

# **An Audit of Early Childhood Development facilities in the Western Cape, 2008**

## ***FINAL REPORT***

**March 2009**

*Compiled by Roxanne September  
Directorate Research and Population Development  
Department of Social Development  
Western Cape Provincial Government  
Tel: 021-483-4668  
E-mail: [Rseptemb@pgwc.gov.za](mailto:Rseptemb@pgwc.gov.za)*

## Table of contents

Abstract.....	8
CHAPTER 1: .....	INTRODUCTION
.....	9
1.1 Introduction .....	9
1.1.1 Problem statement .....	9
1.1.2 Purpose of study.....	10
1.2. Background information on ECD .....	10
1.3 Significance of the study.....	11
1.4 Phase II research questions .....	11
CHAPTER 2: .....	LITERATURE REVIEW
.....	13
2.1. Introduction: The importance of the early childhood years .....	13
2.2. Early childhood development in South Africa .....	14
2.3. ECD policies in South Africa .....	15
2.4. Challenges facing the ECD sector.....	17
2.4.1. Poverty .....	17
2.4.2. HIV/AIDS.....	17
2.4.3. Disability.....	18
2.4.4. Gender equality.....	18
2.4.5. Inter-sectoral collaboration .....	19
2.4.6. Infrastructure & educators.....	19
2.4.7. Language of learning .....	20
2.5. Research on ECD in South Africa .....	20
2.5.1. Main issues emerging from the National Audit (2001): .....	20
2.5.2. Follow-up study by the Department of Social Development (2003):.....	21
CHAPTER 3: .....	METHODOLOGY
.....	22
3.1. Introduction .....	22
3.2. Case selection, sampling method and data collection .....	22
3.3. Validity and reliability checks .....	23
3.4. Data analysis .....	24
3.5. Challenges experienced .....	24
3.6. Limitations of the study .....	25
3.6.1. Time & maturation of information .....	25
3.6.2. Listing Process .....	26
3.6.3. Turnover .....	26
CHAPTER 4: RESULTS AND FINDINGS: .....	27
SECTION A: PARTICULARS OF ECD-FACILITY .....	27

4.1.	Geographical distribution of ECD-facilities: .....	27
4.1.1.	<i>ECD-facilities per district office: .....</i>	27
	<i>Table 1: ECD by District Office: .....</i>	27
4.1.2.	<i>ECD-facilities at municipal level: .....</i>	28
	<i>Table 2: ECD by Municipality .....</i>	28
4.1.3.	<i>District Municipality: .....</i>	29
	<i>Table 3: ECD by District Municipality: .....</i>	29
4.2.	Accessibility:.....	29
4.2.1.	Access to telephone: .....	29
	<i>Table 4: Access to telephone:.....</i>	29
4.2.2.	Accessibility of ECD-facilities:.....	30
	<i>Table 5: Distance children travel:.....</i>	30
4.2.3.	Transportation to ECD-facilities:.....	30
	<i>Table 6: Mode of transport: .....</i>	30
4.2.4.	Distance most frequently travelled by learners: .....	31
	<i>Table 7: Distance frequently travelled: .....</i>	31
4.3.	Registration:.....	32
4.3.1.	Registration of ECD-facilities: .....	32
	<i>Table 8: Registered facilities: .....</i>	32
4.3.2.	ECD-sites claiming registration: .....	32
	<i>Table 9: ECD departmental registration: .....</i>	32
4.3.3.	Unregistered sites knowing where to register: .....	33
	<i>Table 10: Unregistered ECD that know where to register: .....</i>	33
4.3.4.	Registration of Grade R:.....	33
4.3.4.	How is Grade R operating? .....	34
	<i>Table 11: Grade R operation type: .....</i>	34
4.3.6.	Proportion and registration of different grade R types .....	35
4.3.6.1.	Grade R registered with DoSD: .....	35
	<i>Table 12: Types of grade R registered with DoSD:.....</i>	35
4.3.6.2.	Grade R registered with DoE:.....	36
	<i>Table 13: Types of grade R registered with DoE: .....</i>	36
4.3.7.	Proportion of grade R types that are unregistered that do know where to register: 37	
	<i>Table 14: Unregistered grade R sites that do know where to register I: .....</i>	37
	<i>Table 15: Unregistered grade R sites that do know where to register II: .....</i>	38
4.4.	Functioning of ECD-facilities: .....	39
4.4.1.	How long has ECD been operating?.....	39
	<i>Table 16: Lifespan of ECD's: .....</i>	39
4.4.2.	Operating days and times:.....	39
SECTION B: PHYSICAL CONDITIONS AND RESOURCES.....		40
4.5.	Source of power and energy:.....	40
	<i>Table 17: Source of power and energy for cooking and lighting: .....</i>	40
4.6.	Toilet facilities:.....	40

<i>Table 18: Toilet facilities at ECD's:</i> .....	40
4.7. ECD-building used for other purposes:.....	41
<i>Table 19: Additional uses for ECD-buildings:</i> .....	41
SECTION C: LEARNER INFORMATION.....	42
4.8. Characteristics of learners at ECD-facilities .....	42
4.8.1. Total learners & range per site: .....	42
<i>Table 20: Total learners per site:</i> .....	42
4.8.2. Ages of children in ECD-facilities:.....	43
<i>Table 21: Learner age</i> .....	43
4.8.3. Gender.....	43
<i>Table 22: Gender</i> .....	43
4.8.4. Population groups:.....	44
<i>Table 23: Population groups:</i> .....	44
4.9. Characteristics of learner classrooms:.....	44
4.9.1. Language of instruction: .....	44
<i>Table 24: Language of instruction:</i> .....	44
4.9.2. Number of classrooms: .....	45
<i>Table 25: Number of classrooms per site:</i> .....	45
4.9.3. Children with disabilities: .....	46
<i>Table 26: Children with disabilities:</i> .....	46
4.10. Facility collecting learner information:.....	46
4.10.1. Birth certificates:.....	46
SECTION D: STAFF, MANAGEMENT AND EDUCATOR INFORMATION .....	47
4.11. Staff characteristics:.....	47
4.11.1. Number of staff:.....	47
<i>Table 27: Total staff:</i> .....	47
4.11.2. Designation of employment:.....	48
<i>Table 28: Designation of employment:</i> .....	48
4.11.3. Population group: .....	48
4.11.4. Gender:.....	48
4.11.5. Highest level of education completed:.....	49
<i>Table 29: Highest level of education:</i> .....	49
4.11.6. Level of ECD qualification:.....	49
<i>Table 30: Highest ECD qualification:</i> .....	49
4.11.7. Years of experience: .....	50
4.12. First Aid and HIV training:.....	50
<i>Table 31: First aid and HIV/AIDS training:</i> .....	50
4.13. Characteristics of the Management Committee: .....	50
4.13.1. Management committee: .....	50
4.13.2. Last annual general meeting: .....	50
4.14. Contact with ECD-forums & local clinics:.....	51
4.14.1. Membership in an ECD forum:.....	51
4.14.2. Contact with local clinic: .....	51

<i>Table 32: ECD contact with local clinic:</i> .....	51
SECTION E: FACILITY RESOURCES.....	52
4.15.    Income and support:.....	52
4.15.1.    Learners paying fees: .....	52
4.15.2.    How often fees are paid? .....	52
<i>Table 33: Fees paid:</i> .....	52
4.15.3.    Average fee paid: .....	52
<i>Table 34: Daily average of fees:</i> .....	52
<i>Table 35: Weekly average of fees:</i> .....	53
<i>Table 36: Monthly average of fees:</i> .....	53
<i>Table 37: Average fees per term:</i> .....	54
<i>Table 38: Average fees for other periods of payment:</i> .....	54
4.15.4.    Financial or 'in-kind' support received:.....	55
<i>Table 39: Support received:</i> .....	55
4.15.5.    Other institutions providing financial and/or 'in-kind' support to ECD- facilities: 55	
<i>Table 40: Other sources of support:</i> .....	55
SECTION F:.....	NUTRITION AND HEALTH
.....	56
4.16. Meal provision: .....	56
4.16.1.    Breakfast: .....	56
<i>Table 41: Breakfast provided:</i> .....	56
<i>Table 42: Types of food served for Breakfast:</i> .....	56
4.16.2.    Lunch: .....	57
<i>Table 43: Lunch provided:</i> .....	57
<i>Table 44: Types of food served for lunch:</i> .....	57
4.16.3.    Other meals and snacks: .....	57
<i>Table 45: Types of food served as snacks:</i> .....	57
<i>Table 46: Times of meal provision:</i> .....	58
4.16.4.    Bottle feeding:.....	58
<i>Table 47: Provision of bottle feeding:</i> .....	58
SECTION G:.....	ACTIVITIES
.....	59
4.17.    ECD-programme of activities:.....	59
<i>Table 48: ECD-programme activities:</i> .....	59
4.18.    Outreach programmes/services: .....	59
<i>Table 49: Outreach programmes/services:</i> .....	59
POST-INTERVIEW OBSERVATIONS .....	60
4.19.    Type of building in which facility operates: .....	60
<i>Table 50: Type of ECD building:</i> .....	60
4.20.    Building conditions: .....	60

4.20.1.	<i>Windows, doors and walls:</i> .....	60
	<i>Table 51: Building conditions – windows, doors &amp; walls:</i> .....	60
4.20.2.	<i>Flooring:</i> .....	61
	<i>Table 52: Building conditions – flooring:</i> .....	61
4.20.3.	<i>Type of water service:</i> .....	61
	<i>Table 53: Building conditions – type of water service:</i> .....	61
4.20.4.	<i>First aid boxes:</i> .....	61
4.21.	<i>Toilet facilities:</i> .....	62
4.21.1.	<i>Separate toilets for staff and learners:</i> .....	62
	<i>Table 54: Separate toilets for staff and learners:</i> .....	62
	<i>Table 55: Number learner toilets:</i> .....	63
4.21.2.	<i>Number of shared toilets for learners and staff:</i> .....	64
	<i>Table 56: Number of shared toilets:</i> .....	64
4.21.3.	<i>Toilet facilities for the disabled:</i> .....	64
	<i>Table 57: Toilets for the disabled:</i> .....	64
4.22.	<i>Potties used at facilities:</i> .....	65
	<i>Table 58: Potties available:</i> .....	65
4.23.	<i>Designated areas at facilities:</i> .....	66
4.23.1.	<i>Indoor play area:</i> .....	66
	<i>Table 59: Indoor play area:</i> .....	66
4.23.2.	<i>Separate cooking / meal preparing area:</i> .....	66
	<i>Table 60: Cooking / meal preparing area:</i> .....	66
4.24.	<i>Observed equipment:</i> .....	66
4.24.1.	<i>Mattresses:</i> .....	66
4.24.2.	<i>Chairs, benches and cushions:</i> .....	67
4.24.3.	<i>Working surface:</i> .....	67
4.24.4.	<i>Other resources and equipment:</i> .....	67
	<i>Table 61: Resources and equipment:</i> .....	67
4.24.	<i>Safety and infrastructure:</i> .....	68
	<i>Table 62: Safety and infrastructure:</i> .....	68
4.25.1.	<i>Registered sites that do not monitor access to premises:</i> .....	68
	<i>Table 63: Registered ECD's that do not monitor access to premises:</i> .....	68
4.25.2.	<i>Road in front of facility:</i> .....	69
	<i>Table 64: Road in front of ECD:</i> .....	69
CHAPTER 5:	DISCUSSION & CONCLUSION	
	.....	70
5.1.	<i>Introduction</i> .....	70
5.2.	<i>Main findings and emerging issues</i> .....	70
5.2.1.	<i>Distribution and accessibility</i> .....	70
5.2.2.	<i>Children with disabilities</i> .....	71
5.2.3.	<i>Registration of ECD-facilities</i> .....	71
5.2.4.	<i>Physical conditions and resources</i> .....	72
5.2.5.	<i>Learner information</i> .....	72

5.2.6.	<i>Language of instruction</i> .....	73
5.2.7.	<i>Educators &amp; ECD-practitioners</i> .....	73
5.2.8.	<i>Sources of income for ECD-facilities</i> .....	74
5.2.9.	<i>Activities in ECD programme</i> .....	74
5.3.	Conclusion.....	75
REFERENCES:	.....	77

## Abstract

The Directorate Research and Population Development were tasked in 2007 by the Departmental ECD Task Team to do an audit of ECD-facilities in the Western Cape Province. This would provide baseline information that would be used for the implementation of a comprehensive ECD Strategy developed for the Province. A full audit was required and data was collected and entered for 2928 ECD-facilities. No replacement sample was therefore needed. Most ECD-facilities were found in the metro areas of which 68.2% was located in the City of Cape Town district municipality. Most the communities served by ECD-facilities were within walking distance and most learners (95.9%) paid fees that varied considerably across a range from R1 to R18 000. 15.7% of ECD-facilities have indicated that they have children with disabilities at their sites; however *how* and *to what extent* these learners are accommodated is not known. 60.5% of facilities reported that they are indeed registered as an ECD-service provider. Due to the self-report nature of this study, this figure was somewhat higher than what is reflected on official records. A total of 153 601 learners and 13 490 part- and full-time staff members were recorded, of which more than half of ECD-practitioners did not have level 1 to 5 accredited training. A high number of staff with few years experience was furthermore indicative of a high staff turnover rate. English was found to be the dominant medium of instruction in spite of the fact that Afrikaans and Xhosa is the most spoken language in the Province. This trend holds major implications for the mother-tongue education policy of the country that encourages mother-tongue education as a means of optimally acquire the needed skills. Most facilities reported having met the requirements for basic infrastructure and physical amenities as stipulated by the ECD-guidelines, national norms and standards. ECD-facilities in the province are reportedly doing well in terms of providing the minimum services required to their surrounding communities. The overall findings suggest a relatively positive picture in terms of the minimum requirements for ECD-functioning and service provision.



## CHAPTER 1: INTRODUCTION

### 1.1 Introduction

The Directorate Research and Population Development were tasked in 2007 by the Departmental ECD Task Team to do an audit of ECD facilities in the Western Cape as part of a process to implement a comprehensive ECD strategy for the Province. The purpose of this report is therefore to present the findings of this provincial audit.

#### ***1.1.1 Problem statement***

At the commencement of the audit, the total number of facilities providing ECD services in the Province was not known. Nor was the quality of the services or the quality of the service providers known. While the Province has a list of ECD service providers that are subsidised and a list of non-subsidised but registered facilities, it was estimated that there may be as many unregistered and unknown service providers. The Province in its endeavours to implement a comprehensive ECD strategy for the Province with clear guidelines for service norms and standards needs to know and understand the extent of current service provision and how this differs from the ideal.

The Directorate Research and Population Development were therefore requested to conduct an audit of ECD facilities in the Province. After much deliberation and negotiation with the ECD Task Team, it was decided that the audit would consist of three parts. The first part, known as Phase I, was a listing phase. The second part known as Phase II was the actual physical audit that was conducted, the results of which are being reported in this report. The third part, known as Phase III is yet to be conducted. This phase will be a qualitative audit done on a sample of the ECD's identified in phase II.

### **1.1.2 Purpose of study**

The purpose of the audit is to provide baseline information for the implementation of a comprehensive ECD Strategy<sup>1</sup> developed for the Province. ECD is a very important formative phase in the cognitive, emotional, physical and nutritional development of a child. International literature has shown that there is a clear link between early developmental stimulus and later academic achievement of children and sound developmental outcomes. School drop-out and under-achievement of children at school has a direct correlation to the provision of and exposure to ECD. Children who are exposed to adequate ECD education have a better chance of success at school and improved academic achievement. Therefore it is imperative that such research to map out ECD-service provision is undertaken, to inform ECD policies and strategies for the Province.

