross-provincial work and partner meetings. Management must assess reports to identify trends, as well as to gauge the effectiveness of the support during monitoring. This is used to support the practitioner, provide feedback to the supervisor, support monitoring, rate centres into categorisation, plan for cluster meetings around areas of weakness, and plan for refresher workshops.

9. Adapting to context

The Unlimited Child has operational guidelines and implementation plans that can be easily replicated for use in other communities. The model is currently integrated into the programmes of partner organisations to ensure holistic and responsive ECD programming, which works for each community. It is possible to adapt the programme to different contexts because of the multiple languages used and the diverse cultures integrated into the programmes. For instance, posters and theme discussions focus on different cultures. Depending on the culture, children may pray before their food, celebrate cultural days, and incorporate their culture into themes.

The Unlimited Child programme can be modified whilst running. The organisation recently introduced a community development approach by contracting local field monitors who receive stipends who ensure the programme is driven by, and eventually sustained, within communities.

In some centres, staff members of The Unlimited Child are invited to parent meetings to address challenges concerning parents and the home. These challenges are also discussed at cluster meetings. ECD centre supervisors usually request these meetings in the case of especially vulnerable families.

10. Funding

The Unlimited Child is mainly funded by The Unlimited Group (approximately 95% of the funding), who covers all operational and programming costs including administration, staff salaries and management structure costs. The Unlimited Group also sponsor all the kits, training resources and other materials used. Most of the programme expenses are completely funded by The Unlimited group. However, some additional funders also play a significant role in the funding of this programme, for example, the DG Murray Trust, who supports some of the Western Cape, Eastern Cape and KZN communities, co-funding these with The Unlimited Group. Other funders also support some of the educational toy kits, training programmes and payment of field monitors financially. Moreover, partnerships allow for partner organisations to cover their portion of the expenses of the programme (for example, staff costs and training expenses). The programme is currently (2017) financially sustainable. Funding is ideally received six months prior to commencement of the programme in a new community. With a substantial number of ECD centres and growth, The Unlimited Child will need additional funding to support the programme in the future. Currently, The Unlimited Child is sharing the financial support with the various partners implementing the programme. For example, in KZN, The Unlimited Child provides the training and resources whilst the Domino Foundation recruits and pays for staff of the Domino Foundation to become field monitors.
11. Community exit

The Unlimited Child has not yet exited a community, but will be able to do so in future with continuous support from partners and DSD. The programme can run independently after The Unlimited Child has exited the area. This is done in two ways:
• by building capacity for the partner to implement all components of the model eventually; and
• by approaching field monitors to build co-capacity, which will become integrated into government programming (such as the Expanded Public Works Programme or the Community Works Programme).

Ideally, The Unlimited Child sets up a support programme in each community that it
will exit after five years in that community. This allows enough time to build community capacity and form DSD support, so that the partners can run independently.

12. Scaling-up

The Unlimited Child has already achieved successful moderate scaling-up, while expanding to become a national intervention. In 2013, The Unlimited Child expanded to different provinces through partnerships and contracting field monitors. With this model of scalability, The Unlimited Child has the potential to expand even further.

More scaling up would ideally involve partnering with like-minded corporate or non-government organisations. Hence, ideal partners should have –

- total commitment to the model and The Unlimited Child principles;
- shared belief in ECD, leadership and management competency;
- the ability to generate own funds or donor funds;
- access to ECD knowledge and teaching skills;
- organisational infrastructure;
- the capacity to employ a project manager;
- sufficiently trained monitors; and
- a proven sustainability and succession plan.

The Unlimited Child may expand to include non-centre programmes, such as day-mother sites, playgroups and/or toy libraries. Ultimately, The Unlimited Child team needs to be involved in supporting any new development in order to ensure quality implementation. It is important to reach additional funders and partners in order to set up The Unlimited Child in more communities.

Impact of the programme

According to the adult beneficiaries of the programme, once they had been trained and the resources had arrived, they started the teaching process immediately and with ease. Beneficiaries stated that, before the intervention, children at their centres were “demanding, bored and disruptive”, but that the implementation of this programme has changed that. The Unlimited Child programme has been seen to stimulate and develop children’s cognition, emotions, fine motor skills and hand–eye coordination.
Beneficiaries and partner organisations report that the programme has made children excited and interested in learning and interaction.

Research and participant feedback has shown ECD centres to be happier, better organised and better managed upon implementation of the programme than before. The children’s language, cognitive development and fine motor skills were significantly more advanced following the training, resources and support received by their teachers. Results have shown that the outcomes of The Unlimited Child programme are rapid and effective when the model sequence is maintained (Kvalsvig, 2016). By following the sequence and maintaining quality control, the model can transform the lives of the ECD practitioners and children it reaches. Within three months of selecting an ECD centre, it can be positively transformed; hence, the rapid impact approach.

The Unlimited Child training takes away the rote learning structure previously in place. Therefore, practitioners have a more structured, practical and engaging way of teaching, which instils in them confidence, self-esteem, competence and provides encouragement. Once practitioners understand why they teach certain aspects, their teaching is improved. Furthermore, good governance, strong leadership and understanding of ECD allow training and implementation to run effectively. Ultimately, these factors facilitate the children’s learning and development.

Conclusion

Research and successful outcomes have shown that The Unlimited Child is making a significant difference to ECD teachers, centre supervisors and children in vulnerable communities. The Unlimited Child focuses on rapidly transforming disadvantaged ECD centres throughout South Africa through continuous training and education with the provision of age- and culturally appropriate resources. The structure, management, resources and continuous monitoring of the programme makes it adaptable to a variety of South African settings. The Unlimited Child’s extensive network of partnerships is essential for the implementation process and for scaling up. The programme allows
communities to access quality, organised and sustainable early childhood education practices and support, thereby facilitating holistic childhood learning and development.

References


Kvalsvig, J. 2016. An evaluation of the Pre-Grade R programme designed and implemented by The Unlimited Child. (Unpublished).
The Unlimited Child’s ECD Programme costing

Table 15 below provides a breakdown of the number of beneficiaries reached by The Unlimited Child’s ECD Programme in 2016. This table shows that the programme supported 923 ECD centres (in 40 different communities across South Africa), trained 334 individuals (ECD centre supervisors, teachers and ECD fieldworkers), and reached 35 896 children in a one-year period (based on 2016 data). It is important to note that these figures include both ECD centres and beneficiaries who received a new kit of educational equipment in that year as well as beneficiaries who may not have received a new kit of educational equipment in that year, but who received direct support. (Kits range in costs, but are valued at approximately R7 000, on average, and are utilised by at least 30 children, and two practitioners, on average).

Table 15. The Unlimited Child ECD Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>BENEFICIARY GROUPS</th>
<th>Number of DIRECT beneficiaries of The Unlimited Child’s ECD Programme</th>
<th>Number of INDIRECT beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (ECD centre supervisors, teachers and fieldworkers):</td>
<td>334</td>
<td>–</td>
</tr>
<tr>
<td>Children (0–6 years old):</td>
<td>–</td>
<td>35 896</td>
</tr>
<tr>
<td>ECD centres supported:</td>
<td>(923)</td>
<td>–</td>
</tr>
<tr>
<td>Number of communities reached:</td>
<td>(40)</td>
<td>–</td>
</tr>
<tr>
<td>TOTAL</td>
<td>334</td>
<td>35 896</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programme over a one-year period, a costing for the programme in total, as well as per direct and indirect beneficiary, can be determined. As seen in the following table (Table 16), the current programme costs The Unlimited Child a total of R1 221 206 per year (according to 2016 expenses). It is crucial to state that these costs are the minimum costs, as many of the operating activities and costs are not carried by The Unlimited Child, but rather by their parent organisation, The Unlimited Group (for example, rent, electricity, marketing costs, etc.). Utilising these expenses per year, the following costs can be extrapolated:

- Cost per direct adult beneficiary per year: R3 656
- Cost per indirect child beneficiary per year: R34

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses for 3 340 direct adult beneficiaries and 358 960 indirect child beneficiaries (i.e. ten times the current reach) were estimated. The total costs of this larger programme would be approximately R8 096 478* per year. Utilising these hypothetical total costs, the following costs can be extrapolated:

- Cost per direct adult beneficiary per year: R2 424*
- Cost per indirect child beneficiary per year: R23*

(*It is important to note that these figures are projections and are based on 2016 rates, without taking inflation into account.)
Table 16. The Unlimited Child ECD Programme: Expenses

Programme expenses: 01 January 2016 to 31 December 2016

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting fees</td>
<td>R3 394</td>
<td>R3 394</td>
</tr>
<tr>
<td>Bank charges</td>
<td>R5 030</td>
<td>R5 030</td>
</tr>
<tr>
<td>Advertising, marketing &amp; promotions</td>
<td>R4 338</td>
<td>R4 338</td>
</tr>
<tr>
<td>Insurance</td>
<td>R7 573</td>
<td>R7 573</td>
</tr>
<tr>
<td>Postage &amp; courier</td>
<td>R124</td>
<td>R124</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>R1 755</td>
<td>R1 755</td>
</tr>
<tr>
<td>Telephone &amp; fax</td>
<td>R1 969</td>
<td>R19 693</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme-related costs</th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director part salary</td>
<td>R187 800</td>
<td>R187 800</td>
</tr>
<tr>
<td>Operations manager part salary</td>
<td>R130 248</td>
<td>R130 248</td>
</tr>
<tr>
<td>ECD fieldworkers’ salaries</td>
<td>R117 024</td>
<td>R117 024</td>
</tr>
<tr>
<td>Trainers/Facilitator’s fees</td>
<td>R101 237</td>
<td></td>
</tr>
<tr>
<td>Stipends</td>
<td>R101 237</td>
<td></td>
</tr>
<tr>
<td>Venue hire</td>
<td></td>
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</tr>
<tr>
<td>Catering (including trainee refreshments)</td>
<td>R10 124</td>
<td>R10 124</td>
</tr>
<tr>
<td>Equipment hire</td>
<td></td>
<td></td>
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<tr>
<td>Materials &amp; resources</td>
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</tr>
<tr>
<td>Printing &amp; stationery</td>
<td></td>
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</tr>
<tr>
<td>Educational equipment (including manuals)</td>
<td>R391 179</td>
<td>R3 911 790</td>
</tr>
<tr>
<td>Travelling expenses/transport</td>
<td>R62 352</td>
<td>R623 518</td>
</tr>
<tr>
<td>Monitoring and evaluation costs</td>
<td>R298 295</td>
<td>R2 982 954</td>
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<tr>
<td><strong>TOTAL EXPENDITURE PER YEAR</strong></td>
<td><strong>R1 221 206</strong></td>
<td><strong>R8 096 478</strong></td>
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</tbody>
</table>

To offer this programme from scratch, additional capital items would also be required, including computer hardware and software, office furniture, vehicles, etc.
CASE STUDY

Knysna Education Trust

The Fonix Literacy Programme and the Numicon Mathematics Programme

“This intervention is based on a belief in the ability to learn fundamental literacy and numeracy at grassroots level despite resource scarcity.”
Knysna Education Trust

The Fonix Literacy Programme and the Numicon Mathematics Programme

AT A GLANCE

Name of implementing organisation: Knysna Education Trust
Implementer status: Non-profit organisation, trust, and public benefit organisation
Year organisation established: 1993
Main focus of organisation: Early childhood development
Head-office location: Knysna, Western Cape
Website: www.knysnaedutrust.co.za
Contact number: +27 (0) 44 382 4638
Contact person: Nicola Goodall (Director)

MODEL DETAILS

Year launched: 2011
Launch province: Western Cape
Geography type: Urban, peri-urban
Time frame/Stage: On-going, long-term, annual programme
Main source of funding: Department of Social Development (DSD), DG Murray Trust, Rotary International, and fundraising event initiatives
Beneficiaries reached per year: 2 451 direct beneficiaries in 2016 (2 280 children and 171 ECD practitioners)
Keywords: Literacy, numeracy, teacher training, practical skills programme, early learning and stimulation, centre-based programme, centre outreach
Knysna Education Trust
The Fonix Literacy Programme and the Numicon Mathematics Programme

Knysna Education Trust

The Knysna Education Trust (KET) is a registered trust and non-profit organisation that originated in 1993 and which currently supports 53 affiliated ECD centres in the Knysna, Sedgefield and Plettenberg Bay region of South Africa. It exists to provide quality teaching and learning to young children in an area where this service was evidently lacking. This objective is pursued through numerous projects, including early childhood development training for ECD teachers, equipping ECD centres with age- and language-appropriate educational resources and materials, finding funding to sponsor young children’s education, and implementing school feeding schemes. Literacy and numeracy development is also integral to their work and is the focus of the Fonix and Numicon programmes, which are the focus of this case study.

As part of KET’s intervention for literacy and numeracy development, two ECD learning programmes are implemented in conjunction, namely the Fonix Literacy Programme and the Numicon Mathematics Programme. Fonix is a phonetic programme, which uses simple games to teach children effectively the basics of literacy and word building in their mother-tongue. The aim is to instil a secure grasp of word formation and to enable the child’s progression towards reading. Numicon is a practical, simple, and concrete programme which focuses on 23 required mathematical outcomes, pursued in a way that is both easy to teach and easy to use. It is important that both programmes be implemented together by training teachers in the use of the programmes, and providing on-site support while the teachers’ learning is entrenched and implemented in the classroom.

Programme theory

This intervention is based on a belief in the ability to learn fundamental literacy and numeracy at grassroots level despite resource scarcity. Both the Fonix and the Numicon programmes derive from programmes previously used abroad, which proved to have
significant outcomes for their beneficiaries. Numicon is an Oxford University Press programme, while Fonix is drawn from United States-based Brenda Ellington’s Souns programme. In implementing the Fonix programme in a South African context, KET has made essential adaptations, allowing the intervention to be implemented successfully in under-resourced, community-based ECD settings, even where teachers lack formal training. This works because the programmes are practical and uncomplicated with achievable outcomes.

The Fonix programme is based on an understanding of the importance of emphasising a child’s mother-tongue in early learning, as well as aligning with children’s natural ability to learn through their senses at a young age. The programme uses touch and hearing as key components for learning. Making the necessary adaptations for multilingual contexts is central to the theory according to which KET works. For the Fonix programme, this affects the sequence in which children learn letters as well as the fonts used to ensure that children identify with both the sound and the look of the letters. As an example, in English, one must learn certain letter sounds first, as these are used most frequently, while Afrikaans or isiXhosa would require different primary sounds. For example, in isiXhosa ə is a dominant letter that would need to be learnt early, whereas in English it is less often used. KET has also adapted the set of physical letters that are included as part of the resource kits, provided to teachers who receive training on the Fonix programme. For example, the letter ɔ was originally presented, in the original Souns programme, with a straight line at the base [ɔ], but KET reproduced this letter to present it with a “curly” base [t].

In many areas, the majority of teachers working in ECD centres do not have access to study towards their ECD qualifications. Therefore, providing these teachers with a practical, attainable programme, with simple, easy-to-follow manuals and stimulating resources allows for good results to be achieved, without formal training for a qualification required.

Research has shown that focusing on teaching children in their mother-tongue in their early years aids their literacy development to a greater level than teaching them in a language that is foreign to them.

KET’s methodology in their literacy programme has been analysed as the sole focus of a university master’s thesis (see Smith, 2015), after researching the programme, and the programme’s methodology and resources were found to be successful in achieving significant positive outcomes.

Fonix and Numicon programmes

KET currently implements Fonix and Numicon with 39 ECD centres in informal settlement areas of Knysna, Sedgefield and Brackenhill as well as 25 ‘Operation Upgrade’ ECD centres in Plettenberg Bay. The programmes have also been purchased by, and implemented in, a small number of private ECD centres. This has grown from the original 10 pilot centres targeted in Knysna, when the Fonix programme began working with community-based, unregistered ECD centres in 2011. At the time, there were no site learning programmes
in ECD centres within the informal settlements of the area. This project started as an attempt to fill that gap while addressing literacy and numeracy rates amongst children. It is now hoped that the programme will grow to include a further 60 ECD centres within the next year (from date of interview, August 2016).

The implementation of this intervention is rigorous, but can be described simply because the model is highly practical and clear. Essentially, KET staff train teachers during two initial workshops to use the Fonix and Numicon programmes. During these sessions, the teachers are provided with all the materials required for implementing the programmes. After their training, teachers begin implementation while they continue to benefit from on-site mentoring by KET staff (in order to ensure that the methodology is being used correctly) as well as tracking and assessment assistance. The teachers also receive monthly training workshops throughout the first year of implementation to assist in skills development and entrenchment. Beyond this first year, the teachers have the option to continue to attend these workshops should they wish to do so. The majority of teachers continue to attend the workshops.

**Fonix**

Fonix uses a multi-sensory approach to help children learn about sound-letter relationships, which is essential in early literacy. The Fonix kit comprises the Fonix manual, a work mat, and two sets of Fonix alphabet letters (provided in small ‘alphabet bags’). KET acquires the funding to provide teachers with these kits. The training the teachers receive from KET is focused on learning to work with the materials and resources in
Initially, the children sit around the work mat and the teacher begins to introduce letters slowly by taking one letter out of the Fonix alphabet bag and holding it up for the children to see while the teacher says the phonetic sound of the letter slowly and clearly. The letter is then passed around the circle so that each child gets an opportunity to say the sound him- or herself. Children are thus able to see, feel and manipulate the letter while hearing its sound. The children therefore use multiple senses for optimal learning. Letters are introduced slowly and in a specific order depending on the importance of the different letters in the child’s mother-tongue. For example, although four letters are usually introduced at a time, the children could spend days on mastering a specific letter before moving on. The teacher should maintain a good pace to ensure that the children do not get bored. Having two sets of alphabet letters allows more than one child to engage at a time and it also makes it possible to work with words in which a letter is repeated. Once children know enough of the alphabet sounds, they can begin building short phonetic words and eventually might progress to stringing short sentences together. The teacher is encouraged to use rhyme, song, and play to assist the children’s learning, engaging in short Fonix exercises on a daily basis and introducing new games and activities over time to sustain interest. The manuals also detail extension exercises and ways in which the learning can be taken outside the classroom. For example, the teacher could take the children on an outing to the beach and allow the children to play by writing words in the sand.

**Numicon**

Numicon uses various senses to make abstract mathematical concepts ‘real’ by allowing children to see, feel, touch and move ‘numbers’ as they learn the numbers. The Numicon kit comprises the plastic Numicon shapes (which represent different numbers in their number patterns), baseboards, paper overlays, ‘feely-bags’, pegs, numeral cards, number lines, the KET number line (developed to re-enforce counting skills and the language of mathematics) and 48 picture cards. Teachers use the Numicon manual and these materials to work through 22 activities which become progressively more complex and which are aimed at teaching skills from recognising patterns and counting, to eventually doing basic addition, subtraction, multiplication and division. A more detailed list of
activities is provided later. These activities are detailed in the teachers’ manuals, along with ideas for extension exercises, such as further games and activities to be done with the materials.

Children first play with the ‘number shapes’ and see how they fit together, often working with them in a water trough or sand pit, or while manipulating play dough. Children then use the baseboards specifically to match ‘number shapes’ with patterns on the paper overlays (laid over the solid baseboards), with patterns and activities which get progressively more challenging. The teacher facilitates this process, and ensures that children begin to associate the ‘number shape’ with the number and quantity.

The KET number line is particularly important in learning about counting and patterns. It has a row of columns each corresponding to a number, represented both in numerical form and in the ‘number shapes’ form. Teachers begin with a story and can be creative, provided it involves numbers that the teachers then use in pictures. For example, the teacher might tell a story about finding six frogs in her garden. The teacher then puts six frog pictures on the board under the numbers on the number line, counting aloud as she goes. She can then play with adding or taking away pictures as she embellishes the story. While working with the number line, the language of mathematics is slowly introduced (e.g. “How many more frogs ...?”), “What number comes before ...?”). Activities also include estimating and counting real three-dimensional objects from their environment. Eventually, using all of these activities and materials, the children begin to recognise the order of numbers and emerging patterns, which is a strong basis for their further learning.

Teachers track the children’s progress as the children move through the various lessons in a specific order. It is important that exercises be undertaken every day and results correlated at the end of each term for individual children.
A detailed breakdown of the implementation of these programmes will now be discussed and is presented below.

Steps in implementing the Fonix and Numicon programmes

1. Community entry and participant recruitment

Communities are targeted on the basis of need with preliminary research first being conducted on key role-players and existing numeracy or literacy programmes in an area. KET believes the best way to enter a community is by connecting with an established organisation in the ECD sector within that area. Such an organisation may be an ECD forum or a particularly strong ECD centre. Ensuring that such an organisation has the requisite goals and values for implementing a programme such as this is part of deciding which communities will be engaged.

Once KET has identified an existing ECD forum, they will present their project (the Fonix and Numicon programmes) and the ECD Forum can decide whether they would like to be involved. ECD centres are generally approached with a description of the programmes and KET is able to establish by means of discussion and observation whether the intervention might work in the setting of the various ECD centres. Some centres have been affiliated and disaffiliated along the way, depending on the extent to which they uphold their responsibilities in implementing and monitoring the programmes. The most significant factor in achieving success is the attitudes of the individuals within the centre, as opposed to the infrastructure of the centre.

The intervention currently reaches approximately 2,200 children daily in the primary area where KET is active. Currently, the programmes are being run at 55 ECD centres. KET targets areas and ECD centres where a need presents itself because there is a gap in what the government provides. The learning, which the programme provides, is important for all children, regardless of their background. The focus is therefore simply on looking for areas in which work needs to be done.

2. Adapting to context

This programme has proved effective in both well-resourced and under-resourced settings and can be adapted to suit the needs of children who speak different first
languages, with the flexibility of having manuals available in English, Afrikaans and isiXhosa at present. The programmes can be used for any length of time, although the minimum recommended time-frame for influencing a child’s learning is one year.

Adaptations to the Fonix programme have largely been aimed at letter-sequencing for different mother-tongues. For Numicon, KET adapted the Oxford University Press programme to the under-resourced, community-based ECD centre context by adding additional games that would be more fun for the age group, using recyclable materials, and providing for additional base-boards in the equipment kit, due to the larger number of children involved, as the original Numicon kits were developed for parents to use with their children at home. The adapted kits are still manufactured by Oxford University Press, based in Cape Town. However, KET has found ways to make additional resources with minimal supplies, and has taught teachers to use these methods as well. This allows the teachers to develop tailor-made sets for specific ECD centres.

3. Staff recruitment

KET achieves a significant impact, to reach a large number of beneficiaries, with a small staff component. The total number of staff for the KET project is seven people, including the director, a cleaner at the office, and one accountant working part-time. Four staff members are involved in training and on-site mentoring for this project. This includes three education facilitators and one education mentor. This staff component has proved sufficient for the current purposes of KET.
The ability to facilitate training effectively is a primary consideration in taking on new staff as these staff members must be able to present workshops in which participants can genuinely learn: grasping new skills, attaining new knowledge, and effectively being able to implement new teaching techniques and develop skills with the children whom they teach. Although staff do not necessarily need to be from the communities where they work, they must be able to understand what is needed in these settings, particularly related to a scarcity of resources. A matric certificate and a Level 4 ECD qualification, as well as a driver’s license, are required. Prior experience is preferable, though not essential. Multilingualism is a final essential skill. All programmatic staff need to be bilingual, and trilingual, if possible. In addition to these requirements, there are certain personality traits that are desirable, including positivity, the ability to motivate others, good communication skills, as well as the capability to ‘sell’ the programme to others (i.e. positive marketing to get new beneficiaries interested in the programme, as well as to gain stakeholders’ support and involvement).

4. Staff training

The education facilitators of KET are trained to implement the intervention by the education mentor of KET, while the director of KET engages with individual capacity development. It is essential that all staff first gain an understanding of the inner workings of the organisation by internalising the KET policies and procedural manual. Following this, new staff members are provided with the in-house training and mentoring they need in order to grasp the programme content and methodology as well as what is required in terms of reporting on outputs and monitoring. Capacity building for specific skills is addressed on a needs basis, e.g. Excel training.

Staff are evaluated in annual performance reviews based on key performance indicators (KPIs). In addition to this, weekly staff meetings allow an opportunity to ‘touch base’, and the director engages personally with different staff members in terms of their particular challenges, experiences and direction on a random basis every two to three months. This also has a mentoring function.

All KET staff also attend monthly meetings of the KET board of trustees. Management has been improved significantly over the past four years with attention increasingly being given to structures, administration, strategic plans and operational procedures. Ongoing training also helps with this, with the director completing a course in sustainability through income generation for NPOs in 2016.

5. Delivery of programme

The programme follows a set series of activities from training through to implementation and reporting. One trainer is used per language group for training and mentoring. Teachers are trained in a two-part initial workshop early in the year, with sessions taking place approximately one month to six weeks apart. All teachers new to an ECD centre or new to the programme participate in these workshop sessions and a significant degree of on-site support takes place in the short period between the first two workshops. KET ensures that the programme is accessible to participants by arranging training sessions at appropriate times (usually in the afternoon) and assisting with shared transport for teachers.

Learning directed on the two programmes begins with a presentation regarding the equipment and how it is used, exploring methodology, understanding intended outcomes and establishing how to use activities to ensure that children reach their goals. The second entrenchment workshop looks at how to make the programmes part of a daily routine. The training workshops are conducted in groups, allowing for
Follow-up workshops, which provide additional skills and a platform for discussion on progress, also occur at roughly six-month intervals, following the original entrenchment training. Once trained, teachers are invited to a monthly Fonix workshop and a monthly Numicon workshop during which learning is extended and challenges are tackled. Schools generally participate in these ongoing support workshops for at least a year, but they may continue year after year. The sessions take place for each area, with Knysna, Plettenberg Bay and Sedgefield gathering in their respective groups to ensure numbers are manageable for effective training to take place.

In addition to this, each ECD centre receives two on-site support visits per month, although only one of these visits is specifically focused on Fonix and Numicon. (In the second session, KET monitors certain other aspects of their other initiatives, such as feeding schemes, the Adopt a Child’s Education (ACE) programme, and DSD registration.) This allows KET to monitor the use of their methodology and ensure that the programme is becoming part of the teachers’ routines, while helping to build the individual teacher’s confidence in implementation of the programme.

No specific infrastructure is required in order to implement these programmes, and it is not necessary to take place in a formalised classroom. Children could be taught outside under a tree with equal effect. Some space is needed to conduct administrative duties, and a good space for training workshops is helpful. However, nothing specific or elaborate is required. Various spaces from church halls to classrooms have been used in the past. The type of place does not matter, provided there is an accessible room in which people can gather.

6. Content

Both Fonix and Numicon are delivered according to very clear manuals that have been developed by KET. These manuals were created based on what was needed to implement the programmes in under-resourced, community-based ECD centres. They offer suggested year plans for the series of activities of the programme, each of which aims to entrench specific lessons. Once a lesson has been grasped, the next lesson is presented. Each child works through a number of specific activities each term, each of which progress in terms of complexity and difficulty. All activities are achievable, and
this means that children are constantly stimulated, and do not grow bored with the activities, but are rather always looking forward to the next level of activity.

KET aims to ensure that both Fonix and Numicon are presented every day in the ECD facility. Lessons are run separately, but on the same day. In this way, children are exposed to numeracy and literacy lessons on a daily basis.

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**Numicon**

Numicon tries to help children understand numbers by working with patterning in a way that suits the children’s natural strengths and abilities. Initially, children work with shapes and how they fit together. They then progress to the order of numbers and come to recognise emerging patterns. Later on, they begin working with adding, subtracting, multiplying and dividing, all by using the same apparatus.

As mentioned, the Numicon kit comprises the Numicon shapes (which represent different numbers in their number patterns), baseboards, overlays, ‘feely-bags’, pegs, numeral cards, number lines, the KET number line (developed to re-enforce counting skills and the language of mathematics) and 48 picture cards. Using these materials and the practical, easy-to-use teacher’s manual, which is provided, teachers employ different activities to tie central mathematical concepts into very practical exercises that are easy to teach and use. The approach is multi-sensory, which suits the way very young children learn, and aims to make abstract mathematical ideas and numbers ‘real’. Children are able to see, touch, feel and move numbers while they learn. Teachers are encouraged to show by example and to allow children to play with the numbers and shapes.

Five content areas are covered in the Numicon programme:

- numbers operations and relationships;
- patterns, functions and algebra;
- space and shape;
- measurement; and
- data handling.

The Numicon manual provides specific instructions for activities to be used in exploring the various lessons as well as ideas for further games and extension exercises. Activities undertaken include:
• Counting
• Estimating
• Sorting by colour and shape
• Ordering shapes by size
• Matching shapes to overlays
• Building patterns
• One-to-one correspondence
• Language of maths
• More, less, same
• Bigger, smaller, one more, one less
• The number line
• Introduction of numerals
• Understanding number value
• Sorting shapes and numbers in order
• Patterns
• Feely-bag activities (senses)
• Addition (number bonds)
• Subtraction
• Geometric shapes
• Problem solving
Lesson plans are laid out in the Numicon manuals with different activity ideas explained alongside suggestions for creating a number-rich environment in the classroom, ideas for outdoor play or role-playing, lists of resources required per activity, and details of how to assess children through observation. The manual currently contains 22 activities working all the way up to the semi-concrete stage of starting to write numerals. Additional activity ideas may be explored in the ongoing workshops, which teachers attend.

