

Research Report

Survey of Early Childhood Development Facilities in the Royal Bafokeng Nation

Royal Bafokeng Administration

November 2015



ROYAL BAFOKENG NATION

Executive Summary

Background

This report provides an overview of the Early Childhood Development (ECD) services offered through ECD facilities in the Bafokeng Area. The data was gathered during a survey of almost all ECD sites in Bafokeng during 2015. The research was undertaken at the request of the Royal Bafokeng Administration as part of a broader programme to develop a strategy to support ECD and achieve improved childhood learning and developmental outcomes. The survey set out to identify and enumerate ECDs in Bafokeng and to establish a baseline of basic information.

Findings

There is a clear distinction between the levels of services rendered at those facilities that are registered with the Department of Social Development and those ECDs that are unregistered. Registration is not an indication of service quality; that is, imposing a regulatory framework is not necessarily the determinant for improved ECD services, but instead the 'unregistered' status of an ECD heralds other challenges that these ECDs might be facing. Prioritising the improvement of services for unregistered facilities will make the most direct and immediate contribution to the children in Bafokeng in the short term.

The findings are summarised below.

Availability, distribution and demand for ECD services

ECDs are well distributed throughout the regions and generally accessible to children. Furthermore, the number of ECDs in regions corresponds with the average population size for most regions and the enrolment rate at ECDs is relatively high in Bafokeng in comparison with the national average. However the enrolment rate is lower in more remote villages, and lower for girls than for boys. The average number of children enrolled in each ECD is relatively low (the average is 29) and this suggests that there is not much demand pressure for ECD services. However, despite the low enrolments the ratio of learners to practitioners is poor.

Administration and human resources capacity to deliver services

Registration of ECDs with the Department of Social Development is lower than desired. Unregistered ECDs could be visited to assess the quality of care in more detail and we might consider ways to support these ECDs as a priority for strengthening services to children in Bafokeng.

Fees are in line with the national averages, considering that there is an average of 29 children at an ECD and the average monthly fee is R250, it must be challenging to run an ECD on R7,250 per month. Additional funding could be raised through the Department of Social Development (registering ECDs and accessing grants), Corporate Social Investment (reviving ECD programmes that

used to be funded) and other donors to improve ECDs and offer support packages and services in partnership with non-profit organisations.

The levels of education of ECD practitioners are neither particularly low, nor high. However, improving the qualifications of ECD practitioners will have a positive impact on the care and development of children at ECDs in Bafokeng. The RBI may want to negotiate with the Department of Social Development to offer additional training including on-the-job training as this is a programme they are already contemplating.

Physical infrastructure, furniture and resources available to support ECD

A more specific audit to determine the more critical priorities of infrastructure investment would be useful. The most critical needs at ECDs include:

- Improved access control and monitoring including securing doors and windows, and mending fences;
- Improved access to flush toilets appropriate for adults and children, including the disabled; and
- Improved access to tapped water inside the building.

The audit revealed that almost all ECDs have a shortage of functional, developmental and recreational equipment and materials. Unregistered ECDs had the greatest shortages, however all ECDs experienced a shortage of mattresses, work surfaces and chairs. Posters and educational aids were in short supply and often, basic art-room materials and recreational equipment was not available for the children at all.

The challenge of accessing resources for children (if the money is not available through fees) is compounded because there seems to be an absence of strong ECD-focused NGOs in the North West Province.

In addition to raising funds and requesting the support of the Department of Social Development it is critical to advocate for the establishment of an ECD-focused NGO (or suchlike) in the region – to assist in maximising benefits to the children through the existing ECDs. Furthermore, a strategy for ECD improvement could be developed in partnership with relevant actors and stakeholders including ECD management, the Department of Social Development, RBA, RBI, local business and NGOs.

Health and nutrition

Although the research shows good signs that there were relationships between ECDs and clinics in all regions, the absence of first aid kits, coupled with the low levels of first aid and HIV/AIDS awareness training amongst ECD staff suggests that health services are inadequate.

A package of programmes could be developed in partnership with the Department of Health and Department of Social Development and be implemented through existing channels (for example clinics and community health workers) supported by the monitoring of locally based institutions. This package of services should likely involve the children, educators and other staff and parents and could include information and advice to guide activities at the ECD sites as well as at home. The programmes could be developed to assist ECD staff to provide better health services and include relevant training in the recognition of abuse/neglect, identifying and responding to children with disabilities, medication management, water, sanitation and hygiene (WASH) and other health and safety related policies and procedures.

More attention could be given to the investigation of nutrition at ECDs. A study combining an analysis of the meals provided, the quality of the produce, cooking methods and storage and refrigeration would be useful. From the data collected there appears to be very limited fresh fruit and vegetables in the diet of children at ECDs in Bafokeng.

ECD sites and programmes provide critical opportunities for sharing education about nutrition and improving the nutrition of children in the Bafokeng Nation through the provision of food. In addition, ECDs could be included in food gardening programmes to engender an interest in food production and healthier eating amongst the staff, parents and children at ECD sites. Training could be provided for staff to improve the detection of malnutrition, and a dietician could be consulted to develop menus and guidelines for meals served to the children in ECDs

Further research

No research was undertaken on the curriculum programme and this should be taken up in future research. In addition, Grade R readiness might also be assessed to establish learning outcomes that need to be prioritised. The current audit provides a sound baseline to plan research into the relationship between infrastructure, resourcing and learning outcomes.

Acknowledgements

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Contents

1. Introduction	8
2. Survey Results	10
2.1. An overview of ECDs in Bafokeng.....	10
2.2. Administration and management	16
2.3. Infrastructure	22
2.4. Resources	27
2.5. Health and nutrition	30
2.6. Activity plans	35
3. Conclusions and Recommendations	38
3.1. Distribution of ECDS and demand for services.....	38
3.2. Supportive systems and human resources capacity to deliver Services.....	38
3.3. Appropriate infrastructure	39
3.4. Adequate resourcing	40
3.5. Health and nutrition	40
3.6. Activities and learning programmes.....	41
Figure 1 Geographic distribution of ECDs, Bafokeng (2015)	10
Figure 2 Map showing the distribution of ECDs by region, Bafokeng (2015)	11
Figure 3 ECD registration status, Bafokeng (2015)	11
Figure 4 Enrolment by registration status of ECD, Bafokeng (2015)	13
Figure 5 Age distribution of children enrolled at ECDs, Bafokeng (2015)	14
Figure 6 Enrolment and figures, by age category and gender, Bafokeng (2015)	14
Figure 7 ECD registration, Bafokeng (2015).....	17
Figure 8 ECD fees by registration status, Bafokeng (2015).....	18
Figure 9 Distribution of all ECD staff by function and gender, Bafokeng (2015).....	19
Figure 10 Range showing number of staff employed at ECDs, Bafokeng (2014)	19
Figure 11 Grade 12 completion by staff function at ECDs, Bafokeng (2015)	20
Figure 12 ECD staff roles by gender and registration status, Bafokeng (2015)	20
Figure 13 Highest level of education for ECD staff by registration status, Bafokeng (2015).....	21
Figure 14 Highest level of education for ECD Practitioners by registration status, Bafokeng (2015) ...	21
Figure 15 ECD specific qualifications for ECD staff (standardised), Bafokeng (2015).....	22
Figure 16 Toilet facilities at ECDs, Bafokeng (2015)	24
Figure 17 Infrastructure needs across all ECDs, Bafokeng (2015)	25
Figure 18 ECD infrastructure quality by region, Bafokeng (2015)	26
Figure 19 Resource needs across all ECDs, Bafokeng (2015).....	28
Figure 20 ECD resource needs by region, Bafokeng (2015).....	29
Figure 21 Who provides learners breakfast at ECDs by registration status, Bafokeng (2015)	33
Figure 22 Who provides learners snack at ECDs by registration status, Bafokeng (2015)	33
Figure 23 Who provides learners lunch at ECDs by registration status, Bafokeng (2015)	34
Figure 24 Contents of meals provided by ECD facilities, Bafokeng (2015)	35
Figure 25 ECD activity planning and lesson preparation, Bafokeng (2015).....	36
Figure 26 Range of ECD activities by registration status, Bafokeng (2015)	37
Table 1 Distribution of population and ECDs by region, Bafokeng (2015)	12
Table 2 Infrastructure needs by ECD registration status, Bafokeng (2015).....	26
Table 3 Resource needs by ECD registration status, Bafokeng (2015)	28
Table 4 Basic Nutritional Statistics for Children aged 1-9 years, North West and South African National Average (2005).....	32
Table 5 Basic Micro-Nutrient Statistics for Children aged 1-9 years, North West and South African National Average (2005).....	32