### **1.2. Background information on ECD**

Investing in early childhood development (ECD) has been identified as a means to build human resources, generate higher economic returns, reduce social costs and achieve greater social equity (Young, 1996). Governments all over the world have steadily recognised the significance of ECD in accelerating the future of their countries and have developed various strategies and policies to ensure that the poorest of the poor share the benefits associated with ECD-interventions.

South Africa recognises the need for this investment and follows the mounting evidence that early childhood development particularly benefits the poor and disadvantaged through development, empowerment and disaggregating social inequalities. Therefore this country has invested significant resources over the past years and intends to increase its expenditure in ECD over the next Multi-Term Expenditure Framework (MTEF) period. Every province in the country translates the nation's strategic goals to their own realities and specific needs of the province. In order to understand the needs

---

<sup>1</sup> Strategic Framework for Integrated Provincial Early Childhood Development Provision: 2005 – 2014, Provincial Departments of Health, Education and Social Development

of the province and therefore inform policies and appropriate interventions, the Western Cape Province conducted a provincial study on the ECD-sector that would improve current conditions as well as redress the uneven spread of resources and government expenditure in this sector. The aims of this study would therefore be to:

- (1) Provide baseline information to inform the developmental targets of current ECD-programmes; and
- (2) To develop a baseline for the continued assessment and evaluation of ECD programmes in the Province.

### **1.3 Significance of the study**

The implementation of the integrated ECD strategy is one of the Department of Social Development's (DoSD) main strategic objectives. Providing ECD facilities, especially in poor and marginalised communities will improve the wellbeing of vulnerable children. At present, the Provincial Government spends approximately R150m<sup>2</sup> per annum on subsidising ECD service provision. The results of the audit conducted by the Directorate will enable the Department to ensure that its subsidies are more focussed on areas of greatest need and on improving the aspects most in need of attention. It will also assist with a gap analysis to identify areas being overlooked and or under serviced. That is, better targeting of children in need should be possible.

### **1.4 Phase II research questions**

The following research questions were investigated:

1. How many ECD-facilities are there in the Province currently? (Including home-based, centres, backyard structures, play groups and outreach programmes).
2. Where are they located?
3. What facilities and amenities do they have?

---

<sup>2</sup> Amount budgeted by the Department of Social Development in the 2008/09 Financial Year

These questions therefore provide an audit of the current services provision for ECD in the Western Cape Province.

**2.1. Introduction: The importance of the early childhood years**

Various studies have shown that the early years in a child's life are crucial for their overall development (Young, 1996). The human brain and human development have been researched extensively and have been found to respond most to early experience. Personality, intelligence and social behaviours develop most rapidly during these years and the role of the environment and its influence on brain functioning cannot be emphasised enough.

Research on the brain has indicated that most development occurs before the age of one and that brain maturity continues after birth in spite of the fact that cell formation is virtually complete before birth (Young, 1996). It has been documented that the brain grows very rapidly in the first three to five years of a child's life and also signifies a crucial stage for cognitive and socio-emotional development (Tefferra & Obeleagu, 2008). The brain's functioning is proved to be vulnerable to its environment and that malnutrition, for example, in the early years of life can lead to the impairment of the child's brain functioning and even result in long lasting effects such as learning disabilities and mental retardation (Young, 1996). Children who experience high levels of stress during their early years of life have also been found to experience a variety of cognitive, behavioural as well as emotional difficulties later in life (Young, 1996). Therefore the significance of the child's early life experience is fundamental in optimal early childhood development.

Appropriate early intervention has been shown to (1) increase the child's school readiness; (2) lower repetition and school drop-out rates; (3) decrease juvenile crime rates; as well as (4) improve the child's academic skills later in life (Department of Education, 2001; Young, 1996). The process of development, experiences and opportunities of a child in the early years have also been linked to the level of functioning later in adult life. Therefore, if a child is raised in poverty and limited in

terms of opportunities they may (i.e. without appropriate intervention and education) be at high risk of becoming poverty-stricken adults as well and have children that are equally limited by opportunities and resources (Noble, Wright & Cluver, 2007). Therefore investing in early childhood development have been paired with health, socio-economic and reproductive outcomes in which (a) public expenditures in health and welfare are lowered; (b) adults' productivity as well as human capital are increased; and (c) fertility and reproduction are controlled (Department of Education, 2001; Young, 1996). It is for these reasons that the South African government has taken a renewed interest in early childhood development.

## **2.2. Early childhood development in South Africa**

Due to the legacy of Apartheid, the majority of South African children are exposed to environments that are not conducive to optimal development and are mostly challenged in terms of providing adequate nutrition, education and supportive environments (Department of Education, 2001). Six out of ten South African children are estimated to be living in poverty of which those living in the rural areas are more likely to be poor than their urban counterparts (Department of Education, 2001). More recent data (2006) has shown that 41% of children living in the Western Cape Province live in households that are identified as "income poor" (i.e. household income of less than R1 200 per month) (Brink, 2008). Furthermore, 23% of children in this province are living in informal housing and 34% are reportedly subjected to overcrowding (Brink, 2008).

Literature on the benefits and long term positive effects of early childhood development (ECD) has grown considerably. Its links to the eradication of poverty and increased socio-economic returns has led to ECD being identified as the vehicle through which South Africa can achieve its goals of national transformation (social, gender, class and race) and redress the inequalities of the past (Department of Education, 2001). Childhood services in the past was not only fragmented and marginalised but also based on a model that is inherited from a White, Eurocentric, middle-class context

(Department of Education, 2001). This may not be appropriate for all South African children especially in the current context. As a result child care in South Africa has ideologically moved away from the notion that children should merely be watched over (i.e. educate), towards a more holistic approach whereby child care should include physical, emotional, moral, social and spiritual development (i.e. early childhood development) (Department of Education, 2001).

### **2.3. ECD policies in South Africa**

In an attempt to develop appropriate ways to address the developmental needs of all South African children, the SA government proposes that ECD services be extended to children from 0 to 9 years in stead of the previous 0 to 6 years of age. The national and provincial Departments of Social Development (DoSD), Education (DoE) and Health (DoH) are called to provide integrated services that target this age group holistically from a human rights perspective in which the child's right to basic education, health care, nutrition and security are realised. Inter-sectoral collaboration is also encouraged between government departments, the private sector, and civil society (Department of Social Development & UNICEF, 2007). Policies and programmes are developed with the aim of redressing past inequalities, prioritising Grade R services, and in so doing promote community development (Department of Education, 2001). Various government departments are not just focused on providing grade R services but collaborate to address pre-grade R services (i.e. 0-4 years) in the country. Examples of government departments that pool services in support of the ECD sector are the Department of Education, Social Development, Health, Safety and Security, Housing, Water Affairs, Home Affairs, as well as local municipalities (Department of Social Development & UNICEF, 2007).

ECD policies in South Africa are constantly evolving. In line with emerging research trends, mother-tongue education has been forwarded as the best educational mechanism through which numeracy and literacy skills are optimally absorbed (SAHRC,

2006; Dugmore, 2006). The acquisition of additional languages is encouraged only after these skills have been successfully acquired. Therefore South Africa incorporated mother-tongue education as the expected medium of instruction in their ECD policy. However, the *Report on the Public Hearing on the Rights to Basic Education* in 2006 has identified that a large portion of parents want their children to be taught in English even though a mere 8.2% of the population actually have English as a home language (SAHRC, 2006). English is argued to be the desired language parents want their children to speak from the earliest age possible and commonly enjoys the status of a global economic language (SAHRC, 2006).

This creates problems for quality education as it has been shown that many schools in the Western Cape Province are experiencing major problems with numeracy and literacy skills. In response to this crisis, the Western Cape Education Department (WCED) launched a strategy in which the numeracy and literacy skills of grade 3 and grade 6 learners are assessed as a means of (1) establishing a baseline to measure the performance of the education system (WCED); as well as (2) track the progress made by learners in their acquisition of literacy and numeracy skills (Dugmore, 2006; Siyengo, 2008). In tracking changes over time it was found that the assessment showed small improvements in the scores for grade 6 learners in 2005, in which literacy scores improved by 7% and numeracy by 2% when compared to the scores of 2003 (Dugmore, 2006). However in spite of this improvement, scores still remain well below the required levels for literacy and numeracy, whereby only 42% of learners meet standards for literacy and 17% of learners for numeracy (Dugmore, 2006). These findings are indicative of a crisis emerging in the implementation of, and effective encouragement of, mother-tongue education in South Africa.

In response to the increasing emphasis on early childhood development services the South African government has developed guidelines, norms and standards to assist all ECD services in creating an optimal and safe environment for early childhood



development. These guidelines stipulate the minimum requirements and procedures ECD-facilities should adhere to as well as instruct that all ECD facilities and services be registered with the Department of Social Development and/or the Department of Education. In spite of these guidelines and prerequisites the ECD sector in South Africa is facing serious challenges.

#### **2.4. Challenges facing the ECD sector**

Some of the main challenges facing the ECD sector relates to poverty, HIV/AIDS, disability, gender equity, as well as the practice of effective inter-sectoral collaboration.

##### **2.4.1. Poverty**

Many children in South Africa do not have access to quality ECD-services (Department of Social Development & UNICEF, 2007). Despite government efforts to improve the education system and bring about transformation, many who are poor in South Africa still do not enjoy quality education (SAHRC, 2006) as parents are unable to afford to pay for ECD-services (Department of Social Development & UNICEF, 2007). It is argued that “quality education has become commodified and parents understand that schools that charge fees have more teachers and resources and there is a corresponding increase in the quality of education” (SAHRC, 2006: 19). Therefore parents are forced to pay school fees if they want their children to have a quality education, excluding a large portion of the population (the poor) from this basic human right. Therefore in spite of the fact that South African legislature allows all learners access to quality education not previously attainable, the reality precludes the poor from exercising this right and breaking the cycle of poverty.

##### **2.4.2. HIV/AIDS**

According to the SAHRC (2006) the impact of HIV/AIDS on education is still unclear. However, it has been shown that the amount of children affected and infected by this

epidemic is ever-increasing. Although this area has not been extensively researched, children infected / affected by HIV/AIDS are frequently faced with discrimination, social exclusion, rejection and isolation (SAHRC, 2006). They are affected by illness (their own or a family member), through death or by orphaning (Department of Social Development & UNICEF, 2007). These children also face an increased nutritional demand and have been found to be more vulnerable to sexual exploitation, human trafficking, disinheritance and child labour in some instances (SAHRC, 2006).

#### **2.4.3. Disability**

One of the biggest problems that the education sector is experiencing is that the education system is still not accessible to learners with disabilities despite an array of changes to government policy and legislation (SAHRC, 2006). Although the numbers of schools for learners with special needs have increased across the country, there is an unequal distribution across provinces that allow unequal access of these schools (SAHRC, 2006). Furthermore, children with disabilities are more prone to suffer abuse at the hands of caregivers / persons that do not understand the disability, fear or feel burdened by it (Department of Social Development & UNICEF, 2007). Therefore the challenge remains with the training of practitioners in order to deal with the disability of children and adapt the activities as well as the facility to not exclude their development on this basis. Families often need support in bringing their children to ECD-facilities, as do ECD-facilities in terms of welcoming and accommodating children with special needs (Department of Social Development & UNICEF, 2007).

#### **2.4.4. Gender equality**

Children are socialised into gender-specific roles from an early age in their families (Department of Social Development & UNICEF, 2007). ECD-services should be cognisant of these roles without discriminating or excluding children on the basis of gender. In other words even though society poses challenges in terms of gender equity, ECD-

services should not label or force any child to conform to a particular way of behaving based on his or her gender. All children should be treated fairly and equally.

#### ***2.4.5. Inter-sectoral collaboration***

There are various organisations involved in early childhood development for example government institutions, local businesses, municipalities, non-governmental organizations and faith-based organisations (Department of Social Development & UNICEF, 2007). Although there are many role players in the development of children, it is a challenge to successfully involve all parties that are able to contribute or support ECD-services significantly. In spite of government's emphasis of inter-sectoral collaboration, programmes and initiatives within and between departments as well as non-profit organisations are still being duplicated due to a lack of communication and collaboration. A greater synthesis between ECD-services is needed.

#### ***2.4.6. Infrastructure & educators***

Many changes have been made in the past decade concerning the redress of inequalities across South Africa. However, there are many schools and ECD-facilities that function without basic infrastructure such as running water, electricity, toilets and access to telephones (SAHRC, 2006).

Educators have been identified as a challenge as well. Reportedly educators in the sector are (1) under-qualified or unqualified; (2) under-represented in classrooms; and (3) lack the passion and culture to learn and teach (SAHRC, 2006). Many are still using outdated methods in the classroom and are not equipped to implement new teaching methods and the new curricula. In essence there are just too many learners in a classroom for educators to be effective and efficient. This is exacerbated by the fact that some are disconnected from the community in which they teach as many educators in rural areas travel long distances to their place of employment (SAHRC, 2006).

#### **2.4.7. Language of learning**

Due to the fact that it is difficult to obtain and retain educators in rural areas many do not share the same language (or dialect) as their learners (SAHRC, 2006). This creates considerable difficulties in terms of teacher-efficiency as well as the mother-tongue education policy as learners are forced to receive instruction in a language that is not optimal for their emergent literacy- and numeracy skill development. This phenomenon is exacerbated by the fact that many parents reportedly prefer that their children are schooled in English even though this is not their home-language (SAHRC, 2006). Therefore parents are not necessarily acting in the best interest of their children in terms of what experts in the area of early childhood development view as optimal development (SAHRC, 2006). They are however believed to be motivated by the desire to have their child converse in a language that enjoys global economic status (SAHRC, 2006).

### **2.5. Research on ECD in South Africa**

Research on early childhood development in SA is still in its early stages. However a Nationwide audit of ECD-provisioning in SA was done in 2001 in which the Department of Education along with the European Union Technical Support Project aimed to provide accurate information on the nature and extent of ECD-services in the country. A total of 23 482 sites, 1 030 473 learners and 54 503 educators were audited in the process and the findings were used to inform policy and planning initiatives directed at further developing the ECD sector in terms of its effectiveness and efficiency.

#### **2.5.1. Main issues emerging from the National Audit (2001):**

Numerous issues concerning ECD-provision in South Africa emerged from this research initiative. Some of the main findings reflected the historical discriminatory practices and unequal access to resources across provinces (Department of Education, 2001). It was also found that there is a dominance of English as the language of instruction across the

provinces in spite of the policy for mother-tongue education. Another concern highlighted refers to the lack of adequately qualified (and remunerated) educators in this sector. Various issues emerged concerning the recognition and accreditation of ECD-qualifications, especially those provided by the NGO sector (Department of Education, 2001). This research was the first of its kind and became an “invaluable resource and reference to all those involved in the planning and provision of ECD services in South Africa (Department of Education, 2001).

***2.5.2. Follow-up study by the Department of Social Development (2003):***

A follow-up study was done by the Department of Social Development in 2002 to determine the extent of ECD-provisioning in the Western Cape Province. A total of 2 963 sites were audited in the process and the main issues emerging from the investigation highlighted a need for (1) inter-sectoral collaboration; and (2) an in depth investigation concerning the quality and impact of early childhood development programmes in the province (Mohammed, 2003). These findings influenced the conceptual basis for the current audit on ECD-service provisioning, from its audit phase (this current report) to the ECD-quality assessment phase (to follow and currently underway).