Fonix

Fonix also builds upon children’s natural inclination to learn through their senses, initially using hearing and touch, then gradually building the visual sense towards letter recognition and eventual word-building skills. The 2014 results of the programme showed that, of the 43 ECD classes monitored at the time, 6,287 sound–symbol relationships had been mastered by the children. This mastery is essential for becoming competent readers as children need to be able to isolate individual sounds, blend them together and produce words. Fonix should be taught in one language only, preferably in the child’s mother-tongue, if this is possible. The kit used to implement the programme comprises a word mat, two sets of Fonix alphabet letters (in small ‘alphabet bags’), and the practical, easy-to-use Fonix teachers’ manual.

A specific order for learning letters is followed, and children are introduced to four letters at a time, always building upon those they have already learnt. Children work seated around the work mat, ideally in groups of five to eight children. The teacher
holds up the alphabet letter that is to be learnt, says the sound, and then passes the letter around the circle for the children to imitate. This allows the children to feel the shape of the letter, hear the sound of the letter, and see the symbol for the letter at the same time. Different games and activities can be incorporated, with guidelines for these appearing in the Fonix manual. Once the children know enough sounds, they can begin building words, always using phonetic words from their own language. The teacher says the word slowly and in full, and pronounces all the syllables as the children play with building them.

It is important to note that the programmes of KET are guided by government policies, with particular emphasis placed upon the National Development Plan (NDP), and the National Curriculum Framework for determining certain goals. Numicon and Fonix have both been shaped to correspond with the CAPS curriculum.

7. Time frame

At the beginning of each year, KET conducts an organisational strategic overview and establishes strategic goals and plans. These then guide implementation, with staff examining their calendars and planning actions during weekly meetings. The Fonix and Numicon programme implementation begins with the two initial training workshops, with roughly six weeks between each, and these then continue into the entrenchment phase during which mentoring, assessment, and further workshops happening at the intervals described earlier.
The programme is not strictly time-bound in that, while it can be entrenched with excellent effect in the period of a year, there is room for ongoing knowledge expansion and skills development so that teachers may be engaged continuously. KET has been deeply encouraged to find that many teachers continue to attend training workshops by choice long after the initial entrenchment year. The continuous nature of contact with ECD centres is also important for maintaining interest and a high standard.

8. Monitoring and evaluation

The biography of a school is captured when they first join one of the programmes of KET. Once Fonix and Numicon have started, teachers use ‘tracking sheets’ to track the progress of children in the classroom, evaluating how well they have grasped each particular activity set for their school term before moving onto the next activity. Each child has an individual tracking sheet with teachers submitting reports to KET monthly and the results on progress are correlated at the end of each term.

A pre-set number of monthly on-site support visits are planned and recorded in progress reports. The education facilitators conduct these, together with trainers from partner organisations, where relevant. Work is divided according to language proficiency, with education facilitators focusing on Afrikaans- or isi-Xhosa-medium ECD centres, depending on their personal strengths. It is important to remember that this form of monitoring and mentoring is not intended to detract from the teachers’ sense of agency or to create dependency, but rather to offer knowledgeable support, advice, and encouragement.

Three or four times a year, the director of KET will select five ECD centres to visit for additional on-site support and oversight. This also forms part of mapping the overall progress of a centre in accordance with a grading scale developed by KET to track changes from their first contact with KET as informal ECD centres. The highest level ECD centres can reach is Level 5, which represents that they are formally registered, income-earning and well-run with an effective Governing Body and Management Committee in place. ECD centres at a Level 1 are in need of significant further support and assistance. The director’s site visits assist in tracking the ECD centres through annual targets according to this scale. Data collected is also used for project reports and funding proposals.
Volunteers from KET who are trained in the programme provide additional quality assurance by observing teachers’ lessons once a week and tracking progress in ‘volunteers tracking and assessment sheets’. These volunteers are drawn from a pool of roughly nineteen individuals, each of whom will usually work with, on average, one or two schools over a long period of time to establish trust in their relationships. Because KET does not yet have a large enough group of volunteers, not every school is partnered with a volunteer as yet. Some volunteers will also work with only Fonix or Numicon, if they have an exclusive interest in either literacy or numeracy.

Training workshops are also offered throughout the year to help trainers maintain their standards and to solve difficulties that may arise. Where KET has worked with a partner organisation, the trainer they have taught within that organisation reports directly to KET and receives ongoing mentoring, on-site support visits and assistance from KET education facilitators in their work.

Although the M&E activities conducted are already extensive, KET aims for further growth, with the desire to standardise ways of evaluating school readiness through various markers, such as gross motor skills, fine motor skills, and comprehension. It is a challenge to measure the objective impact of the programme due to the tricky process of assessing formal controls.

9. Funding

Specific funding is required for purchasing kits, printing training manuals, and running training workshops, including overheads. There are multiple funders backing Fonix and Numicon at present, including the DSD, the DG Murray Trust and Rotary International. These funders operate on different timelines, with some agreements being in place for two or three years, while others are secured annually. KET also receive smaller cash injections towards particular projects on occasion, through individual donors as well fundraising events.

In its current form, the programme is sufficiently resourced, with all necessary materials for the ECD centres involved having been accounted for, and additional materials having been sourced from recycled goods in the settings which are more under resourced than others. The funding structure can be called ‘mixed’, because funders meet part of the costs of materials and implementation, but efforts are also made to work with teachers to develop materials independently.
10. Partnerships

KET has explored partnerships with more than one organisation, and has explored how this affects their implementation. Operation Upgrade in Plettenberg Bay offered the perfect platform for investigating expansion in this way. In these partnerships, instead of directly engaging the beneficiary ECD centre, KET trained individuals from the organisations to be able to offer the training of the programme to teachers implementing it in those ECD centres. KET are now able to monitor the progress of the children and compare this to ECD centres regularly visited by KET itself.

A partnership was also attempted in another area. However, that was deemed significantly less successful. This was due to a perceived lack of commitment to the programme by the partner organisation and ECD centres involved. This was likely to have been as a result of competing priorities.

Partnerships exist with various local bodies such as the Family and Marriage Society of South Africa (FAMSA), Child Welfare and the primary health care clinics (PHCCs) as well as HERO (Heal, Equip, Restore, Optimise Strengths), an occupational therapy organisation specialising in assisting traumatised children. In addition to this, partnerships with local primary schools and the Western Cape Education Department (WCED) are relevant for further monitoring of children who are beneficiaries when they move on to formal schooling. Relationships built with the principals and teachers of ECD centres are essential. Similarly, positive relationships with funders are essential to the sustainability of the programmes. The DSD serves a dual-purpose partnership role in this regard because they provide funding but are also involved in recognising and monitoring the programme.

Challenges in partnerships

Through various models of partnerships with other organisations in the past, KET has found that frequent ongoing contact between KET and new partner organisations is necessary for quality assurance and mentoring purposes, at least for the first year of implementation, with six-monthly moderations thereafter. Past experience has demonstrated that competing priorities and a lack of ongoing contact with KET renders the project significantly less successful for partner organisations that are further afield. It was found that the level of commitment of the partner organisation is the biggest determining factor of success in implementing new programmes.
11. Scaling-up

The current programmes can definitely increase in size and have already been expanded to include Plettenberg Bay. Plans are in place to extend to more ECD centres shortly, which requires a certain increase in both funding and human resources. In terms of scaling-up, additional education facilitators need to be brought onto the staff and trained to reach further ECD centres. For this to take place, KET would secure funding, then partner with established organisations in the target area, and follow the established pattern of training trainers and then conducting a support role and providing oversight.

With the appropriate funding, manuals could be developed in more languages. Both Fonix and Numicon would obviously work as successfully in rural as in urban settings, because they do not require any specific infrastructure beyond the kits. Because Fonix and Numicon are accepted as site-learning programmes by the Western Cape DSD, having them similarly approved in other provinces should be easy to achieve.

12. Other processes followed

Fonix and Numicon have been supported by the Western Cape DSD and are recognised as registered site-learning programmes that can be considered when DSD assesses an ECD centre for registration.

With internal staff, KET implements a ‘caring for the carer’ programme through which specific staff members are supported to be able to explore passions and interests of their own that go beyond the formal work of the organisation. Social activities for the staff at intervals of two to three months also contribute to this internal support.

Fonix and Numicon also allow for early learning disabilities and other educational challenges (for example, poor eyesight) to be picked up and referred appropriately.

13. Community exit

There is no formal exit strategy for this project as such. The reason is that the potential for development at beneficiary ECD centres could be limitless. However, KET aims to assist particular ECD centres in reaching the point of formal registration (getting centres ‘on their feet’) at which point KET will withdraw certain support to an extent, while still maintaining less intensive contact. There is also always the possibility of further engagement, with new teachers at the school coming for training, or teachers who
are already using the programme attending workshops to expand their knowledge. In terms of actual communities, no real ‘exit’ is foreseen at all.

Conclusion

Overall, the Fonix and Numicon programmes have had a significant effect on the thousands of children receiving these interventions reach every year. The success of the methodology of KET has been confirmed through independent master’s research. A tangible positive difference in literacy and numeracy has been recorded among Grade 1 to 3 learners who have participated in the programme, with tracking sheets showing that roughly 80% of children on the programme reach desired targets by the time they start formal schooling. Three- and four-year-old children have reached the stage of reading library books specifically as a result of the Fonix programme. KET received recognition for this work when it was awarded the “SABC Education Week Award” for NGO of the year in 2015. This award is based on best practice for having a maximum degree of impact with minimum resources in effective programme delivery.

Having complete acceptance and commitment from beneficiaries has emerged, in the experience of KET, as the most important element in the success of these programmes. KET have also found that the role played by the trust should always be supportive, as opposed to directive. Peer learning is essential, as is the ability to tailor the programme in ways that will render it most effective, for example, making the programme available and appropriately delivered in different languages. These are lessons learnt in the course of the work of KET thus far, and it is on this basis, that these significant intervention programmes continue to grow.

References

Knysna Education Trust’s Fonix Literacy Programme and Numicon Mathematics Programme costing

Table 17 below provides a breakdown of the number of beneficiaries reached by the Fonix and Numicon programmes of the Knysna Education Trust. This table shows that the programmes reached 171 ECD centre practitioners (principals and teachers) and 2,280 children, from 57 ECD centres, in a one-year-period (based on 2016 data).

<table>
<thead>
<tr>
<th>BENEFICIARY GROUPS</th>
<th>Number of DIRECT beneficiaries of the KET’s Fonix &amp; Numicon programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Children (0–2 years old):</td>
<td>228</td>
</tr>
<tr>
<td>Children (3–4 years old):</td>
<td>912</td>
</tr>
<tr>
<td>Children (5–7 years old):</td>
<td>1,140</td>
</tr>
<tr>
<td>Total number of children:</td>
<td>2,280</td>
</tr>
<tr>
<td>ECD practitioners trained:</td>
<td>171</td>
</tr>
<tr>
<td>ECD centres:</td>
<td>(57)</td>
</tr>
<tr>
<td>TOTAL beneficiaries reached</td>
<td>2,451</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programmes for a one-year period, a costing for the programmes in total, as well as per beneficiary, can be seen. As seen in the following table (Table 18), the current Fonix Literacy Programme has a total running cost of R382,965 per year, and the Numicon Mathematics Programme has a total running cost of R383,964 per year, according to 2016 expenses. There are, however, important capital costs that need to be considered for these programmes, specifically for the educational equipment kits. A complete Fonix set costs R3,500 per set, and a complete Numicon kit costs R4,000 per set. Therefore, hypothetically, the total cost for the current programmes, including incurring the capital costs for new kits for each of the current 57 centres would equal a total of R582,465 for the Fonix programme, and R611,964 for the Numicon programme.

Using these annual expenses, the following total costs (including all new, complete kits) can be calculated.

- Fonix – Cost per ECD practitioner per year: R3,406
- Fonix – Cost per child beneficiary per year: R255
- Numicon – Cost per ECD practitioner per year: R3,579
- Numicon – Cost per child beneficiary per year: R268

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses for 285 ECD centres (i.e. five times the current reach) were estimated. This includes providing 285 new complete kits to the 285 ECD centres. The total costs of these larger programmes would be approximately R1,788,500* per year for the Fonix programme, and R1,935,999* for the Numicon programme. Using these hypothetical total costs, the following costs (for 855 practitioners and 11,400 children) were calculated:

- Fonix – Cost per ECD practitioner per year: R2,092*
- Fonix – Cost per child beneficiary per year: R157*
- Numicon – Cost per ECD practitioner per year: R2,264*
- Numicon – Cost per child beneficiary per year: R170*

(*It is important to note that these figures are projections and are based on 2016 rates, without taking inflation into account.)
Table 18. Fonix and Numicon Programmes: Expenses

Programme expenses: 01 January to 31 December 2016

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>FONIX</th>
<th>NUMICON</th>
<th>FONIX</th>
<th>NUMICON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ fees</td>
<td>R2 426</td>
<td>R2 425</td>
<td>R2 426</td>
<td>R2 425</td>
</tr>
<tr>
<td>Accounting fees</td>
<td>R9 840</td>
<td>R9 840</td>
<td>R9 840</td>
<td>R9 840</td>
</tr>
<tr>
<td>Bank charges</td>
<td>R840</td>
<td>R840</td>
<td>R840</td>
<td>R840</td>
</tr>
<tr>
<td>Advertising, marketing &amp; promotions</td>
<td>R500</td>
<td>R500</td>
<td>R500</td>
<td>R500</td>
</tr>
<tr>
<td>Computer expenses (maintenance)</td>
<td>R250</td>
<td>R250</td>
<td>R250</td>
<td>R250</td>
</tr>
<tr>
<td>Electricity &amp; water</td>
<td>R2 656</td>
<td>R2 656</td>
<td>R2 656</td>
<td>R2 656</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>R5 233</td>
<td>R5 233</td>
<td>R5 233</td>
<td>R5 233</td>
</tr>
<tr>
<td>Postage &amp; courier</td>
<td>R750</td>
<td>R750</td>
<td>R750</td>
<td>R750</td>
</tr>
<tr>
<td>Rental/Bond repayments</td>
<td>R22 800</td>
<td>R22 800</td>
<td>R22 800</td>
<td>R22 800</td>
</tr>
<tr>
<td>Rates</td>
<td>R2 607</td>
<td>R2 607</td>
<td>R2 607</td>
<td>R2 607</td>
</tr>
<tr>
<td>Building repairs &amp; maintenance</td>
<td>R250</td>
<td>R250</td>
<td>R250</td>
<td>R250</td>
</tr>
<tr>
<td>Staff training &amp; development</td>
<td>R9 600</td>
<td>R9 600</td>
<td>R9 600</td>
<td>R9 600</td>
</tr>
<tr>
<td>Security</td>
<td>R802</td>
<td>R802</td>
<td>R802</td>
<td>R802</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>R1 272</td>
<td>R1 272</td>
<td>R1 272</td>
<td>R1 272</td>
</tr>
<tr>
<td>Telephone &amp; fax</td>
<td>R3 960</td>
<td>R3 960</td>
<td>R5 940</td>
<td>R5 940</td>
</tr>
<tr>
<td>Website/internet</td>
<td>R336</td>
<td>R336</td>
<td>R336</td>
<td>R336</td>
</tr>
<tr>
<td>Programme-related costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director part salary</td>
<td>R86 917</td>
<td>R86 917</td>
<td>R86 917</td>
<td>R86 917</td>
</tr>
<tr>
<td>ECD fieldworkers/trainers' salaries</td>
<td>R173 883</td>
<td>R173 883</td>
<td>R347 766</td>
<td>R347 766</td>
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<td>Venue hire</td>
<td>R4 560</td>
<td>R4 560</td>
<td>R22 800</td>
<td>R22 800</td>
</tr>
<tr>
<td>Catering</td>
<td>R1 500</td>
<td>R1 500</td>
<td>R7 500</td>
<td>R7 500</td>
</tr>
<tr>
<td>Materials &amp; resources</td>
<td>R3 500</td>
<td>R4 500</td>
<td>R17 500</td>
<td>R22 500</td>
</tr>
<tr>
<td>Printing &amp; stationery</td>
<td>R3 250</td>
<td>R3 250</td>
<td>R16 250</td>
<td>R16 250</td>
</tr>
<tr>
<td>Travelling expenses/transport</td>
<td>R35 233</td>
<td>R35 233</td>
<td>R176 165</td>
<td>R176 165</td>
</tr>
<tr>
<td>Accommodation &amp; meals</td>
<td>R1 500</td>
<td>R1 500</td>
<td>R7 500</td>
<td>R7 500</td>
</tr>
<tr>
<td>Monitoring and evaluation costs</td>
<td>R2 500</td>
<td>R2 500</td>
<td>R12 500</td>
<td>R12 500</td>
</tr>
<tr>
<td>Moderation and verification costs</td>
<td>R2 500</td>
<td>R2 500</td>
<td>R12 500</td>
<td>R12 500</td>
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<tr>
<td>Equipment and training workshops</td>
<td>R3 500</td>
<td>R3 500</td>
<td>R17 500</td>
<td>R17 500</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE PER YEAR</strong></td>
<td><strong>R382 965</strong></td>
<td><strong>R383 964</strong></td>
<td><strong>R791 000</strong></td>
<td><strong>R795 999</strong></td>
</tr>
<tr>
<td>Capital costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To offer this programme, the following</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>infrastructure and/or capital items are</td>
<td>R3500 per set</td>
<td>R4000 per set</td>
<td>For 285 ECD</td>
<td></td>
</tr>
<tr>
<td>required: Educational equipment kits</td>
<td>R199 500</td>
<td>R228 000</td>
<td>centres</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL COSTS (FOR FIRST YEAR)</strong></td>
<td><strong>R582 465</strong></td>
<td><strong>R611 964</strong></td>
<td><strong>R1 788 500</strong></td>
<td><strong>R1 935 999</strong></td>
</tr>
</tbody>
</table>
CASE STUDY

This programme supports principals not only to understand the importance of stimulation for children, but also to focus on managing a business. Principals’ leadership and governance abilities are enhanced so that they are able to manage their ECD centres more effectively.

Ikamva Labantu

Principals Training Programme

“...”
Ikamva Labantu

Principals Training Programme

AT A GLANCE

Name of implementing organisation: Ikamva Labantu
Implementer status: Non-profit organisation, non-profit trust, and public benefit organisation
Year organisation established: 1963
Main focus of organisation: Early childhood development
Head-office location: Woodstock, Cape Town, Western Cape (South African head office)
Website: www.ikamva.org.za
Contact number: +27 (0) 21 461 8338 / +27 (0) 21 361 0909
Contact person: Barbara Stemmert (Programme Head: Early Childhood Development)

MODEL DETAILS

Year launched: 2012
Launch province: Western Cape
Geography type: Urban, peri-urban
Time frame/Stage: Ongoing, long-term, annual programme
Main source of funding: Multiple donors
Beneficiaries reached per year: 72 (direct) ECD centre principal beneficiaries and 4 044 (indirect) child beneficiaries in 2016

Keywords: Principal training, supervisor training, governance, leadership, management, centre outreach, NQF unit standard, centre-based programme
Ikamva Labantu

Principals Training Programme

Ikamva Labantu and background to the Principals Training Programme

Ikamva Labantu (‘the future of our nation’) is a community development organisation based in Khayelitsha in the Western Cape. Ikamva Labantu was founded in 1963, and has impacted the lives of over 25 000 children and adults to date. They work in the fields of early childhood development, vulnerable children and seniors. Ikamva Labantu is a registered non-profit trust based in Cape Town. It also has fundraising offices in the United States and the United Kingdom.

When the organisation started, it was based on the welfare approach, serving ‘mamas’ and ‘gogos’ (i.e. mothers and grandmothers) in their homes with the provision of clothing, food and any other services that could be accessed. In 1994, South Africa realised that a shift was needed in the way in which welfare services were delivered. The welfare approach kept people in a very dependent, disempowered frame of mind. Ikamva Labantu thus gradually shifted their method of service delivery approach within the ECD department from one that was welfare-oriented to one that was developmental-oriented. This led to a complete restructuring of the organisation in 2008, and an entirely new strategic plan for Ikamva Labantu’s ECD department. The idea was to create an experiential learning programme for practitioners whereby they would be trained theoretically but also had an educare centre that could be used for the practical component of the training programme. In 2012, Ikamva Labantu partnered with Grassroots Education Trust (a similar ECD NPO to Ikamva Labantu) to train their first cohort of 30 ECD practitioners in an experiential training programme. Ikamva Labantu started an educare centre at the same time, which was used for the practitioners to implement their newly acquired knowledge and skills practically in a classroom setting.

Six months after commencing the programme, many lessons had been learnt. It was found that the level of implementation of the training of the practitioners was directly related to the support of the principal. Where practitioners practiced low levels of implementation, it was usually the case that they received very little support from their principal. Furthermore, principals who did not feel threatened by their practitioners implementing new ideas, enabled the children to experience a stimulating daily programme, and practitioners coincidently attended training more consistently.
After reviewing the content of the training course in 2012 and focusing on what enabled as well as what hampered the practitioners’ level of implementation, Ikamva Labantu noticed a dilemma. A portion of the training was aimed at the ‘wrong’ role players as many practitioners did not have authority beyond their classrooms, and many practitioners even struggled to gain authority in their classrooms. It was established that the key barrier to implementation was in fact the principal who was the holder of authority in ECD centres.

At the time, there was no programme specifically designed to meet the training needs of principals. It was noted that principals were indeed going on training, although the focus was on child stimulation and not the actual day-to-day running of the educare programme itself. Ikamva Labantu saw a need to design a programme that would develop the understanding of principals on their roles and functions in running ECD centres with good governance and leadership. Content of the programme was guided by a unit standard that speaks to educare management, the accepted standards as laid out in the Guidelines for Early Childhood Development Services (2006), as well as leadership. These were all noted as being necessary areas of development.

**Principals Training Programme**

The Principals Training Programme was developed specifically for principals who manage early childhood development centre programmes. It was initiated in September 2012 as a pilot programme with 10 principals in Mfuleni.

The Department of Social Development’s norms and standards, derived from Chapters 5 and 6 of the Children’s Amendment Act (No. 41 of 2007), form the foundation of the Principals Training Programme. The idea is that the training programme assists principals to meet the requirements of the DSD norms and standards, and at the same time, their leadership abilities are enhanced so that they are able to manage their ECD centres more effectively. Ikamva Labantu developed the training material in-house, and this document is in the process of being accredited. Along with the DSD norms and standards, the foundation of the training is based on a manual aligned to a unit standard regarding educare management.

In addition to the norms and standards and the unit standard, the learning content of the Principals Training Programmes includes information on administration, finance management, leadership, and human resources.
The training is conducted over a 10-month period, and includes, among its activities, a training session twice a month. Furthermore, principals receive an on-site support visit from a community-based worker (CBW) twice a month. These visits are practical, hands-on sessions where the principal and CBW work together to improve systems and processes within the ECD centre.

With the support of a range of funders, including government, foundations, trusts, and corporate social investment, this programme has grown significantly in size each year, with 10 principals being reached in the first year (2013), 32 in the second year, and 66 in the third year. In 2016, 72 ECD centres participated in the Principals Training Programme. Ikamva Labantu conducts training with these 72 principals, which is then followed by very hands-on on-site support and mentoring by CBWs.

Crucial to the successful implementation of this programme is the good governance and leadership in place at Ikamva Labantu. The Management Board at Ikamva Labantu is key to leading the Principals Training Programme and ensuring that funding is channelled to this programme.

Programme theory

The theory behind the implementation of this programme is to shift the mindset of ECD centre principals from one of looking after children to one of understanding and taking ownership of their role as manager of the ECD centre. Many principals start their ECD centres due to a need in the community and their love for children, although they often do not have the business, management or leadership skills to manage the business side of the ECD centre effectively. This programme supports principals not only to understand the importance of stimulation for children, but also to focus on managing a business.

Detailed description of programme

The overarching goal of the Principals Training Programme is to provide principals with the skills to implement operating procedures that enhance the educare environment for staff and children.
The programme runs over a period of 10 months from February to November, and includes a training session twice month. The afternoon sessions of the training days have a practical focus where work is done on the actual documentation. Examples of this would be drawing up a basic financial system, writing up a practitioner’s job description, and so forth.

Furthermore, principals receive an on-site support visit from a CBW at least twice a month. The CBWs have a strong hands-on approach to assisting the ECD centres in achieving registration; hence, their support comprises actual engagement with the relevant stakeholders to move the process of registration and/or subsidisation along. These visits are practical sessions where the principal and CBW work together to improve systems and processes within the ECD centre.

The Principals Training Programme not only focuses on the management and leadership of the ECD centre, but also comprises an overview of the ECD learning programme in terms of which practitioners are trained. The reason for this is that there is often a high turnover rate of ECD practitioners – as they become more skilled, they tend to move on to more senior positions in other centres or many start teaching Grade R. This then leaves the principal with practitioners who are not trained in terms of Ikamva Labantu’s learning programme. The principal can assist these new practitioners to become familiar with and understand the learning programme. Training the principals in terms of the learning programme is also a means of providing support to the practitioner being trained, e.g. reducing the number of children per class, and/or making resources available to deliver the learning programme more effectively.

Alongside the Principals Training Programme, is the ECD Practitioners Training Programme, which is conducted over 3 weeks during the same period as the principal’s training. The learning programme is divided into three age groups: zero to eighteen months, eighteen months to three years, and three to five years – each week focuses on a different age group. The principals participating in the Principals Training Programme attend these sessions too so that when new practitioners arrive at the ECD centre, the principal is able to support them in implementing the Ikamva Labantu learning programme. The principals are also able to use their knowledge to monitor the progress and performance of the practitioners.
This programme has had a positive influence on both the staff and the ECD centre as a whole. It has helped to create a healthy environment in the ECD centres as the principal understands his or her role and is able to implement it effectively, and the teachers are well managed and able to work to their full capacity. Parents also feel secure in the fact that their children are attending a well-run ECD centre with teachers who are knowledgeable and have the necessary skills to educate and stimulate the development of their children appropriately.

The Principals Training Programme is well funded and resourced, further emphasising the positive effect that the programme has on the quality of ECD service delivery in our country.

Steps in implementing the Principals Training Programme

1. Community entry

The Principals Training Programme was started in response to a great need within the community. Ikamva Labantu were working for a programme that specifically addressed principals at ECD centres and their role and responsibilities. When entering a new community, a key consideration would be whether Ikamva Labantu wanted to run the programme independently, or whether they would partner with other organisations. This would be dependent on Ikamva Labantu's staffing capacity or, which organisations work within the selected community and their respective relationships with the community, and so forth. Key to entering any new community is relationship building and identifying community-perceived needs.

2. Flexibility of the programme

To ensure that the programme is well suited to the needs of the particular community, the programme manager plays a key role in monitoring and evaluation in order to mould the programme accordingly. Feedback from principals on their experience of the training and support received is crucial in ensuring that positive changes to the structure of the programme are made. Discussions held at bi-monthly evaluation meetings with a group of team leaders at Ikamva Labantu focus specifically on the programme challenges and trends. Should it be found that the programme needs to be adapted slightly to be more suitable to a particular community, a rigorous process
follows whereby the programme manager will make a presentation to the programme managers of the other departments at Ikamva Labantu, once a month, in which he or she will present the existing challenges as well as potential solutions. The solutions will either be approved or disapproved, or the decision will be taken further to a joint management meeting with the programme director, programme heads, and executive management for a solution to be found.

As the programme currently stands, it is easy to adapt to different contexts and to replicate in new communities. An important but time-consuming aspect of replication is the initial relationship building with the community, which can take at least three to six months.

3. Staff recruitment

A programme coordinator who oversees the running of the programme and conducts on-site support and mentoring visits to the principals twice a month heads this programme. The Principals Training Programme also requires at least one trainer, although an additional co-trainer would be ideal, to train the principals in both the management of an ECD centre as well as an overview of child stimulation across the various age cohorts. Furthermore, this programme has eight CBWs who are assigned to a number of principals on the training programme and who provide the principals with on-site support and mentoring. The programme coordinator oversees these CBWs.

It is essential that the programme coordinator has extensive knowledge and is well skilled in the areas of ECD management and administration, as well as child development and stimulation. In addition to being knowledgeable in terms of the content of training and mentoring, it is important that the programme coordinator have excellent people and mediation skills. It is the coordinator’s role to intervene and mediate in situations where the principals do not see eye to eye with the CBWs and the way in which they are being supported and mentored.