Abbreviations

CIPRO	Companies and Intellectual Property and Registration Office
DOH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
ECDs	Early Childhood Development Facilities
NGO	Non-Governmental Organisation
PULA	Population and Use of Land Audit
RBA	Royal Bafokeng Administration
RBN	Royal Bafokeng Nation
TOR	Terms of Reference
WASH	Water, Sanitation and Hygiene

ECD: A working definition

The abbreviation “ECD” is used in two ways in this report. Firstly, as the process of early childhood development and the strategies, plans and programmes to support a child’s development (ECD). Secondly, as the sites where these services and activities take place, as in early childhood development facilities (ECDs). ECDs as sites of childhood learning include all the usual names of crèches, early learning centres, day-care centres, etc. The units of analysis for the survey are ECD facilities.

ECD Registration Status

In addition to keeping with the broader government planning related to ECDs in South Africa, a distinction has been made between ECDs that are registered with the Department of Social Development (DSD) and those that are not. Even if ECDs are registered with other bodies, if they are not registered with the DSD they are reflected in the findings as ‘unregistered’ ECDs. Registration status is based on self-reported information provided by the ECD. Although the ECDs were asked for their DSD registration number these were only provided in 22 cases.

1. Introduction

The objectives of early childhood development (ECD) are to prepare children for the great wide world and especially the “big school”. More formally, the South African National Early Childhood Development Policy indicates that the desired learning outcomes of ECD programmes are:

- Critical thinking, problem solving and forming concepts;
- Developing a positive self-image and managing their own behaviour;
- Awareness of diversity and respect for others;
- Effective communication and confident use of language;
- Engaging with mathematical concepts;
- Demonstrating physical and motor abilities; and
- Showing an understanding of a healthy lifestyle.

The objectives of early childhood development (ECD) are to prepare children for the great wide world and especially the “big school”

Governments and international agencies such as the United Nations Children’s Fund (UNICEF), and a range of non-profit organisations working across South Africa are committed to achieving improved outcomes in these areas for our children. The National Early Childhood Development Policy^{1, 2} in particular outlines a range of guidelines and package of support services in its ECD strategy including:

- Free birth support for all children when they are born;
- Parenting and Family Support;
- Free preventative and curative healthcare for pregnant women and children;
- Preventative and curative food and nutritional support for pregnant women and children;
- Social protection services;
- Protection from abuse, neglect and psychosocial services for recovery and reintegration for pregnant women, children and mothers;
- Early childcare and education services;
- Information on the value of ECD services and where and how these may be accessed
- Access to safe housing; and
- Play, recreational and cultural amenities.

¹ Government Gazette No 38558. Part 1 and 2. Draft National Early childhood Development Policy of the Republic of South Africa. May 2014.

² Grantham-McGregor, S., Cheung, Y. B., Cueto, S., Glewwe, P., Richter, L., & Strupp, B. (2007). Developmental potential in the first 5 years for children in developing countries. *The Lancet*, 369, 60–70.

To begin to understand the nature and levels of services available to children in Bafokeng, this survey has had humble ambitions: To identify and enumerate ECDs in Bafokeng; and to establish a baseline of basic information. Cognisant of the broader debates and theories in ECD programming, the following dimensions of ECD services have guided this investigation:

- The availability of services including the distribution of facilities and the demand for services;
- Administration and human resources capacity to deliver educational services to children in Bafokeng;
- Resources available to support ECD including building and physical infrastructure, furniture and equipment; and
- Health and nutrition.

The activities and teaching programmes in ECD facilities are critical to the development of children, however, it has been beyond the scope to assess either the content or outcomes of programmes during this 'gateway' research project. However, the survey did gather basic data on whether a learning programme was in place. Future research should explore this in more detail and assess the linkages between the quality of service and learning outcomes.

This report provides an overview of the Early Childhood Development (ECD) Services offered through ECD facilities in the Bafokeng Area, to support the Royal Bafokeng Nation (RBN) endeavours to provide public goods including ensuring a good education for every child. The baseline has been undertaken with a particular view of strengthening ECD policies, planning and programming in *lefatshe la Bafokeng*.

The results of the survey are presented in the following chapter under four broad sub-headings:

- An overview of ECDs in Bafokeng;
- Administration and Management;
- Infrastructure;
- Resources;
- Health and nutrition; and
- Activity plans.

Methodology

Trained enumerators conducted audits of all ECD sites in the Royal Bafokeng area. ECDs were identified through a scoping exercise in each village. Enumerators visited known ECDs and also asked community members to identify ECDs that were known to them, in addition enumerators walked through most of the village asking residents for assistance and in this way the audit was able to conduct a survey of all known facilities. Facilities that were open at the time of the visit completed the full audit at that time, for facilities that were closed enumerators captured basic details including address, contact person and GPS location, and follow up visits were conducted. Detailed maps of the location of sites and the areas covered by enumerators are available through the RBA. The data was collected digitally using specialized software (SurveyCTO) that enabled real-time data validation and quality control. The data was cleaned and labelled and transferred to the statistical package for social

sciences (SPSS) for analysis by the lead researcher, all photographs taken during the survey have been placed in a dropbox folder.

Given the resource and time constraints, the survey was limited to capturing details of as many sites as possible during 10 days of fieldwork. As a result it may be that not all sites were enumerated. Certain facilities might also not have been identified to the enumeration team as some “granny crèches” are very small and may also actively avoid attention. Despite this caveat we are confident that the vast majority of ECDs were surveyed during this research project.

2. Survey Results

The results provide a descriptive overview of ECD services, contextualised, where relevant, with reference to secondary data including the national survey of ECDs published by the Department of Social Development in 2014³ and the Bafokeng Population and Use of Land Audit (PULA) published by the Royal Bafokeng Administration in 2011⁴.

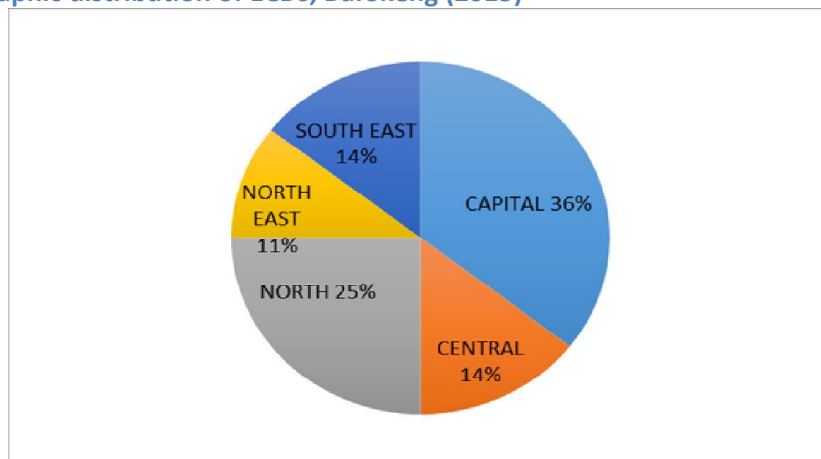
2.1. An overview of ECDs in Bafokeng

The overview provides details on the distribution of ECDs across the regions in Bafokeng, enrolment figures, demand for services accessibility and the ratio of learners and ECD practitioners.

Geographic distribution of ECDs

Half of all ECDs in Bafokeng are located in the Capital (36%) and Central (14%) regions. The remainder are located in the North (25%), South East (14%) and North East (11%) regions.