## CHAPTER 3: METHODOLOGY

### 3.1. Introduction

The nature of this research called for a study marked by three different, yet progressive, phases. Phase I consisted of a listing process in which all ECD-facilities were listed, phase II was a physical audit of these facilities that were conducted (this report), and phase III (still underway) will be an assessment of the quality of ECD-facilities in the province.

### 3.2. Case selection, sampling method and data collection

The research was an audit of all the ECD-facilities listed in the province and hence studied the *total* study population. Fieldworkers were furthermore instructed to audit all ECD-facilities they come across in the field that were not originally on the list generated during phase I of the study. Each ECD-facilitator was also asked to identify any other facilities in the area that would also be included in the audit.

The audit process was partially outsourced and partially completed by researchers of the DoSD. The fieldwork management and data capturing was outsourced to two specialist companies, while the Directorate Research and Population Development took responsibility for the data analysis and report writing.

The consolidated list of ECD's as compiled in the listing process was given to SADC Research Centre, the company that was awarded the tender for the fieldwork management of the audit. SADC Research Centre was responsible for administering an audit questionnaire at each of the listed ECD's. The questionnaires were completed on site at each ECD by a SADC Research Centre fieldworker. The respondent was usually the Owner/Principal of the ECD. Where possible, appointments were set in advance.

The questionnaire used is an adaptation of the questionnaire used in 2000 by the National Department of Education in a National Audit of ECD's. The Western Cape

Project Committee reviewed the questionnaire making a few changes to suit present needs. SADC Research Centre piloted the questionnaire in Athlone in October 2007, after which a few adjustments were made to the questionnaire. SADC Research Centre was responsible for the fieldwork, fieldwork supervision and quality control of the completed questionnaires.

Verified questionnaires were captured by a specialist data capturing company who won a tender for the data capturing. Script and Data Solutions was responsible for the capturing and preparing a final SPSS<sup>3</sup> data base for the Department.

Every effort was made to ensure that all (known and newly identified)<sup>4</sup> ECD's were audited. As many as four visits took place to ensure compliance. Because it was a full audit, there was no replacement sample. A total of 2928 ECD-facilities were audited and data entered, successfully.

### **3.3. Validity and reliability checks**

The Directorate Research and Population Development has performed a series of validity checks in which the original ECD list compiled during the listing phase was compared to the outcome of the audit. These two lists were also verified against the Department's current data base of funded ECD's. The purpose of this exercise was partly to determine the coverage and therefore the accuracy of the audit, and also to clean the data base. This process revealed that phase II identified many new ECD-facilities during the auditing process than was listed during phase I. Furthermore, the addresses of the facilities were captured more accurately during the auditing phase than that collected in phase I. This could however be explained by the time lapsed between phase I and phase II as some changes in physical locations and ECD-names and contact persons were

---

<sup>3</sup> Statistical Package for the Social Sciences (SPSS)

<sup>4</sup> SADC Research Centre was also instructed to audit any unlisted ECD's that they may come across while visiting the listed ECD's.

noted. These checks therefore served the purpose of updating the existing ECD-service provider database and providing a more accurate geographical representation of ECD-facilities in the province.

### **3.4. Data analysis**

Analysis was done using the Statistical Package for the Social Sciences (SPSS) in order to describe the data collected. Descriptive statistical analysis was therefore the primary focus of analysis in which frequencies for each variable researched were generated and cross-tabulated where necessary.

### **3.5. Challenges experienced**

Some problems were found with the validity and reliability of the dataset submitted to DoSD which pointed to both fieldwork quality control and data capturing errors. Firstly, duplicate entries were discovered in the dataset for approximately 25 ECD-facilities (i.e. 50 questionnaires). In one instance, a facility was found to be entered three times. These facilities were contacted to verify details and then genuine duplicates were deleted from the dataset.

The second challenge relates to discovering various questionnaires with missing staff information and other questionnaires consisting of *only* staff information. A serendipitous finding matched questionnaires (with missing staff information) with other questionnaires that *only* had staff information. In other words, questionnaires were found in the dataset where the same facility was entered as two distinct facilities (with complementary information) when in fact they were the same facility. This posed major challenges in terms of the validity of the entire dataset and hence was investigated thoroughly in conjunction with the actual data capturing company responsible. The data capturing process existed of capturing individual sections of the questionnaire separately and then merging the different sections together as one dataset. As result of a lengthy investigation into this process it was found that certain questionnaire numbers were captured incorrectly and consequently stitched (merged)



together accordingly. Therefore explaining why certain questionnaires had missing sections. The merging process was redone and as result the dataset was corrected, hence increasing its validity and reliability. However, the draft findings reported was completed and communicated before this challenge was identified and therefore may reflect an inaccurate picture of ECD-provisioning in the Province. Thus the findings of this report reveal a more accurate account of the ECD-sector in the Western Cape.

These challenges identified with the dataset therefore led to the maturation of the information collected and contribute to the delay in reporting the findings of information collected in 2008. The implications of these challenges will therefore be discussed in more detail as limitations of the study:

### **3.6. Limitations of the study**

#### ***3.6.1. Time & maturation of information***

The original listing process started in October 2006 and was concluded in May 2007. The Audit took place in 2008 between February and May. The time between listing and auditing therefore led to a number of new ECD's not to be audited because they were not listed. However, the audit fieldworkers were instructed to include any new or not listed ECD's that they came across in the audit process. This did yield a number of additional ECD's, but can not be considered to be inclusive of all new ECD's. Therefore, although the audit was conducted in 2008, it includes mainly ECD's that were known and listed in 2007.

Secondly, the completion of data collection for phase II took place in May 2008, after which data capturing commenced. Due to the challenges identified in the dataset discussed in the previous section, data analysis was undertaken almost a year later (i.e. March 2009). Therefore the time between the audit and analysis therefore allows even more variability in terms of accuracy and consistency of the information collected. Many ECD-facilities may have closed down and / or opened since then (as was

discovered during follow-up sessions for verification purposes), as well as details of information provided (e.g. number of learners at school, number of staff, facility resources and physical conditions) may have changed considerably.

### **3.6.2. Listing Process**

Although the listing process was completed successfully for the province as a whole, problems were experienced in the Bellville District Office. A total of approximately 148 ECD's were not listed. These ECD's are primarily in the Goodwood and Durbanville areas. The listing process yielded 3,153 ECD's. At the time of the audit, 378 of these had closed down, 46 refused to take part in the audit and 244 were either untraceable, not applicable (had less than 6 children) or were inaccessible. However, the audit fieldworkers identified an additional 454 sites that were not listed. The audit therefore visited 2,939 sites where interviews were conducted.

### **3.6.3. Turnover**

The audit process suggests that there is a high turnover of ECD's. Approximately 350 of the ECD's that were listed had closed by the time the audit fieldworkers arrived nearly a year later. This together with the number of "new" ECD's found suggests that there could be an approximate 10% annual turnover of ECD's. This is not a variable that was considered when the audit was designed, and cannot be commented on in detail in the findings.

## CHAPTER 4: RESULTS AND FINDINGS:

This chapter presents the findings of the audit and is structured according to the various sections investigated by the questionnaire. Each section will be grouped under emergent themes and thus presented accordingly.

Section A collected information on various particulars of the ECD-facility and focussed on geographic variables, registration status, and the centre's operating/functioning details. These are presented as follows:

### SECTION A: PARTICULARS OF ECD-FACILITY

#### 4.1. Geographical distribution of ECD-facilities:

##### 4.1.1. ECD-facilities per district office:

**Table 1: ECD by District Office:**

District Office	Count	Percent
Vredendal	85	2.9
Vredenburg	119	4.1
Paarl	246	8.4
Worcester	183	6.3
Caledon	129	4.4
Oudtshoorn	74	2.5
George	237	8.1
Beaufort West	35	1.2
Cape Town	254	8.7
Athlone	215	7.3
Wynberg	319	10.9
Gugulethu	254	8.7
Mtchell's Plain	168	5.7
Khayelitsha	264	9.0
Bellville	125	4.3
Eersteriver	221	7.5
Total	2928	100.0

Most ECD-facilities can be found in the Wynberg district office area (10.9%), followed by Khayelitsha (9%), and then Cape Town and Gugulethu sharing a total of 8.7% each.

**4.1.2. ECD-facilities at municipal level:**

**Table 2: ECD by Municipality**

Municipality	Count	Percent
City of Cape Town	1819	62.2
Matzikama	49	1.7
Cederberg	32	1.1
Swartland	39	1.3
Saldanha	60	2.0
Bergrivier	20	.7
West Coast DMA	4	.1
Witzenberg	40	1.4
Drakenstein	163	5.6
Stellenbosch	84	2.9
Breede Valley	98	3.3
Breede River/Winlands	45	1.5
Theewaterskloof	66	2.3
Overstrand	33	1.1
Cape Agulhas	17	.6
Swellendam	13	.4
Kannaland	16	.5
Hessequa	22	.8
Mossel Bay	45	1.5
George	94	3.2
Oudtshoorn	46	1.6
Bitou	29	1.0
Knysna	47	1.6
Eden DMA	12	.4
Laingsburg	5	.2
Prince Albert	4	.1
Beaufort West	22	.8
Central Karoo DMA	4	.1
Total	2928	100.0

62% of ECD-facilities are found under the Cape Town municipal level. This is followed by Drakenstein (5.6%) and Breede Valley (3.3%).

#### 4.1.3. District Municipality:

**Table 3: ECD by District Municipality:**

District Municipality	Count	Percent
City Of Cape Town	1821	62.2
West Coast	203	6.9
Cape Winelands	429	14.7
Overberg	129	4.4
Eden	311	10.6
Central Karoo	35	1.2
Total	2928	100.0

The majority of ECD-facilities are found in the City of Cape Town district municipality (62.2%), followed by the Cape Winelands (14.7%) and Eden (10.6%).

#### 4.2. Accessibility:

##### 4.2.1. Access to telephone:

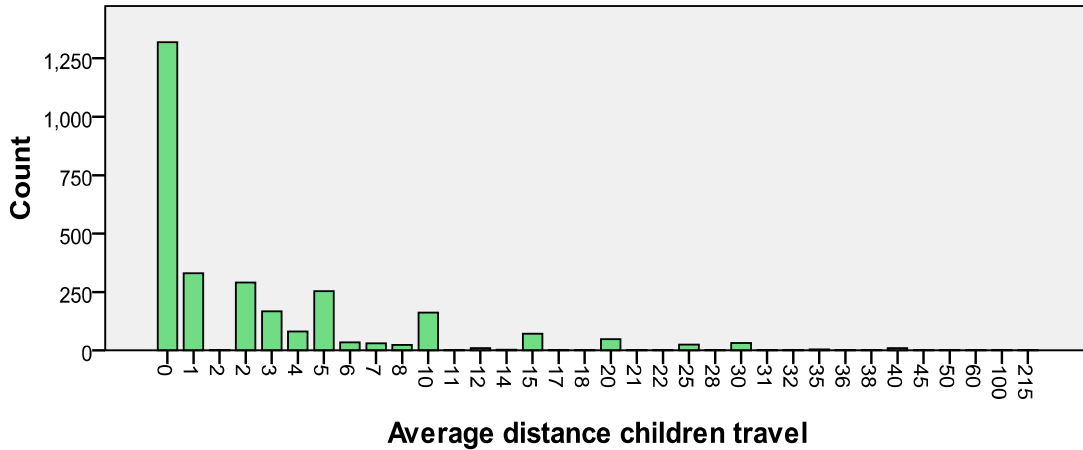
**Table 4: Access to telephone:**

Nearest telephone ECD has use of	Count	Percent
In the building	2736	93.4
Within 5 minutes walk away	130	4.4
More than 5 minutes walk away	45	1.5
Total	2911	99.3
Missing	16	0.5
<b>Total</b>	<b>2927</b>	<b>100.0</b>

With the exception of 0.6% of missing data, all ECD facilities have access to a telephone in some or other form. An estimated 93.4% have a telephone on site whereas others have access within 5 minutes walk (4.4%) or more than 5 minutes walk (1.5%).

#### 4.2.2. Accessibility of ECD-facilities:

**Table 5: Distance children travel:**



Within a range from 0 to 215 km the most frequent (i.e. 45.1%) distance children travel to attend an ECD-facility is less than one kilometre. This evidence suggests that the South African government is making meaningful developments in terms of making ECD-services more physically accessible.

#### 4.2.3. Transportation to ECD-facilities:

**Table 6: Mode of transport:**

Main mode of transport used by children	Count	Percent
Motor car	973	33.2
Bus	107	3.7
Train	22	.8
Taxi	279	9.5
Walking	1507	51.5
Other	29	1.0
Not applicable/Missing	11	.3
Total	2928	100.0

Most children walk to their ECD-centers (51.5%) whereas the motor car (33.2%) and taxi (9.5%) are other popular modes of transportation used.

**4.2.4. Distance most frequently travelled by learners:**

**Table 7: Distance frequently travelled:**

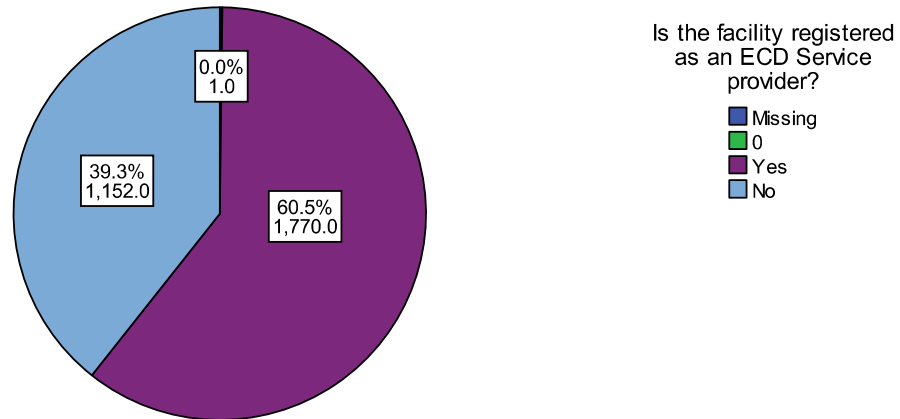
Distance travelled	Count	Percent
0	1829	<b>62.4</b>
1	506	17.3
2	256	8.7
3	116	3.9
4	35	1.2
5	108	3.7
6	10	.3
7	8	.3
8	7	.2
10	27	.9
11	2	.1
14	1	.0
15	4	.1
18	1	.0
20	2	.1
23	1	.0
25	1	.0
40	1	.0
110	1	.0
Total	2916	99.6
Missing	12	.4
<b>Total</b>	<b>2928</b>	<b>100.0</b>

62.4% of learners travel less than 1 kilometre to their ECD-facility. Distances however range from (lowest) less than one kilometre to 110 (highest) kilometres.

### 4.3. Registration:

#### 4.3.1. Registration of ECD-facilities:

**Table 8: Registered facilities:**



Approximately 60.5% of sites reported that they are registered as an ECD provider. These figures are self-reported and were not verified. However when compared to the actual figures of ECD-facilities that are registered as legitimate service providers, the figure reported here was *higher* than the actual documented cases. According to the DoSD’s records, approximately 1518 (i.e. 47.2%) of ECD-facilities in province was registered as an ECD service provider.