With regard to the recruitment of trainers, it is important that they have a track record of training. It would be ideal if they had trained other people on ECD before, particularly in the case of trainers responsible for the principal’s training as it is largely focused on management and administration, although this is not essential.
When recruiting CBWs to assist with the on-site support and mentoring of principals at their respective ECD centres, Ikamva Labantu prefers to recruit ECD assistants who were working at a DSD office as they fully understand the DSD norms and standards to which ECD centres are required to adhere. A further requirement when recruiting CBWs is that they have to have a matric certificate, and some level of passion for what they are doing. "...you have to come here with the desire to want to make a difference in the world of ECD, whether it be through registration or stimulating the child" (Barbara Stemmert, Director of Ikamva Labantu).

4. Staff training

With regard to the training of the CBWs who conduct the on-site support and mentoring visits, they attend the principals training to ensure that they understand every element of the programme, including management and administration and child stimulation.

The programme coordinator requires a similar level of training to the CBWs although they will be developed and capacitated further in terms of leadership and supervisory skills.

5. Partnerships

Partnerships form an important element of the Principals Training Programme as they ensure that beneficiaries’ needs are being met in a holistic manner and that all aspects of their ECD centre administration and infrastructure are addressed. Key partnerships would be with the Department of Social Development (DSD), the Department of Health (DoH) and the local clinics and municipal offices in the respective areas. In addition, forming partnerships with other ECD organisations in the area would be beneficial as these organisations would likely be working in that community and offering similar services.

6. Participant recruitment

Ikamva Labantu recruits participants through a consultative process with the local ECD forums in the respective areas. The forums play a supportive role in assisting the organisation to recruit and select ECD centres in the community to participate in the training programme. The forums liaise with the local ECD centres to inform them of the Principals Training Programme as well as to distribute application forms for the principals to complete. Principals submit their completed application forms to Ikamva Labantu, who then scrutinises them and selects the principals for training based on a list of criteria. These criteria include whether their ECD centres have been open for more than two years, whether they have current management and administrative systems in place, and whether the practitioners have been trained in an ECD learning programme different to Ikamva Labantu’s. An especially helpful criterion is that principals may not be selected if they have had prior training and are implementing another organisation’s learning programme. Principals are usually consulted in this process to gather further information. Over and above the forums, the Principals Training Programme can also be advertised on local radio stations as an additional recruitment method.

Ikamva Labantu services all areas within the Cape Metropole, some of which include Khayelitsha, Mitchell’s Plain and Gugulethu. The very first cohort of principals was recruited from Mfuleni. The areas selected for participation are purely based on the applications that the organisation receives.

Once the principals have been recruited and selected to participate in the programme,
each principal will select one of their practitioners to attend the practitioner training. From 2017, Ikamva Labantu will provide further support to the participating ECD centres in the year following the 10-month training of principals by providing additional management training and support to the principals, as well as by training a second practitioner from the ECD centre.

In 2016, Ikamva Labantu recruited and selected a total of 72 participants: 67 Black African and 5 Coloured, all of which were women.

7. Delivery of programme – venues

In order to run the Principals Training Programme effectively, the only physical infrastructure required would be an office for administration purposes and a training space. These could be hired in the event where a training space is not available. All other time spent with the principals is at their respective ECD centres, providing support and mentoring to them.

8. Content

The Principals Training Programme is based on the NQF unit standard *Manage an Early Childhood Development service*. This is a Level 5 unit standard with the purpose of promoting skills development and company growth (South African Qualifications Authority [SAQA], 2016). Each principal receives a training manual, which they can take back to their ECD centres to refer to after training. In addition to course materials, the participating ECD centres receive age-appropriate educational equipment kits for the children. The Principals Training Programme is in the process of being accredited as this will give the programme weight and ensure that the content is of a high standard. Despite this lack of accreditation, Ikamva Labantu has taken the decision to continue implementing the Principals Training Programme as a skills programme, as this way they can maintain their very intensive, regular on-site support and mentoring. The practical mentoring component of this programme is a crucial part and takes the principals’ learning and their implementation of their knowledge to another level. Principals will be able to use the credits gained towards their recognised prior learning and this can be used towards a NQF qualification.
Each CBW is required to spend three hours with the principal during the on-site mentoring session. During these sessions, the CBWs and principals will practically work through a range of areas that the principal should be implementing in his or her centre and the focus of each topic within the training programme. These include:

- quality programming – looking at whether the ECD centre provides a quality service that meets the minimum standards;
- the management system of the centre;
- legal frameworks;
- policy making;
- management of staff;
- financial management;
- record keeping;
- evaluating the service provision of the centre, and
- reflecting on successes and challenges of implementing the Principals Training Programme.

Ikamva Labantu requires each principal to pay R30 towards the training manual and to provide some stationery items (files, a diary, etc.). Ikamva Labantu has taken a decision not to provide the stationery as a way to foster a sense of independence and agency amongst the principals.

Principals’ travelling expenses to the workshops are subsidised by the managing organisation in order to make it more accessible. Subsidies assist to maintain high levels of attendance at the training. This has meant that there are limited funds for refreshments during training. Therefore, Ikamva Labantu provides tea and coffee but requests that principals bring their own lunch. This is effective as it is easier for principals to bring their own lunch than for Ikamva Labantu to source funds for travel and substitute teachers.

Because the Principals Training Programme is based on the DSD norms and standards, health and safety are further critical areas that are covered over an additional four-day period by the DoH, as it is essential to ensure a safe and hygienic environment for the children.

In educating the principals about child development and stimulation, they are taught to be aware of any children who may be displaying learning, physical or emotional
challenges so that these children may be referred and be provided with the correct assistance. The principal will then liaise with the CBWs about the child, and such child can then be referred to the DoH or the DSD. Alternatively, Ikamva Labantu houses the Family Centre where children and their families can be referred for screening to gauge the extent of the difficulty, and thereafter the child and his or her family can be referred to the relevant local clinic or health facility. The Family Centre is managed by a speech therapist, and comprises two lay counsellors, and a CBW. Ikamva Labantu works in partnership with their own internal health service. Deworming of the children is done by the internal health service, and the nurse liaises with the local clinics to have vitamin A drops administered at the ECD centres on the training programme as part of a strategic approach by government to prevent vitamin A deficiency (DoH, 2012). Ikamva Labantu also partners with the SHAWCO (Students’ Health and Welfare Centres Organisation) Clinic, who also assists some of the children concerned. By the end of 2016, the SHAWCO Clinic had assessed eight ECD centres’ children on the Ikamva Labantu training programme and made the necessary referrals. These sites were identified as the most needy as the service could not be rendered to all the ECD centres. Apart from this, Ikamva Labantu has a health community-based worker who visits all of the 72 ECD Centres to support with any health concerns.

A further supplementary component of the programme is a four-day training workshop on psycho-social interventions through Ikamva Labantu’s Family Centre. Ikamva Labantu understands the trauma through which many people within the communities that they serve have been and due to a lack of resources, these people have not been afforded the opportunity to seek any sort of intervention. It is believed that this trauma affects the way in which principals and practitioners engage with the children in their ECD centres. The training helps principals and practitioners to reflect on their own personal circumstances and situations and in certain cases, they are referred to a social worker for counselling. Such referrals and subsequent treatment result in ECD practitioners who are well balanced, stable and mentally healthy when working with and engaging children. Ideally, this psycho-social training should be conducted in the first month of the programme to address the issues and the mindsets of principals’ right at the start, prior to any other learning that takes place so that the principals are ready to learn and so that the connection to their children at the ECD centre is potentially strengthened.

In addition, Ikamva Labantu also partners with the City of Cape Town municipality who trains the principals in first aid as well as fire and safety within the ECD centre. Ikamva
Labantu also partnered with Persona Doll Training, an NPO that offers diversity training and materials in anti-bias inclusion work for children and adults, to produce the Ikamva Labantu Persona Doll Learning Programme. Practitioners attend this programme over a 10-month period. The abbreviated three-week module involves the principals.

These additional components of the Principals Training Programme add a wealth of information and practical experience to the principals involved, and emphasise the importance of partnerships and how these enhance and create a holistic programme.

The Ikamva Labantu programme model is very effective in that it provides ECD practitioner training parallel to their principals training. This allows for the entire teaching staff at the respective ECD centres to benefit and to be trained in the same learning programme.

9. Time frame

The principals’ training takes place twice a month over a period of 10 months. Because there are so many principals participating in the programme, the training has been split into three groups. There are thus three training sessions per week for two weeks of the month. Furthermore, principals receive an on-site support visit from a CBW twice a month. These visits are practical, hands-on sessions where the principal and CBW work together to improve systems and processes within the ECD centre.

Although Ikamva Labantu provides two on-site support sessions per month, in replicating this programme in a new area, they would like to provide more on-site support to the principals to ensure a deep understanding of the concepts taught in the workshops. Ideally, Ikamva Labantu would recommend that other organisations implementing this model work with the principal and his or her ECD centre for a two-year period to ensure a significant level of understanding and implementation.

10. Monitoring & Evaluation

Ikamva Labantu has a clear monitoring plan that is used for all programmes within their ECD department. When the CBWs go into the field to provide on-site support and mentoring, they take along with them a ‘CBW’s monitoring tool’ to monitor the progress of the principals with regard to how they put theory into practice as well as the management and functioning of the ECD centre. This tool guides their on-site
mentoring sessions. In addition to this, the principals also complete a pre- and post-test at each training session that includes a series of five questions. This is to establish the extent of learning that took place at each session.

With regard to evaluating the principals, Ikamva Labantu is in the process of piloting an evaluation form that can be used for the Principals Training Programme.

11. Funding

Over the years, the Principals Training Programme has been well supported and has had sufficient funding to continue its full interventions, plus a number of add-ons that brought more depth to the programme as a whole. The programme has been funded by a range of funders, including government, foundations and trusts, international donors, and corporate social investment initiatives.

Ikamva Labantu works towards securing funds for the Principals Training Programme at least six months prior to the commencement of the programme. This allows for sufficient planning and preparation to take place prior to the training. Ikamva Labantu’s strong, long-standing relationships with funders enable them to plan the implementation of programmes well in advance without too much worry or stress about where the funds will come from.

12. Other processes followed

Connections to ECD forums play an extremely important and beneficial role to any programme as these relationships help to ensure that the community is engaged with on a regular basis and consulted on all areas of work. It is imperative not to allow forums to dictate the work that an organisation conducts, although it is important to be mindful of the fact that these forums do have extensive insight into their community and can provide valuable information. Ikamva Labantu has a community relations officer whose job it is to ensure that every action taken has been communicated to the local community.

Complementary to the Principals Training Programme, is Ikamva Labantu’s Registration Help-Desk Programme, which comprises one project coordinator and eight CBWs who assist ECD centres to meet the norms and standards of the DSD, or to get as close to it.
as possible. This is the same team, which delivers the practical on-site support to the 72 principals. This programme works go in hand with the Principals Training Programme, which focuses on the importance of the norms and standards and how to go about meeting them. The Registration Help-Desk Programme is the practical component where principals are supported and assisted in the actual processes of registration.

The Registration Help-Desk Programme comprises an additional 200 active ECD centres whose principals are not participating in the Ikamva Labantu Principals Training Programme due to the programme being fully subscribed. These principals are trained in terms of a condensed version of the Principals Training Programme in order to assist them in understanding how to manage their ECD centres effectively. This condensed five-day training programme encompasses administration, finance administration, human resources and leadership. This training is repeated once a quarter for all principals on the Registration Help-Desk Programme.

13. Community exit

Once the ECD centre has developed and established the administrative and management systems required, and feel that they are sustainable and in a position to run independently, Ikamva Labantu exits the community. Importantly, Ikamva Labantu always remain in contact with every ECD centre and are available to support and assist when the need arises. This continued support is extremely important to Ikamva Labantu, and strengthens their relationships with the community members.

Lessons learnt

One of the most valuable lessons that Ikamva Labantu has learnt over the years whilst implementing the Principals Training Programme has been the importance of clear communication. It is imperative to make sure that all principals understand the purpose of the programme and how to implement their learnings at their ECD centre. Imperative is that the community also needs to be aware of and involved in the programme, and thus communication and consultation with them are essential. Over time, the Principals Training Programme has been adapted to ensure that principals, practitioners and the community are all in agreement and have the same understanding of the programme, and that limited power struggles occur between the parties involved.
Another useful lesson learnt would be the importance of the trainer having strong mediation skills and being strong enough to be straightforward with principals and to intervene when they have not implemented the programme effectively. These mediation skills also come in handy when there are issues between the principals and their practitioners, and it is often the case that the trainer is called in to assist.

Work in the ECD sector is developmental. Development work is not always a ‘one-size-fits-all’ service; rather, it is about tailoring each aspect of a programme to meet the needs of each individual and his or her situation, or at the very least allowing for each person to have individual input. This emphasises the importance of the on-site support and mentoring visits and the intentional input and insight provided to each participant. Ikamva Labantu has intentionally moulded the programme to ensure that each participant receives sufficient mentoring and guidance as they believe it is absolutely imperative.

Success stories

One of the valuable aspects about this Principals Training Programme is that it is so tangible. Principals have shared that they started the programme with only the basics, and in many cases, they started with absolutely no knowledge. In the end, they had everything in place, along with sufficient knowledge on how to manage an ECD centre effectively.

Principals have provided positive feedback and are very impressed with the way in which the practitioners are teaching the children. Since participating in the programme, there has been a significant change in the way that the ECD practitioners work with the children.

Recommendations to policymakers

Current ECD policies are helpful in guiding and directing ECD programmes, but in many instances, they end up hindering ECD centres, especially those in impoverished communities. An example of this would be the DSD norms and standards that ECD centres have to adhere to in order to become registered, particularly the building regulations. It is important, though, that these government policies are in place to guide the sector, but flexibility is required. It is impossible to have one-size-fits-all norms and standards in a country like South Africa, which has urban, peri-urban, and rural areas. Building regulations in the urban suburbs cannot apply to an informal setting. Despite the fact that children are living in the very structures that house ECD centres, children are unable to be educated in these structures. This means that a child is denied access to an early learning facility and programme. These building regulations also results in overcrowding and a high turnover of practitioners as their stipends are minimal, should they even receive a stipend, amongst many other issues. Without access to these early learning facilities, children are not stimulated adequately and thus are not ready for formal schooling, which then reduces their chances of completing matric later on.
Ikamva Labantu’s Principals Training Programme costing

Table 19 below provides a breakdown of the number of beneficiaries reached by Ikamva Labantu’s Principals Training Programme. This table shows that the programme reaches 72 ECD centre principals (from 72 ECD centres) in a one-year period (based on 2016 data). Of these 72 ECD centre principals, 67 principals are Black African, 5 principals are Coloured, and all are female. Furthermore, an additional 227 ECD centre staff members and 3,817 children are reached in one year (based on 2016 data).

<table>
<thead>
<tr>
<th>BENEFICIARY GROUPS</th>
<th>Number of DIRECT beneficiaries of the Ikamva Labantu’s Principals Training Programme</th>
<th>Number of INDIRECT beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECD Centre principals:</td>
<td>72 0 72 67 5 0 0 –</td>
<td>–</td>
</tr>
<tr>
<td>Children:</td>
<td>– – – – – – –</td>
<td>3,817</td>
</tr>
<tr>
<td>Additional ECD centre staff:</td>
<td>– – – – – – –</td>
<td>227</td>
</tr>
<tr>
<td>TOTAL number of beneficiaries:</td>
<td>72 0 72 67 5 0 0 –</td>
<td>4,044</td>
</tr>
<tr>
<td>TOTAL number of all beneficiaries (DIRECT and INDIRECT):</td>
<td></td>
<td>4,116</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programme over a one-year period, a costing for the programme in total, as well as per beneficiary, can be seen. As seen in Table 20, the current Principals Training Programme costs a total of R888,622 per year (according to the 2016/2017 expenses). Utilising these expenses per year, the following costs can be extrapolated:

- Cost per direct principal beneficiary per year: **R12,342**
- Cost per indirect child beneficiary per year: **R233**

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses for 360 principals and 19,085 indirect child beneficiaries (i.e. five times the current reach) were estimated. The total costs of this larger programme would amount to approximately R2,328,287* per year. Utilising these hypothetical total costs, the following costs can be extrapolated:

- Cost per direct beneficiary principal per year: **R6,467**
- Cost per indirect child beneficiary per year: **R122**

(*It is important to note that these figures are projections and are based on 2016 rates, without taking inflation into account.*)
Table 20. Principals Training Programme: Expenses

Programme expenses: 01 April 2015 to 31 March 2016

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ fees</td>
<td>R5 000</td>
<td>R5 000</td>
</tr>
<tr>
<td>Accounting fees</td>
<td>R7 500</td>
<td>R7 500</td>
</tr>
<tr>
<td>Bank charges</td>
<td>R4 238</td>
<td>R4 238</td>
</tr>
<tr>
<td>Advertising, marketing &amp; promotions</td>
<td>R2 500</td>
<td>R2 500</td>
</tr>
<tr>
<td>Cleaning &amp; gardening</td>
<td>R1 286</td>
<td>R1 286</td>
</tr>
<tr>
<td>Computer expenses (maintenance)</td>
<td>R4 790</td>
<td>R7 185</td>
</tr>
<tr>
<td>Electricity &amp; water</td>
<td>R2 873</td>
<td>R4 310</td>
</tr>
<tr>
<td>Insurance</td>
<td>R8 704</td>
<td>R8 704</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>R6 947</td>
<td>R6 947</td>
</tr>
<tr>
<td>Postage &amp; courier</td>
<td>R763</td>
<td>R763</td>
</tr>
<tr>
<td>Rental or bond repayments</td>
<td>R1 916</td>
<td>R1 916</td>
</tr>
<tr>
<td>Rates</td>
<td>R6 919</td>
<td>R6 919</td>
</tr>
<tr>
<td>Building repairs &amp; maintenance</td>
<td>R7 488</td>
<td>R7 488</td>
</tr>
<tr>
<td>Staff training &amp; development</td>
<td>R1 250</td>
<td>R2 500</td>
</tr>
<tr>
<td>Security</td>
<td>R5 850</td>
<td>R5 850</td>
</tr>
<tr>
<td>Telephone &amp; fax</td>
<td>R4 692</td>
<td>R14 076</td>
</tr>
<tr>
<td>Website/Internet</td>
<td>R1 002</td>
<td>R3 006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme-related costs</th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director part salary</td>
<td>R204 982</td>
<td>R204 982</td>
</tr>
<tr>
<td>General manager part salary</td>
<td>R264 982</td>
<td>R264 982</td>
</tr>
<tr>
<td>Operations manager part salary</td>
<td>R355 132</td>
<td>R355 132</td>
</tr>
<tr>
<td>ECD fieldworkers’ salaries (and staff travelling expenses)</td>
<td>R887 830</td>
<td>R887 830</td>
</tr>
<tr>
<td>Trainer/Facilitator’s fees</td>
<td>R55 339</td>
<td>R55 339</td>
</tr>
<tr>
<td>Catering (including trainee refreshments)</td>
<td>R2 000</td>
<td>R2 000</td>
</tr>
<tr>
<td>Equipment hire</td>
<td>R27 877</td>
<td>R27 877</td>
</tr>
<tr>
<td>Materials &amp; resources (including manuals)</td>
<td>R21 300</td>
<td>R21 300</td>
</tr>
<tr>
<td>Printing &amp; stationery</td>
<td>R16 450</td>
<td>R16 450</td>
</tr>
<tr>
<td>Travelling expenses/transport for principals</td>
<td>R456 750</td>
<td>R456 750</td>
</tr>
<tr>
<td>Monitoring and evaluation costs</td>
<td>R38 012</td>
<td>R38 012</td>
</tr>
<tr>
<td>Moderation and verification costs</td>
<td>R15 650</td>
<td>R15 650</td>
</tr>
<tr>
<td>Internet media upgrade router</td>
<td>R15 650</td>
<td>R15 650</td>
</tr>
<tr>
<td>Flip chart stands, fans, heaters, fridge</td>
<td>R1 712</td>
<td>R1 712</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE PER YEAR</strong></td>
<td><strong>R888 622</strong></td>
<td><strong>R2 328 287</strong></td>
</tr>
</tbody>
</table>

To offer this programme from scratch, additional capital items would also be required, such as computer hardware and software, office furniture, vehicles, etc.
CASE STUDY

College of Cape Town

ECD Learnership Programme

“...The overarching goal of the ECD Learnership Programme at both Levels 4 and 5 is to train unqualified and underqualified people in ECD, as well as to provide them with a defined career path in the ECD field.”
College of Cape Town
ECD Learnership Programme

AT A GLANCE
Name of implementing organisation: College of Cape Town (CCT)
Implementer status: Technical and Vocational Education and Training Institution
Year organisation established: 1900
Main focus of organisation: Higher education
Head-office location: Salt River, Cape Town, Western Cape
Website: www.cct.edu.za
Contact number: +27 (0) 21 461 8338 / +27 (0) 21 3610909
Contact person: Wilma de Villiers (Programme Manager: Education and Training)

MODEL DETAILS
Year launched: 2006 (started training in ECD in 2001)
Launch province: Western Cape
Geography type: Urban, peri-urban, rural
Time frame/Stage: Ongoing, long-term, 18-month programme
Main source of funding: Expanded Public Works Programme (EPWP) (through the Department of Social Development [DSD]), the Western Cape Education Department (WCED), ETDP SETA, and Health and Welfare Sector Education and Training Authority (HWSETA)
Beneficiaries reached per year: 1 107 (direct) adult beneficiaries in 2015, and 33 210 (indirect) child beneficiaries
Keywords: Teacher training, practitioner training, NQF Level 4 FET Certificate, Level 5 Higher Certificate, early childhood education, learnership, centre-based programme
College of Cape Town

The College of Cape Town (CCT) is a leading technical and vocational education and training (TVET) institution offering courses that lead to recognised, accredited qualifications. The CCT is committed to serving and educating learners from all communities, offering a holistic learning experience in the vocational discipline of their choice. CCT has eight campuses situated across the Cape Peninsula, serving the greater Cape Town area, including a large proportion of traditionally disadvantaged areas and townships.

The CCT started training learners in early childhood development (ECD) in 2001 to result in the National Senior Certificate and the National Intermediate Certificate. In 2006, CCT launched the Level 4 and 5 learnership programmes. The overarching goal of the ECD Learnership Programme at both Levels 4 and 5 is to train unqualified and underqualified people in ECD, as well as to provide them with a defined career path in the ECD field. The learnership programme is unique in that learners enrolled for training are not required to pay fees. In fact, these learners receive a small monthly stipend to assist them with their travelling expenses and study-related expenses.

The CCT Education and Training Department has been identified as a centre of excellence by the ETDP SETA.

ECD Learnership Programme

The CCT offers a range of ECD training programmes at different levels of the National Qualifications Framework (NQF). For the purposes of this research, we have focused on the minimum training requirements for ECD practitioners, i.e. Level 4 and Level 5. CCT offers

• a Level 4 Further Education and Training (FET) Certificate: ECD (this qualification can be achieved wholly or in part through recognition of prior learning);
• a Level 5 Higher Certificate: ECD; and
• a Level 5 National Diploma: ECD.
Level 4 is equivalent to Grade 12 on the NQF, and learners require a Level 4 certificate in order to progress to Level 5. These training programmes work in progression as Level 4 FET: ECD is required prior to progressing to the Level 5 Higher Certificate: ECD, which is a requirement for acceptance into the Level 5 National Diploma: ECD.

The Level 4 FET Certificate: ECD and the Level 5 Higher Certificate: ECD, are conducted over an 18-month period with learners attending class once a week. A criterion for acceptance into the training programmes is that learners have to be employed at or they should volunteer at an ECD centre. Learners spend the remaining four days of the week at the ECD centre implementing what they have learnt in the classroom and gaining practical experience.

The Level 5 National Diploma: ECD is usually a two-year programme but because the learners only attend class once per week, the CCT runs this diploma over three years instead. The content of this diploma goes into more depth than the Level 5 Higher Certificate, and it is well suited to managers and principals of ECD centres. The Level 5 National Diploma: ECD has been funded by a number of donors over the years, such as the Expanded Public Works Programme (EPWP), the Education Training and Development Practices Sector Education and Training Authority (ETDP SETA), and the Health and Welfare SETA (HWSETA).

Two major differences exist between the Level 4 and Level 5 training programmes. Firstly, the assessment criteria are different. Learners are assessed at a higher level at Level 5 and more is expected from them than is the case for Level 4. Secondly, at Level 4, learners are only taught the National Curriculum Framework (NCF), which focuses on children under the age of 5 years old, whereas at Level 5, they also cover the Curriculum Assessment Policy Statement (CAPS) that looks at Grade R. This means that learners who have completed a Level 5 qualification are able to apply for Grade R positions on completion of their studies.

All full qualifications, including the Level 4 and 5 qualifications featured in this case study, are registered with the ETDP SETA and approved by the WCED.

Each year, CCT (Athlone campus) trains 1 200 learners from across the Western Cape in ECD-related courses. With regard to the Level 4 FET Certificate: ECD, they had a cohort of 384 learners in 2016, and a total of 239 learners for their Level 5 Higher Certificate:
The CCT sees their end beneficiaries as the children at the ECD centre at which their learners work, as the better trained the ECD practitioners are, and the better they are able to work with children, the better the outcomes of the children. In saying this, CCT reach in the region of 45,000 children each year through their learnership programmes. This is significant. Interestingly, CCT has scaled up their programme tenfold since the commencement of the learnerships with 99 learners in 2006 to approximately 900 learners in 2016.

Needless to say, good and effective administrative systems and staff play a key role in the success of this programme. CCT has built a good reputation for being well managed and having strong leadership in place. These attributes have a positive effect on the running of the ECD department and the throughput of its learners.

“Our success is because of the unity that we have ... we’re like a real family.”
– Wilma De Villiers, Programme Manager

Detailed description of the programme

The Level 4 FET Certificate: ECD is an entry-level qualification for those who want to enter the field of education, training and development, specifically within the sub-field of ECD. Many of those who seek this qualification are already practicing within the field, but without formal recognition of their qualification.
This qualification enables recipients to facilitate the all-round development of young children in a manner that is sensitive to culture and individual needs (including special needs). It also enables recipients to provide quality ECD services for children in a variety of contexts, including community-based services, ECD centres, at home and in institutions.

In particular, recipients of this qualification are able to plan and prepare for ECD, to facilitate and monitor the development of babies, toddlers and young children, as well as to provide care and support to babies, toddlers and young children.

The Level 5 Higher Certificate in Early Childhood Development is designed to provide access to higher education for many experienced and skilled ECD practitioners and trainers who do not have recognised qualifications. Unfortunately, the Department of Higher Education and Training (DHET) no longer acknowledge this qualification as a means to access higher education institutions.

The purpose of the Level 5 Higher Certificate: ECD is to:
- develop ECD practitioners (e.g. home-based, centre- and school-based practitioners, including Grade R, family and community ECD motivators, fieldworkers, facilitators, trainers and managers) to provide appropriate education, training and development services in the ECD sub-field; and
- enable ECD practitioners to use their knowledge of child growth and development from birth to six years and relevant national policies to guide their professional practice in the ECD sub-field.

This qualification provides an opportunity for practitioners with a Level 4 Certificate: ECD, or an equivalent, to further their professional development and to specialise in aspects of ECD practice.

Steps in implementing the ECD Learnership Programme

1. Community entry

Forming partnerships with key stakeholders is crucial when entering a new community. Important partnerships would include the local community leaders and ECD forums, where these exist. Once these stakeholders are committed and have approved the programme in their community, they assist CCT in the selection process of the learners. In addition to forums and community leaders, it is vital to consult the ETDP SETA and HWSETA, as well as the DSD so that they are informed and are involved in the programme and its contents.

When starting a new programme in any community, CCT informs the principals from the surrounding ECD centres via e-mail and letters. Once the learners have been selected to participate in the programme, they are invited to an orientation workshop where CCT provides information about the learnerships and the programme structure.

In addition, CCT works with other stakeholders, including ECD NPOs and community-based workers (CBWs) from ECD centres, who work in the community to gather information on potential participants for the programme.

It is thus clear that networking is vital when entering a new community as this assists in making the organisation and programme known, attaining support for the programme, as well as in recruiting participants.
2. Adaptability of the programme

A fundamental feature of the CCT learnership programme is that it is adaptable and flexible, and thus able to be offered in differing contexts, such as urban and rural settings, and for learners with varying competency levels.

An example of this adaptability would be the realisation by the college that the learnership programme learning materials were not well suited to all learners and their contexts. It was found that the learners had varying literacy levels and much of the content was unsuitable to be implemented at the learners’ ECD centres. In response, the learning materials were adapted to suit the identified needs of the learners, whilst at the same time maintaining the specific criteria and required outcomes.

This flexibility is also evident in the fact that the learnership programme is continuously moulded to meet the needs and learning requirements of the learners in the best way possible. Ultimately, tweaks to the programme should be discussed and approved at strategic planning meetings by the programme manager, but suggestions for improved learning are considered from all involved, including learners, principals, assessors who conducted site visits, lecturers and management.