Figure 1 Geographic distribution of ECDs, Bafokeng (2015)

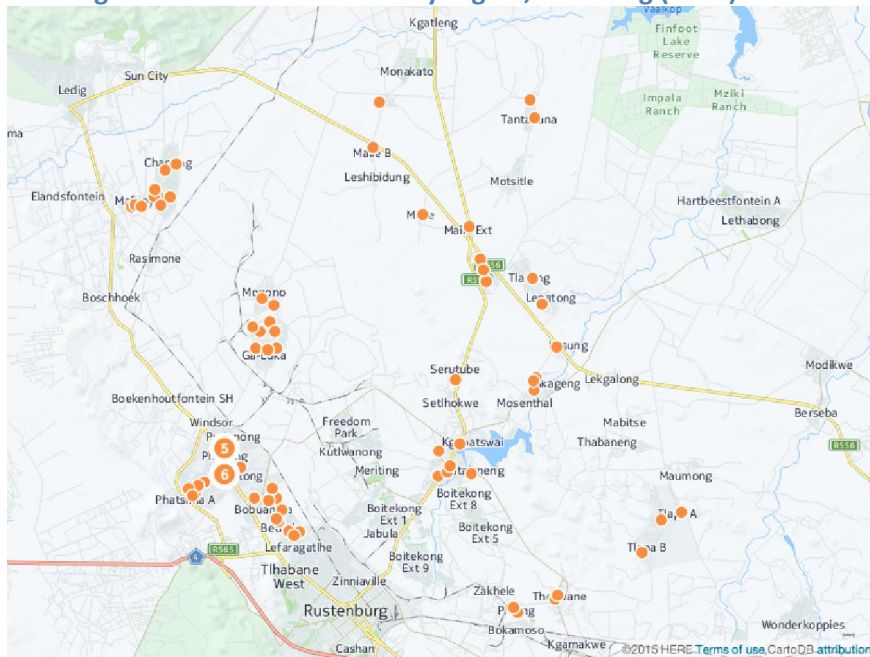


³ Department of Social Development. 2014. National ECD Survey. (Social Development)

⁴ Royal Bafokeng Administration. 2011. Population and Use of Land Audit. (PULA)

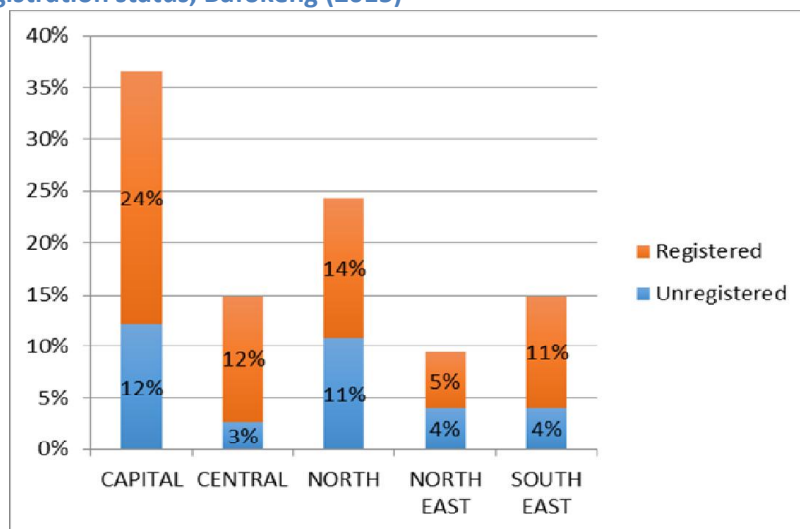
The map below provides a more detailed image of the distribution of ECDs through the regions.

Figure 2 Map showing the distribution of ECDs by region, Bafokeng (2015)



Although the largest share of registered ECDs (24%) in Bafokeng are located in the Capital region and the smallest share (5%) in South East region, this does not necessarily reflect the patterns of registrations within regions. As the chart below illustrates, 82% of ECDs in the Central Region, and 73% in the South East are registered. Fewer ECDs in the Capital (67%), North East (57%) and North (56%) regions are registered.

Figure 3 ECD registration status, Bafokeng (2015)



Note: The percentage in the bar chart data labels above indicates the percentage of all ECDs enumerated, i.e. showing proportions of the total sample by region and registration status.

The table below shows the distribution of the Bafokeng population and ECDs. An estimation of the infant population (0-5years) has been made and used to estimate the percentage of children of ECD going-age and compared with the number of children enrolled in ECDs (determined during the survey). The table shows that there was 1 ECDs per 109 infant children. There are proportionately more ECDs in the South East (1 ECD: 89 infants), Central (1:96) and Capital (1:99) regions. Conversely this indicates that demand for ECD services is higher in North East (1:151) and North (1:125) regions.

The data in the table also shows that the highest proportion of children enrolled is in the Central (61%) region followed by the South East (39%) and Capital (39%) regions. The more remote regions of North and North East show the lowest proportion of enrolments at ECDs.

Table 1 Distribution of population and ECDs by region, Bafokeng (2015)

Region	Capital	Central	North	North East	South East
Total Population (2015)⁵	39 697	14 857	40 330	16 143	14 645
Infant population	2 673	1 057	2 377	1 210	984
Total Number ECDs	27	11	19	8	11
Number registered ECDs	18	9	10	4	8
Number unregistered ECDs	9	2	8	3	3
Number ECD enrolments	1,049	646	755	251	384
Est. % of infant population enrolled	39%	61%	32%	21%	39%

Whilst the national ECD survey report indicates that enrolment levels in the country are quite low, mostly below 15% (Social Development 2014: 106), the proportion of infant population enrolments reflected in the table above for Bafokeng presents a favourable finding – more children in Bafokeng go to ECDs than the national average.

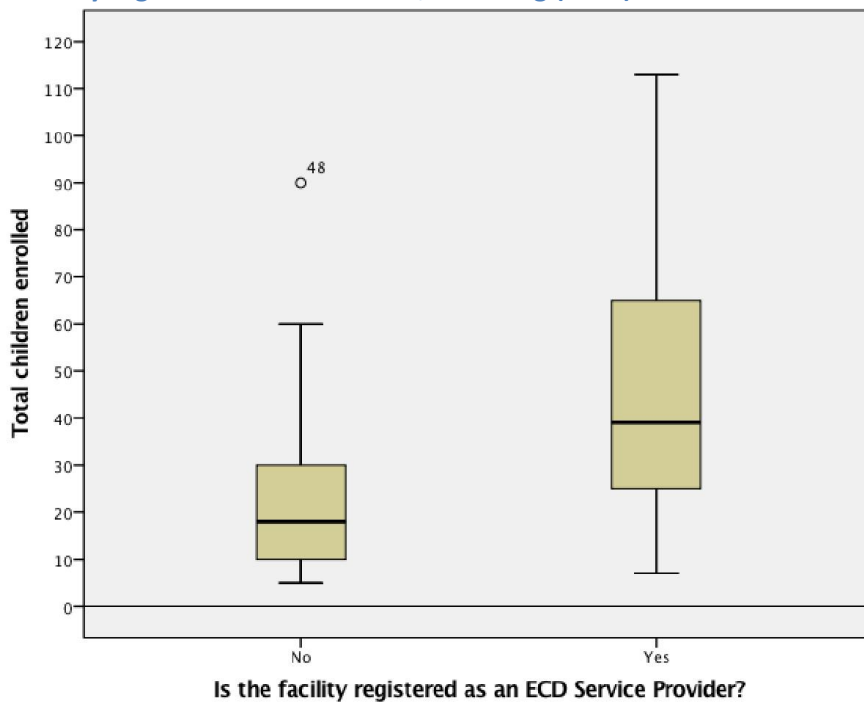
The number of children enrolled in individual ECDs is an indication of the capacity of the specific centre as well as the need for the service in a specific community. According to the national ECD survey, the median enrolment per ECD is 47 children at registered centres and 30 children at

⁵ Derived from Stats SA census 2011 data extrapolated at prevailing population growth trajectories.

unregistered centres (Social Development 2014: 105). In Bafokeng 3,085 children are enrolled across the 76 ECDs. The median enrolment is 29 overall and 39 for registered and 18 for unregistered facilities.