#### 4.3.2. ECD-sites claiming registration:

**Table 9: ECD departmental registration:**

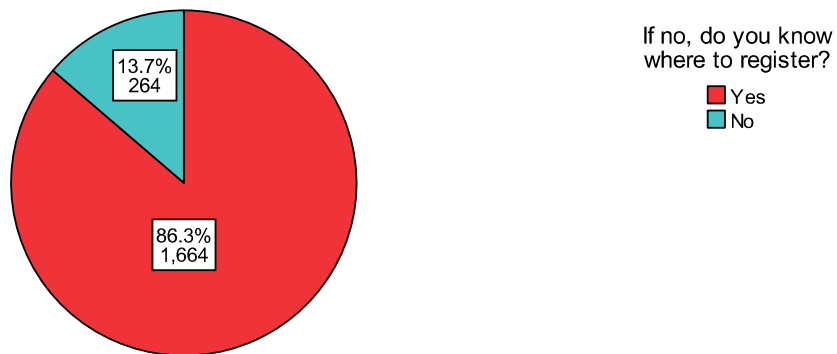
Department registered with	Count	Percentage
Department of Social Development	1095	37.4%
Department of Education	818	27.9%
Local government / municipalities	171	5.8%

An estimated 37.4% of sites claim to be registered with the Department of Social Development, 27.9% with the Department of Education, and 5.8% of sites claim registration with local government or municipalities.



#### 4.3.3. Unregistered sites knowing where to register:

Table 10: Unregistered ECD that know where to register:



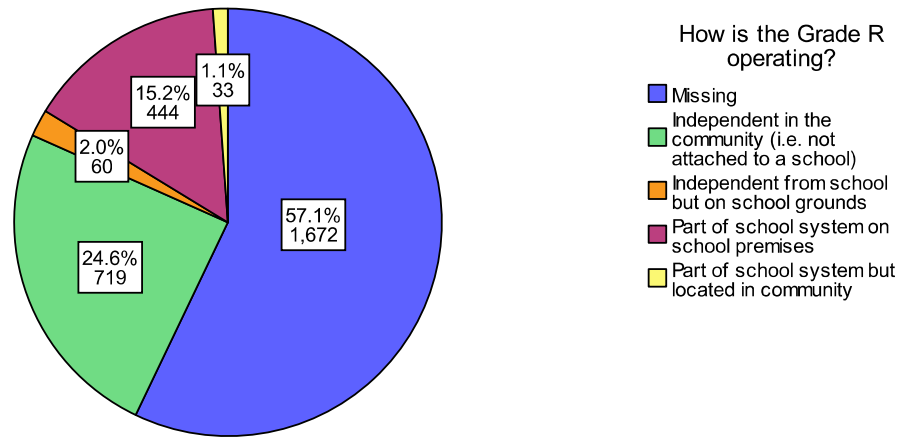
Most ECD facilities (86.3%) that were reportedly *not registered* knew where to register. Even though this percentage is very high it does not account for those ECD-facilities that may be in the *process of* registration. Therefore caution should be taken when interpreting this result because those who are recorded as not registered may in fact be in the process of registration.

#### 4.3.4. Registration of Grade R:

42.9% of ECD-facilities indicated having a grade R class (see table 11). However, a total of 38.8% of these have reportedly *registered* a grade R class with the appropriate agents. Therefore a total of 4.1% of ECD-facilities that have a grade R facility is *not* registered.

#### 4.3.4. How is Grade R operating?

Table 11: Grade R operation type:

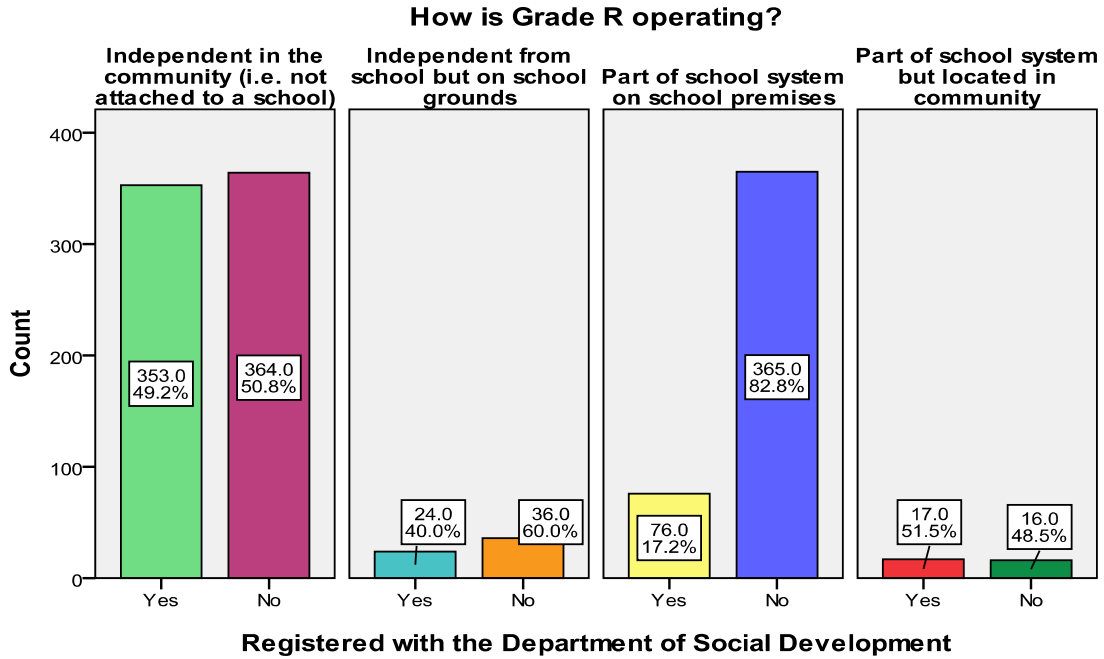


Most grade R sites are operating independently in the community (24.6%), followed by those that are part of the school system and on school premises (15.2%) and those independent from a school but on school grounds (2%). Grade R facilities that are part of a school system but which are located in the community account for the least of grade R facilities in the province (1.1%). 57.1% of sites did not report having a grade R class.

**4.3.6. Proportion and registration of different grade R types**

**4.3.6.1. Grade R registered with DoSD:**

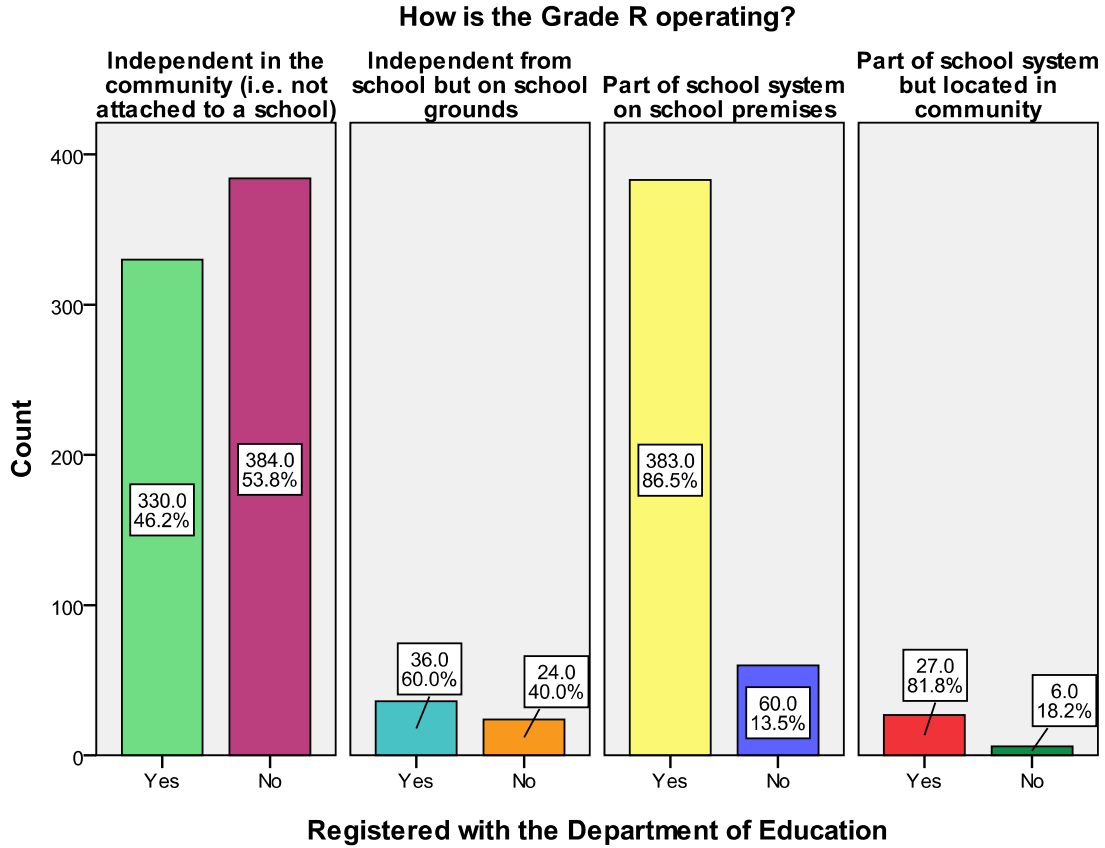
**Table 12: Types of grade R registered with DoSD:**



Of all grade R classes registered in the province 49.2% are registered as *independent in the community (i.e. not attached to a school)* with the Department of Social Development. 40% of all grade R classes registered as *independent from schools but on school grounds* are found under DoSD, while 17.2% of all registered as being *part of the school system and on school premises* are located within this department.

**4.3.6.2. Grade R registered with DoE:**

**Table 13: Types of grade R registered with DoE:**



Of all grade R classes registered in the province 46.2% are registered as *independent in the community (i.e. not attached to a school)* with the Department of Education. 60% of all ECD's with grade R classes operating *independently from schools but on school grounds* are registered with the DoE, while 86.5% of all ECD's operating as *part of the school system and on school premises* are registered with the DoE.

**4.3.7. Proportion of grade R types that are unregistered that do know where to register:**

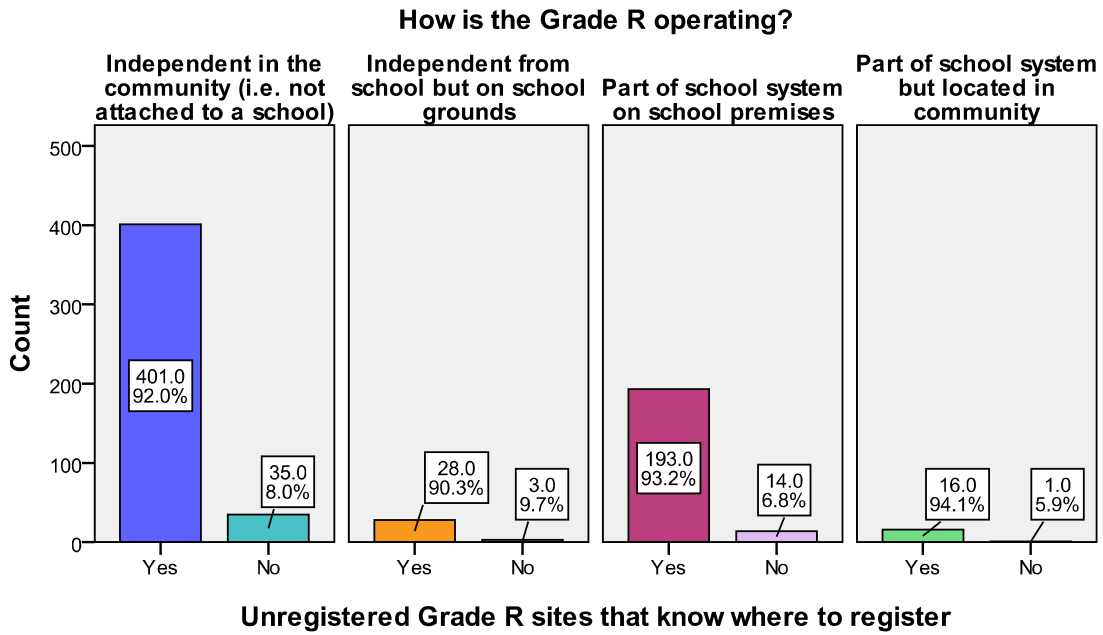
**Table 14: Unregistered grade R sites that do know where to register I:**



This figure illustrates the proportion of unregistered grade R types that do know where to register in relation to each other (i.e. different grade R types = 100%). Most grade R classes that are not registered but know where to register can be found operating as independent entities in the community that are not attached to a school (62.9%). This tendency is followed by those who are part of a school system and on school premises (30.3%) and those independent but not on school grounds (4.4%). These figures only reflect those self-reported cases and could vary from the current reality of the province.

The following table focuses on the same issue as above however it illustrates how unregistered sites are grouped according to their proportions of grade R type (i.e. each site type – 100%):

**Table 15: Unregistered grade R sites that do know where to register II:**

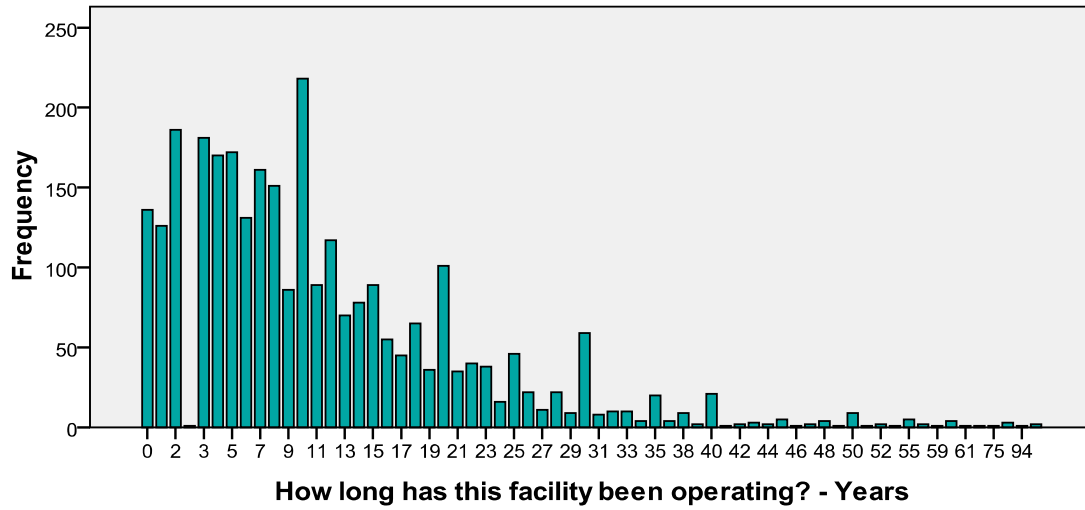


The vast majority of unregistered grade R classes, irrespective of their type of operation, *do* know where to register. For example, 92% unregistered sites that are independent in the community and not attached to a school *do* in fact know where to register. This is also true for those sites that are (1) independent from a school but on school premises (90.3%); part of a school system and on school premises (93.2%); and (3) those unregistered grade R classes that are part of a school system but located in the community (94.1%). These alarming figures could however be inflated by those grade R classes that are still *in the process of* registration.

#### 4.4. Functioning of ECD-facilities:

##### 4.4.1. How long has ECD been operating?

**Table 16: Lifespan of ECD's:**



Most frequently (7.4%) ECD-facilities stay in operation for approximately 10 years.