3. Staff recruitment

CCT have a full-time staff of 22 who work on the Level 4 and Level 5 programmes, including 11 lecturers, 2 management staff, 5 administrative staff, and 4 external assessors who were appointed to conduct site visits and assessments at the workplace. Due to the high number of learners enrolled on the learnership programmes each year, the 5 administrative staff and 4 interns work solely on learnerships. Ideally, more administrative staff would be beneficial and would help to avoid after-hours work for many of the administrative staff due to the amount of administration work required.

There are a number of critical criteria, which members of staff at CCT are required to meet, all of which ensure a good standard of teaching at the college. Some of these criteria state that all lecturers are required to have a teacher qualification in ECD – degree or diploma. Lecturers also need to have experience working at an ECD centre so that they have a good understanding of the workings and dynamics in the field.
Should they have less than two years’ experience working in the field, they are sent for in-service training at ECD sites, as well as at the ECD site of the CCT Gardens Campus.

### 4. Staff training

The ECD department have 11 lecturers, with each Level 4 and 5 lecturer being responsible for a minimum of three groups of learners whom they see once a week.

The staff members at lecturer level all have ECD qualifications at various levels. Some staff have a Level 5 Higher Certificate: ECD (and are currently engaged in studying for a BEd degree: Foundation Phase) whilst others have BEd qualifications. Some members of staff have also completed the assessor’s course successfully and are thus registered assessors.

New staff members to the CCT are taken through a 3-day orientation programme at the beginning of a semester to orient them in terms of the learnership programme and the requirements of them as staff. New lecturers also sit in on other classes to observe the various teaching styles used by the lecturers and how the lectures are structured. In addition, they are also allocated a ‘mentor’ with whom they meet once a week to discuss their experience of the programme. These weekly meetings also provide an opportunity for them to ask questions and get advice.

The continuous professional development of staff is of the utmost importance in order to keep the staff up to date and relevant to the learners and their contexts. In saying this, work-integrated learning is an important part of the learnership programme for staff in that they are required to visit ECD centres every six months in order to become exposed to the industry in its current context and to gain experience. Members of staff are also offered the opportunity to attend relevant training sessions and workshops when a training need is identified. These opportunities expand the knowledge and skills of staff and keep them up to date with what is happening in the ECD field and in practice. It is protocol that all training opportunities be approved by the programme manager and the human resource (HR) department.

### 5. Partnerships

Initially, when CCT first started offering learnerships, they partnered with some ECD NPOs to implement the training. After some time, CCT decided that they would tackle the ECD learnership training alone as they had sufficient human, material and financial resources to handle the number of learners coming in each year.
6. Participant recruitment

Intake for learners occurs twice a year, in January and July. One of the key funders of the learnership programme, the EPWP, has the mandate of training unqualified and underqualified people who are working at registered ECD centres. Thus, a criterion for inclusion into the learnership programme is that learners are required to be working or volunteering at a community-based ECD centre within the CCT catchment area. It is preferable that these centres be registered as partial care facilities with the DSD, but CCT also accepts learners from centres, which can prove that they are in the process of being registered. This is because ECD centres cannot become registered if they do not have a qualified staff member with a minimum of a Level 4 qualification – a definite catch-22 situation. The majority of learners enrolled in the programme are from community-based ECD centres, although a small percentage of enrolled learners are working in schools that have a Grade R class.

There are two ways in which CCT receives details of people wanting to participate in the training programme. Firstly, the DSD sends CCT a list of names of people whom they have identified as people who would like training. Secondly, the majority of people hear about the training and submit an application based on ‘word of mouth’.

Participants are required to complete an application form in order to be considered for placement in the Level 4 or 5 learnership programme. The application forms are accessible both on the CCT website and at the CCT building. Along with the application form, they are obliged to include a letter from the ECD centre where they work or volunteer, a writing sample, and a motivation letter to state why they want to participate in the learnership programme. Furthermore, the applicants are required to do a Personal Assessment of the College Environment (PACE) assessment as a means to test...
The focus of the PACE assessment is communication literacy. The medium of instruction is English; thus, proficiency in understanding, speaking and writing in English is vital. After scrutinising the application, CCT will phone the ECD centres for verification, and in some instances, applicants will be called in for an interview.

CCT receives a substantial number of applications for their learnership programmes. Each week, they receive in the region of 70 to 100 applications across all levels of study, both electronically and in hard copy. This indicates the great importance of TVET colleges and the need in communities. Applications from outside the catchment area are forwarded to colleges within a closer proximity to applicants.

The application forms are sorted according to various factors, such as highest grade completed, the applicant’s employment status and his or her job position. These factors assist CCT to determine the level of training that would best suit the applicant. Once this has been established, and the applicant has scored well on the PACE assessment (communication and mathematical literacy), he or she may be called for an interview to ascertain his or her level of understanding of ECD, knowledge and skills, as well as his or her background. Following that, the applicant may be asked to undertake another communication test, which looks at his or her writing skills (as the PACE assessment comprises a multiple-choice test only). Should applicants score 60% or more, they will qualify for acceptance into the Level 4 ECD course. Should an applicant have Grade 10 or below, he or she may be accepted into the Level 1 ECD course. In certain instances, should the applicant have Grade 9 or 10, but scores very high on the PACE assessment, he or she may also be called in for an interview and to undertake the second written communication test. Should the applicant score higher than 60%, he or she might be advanced to Level 4. This portion of the selection process is done within a one-month period. It is the ECD programme manager who reads all applications according to a list of criteria.

CCT is also invited to present or exhibit their learnership programme at a number of events each year, which increases awareness of the programme. Due to the significant number of applications each year, CCT does not need to recruit participants actively for their learnership programme.

Importantly, the learnerships are aimed at learners who live in circumstances of poverty and who would be considered vulnerable.
7. Delivery of programme

A fair amount of space is required to implement the learnership programme on the same scale as CCT. At present, the ECD learnership programmes make use of eight classrooms as well as an administration area for the administrative and management staff. CCT has several campuses, with the ECD learnership programmes being offered at the Athlone Campus in particular. The ECD Department shares this space with the Engineering Department.

8. Content

Accredited Level 4 and Level 5 Learnership Programmes

The content for the Level 4 and 5 training programmes was developed externally by Eduwrite, a company who develops high-end learning materials. Once CCT had this learning material, programme approval was received for both Levels 4 and 5. Over time, CCT has adapted the learning material to suit the ever-changing contexts of the learners and their ECD centres. CCT has regular meetings to monitor that the learning material and the content being taught in the classroom is relevant to the learners’ circumstances. These meetings will be unit standard-specific as the team looks at and adapts unit standards as a whole in accordance with the needs of the learners. These adaptations are small, and are always kept within the bounds of the learning outcomes of the respective programmes. These changes need to be made in accordance with the curriculum, and this will be verified by the ETDP SETA during external moderation visits that occur throughout the year.

Importantly, the ECD learnership programme is guided by the Education White Paper 5 on Early Childhood Development (DoE, 2001). This is an important policy with which lecturers are required to be familiar as it has an effect on the contents of the learnership programme curriculum.

Level 4 and Level 5 training

The overall aim of the Level 4 and 5 training programmes is to provide training to ECD practitioners to ensure that they are able to provide stimulation and learning to young children in effective ways. The programme is guided by an assessment plan, similar to that of an operational or implementation plan, which includes the content to be covered, the dates on which it will be covered, and the requirements the learners have to meet in terms of readings or preparation for each lesson. These assessment plans are linked to the specific unit standards being taught and are required to be approved by the relevant SETA.

Level 4 FET Certificate: ECD

The Level 4 qualification is structured in such a way that it has four modules, each comprising a number of unit standards. It includes a fundamental component comprising subjects (which are compulsory) such as Communication Literacy (Level 4), Mathematical Literacy (Level 4), and Second Language Literacy (Level 3).

The title of Module 1 is “ECD Learning Programme Design and the Learning Environment in the ECD Playroom”. This module comprises theory on a range of elements, including –

- preparing ECD programmes with support;
- preparing resources and the environment to support the development of babies, toddlers and young children; and
- the development of learning programmes to enhance the participation of children with special needs.
The broad topic of Module 2 is “Optimal Health, Safety and Care in the Provision of ECD Services” comprising content on the provision of care for babies, toddlers and young children; supporting children and adults living with HIV and AIDS, and managing traumatic events.

Module 3 is “Facilitating Holistic Development in the ECD Playroom”, and focuses on the demonstration of knowledge and understanding of the development of babies, toddlers and young children, as well as facilitating their holistic development.

“Working with Families and Communities to Support Early Childhood Development” is the focus of Module 4. This module is of a practical nature in that it incorporates theory on how to work with both families and communities, and how to conduct structured meetings.

Level 5 Higher Certificate: ECD

The Level 5 learnership programme comprises a range of core, fundamental and elective unit standards. The **core unit standards** are:
- Develop and Manage the Learning Programme;
- Mediate Active Learning in ECD Programmes; and
- Promote Health Development.

**Fundamental components** comprise:
- Apply Workplace Communication Skills; and
- Present Information in a Public Setting.

The three **electives** comprise –
- Facilitating Life Skills;
- Numeracy; and
- Literacy Learning Programmes at Reception Level.

Level 5 National Diploma: ECD

The Level 5 diploma is similarly structured as the higher certificate although the learning content is far more comprehensive and has a strong focus on the management of an
ECD centre. The unit standards encompassed in the diploma are all those in the Level 5 Higher Certificate, along with –
• Develop and Apply Academic Literacy Skills;
• Conduct Outcomes-based Assessment;
• Facilitate a Programme of Learning;
• Facilitate an Inclusive Educational Environment in ECD Settings;
• Identify and Respond to Learners with Special Needs and Barriers to Learning;
• Manage a Medium-Scale ECD Service
• Manage Diversity in ECD Settings; and
• Managing the Learning Programme.

Importantly, at both Level 4 and Level 5, learners are taught about the importance of referrals. As part of an assignment, learners are required to compile a list of service providers in their community, which children may need to be referred to in the case of learning difficulties or trouble at home, for instance. Within the Level 5 Diploma, there is a unit standard that specifically focuses on identifying children with special needs. These learners are provided with practical experience of working with children with special needs for one day at a school during the year.

Programme learning materials

For the both the Level 4 and Level 5 learnership programmes, the learning materials are provided to the learners at no cost. Learning materials consist of a study guide and an assessment guide. The materials are reviewed on an annual basis to determine relevance, and if necessary, the materials are adapted in accordance with the criteria of the relevant curricula. As new policies and curricula become available, the materials are amended to incorporate this.
Each module has a learner materials package, which consists of study guides, a facilitator assessment guide and a learner assessment guide. Each unit standard has its very own study guide. For example, Module 1 comprises four unit standards and thus has four study guides. Each module presented has one facilitator assessment guide, which provides assessment record sheets with dimensions for all formative activities (where relevant, model answers for activities are included). In addition, the facilitator assessment guide includes summative assessment tasks and assessment record sheets with detailed dimensions and model answers. The third component of the learning material package is the learner assessment guide. Each module comprises one integrated learner assessment guide, which provides all the assessment-related materials required by learners.

Along with the materials, learners are provided with additional readings for assistance with assignments. Furthermore, the classrooms also have a basic educational equipment kit with a range of educational toys with which learners can play, with which they have to familiarise themselves, and find the best ways in which to use the equipment with various age groups in their classrooms. These equipment kits contain puzzles, Lego, bean bags, hula hoops, amongst many other things.

Each lecturer receives a facilitator guide as well as a master file with additional comments on how to conduct the lesson, as well as feedback from the moderator. This is particularly helpful for new staff.

**On-site support visits**

Over and above the weekly training, learners receive a minimum of two site visits within the 18-month period. Although CCT always attempts to conduct more than two site visits per student, it is usually the case that two visits are all that is possible due to the high numbers of learners enrolled in the courses and the long distances that need to be travelled. In the event that a student is declared incompetent or if he or she struggles to understand and put the theory into practice, more on-site support will be arranged.

The current financing model of TVET colleges in South Africa allows for a maximum of two on-site visits per year. Ideally, with an optimal amount of resources, CCT would aim to increase the number of on-site support visits to 10 per year for each student – one per month between February and November.
The bulk of the on-site support visits are conducted by four external assessors whose sole job it is to visit ECD centres and provide support. With the high number of learners, the assessors conduct site visits every day. During the on-site support visits, assessors complete an assessment site visit form to monitor progress and assist with implementation of aspects of the programme, which learners find challenging. This monitoring tool looks at the implementation of the daily programme, teachers’ interaction with the children, the lesson plans, the presentation of lessons, and teachers’ administration files. These external assessors also provide feedback to the ECD teachers on what they could try and what they should be doing within the classroom. For example, the assessors will encourage ECD practitioners to display the children’s art work on the walls if it has not yet been done, or to sing rhymes to help the children with counting. In addition to this, lecturers also provide on-site support visits to the learners at their respective ECD centres. Lecturers conduct site visits once every six months so that they are exposed to what is happening at the centres. They perform assessments and observe how the ECD practitioner performs during the visits.

Site visits come with challenges, particularly with regard to safety, as some of the ECD centres are located in areas with a high prominence of violence and crime. It is crucial to note that the safety of staff is of utmost importance to CCT, and members of staff are encouraged to put their safety first. On occasion, on-site support visits have been postponed due to violence, gang shootings and a general sense of feeling unsafe. This had an effect on the overall number of visits that could be completed in the 18-month period.

**Simulation room and ECD centre**

CCT has a simulation room, which is set up like an ECD classroom as an example to the learners of how to arrange their classrooms. It also acts as a practical component of the programme, as learners are asked to arrange the area according to specific themes or play areas, for instance a fantasy play area or a book area. As part of this practical component of the course, the simulation room may also be set up incorrectly and learners may be required to evaluate the space and then make the necessary corrections. Learners gain practical experience in the simulation room up to three times a year – depending on their course schedule.

In addition to the simulation room, learners completing the Level 5 Diploma Programme are offered the opportunity to visit a best practice ECD centre, which is housed at the CCT Gardens Campus, to observe and learn how to manage an ECD centre effectively. Learners visit the Gardens Campus ECD centre twice during the 18-month period of the course. The learners in the Diploma programme are all principals; thus, they are easily able to implement lessons learnt at their own ECD centres.
Holistic nature of the Level 4 and 5 programmes

The Level 4 and 5 programmes not only focus on a purely academic programme, but also incorporate lessons on how to deal with children of different temperaments, how to approach children, dealing with parents, as well as when to refer children in need of specialised services. CCT also focuses some time on the importance of having good work ethics, both at work and as a student. In addition to these professional elements included in the programme, learners have the opportunity to attend personal development workshops, which focus on their physical and mental health, women’s wellness, and HIV/AIDS. Learners also have access to a Student Support Officer, a free service to learners, should they have any personal matters that they would like to discuss and work through. CCT strongly believes that, when working with children, you need to be able to give all of yourself, and this is not possible when one is battling with personal problems. This is a service aimed at assisting and supporting learners to tackle such challenges.

These supplementary elements of the programme allow it to be holistic in nature as the programme meets both the professional and personal needs of the learners.

Stipends

The learners in both Level 4 and 5 qualification programmes are fortunate enough not to have to pay for their studies. In fact, each student receives a stipend of R1 605 per month to assist with his or her travel and education costs for the 18-month period of their respective courses of study. This stipend is provided by WCED, through the EPWP, and is increased in November each year. It is a requirement of admission onto the programme that learners have a valid bank account in order to receive their stipends directly each month.

9. Time frame

The Level 4 and 5 ECD learnership programmes are offered on a part-time basis over an 18-month period. Learners attend classes one day per week at the relevant campus for a full day. The remaining four days of the week are spent doing in-service training at their ECD centres. At times, when learners require additional assistance, classes will be offered on Saturdays.

With regard to the Level 4 programme, CCT believes that having lectures once a week over 18 months is a sufficient amount of time to get through the learning content, although they have indicated that a two-year programme would allow for more in-depth, focused learning, especially at Level 4. The programme manager indicated that the additional 6-month period could be subdivided into a 3-month orientation period at the beginning of the programme and an extra 3 months learning time, which would be ideal. This orientation phase would act as a means to prepare the learners for effective learning within an academic environment as many learners feel overwhelmed within a tertiary education setting, which they have never experienced before, and being a very different learning environment to school makes it even more difficult. This period would also serve as an introduction to academic writing and critical thinking – two crucial skills required whilst undertaking a tertiary level programme.

Because the Level 5 programme is a continuation of Level 4, learners enter the Level 5 programme with a solid background in ECD and have become accustomed to the academic environment. Thus, a period of 18 months is ideal for the Level 5 learnership programme.
10. Monitoring and evaluation

Regular monitoring of the Level 4 and 5 programmes takes place at two levels: external monitoring and internal monitoring.

With regard to external monitoring, CCT receives a minimum of five external moderation visits from the ETDP SETA per year. This is a fairly substantial number of visits although, due to their high numbers of learners, this regular monitoring is required. At these visits, representatives of the ETDP SETA examine the learners’ portfolios of evidence, learner files, and assessment plans to ensure all assessment criteria are being covered along with evidence of this. The ETPD SETA representatives also ensure that the learning materials and content taught to the learners are aligned to the unit standard curriculum and that very specific learning outcomes are reached and assessment criteria are upheld.

CCT does a substantial amount of internal monitoring to ensure that the programme is running in such a way that it is relevant while at the same time meeting the academic and professional needs of the learners. One such monitoring activity is class visits by the two management staff (one of which is a senior lecturer) as a means to observe what is happening in the classroom, the style of lecturing, the content covered, and the level of student understanding and participation. During the observation, internal monitoring forms are completed. These cover aspects such as the layout of the classroom, neatness, record-keeping, interaction between the lecturer and the learners, and general comments. These observations are followed up by meetings with the lecturers to discuss the positive and negative feedback, and how things could change moving forward. This is a very supportive process whereby lecturers are mentored and supported in the improvement of their lecturing styles. These observations take place twice a year.

The management team also has strategic planning and monitoring meetings with lecturing staff on a regular basis where they conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the programme, identify problems and challenges, and suggest ways to move forward in a more positive manner.

A further form of monitoring is that of termly meetings between lecturers and the on-site assessors to ensure that the assessors have an understanding of the content of the programme and to receive feedback on how the learners are implementing the ECD learning programme at the ECD centres.
The Academic Manager of Education and Training is also responsible for some monitoring of the programmes. She is sent regular progress reports and attends some of the strategic planning and evaluation meetings.

With regard to evaluation of the programme, CCT has a quality manager who evaluates the college as a whole. The quality manager visits the ECD department once a year to evaluate their progress, particularly in terms of their policy implementation and the use of resources.

Learners also participate in evaluating their respective programmes by means of completing an anonymous evaluation form on the content being taught and on the lecturer’s teaching style. It was found that learners felt intimidated completing the lecturer evaluation survey as the lecturers knew their handwriting and they could be identified. This challenge was overcome by the programme manager collating all the information and making a summary of the positive and negative aspects identified. She then calls a meeting with the lecturer and goes through the findings with him or her. In addition to this, the learners complete an evaluation form, of which a summary is given to the funders, on completion of the 18-month programme.

With regard to the overall monitoring and evaluation of the learnership programme, the CCT provides sufficient monitoring of their staff’s performance, although they believe that more monitoring of their students’ performances would be beneficial. In an ideal world with the optimum financial, time and human resources, CCT would increase the amount of monitoring of their learners at their respective ECD centres to ensure that the learners understood and implemented what they have learnt in the classroom.

11. Funding

There are four bodies involved in funding the ECD Learnership Programme – the EPWP, who pays the funds to WCED. WCED acts as a conduit and channels the learnership funding to the CCT. In addition to these, the ETDP SETA and HWSETA also provide funding. Interestingly, CCT does not receive any funding from the Department of Higher Education and Training for their SAQA courses, and no learnership programmes are funded by them. DHET only pays the salaries of those staff lecturing programmes, which they fund. Administrative staff are paid from the EPWP funds. In terms of the amount of administration required, these funds are insufficient to pay the adequate number of staff.

Because learners are not required to pay tuition fees, WCED provides funding, through the EPWP, to CCT to cover these costs by providing an amount per student enrolled at the college. Because this per capita amount has not increased over the last five to six years, CCT has to be creative in cutting down on costs drastically in order to cover their expenses each month.

It is important to note that the funding that CCT receives only covers the costs of offering the programme and that is only as a result of them tailoring the programme down. Astonishingly, the stipend amount that the learners receive over an 18-month period is significantly higher than the per capita funding, which CCT receives from WCED over the same period. Additional per capita funding is required in order for the college to offer its programmes in the optimal way.
12. Other processes followed

Partnering with stakeholders

In order to run the ECD learnership programme successfully, CCT collaborates with a number of strategic partners, including the DSD who oversees and supports the running of the community-based ECD centres, the local ECD forums who support the ECD centres, a medical education centre which conducts the first aid training, and the local community clinic which provides services to the learners at least once a year. CCT also invites guest speakers to speak with the learners regarding challenges that they experience, for example, nursing sisters regarding health-related problems such as TB, occupational therapists discussing learning problems and how to deal with them, the DSD to assist with the registration of their ECD centres, companies and NPOs discussing women’s health. This provides additional support for the learners on a personal level.

Administration of the Learnership Programme

CCT has to report to several organisations on a regular basis, including EPWP, ETDP SETA and WCED. In addition, all biographical details of the learners are also required to be captured and uploaded for each of the respective organisations. This is in addition to capturing information for CCT records. This results in a large amount of unnecessary repetition as these systems are not synchronised in any way.

Communication with ECD centre principals

CCT makes every effort to meet with the principals of the ECD centres once a year to provide them with a brief overview of the course and to detail their expectations of what is required to take place at the ECD centre. These workshops are conducted by the lecturers and assessors and are aimed at keeping the principals updated and involved with what their staff are doing at the college. This also serves to ensure that lines of communication are kept open.
13. Community exit

With regard to following up learners once they have completed their diploma or degree, at present, CCT is unable to follow up regularly with past learners as a means of support. CCT has applied for funding to be able to offer refresher workshops to past learners and principals to keep them up to date, to support implementation of the learning programme, and to maintain levels of motivation. Unfortunately, due to funding constraints, this is not possible at present.

Lessons learned

The most significant lesson learned, which Wilma De Villiers, Programme Manager, shared was to know the context of your learners. When talking with learners and teaching them, one should not assume that they all know or have experienced what you know and have experienced. Every student comes from a unique background with a distinctive set of circumstances.

Another important lesson learned is that when employing staff, lecturers in particular, it is essential that they have training and experience in ECD and in working with young children under six years old. This knowledge and experience have a significant effect on the way that lecturers teach and the type of support that they can provide to learners.

Challenges of the programme

Whilst offering the learnership programmes, a number of challenges are experienced by CCT. Some of these are discussed below.

• One of the major challenges in offering the learnership programme is that all unit standards need to be presented in English (according to CCT policy) for external moderation purposes of the ETDP SETA. This poses a challenge when the majority of the learners’ mother-tongue language is not English. This results in the literacy levels and writing skills of many learners being extremely low. CCT went so far as to test the literacy levels of a sample of learners one year, with results indicating that a fair proportion had literacy levels equivalent to those of a Grade 5 or 6 child. Where possible, CCT makes use of peers who assist with translating the lecture presentations, although more financial and human resources would be required to do this for all learners and on a regular basis.

This is a concern, and perhaps the possibility of offering TVET courses in more of the official South African languages needs to be an area of further exploration for the DHET and the relevant SETAs.

• There appears to be a strong emphasis on job creation by the national DSD, and of course, the EPWP. This prominence of the creation of jobs through the learnership programme is interesting as the majority of learners accessing learnerships are already in a job. In fact, being placed at an ECD centre is an entrance requirement of acceptance onto the learnership programme. Perhaps this a way in which to secure employment for many people. Further research is required to confirm the number of jobs that are actually being created through the learnership programme.
College of Cape Town ECD Learnership Programme costing

Table 21 provides a breakdown of the number of beneficiaries reached by the College of Cape Town’s ECD Learnership Programme. This table shows that the programme reached 1 089 ECD practitioners over an 18-month period, based on the 2015 graduate data. This comprises 893 Level 4 graduates, and 214 Level 5 graduates. Furthermore, an additional 33 210 children were reached as indirect beneficiaries of the programme in this 18-month cycle (based on 2015 data).

Table 21. ECD Learnership Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>BENEFICIARY GROUPS</th>
<th>Number of DIRECT beneficiaries of the CCT ECD Learnership Programme</th>
<th>Number of INDIRECT beneficiaries</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>LEVEL 4</td>
<td>879</td>
<td>14</td>
</tr>
<tr>
<td>LEVEL 5</td>
<td>210</td>
<td>4</td>
</tr>
<tr>
<td>Total number of adults:</td>
<td>1 089</td>
<td>18</td>
</tr>
<tr>
<td>Adults with disabilities</td>
<td>7 of 1 089</td>
<td>0</td>
</tr>
<tr>
<td>Children (0-6 years old):</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

If the expenditure for the programme for one class of 30 students for an 18-month period is considered, a costing for the programme per beneficiary, is clear. As seen in the following table (Table 22) the current ECD Learnership Programme costs a total of R506 500 for a class for 30 students for the duration of their 18-months course (according to 2016 expenses). Utilising these expenses per 18-month period, the following costs can be calculated:

- Cost per direct practitioner beneficiary per 18-month period: R16 884
- Cost per indirect child beneficiary per 18-month period: R563
Table 22. ECD Learnership Programme: Expenses

Programme expenses: 01 January 2015 to 30 June 2016

<table>
<thead>
<tr>
<th>Organisation/Overhead costs</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Security, student support, cleaning, etc.</td>
<td>R161 700</td>
</tr>
<tr>
<td>Administration fee</td>
<td>R900</td>
</tr>
<tr>
<td>Telephone/Cellular phone</td>
<td>R2 000</td>
</tr>
<tr>
<td>Postage</td>
<td>R1 000</td>
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</table>

<table>
<thead>
<tr>
<th>Programme-related costs</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training facilitators</td>
<td>R200 000</td>
</tr>
<tr>
<td>External assessor: site visits</td>
<td>R12 000</td>
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<td>Project manager</td>
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<tr>
<td>Moderator</td>
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<tr>
<td>Uploading assistant</td>
<td>R900</td>
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<tr>
<td>Transport (ECD centre site visits)</td>
<td>R3 000</td>
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<tr>
<td>Principals meetings</td>
<td>R2 000</td>
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<td>Stationery for staff</td>
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<td>Workshops</td>
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<tr>
<td>Learning materials (textbook)</td>
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<td>Stationery pack (for learners)</td>
<td>R15 000</td>
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<tr>
<td>Resources for staff</td>
<td>R2 000</td>
</tr>
<tr>
<td>Material development</td>
<td>R2 000</td>
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<tr>
<td>Certification</td>
<td>R5 000</td>
</tr>
</tbody>
</table>

| TOTAL COST PER CLASS | R506 500 |

To offer this programme from scratch, additional capital items would also be required, including computer hardware and software, office furniture, vehicles, etc.
The Chaeli Campaign

*Inclusive Education ECD Programme*

“There still exists an assumption in education that, if children with impairments are included in ‘mainstream’ classrooms, they will ‘steal the time and attention’ of the teacher away from the able-bodied children. However, this model of ECD provision demonstrates that the opposite can be true.”
### AT A GLANCE

<table>
<thead>
<tr>
<th>Name of implementing organisation:</th>
<th>The Chaeli Campaign</th>
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</thead>
<tbody>
<tr>
<td>Implementer status:</td>
<td>Non-profit organisation, voluntary association, and public benefit organisation</td>
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<tr>
<td>Year organisation established:</td>
<td>2004</td>
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<td>Main focus of organisation:</td>
<td>Inclusive education</td>
</tr>
<tr>
<td>Head-office location:</td>
<td>Plumstead, Cape Town, Western Cape</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.chaelicampaign.co.za">www.chaelicampaign.co.za</a></td>
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<tr>
<td>Contact number:</td>
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### MODEL DETAILS

<table>
<thead>
<tr>
<th>Year launched:</th>
<th>Community Outreach programme launched 2009</th>
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</thead>
<tbody>
<tr>
<td>Launch province:</td>
<td>Western Cape</td>
</tr>
<tr>
<td>Geography type:</td>
<td>Urban, peri-urban</td>
</tr>
<tr>
<td>Time frame/Stage:</td>
<td>Ongoing, long-term programme</td>
</tr>
<tr>
<td>Main source of funding:</td>
<td>Community Outreach programme partially funded by the Department of Social Development</td>
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<td></td>
<td>Chaeli Cottage Pre-School funded through self-generated income and fundraising event initiatives</td>
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<tr>
<td></td>
<td>Whole programme also funded by Carl &amp; Emily Fuchs Foundation, and Nordex</td>
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<tr>
<td>Beneficiaries reached per year:</td>
<td>1 046 direct beneficiaries in 2016 (944 children and 102 ECD practitioners and parents)</td>
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### Keywords:

- Inclusive education
- Centre-based programme
- Inclusive ECD centre
- Community outreach
- Teacher training
- Teacher support
- Centre outreach
- Parent education
The Chaeli Campaign

Inclusive Education ECD Programme

The Chaeli Campaign

The Chaeli Campaign, founded in 2004, aims to mobilise ‘the minds and bodies’ of children with disabilities, and to create an inclusive society through advocacy, education programmes and events.