The median enrolment figure hides a broad range of diversity in the number of children attending ECDs. For registered ECDs one facility had 250 enrolments whilst the highest for an unregistered facility was 90, the lowest number of children enrolled for both registered and unregistered facilities was 5. The box plot chart below shows that the more likely band of enrolments for an unregistered facility is between 10 and 30, whilst for registered facilities it is between 25 and 65 children. Unregistered facilities tend to service a smaller number of children.

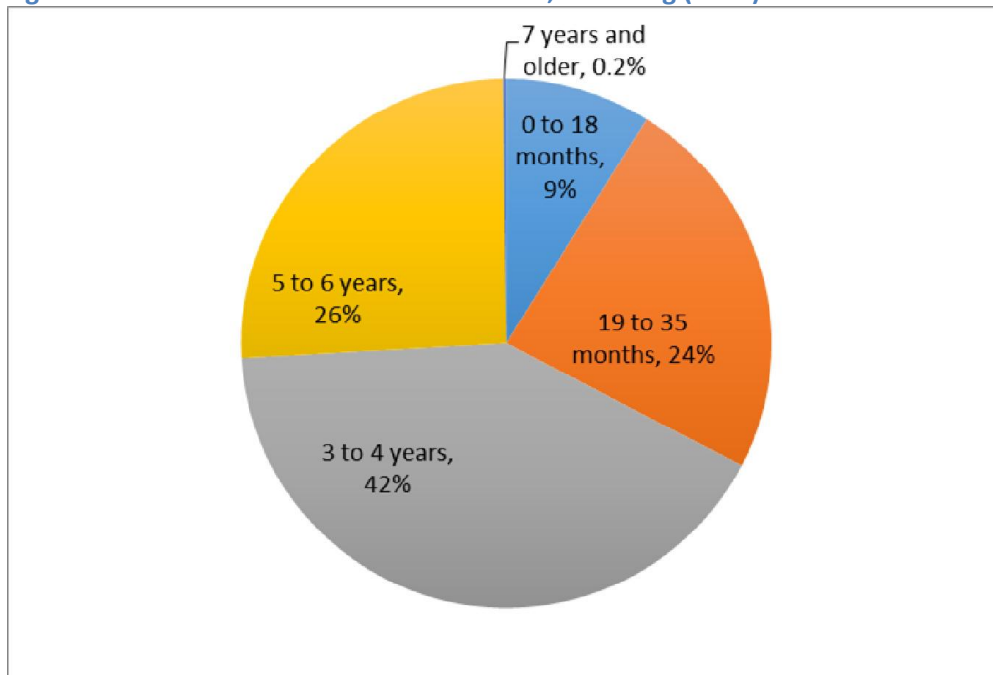
Figure 4 Enrolment by registration status of ECD, Bafokeng (2015)



Regarding the age of children enrolled at ECDS, the chart below shows that more than two-thirds of the children enrolled at the ECDs are three years or older. 42% are 3 to 4 years old, and 26% are 5 to 6 years old and a very small number (0,2%) are 7 years or older.

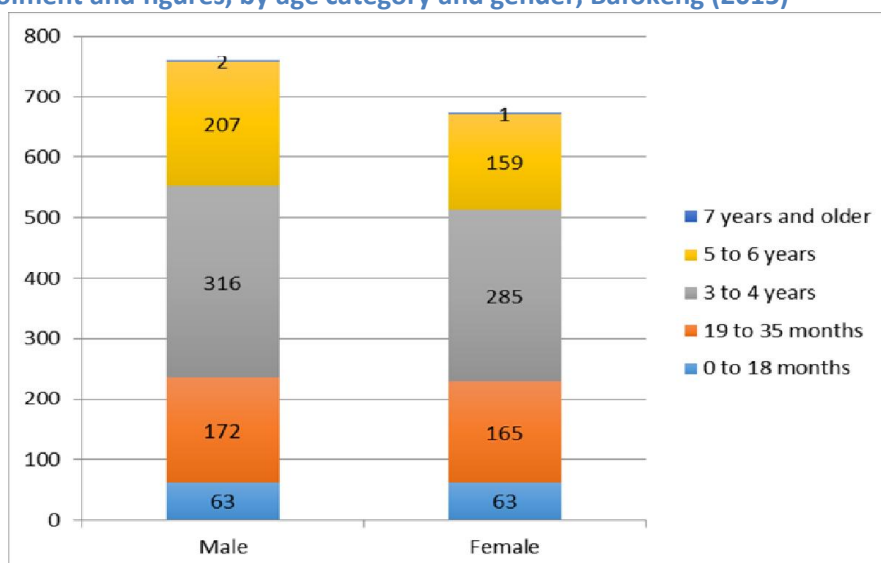
Almost a quarter of the children (24%) are 1,5 years up to 3 years old. Children 0-18 months make up only 9% of those at ECDs in Bafokeng. The national survey results indicate that on average enrolments of children from 0-18 months range from 12-13% of all enrolments. However, the national survey results specifically report “very low levels of enrolment of children from 0-18 months for the North West Province (Social Development 2014: 108-109).” Whilst the figure is not specifically provided in the report, it would thus seem that the 9% figure above is not an unanticipated trend.

Figure 5 Age distribution of children enrolled at ECDs, Bafokeng (2015)



Similar to the data from the national survey which indicates that 50.1% of children attending ECDs are boys and 49.9% are girls (Social Development 2014: 109), the disaggregation of the data from the Bafokeng survey, by gender shows that there are proportionately more boys (53%) than girls (47%) enrolled at ECDs. In the 0-18 month age group enrolment of boys and girls is 50% each. From 3 years onwards the gap between boy and girl enrolments becomes noticeable at 53%, and 47% respectively, and the seeming under-enrolment of girls is more pronounced for age group 5-6 years where girls only make up 43% of enrolments. The same trend as seen at the national level, where a greater proportion of boys attend ECD is followed in Bafokeng, but the gender gap is exaggerated in the local sample.

Figure 6 Enrolment and figures, by age category and gender, Bafokeng (2015)



Ratio of learners to ECD practitioners

The national ECD survey indicated a range of children to teacher ratios from 5:1 to 8:1 (Social Development 2014: 4). There are a total of 314 staff, and 3,085 children at ECDs, which equates to a ratio of 1 staff member to 10 learners. Of the total staff complement, 168 are classified as ECD practitioners (caregivers and educators); hence the ratio of ECD practitioners to children is 1 practitioner to 18 children. The national guidelines indicate that there should be:

- 1 Practitioner per 6 children (0-1.5 years)
- 1 practitioner per 12 children (1.5-3 years)
- 1 practitioner per 20 Children (3 years and older) (National Early Childhood Development Policy)

278 children aged 0-18 months, 740 children aged 19 months to 3 years, and 2,067 children older than 3 years

Given that enrolment figures indicate 278 children aged 0-18 months, 740 children aged 19 months to 3 years, and 2,067 children older than 3 years according to the national minimum standards, there should be a minimum 211 ECD practitioners on hand every day. There are too few ECD practitioners in Bafokeng for the current number of enrolments. At a minimum there should be an additional 43 ECD practitioners employed across ECDs in Bafokeng. This finding corroborates data from the national ECD survey that indicated a general trend for ECDs in the North West to have a relatively high children-to-teacher ratio.

A more detailed analysis of the staff complement at ECDs is included in the next section of the report.

Average distance children travel to the ECD sites and mode of transport used by learners to reach the site

On average learners take 20 minutes to commute from home to the ECD site and live within a two kilometre radius of the ECD. The majority of learners (47%) use taxis (or 'skoffs') to get to the ECD whilst a further 46% walk. This is similar to the findings in the PULA report where 64% of households indicated that main mode of transport to school is walking, and a further 24% reported using a taxi (PULA Section 3, p20).