##### 4.4.2. Operating days and times:

Most facilities operate 5 days a week (97.1%) whereas only 1.8% operates more than 5 days, and 0.5% less than 5 days. 67.1% of ECD-facilities are open and providing services all year long (January to December). The majority of ECD-centres (61.5%) are operational for 5 to 10 hours a day, whereas 27.1% are functional for longer (i.e. more than 10 hours). However 11.1% of facilities operate for less than 5 hours. More than half (53.9%) of ECD-centres open between 07h00 and 08h00 in the morning, followed by 8h00 to 09h00 (22.3%) and 6h00 to 7h00 (21.5%).

## SECTION B: PHYSICAL CONDITIONS AND RESOURCES

In this section respondents were asked about the physical conditions and resources available at their facility. The main source of power/energy was established, as well as the type of toilets and use of ECD-building:

### 4.5. Source of power and energy:

**Table 17: Source of power and energy for cooking and lighting:**

Source	COOKING	LIGHTING
Electricity	2168 (74.0%)	2852 (97.4%)
Gas	390 (13.3%)	20 (0.7%)
Candles	2 (0.1%)	12 (0.4%)
Paraffin	23 (0.8%)	19 (0.6%)
Solar	0	1 (0.0%)
Other	40 (1.4%)	2 (0.1%)
Missing	304 (10.4%)	21 (0.7%)
<b>Total:</b>	<b>2928 (100%)</b>	<b>2928 (100%)</b>

Electricity was identified as the main source of power and energy used for cooking (74%) as well as lighting (98.1%).

### 4.6. Toilet facilities:

**Table 18: Toilet facilities at ECD's:**

Type of toilet	Count	Percent
Flush toilet (connected to sewage systems)	2793	95.4
Flush toilet (with septic tank)	36	1.2
Chemical toilet	9	.3
Pit latrine, with ventilation (VIP)	13	.4
Pit latrine, without ventilation	13	.4
Bucket latrine	39	1.3
Other	11	.4
Total	2915	99.6
Missing	13	.4
<b>Total:</b>	<b>2928</b>	<b>100.0</b>



Most ECD-facilities (95.4%) utilise a flush toilet system that is connected to a sewage system. This method is followed by the bucket latrine- (1.3%) and the flush toilet with a septic tank system (1.2%).

**4.7. ECD-building used for other purposes:**

**Table 19: Additional uses for ECD-buildings:**

Is the building used for other activities?	Count	Percent
Yes	1058	36.1
No	1864	63.7
Missing	6	.2
Total:	2928	100.0

Most of ECD-facilities (i.e. 63.7%) use their buildings for the purpose of ECD-services only. However 36.1% use these buildings for purposes that range from various educational classes for various age groups to extra-mural activities like ballet, beading, faith-based group meetings and senior citizen gatherings.

## SECTION C: LEARNER INFORMATION

This section collected data on ECD-learners. Information was gathered on learner totals, ages, proportions of population groups, as well as the number of classrooms available. This section also presents results on children with disabilities accommodated at ECD-facilities as well as the medium of instruction at ECD-facilities in the Province:

### 4.8. Characteristics of learners at ECD-facilities

#### 4.8.1. Total learners & range per site:

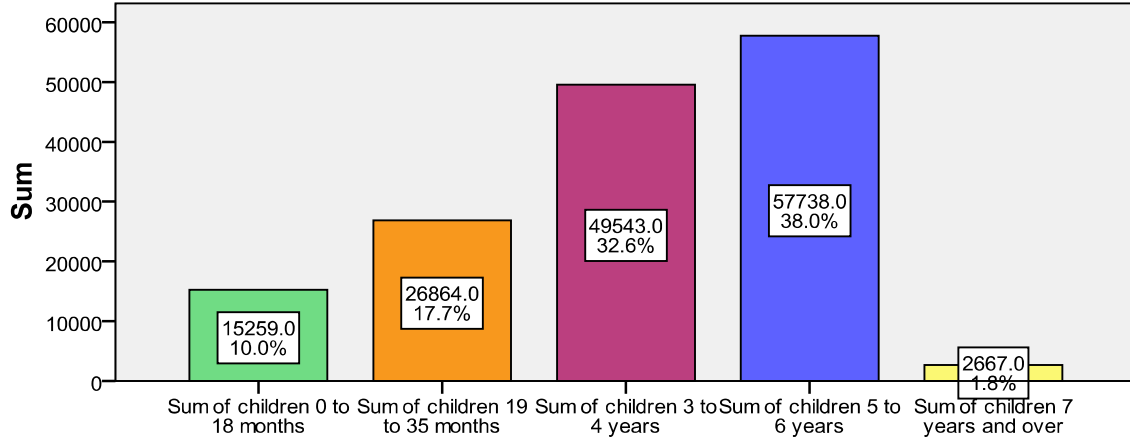
There is a total of 153 601 learners enrolled in the ECD sector at the time of the audit. Most frequently ECD-facilities (i.e. 29.1% of the time) had between 51 and 100 learners enrolled at a site.

**Table 20: Total learners per site:**

Learner numbers	Count	Percent
Less than 7	68	2.3
7 to 10	153	5.2
11 to 15	216	7.4
16 to 20	224	7.7
21 to 25	205	7.0
26 to 30	228	7.8
31 to 40	362	12.4
41 to 50	289	9.9
<b>51 to 100</b>	<b>851</b>	<b>29.1</b>
101 and more	331	11.3
Total	2927	100.0
Missing	1	.0
Total	2928	100.0

**4.8.2. Ages of children in ECD-facilities:**

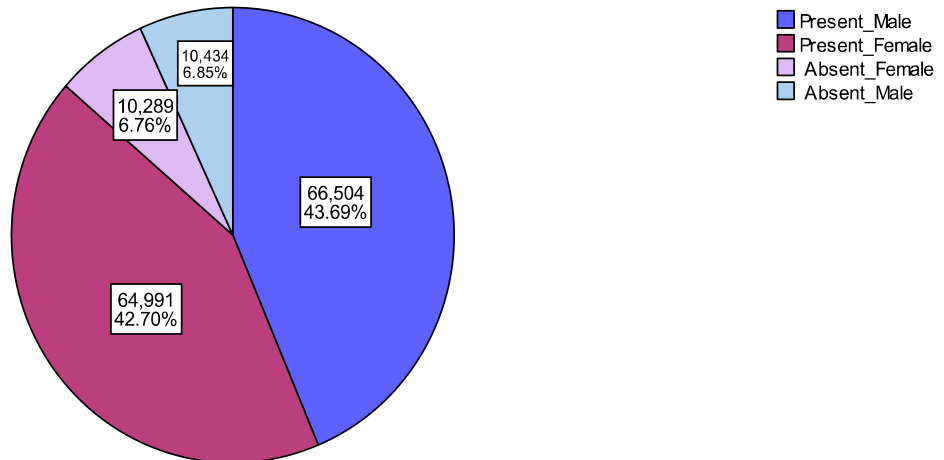
**Table 21: Learner age**



The majority of children (38%) in ECD-facilities range between the ages of 5 and 6 years old. 32.6% are 3 to 4 years and 17.7% are 19 to 35 months of age.

**4.8.3. Gender**

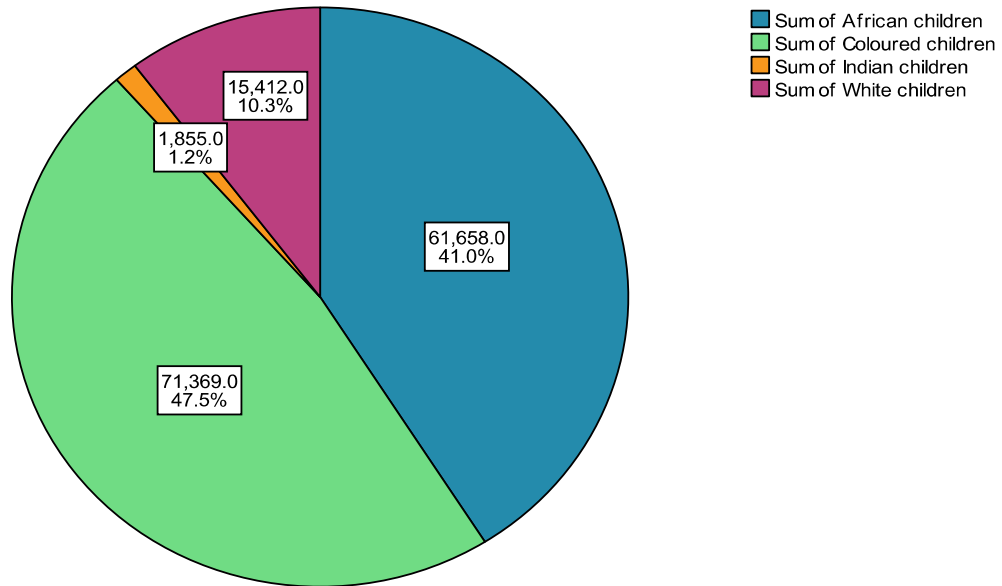
**Table 22: Gender**



There is a relatively equitable distribution amongst learners in terms of gender. 50.5% of learners are reportedly male whereas 49.5% are female, the former outnumbering females by 1%.

**4.8.4. Population groups:**

**Table 23: Population groups:**

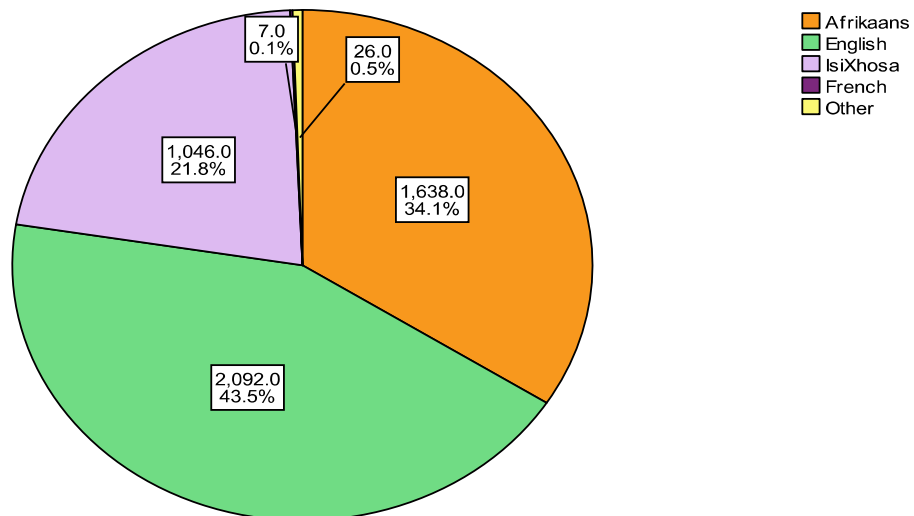


In line with the provincial demographics, the majority of learners in ECD-facilities are Coloured (47.5%), followed by African (41%), White (10.3%) and Indian/Asian (1.2%).

**4.9. Characteristics of learner classrooms:**

**4.9.1. Language of instruction:**

**Table 24: Language of instruction:**



English is the most common medium of instruction at ECD-facilities (43.5%), followed by Afrikaans (34.1%) and Xhosa (21.8%). This is interesting since both Census and Community Survey data show that the home language most spoken in the province is Afrikaans, followed by Xhosa and then English.

#### 4.9.2. Number of classrooms:

**Table 25: Number of classrooms per site:**

How many classrooms are there?	Count	Percent
0	7	.2
1	937	32.0
2	818	27.9
3	597	20.4
4	303	10.3
5	119	4.1
6	59	2.0
7	34	1.2
8	17	.6
9	11	.4
10	6	.2
11	2	.1
12	3	.1
13	1	.0
14	1	.0
Total	2915	99.6
Missing	13	.4
<b>Total:</b>	<b>2928</b>	<b>100.0</b>

A total of 7 143 classrooms were enumerated in the province. The number of classrooms in the province ranged from 0 till up to 14 a site, of which facilities having only 1 classroom were most common (32%). Most facilities (90.6%) however ranged between 1 and 4 classrooms for learners per site.

#### **4.9.3. Children with disabilities:**

**Table 26: Children with disabilities:**

<b>Are there any children with disabilities at this facility?</b>	<b>Count</b>	<b>Percent</b>
Yes	461	15.7
No	2401	82.0
Total	2863	97.8
Missing	66	2.2
<b>Total:</b>	<b>2928</b>	<b>100.0</b>

Only 15.7% of sites reported having children with disabilities.

#### **4.10. Facility collecting learner information:**

##### **4.10.1. Birth certificates:**

Only 44.6% of facilities reportedly have birth certificates for all children, 24.5% have more than half and 28.9% have less than half. This is well below the expectation expressed by the ECD guidelines, norms and standards as it is required that all ECD-facilities have birth certificates of all learners enrolled. Furthermore, since these figures are based on self-reports and not verified the percentage of ECD-facilities that are compliant with official guidelines and requirements may be overstated. In other words, the actual figures in reality may be much less than actually reported in this study.

## SECTION D: STAFF, MANAGEMENT AND EDUCATOR INFORMATION

Section D collected information on the facility staff, management and educators/practitioners. Total staff members, employment designation, as well as demographic information were collected for all staff (part-time or full-time) currently working at ECD-facilities in the Western Cape. Level of education (ECD-related or not) and years of experience were recorded, while training in HIV/AIDS awareness and First Aid were tallied. The characteristics of each ECD-facility's management committee were also investigated. These findings are all presented as follows:

### 4.11. Staff characteristics:

#### 4.11.1. Number of staff:

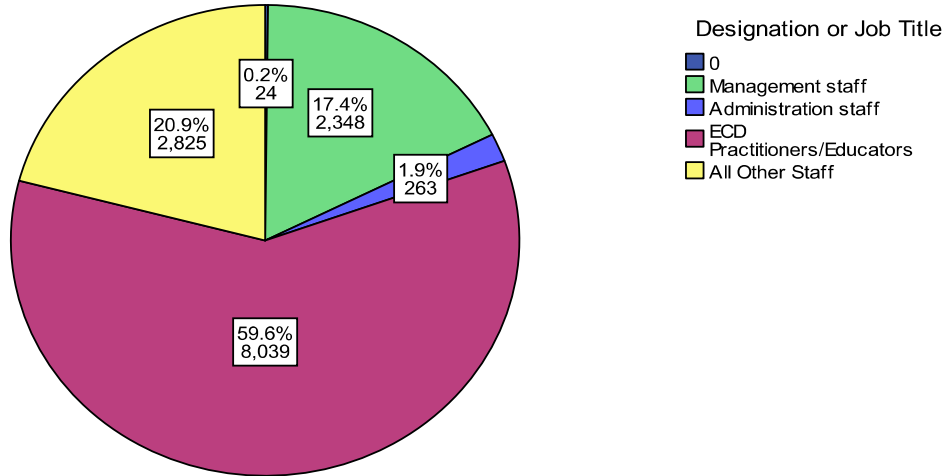
**Table 27: Total staff:**

<b>All staff</b>	<b><i>n</i></b>
Full-time staff	12 853
Part-time staff	637
<i>Total staff:</i>	13 490
<b>ECD Practitioners</b>	<b><i>n</i></b>
Full-time ECD Practitioners	9 768
Part-time ECD Practitioners	321
<i>Total ECD practitioners:</i>	10 089
<b>Support Staff</b>	<b><i>n</i></b>
Full-time Support Staff	3 085
Part-time Support Staff	316
<i>Total support staff:</i>	3 401

The province has 9 768 full-time and 321 part-time ECD practitioners. Most sites that do have full- and part-time ECD practitioners have about 2 full-time and 1 part-time practitioner employed. Support staff has been estimated at 3 085 full-time and 316 part-time individuals. Facilities that have support staff available most commonly (mode) have one full-time and / or one part-time individual on site.