The specific objectives of The Chaeli Campaign are to:

• promote and provide in the mobility and educational needs of disabled children under the age of eighteen years, throughout South Africa;
• use the organisation’s facilities and resources to assist the disabled community in any way it sees fit;
• work in collaboration with other organisations for the advancement of the disabled community; and
• act as a facilitator to other centres, organisations and communities in Africa (The Chaeli Campaign, 2017).

The organisation, based in Cape Town but operating throughout South Africa, runs seven specific programmes in support of children and young adults with disabilities, in order to achieve its aims, including the Inclusive Education ECD Programme.

History

In 2008, The Chaeli Campaign cooperated with Masivuke Primary School in Brown’s Farm, in the Western Cape, helping the Foundation Phase to provide support to a number of children with disabilities in order to assist them with mainstream schooling. That year saw approximately 50% of the Grade 1s at Masivuke Primary School not qualify to progress to Grade 2. Concurrently, the organisation found that the teachers at the school, as well as at other ECD centres with whom they cooperated (assisting children with disabilities in mainstream education), were actively asking for help as a significant portion of their classes had children who did not have severe ‘disabilities’ but who were struggling and seemed to face significant barriers to learning (cognitively and socially).
These events made The Chaeli Campaign realise that there was a great need for early intervention, to actively target these children and try to prevent barriers to learning. This realisation acted as a catalyst for members of the campaign to start focusing on the early identification of barriers to learning. They decided to tackle this through skills upliftment of teachers and parents, specifically in ECD. This was provided in the form of a Community Outreach programme for ECD centres in marginalised communities that was launched in 2009.

In 2012, a fundraising initiative saw R90 000 raised for The Chaeli Campaign. At this time, it was identified that almost no ECD centres in South Africa offered a fully inclusive education experience for both children with disabilities and able-bodied children in one classroom. Through discussions with networks and parents of children with disabilities, it was decided that an Inclusive Education ECD centre – the Chaeli Cottage Pre-School, be established and run by The Chaeli Campaign. The centre started in 2012, as an Enrichment Centre, with just a few children on the premises of the head office of the NPO. The centre has grown significantly since then. In 2015, the centre took over the entire building, and the NPO moved its operations to a building next door.

Inclusive Education ECD Programme

The Inclusive Education ECD Programme, facilitated by a team of therapists (occupational therapist, speech therapist and physiotherapist), ECD teachers (and assistants), and community workers, comprises two specific interventions (one of which have two components). These are as follows:

- an inclusive education ECD centre, the Chaeli Cottage Pre-School (in Plumstead, Cape Town); and
- a Community Outreach programme (in Philippi and Masiphumelele, Cape Town), which consists of:
  - a skills development programme for **ECD teachers** in community-based ECD centres; and
  - a skills development programme to support **parents** of children in community-based ECD centres.

The Inclusive Education ECD Programme has two aims.

- The first aim is to support children with barriers to learning, as well as physical and intellectual disabilities, to access the services and input they need to support their schooling and education.
The Community Outreach programme provides parents and teachers with the knowledge and skills to identify barriers to learning and possible disabilities, and to support their children in becoming ready to enter and succeed in formal schooling (and to access external assistance if required).

The Chaeli Cottage Pre-School programme provides children with disabilities the support, therapy, stimulation and input required to develop optimally and holistically so as to live a full life.

- The second aim is to educate teachers, parents and able-bodied children on how to include children with disabilities in their ECD centres, and in their communities (i.e. to ‘normalise’ disability in society.)
- The Community Outreach programme provides teachers and parents with knowledge and information to shift mind-sets with regard to the possibilities and benefits of inclusive education, and creating inclusive communities.
- The Chaeli Cottage Pre-School programme provides children with a full, inclusive ECD centre-based programme; where both children with disabilities and able-bodied children can learn and be cared for together in an ECD centre, thereby learning from each other.
Programme theory

There are a number of key theoretical understandings that underpin the work that The Chaeli Campaign does in their Inclusive Education ECD Programme. These will each be discussed separately.

A focus on abilities

There currently exist diverse understandings of what inclusive education entails (or should entail) both in ECD and in education as a whole. In many instances ‘inclusive education’ results in children with disabilities being present in a mainstream classroom, but being physically separate from the other children, and working separately on different activities. However, The Chaeli Campaign programme works against this model, both through the advocacy actions of the campaign in its outreach interventions as well as, explicitly, in its ECD centre, the Chaeli Cottage Pre-School. The Chaeli Campaign’s model of inclusive education focuses on able-bodied and ‘differently abled’ children being educated together, in the same classroom, by the same teachers, by way of the same activities. Furthermore, the programme focuses on the abilities of the children and promotes these abilities, as opposed to focusing on the disabilities of these children. As such, the programme aims to drive the ECD centre from an ‘ability perspective’. This model fights against the false assumption that physical impairments directly result in intellectual impairments, and fights against the false assumption that intellectual impairments and physical impairments result in a child being unable to take part in activities to provide invaluable input and gain invaluable experience. Instead, this programme works to see the potential in a child and find opportunities for inclusion that provide maximum learning and benefits for all children involved.

The assumption is that children who are physically and intellectually impaired are seen as, “Oh they can’t do anything, so they can watch.” But it is being able to see the potential, and say, “Hey, Joe might be physically and intellectually impaired, but let’s use his table for the other children to play on, because the other children are going to learn through it, and then also Joe is going to be benefiting from the social engagement.” – Zelda Mycroft, Director of The Chaeli Campaign, 18 August 2016.
Working on the spectrum: from barriers to learning to severe disabilities

This Inclusive Education ECD Programme aims to target the entire spectrum of physical and intellectual challenges. It covers mild, moderate and severe intellectual and physical disabilities, and starts with children who face even small barriers to learning and exhibit delays in development (physically, cognitively, socially and emotionally). These delays could be due to a number of reasons, including, for example, the presence of a learning disorder, malnourishment or, significantly, environmental limitations. Many children living in marginalised communities served by this programme do not have access to the learning materials, educational equipment or quality early learning stimulation required to develop their abilities to navigate schooling successfully. For example, some children may not have held a pair of scissors or looked at a picture book until they reach Grade R, and this severely hampers their development.

Working with caregivers to reach more children

The Community Outreach programme specifically aims to provide children with occupational therapy (OT) intervention and input but on a larger scale than a one-on-one OT intervention. Instead of providing a limited number of children with one-on-one therapy, the Community Outreach programme works directly with caregivers (ECD teachers and parents) to provide them with the knowledge and tools to identify children with challenges, and to assist those children actively to develop to their full potential. By forming relationships with these caregivers (and the teachers in particular) and upskilling the caregivers to be able to identify and support these children (and seek external support if need be), the programme is able to reach increasing numbers of children each year. But more importantly, by upskilling the ECD teachers in a significant, meaningful and long-lasting way, this programme continues to assist the communities and future children of the ECD centre long after the organisation has exited the ECD centre. The teachers are able to continue to provide services to the children and community, year after year.

A therapeutically driven programme

This Inclusive Education ECD Programme (including both the Chaeli Cottage Pre-School programme and the Community Outreach programme) is ‘therapeutically driven’. The therapists (occupational therapist, speech therapist and physiotherapist) on the programme are central to the development of the content, materials, learning programme, implementation and supervision of the programme. Whilst the occupational therapist works primarily on the Community Outreach interventions, all three therapists spend one day a week on site at the Chaeli Cottage Pre-School, providing invaluable input on the inclusive education curriculum and development of the activities for all children, as well as providing guidance to the teachers and classroom assistants, thereby building their capacity.

The benefits and workings of inclusive education

The therapist-driven learning programme designed for the Chaeli Cottage Pre-School encourages children to progress according to their strengths. This means the learning programme is suitable for all children in attendance: from the able-bodied children to the children with severe intellectual and physical disabilities. This allows all the children to benefit from learning from each other. The children with disabilities are able to learn from, and be included by, the able-bodied children, and the able-bodied children in turn learn invaluable lessons from their differently abled counterparts. The lessons in social acceptance and cohesion are evident and yet, immeasurable. As such, there exists a two-way transfer of skills between the children, which the staff facilitate.
The programme staff assert that there still exists an assumption in education that, if children with impairments are included in ‘mainstream’ classrooms, they will ‘steal the time and attention’ of the teacher away from the able-bodied children. However, this model of ECD provision demonstrates that the opposite can be true; the children at the Chaeli Cottage Pre-School receive significant additional input, time and attention from qualified therapists (in addition to their qualified ECD teachers). Furthermore, as previously mentioned, the able-bodied children experience an inclusive community and in doing so, receive significant life lessons from their peers, which they would not receive at a non-inclusive ECD centre.

Detailed description of programme

The Chaeli Campaign’s Inclusive Education ECD Programme is discussed according to the three main intervention elements: the Chaeli Cottage Pre-School Inclusive Education ECD centre, the Community Outreach programme intervention with ECD teachers in community-based ECD centres, and the Community Outreach programme intervention to support parents. The two Community Outreach programme interventions will be discussed together as their mode of delivery is indivisible.

The Chaeli Cottage Pre-School Inclusive Education ECD centre

This ECD centre is based in a single-purpose building in Plumstead, Cape Town. It currently operates from 08:30 to 12:30 on weekdays, during the traditional school terms. The ECD centre caters for children (both able-bodied and children with disabilities) from the age of 3. The centre is staffed by two ECD teachers (one of which is the principal) and two classroom assistants. There are also two additional personal assistants who work specifically with two of the children with severe physical disabilities. In addition to this, an occupational therapist, physiotherapist and speech therapist each work at the ECD centre one day a week.

The centre consists of two classrooms, one large communal activity area, a kitchen, an additional activity and eating area, toilet facilities, offices and a large outdoor area.

Parent involvement and fees

The Chaeli Cottage Pre-School has quarterly meetings with parents, and provides
parents with reports every June and December. Additional resources for the parents are also sent home with the children throughout the year and constant communication is maintained during collection and drop-off times each day and by inviting parents on outings. The parents of the children in the surrounding community pay a set fee; however, the majority of the children with disabilities at the Chaeli Cottage Pre-School come from marginalised communities, and many cannot afford the fees. Due to the limited availability of inclusive ECD centres in the greater Cape Town area, many of the children at the Chaeli Cottage Pre-School come from a great distance, some travelling over an hour to get there every morning, as transport is a constant challenge for the families of the children attending the centre. The Chaeli Campaign is committed to not allowing finances to become an additional barrier for children with disabilities. After negotiations with the principal, the parents of children attending the centre pay fees in terms of a sliding scale according to what they can afford. As the fees at the centre do not cover the operating costs of the centre (discussed in more detail in section 10), these parents are asked to drive two fundraising initiatives each year. This request aims not only to bring in additional funds to the programme but also to promote advocacy for children with disabilities more generally.

A support group for parents with children with disabilities at the Chaeli Cottage Pre-School is expected to be up and running in 2017. The group will provide parents with a safe space to engage with each other, to share experiences of their daily life, provide incidental advice and support each other.

Staff to child ratios

As mentioned, the Chaeli Cottage Pre-School has a total of four permanent, full-time staff, two personal assistants for two of the children, and three therapists who each work one day a week at the centre. The centre currently has 13 children on site. Although the teachers have capacity to work with more children, additional classroom assistants would be required to increase this number. The reason for this is that many of the children with severe physical disabilities require significant additional physical assistance. According to the space and resources available, with a small increase in staff (three teachers and four classroom assistants), this ECD centre could accommodate a total of 30 to 40 children. It is important to note that the physical intervention required for the accommodation of children with disabilities in mainstream education often presents a significant barrier for inclusive education (and is often cited as the reason for not including children with physical disabilities in mainstream schooling). For example, the
physical assistance required for children with incontinence means only ECD centres and schools with additional classroom assistants will be able to accommodate additional children with these specific needs. Classroom assistants are needed as teachers cannot leave their classes to provide this additional assistance. The funding and/or subsidising of additional classroom assistants (by private funders or by government departments) to already existing ECD centres (and formal schools) could significantly maximise the reach of inclusive education.

We need to change people's minds away from, this is a physical problem that will bar you from life and education and everything ... to, this is a challenge that needs to be managed. So it's the management of an issue that needs to be the issue, not the issue itself – Zelda Mycroft, CEO of The Chaeli Campaign, 18 August 2016.

Age of the children at the centre

The Chaeli Cottage Pre-School accommodates children from 3 to 6 years of age; however, due to the lack of additional facilities for older children with severe disabilities, The Chaeli Campaign has incorporated its pre-existing enrichment centre to accommodate children who are 7 years and older. The enrichment centre is registered separately from the ECD centre.

The Community Outreach programme

The Chaeli Campaign provides two Community Outreach interventions: a skills development programme with ECD teachers in community-based ECD centres, and a skills development programme to support parents. Both of these are discussed together. As previously mentioned, the Community Outreach programme has two aims:
• to provide teachers and parents with the knowledge and skills to identify barriers to
By providing workshops for a brief period every year, the beneficiary ECD centre is not overburdened by service providers. This could happen and should be addressed in order to ensure that participants are able to function at their best.

Facilitating workshops in each teacher’s classroom allows for one-on-one training, direct support to children (and practical identification of possible issues) and, most significantly, greater application of lessons. Furthermore, working within the teacher’s workday and at their centre, does not require the teacher to invest additional time for this programme but instead, the service provider is showing that they are investing their time into the teacher’s place of work. The recognition of this investment is appreciated by teachers, and benefits implementation of the programme.

To achieve greater coverage, The Chaeli Campaign has structured their programme to include fewer (but more intensive) sessions with each participating centre, rather than more (less intensive) sessions. This also serves to ensure that participants do not become reliant on the service provider but rather are empowered to work independently and maintain authority over their classes.

It is important to understand that, in order to achieve a lasting impact, interventions take time. The first year primarily allows for relationship building, which is key for success.

Learning and possible disabilities, and to support their children in becoming ready to enter and succeed in formal schooling (and to access external assistance if required); and

- to provide teachers and parents with knowledge and information to shift mind-sets with regard to the possibilities and benefits of inclusive education, and to create inclusive communities. This is done by educating teachers, parents and able-bodied children on how to include children with disabilities in their ECD centre and in their communities (i.e. to ‘normalise’ disability in society.)

These Community Outreach interventions are facilitated in two communities in the Western Cape, namely Philippi and Masiphumelele. The Chaeli Campaign currently works with 45 ECD centres across these two areas.

Community Outreach – teacher support

The Chaeli Campaign works with each ECD centre on an annual basis, for a three-week period every year. This involves conducting one workshop (of approximately one hour in length) with a teacher in her ECD classroom, and with the children in her classroom, once a week, for three weeks. The programme was designed for application with approximately 30 to 40 children in a classroom, aged 4 to 6, and is facilitated by the occupational therapist (OT) and a community worker employed.

The programme aims to empower the teacher at the ECD centre to be able to assist the children in her classroom (identifying and supporting children with developmental delays, and creating an inclusive environment) without The Chaeli Campaign team’s input. This is done by forming a relationship with the teacher and by providing the teacher with input each year. Over the years, each teacher is assisted until she feels that she is capable of identifying possible issues with the children, supporting children in need, communicating with parents of children in need, and making successful referrals. This process has, thus far, taken approximately five years.

Community Outreach – parent support

This intervention programme offered to parents follows after the three workshops with the teachers at the ECD centres have been concluded. This programme comprises three workshops offered once a week for three weeks. Each of the workshops is two hours in duration. These workshops are held at a local community hall, local library, or a similar appropriate venue, and include parents from the last 6 ECD centres with which
the organisation has worked. The Chaeli Campaign conducts teacher workshops at three ECD centres for three weeks, then conducts another round of teacher workshops at three ECD centres for three weeks. Following this, the OT and community worker team distributes printed invitations for the parents from these six ECD centres/classes (roughly 180 parents invited in total), and conducts the workshops for parents with approximately 30 parents in one series.

Steps in implementing the Inclusive Education ECD Programme

1. Community entry and beneficiary recruitment

The community entry and beneficiary recruitment for the Community Outreach programme and the Chaeli Cottage Pre-School will be discussed separately.

For the Community Outreach programme

In targeting a new community to offer the Community Outreach programme, the process ideally involves The Chaeli Campaign utilising existing contacts and formal structures, which exist in the community to find someone who lives and works in the target community to act as ‘gate-keeper’. In a new community, members of the organisation would introduce themselves to the ECD forum, stating who they are, what they do, and what they have to offer the community. By working through the ECD forums, interested ECD centres have the opportunity to approach the organisation, meaning only those ECD centres who are interested in the programme are then brought into the programme. Following a connection with the ECD forum, The Chaeli Campaign would then connect with other service providers who also work with the ECD centres in the area (including other NGOs, government departments, local municipalities, etc.). Once a number of ECD centres show initial interest and the organisation starts to work with them, the success of the programme is also spread by word of mouth.

For the Chaeli Cottage Pre-School

The Chaeli Cottage Pre-school is based in a residential area in the Western Cape and was started with just a small number of children. This number grew slowly, through The Chaeli Campaign’s existing networks in the disability sector, and by word of mouth. As such, community entry was not a formal process. Recruitment and enrolment of children have been a challenge for The Chaeli Campaign as misconceptions about this model of inclusion are common. This has been overcome by allowing individuals to visit the centre and see the learning programme taking place.
2. Flexibility of the programme

The Community Outreach programme

The current Community Outreach programme uses a professional OT and a community worker from the area where the programme is implemented, and focuses on content that is relevant for children from various backgrounds. It is possible to adapt the programme to suit rural, peri-urban and urban areas. In terms of programme flexibility in implementation, the organisation asserts that, in terms of the frequency, duration and content of the teacher and parent workshops, the current model of the Community Outreach programme is a ‘winning formula’, successfully achieving its desired impact. If the programme were to expand, The Chaeli Campaign would aim to maintain the quality and integrity of the programme by keeping the ‘formula’ intact in the initial phase of implementation. Following the development of trust by the implementing team over time, the relevant tweaks to suit a specific community and geographical area could be made.

3. Staff recruitment

The staff recruitment and requirements for the Inclusive ECD Programme as a whole, as well as for the Community Outreach programme and the Chaeli Cottage Pre-School will each be discussed separately.

The Chaeli Campaign Staff recruitment

As the roles of therapists, teachers, teacher assistants, and community workers are relatively specific, the process of staff recruitment is not rushed by The Chaeli Campaign. Staff recruitment is conducted through building relationships over time. Many of the current staff members were recruited based on a long history with the organisation (for example, as a parent of a child in one of the organisation’s programmes). In terms of the community workers, if the organisation does not have an appropriate person in its network, it would connect with formal structures (ECD centres, schools, forums, networks in the disability sector) to identify a possible person to employ. The Chaeli Campaign values recognising unspecified skills in individuals and sees ‘buy-in’ from staff members as vitally important in the field of inclusive education. This is often gained through previous active engagement with a person with an impairment or disability, providing potential staff members with insight into the sometimes harsh realities of working in this sector. Community workers in particular are required to be from the community where they work. This allows community entry and recruitment of ECD centres and participants to run smoothly as the community members already know the community worker and the community worker already knows the area and community members.

The Community Outreach programme staff team

Essential to the implementation of the Community Outreach programme is the use of pairs of OTs and community workers (who speak Xhosa and are from the communities where they work) in the teacher and parent workshops. In the pair, the OT brings their professional training and runs the workshop in English. In fact, The Chaeli Campaign asserts that many of the communities they serve see great value in a professional ‘outsider’ providing input to the community. The community worker, as someone connected to the community, then brings his or her knowledge of the community and understanding of its culture, and translates the content into Xhosa. This use of pairs also allows for the benefit of additional safety when working in unsafe areas, and means there are always at least two people to facilitate large groups (of children or parents).
Both of the teachers at the Chaeli Cottage Pre-School are qualified ECD teachers with bachelor degrees in Education. They are not required by The Chaeli Campaign to have intensive specialised training in working with children with disabilities. For working in an inclusive education setting, the organisation believes that attitude and willingness to learn and include children in the ECD classroom are most important.

4. Staff training

The Chaeli Campaign trains its staff through on-site job shadowing, and mentoring from the teachers and therapists at the Chaeli Cottage Pre-School and the therapists in the Community Outreach programme. For the Community Outreach programme specifically, a community worker would start by focusing on translating everything the OT says in the workshops. As she becomes more familiar with the programme, she then takes on more responsibility for facilitation. Similarly, in the Chaeli Cottage Pre-School, the classroom assistants assist the teachers and therapists in their work, until they have gained enough practical skills and knowledge to take on more responsibility. The extent of in-service training and mentoring is thus determined by the previous experience of the staff member and the speed with which such member adapts to the programme. Recruitment of staff with previous personal experience with children or persons with a disability allows for smooth facilitation of staff mentoring.
5. Partnerships and referrals

The Chaeli Campaign connects with various other organisations and structures in order to carry out their programmes effectively and efficiently. These include local clinics, local primary schools, local government offices (for example, municipality offices and home affairs), the local ECD forum, and other ECD NPOs in the community. These partnerships serve to assist with various functions (including recruitment of beneficiaries) but mainly serve to allow for effective referrals to take place. These referrals mainly focus on attaining additional support for the children who exhibit developmental delays or possible disabilities (in the ECD centres in the Community Outreach programme). This usually involves The Chaeli Campaign providing the parent or caregiver of the identified child with a letter to take to the clinic, which states the reason for the referral by the OT. The caregivers and teachers report that these letters serve to make the clinics take the child's case ‘more seriously’.

The community workers follow up with individuals on all referrals made and additional steps are discussed if the referral process is not successful or is moving too slowly. Successes and challenges in referral processes are reported on by community workers in their monthly reports to the programme manager of the Community Outreach programme (discussed in more detail in the ‘Monitoring and Evaluation’ section).

6. Content

The content used in the Chaeli Cottage Pre-School and the content used in the Community Outreach will be discussed separately.

Chaeli Cottage Pre-School – learning programme

The learning programme at the Chaeli Cottage Pre-School is presented according to weekly themes, and includes activities for the holistic development of all the children. This includes fine and gross motor activities as well as experiential learning activities to develop life skills, literacy and numeracy. All the learning activities are aimed at all the children regardless of their abilities. The staff focus on “meeting the children at their learning point of need” (Zelda Mycroft) according to what the children are able to do. By working with all the children in the same classroom, and being fully inclusive, the programme works on the premise that children learn together through playing together.

The overarching aims of the learning programme are slightly different for each child, depending on the child's physical and intellectual abilities. For the able-bodied children, the aim is to get the children ready for formal schooling (the Foundation Phase in primary school). For children with moderate to severe disabilities, the aim is to develop optimally, to experience inclusion and ‘normal’ experiences of childhood, and live a full life. Through the set activities facilitated by the staff, different aims are achieved.

The Chaeli Cottage Pre-School staff and the therapists develop individual education plans (IEPs) for each child bi-annually (in the first and the third term) and use these to guide their work with each of the children. These plans look at five areas:

• activities of daily living and sensory inputs;
• movement or positioning;
• knowing and learning;
• socialisation and promoting positive behaviour; and
• most importantly, communication.

While many of the children with severe disabilities cannot speak, communication (as
opposed to language) is central to the work and all the activities facilitated by the ECD staff and therapists. By focusing on various forms of communication, the children are taught to communicate in different ways with different children and adults.

Community Outreach programme (teacher support) – workshop format and content

The Community Outreach intervention with ECD teachers involves three sessions, which follow a specified format, with specific content covered in each session. The first two sessions involve working with the teacher and the children on activities, such as throwing a ball, counting, creative art activities, building a puzzle, threading, etc. Throughout these two sessions, the OT and the community worker work directly with the children, but also maintain active discussions with the teacher in order to share knowledge on the various skills and abilities that the children should be developing. These sessions look at the following: gross motor skills, fine motor skills, co-ordination, counting and numeracy, colours, shapes, concepts and perceptual skills, sitting correctly and posture, and using educational resources (using scissors correctly, pencil grip, etc.).

These two sessions, most significantly, afford the OT a critical opportunity to provide various services:

• specifically observing any child about whom the teacher is particular concerned and providing feedback to the teacher;
• observing all children for any developmental delays and providing feedback to the teacher;
• providing input to the teacher on identifying barriers to learning;
• providing input to the teacher on how to support children with development delays (including suggestions for one-on-one practical work to be done with the child); and
• providing the teacher with referral options, where necessary.
The final session in the ECD classrooms focuses specifically on inclusion of others with disabilities. This session involves the OT and community worker utilising various equipment and resources to facilitate a discussion with the children on what disabilities are, making the children comfortable with various concepts, and aims to ‘normalise’ disability for the children and the teacher. This session involves the discussion of four specific areas:

- Discussion on children who use wheelchairs, why some children need to use wheelchairs, and being friends with children with physical disabilities in wheelchairs.
  – Children are each given a turn in an actual wheelchair, to experience it, and this is discussed.

- Discussion on children who are visually impaired or blind, why some children cannot see, and being friends with children with visual impairments.
  – Children are each given a blindfold and an example of text in braille, and this is discussed.

- Discussion on children who are deaf, why some children cannot hear, and being friends with children with hearing impairments.
  – Children are taught some basic sign language phrases to communicate with other children who are deaf.
  – Children are encouraged to talk to an adult when they have ear ache or cannot hear very well.

- Telling of the story of ‘Brenda’ – a child with HIV.
  – Children learn how a child with HIV stays healthy, takes medicine, and how they can be friends with children who might be HIV-positive.

At the end of this session, the teacher is provided with referral information, a set of books developed by The Chaeli Campaign, which highlights all the abilities of children with disabilities (namely the ‘Hope’ series), and additional materials and resources in order to allow further discussion on inclusion to take place with the children after The Chaeli Campaign team had left.
Community Outreach programme (parent support) — workshop format and content

Similar to the teacher workshops, the Community Outreach intervention to support parents also involves three sessions, which follow a specified format, with specific content covered in each session. For all three sessions, the OT and community worker facilitate various discussions with the parents and caregivers.

In the first session, following introductions and the signing of a register, the following is discussed with the parents and caregivers:
• the importance of parent involvement in children’s learning and development (the teachers, the children and the parents as three legs of a ‘three-legged pot’);
• hopes for the children;
• how children develop school-readiness skills from birth;
• practicing of fine motor activities to do with the children at home;
• making education resources from scratch; and
• what to expect of children in the Foundation Phase in primary school.

In the second session, the following are discussed:
• identifying whether a child is ready for formal schooling;
• reflecting on the child’s development and readiness;
• how to help their children develop and learn (specific tasks, utilising specific activities with the children);
• the importance of gross motor development, posture and good vision in the ability to learn in formal classrooms;
• demonstration of correct pencil grip and supporting the development of fine motor skills through various activities with the children; and
• the importance of play and stimulating discussions with children.

In the third session, the following are discussed:
• the importance of good nutrition, physical health;
• sleep, a safe environment and routine for success in school;
• effective communication (the importance of a good vocabulary, clear speech and attentive listening);
• hearing problems and medical interventions;
• how children learn to read;
• how children learn to follow instructions;
• the importance of daily reading and comprehension exercises with children; and
• how to support focus and concentration in children.

At the end of this final session, parents receive a kit of stationery and education resources. Depending on availability, the kits generally include crayons, scissors, glue, pencil crayons, koki pens (colour felt pens or markers), playdough or Plasticine, a ball or a bean bag, a colouring book, a Sebezaphone (a small phone made from recycled materials by The Chaeli Campaign adult beneficiaries), and a board game. The various items in the kits are discussed with the parents in order to ensure that the parents know how to use the items. The parents are encouraged to view the kit as a ‘parent resource’ for them to use with their children. By sharing these resources and the purposes behind the various activities, this kit serves to promote a transfer of skills development from ECD centre to home, and from home to ECD centre, and eventually, to formal schooling.

7. Monitoring and evaluation

The Monitoring and Evaluation activities of the Community Outreach programme and the Chaeli Cottage Pre-School programme will be discussed separately.
Monitoring and evaluation of the Community Outreach programme

At the end of each parent workshop included in the Community Outreach programme, parents and caregivers are requested to fill out a questionnaire regarding what they have learnt in the workshop and what could be made better in the programme. Parents and caregivers are requested to fill out the form in pairs in order to allow for discussion of the various responses. The responses are assessed and serve to guide adaptations of the programme. The teachers’ progress in the Community Outreach programme is assessed through monthly reports (detailed below). The Community Outreach programme tracks numbers and attendance of children for each session through the use of rigorous attendance registers.