Length of operation, months, days and times

Regarding operations it has been reported that the majority of facilities (60%) have operated for 5 years or longer. 30% of facilities have been operating for 10 or more years.

Just over half of the facilities (54%) operated every month. 36% of facilities are open for 11 months of the year, closing only in December. 11% of facilities operated roughly according to the school, terms, with a tendency to close during the middle and end of year vacations.

The majority of facilities (93%) operated exclusively on weekdays. 4% of facilities reported being open seven days a week and 3% were open from Monday to Saturday.

Facilities operated for an average of 9 hours per day, the shortest only operate for 6 hours and the longest for 12 hours.

Language

The languages of teaching were Setswana (97%), English (87%), Afrikaans (3%) and Zulu/Xhosa (1%). 84% of facilities teach in a combinations of Setswana and English, whilst 13% teach exclusively in Setswana and 3% teach exclusively in English.

2.2. Administration and management

Administration and management are at the core of ECD services. Optimal function of facilities requires appropriate organisational capacity and an astute management of resources. In addition the education, motivation and care of children is closely linked to the preparedness of the ECD practitioners and staff.

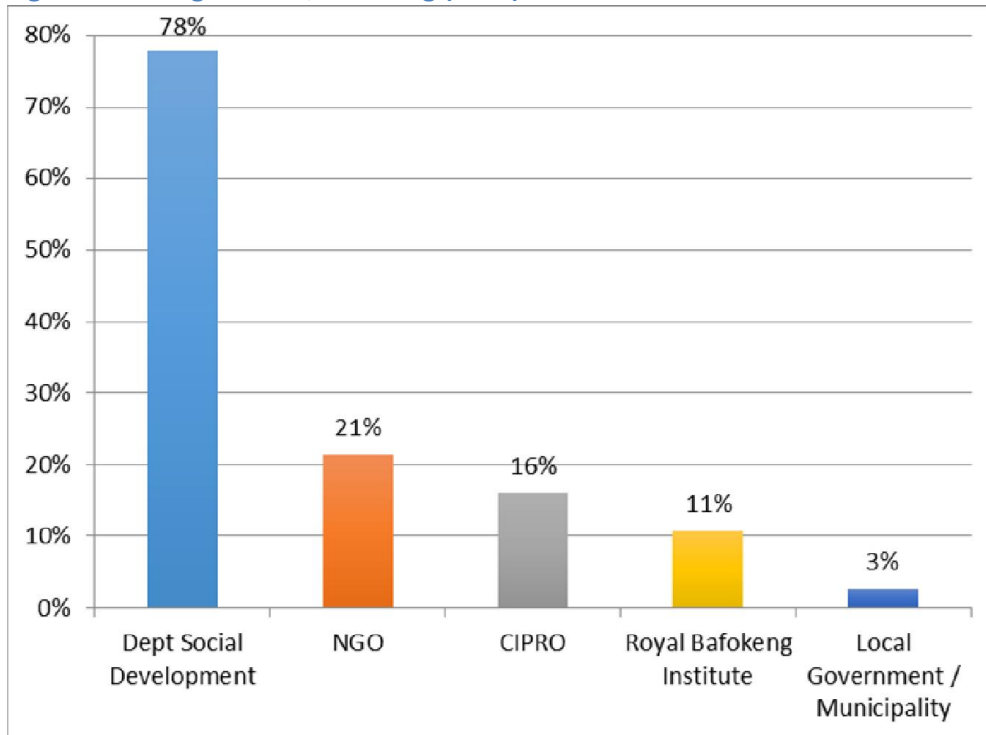
Registration

Registration is a determinant of two factors. Firstly, registration often enables ECDs to access benefits including government support and grants, thereby extending their financial resources. Secondly, registration (specifically with the Department of Social Development) provides a regulatory function – where registration is only granted to those facilities that meet minimum levels of service and care.

Two-thirds of ECD facilities (66%) reported that they were registered. Respondents were asked to identify what government departments or institutional bodies their ECD was registered with (they were allowed multiple responses). More than two-thirds (78%) indicated that they were registered with the Department of Social Development, a further 21% were registered as non-profit organisations (NGOs) and 16% as businesses with Companies and Intellectual Property and Registration Office (CIPRO), 11% were registered with the Royal Bafokeng Institute and 3% with the local municipality.

40% of respondents, however, indicated that they did not know where to register their facility as an ECD.

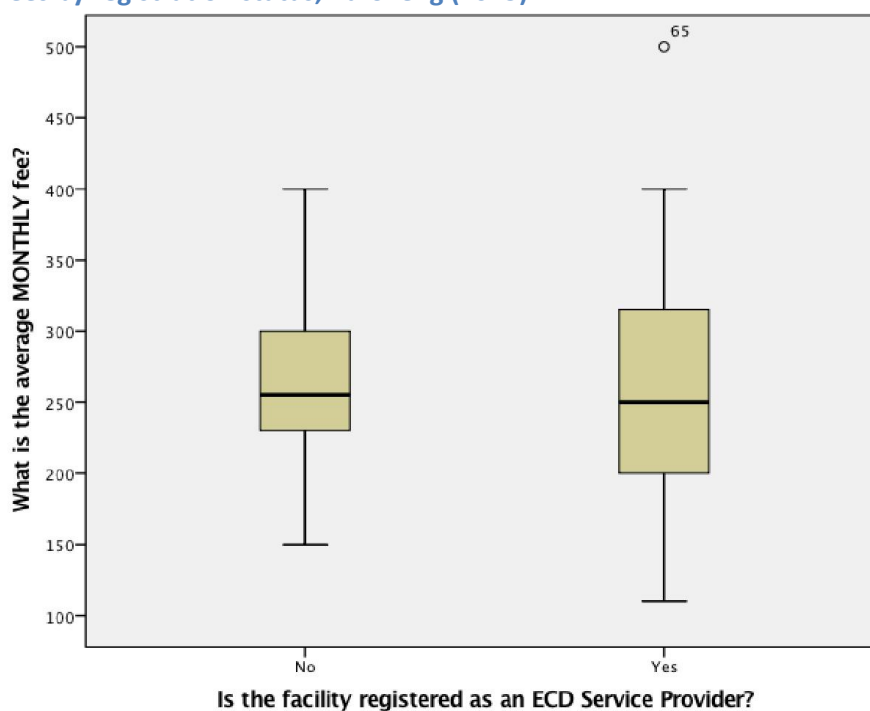
Figure 7 ECD registration, Bafokeng (2015)



Funding

97% of facilities in Bafokeng reported that learners paid fees, of these 96% paid fees monthly and the mean cost for fees was R250 per month, of which 96% of learners paid the full fee. The mean figure, however, hides a broader range of fees. For unregistered facilities the fees range from R150-R400 per month with the more likely charge to be in the region of R225-R300 per month. Registered facilities indicated an even broader range of fees from R125 to R400 per month and a more likely range of R200 to R300/month as indicated in the chart below.

Figure 8 ECD fees by registration status, Bafokeng (2015)⁶



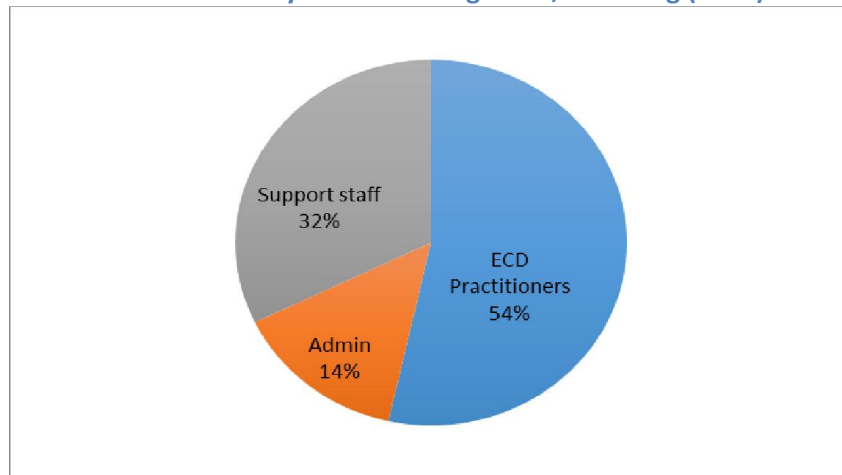
The findings of the PULA study indicated that average household income in Bafokeng ranges between R2,500 and R3,400 per month (PULA Section 3, 2011: 17) and expenditure in Bafokeng was R1,557.98 per month, and that households spent R150.72 per month on education, school fees and uniforms which equated to almost 10% of household expenditure (PULA Section 3, 2011: 20). The implication seems to be that ECD is proportionately a very expensive service for the average Bafokeng household.