**4.11.2. Designation of employment:**

**Table 28: Designation of employment:**



More than half of staff members at ECD-facilities in the province are ECD-practitioners/educators (59.6%). Management comprises 17.4% and all other staff (e.g. support staff) 20.9% of the staff population.

**4.11.3. Population group:**

In line with provincial demographics, 51.4% of staff are coloured, 34% are black, 13.6% white and 0.8% Indian/Asian. 0.1% remains unspecified.

**4.11.4. Gender:**

93.3% of all ECD-staff/practitioners are female. This sector is therefore still considered to be a gender-skewed occupation.



#### 4.11.5. Highest level of education completed:

**Table 29: Highest level of education:**

Highest Level of Education completed	Count	Percent
0	25	.2
Some primary school	425	3.1
Primary school completed	818	6.0
Grade 7, 8 or 9	2603	19.2
Grade 10	1628	12.0
Grade 11	1049	7.7
Grade 12	2768	20.4
Grade 10 + vocational training/diploma (up to 1 yr)	877	6.5
Grade 12 + vocational training/diploma	1495	11.0
Grade 12 + 3 year diploma	1078	8.0
University degree (undergraduate)	347	2.6
Post graduate degree (Honours, masters, PhD)	155	1.1
Total	13268	97.9
Missing	278	2.1
<b>Total:</b>	<b>13546</b>	<b>100.0</b>

Of the participants that responded to this question, most ECD-staff in the province have completed a grade 12 qualification (20.4%). 19.2% of staff has completed a grade 7, 8 or 9 level and approximately 12% have completed grade 10.

#### 4.11.6. Level of ECD qualification:

**Table 30: Highest ECD qualification:**

Accredited training	Count	Percent
Level 1	1991	14.7%
Level 4	1938	14.3%
Level 5	1953	14.4%
<b>Total</b>	<b>5882</b>	<b>43.4%</b>

The majority of ECD-staff *does not* have level 1 to 5 training (56.6%). Those who do have an accredited ECD-qualification range between 14.7% (level 1), 14.3% (level 4) and 14.4% (level 5) of staff. These figures are concerning as so few ECD-staff have accredited training. However, these figures mask all other ECD-related qualifications attained at NGO's or tertiary institutions that are not currently accredited by the Department of Education. Since the inclusion of these qualifications was beyond the scope of this audit, the actual level of education of ECD-staff is largely inconclusive.

#### **4.11.7. Years of experience:**

The years of experience ECD-staff have in the ECD-related field ranges from 0 to 51 years. Most frequently staff reported 2 years of relevant experience (11%), followed by less than 1 year (10.9%) and 3 years (8.7%). However 53.2% of all ECD-staff fall within the range of 0 to 5 years of experience.

#### **4.12. First Aid and HIV training:**

**Table 31: First aid and HIV/AIDS training:**

Training	Count	Percentage
First aid	2218	75.8%
HIV / AIDS	1988	67.9%

75.8% of staff has reportedly undergone first aid training, whereas 67.9% reported attending HIV/AIDS awareness training.

#### **4.13. Characteristics of the Management Committee:**

##### **4.13.1. Management committee:**

Approximately 69.2% of ECD-facilities have Management Committees that comprise of educators, parents or community members. These mostly meet on a monthly (30.8%) or quarterly (30.6%) basis and have an annual general meeting within a 12 month cycle. 29.7% of ECD-facilities indicated that they do not have a management committee. This figure can be explained by the fact that ECD-facilities that are privately owned are not required to have such a committee, as would be expected from state-funded organisations.

##### **4.13.2. Last annual general meeting:**

When asked when the committee had their last annual general meeting (AGM) most facilities (66.2%) reported within the last year, 3% reported over a year ago and 0.5% reported more than 2 years ago. The difference can again be explained by the fact that ECD-facilities that are privately owned are not required to have such a committee nor hold AGM's.

#### **4.14. Contact with ECD-forums & local clinics:**

##### **4.14.1. Membership in an ECD forum:**

About half of all ECD-facilities (i.e. 50.5%) reportedly form part of an ECD-forum.

##### **4.14.2. Contact with local clinic:**

The majority of ECD-facilities (86.1%) report having contact with the local clinic and frequents their interaction for the purposes of medical emergencies (36.4%), immunisations (76.3%), as well as weight monitoring (18.3%), see below:

**Table 32: ECD contact with local clinic:**

<b>Purpose of contact with clinic</b>	<b>Count</b>	<b>Percentage</b>
Medical emergency	1065	36.4
Immunisation	2235	76.3
Weight monitoring	536	18.3

## SECTION E: FACILITY RESOURCES

This part of the questionnaire focused on gathering information on learner fees and sources of support (financial or 'in-kind') of ECD-facilities. The results are presented as follows:

### 4.15. Income and support:

#### 4.15.1. Learners paying fees:

An overwhelming majority of learners pay fees (95.9%) whereas only 3.7% of facilities do not expect learner payments.

#### 4.15.2. How often fees are paid?

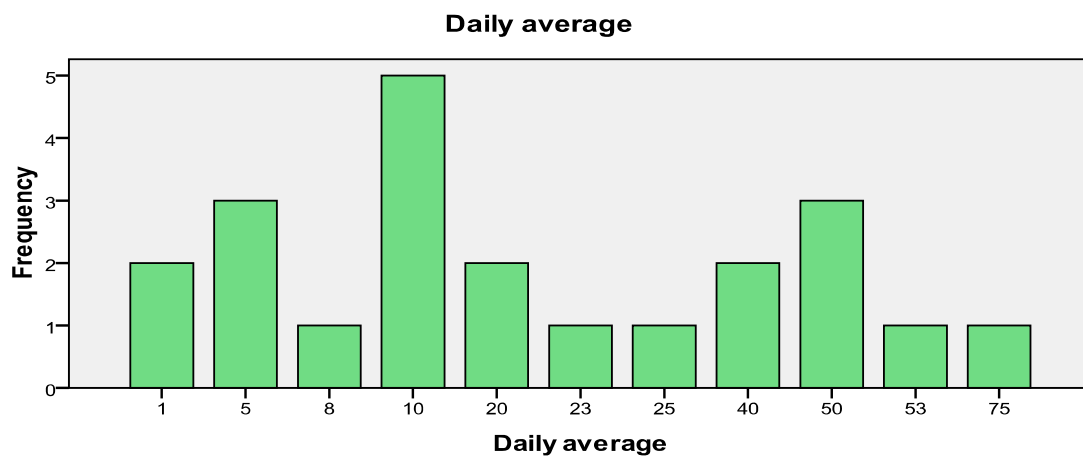
**Table 33: Fees paid:**

Payment	Count	Percentage
Daily	24	0.8%
Weekly	461	15.7%
Monthly	2509	85.7%
Per term	112	3.8%

Most learners who pay fees do this on a monthly basis (85.7%).

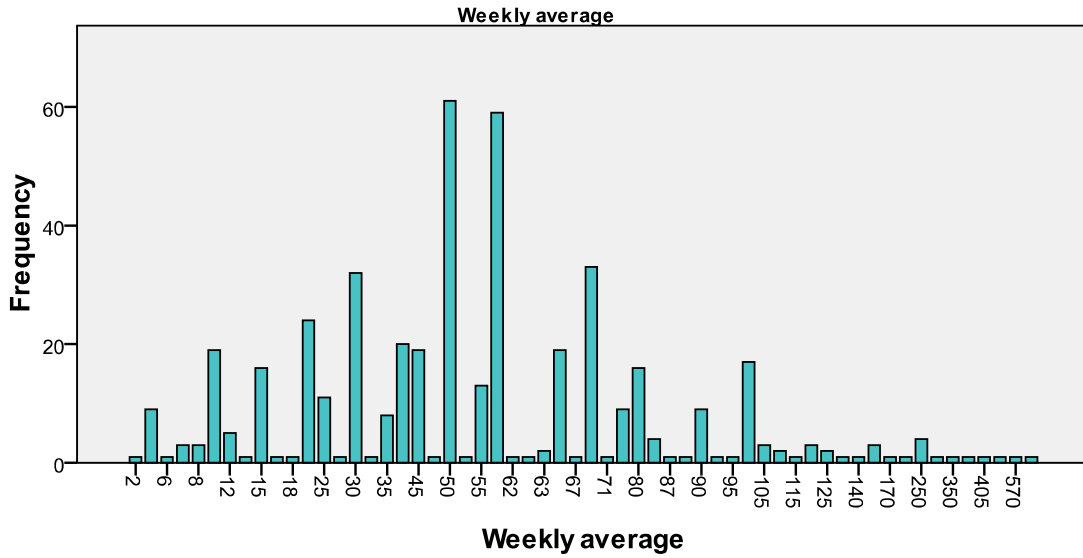
#### 4.15.3. Average fee paid:

**Table 34: Daily average of fees:**



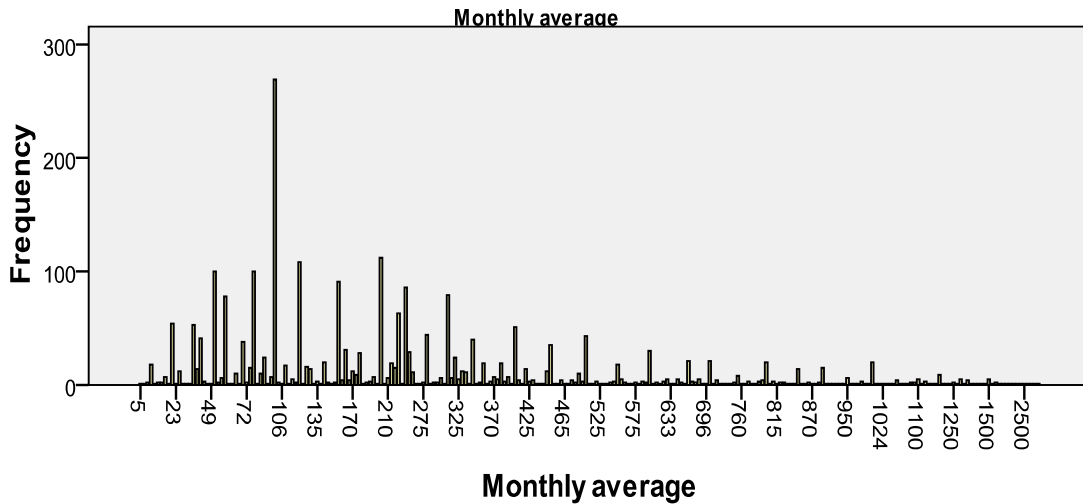
Most ECD-facilities (22.7%) that pay fees on a daily basis frequented at R10 a day. The average fees paid daily ranged from R1 to R75.

**Table 35: Weekly average of fees:**



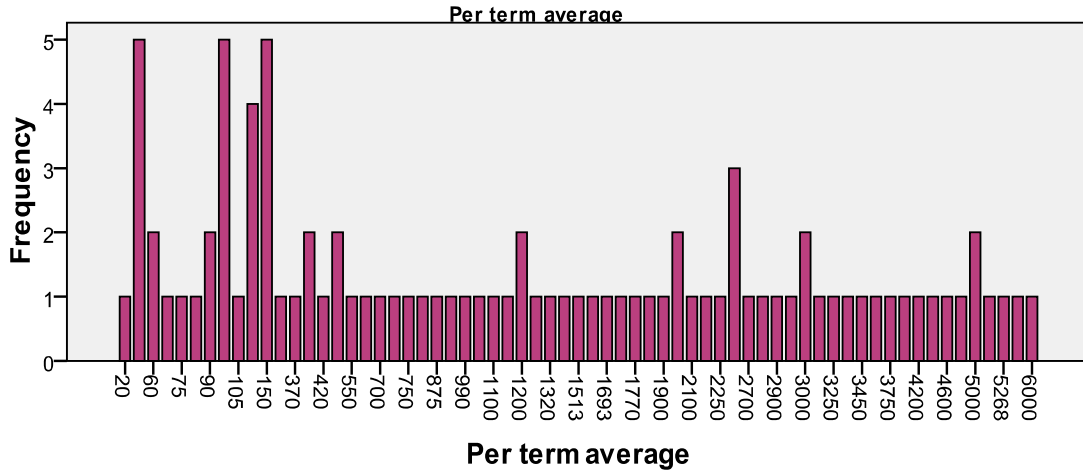
Most ECD-facilities that pay fees on a weekly basis frequented at R50 a week (i.e. 61 facilities, 13.3%). The average fees paid weekly ranged from R2 to R650.

**Table 36: Monthly average of fees:**



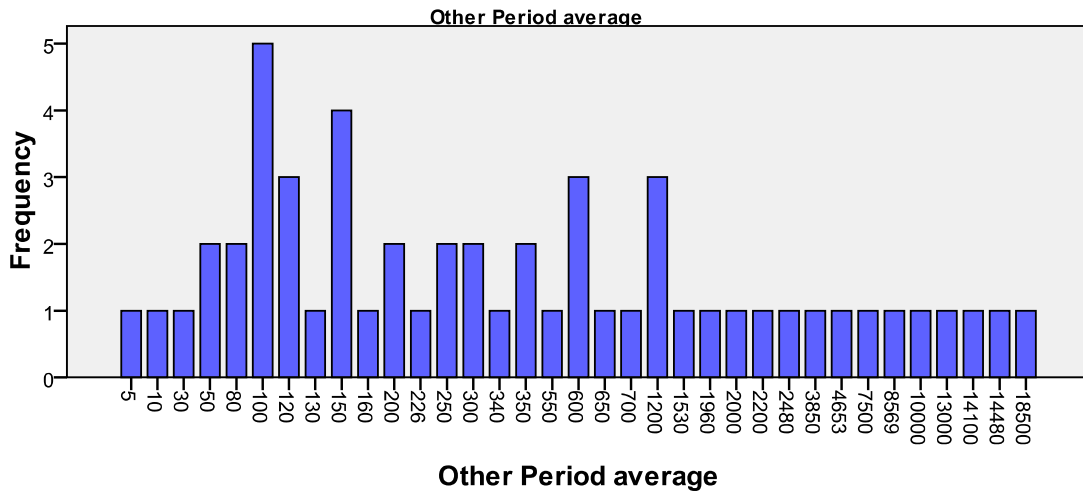
Most ECD-facilities (i.e. 10.8%) that pay fees on a monthly basis frequented at R100 a month. The average fees paid monthly however ranged from R5 to R8000.

**Table 37: Average fees per term:**



Most ECD-facilities (16.8%) that pay fees per term frequented at R50, R100 and R150 per term. The average fees paid per term however ranged from R20 to R6000.

**Table 38: Average fees for other periods of payment:**



Other payment agreements that do not fall within a daily, weekly, monthly or per term arrangement ranges from R5 to R18 500 for learner fees.

**4.15.4. Financial or ‘in-kind’ support received:**

**Table 39: Support received:**

Institution	Count	Percent
Department of Social Development	727	24.8%
Department of Education	691	23.6%
Department of Health	33	1.1%
Local government/municipality (owned & operated)	52	1.8%

Approximately 24.8% of ECD-facilities reported receiving programme funding in the form of an ECD subsidy from the Department of Social Development (DoSD). Less than a quarter (23.6%) reportedly receives support from the Department of Education (DoE) whereas only 1.1% receives support from the Department of Health (DoH). Local government / municipalities own and account for the operation of only 1.8% of ECD-facilities.