Monitoring and evaluation of the Chaeli Cottage Pre-School programme

The parents at the Chaeli Cottage Pre-School fill out a pre-questionnaire (asking questions about their knowledge on disability) prior to their child attending the centre. The parents are asked to complete this questionnaire annually, thereby assessing how their knowledge of disability changes over time. The Individual Lesson Plans (described earlier) serve to monitor the progress of each child’s development as the staff reassess these plans each quarter. Accounts on this progress are provided together with school reports to parents in June and December.

Key monitoring and evaluation processes

Internally, the principal of the Chaeli Cottage Pre-school and the therapists provide monthly reports on the centre and the Community Outreach work to the ECD programme manager. These monthly reports are used to monitor progress, track referrals, and assess the effect of the programmes. This in turns allows for guided adaptation of the programmes.

A key activity in the documentation of the various elements of this ECD programme takes place in the form of a ‘journal club’. The therapists, teachers and community workers of The Chaeli Campaign meet every two to three months. They read new articles in the field of disability, and write their own journal articles for publication. In doing so, the staff are able to disseminate their learnings from the programmes to reach a greater audience.
Impact of the Community Outreach programme

As the Community Outreach programme is, at times, presented at ECD centres who receive additional interventions from other service providers (for example ECD teacher qualification training, nutrition programmes, etc.), The Chaeli Campaign indicates that it is challenging to assess the impact of this programme formally through an impact evaluation as it is unclear which interventions are producing which results, a common challenge in the NPO sector.

8. Materials required

The Community Outreach programme requires a single set of equipment, which each team of two staff members takes to the teacher support workshops. This includes a wheelchair, blindfold, braille cards, colour matching equipment, threading equipment, and The Chaeli Campaign’s set of books focusing on the abilities of children with disabilities. The programme purposely uses materials that are low-tech and which are often made from scrap materials (bottle tops, lids, etc.) in order to show teachers what can be done with what they already have at their centre.

9. Leadership, management and governance

The Chaeli Campaign has an ‘on the ground’ executive committee, which acts as decision-makers and reports to the active board. The focus of the committee is on community needs, flexibility and change. Their management system is similarly dynamic, with a ‘decentralised’ management approach. Each intervention has its own manager, with guidance and advice coming from the chief executive officer (CEO). This collaborative leadership allows for the dynamic adaption of programmes as various needs are identified and addressed.
10. Funding

The Chaeli Campaign asserts that fundraising in the disability sector is particularly challenging as a common misconception is that children with disabilities cannot learn anything through ECD opportunities. However, due to the significant need of their services, the organisation is driven to carry out their intervention programmes regardless of these challenges.

Currently, the Chaeli Cottage Pre-School brings in a nominal amount from school fees (roughly 10% of the running costs of the centre) with the majority of funds coming from The Chaeli Campaign’s private fundraising initiatives and self-generated income. The Community Outreach programme intervention is funded partially by the Western Cape Provincial DSD. The ECD programme as a whole is currently being funded by a number of donors, such as the Fuchs Foundation and Nordex.

11. Scaling-up

The need for an intervention programme such as this exists throughout South Africa as this type of programme is not currently offered on a large scale throughout the country. Due to the nature of the model of the Community Outreach programme (a multi-year intervention focusing on building relationships to shift mind-sets and attitudes), The Chaeli Campaign aims to make this programme more widely available via in-house training and expansion through satellite offices, with the central organisation offering hands-on training to fieldwork staff, with on-going communication, training and support provided. The Community Outreach programme also aims to expand the reach
of The Chaeli Campaign’s ECD centre. This is done by transforming already existing local ECD centres in communities into inclusive ECD centres. Further advocacy and scaling-up of the Community Outreach programme will aim to achieve this.

Although the Community Outreach programme could reach higher numbers in less time, without the extensive duration of the programme (an average of five years), the impact of the programme will not be seen. The scaling-up of this programme will require funders committed to long-term funding and achieving lasting effects.

12. Community exit

The Chaeli Campaign has withdrawn from five ECD centres in total thus far. These centres no longer required additional assistance as they were able to implement what had been taught in the preceding years successfully. Importantly, after the completion of the teacher workshops, parent workshops are still being offered at all ECD centres (as new parents join the ECD centres every year), which allows for additional support to the centre following termination of the programme.

Recommendations to policymakers

In terms of key, relevant policies, both in the ECD and disability sectors, it would be beneficial for policymakers to focus more time on guiding the implementation of these policies than the current policies allow for. Policies should also be disseminated more widely, and in more user-friendly formats. Additional budgets should be made available to ensure that policy aims can be achieved.

References

The Chaeli Campaign’s Inclusive Education ECD Programme costing

Table 23 below provides a breakdown of the number of direct beneficiaries reached by The Chaeli Campaign’s Inclusive Education ECD Programme. This table shows that the programme reaches approximately 944 children and 102 adults (teachers and parents) in a one-year period (based on 2016 data). Of these 944 children, approximately 100 children have disabilities. All of the beneficiaries were Black African.

Table 23. Inclusive Education ECD Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>BENEFICIARY GROUPS</th>
<th>Number of DIRECT beneficiaries of The Chaeli Campaign Inclusive Education ECD Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Children 3–4 years old:</td>
<td>240</td>
</tr>
<tr>
<td>Children 5–6 years old:</td>
<td>300</td>
</tr>
<tr>
<td>Children with disabilities:</td>
<td>57 of 540</td>
</tr>
<tr>
<td>TOTAL Number of children:</td>
<td>540</td>
</tr>
<tr>
<td>Adults (including teachers and parents):</td>
<td>92</td>
</tr>
<tr>
<td>TOTAL Number of beneficiaries:</td>
<td>632</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programme for a one-year period, a costing for the programme in total, as well as per child, can be seen. As seen in Table 24, the current Inclusive Education ECD programme (for both the Chaeli Cottage Pre-School programme and the Community Outreach programme) costs a total of R1 239 000 per year, excluding any capital investment. Utilising the current expenditure, the following costs can be extrapolated:

- Cost per child per year: **R1 313**
- Cost per direct beneficiary per year: **R1 184**

Finally, based on a hypothetical scaling-up exercise of the programme, the programme expenses for 10 500 direct beneficiaries were estimated. The total costs of this larger programme would be approximately R2 514 500* per year (which excludes any capital investment). Utilising this hypothetical programme expenditure, the following costs can be extrapolated:

- Cost per direct beneficiary per year: **R239.48***

(*It is important to note that these figures are projections and are based on 2016 rates, without taking inflation into account.)
Table 24. Inclusive Education ECD Programme: Expenses

To offer this programme from scratch, the following additional capital items would also be required: multiple laptops (including software), office furniture and vehicles (the current programme utilises one vehicle. If the programme were to expand, an additional vehicle would be required).
Sizisa Ukhanyo
demonstrates that despite the challenges of implementing a community-based ECD centre programme in an informal settlement in South Africa, it is possible to provide children with a stimulating learning programme with qualified teachers and strong management in place."
Sizisa Ukhanyo

Sizisa Ukhanyo Community ECD Centre Programme

**AT A GLANCE**

**Name of implementing organisation:** Sizisa Ukhanyo

**Implementer status:** Non-profit organisation and partial care facility

**Year organisation established:** 2005

**Main focus of organisation:** Early childhood development

**Head-office location:** 55053 Mqha Road, Kuyaya, Khayelitsha, Western Cape

**Contact number:** +27 (0) 21 363 2065

**Contact person:** Linda Khimbashe (Director and Principal)

**MODEL DETAILS**

**Year launched:** 2005

**Launch province:** Western Cape

**Geography type:** Peri-urban

**Time frame/Stage:** On-going, long-term programme

**Main source of funding:** Multiple donors (including accessing the Department of Social Development [DSD] and Western Cape Education Department [WCED] subsidies) and fundraising event initiatives

**Beneficiaries reached per year:** Sizisa Ukhanyo Preschool accommodates 256 children per year

**Keywords:** Centre-based programme, community ECD centre, early learning and stimulation, Grade R, learning through play
Sizisa Ukanyo
Community ECD Centre Programme

Sizisa Ukanyo

Sizisa Ukanyo is a community-based ECD centre, registered as a partial care facility and as a non-profit organisation with the Department of Social Development (DSD). ‘Sizisa Ukanyo Preschool’ (as it is known in the community) was established in 2005 as an ECD centre programme to serve the community of Kuyasa, an informal settlement in Khayelitsha, Western Cape.

Sizisa Ukanyo Preschool

This centre was established in 2005 in Kuyasa, Khayelitsha. The centre has since moved to new premises, also in Kuyasa, although the original Sizisa Ukanyo remains in operation as ‘Sizisa Ukanyo One’ at the original site. The ECD centre is currently run across two ECD sites: ‘Sizisa Ukanyo Two’ and ‘Sizisa Ukanyo Three’, which are on either side of the street in which they are located. The centres are separately registered with DSD as two ECD centres. However, the two sites function as a single ECD centre, across two plots of land, opposite each other. The one site is based on a large piece of land, with ample outdoor space for outdoor play, rented from the City of Cape Town Municipality. The second site is on a smaller piece of land owned by the principal and rented from the principal. The facilities are made up of multiple brick and mortar, and prefab buildings.

The ECD centre operates from 06:00 until 18:00 to accommodate working parents, with extended hours until 18:30 on a Friday. The children are all provided with breakfast, a cooked lunch and a sandwich in the afternoon, which is all prepared at the ECD centre. The meals vary each day to try and give the children a balanced and nutritious diet.

Sizisa Ukanyo Preschool accommodates children from three months to six years of age. In 2016, they had 256 children in their care. Included in this total, the centre has two Grade R classes on the site, accommodating 48 children. The centre also has two pre-Grade R classes accommodating 64 children.
Registration and Subsidisation

Registration with the Department of Social Development (DSD)

Any ECD centre in South Africa must, according to legislation, be registered with the DSD as the following:

Registration as a partial care facility (ECD Centre)

For registration as a Partial Care Facility with the DSD, the following needs to be obtained:
- Land use clearance (zoning/consent use) and approved building plans, obtained from the municipal land use department.
- Certificate for the preparation of food, obtained from the Department of Health (DoH).
- Health and safety clearances, obtained from the DoH, and the local municipality regarding bylaws on fire and safety.
- Name clearances of all staff against the National Register for Sex Offenders, obtained from the DSD.

Sizisa Ukhanyo Preschool has obtained all the relevant clearances and certificates for registration as a partial care facility and is currently registered with the DSD.

It is important to note that if a centre receives full registration as a partial care facility, this registration is valid for five years before renewal is required. If a centre receives conditional registration, this registration is valid for one to two years before renewal is required. Sizisa Ukhanyo Preschool has full registration.

Registration of the early childhood development programme

It is crucial for an ECD centre to have a well-balanced, stimulating learning programme, which is offered to the children every weekday, and is registered with DSD. A structured early learning programme is required that caters for the holistic growth and development of all children present, which is clearly defined (set out in the National Early Learning Development Standards [NELDS] and CAPS), and caters for each child’s individual developmental needs. There needs to be evidence of planning of the children’s learning activities, such as annual, quarterly, weekly and daily lesson plans. The programme
should also detail how children’s development is supported and assessed on a regular basis. Currently, Sizisa Ukhanyo Preschool implements the Grassroots Site Learning Programme, which is a registered learning programme with the DSD. The Grassroots Site Learning Programme provides ECD facilitators and teachers with activities and techniques to stimulate the development of children from birth until five years of age. Emphasis is placed on observation and assessment as well as including the parent(s) in the programme. This programme is discussed in more detail later. The staff at the centre conduct daily, weekly and annual planning. There is a daily programme in use at the centre, which is well balanced and flexible. The learning programme registration is valid for two years, before renewal of registration is required.

**Registration as a non-profit organisation**

Sizisa Ukhanyo Preschool is registered as a non-profit organisation with the NPO Directorate in the national DSD. To retain this registration each year, an annual narrative report and annual audited financial statement is required. Sizisa Ukhanyo produces these each year.

**Subsidisation**

An ECD centre, which is registered with DSD as a partial care facility and is registered as an NPO is eligible to apply for and receive the per capita ECD subsidy from the DSD (This is currently R15 per child per day). To receive the subsidy, the parents’ income is taken into account using the means test of the department. In the Western Cape only those children whose parents’ combined monthly income falls below R3 000 are eligible for the subsidy (other provinces set the threshold at different amounts, however R3 000 is the most common threshold). Proof of income of the parents, as well as each child’s birth certificate is required, amongst other documents, all of which has to accompany the application for the subsidy. Sizisa Ukhanyo currently receives this subsidy from DSD for the majority of the children at the centre.

**Registration of Grade R facilities with the Western Cape Education Department**

In the Western Cape, where children aged five to six years are enrolled, the centre needs to be registered with the Western Cape Department of Education (WCED) as an independent Grade R facility and the centre must adhere to the regulations of the Department. Sizisa Ukhanyo Preschool currently has two Grade R classes registered with the WCED.

In terms of this WCED subsidy, as with the DSD subsidy, a means test is conducted. When determining the amount of subsidy to be given to an ECD centre, the education department also assesses the area in which the Grade R site is functioning. A Grade R site needs to be registered for at least one year before they can receive subsidies from this department. Sizisa Ukhanyo currently receives the WCED subsidy for all eligible children.

**Membership of an early childhood development forum in the area**

At present, membership of an ECD forum is not compulsory for ECD centres. However, it is beneficial to the ECD centre. Membership of an ECD forum helps an ECD centre to keep up to date with what is happening in the community and in the ECD sector, to share community interests and issues, and to receive support for the ECD centre. ECD forums are becoming more professional than they had been previously and often no outside services can be rendered in the community without going through these forums. Sizisa Ukhanyo Preschool is currently part of a number of local ECD forums in the area, including the large Khayelitsha ECD Forum, and small local ECD forums.
Registration with SARS and the Department of Labour

All ECD centres must register as employers and register their employees with the Department of Labour to contribute to employees’ Unemployment Insurance Fund (UIF), as well as with South African Revenue Service (SARS) to pay employee Standard Income Tax on Employees (SITE) and Pay As You Earn (PAYE) contributions. UIF benefits ECD centres mostly in terms of maternity leave. Sizisa Ukhanyo Preschool is currently registered as an employer with the Department of Labour to contribute to their employees’ UIF, and is registered with the SARS to pay to their employee’s PAYE and SITE.

Administration

Sizisa Ukhanyo Preschool has all necessary administrative systems in place to manage the ECD centre effectively. They keep up-to-date records of their activities.

General administration

Sizisa Ukhanyo Preschool has extensive processes for general administration efficiency in place. This includes having registration certificates displayed on the walls, displaying the daily programme, and maintaining accurate records of daily registers for children and staff. The centre also keeps a file for each child, keeps all children’s records up to date, and the teachers use preparation books for the learning programme.

Children’s records

Sizisa Ukhanyo Preschool keeps copies of each child’s application form, indemnity form and medical form. They also keep incident report forms, medicine administration charts and they have parents’ information and contact details. They keep attendance registers, observation books, and progress reports for each child.

ECD centre policies

ECD centres need to put policies in place to ensure the smooth running of the centre, as well as to ensure that parents know what is expected of them and what parents can expect from the ECD centre. Sizisa Ukhanyo Preschool currently has all essential policies
in place at the centre. This includes: a child protection policy, a staffing policy, an HIV/AIDS policy, a policy on the acceptance of children with disabilities, a health and safety policy, and an admissions and discharge policy, to name but a few.

**Governance**

The role of the ECD centre governing body (also called a management committee) is to oversee the effective running of the centre by putting policies and procedures in place that will ensure this, as well as to support the principal and staff. At Sizisa Ukhanyo Preschool there is a functioning governing body which meets each quarter, holds an Annual General Meeting (AGM), and keeps minutes of all meetings. The ECD centre keeps the contact details of all governing body members, and has a code of conduct for members. Governing body members usually serve for one year. However, this depends on the duration of time their child is at the centre.

![Image](image_url)

**Human resource management**

Sizisa Ukhanyo Preschool has various systems for effective human resource management in place. For example, the ECD centre has job descriptions for all its staff members, employment contracts, grievance and disciplinary procedures, and leave application procedures in place. All staff contact details are kept, there is a file for each staff member, and staff meetings take place at least once a month, but sometimes more often, if required. Finally, all staff are provided with development and training opportunities and the staff are all qualified and capable of performing their duties.

**Financial management**

Sizisa Ukhanyo Preschool uses critical financial management protocols and systems for the effective running of the centre. They have a bank account, a receipt book, a children’s fees register, and a petty cash book at the centre. They also develop an annual budget, financial reports (income and expenditure statements) and produce staff salary slips.

Mrs Linda Khimbashe is the principal of Sizisa Ukhanyo Preschool. Mrs Khimbashe has also opened additional ECD centres in Khayelitsha, called Inkwenkwezi (Inkwenkwezi One and Inkwenkwezi Two), and Bright Future (in nKanini, Khayelitsha). Each of these sites is
registered or is in the process of registration, separately, due to their different erf numbers.

For the purposes of the current study, Sizisa Ukhanyo Preschool was the focus of this case study. However, the knowledge that Mrs Khimbashe gained from the processes, which were followed to set up various ECD centres in her community, was also covered.

Steps in implementing the community ECD centre programme

1. Community entry

Sizisa Ukhanyo Preschool was established following the identification by the principal of a need in the community for ECD-centre-based programming. This identification process took place informally, which is often the case when an individual starts an ECD centre in an area with a need. However, the process can also include going from door to door and asking community members what their needs are in terms of ECD programming in the area. Once the need for an ECD centre had been identified, the vital next step was to connect with the community structures in the area. The community structure is usually a group of community leaders that live in the area, and is described by Mrs Khimbashe as the ‘bones and stronghold’ of the community, serving as a type of ‘executive committee of the community’. Their approval and support is essential.

After obtaining support from the community structure to establish a new ECD centre in the area, the next step was to find suitable premises for the centre. The community structure can assist in this process, as they often know of people in the community who are selling their houses or who would offer their premises for rental. Once premises are found, the site is then examined to ensure that it is suitable as an ECD centre and that it has enough space for an outdoor play area.

Discussion with the ECD area forums about establishing a new ECD centre in the area is another important step in the process. These forums are crucial in setting up and running an ECD centre as they can provide invaluable advice and guidance. Joining the main area forum as well as a more area-specific forum enables the ECD centre to stay connected and up to date with the wider community.

Once a building had been acquired and support received from the ECD forums, the next step is to recruit teachers and staff. This process is covered in finer detail in the staffing section. Participant recruitment of children and their parents was the final step in the process of entering the community and establishing a new ECD centre.
2. Participant recruitment

Mrs Khimbashe, the principal of Sizisa Ukhanyo Preschool, reports that the majority of parents and caregivers hear about the ECD centre programme through word of mouth. The quality of the learning programme delivered at Sizisa Ukhanyo, as well as the additional services that Sizisa Ukhanyo offers (including meals and extended operating times) allow for successful recruitment of prospective caregivers and their children. The principal also makes use of advertising such as presentations on local community radio stations, but finds that the majority of the parents hear of the ECD centre through someone with first-hand experience there.

The centre makes use of an application form for enrolling children and tries to take on all the children who have applied, although this is not always possible.

3. Time frame

Children can attend Sizisa Ukhanyo from the age of three months, up until they have finished Grade R, generally at six years old. Although children are accepted from three months old, there is no definitive starting age at which a child is required to be enrolled. Mrs Khimbashe describes how some parents want to stay with their children while they are infants and then send them to the centre when they are three years old. However, because many parents or caregivers are working, most of the children are enrolled as infants at Sizisa Ukhanyo. Due to the early starting age, some children may spend just under six years at Sizisa Ukhanyo, which allows for strong bonds to be formed with peers and teachers.

4. Staffing

There are currently ten teachers working at the centre in addition to Mrs Khimbashe, the administrator, and the cook at the centre. All of the teachers are assisted by a number of teaching assistants, which include student teachers currently studying towards their NQF Level 4 ECD qualification, as well as volunteers.

ECD staff qualifications

Table 25 shows the details of the ECD centre staff at Sizisa Ukhanyo Preschool. This provides a snapshot of the kinds of qualifications and experience that ECD teachers at a quality community-based ECD centre have. This table does not reflect volunteers and additional student teacher assistants.

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Highest ECD qualification attained</th>
<th>Number of years at ECD centres</th>
<th>Years in ECD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal</td>
<td>NQF Level 5</td>
<td>11 years</td>
<td>19 years</td>
</tr>
<tr>
<td>Teacher: Grade R</td>
<td>NQF Level 5</td>
<td>9 years</td>
<td>9 years</td>
</tr>
<tr>
<td>Teacher: Grade R</td>
<td>NQF Level 5</td>
<td>8 years</td>
<td>8 years</td>
</tr>
<tr>
<td>Teacher: Pre Grade R (4 to 5)</td>
<td>NQF Level 5</td>
<td>4 years</td>
<td>4 years</td>
</tr>
<tr>
<td>Teacher: Pre Grade R (4 to 5)</td>
<td>NQF Level 5</td>
<td>2 years</td>
<td>5 years</td>
</tr>
<tr>
<td>Teacher: 3 to 4 age group</td>
<td>NQF Level 4</td>
<td>2 years</td>
<td>2 years</td>
</tr>
<tr>
<td>Teacher: 3 to 4 age group</td>
<td>NQF Level 4</td>
<td>1 year</td>
<td>2 years</td>
</tr>
<tr>
<td>Teacher: 2 to 3 age group</td>
<td>NQF Level 4</td>
<td>3 years</td>
<td>5 years</td>
</tr>
<tr>
<td>Teacher: 2 to 3 age group</td>
<td>NQF Level 4</td>
<td>1 year</td>
<td>4 years</td>
</tr>
<tr>
<td>Teacher: 18 months to 2 years</td>
<td>NQF Level 1</td>
<td>4 years</td>
<td>4 years</td>
</tr>
<tr>
<td>Teacher: 3 months to 18 months</td>
<td>NQF Level 1</td>
<td>2 years</td>
<td>2 years</td>
</tr>
<tr>
<td>Administrator</td>
<td>NQF Level 4</td>
<td>1 year</td>
<td>1 years</td>
</tr>
<tr>
<td>Cook</td>
<td>None</td>
<td>5 years</td>
<td>5 years</td>
</tr>
</tbody>
</table>
Staff-to-children ratio

The ECD staff-to-children ratios at Sizisa Ukhanyo Preschool (including teachers and assistants), meet the National Norms and Standards for ECD Programmes of the DSD. As per these standards, the ratios are set at:

- no more than 6 infants (birth to 18 months old) for every staff member;
- no more than 12 toddlers (19 months old to less than 3 years old) to every staff member;
- no more than 20 young children (3 to 4 years old) to every staff member; and
- no more than 30 children (5 to 6 years old) to every staff member.

5. Staff recruitment

When recruiting new staff, the principal uses the opportunity to offer employment to unemployed individuals in the community. This is done by encouraging those who are interested in working with children to volunteer at the centre until they are able to obtain their NQF Level 4-qualification in ECD. All teachers are required by Sizisa Ukhanyo to have at least Grade 10, as well as an NQF Level 4 in ECD (or should be in the final stages of attaining this qualification). The principal has an interview with candidates where the individual is given a simple lesson plan and asked to ‘teach’ it to Mrs Khimbasho. Along with the interview, the candidates are required to have a police clearance certificate stating that they have not been involved in any crimes against children. Certain qualities are also assessed, including the ability to work in a team and with children. Both qualities are extremely important. If the candidate is successful, he or she is put on a three-month probation period where his or her interaction with the children and other staff can be observed.

6. Staff training

External training

All of the teachers at Sizisa Ukhanyo have attained an ECD qualification from an accredited training provider. The majority of teachers obtained their qualifications through TVET colleges in the Western Cape. Additional skills training is also continually encouraged by the principal at the centre. This training for the staff comes from multiple sources. ECD forums play an important role in advertising training opportunities from
various service providers such as Ikamva Labantu and Sikulu Sonke in the Khayelitsha region. City of Cape Town officials provide the ECD forums with information on training opportunities on various topics such as identifying child abuse, health, nutrition, positive discipline, etc. DSD social workers attend the ECD forums and identify teachers who would benefit from further training and then endeavour to make that training available. Mrs Khimbashe encourages the teachers to attend training workshops, which stimulate creativity and where the teachers learn how to make resources from scratch for their classrooms.

**Internal training**

Mrs Khimbashe, the principal of Sizisa Ukhanyo, oversees six different ECD centres and has found it to be important and helpful that training and information is shared across the centres. Each quarter all of the staff members from the different centres meet for a workshop where information is shared and Mrs Khimbashe can ensure that all the teachers have the same training and knowledge.

7. Content

Sizisa Ukhanyo preschool uses the Grassroots Site Learning Programme (SLP) to great effect. The SLP is a stimulation programme previously based on the NELDS, which was revised in 2015 to comply with the National Curriculum Framework (NCF) for the 0–4-year-old age group. It consists of ideas, resources and activities, which are used to facilitate growth and development in children. The SLP makes use of daily, weekly and monthly planning which helps to ensure that all the Early Learning and Development Areas (ELDAs), and the related aims, are reached. Learning through play and active learning are encouraged and the SLP creates opportunities for this learning to take place.

The SLP is subdivided into four terms, which reflect the school terms. Each week within the term is based on a theme and the daily activities build on the theme. Some of the themes are:

- in and around my home;
- colours;
- fruit and vegetables;
• squares and circles;
• triangles and rectangles; and
• cultures.

The daily programme has a consistent structure, which helps the children to learn a routine. The morning begins with a welcome activity, and a register is taken. From there, a discussion around the calendar and what day and month it is, takes place as well as a discussion about the weather. Charts and calendars are used to add a visual component to the discussion and help the children to begin recognising words. The welcome section of the morning is concluded with the children sharing any news that they have.

The daily programme forms the main part of the SLP and involves a morning ring (a teacher directed time when children share news, discuss the interesting topics, as well as sing songs), creative art, small group time, music and movement, as well as outdoor play time and story time. Each of the activities in the programme is designed to meet an ELDA and for each aspect (creative art or outdoor play) there is an assessment element to be carried out (e.g. ‘Can the learner listen and follow instructions?’). The theme stays the same for the week while each day has different activities, which build on the theme. The routine remains the same all year round.

8. Funding

Currently, Sizisa Ukhanyo has a number of funding and income sources. In addition to receiving the per capita ECD subsidy from the DSD and the Grade R subsidy from WCED (the main sources of funding for Sizisa Ukhanyo), schools fees contribute as the third biggest source of income, and some smaller sources of funding and income supplement this.

Subsidies

The majority of the children at Sizisa Ukhanyo Preschool come from low-income homes within the Khayelitsha community. Almost all of the children at the ECD centre qualify for the DSD per capita ECD subsidy. As previously mentioned, this subsidy is determined by a means test, and is provided to the ECD centre for those children whose parents...
have a combined household income of R3 000 per month, or less. At present the per capita ECD subsidy is R15 per qualifying child per day. At Sizisa Ukhanyo, 213 children qualify for the subsidy out of the total of 225 children registered. Sizisa Ukhanyo also receives the Grade R subsidy from WCED. Their subsidy is R18 per learner per day, and is provided for all 4- and 5-year-olds (with birthdays in January to June that year) to 5- and 6-year-olds (with birthdays in January to December that year) in all registered Grade R classrooms (in accordance with WCED regulations). Sizisa Ukhanyo currently receives this subsidy for 93 children in their care.

Table 26 shows the number of children at the ECD centre, as well as the number of children receiving subsidies from the relevant government departments.

### Table 26. Sizisa Ukhanyo Preschool: Number of Children

<table>
<thead>
<tr>
<th>Total number of children:</th>
<th>256</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children registered with the DSD</td>
<td>225</td>
</tr>
<tr>
<td>Number of children registered to receive the DSD subsidy</td>
<td>213 (73 of these only in 2017)</td>
</tr>
<tr>
<td>Number of children registered to receive the WCED subsidy</td>
<td>93</td>
</tr>
</tbody>
</table>

As seen in Table 26, Sizisa Ukhanyo Preschool is oversubscribed (the total number of children exceeds the number of children registered with the DSD). This is due to the great need in the community, as well as a shortage of funds available to increase the size of the centre. Sizisa Ukhanyo is not able to accept all the children who apply to attend the centre due to the DSD National Norms and Standards for ECD Programmes regulating the size of the space and number of children at the centre. If Sizisa Ukhanyo were to expand to accommodate more children, more teachers and therefore further funding would be required. Therefore, trying to meet the needs of the community in a sustainable way is an ongoing challenge.
ECD centre fees

As mentioned, the children range in age from three months to six years old. The fees for Sizisa Ukhanyo are currently set at R300 for the younger children (3 months to 18 months), R250 for the toddlers (two to three years old) and R200 for the older children (four to six years old).

Mrs Khimbashe indicated that at the other ECD sites under her supervision the ECD school fees are even lower, as the communities in which they are based are particularly poor. Those fees are currently set at R250 for the younger children (3 months to 18 months), R200 for the toddlers (two to three years old) and R150 for the older children (four to six years old).