Human Resources

As indicated earlier in the report, at the time of the survey there was 314 staff employed at 76 ECDs across Bafokeng. Of the total staff complement the greatest proportion were ECD practitioners/educators (54%), followed by support staff including cleaners, cooks, gardeners etc. (32%) and the remainder of staff were classified as administrative (14%). As already noted above the complement of ECD practitioners is below the norms and standards for the number of children enrolled.

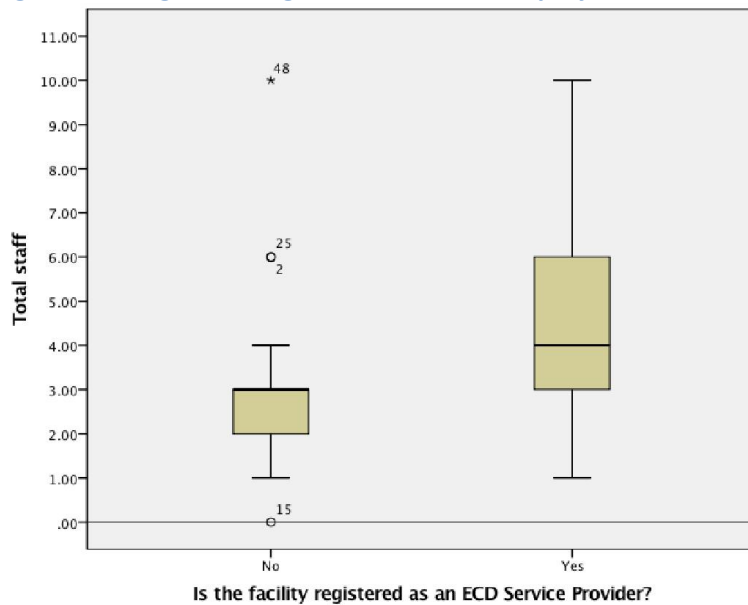
⁶ The data indicates that for one registered ECD (case number 65) the fee is R500 per month

Figure 9 Distribution of all ECD staff by function and gender, Bafokeng (2015)



The largest number of staff employed by a facility was 12, more than a quarter (27%) employ one or two staff. The mean number of staff for a registered ECD was 4 and the mean for an unregistered facility was 3. The likely number of staff members employed by registered ECDs ranged from 3 to 6, whilst for unregistered facilities it was 2 or 3.

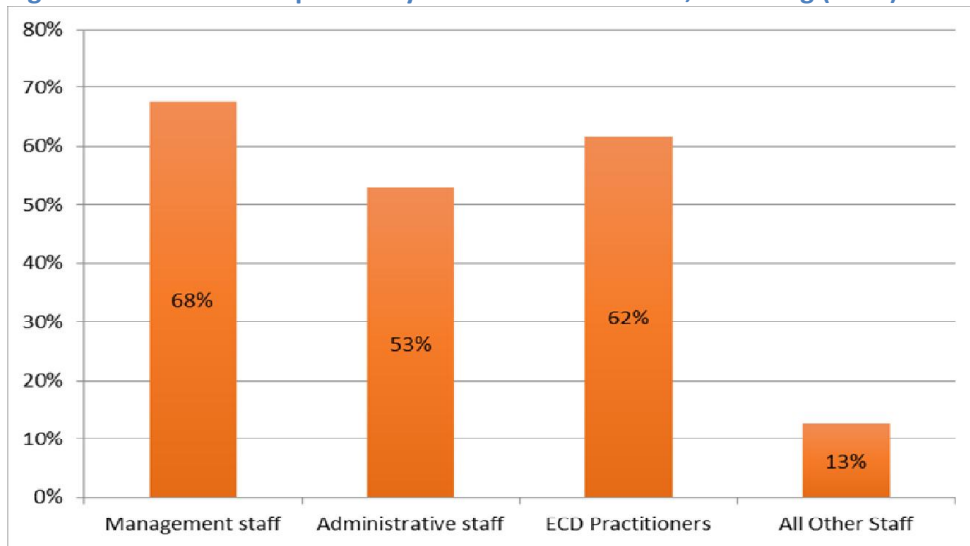
Figure 10 Range showing number of staff employed at ECDs, Bafokeng (2014)⁷



⁷ The data indicates that for three unregistered ECDS more than 4 staff were employed (case numbers 2 and 25 employed 6 staff and case number 48 employed 10 staff). For one unregistered ECD (case number 15) the research team was informed that there were no staff employed.

The quality of service rendered to children and the community directly dependent upon the staff complement and educational preparedness of the staff. The survey results show that 68% of management and 62% of ECD practitioners had completed matric and some had studied further. This compares well to the national average where 60-65% of management and ECD practitioners have achieved a matric certificate or higher (Social Development 2014: 94-95).

Figure 11 Grade 12 completion by staff function at ECDs, Bafokeng (2015)



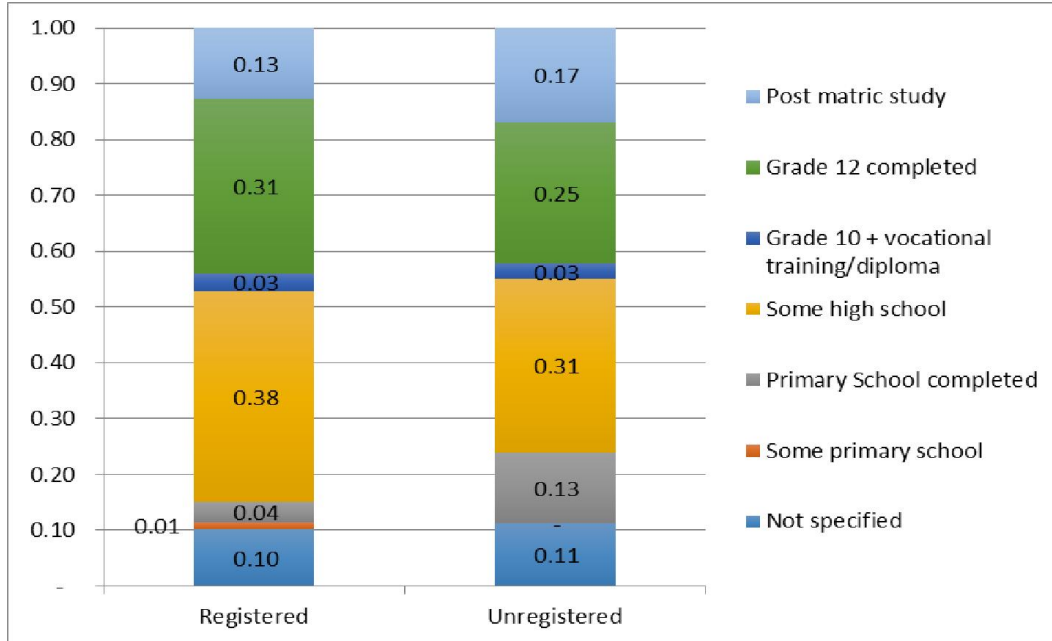
The disaggregation of staff data by registration status, gender and staff function (as in the chart below) indicates that the majority (86%) of staff are female. Whilst female staff fill most functions at ECDs men are predominantly employed in the 'other staff' category as cleaners and gardeners. Only 2 men were employed as ECD Practitioners and no men filled management or administrative roles.