**4.15.5. Other institutions providing financial and/or ‘in-kind’ support to ECD-facilities:**

**Table 40: Other sources of support:**

Institution / Donor	Count	Percent
Private but receive grant-in-aid from Municipality	37	1.3%
Corporate Employer (company sponsors facility)	35	1.2%
Agricultural employer (Farm sponsors facility)	103	3.5%
Private but receives funding from Corporate Donor	33	1.1%
Private but receives funding from local farm / agricultural employer	39	1.3%
Fundraising: Private funds from International donors	55	1.9%
Fundraising: Private funds from National donors	86	2.9%
Faith-based organisations	66	2.3%
NPO / NGO's	56	1.9%
Other	41	1.4%
<b>Total:</b>	<b>510</b>	<b>17.4%</b>

Approximately 68.7% of ECD-facilities receive some kind of support (financial or ‘in-kind’) from government and/or other institutions locally and/or abroad.

## SECTION F: NUTRITION AND HEALTH

This section provides information concerning meal provision at ECD-facilities in the province. Information on who provides the meals as well as what the meals mostly consist of is presented below:

### 4.16. Meal provision:

#### 4.16.1. Breakfast:

**Table 41: Breakfast provided:**

Who provided learner's Breakfast?	Count	Percent
No breakfast provided/eaten on site	607	20.7
Learners bring from home	492	16.8
Facility staff	1698	58.0
Service provider	123	4.2
Total	2920	99.7
Missing	8	.3
<b>Total:</b>	<b>2928</b>	<b>100.0</b>

For approximately 58% of ECD-facilities breakfast is provided by the relevant facility staff. This is followed by a 20.7% of sites that do not serve breakfast at all, as well as 16.8% of sites where learners bring this meal from home. Service providers only reach 4.2% of ECD-sites in the Province. Breakfast mostly consists of the following:

**Table 42: Types of food served for Breakfast:**

Type of food	Count	Percent
Grains (Cereal, bread, etc.)	2046	69.9%
Fruit & vegetables	358	12.2%
Protein (chicken, fish, red meat, eggs)	138	4.7%
Dairy (milk, cheese, yoghurt)	906	30.9%

The vast majority of ECD-facilities (69.9%) serve grain-type foods as breakfast, followed by dairy-type foods like milk, cheese and yoghurt (30.9%) and fruits and vegetables (12.2%). Only 4.7% of ECD-facilities serve protein-type foods like fish, red- and white meat, and eggs.



#### 4.16.2. Lunch:

**Table 43: Lunch provided:**

Who provided learners Lunch?	Count	Percent
No lunch provided/eaten on site	367	12.5
Learners bring from home	540	18.4
Facility staff	1832	62.6
Service provider	156	5.3
Total	2895	98.9
Missing	33	1.1
<b>Total:</b>	<b>2928</b>	<b>100.0</b>

Lunch is mostly provided to learners by facility staff (62.6%). 18.4% bring lunch from home whereas 12.5 % of facilities do not provide lunch at all / no lunch is eaten on site. The type of foods eaten during lunch is listed below:

**Table 44: Types of food served for lunch:**

Type of food	Count	Percent
Grains (Cereal, bread, etc.)	2046	69.9%
Fruit & vegetables	358	12.2%
Protein (chicken, fish, red meat, eggs)	138	4.7%
Dairy (milk, cheese, yoghurt)	906	30.9%

Other foods eaten are listed as pastas, rice, samp and soya mince.

#### 4.16.3. Other meals and snacks:

64.1% of snacks eaten by learners are brought from home. Almost a third (28.8%) of learners receiving snacks at ECD-facilities is actually provided by facility staff members, whereas 1.9% is provided by service providers. The types of foods eaten for snacks are listed as follows:

**Table 45: Types of food served as snacks:**

Type of food	Count	Percent
Grains (Cereal, bread, etc.)	1845	63%
Fruit & vegetables	2116	72.3%
Protein (chicken, fish, red meat, eggs)	466	15.9%
Dairy (milk, cheese, yoghurt)	1434	49%

Other snacks served ranges from biscuits, crackers, juice, and chips to peanuts and raisins and / or soup.

More than half (56.5%) of ECD-facilities' learners eat additional meals on site. These meals range from 09h00 to 19h30 and frequents most commonly between the following times:

**Table 46: Times of meal provision:**

Time	Count	Percent
10h00 – 11h00	92	3%
12h00-14h30	571	19.3%
15h00-16h00	915	31.2%

Most of these meals (additional to breakfast, lunch and snacks) are eaten between 15h00 and 16h00 in the afternoon, and are mostly provided by facility staff (34.7%). For about 19.5% learners bring these meals from home and 2.5% are provided by a service provider.

**4.16.4. Bottle feeding:**

More than half of ECD-facilities have learners that receive formula / bottle feeding (i.e. 55%). These meals are largely catered for by learners bringing their formula from home:

**Table 47: Provision of bottle feeding:**

Who provides formula/bottle feeding?	Count	Percent
Learners bring from home	1532	52.3
Facility staff	81	2.8
Service provider	9	.3
Total	1622	55.4
Missing	1306	44.6
<b>Total</b>	<b>2928</b>	<b>100.0</b>

## SECTION G: ACTIVITIES

Section G posed various questions relating to the ECD-programme and activities provided at ECD-sites. The findings of this inquiry are presented as follows:

### 4.17. ECD-programme of activities:

The large majority (96.2%) of ECD-facilities report having a programme of activities that they follow. The activities included in these programmes are listed below:

**Table 48: ECD-programme activities:**

Activity	Count	Percent
Building blocks	2576	88%
Reading stories	2725	93.1%
Writing	2665	91%
Outside play	2815	96.1%
Drawing and colouring in	2733	93.3%
Playing with clay	2480	84.7%
Fantasy play (e.g. dress up, cars, dolls, etc.)	2572	87.8%
Educational toys (e.g. puzzles, colours, shapes, alphabets, numerics, etc.)	2609	89.1%
Music (e.g. singing and dancing, etc.)	2779	94.9%
Sleep	2233	76.3%
TV and Radio	1850	63.2%

Based on the figures listed above one can argue that the majority of ECD-facilities in the Province are providing a wide range of activities that are supportive of early childhood development aims and objectives.

### 4.18. Outreach programmes/services:

27.4% of ECD-facilities provide some kind of outreach programme and/or services.

Those reported are listed below:

**Table 49: Outreach programmes/services:**

Outreach programme	Count	Percentage
Support to other ECD facilities	390	13.3%
Support to play groups at sites other than this one	237	8.1%
Training for parents of children in the facility	192	6.6%
Training of parents whose children are not at this facility	49	1.7%
Support to childminding services in the community	130	4.4%
Toy library services for surrounding community	46	1.6%

## POST-INTERVIEW OBSERVATIONS

The following section reports the findings for observations made after the initial interview. The physical conditions as well as the equipment available at the ECD-facilities were observed and recorded as follows:

### 4.19. Type of building in which facility operates:

**Table 50: Type of ECD building:**

Type of building in which facility operates	Count	Percent
Conventional, brick or block with tile or zinc roof	2361	80.6
Traditional, mortar or mud walls with zinc or thatch roof	19	.6
Shipping container	80	2.7
Prefab building	200	6.8
Informal housing	216	7.4
Other (Specify)	45	1.5
Total	2921	99.8
Missing	7	.2
<b>Total</b>	<b>2928</b>	<b>100.0</b>

80.6% of ECD-facilities consist of conventional brick or block building structures with a tile or zinc roof.

### 4.20. Building conditions:

#### 4.20.1. Windows, doors and walls:

**Table 51: Building conditions – windows, doors & walls:**

Item	Count	Percent
Visible windows	2887	98.7%
All windows that can open and close	2695	92%
Lockable door to control access to the premises	2843	97.1%
No visible cracks and gaps in walls	2435	83.2%

#### 4.20.2. Flooring:

**Table 52: Building conditions – flooring:**

What is the flooring made of?	Count	Percent
Covered with carpet or tiles	2661	90.9
Uncovered metal, wood or concrete	218	7.4
Mud floor	20	.7
Other (Specify)	23	.8
Total	2922	99.8
Missing	6	.2
<b>Total</b>	<b>2928</b>	<b>100.0</b>

Most ECD-facilities' floors are covered with tiles or carpets (i.e. 90.9%).

#### 4.20.3. Type of water service:

**Table 53: Building conditions – type of water service:**

What type of water service is available?	Count	Percent
Tapped water inside the building	2445	83.5
Tapped water outside, but on site	417	14.2
Communal tap outside site, within 200m	50	1.7
Communal tap outside site, more than 200m	1	.0
Other (Specify)	9	.3
Total	2922	99.8
Missing	6	.2
<b>Total</b>	<b>2928</b>	<b>100.0</b>

#### 4.20.4. First aid boxes:

80.2% of sites had first aid boxes. However nothing is known about the quality of these boxes in terms of (1) how they are stocked in terms of basic equipment and requirements; (2) whether the products in there is under expiration; and (3) whether the quantity of the content is proportionate to the facility size.

#### 4.21. Toilet facilities:

##### 4.21.1. Separate toilets for staff and learners:

Most ECD-facilities have separate toilets for staff and learners (72.7%). The range of toilets available at sites is listed below:

**Table 54: Separate toilets for staff and learners:**

Number of staff toilets	Count	Percent
0	757	25.9
1	1231	42.0
2	492	16.8
3	161	5.5
4	120	4.1
5	50	1.7
6	39	1.3
7	15	.5
8	16	.5
9	3	.1
10	8	.3
11	1	.0
16	1	.0
20	1	.0
Total	2895	98.9
Missing	33	1.1
<b>Total:</b>	<b>2928</b>	<b>100.0</b>

Most ECD-facilities that have separate toilets for staff have one (42%) to two (16.8%) toilets on site. Below the number of toilets for learners are listed:

**Table 55: Number learner toilets:**

Number learner toilets	Count	Percent
0	822	28.1
1	388	13.3
2	367	12.5
3	218	7.4
4	228	7.8
5	149	5.1
6	159	5.4
7	65	2.2
8	119	4.1
9	32	1.1
10	85	2.9
11	16	.5
12	85	2.9
13	6	.2
14	17	.6
15	15	.5
16	30	1.0
17	5	.2
18	11	.4
19	1	.0
20	33	1.1
22 to 45	44	1.2
Missing	33	1.1
<b>Total</b>	<b>2928</b>	<b>(99.6) 100.0</b>

A range of 1 to 45 toilets for learners, per ECD-site was recorded. Overall, most ECD-facilities who had separate learner and staff toilets had about one (13.3% of sites) and two (12.5% of sites) learner toilets available.

**4.21.2. Number of shared toilets for learners and staff:**

**Table 56: Number of shared toilets:**

Number of shared toilets	Count	Percent
0	1726	58.9
1	561	19.2
2	329	11.2
3	66	2.3
4	73	2.5
5	28	1.0
6	23	.8
7	10	.3
8	10	.3
9	4	.1
10	11	.4
11 to 43	26	.7
Missing	61	2.1
<b>Total:</b>	<b>2928</b>	<b>(99.7) 100.0</b>

Those facilities that share toilets between staff and learners ranged from 1 to 43 shared toilets per site. The majority of ECD-facilities that had shared toilets had one (19.2%) or two (11.2%) on the premises.

**4.21.3. Toilet facilities for the disabled:**

A large majority (96%) of ECD-facilities *did not* have toilet facilities for the disabled. Those sites that *do* have these amenities mostly had one on the premises (2.5% of sites): See below:

**Table 57: Toilets for the disabled:**

Number of toilets for the disabled	Count	Percent
0	2796	95.5
1	73	2.5
2	15	.5
3 to 12	19	.7
Missing	25	.9
<b>Total:</b>	<b>2928</b>	<b>100.0</b>



#### 4.22. Potties used at facilities:

Approximately half (52.8%) of all ECD-facilities have potties. The amount of potties available on the premises is listed below:

**Table 58: Potties available:**

Number of potties	Count	Percent
0	1375	47.0
1	144	4.9
2	271	9.3
3	198	6.8
4	246	8.4
5	157	5.4
6	151	5.2
7	46	1.6
8	69	2.4
9	20	.7
10	109	3.7
11	9	.3
12	31	1.1
13	6	.2
14	4	.1
15	17	.6
16	6	.2
17	4	.1
18	3	.1
19	2	.1
20	26	.9
22 to 50	24	.7
Missing	10	.3
<b>Total:</b>	<b>2928</b>	<b>100.0</b>

Facilities that do have potties range between 1 to 50 potties per site. Most commonly sites have the tendency to have two (9.3%) to four (8.4%) potties on site.

#### 4.23. Designated areas at facilities:

##### 4.23.1. Indoor play area:

**Table 59: Indoor play area:**

Is there an indoor play area?	Count	percent
Yes, multi-use area	2506	85.6
Yes, separate from sleeping area	206	7.0
No, no indoor play area	194	6.6
Total	2906	99.2
Missing	22	.8
<b>Total:</b>	<b>2928</b>	<b>100.0</b>

92.6% of ECD-facilities have an indoor play area of some kind.

##### 4.23.2. Separate cooking / meal preparing area:

**Table 60: Cooking / meal preparing area:**

Is the area for cooking and preparing meals separated from where the children are?	Count	Percent
Yes	2402	82.0
No	292	10.0
Total	2694	92.0
Missing	234	8.0
<b>Total:</b>	<b>2928</b>	<b>100.0</b>

The majority of ECD-facilities have a separate area to prepare meals and cook (82%).

#### 4.24. Observed equipment:

##### 4.24.1. Mattresses:

70.3% of ECD-facilities have mattresses available for sleeping. The total number of mattresses available at ECD-facilities ranges from 1 to a maximum of 400 mattresses, however most frequently (i.e. 4.5% of the time) facilities had 30 mattresses on the premises that were being used for learners.

#### **4.24.2. Chairs, benches and cushions:**

An overwhelming majority of ECD-facilities have chairs, benches and / or cushions to sit on, namely 91.8%. The total number of seats that could accommodate children at a given time ranged broadly from 1 to 650. Great variation was found in this range however a tendency emerged where sites most commonly have 20 (4.4%), 30 (4.8%) and 40 (4.4%) items available to sit on at once.

#### **4.24.3. Working surface:**

89% of facilities have tables or a surface for learners to work on. The total amount of tables/work surfaces available at each facility ranges from 1 to 192. However most frequently fifty-nine (2%) of these facilities indicated the availability of 4 tables / work surfaces at a site. Therefore most facilities in the province had a total of 4 tables or work surfaces for learners to use, which accommodated 4 learners per table at any given moment.

#### **4.24.4. Other resources and equipment:**

Other resources and equipment observed at ECD-facilities are listed below:

**Table 61: Resources and equipment:**

Resources / Equipment	Count	Percent
Shelving and storage	2397	81.9%
Comfortable floor covering to sit on/mats	2619	89.4%
Children's books and reading material	2583	88.2%
Puzzles and concept toys	2552	87.2%
Paper	2605	89%
Crayons	2605	89%
Paints and brushes	2357	80.5%
Scissors (for children)	2365	80.8%
Glue	2326	79.4%
Posters and/or charts on the walls	2563	87.5%

It is evident that the majority of ECD-facilities have the necessary equipment that enhances early childhood development practices. However these figures are a mere measurement of availability and does not account for (a) its quality; (b) age-appropriateness; as well as (c) how many children these can accommodate at a given moment. Therefore caution should be taken in interpreting these findings.