Mrs Khimbashe aims to assist the communities that those ECD sites serve by having a specific policy allowing for 10% of all of the children at the centres to be non-paying children. This is to accommodate those children whose caregivers cannot afford to pay even the minimal school fees. Included in this group are unemployed grandmothers who have taken on the role of primary caregiver, as well as teenage mothers. The aim is to make the ECD centres accessible to all parents and caregivers regardless of their financial situation. By having such a policy these caregivers are able to send their children to receive quality early learning despite being unemployed. Although the centre is limited with regard to how many non-paying children can be accommodated, the aim is to meet the needs of the community as best as possible.

Other sources of income

Another significant source of income comes from fundraising that the caregivers of the children organise for the ECD centre. There are a number of events and activities, which are used as fundraisers and the centre explicitly has certain expectations of the parents and caregivers with regards to fundraising goals. Sizisa Ukhanyo also receives vouchers from a number of businesses, which allow necessary items and food to be purchased. Sizisa Ukhanyo is also the beneficiary of donations, and has long-term donors.

9. Monitoring and evaluation

Formal evaluation processes do not take place. However, there are a number of structures in place to monitor the quality of the education provided. Sizisa Ukhanyo makes use of enrolment books, admissions forms and indemnity forms which help to maintain up-to-date records, as well as keeping copies of up-to-date clinic cards to ensure that children are healthy and on schedule with their immunisations. A register, medicine book and injury book are kept in each class and the teachers keep an observation book where any concerns/observations about the children are noted. If there are any concerns, a referral process is followed.

With regard to monitoring the teaching at the centre, on a Friday the principal goes through all of the lesson plans prepared by the teachers for the following week. If the principal encounters any problems or weaknesses she will work with the teacher(s) to resolve these. The teachers are required to plan individually and their planning should reflect weekly, monthly, quarterly and annual plans. For continuous monitoring and observation the principal conducts visits to each classroom and will step in and support the teachers where needed.

10. Partnerships

Sizisa Ukhanyo works closely with the other ECD centres supervised by Mrs Khimbashe.
Training and information is shared between the centres to increase the knowledge of all staff members and ensure that all the centres are operating on the same level. Sizisa Ukhanyo also works with the City of Cape Town by attending training that they provide and leasing premises for the ECD centre from the City. Non-profit ECD organisations and training providers, such as the Centre for Early Childhood Development (CECD), are also partners who provide training, equipment and support. Lastly, Sizisa Ukhanyo connects with local clinics and health practitioners in the area to allow for referrals regarding any health concerns about any of the children in their care.

11. Other processes followed

Referral process

Each teacher at Sizisa Ukhanyo keeps an observation book, which is used to note any concerns about the children in his or her group. Concerns regarding a child will first be discussed with the principal, and then with the parents or caregivers of the child in question. The ECD centre has a list of organisations in the area to which the child can be referred and the caregivers are supported in following through with this process. It is vitally important that early identification of any concerns (development delays or concerns regarding possible abuse or neglect) and early intervention take place as soon as possible. This gives the child the best opportunity for remedial work. The teachers need to be aware of the signs of development delay, child abuse and neglect, and must know how to respond accordingly. This is a process which is continuously developing at Sizisa Ukhanyo as the staff continually attend training and increase their knowledge.

Facilities

At Sizisa Ukhanyo the teachers are responsible for the cleaning of their classrooms. General cleaning happens on a day-to-day basis with Fridays being reserved for a more thorough clean up. At the beginning of the year before the ECD centre opens, the teachers take an inventory of their classrooms and supplies and create a list of the resources they need. Due to financial constraints, the needs cannot all be met at the beginning of the year and therefore some items are prioritised and others are bought later in the year.
Community engagement

All of the Sizisa Ukhanyo facilities are housed in formal buildings, which the community use on various occasions. Meetings, voting stations, church services, a soup kitchen and various ‘awareness days’ are all run out of the Sizisa Ukhanyo facilities throughout the year. These activities allow Sizisa Ukhanyo to form significant connections with key role players in the community, whilst also serving to meet the needs of the greater community.

Challenges

Various challenges arise whilst running a community-based ECD centre programme, some of which are discussed below.

Subsidies

The principal, Mrs Khimbashe, described many challenges encountered while running Sizisa Ukhanyo and the other ECD centres. Funding is a constant challenge. In 2016, there was a period of four months during which the subsidy from the DSD was not received due to a delay in paperwork. This resulted in no salaries being paid during those months, and the principal used her personal resources to cover costs.

Subsidies and infrastructure

Another challenge is that DSD has stated that they will not continue to provide the per capita ECD subsidy to ECD centres that are housed in informal structures or ‘shacks’. Therefore three of the other ECD centres that Mrs Khimbashe supervises need to be upgraded to formal buildings. This requires additional capital that is not currently available. These ECD centres all require the DSD subsidy to run effectively, and therefore negotiation about this new regulation is a challenge.

Income and school fees

It is evident that budgeting and financial planning is particularly difficult when the income from school fees is not constant, but rather fluctuates depending on parents

Expenses, such as rent and meals for the children, are essential and need to be covered each month. Having dedicated staff in place, and maintaining communication with them is critical to maintaining a consistent learning programme, despite any possible financial challenges. (Staff members’ commitment to the ECD centre meant that they were willing to wait for their salaries to come through – a remarkable act of commitment.)
and caregivers’ ability to pay fees. This means that planning for large upgrades of current facilities, which require large capital investment, can be problematic.

Language

Another challenge experienced by the staff at Sizisa Ukhanyo is the fact that all curriculum materials for qualification training are provided in English but the children and teachers at the centre are predominately isiXhosa speakers. Translating the curriculum into isiXhosa in order to work for them can be difficult, but is necessary for the teachers to understand it fully. It is encouraging that the Grade R curriculum is available in a variety of languages. However, language remains a significant issue. Policies and legislation regulating the registration and running of ECD centres are also often only published in English. This can complicate the process of registration and adherence to regulations for non-English-speaking ECD centre principals and supervisors significantly.

Internal challenges – human resources and training

Training is an important aspect of continuous development but poses a significant staffing challenge to ECD centres when teachers attend off-site training during the operating times of the ECD centre. The principal at Sizisa Ukhanyo attempts to coordinate teachers and volunteers/students as best as possible, but scheduling this as well as deciding which teachers to send to training is an ongoing challenge. Training opportunities are given to staff who have been at the ECD centres the longest first, but new staff also require training opportunities. Mrs Khimbashe has also found that some staff members move to other employment opportunities once they have received further training, which is a frustrating challenge. Training is also required for new staff members who come in to replace people who had left.

The principal of Sizisa Ukhanyo stated that managing an ECD centre in a community such as hers takes passion and patience. Money cannot be the focus. It is a process that is full of challenges: communication with the community and the parents and caregivers, as well as having a strong team of passionate, trained and skilled ECD teachers, is pivotal to the running of a successful ECD centre.
Conclusion

This case study on Sizisa Ukhanyo demonstrates the challenging realities of implementing a community-based ECD centre programme in an informal settlement in South Africa, from challenges surrounding registration and subsidisation, to receiving school fees and securing funding. This case study, however, shows that despite these challenges, it is possible to provide children in under-resourced areas with a high-quality centre-based programme that is affordable for the community it serves, whilst still providing the children with a stimulating learning programme with qualified teachers and strong management in place.
Sizisa Ukhanyo's ECD Centre Programme costing

Table 27 provides a breakdown of the number of beneficiaries reached by Sizisa Ukhanyo's ECD Centre Programme. This table shows that the ECD centre reaches 256 children per year (based on the 2016 data). This includes a majority of 4- to 5-year-olds, and 3- to 4-year-olds. As can be expected, there are significantly fewer infants and toddlers than older children at the centre.

Table 27. Sizisa Ukhanyo Preschool: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>Total number of children enrolled:</th>
<th>256</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months to &lt; 12 months</td>
<td>19</td>
</tr>
<tr>
<td>12 months to &lt; 2 years</td>
<td>19</td>
</tr>
<tr>
<td>2 to &lt; 3 years</td>
<td>44</td>
</tr>
<tr>
<td>3 to &lt; 4 years</td>
<td>62</td>
</tr>
<tr>
<td>4 to &lt; 5 years</td>
<td>64</td>
</tr>
<tr>
<td>5 to 6 years</td>
<td>48</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programme over a one-year period, a costing for the programme in total, as well as per child, can be done. As seen in Table 28, the current ECD centre programme costs a total of R1 075 106 per year. This excludes any capital investment. From the current expenditure, the following costs can be calculated:

- Cost per child per year: R4 200
- Cost per child per month: R350

It is important to note that the current fees for Sizisa Ukhanyo Preschool do not cover this cost per child per month. As such, it is important for them to access subsidies and other funding sources.
Table 28. Sizisa Ukhanyo Preschool: Expenses

Programme expenses: 01 January 2016 to 31 December 2016

<table>
<thead>
<tr>
<th>Organisation/Overhead costs</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting fees</td>
<td>R1 557</td>
</tr>
<tr>
<td>Bank charges and interest paid</td>
<td>R21 599</td>
</tr>
<tr>
<td>Cleaning and gardening</td>
<td>R2 007</td>
</tr>
<tr>
<td>Insurance</td>
<td>R1 422</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>R70 836</td>
</tr>
<tr>
<td>Rental/bond repayments</td>
<td>R26 335</td>
</tr>
<tr>
<td>Rates</td>
<td>R10 119</td>
</tr>
<tr>
<td>Building repairs and maintenance</td>
<td>R2 364</td>
</tr>
<tr>
<td>Telephone and fax</td>
<td>R2 099</td>
</tr>
<tr>
<td>Programme-related costs</td>
<td></td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>R574 551</td>
</tr>
<tr>
<td>Education materials and resources</td>
<td>R58 811</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>R1 009</td>
</tr>
<tr>
<td>Travelling expenses/transport</td>
<td>R22 026</td>
</tr>
<tr>
<td>Food and groceries</td>
<td>R236 045</td>
</tr>
<tr>
<td>Gas and paraffin</td>
<td>R13 535</td>
</tr>
<tr>
<td>General expenses</td>
<td>R432</td>
</tr>
<tr>
<td>Graduation expenses</td>
<td>R13 449</td>
</tr>
<tr>
<td>Kitchen equipment</td>
<td>R16 908</td>
</tr>
</tbody>
</table>

| TOTAL COSTS PER YEAR                          | R1 075 106  |

To create this programme from scratch, additional capital items would also be required, including computer hardware and software, office furniture, vehicles, etc.
CASE STUDY

Centre for Early Childhood Development

_ECD Centre Infrastructure Upgrade Programme_

“This programme has played a significant role in improving children’s access to quality education in safe environments. It does not only focus on the infrastructural needs of ECD centres, but also assists principals and teachers in improving their management and teaching skills.”
AT A GLANCE

Name of implementing organisation: Centre for Early Childhood Development (CECD)
Implementer status: Non-profit organisation, non-profit company, and public benefit organisation
Year organisation established: 1994
Main focus of organisation: Early childhood development
Head-office location: Claremont, Cape Town, Western Cape
Website: www.cecd.org.za
Contact number: +27 (0) 21 683 2420
Contact person: Eric Atmore (Director)

MODEL DETAILS

Year launched: 2001
Launch province: Western Cape
Geography type: Urban, peri-urban, rural
Time frame/Stage: Ongoing, long-term, multi-year programme
Main source of funding: Various sources including government departments (Western Cape, DSD in particular), foundations and trusts, corporate social investment initiatives and international philanthropists
Beneficiaries reached per year: Approximately 1,844 direct child beneficiaries reached in a one-year period (2015/2016)
Keywords: ECD centre upgrade, infrastructure upgrade, whole-centre upgrade, centre outreach, minimum norms and standards
The Centre for Early Childhood Development (CECD) is a registered non-profit and public benefit organisation committed to promoting access to quality early childhood development (ECD) facilities for all the youngest citizens of South Africa. The organisation, established in August 1994, provides training, resources and support to individuals, organisations and communities to enhance their capacity and capability to deliver effective ECD services. With offices based in Cape Town, the organisation carries out activities on a national scale in a wide range of urban, semi-urban and rural areas. CECD has also worked in other countries across Africa, giving the organisation a significant reach, and an international footprint.

The major contributions of CECD to the ECD sector over the past twenty-two years have been well recognised, and the organisation continues to grow, focusing on implementing integrated ECD programmes including a focus on leadership and management, organisational development, entrepreneurship, ECD teacher skills training, contributing to ECD policy, and producing quality research in the ECD sector. Through its various on-the-ground programmes and services the organisation has reached approximately 399 490 young children to date.

A flagship programme of the Centre for Early Childhood Development is the ECD Centre Infrastructure Upgrade Programme, first initiated in 2001, with funding from the Western Cape provincial Department of Social Development (DSD).

ECD Centre Infrastructure Upgrade Programme

The ECD Centre Infrastructure Upgrade Programme started in 2001, when the Western Cape provincial DSD office approached CECD to assist with the national Integrated Service Land Project (ISLP), a presidential project of then President Thabo Mbeki. The specific objective was to build six new ECD centres on sites in the Western Cape, allocated by the City of Cape Town. These sites were in Delft, Brown’s Farm, Crossroads,
Weltevreden Valley, and Philippi. The centres were built at a cost of R1.8 million each. Today these centres accommodate more than 500 children on a daily basis.

With the significant success of the ISLP project, CECD was propelled onto a successful trajectory in working on ECD centre infrastructure, both in the form of building new ECD centres, and also, more frequently, upgrading already existing ECD centres.

At the end of 2005, the Western Cape DSD approached CECD to upgrade existing ECD centres in low-income communities in the Western Cape, including Khayelista, Gugulethu, Langa, Nyanga, Mitchell's Plain, Eersterivier, Wynberg, Bellville, Atlantis, Paarl, George, and Oudtshoorn. Through an assessment phase, CECD encountered ECD centres in such poor condition that CECD recommended they amalgamate with other ECD centres in the particular community. After this assessment was completed, 179 ECD centres qualified for the programme, and all 179 ECD centre were upgraded over a period of 23 months. A total of 31 131 young children benefitted from this project.

The ECD Infrastructure Upgrade Programme was developed to assist ECD centres in meeting the national minimum norms and standards for partial care facilities of the DSD, the education and safety requirements set out by the DSD with which all ECD centres must comply in order to register with the DSD, and be eligible to qualify for the ECD per capita subsidy.

Taking a holistic approach

Upgrades to existing ECD centres may include anything from installing new windows, flooring, ceilings, and roofing, to rebuilding toilet facilities, and kitchen facilities. Major upgrades include the construction of new buildings on designated land. The Infrastructure Upgrade Programme activities do not stand alone. Rather, these activities are facilitated within a holistic approach involving staff training and improvement of learning facilities, and connecting to various other programmes facilitated by CECD. This is because, while the upgrading of ECD centre infrastructure helps the financial sustainability of the centre (by means of gaining access to government subsidies), it does not only ensure proper management of the ECD facility.
“Many people make the mistake that sustainability is about rands and cents. It is not. It’s about strategy and leadership,” says the director of CECD, Professor Eric Atmore. With this in mind, additional training to principals and governing body members is provided to ensure centres are managed effectively. Furthermore, teachers are identified for training and are either formally connected to Technical Vocational Education and Training (TVET) colleges in their region and assisted to obtain their ECD qualification, or connected to the teacher training programmes of CECD, if additional practical skills and knowledge is required. ECD centres receiving upgrades are also specifically placed into other CECD intervention programmes where education equipment provision and training on the effective use of equipment is provided, if this is required at the centre.

A note on registration

Registration as a partial care facility is a difficult and time-consuming process. To become registered, the centres need to meet the minimum norms and standards set out by the DSD. This alone can be a complex and unaffordable process. It is important to note that the norms and standards for partial care facilities, as set out by the DSD, have been put in place to safeguard children and to ensure that they are being cared for in a safe learning environment that encourages their holistic development. If a centre does not meet the minimum norms and standards (as set out in the Children’s Amendment Act No. 41 of 2007) centres can be closed down. ECD centres have to pass inspections by various departments (e.g. the fire department and the health inspector), the property has to be zoned correctly and name clearances for all staff have to be conducted to ensure that staff members are not on the sexual offences list. All this needs to be in place before an ECD centre can register with the DSD. Unfortunately, the majority of ECD centres in South Africa have poor physical infrastructure in place and therefore they do not pass the inspections. As these ECD centres are poorly resourced, they are often unable to complete the infrastructure upgrades required. Furthermore, being poorly resourced means that these ECD centres require the subsidy even more than more well-resourced ECD centres.

Registering an ECD centre can also be financially challenging. In addition to the costs of required upgrades, training, and safety and educational equipment, the number of documents required to complete an application makes this process unaffordable for many ECD centres. To limit printing expenses, some government departments have started to request the documents on a flash drive. This, however, remains a stumbling block for principals who do not have access to technology. Some areas also require the principal to pay a fee for each visit from the Health Inspector and the Fire and Safety Marshall to obtain the relevant certificates.
Finally, although the DSD asserts that registering an ECD centre should take between four and six weeks, the availability of inspectors and other procedures make it a significantly longer process.

A key focus of the programme is to facilitate the registration of ECD centres first as a partial care facility and also as a non-profit organisation (NPO). Once certified as both by the DSD, the ECD centre can qualify as a subsidy recipient. To receive a subsidy, the centre must comply with a number of regulations. This includes submitting monthly and quarterly reports, birth certificates of the enrolled children and proof of the parents’ income. Additionally, the use of the subsidies is strictly governed by the DSD.

The ultimate goal of the programme is to ensure the quality of centre-based ECD programmes in South Africa and to promote access to ECD for all children in South Africa, thereby improving the standards of ECD across the county, specifically in the most disadvantaged communities. It also serves to encourage development initiatives in the ECD sector and to strengthen collaboration between the various stakeholders, namely ECD centres, community members, ECD non-profit service providers, government departments, and funders. It is planned that the programme will expand to enhance its reach and gradually break the cycle of poverty and inequality across the country.

Description of the programme

Over the past 16 years, CECD has facilitated a number of different projects within the ECD Infrastructure Upgrade Programme scope. These have included numerous projects funded by various donors and funders, providing clusters of minor and major upgrades to existing ECD centres, as well as projects involving the building of new ECD centres. The process for the upgrading of an ECD centre, whether a minor or major upgrade or the building of a new ECD centre, takes place according to a specific procedure.

Once identified for the programme, each centre is visited by a CECD fieldworker to assess the conditions of the space and discuss the various possibilities for improvement with the principal. Sometimes some principals would already have building plans approved and CECD would suggest improvements to these if necessary. While some centres must be demolished and rebuilt, others only require minor repairs and installations. Therefore, the funds and time invested in each upgrade vary from one ECD centre to another. Most common upgrading activities include new windows, floors and ceilings,
roofing, waterproofing and painting. As part of an upgrade centres are also supplied with emergency equipment such as fire hydrants, fire blankets, etc., as well as outdoor equipment (including jungle gyms). If required centres are also included in CECD’s programmes to receive education kits, which stimulate learning to encourage both fine motor and gross motor development. Kits include items such as puzzles, memory games, books, blocks, fantasy play items, balls, buckets and spades, wheelbarrows and skipping ropes.

While the focus is on infrastructure, the ultimate goal of the programme is also to empower ECD principals, members of the ECD centre governing bodies and teachers, and to enhance their professional skills. As part of the holistic on-site support, the programme offers skills training for teachers (including in topics such as fire safety and emergency procedures, childhood illnesses, identifying barriers to learning, nutrition and wellness) and governance training for principals and governing body members (including training in topics such as financial management, human resource management, infrastructure maintenance, fundraising registration, and accessing subsidies). CECD also encourages staff to acquire recognised qualifications in ECD. These training sessions provide the staff with all the necessary material and resources to maintain and run the centre effectively and sustainably.

Throughout the various stages of the programme, CECD engages on a continuous basis with the staff of the ECD centres, the funders, the architects and builders, the City of Cape Town (in the Western Cape), the DSD, the Department of Health, and other relevant stakeholders. All services are delivered according to the operational plan developed during the first stages of the project. CECD follows a standard process and adjusts to the context of each newly funded project.

To date, approximately 420 ECD centres have been upgraded by CECD, and 25 brand-new ECD centres have been built from scratch, enabling young children to benefit from a safe, stimulating and quality learning environment.

Steps in implementing the ECD Centre Infrastructure Upgrade Programme

1. **Community entry**

The approach of CECD to community entry varies based on the target area and the prior involvement of CECD with the community. Generally, CECD would first reach out to the DSD officials and/or local municipality in the area. In cases where CECD does not have
a previous footprint, and struggles to make contact with such formal structures, staff would physically visit the community and engage face to face with various stakeholders. This would involve walking from house to house in the community, and speaking with community members to identify ECD centres in the area. After identifying all existing ECD centres in an area, CECD organises community engagement sessions with the principals, usually via an ECD forum or, if this is not present in the area, an informal network of principals, to share information about the programme and the various procedures CECD would undertake. Each centre that is interested in joining the programme is asked to fill out a brief ‘assessment’ form and then CECD staff schedule site visits with each existing centre individually.

At these site visits, a thorough needs assessment of the ECD centre is completed. These need assessments include the assessment of a number of important factors and key indicators, while exploring the various challenges the ECD centre might be facing both in terms of building infrastructure and in terms of management, learning programme facilitation, finances, and resources. The needs assessments from all ECD centres are collated, all needs are identified and prioritised, and an implementation plan for the roll-out of the intervention programme is developed and communicated to the various relevant stakeholders.

It is important to note that in many instances in a new target area, CECD staff conduct a broad needs assessment of the community first, prior to inviting ECD centres onto a specific programme, in order to ascertain the specific interventions required in that community. For example, perhaps the community has many well-built ECD centres, and only requires ECD qualification and skills training for teachers. Alternatively, the community has too few ECD centres, and more ECD centres need to be built and developed. Following this, an integrated intervention programme is tailored to the needs of that specific community, and CECD engages with the relevant stakeholders.

2. Staff contingent

Programmatic staff comprises an ECD fieldworker and a programme manager who facilitate the entire process from identifying and assessing the needs of each ECD centre, liaising with all the relevant stakeholders, obtaining building quotes, overseeing
all building work done, and providing on-site support to the ECD centres. An operations manager is responsible for establishing the upgrading plan and overseeing its progress and successful completion. The programme also requires at least one ECD trainer, as part of the comprehensive package of services provided to an ECD centre. These trainers conduct management, governance and teacher training sessions for various programmes facilitated by CECD.

A requirement of the programme is that contractors in the local communities facilitate the recruitment of local labourers. CECD has built an extensive network over the years through the roll-out of this programme, and tries to collaborate with trusted contractors in their network in the respective areas. When working with contractors for the first time, CECD would evaluate their professionalism during minor upgrading contracts, and then use these contractors for larger and larger upgrades, according to their proven track records. So far, the programme has provided more than 2 100 job opportunities to unemployed local workers.

This programme requires a committed team to be run efficiently and effectively. It is essential for the programme manager to have a background in ECD, experience in programme management and knowledge of construction work to oversee the builders’ activities. Once the builders have received their instructions, CECD staff would focus on all the other aspects of the programme including the training sessions, liaising with other stakeholders, assisting with the registration process and reporting to the donors.

The programme manager, the operations manager, fieldworker and trainers must all have ECD knowledge and experience of ECD centre management. Excellent interpersonal and mediation skills are also important assets. All parties involved in the implementation of the programme should be passionate and committed to the cause.

3. Staff training

No particular staff training is designed for the implementation of this specific programme. All staff have adequate knowledge and skills from previous work experience in ECD (a requirement for working on this programme) and have received training throughout years of working for the organisation and gained relevant knowledge along the way.
The holistic approach of the programme encourages staff to collaborate and learn from one another. Inputs from the local community on each project have also been invaluable for the development of the programme.

4. Partnerships

Partnerships are essential to increase the extent and quality of support for each centre and guarantee that a holistic intervention is provided to each centre. Key partners include the DSD, the Department of Health, the City of Cape Town (for those sites in the Western Cape), local municipalities, funders (many of which are involved and active in upgrade activities), as well as contractors, builders, and architects, if required. It is also crucial to reach out to organisations that have been involved in the area of intervention to obtain detailed information about the local context.

5. Participant recruitment

CECD identifies potential candidates for upgrades through a variety of processes, including through formal community needs assessment processes, through CECD’s other programmes by consulting the local ECD forums in specific areas, or through CECD’s ECD helpline, on which ECD centres can contact the organisation via email or phone at any time. Past beneficiaries from the programme have also started to spread the word about the programme.

The participants are recruited through an extensive assessment process, with the number of ECD centres each year being determined by the amount of funding available. CECD also takes into account the level of vulnerability of the beneficiaries. All services that CECD provides to the centres are free of charge. An essential eligibility criterion is the level of commitment, motivation and dedication of the governing body and principal of the ECD centre. To ensure that the ECD centre will value the programme, it is recommended to encourage the ECD centres to find ways to contribute, even on a small scale, towards the cost of their upgrade.

Following the completion of a needs assessment and the recruitment of a beneficiary ECD centre, CECD assesses the space with the principal, conducts site visits with a contractor, discusses the upgrade plans with the principal and the contractor, and obtains a quote. Once everything has been approved, the principal and contractor/builders make arrangements for dates that are suitable for both parties.
6. Delivery of programme – venues

This programme requires minimal infrastructure to be run effectively. It only needs an office space for administrative purposes (which can also be conducted remotely) and an adequate training space. CECD, in fact, often conducts training sessions in community or church halls, as this is often more practical for the participants who attend the training, since it does not require them to spend time or money on travel.

Regarding the actual sites of construction, arrangements are made to avoid disturbing the children at the centre during an upgrade. For example, most activities would take place over weekends and often there would be an extra room to accommodate the children during the construction. Principals tend to be very helpful in accommodating the builders.

7. Participant training and content

As mentioned, the ECD Infrastructure Upgrade Programme is not offered in isolation, but is a component of a whole-centre upgrade approach. Therefore, all participants in the programme also receive relevant training from CECD with additional on-site support. This includes training in governance and management for principals and supervisors, as well as teacher training opportunities for all ECD teachers at the ECD centre.

Training for principals and supervisors is based on the NQF unit standard, “Managing an Early Childhood Development Service”, which CECD is accredited to offer, and participants receive credits if they are studying towards their Level 5 qualification in ECD.

In line with the aim of this programme (to assist ECD centres to meet the minimum norms and standards as set out by DSD in order to become registered and eligible for the DSD per capita ECD subsidy) specific training sessions are held to assist centres with the registration process. The focus is on both the registration as a partial care facility and as a NPO with the DSD. The training sessions are followed with sessions on applying for the DSD per capita ECD subsidy. On-site support with attaining this registration and subsidisation is critical to help ECD centres to achieve this goal. Following the completion of all building work at their respective ECD centres, principals are also provided with training in facility maintenance.

Finally, all ECD teachers at beneficiary ECD centres are provided with training opportunities. In addition to connecting teachers in need of an ECD qualification to TVET colleges in their region, teachers in need of skills training are also placed on the teacher training programmes of CECD, which focus on various topics such as literacy, numeracy, life skills, creative arts, nutrition, health and safety, inclusive education, and the daily programme, to name but a few.
8. Time frame

The time frame for each centre on this programme varies based on the needs of the ECD centre and the extent of upgrade required. In general, CECD works with an ECD for a minimum of one year to a maximum of three years. For construction of new centres, the period is usually one year from the time when funding has been approved and building plans and zoning applications have been submitted, to the final completion of the building.

9. Monitoring and evaluation

The Centre for Early Childhood Development uses various monitoring and evaluation (M&E) tools and processes in order to monitor programme progress, and assess the impact the programme is having on beneficiaries. The key M&E activities, which take place on this programme, are discussed below.

Baseline and follow-up assessment

CECD conducts needs assessments of all ECD centres when they enter the programme. These needs assessments are particularly thorough in order to assess various key indicators of quality, challenges faced by the ECD centres, as well as the current compliance of ECD centre with norms and standards of the DSD. The needs assessments also serve as baseline assessments for the interventions. After all intervention activities including building upgrades, resource provision, supervisor, governing body and teacher training, and on-site support, follow-up assessments are conducted to assess the level of impact this programme has had on the beneficiary ECD centre.

On-site support visit documentation

Throughout the intervention, CECD staff do on-site support visits to the principal/supervisor and teachers at the ECD centre. These visits involve providing on-site practical support and mentoring for the staff. The visits include assisting principals and supervisors with specific registration and management challenges, and assisting teachers with implementing knowledge and skills acquired in training. Following each visit, the CECD staff member fills out a ‘support visit record sheet’ recording relevant observations, assessing specific indicators (progress in relevant areas), recording a summary of the support activities provided, and noting further follow-up activities that need to take place. These forms are submitted to the operations manager for monitoring of progress.
Monitoring visits

In addition to on-site support visits, CECD conducts monitoring visits throughout the building upgrade phase. These monitoring visits are conducted to ensure all upgrade work is progressing according to schedule and to a high quality, as well as to maintain communication with the principal to assess whether she is happy with all building activities taking place. The frequency of these visits varies based on the location of the ECD centre. For centres located less than 100 kilometres from CECD offices, a visit would take place at least once a week. For centres situated further away, the programme manager would communicate with the principal and builders over the phone and request pictures to monitor progress. Site visits at these centres would take place at a minimum every few weeks, if not more often, depending on the duration of the upgrade work, and the distance of the centre. Once the building renovations are completed, the programme manager inspects the site to ensure that all upgrades are completed as listed on the previously agreed upon quote.