Figure 12 ECD staff roles by gender and registration status, Bafokeng (2015)



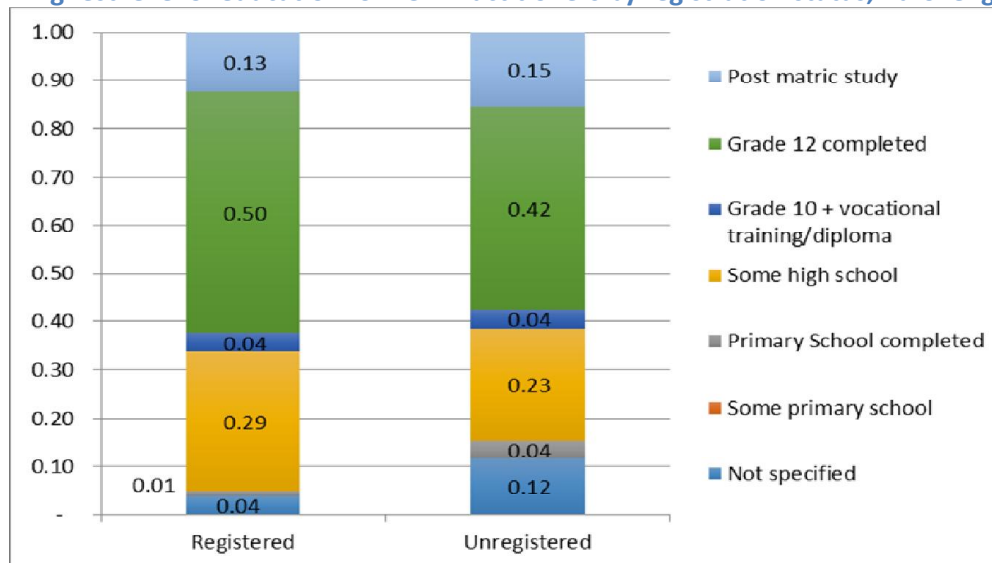
The chart below provides an illustration of standardised scores for the education levels across registered and unregistered ECDs. The data in the chart indicates that overall there is not a great deal of difference between the educational levels of staff at registered and unregistered ECDs.

Figure 13 Highest level of education for ECD staff by registration status, Bafokeng (2015)



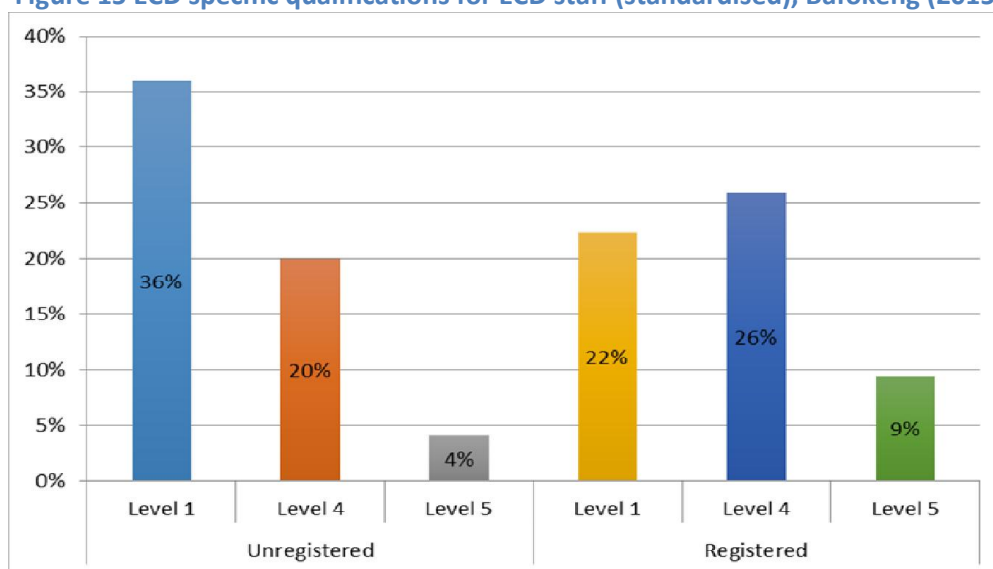
Disaggregating the data and showing only the results for ECD Practitioners (as in the chart below), indicates that a slightly larger proportion of ECD Practitioners at unregistered facilities had not completed matric. However, the proportion of ECD Practitioners at unregistered facilities who had undertaken post-matric studies is also greater than for those at registered ECDs.

Figure 14 Highest level of education for ECD Practitioners by registration status, Bafokeng (2015)



The Bafokeng survey data shows that 58% of ECD practitioners had achieved a level 1, 4, or 5 ECD certificate. This finding compares favourably with the national survey findings where only 41% of ECD staff were likely to have an ECD specific qualification (Social Development 2014: 97). There is however, a pronounced difference between registered and unregistered facilities. The standardised results in the chart below indicate that proportionately more ECD practitioners at unregistered ECDs have a level 1 certificate. However, there is a greater likelihood of advanced study (levels 4 and 5) amongst ECD Practitioners at registered facilities.

Figure 15 ECD specific qualifications for ECD staff (standardised), Bafokeng (2015)



2.3. Infrastructure

The following dimensions have been used to assess the infrastructure of ECD facilities, they are:

- Building use;
- The type of material that the buildings constructed from including the walls, and floor;
- Nature and functioning of water and sanitation at the premises;
- The quality of the building including the functioning of doors and windows;
- Security and access control at the premises; and
- Sources of energy for lighting and cooking;

Building use

75% of the ECDs were housed in buildings used exclusively for ECD activities. Those who shared premises shared with activities including churches, households, and adult meetings. This compares favourably to the national average where approximately 54% of ECDs are housed in exclusive use buildings (Social Development, 2014: 201).

Type and quality of building construction

Most facilities (80%) were housed in brick buildings, 4% are housed in traditional mud and mortar buildings and 15% are housed in informal buildings. 15% of the buildings show visible signs of cracks or gaps in the walls. 99% of buildings had windows, and 95% could open them for ventilation. Flooring of the facilities was predominantly tiles and carpets (79%) or uncovered metal, wood or concrete (16%).

Picture: Mampelegele ngwana



Picture: Mphe bana Day care

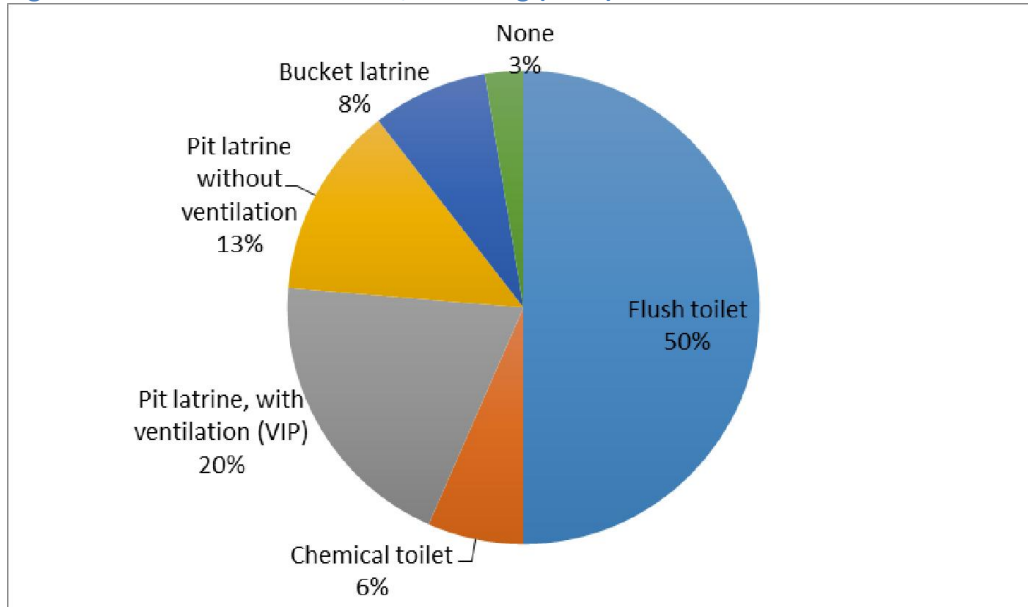


Nature and functioning of water and sanitation

All sites reported having access to tapped water. However, slightly more than half (53%) of the facilities access water from a tap outside the building.