#### 4.24. Safety and infrastructure:

**Table 62: Safety and infrastructure:**

Observed	Count	Percentage
Fence around the facility	2660	90.8%
Someone monitoring access control	2335	79.7%
Is there a safe outdoor play area	2526	86.3%
Outdoor equipment (e.g. swings, monkey bars, etc.)	1772	60.5%

Most ECD-facilities have a fence around the premises (90.8%), someone monitoring access (79.7%), a safe outdoor play area (86.3%), and outdoor equipment for learners to play on (60.5%). However it is disconcerting that almost 20% (i.e. 584 facilities) of ECD-sites *do not* have someone monitoring access to their premises. This raises serious issues around safety and security for learners and practitioners/staff alike.

#### 4.25.1. Registered sites that do not monitor access to premises:

**Table 63: Registered ECD's that do not monitor access to premises:**

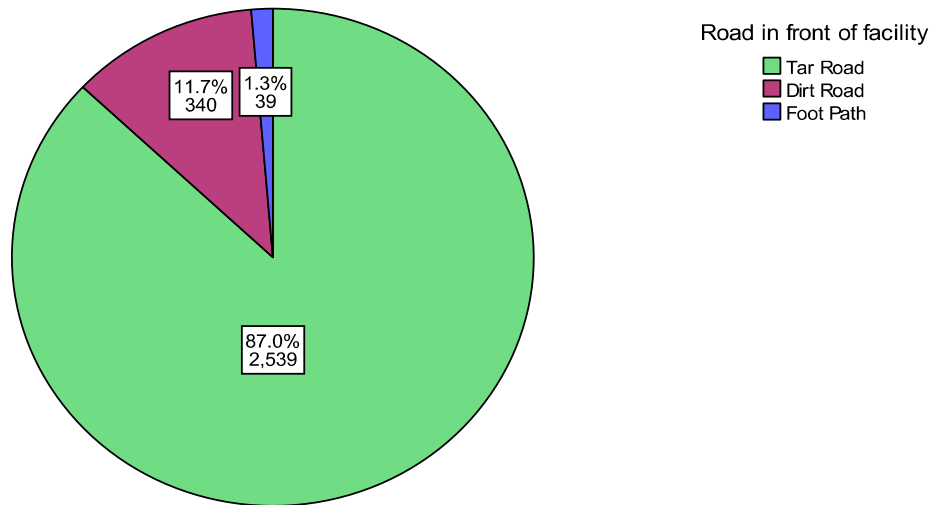
			Is the facility registered as an ECD Service provider?			Total
			0	Yes	No	
<b>Someone monitoring access control</b>	<b>Yes</b>	Count	1	1480	851	2332
		% within - Is the facility registered as an ECD Service provider?	100.0%	83.8%	74.1%	80.0%
	<b>No</b>	Count	0	<b>286</b>	297	583
		% within - Is the facility registered as an ECD Service provider?	.0%	<b>16.2%</b>	25.9%	20.0%
Total		Count	1	1766	1148	2915
		% within - Is the facility registered as an ECD Service provider?	100.0%	100.0%	100.0%	100.0%

As a prerequisite for safety and security the guidelines for early childhood development services advocate for protection of children from all physical, social, and emotional harm or threat (DoSD & UNICEF, 2007). The mandatory registration of ECD-facilities

therefore serves the purpose of encouraging safe practices such as monitoring access control at sites that care for children. However of those sites that is reportedly registered ECD-facilities, 16.2% (i.e. 286 facilities) were not practicing safe access control. Caution should also be taken when interpreting these findings as the numbers of ECD-facilities that are registered are based on self-reports and may therefore vary considerably with actual registration figures.

#### 4.25.2. Road in front of facility:

**Table 64: Road in front of ECD:**



87% of all ECD-facilities have a tarred road in front of the facility, followed by 11.7% who have a dirt road and 1.3% who is accessed via a foot path.

## CHAPTER 5: DISCUSSION & CONCLUSION

### 5.1. Introduction

This section serves the purpose of highlighting some of the main findings and will discuss some pertinent issues emerging from the audit. The findings will also be compared to those found by the previous ECD-audits done by the Department of Education (DoE) in 2001 and the Department of Social Development (DoSD) in 2003.

### 5.2. Main findings and emerging issues

#### 5.2.1. Distribution and accessibility

Most ECD-facilities were found in the metro area, i.e. 68.2% are located in the City of Cape Town district municipality. The rest is distributed unevenly throughout the rest of the province. This concentration of ECD-facilities in the metro area raises questions about the equal access to basic educational- and early childhood development resources throughout the province. According to the South African Human Rights Commission (2006), the State is obligated to secure positive measures in each community to enable and assist individuals to enjoy their rights in access to basic resources and as in this case have ECD-resources available, accessible, acceptable as well as adaptable to their specific needs and contexts (SAHRC, 2006). Whether ECD-facilities are available and accessible in all areas that are in need of these services was beyond the scope of this study. However the audit revealed that the communities served by ECD-facilities in the province were within walking distance of most of the facilities audit. Most facilities (51.5%) reported that *walking* is the most popular mode of transport used to reach the facility and it was most commonly found that a distance of less than one kilometre was travelled to and from the site (i.e. 45.1% of respondents). Therefore ECD-facilities appear to be geographically accessible in terms of their current location. It should be noted however that these reports in favour of ECD-facilities being geographically accessible does not include those communities that may not have any ECD-services available where needed. This should be subject to further investigation in which a gap analysis is undertaken, especially in areas outside of the metro area.

*Accessibility* according to the SAHRC (2006) does not extend solely to geographical location however it must also be measured in terms of its economic component. As found in this audit, most learners at ECD-facilities pay fees (95.9%). These fees vary considerably according to the types of resources available and quality of education provided. It has been shown that parents are aware of the fact that those facilities that ask more fees provide a higher quality of education than those who do not (SAHRC, 2006). Therefore those who cannot afford ECD-services for their children are excluded from enjoying this basic human right and are restricted in terms of enjoying economically accessible services that provide quality education to their young children. This raises serious issues in terms of the government's goal to provide free (quality) basic educational services to all people, especially those who are most vulnerable.

#### ***5.2.2. Children with disabilities***

Only 15.7% of ECD-facilities in the province have indicated that they do have children with disabilities at their sites. However no further investigation was done as to whether (1) these children are adequately accommodated; (2) whether all facilities in the province are putting measures in place to not discriminate against children with disabilities; and (3) whether these children have the needed resources and support to access ECD-services close to their place of residence. These are issues in need of further investigation and requires a special focus on whether the percentage of ECD-facilities who do have children with disabilities is a reflection of the proportion of this population requiring the services in the province, or if it is a reflection of these learners not enjoying the necessary access to ECD-services due to discrimination or socio-economic factors.

#### ***5.2.3. Registration of ECD-facilities***

The majority of ECD-facilities audited reported that they are indeed registered (i.e. 60.5%). This figure was somewhat higher than what the departmental records reflected

(i.e. 47.2% were registered) and can be explained by the fact that the audit was based on self-reports of respondents and not verified registration information. 37.4% claimed registration with DoSD, 27.9% with DoE and 5.8% with local government or municipalities. However approximately 39.3%<sup>5</sup> of ECD-facilities declared that they are not registered at all. This is concerning as 86.3% of these facilities that claim to not be registered *do* in fact know that they should be registered and they know where to go and register. This raises serious issues in terms of compliance to ECD-guidelines, norms and standards that insist on the registration of all facilities deemed as places of care for the early development of children.

#### **5.2.4. Physical conditions and resources**

The vast majority of ECD-facilities use electricity for cooking (74%) and lighting (97.4%), and have flush toilets that are connected to sewage system (95.4%). These are indicative of acceptable basic infrastructure and physical amenities at ECD-facilities in the Province.

#### **5.2.5. Learner information**

There are a total of 153 601 learners accounted for at ECD-facilities in the Province. Most commonly there are approximately 51 to 100 learners at a facility of which the majority of children at all ECD-facilities range between the ages of 5 and 6 (38%). An equitable distribution in the learners' gender is also documented (i.e. male = 50.5%; and female = 49.5%). Judging from the figures presented, it can be argued that access to ECD-services is not discriminated against gender. However, whether or not learners are treated unfairly and are discriminated against in terms of gender was beyond the scope of this audit and should form part of an assessment of the quality of care and education learners receive at ECD-facilities. National ECD-guidelines, norms and standards advocate that all children be treated fairly and not be labelled or forced to conform to a

---

<sup>5</sup> NOTE: this percentage masks the fact that some of these facilities could be in the process of registration.



particular way of behaving based on his or her gender (Department of Social Development & UNICEF, 2007).

#### **5.2.6. Language of instruction**

As found in previous audits of the ECD-sector (Department of Education, 2001; and Mohammed, 2003) this study found that English is still the most common medium of instruction at ECD-facilities (43.5%) in spite of the fact that Afrikaans and Xhosa is the most spoken language in the Province. This trend holds major implications for the mother-tongue education policy of the country that states that children should receive instruction in their mother-tongue as to encourage the optimal acquisition of necessary numeracy and literacy skills (SAHRC, 2006; Dugmore, 2006). Parents' preference to have their children schooled in English may relate to (1) the global economic status this language enjoys; and/or (2) that many ECD-practitioners do not share the home language (as well as context) of their learners (SAHRC, 2006). The issue of potentially disconnected educators/ECD-practitioners was beyond the scope of his particular study and should be investigated in the future if this challenge concerning the medium of instruction is to be adequately addressed. This audit substantiates previous research that provides clear evidence that the mother-tongue education policy is not succeeding with its aims. Issues around implementation and efficiency should be thoroughly investigated to redress these inequalities and transform mother-tongue education to a practical reality.

#### **5.2.7. Educators & ECD-practitioners**

The audit revealed that more than half (i.e. 56.6%) of ECD-staff members do not have level 1 to 5 accredited training. These figures are concerning however it should be noted that they mask any other ECD-related qualifications staff may have obtained from other institutions like NGO's and various tertiary institutions alike, that are not accredited by the Department of Education. Therefore the actual level of ECD-qualifications staff members have may be higher than what the audit reflects. This issue

should be subject to further investigation in which (1) the extent to which other qualifications dominate the field is established; (2) the quality of these courses/programmes are assessed and regulated; and (3) the relevance and nature of these qualifications can be standardised and perhaps (if meeting norms and standards) recognised.

53.2% of all ECD-staff fall within the range of 0 to 5 years of experience, of which the majority has about 2 years of relevant ECD-experience (11%). Based on these figures it is evident that more than half of all ECD-practitioners do not have considerable experience in the field and are in fact relatively new to early childhood development sector. This is concerning as it raises issues in terms of the provision of quality ECD-practices and services as well as the attainment of early childhood development milestones for children ages zero to nine. The high number of staff with few years experience is indicative of a high staff turnover rate.

#### ***5.2.8. Sources of income for ECD-facilities***

95.9% of learners pay fees in the Western Cape, whereas other sources of support (financial or 'in-kind') are received from the DoSD (24.8%), DoE (23.6%) and DoH (1.1%). Therefore learner fees as well as support received from these government departments listed act as the main sources of income (and support) for ECD-facilities in the province. Fundraising from both national and international donors comprise 4.8% of income/support reported. This is very different from the findings of the audit done by Mohammed (2003) which reported that 56% of facilities obtained funds from fundraising activities, declaring this source of income as its most popular source at the time. The findings of this current audit therefore signify a shift in ECD-source of support and income and reflect the changing nature of this sector over time.

#### ***5.2.9. Activities in ECD programme***

According to self reported data 96.2% of ECD-facilities in the Province follow a programme of ECD-activities. The majority of facilities reported having a range of

activities that range from, for example, building blocks, drawing and colouring to watching TV and listening to the radio. ECD-facilities in the province appear to be well-equipped in terms of supporting these ECD activities. Post interview observations revealed that more 80% of facilities have reading material, paper, crayons, paints and brushes, as well as scissors (for children) and environmental print (posters, etc.). However caution should be taken in interpreting these findings because these figures only indicate whether or not these activities are included in the existing programme. These figures do *not* however indicate the (1) quality of the resources / activities available; (2) age-appropriateness of the resource / activities; and (3) the quantity of the resource / activity in relation to the total learners per site. For example, 63.2% of facilities' activities include watching TV and listening to the radio. However it is not known from the findings whether the learners are watching / listening to educational programmes and for *how* long they are engaging in these activities. These mentioned are critical factors that determine whether an ECD-programme is providing a quality education for early childhood development and should therefore be subject to further investigation. The findings of this current study therefore reiterate the need previously proposed by Mohammed (2003) in which a quality assessment of ECD-programmes and facilities are needed.

### **5.3. Conclusion**

This chapter concludes the findings of the ECD-audit of the Western Cape Province. ECD-facilities in the province are reportedly doing well in terms of providing the minimum services required to their surrounding communities. The gap between facilities registered and those not registered are closing steadily and ECD-programmes and related activities are provided at almost all facilities in the province.

The information provided in this report is based on the self-reported evidence provided by practitioners/managers/coordinators at ECD-facilities. The nature of this kind of information is subject to variation and may therefore (in some instances) reflect a

different picture from reality. Considering all limitations of this study as well as the challenges identified in the sector, the overall findings suggest a relatively positive picture in ECD-functioning and service provision. Future areas of investigation were identified and the further exploration as well as the quality assessment of services provided in this sector can assist ECD-initiatives to progress from strength to strength. This study provides useful information to further this process and hence provides an invaluable platform from which to explore and improve the ECD-sector in the Western Cape Province.

## REFERENCES:

Department of Education. (2001). *The nationwide audit of ECD provisioning in South Africa*. Pretoria, South Africa: The Department of Education.

Department of Social Development & UNICEF. (2007). *Guidelines for early childhood development services: Every child has the right to the best possible start in life*. Pretoria: Department of Social Development.

Dugmore, C. (2006). *Launch of WCED literacy and numeracy strategy*. Department of Education [Online] at <http://wced.wcape.gov.za>

Mohammed, Z. (2003). *Audit of early childhood development provisioning in the Western Cape*. Department of Social Services & Poverty Alleviation. Cape Town: Department of Social Development.

Noble, M., Wright, G. & Cluver, L. (2007). *Conceptualising, defining and measuring child poverty in South Africa: an argument for a multidimensional approach*. In A. Dawes, R. Bray and A. Van der Merwe (2007). Monitoring child well-being: A South African rights-based approach. Cape Town: Human Sciences Research Council.

Sivengo, A. (2008). *WCED minute: Grade three literacy and numeracy assessment tests – October to November 2008*. Western Cape Education Department [Online] at [http://wced.wcape.gov.za/circulars/minutes08/PSminutes/edrs1\\_08.html](http://wced.wcape.gov.za/circulars/minutes08/PSminutes/edrs1_08.html)

South African Human Rights Commission (SAHRC). (2006). Report of the public hearing on the right to basic education. Published by SAHRC.

Tefferra, T. & Obeleagu, A. (2008). "The Potential of ECD in accelerating and sustaining poverty in Ethiopia". African ECD Conference 2008.

Young, M.E. (1996). *Early childhood development: investing in the future*. Washington D.C.: The International Bank for Reconstruction and Development - The World Bank. Available [Online] at [http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099079922573/ECD investing in the future.pdf](http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099079922573/ECD_investing_in_the_future.pdf)