10. Programme flexibility

This programme was designed to be flexible with regard to the context within which it operates, as well as the various needs of each ECD centre and each target community. In some cases, the centres are based in principals’ homes and are not necessarily suitable for children due to a lack of space and resources. Although the degree of upgrading varies from one centre to another, the programme is implemented with the belief that the large majority of centres will benefit from support for improvement. CECD also collaborates with other organisations involved in the area to share responsibilities and avoid overlap.

11. Funding

Over the years, the ECD Centre Infrastructure Upgrade Programme has been well-supported by the Western Cape DSD, as well as a number of funders including foundations and trusts, corporate social investment initiatives and international philanthropists.

CECD works towards securing funding at least six months to one year before starting an upgrade. The principal of the centre is only informed about the upgrade once funding is confirmed in order to avoid disappointment.
CECD also assists principals in implementing fundraising strategies for additional resources for the centres when the budget for the infrastructure upgrade does not cover all the needs of the centre, such as additional furniture or office equipment. This greatly encourages the staff of the ECD centres to take ownership and contribute to their own professional development.

It is important to note that the budget for a specific project and the conditions of the centres in the area of intervention will determine the number of upgrades that can be done simultaneously in a target community. Before initiating the building process, CECD ensures that the funder is aware of the results of the assessment and recommendations that have been made.

12. Community exit

A key aim of this programme is to promote sustainability of ECD centres by assisting ECD centres to meet the DSD norms and standards. This is done by upgrading the physical infrastructure in parallel with providing training opportunities for principals and teachers. Once beneficiary ECD centres meet these norms and standards, are running effectively, are registered as a partial care facility and registered as a NPO, and are on track with their application to receive the per-capita funding from DSD, CECD would exit from those ECD centres. The time frame for each project, or cluster of ECD centres, is established and communicated to principals before the upgrade process starts.

Following a formal exit, CECD remains available at all times for support and the sharing of resources. The programme also aims at building networks within the local communities and encouraging collaboration within the ECD sector. CECD connects principals and teachers in the area during the training sessions to create a local support system and extend the impact of the programme.

Challenges and lessons learnt

Upgrading home-based ECD Centres

The upgrading of home-based ECD centres presents significant challenges. Home-based centres are often started in the principal’s home because the principal has no
It is recommended to build a relationship with the staff of ECD centres through training sessions first before proceeding with any construction work. This gives the beneficiaries an opportunity to show their dedication to the centre and the programme.

It is crucial that beneficiaries be strongly committed, invested and passionate about their work in ECD in order to ensure the programme has a lasting impact.

It is necessary to be aware of the risks of an area at all times and to put specific safety procedures in place to mitigate those risks.

other suitable space. These centres are often in the most need of intervention, requiring infrastructure upgrading, additional resources and guidance through their registration process. Unfortunately, as these buildings are owned by private individuals, using funding to upgrade these facilities can become risky. For example, it is within the principal’s right to close such an ECD centre at any given time. However, she may have just received a large building infrastructure upgrade to her premises for the purposes of the ECD centre. This can cause significant issues. To avoid these, yet remain inclusive, CECD has implemented a stringent assessment for selecting participants, questioning principals thoroughly on their plans for their centres for the next five to ten years.

Demand

A major challenge that CECD faces is keeping up with demand. Nearly all the ECD centres with which the CECD works, across all of its programmes, would benefit from an upgrade, yet the programme can only reach a set number of ECD centres each year because of costs. As such, the investment, time and number of potential candidates make the selection process complex and forces CECD to prioritise centres and areas. The demand highlights the relevance of this programme and the need for similar initiatives to expand and address gaps. Currently, obtaining funds for a substantial upgrade project and for projects in specific areas can be challenging as some donors have defined target areas, and small budgets.

Safety

Over the years, safety has been a significant challenge in various areas in the implementation of this programme. CECD has put in place measures to ensure the security of the staff. This remains an ongoing challenge.

Conclusion

The ECD Centre Infrastructure Upgrade Programme has played a significant role in improving children’s access to quality education in safe environments. The programme
does not only focus on the infrastructural needs of ECD centres and within this, on building new ECD centres, but also assists principals and teachers in improving their management and teaching skills. ECD centres are also assisted to become adequately equipped with stimulating learning materials for children to thrive.

Through the building of new ECD centres, CECD promotes employment opportunities not only for local builders, but also for children’s caregivers who previously did not have access to an ECD centre in their area.

By encouraging more ECD centres to reach the minimum norms of standards as set by DSD, the programme contributes significantly towards achieving the 2030 objective of the National Development Plan to ensure access to quality ECD education for all of the youngest citizens of South Africa.
CECD’s ECD Centre Infrastructure Upgrade Programme costing

Table 29 provides a breakdown of the number of beneficiaries reached by the ECD Centre Infrastructure Upgrade Programme. This table shows that the programme (based on 2015/2016 data), upgraded 31 ECD centres, and reached 1 719 direct child beneficiaries each year. This programme also facilitated the building of a new ECD centre in 2015/2016; a centre, which accommodates 125 children each year. It is important to note that this reach fluctuates from year to year, depending on the various projects funded that year.

Table 29. ECD Centre Infrastructure Upgrade Programme: Number of Beneficiaries Reached

<table>
<thead>
<tr>
<th>Number of DIRECT beneficiaries of the CECD ECD Centre Infrastructure Upgrade Programme</th>
<th>Minor and major upgrades</th>
<th>Building a new ECD centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECD centres reached</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>Total number of children reached</td>
<td>1719</td>
<td>125</td>
</tr>
<tr>
<td>0 to &lt; 18 months old:</td>
<td>69</td>
<td>25</td>
</tr>
<tr>
<td>18 months to &lt; 2 years old:</td>
<td>103</td>
<td>25</td>
</tr>
<tr>
<td>2 to &lt; 3 years old:</td>
<td>344</td>
<td>25</td>
</tr>
<tr>
<td>4 to &lt; 5 years old:</td>
<td>687</td>
<td>25</td>
</tr>
<tr>
<td>5 to 6 years old (Grade R) children</td>
<td>516</td>
<td>25</td>
</tr>
</tbody>
</table>

If these figures are considered in relation to the expenditure for the programme for a one-year period, a cost for the programme in total, as well as per beneficiary, can be calculated. For the purposes of this exercise, the expenditure for the minor and major upgrades of 2015/2016 is reflected. As seen in Table 30, for 2015/2016 to reach 31 ECD centres, the current programme cost a total of R2 174 153. Using these expenses for the year, the following costs can be calculated:

- Cost per direct child beneficiary in year 1: **R1 265**

Based on a hypothetical scaling-up exercise of the programme, the programme expenses to reach 310 ECD centres (and therefore to reach 17 180 direct child beneficiaries) were estimated. The total costs of this larger programme would be approximately R18 016 744* for the year. Using these hypothetical total costs, the following costs can be calculated:

- Cost per direct child beneficiary in year 1: **R1 048**

(*It is important to note that these figures are projections and are based on 2016 rates, without taking inflation into account.)
# Table 30. ECD Centre Infrastructure Upgrade Programme: Expenses

**Programme expenses:** 01 April 2015 to 31 March 2016

<table>
<thead>
<tr>
<th>Organisational/Overhead costs</th>
<th>To reach: 31 ECD centres</th>
<th>To reach: approximately 310 ECD centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors’ fees</td>
<td>R3 840</td>
<td>R11 520</td>
</tr>
<tr>
<td>Accounting fees</td>
<td>R8 519</td>
<td>R25 557</td>
</tr>
<tr>
<td>Bank charges</td>
<td>R1 910</td>
<td>R5 730</td>
</tr>
<tr>
<td>Advertising, marketing and promotions</td>
<td>R5 328</td>
<td>R5 328</td>
</tr>
<tr>
<td>Cleaning and gardening</td>
<td>R1 939</td>
<td>R1 939</td>
</tr>
<tr>
<td>Computer expenses (maintenance)</td>
<td>R1 069</td>
<td>R1 069</td>
</tr>
<tr>
<td>Electricity and water</td>
<td>R5 946</td>
<td>R5 946</td>
</tr>
<tr>
<td>Insurance</td>
<td>R6 765</td>
<td>R6 765</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>R9 711</td>
<td>R58 266</td>
</tr>
<tr>
<td>Postage and courier</td>
<td>R6 638</td>
<td>R6 638</td>
</tr>
<tr>
<td>Rental/bond repayments</td>
<td>None at CECD</td>
<td>None at CECD</td>
</tr>
<tr>
<td>Rates</td>
<td>R1 200</td>
<td>R1 200</td>
</tr>
<tr>
<td>Building repairs and maintenance</td>
<td>R1 853</td>
<td>R1 853</td>
</tr>
<tr>
<td>Staff training and development</td>
<td>R3 655</td>
<td>R3 655</td>
</tr>
<tr>
<td>Security</td>
<td>R1 147</td>
<td>R1 147</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>R1 823</td>
<td>R1 823</td>
</tr>
<tr>
<td>Telephone and fax</td>
<td>R5 599</td>
<td>R33 594</td>
</tr>
<tr>
<td>Website/Internet</td>
<td>R600</td>
<td>R600</td>
</tr>
</tbody>
</table>

**Programme-related costs**

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director: part salary</td>
<td>R40 000</td>
<td>R40 000</td>
</tr>
<tr>
<td>General manager: part salary</td>
<td>R28 000</td>
<td>R28 000</td>
</tr>
<tr>
<td>Operations manager: part salary</td>
<td>R30 000</td>
<td>R90 000</td>
</tr>
<tr>
<td>ECD fieldworkers and trainers: salaries</td>
<td>R600 000</td>
<td>R3 600 000</td>
</tr>
<tr>
<td>Catering (include trainee refreshments)</td>
<td>R4 800</td>
<td>R48 000</td>
</tr>
<tr>
<td>Printing, materials and resources (including manuals)</td>
<td>R7 038</td>
<td>R70 380</td>
</tr>
<tr>
<td>Travelling expenses/transport</td>
<td>R21 000</td>
<td>R210 000</td>
</tr>
<tr>
<td>Verification costs</td>
<td>R2 100</td>
<td>R2 100</td>
</tr>
<tr>
<td>Monitoring and evaluation costs</td>
<td>R6 000</td>
<td>R60 000</td>
</tr>
</tbody>
</table>

**Other costs: building upgrades costs**

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building materials</td>
<td>R631 740</td>
<td>R6 317 404</td>
</tr>
<tr>
<td>Building: labour</td>
<td>R716 333</td>
<td>R7 163 332</td>
</tr>
<tr>
<td>Fire and safety equipment</td>
<td>R19 600</td>
<td>R195 998</td>
</tr>
</tbody>
</table>

**TOTAL COSTS PER YEAR**

|                         | R2 174 153 | R18 016 744 |

To offer this programme from scratch, additional capital items would also be required, including computer hardware and software, office furniture, vehicles, etc.
5.1 Introduction

This chapter comprises three sections: the first summarises the key trends and insights that emerged from the featured case studies, the second looks at the various policy implementation challenges and the corresponding policy recommendations that came out of this research study, and the third section details recommendations based on the findings of this research.

South Africa has many quality ECD programmes, having a significant effect in the lives of the children of our country.

5.2 Key trends and insights from the case studies

Throughout the research process, many trends and insights were learned about the ECD non-profit sector and the range of early learning programmes they provide. From interviewing ECD specialists, along with reviewing and assessing ECD programme options, as well as conducting interviews and site visits based on ECD programme submissions, we found that South Africa has many quality ECD programmes, having a significant effect in the lives of the children of our country. However, these programmes often operate in isolation, with minimal cohesion amongst the efforts of the sector. Our research shows that, at the time of this research, there was a great deal of variation in ECD programmes in South Africa, particularly in terms of the quality of programmes that were provided, the varying target numbers, as well as varying costs for the different programmes. This was particularly evident in the submission data that was received.

In addition to the above, some of the findings and trends that emerged from the study were as follows:

• From the programme submissions, and more specifically, the interviews, it was found that many of the most effective programmes (different programmes aiming to achieve different objectives) utilise a home-visiting model with great success.
• There is a concentration of top-quality ECD NPOs and programmes in the Western Cape, and a lack in many other provinces. This needs to be addressed (perhaps through funding to expand their work by means of satellite offices in other provinces).
• Similarly, there are many areas across provinces that are unserved and under-served by NPOs. There is a significant divide in terms of rural and urban areas, with an unequal distribution of services skewed in favour of urban communities. This is concerning, considering that almost half (44%) of South Africa’s children live in rural households (Delany, Jehoma & Lake, 2016), while only a few ECD programmes target rural areas.
• The traditional ECD NPO sector is driven, at its core, by a small number of committed, passionate leaders and programme staff.
• Many existing NPOs have changed their focus in recent years to ECD. These NPOs are fast becoming significant role-players in the ECD sector.
• The lack of inclusive education ECD facilities in South Africa remains a significant challenge, which needs to be addressed.
• In South Africa, 63% of children are not in centre-based ECD provision (Early Learning Resource Unit [ELRU], 2016). This is due to many reasons, such as affordability; reach or availability; parents being at home and not feeling the need to send their children to an ECD centre; and a lack of awareness of the importance of ECD. It is unclear how many of these children are accessing alternate forms of ECD provisioning, such as out-of-centre programmes, and how many have no access. Consequently, more expenditure needs to be put into reaching this 63% of young children. With the majority of government expenditure going into ECD centre-based programmes, young children not attending ECD centres are not provided for.
• There is currently no provision in the Children’s Act for non-centre-based ECD programmes and as such, each toy library is required to register as a partial care facility with DSD. In terms of registration, the physical toy library is seen as a centre-based programme and therefore is required to comply with the minimum standards of partial care facilities, as specified by the Children’s Act. Each toy library programme is registered as an ECD learning programme with DSD, but the fact that there is nothing guiding non-centre-based programmes is a challenge. It is illogical to use ECD centre registration requirements for out-of-centre programmes, as they are fundamentally different in their mode of delivery. Importantly, ECD NPOs are in discussion with government to address many of the issues surrounding centre-based and non-centre-based programmes, their registration and minimum standards.

“ In South Africa, 63% of children are not in centre-based ECD provision. ”
Some patterns that emerged from the case studies of ECD programmes are discussed below.

- Impact evaluations are not common and more evaluations need to be conducted in order to validate the claims of programmes.
- NPOs often align their programmes to government policies and curriculum frameworks (e.g. the Curriculum and Assessment Policy Statement [CAPS], the NELDS, and the National Curriculum Framework [NCR]).
- Receiving long-term funding for programmes is often a challenge with many organisations, particularly smaller organisations, and those that do not have a proven track record (i.e. have only been in existence for a short while). This has an effect on the roll-out of ECD programmes.
- In the Western Cape, the DSD funds many of the best practice programmes that are included in these guidelines. This cannot be said for the other provinces.
- Many programmes assessed did not have formal theories of change, which drove their programme development. Usually, their programme models were based on common knowledge and considerable years of experience.
- Monitoring and evaluation quality, depth, frequency and importance varied from NPO to NPO, and from programme to programme. This was often driven by funder and contractual requirements.
- As part of this study, a costing of each ECD programme was done, along with an analysis of the number of direct and indirect beneficiaries reached. These results were correlated, and showed interesting results. Based on the 12 programmes included in this study, a number of trends could be seen. There was a strong correlation (0.24) between the number of children reached (either directly or indirectly) and the cost-effectiveness (per child) of the programme. This was calculated by looking at the number of children reached by each programme for a one-year period, as well as the direct cost per child beneficiary for that period for each programme. This data for all 12 programmes was analysed, and the correlation coefficient for these data points was calculated.

Table 31 below illustrates the scale of cost-effectiveness of the 12 ECD programme options included in this study, and Table 32 presents a ranking of the reach that each of these ECD programme options had. These tables demonstrate that the most cost-effective programmes, which reached the highest number of children, were the large-scale teacher training programmes. It is these programmes that work with ECD centre teachers or practitioners (reaching children indirectly); hence, the lower cost and greater reach.

Table 31. Ranking of Cost-effectiveness of Programme Options

<table>
<thead>
<tr>
<th>MOST EXPENSIVE PER CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inclusive ECD centre programme</td>
</tr>
<tr>
<td>2. Specialised home visiting programme (rural or with trained counsellors)</td>
</tr>
<tr>
<td>3. Community-based ECD centre programme</td>
</tr>
<tr>
<td>4. Out-of-centre outreach programme (home visiting, toy libraries, playgroups)</td>
</tr>
<tr>
<td>5. Outreach (training) programmes with ECD centre (as often the teachers are the direct beneficiaries, including large- and small-scale programmes)</td>
</tr>
</tbody>
</table>
Table 32. Ranking of Reach of Programme Options

<table>
<thead>
<tr>
<th>REACHES THE MOST CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>

The analysis of the 12 ECD programme options allowed us to record and compare the frequency as well as the duration of each of the programmes. As can be seen in Table 33 below, the programmes with the highest frequency and duration were the ECD centre programmes, and the programmes with the lowest frequency and duration were the large-scale outreach (training) programmes conducted with adults.

An analysis of the three tables presented indicates that the ECD programmes, which are the most cost-effective and reach the highest number of children, are those that have more limited frequency and depth.

Table 33. Ranking of the Frequency and Duration (Depth) of Programme Options

<table>
<thead>
<tr>
<th>HIGHEST FREQUENCY AND DURATION (DEPTH) OF PROGRAMME INTERVENTION ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

5.3 Policy challenges facing the ECD sector

Although much has been done to improve access and quality of early learning programmes in both ECD facilities and Grade R classrooms, there is a long way to go in the enhancement of service delivery (DBE, DSD & UNICEF, 2010). According to the DBE, DSD and UNICEF (2010), some of the prominent challenges and obstacles facing ECD facilities include the absence of learning materials and resources, especially within the classroom setting, minimal funding, lack of qualified teachers, inadequate security for children whilst at the ECD facility, as well as poor toilet facilities. These challenges
all been echoed and reflected in the case studies presented within this report and are discussed in more detail below.

### 5.3.1 Political will

‘Political will’ can be understood as a force that generates political action and produces desired outcomes (Atmore, 2016). It implies sustaining implementation through resource provision over time. Government has shown little political will for ECD over the years. Until ECD is a political priority, it will not be provided for adequately in South Africa (Atmore, 2016).

Cabinet approved the new Integrated Early Childhood Development Policy on 9 December 2015, and while this policy is comprehensive and what our country needs, it is evident that there will be minimal funding provided to support implementation (Atmore, 2016). There is a clear chasm between the intention of this policy and the likely practical outcomes.

### 5.3.2 Funding of ECD programmes

Minimal funding for early childhood development programmes across South Africa is a significant challenge. This is a stark indication of the country’s lack of political will to support early childhood development.

“While subsidies for poor children attending registered non-profit ECD centres increased from approximately R422 million in 2007/08 to R1.6 billion in 2013/14, this does not adequately reach the poorest and youngest children who mostly do not access registered centres” (Viviers, Biersteker & Moruane, 2013: 38). Importantly, over 80% of children between the ages of 0 and 4 years in the poorest 40% of the population are entirely excluded from registered ECD programmes and thus are not included in national budget calculations (Albino & Berry, 2013).

Not only is this limited funding inadequate to meet the needs of poor and vulnerable children within South Africa; it is also not being channelled to the programmes that could reach the majority of young children, such as non-centre-based ECD programmes, and their caregivers. Alternative funding models are required for non-centre-based ECD programmes in order to support our country’s youngest children and their caregivers.
As has been indicated earlier in this report (see 5.3.1), the new National Integrated ECD Policy (RSA, 2015) is comprehensive and encouraging but, despite ECD being declared a public good, there is little hope of this policy being implemented as intended. It is our hope that the case studies and implementation guidelines presented in this report will be a starting point for government policymakers and officials, as well as non-profit providers, in the effective implementation of this ECD policy.

5.3.3 Management capacity

To implement ECD policy successfully requires significant management expertise and skills. Limited management capacity exists within the Departments of Basic Education and Social Development as can be seen by the paucity of successful large-scale ECD projects. With the exception of the CSG, there has been no successful large-scale implementation of policy over the past 23 years, since democracy. There needs to be greater accountability and capacity for the implementation of policies at all levels of government.

5.3.4 Non-profit capacity

For policy objectives to be achieved, South Africa requires the NPO sector to be an integral part of implementation. As with the lack of government capacity, so the ECD NPO sector does not currently have the management capacity to deliver on the National Integrated ECD Policy of 2015. The NPO sector is severely stretched and under-resourced, leading to an inability to reach the numbers that are required with a good quality service.

5.3.5 Timing of implementation

One of the key challenges with the National Integrated ECD Policy of 2015 is the timing of implementation. The policy will be implemented in three time phases: by 2017, by 2024, and by 2030. This is a substantial time delay during which many millions of the most vulnerable children will be denied access to quality ECD programmes. The country is putting the lives of millions of poor children at risk by delaying the implementation of the new National Integrated ECD Policy to these periods.
5.3.6 Leadership

Strong leadership and accountability at all levels of government is essential in providing quality large-scale ECD programmes. Neither government nor the NPO sector currently has the leadership in place to implement this policy effectively (Atmore, 2016).

5.3.7 Monitoring

Government has limited systems and support in place to monitor and review ECD policy implementation progress and outcomes. Effective monitoring is critical to ensure quality service delivery.

5.4 Key recommendations

From the range of policy challenges facing the ECD sector, along with the insights that emerged from the case studies, several recommendations are made to drive change in the ECD sector.

5.4.1 Policy-related recommendations

Several recommendations specifically related to policy implementation emerged from the interviews with ECD specialists and organisations. These are listed below.

• Strong political support to drive the ECD agenda is critical in achieving universal access to quality early learning programmes for children. Without a commitment by the president and Cabinet and an acknowledgement that ECD is imperative and that government will move immediately to implement the National Integrated ECD Policy of 2015, this policy will be ‘symbolic’ only.

• A rapid upskilling of government officials and NPO staff on leadership and management skills and capacity is required. For the successful implementation of
policies and programme delivery, effective leadership and management are essential.

- The non-profit sector is at the frontline of implementation. ECD NPO staff need to be capacitated sufficiently to enable them to meet the output and outcome requirements to achieve universal access of quality ECD programmes.
- To drive and sustain transformation in the ECD sector, the leadership capacity of government and NPO staff needs to be enhanced. To ensure an environment in which policy and quality ECD interventions are enabled, we require government-led leadership with strong accountability and governance.
- To improve effectiveness and quality of ECD programmes, the strengthening of monitoring systems and skills in both government and the NPO sector is required.
- A strategy is required to ensure that ECD remains on the political agenda so that additional funds are made available for the effective implementation of plans and programmes for both centre-based and out-of-centre programmes across all nine provinces. As is articulated so well in the South African Child Gauge 2013, “To forgo greater investment in ECD interventions means compromising the well-being of South Africa’s communities, perpetuating cycles of poverty, poor educational attainment, ill health, inequality and socio-economic challenges” (Albino & Berry, 2013:78).
- Current ECD policy norms and standards are helpful in guiding and directing ECD programmes, but in many instances, they end up holding back ECD centres, especially those in impoverished communities. It is not appropriate to have ‘one-size-fits-all’ norms and standards in a country such as South Africa, which has urban, peri-urban and rural areas. For example, building regulations in the urban suburbs cannot apply to a rural setting. As a result, children are being denied access to early learning facilities and programmes. Government policies are important and work well to guide the sector, but flexibility is required.
- It would be beneficial for policymakers to focus more time on supporting the implementation of relevant ECD policies. It would also be beneficial for policies to be disseminated widely, in a user-friendly format.
5.4.2 Recommendations on ECD funding models

Funding for ECD was a prevalent topic of discussion during the desktop research as well as the interviews. A number of important recommendations related to funding of ECD in South Africa arose and have been listed below.

- To increase access to early childhood development programmes significantly, funding needs to be channelled across areas within each province. Currently, small pockets within the provinces are accessing funding, leaving many other areas with very little or no funding provision at all. This results in a very uneven spread of ECD services and programmes with many children receiving no early learning opportunities. This is more prevalent within the rural areas of South Africa, demonstrating a stark urban versus rural divide. An equitable distribution of funds for ECD services across all areas is necessary to ensure universal access to ECD.

- It is suggested that NPOs (who are able to) assess and revise their use of this funding to implement programmes in a more widespread manner, across provinces, rather than focusing on the province in which they are situated. One way of doing this is to partner with similar organisations in other provinces, as they have an understanding of and relationship with the communities.

- Funding for ECD needs to be focused on expanding non-centre-based programmes that have proven to work well and where there is evidence of positive outcomes. These are the programmes that should be taken to scale to achieve universal access to quality early childhood development programmes for young children.

5.4.3 ECD sector-related recommendations

Several recommendations specifically related to the ECD sector and how it can improve its services emerged from the interviews with ECD specialists and organisations. These are listed below.

- To increase the reach of ECD services, there is a need for partnering between early childhood development NPOs across the country. With so few ECD NPOs, a way to reach children on a more widespread level will be to develop strong partnerships with similar organisations. Organisations working in an integrated way, combining resources, knowledge and expertise will further our reach to more children.

- More exposure for effective ECD programmes achieving positive outcomes is required. Widespread exposure of these programmes would provide learning opportunities for ECD NPOs wanting to implement similar programmes, but also for government and funders to understand what works well and the types of programmes that demonstrate significant outcomes and which would likely have a high return on investment.

- More impact evaluation studies, in which child outcomes are measured specifically, are a necessity. The present study has shown a dearth of impact evaluations on existing ECD programmes. Without such evaluations, we do not know whether ECD programmes are having a significant effect on children.

- It would be beneficial for health projects to be incorporated more often into ECD programmes, e.g. in home-visiting programmes. Despite health being a crucial element of early childhood development, health aspects of ECD programmes, especially in non-centre-based interventions, are often non-existent or very limited.

- The ECD non-profit sector needs a stronger voice in making government face the reality of the benefits of providing ECD programmes, as well as the reality of what will result if we neglect vulnerable young children as we have been and are currently doing.

- Substantially increased funding is required for ECD programmes focusing on the first 1 000 days of a child’s life (the period from conception to the age of two). It is during this period that the foundation for a child to reach full potential is determined. As can been seen in literature and from the case studies, children between 0 and 2 years of age are often at home with a caregiver during the day and most do not have access to
centre-based facilities. Thus, funding is particularly required to support out-of-centre programmes targeting our youngest children and their caregivers.

5.4.4 Programme-specific recommendations

Pertaining to ECD teacher training, it is widely known that the bulk of teacher training takes place at Technical and Vocational Education and Training (TVET) colleges in South Africa. It was evident from this study that these colleges are over-subscribed with ECD learners and under-resourced. A key challenge is the limited on-site support that is provided due to small staff complements who are overloaded with work. This limited provision of on-site support to new ECD teacher trainees is crucial in their learning and application of theory. In order for new ECD teachers to be trained optimally and prepared to work effectively with children in the ECD field, it is vital that new models of training provision be developed. This could include partnerships between colleges and NPOs, and changes to the funding model to incorporate additional staff and resources.

5.5 Conclusion

There is universal agreement and evidence of the value of ECD and the benefit that ECD programmes and interventions bring to children, families, communities and society. In addition to the social and educational benefits, there is a substantial economic benefit to society (Atmore, 2009). It is also clear that quality ECD interventions could have a significant effect on reducing poverty and inequality across South Africa, and bringing about social justice.
Whilst government has ensured that there is universal (almost 100%) access to primary schooling for South African children; it has also acknowledged the need to increase ECD access for children between the ages of 0 and 6 years. Universal access to quality ECD services is urgent and a main determinant for the sustainable, democratic future of South Africa.

This research study has worked towards supporting the South African government to achieve universal, quality ECD provision for South Africa’s youngest children, furthering development of our country and building its economic strength. The result of this study is a set of early childhood development programme option guidelines for South Africa, focusing on both centre-based and non-centre-based programmes. These guidelines will guide government, the ECD non-profit sector, donor organisations, and communities in how to provide much-needed, quality ECD programmes.

This set of implementation guidelines complements the new, comprehensive National Integrated Early Childhood Development Policy (RSA, 2015), and could be used to guide policy implementation. Importantly, this will only work optimally with adequate funding and coordinating mechanisms in place.

It is our hope that these implementation guidelines would improve the quality of South African children’s lives and increase their opportunities for healthy growth and development.

1 “Scaling up means expanding, adapting and sustaining successful policies, programs or projects in different places and over time to reach a greater number of people” (World Bank, 2005:8).
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