Regarding sanitation, ECDs in Bafokeng function below the national average (where 58% of facilities have flush toilets) (Social Development, 2014: 219-220). Only 50% of ECD sites in Bafokeng had flush toilets. 20% have pit latrines with ventilation, 13% have pit latrines without ventilation, 8% had bucket toilets, 6% had chemical toilets and 3 had no toilet, and learners and staff use the bushes for ablutions or the neighbours' toilets. However, according to the results of the PULA study, only 27% of households had flush toilets; 52% had a pit latrine without ventilation; 12% a pit latrine with ventilation; 5% a chemical toilet; 1.5% a bucket toilet and 2.5% no toilet (PULA section 3: 16).

Figure 16 Toilet facilities at ECDs, Bafokeng (2015)



Most facilities (55%) with toilets have shared access for staff and learners. National survey findings indicate that approximately 80% of ECDs have separate toilet facilities for adults and children.

Picture: Toilet in an unregistered ECD in the North Region



Half of the facilities have potties and half don't. No ECDs had toilet facilities for the disabled.

Security and access control

Regarding the security of sites, 97% of facilities had fencing around the facility, only a quarter of sites (24%) indicated that someone was monitoring access control.

Sources of energy

The main energy sources for lighting and cooking are electricity (99% and 59% respectively). Another key source of energy for cooking was gas that was used in 40% of facilities. The findings of the PULA

survey were that 95% of households use electricity as the main source of energy for cooking and 96% of households use electricity as the main source of energy for lighting (PULA Section 3, p14).

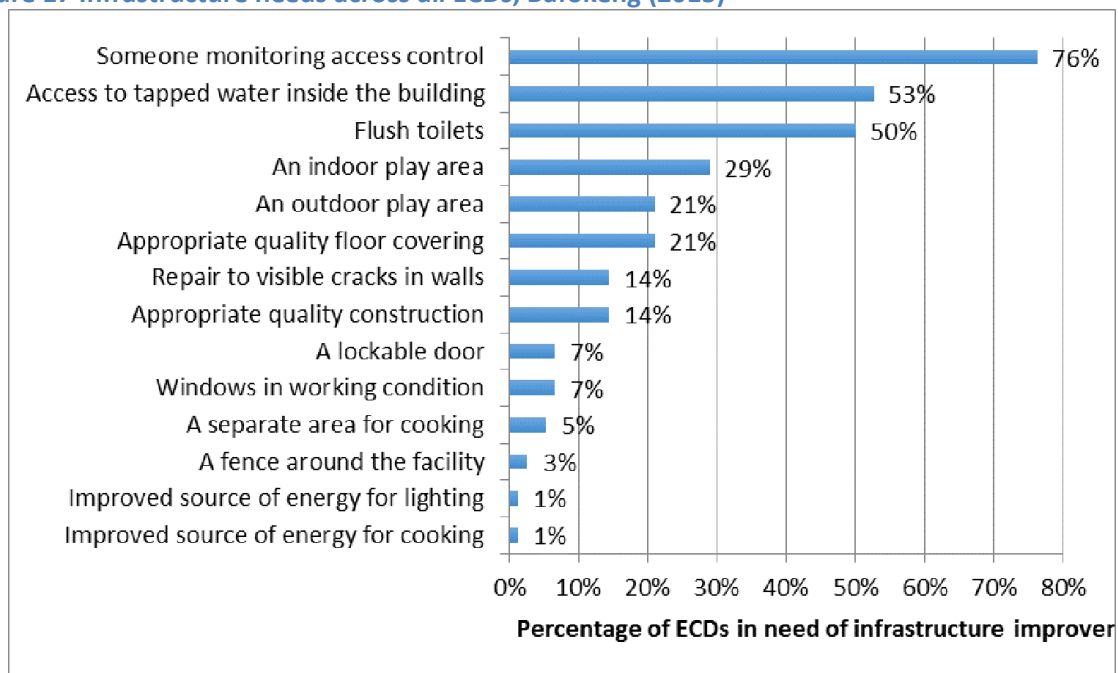
Access to telephones at the sites

Almost all facilities (96%) have access to a telephone or mobile phone on site. For those who do not have a telephone or mobile phone on site there is one available a 5 minutes’ walk from the facility.

Summary

The chart below summarises infrastructure that is most in need (from the list audited). Someone monitoring access control (76%), access to tapped water inside the building (35%) and flush toilets (50%) are in the greatest need. Furthermore almost 1 in 3 ECDs (29%) do not have indoor play areas and 1 in 5 (21%) do not have outdoor play areas.

Figure 17 Infrastructure needs across all ECDs, Bafokeng (2015)



The table below provides a further description of infrastructure needs by registration status. Where more than 50% of ECDs required a resource the cell has been shaded red, where the resource was needed by fewer than 50% but more than 30% the cell is shaded orange and where the resource was needed by fewer than 30% but more than 20% the cell has been shaded yellow. As is immediately apparent that both registered and unregistered ECDS require assistance managing access control. It is also apparent that unregistered ECDs tend to have more physical infrastructure needs regarding building repairs, functioning windows, water and sanitation.

Table 2 Infrastructure needs by ECD registration status, Bafokeng (2015)

Infrastructure needs	Unregistered	Registered
Appropriate quality construction	76%	76%
Windows in working condition	68%	47%
A lockable door	52%	51%
Appropriate quality floor covering	32%	14%
Repair to visible cracks in walls	24%	10%
Access to tapped water inside the building	24%	31%
Flush toilets	24%	18%
A separate area for cooking	12%	4%
An indoor play area	8%	2%
An outdoor play area	4%	20%
A fence around the facility	4%	8%
Someone monitoring access control	4%	2%
Improved source of energy for cooking	4%	0%
Improved source of power and energy for lighting	4%	0%

The table below shows a distribution of scores related to the quality of infrastructure. Where 90% (0,90) of facilities in the region had the best physical infrastructure the cells are highlighted in green. Where 70% (0,70) or fewer had the best quality the cells are coloured in red. From the summary data the following points are made evident:

- Buildings tend to be appropriately constructed, there appears to be no visible damage, windows allow for ventilation and there is generally a lockable door;
- Facilities in the South East had the poorest infrastructure with an underperformance in 10 of the 14 area indicators, facilities in the North and North East regions were the second poorest with underperformance on half of the measures;
- Access to tapped water inside facilities and flush toilets is a universal priority;
- The presence of someone monitoring access control is a critical priority across all sites; and
- In general there is an absence of indoor play areas, outdoor play areas and floor covering is not suitable for children.

Figure 18 ECD infrastructure quality by region, Bafokeng (2015)

	Capital	Central	North	North East	South East	Total
Appropriate quality construction	0,85	0,91	0,89	0,88	0,64	0,84
Windows in working condition	0,96	0,91	0,95	1,00	0,82	0,93
Access control/security (lockable door)	0,96	0,91	1,00	1,00	0,73	0,93

Appropriate quality floor covering	0,70	1,00	0,79	0,75	0,82	0,79
No visible cracks or gaps in walls	0,89	0,91	0,79	0,88	0,82	0,86
Tapped water inside the building	0,48	0,55	0,53	0,13	0,55	0,47
Flush toilet (connected to sewage systems/ septic tank)	0,52	0,55	0,47	0,63	0,36	0,50
Separate area for cooking	0,96	1,00	1,00	0,63	1,00	0,95
Indoor play area	0,74	0,73	0,79	0,63	0,55	0,71
Outdoor play area	0,70	0,91	0,79	0,75	0,91	0,79
A fence around the facility	0,96	1,00	0,95	1,00	1,00	0,97
Someone monitoring access control	0,22	0,45	0,26	0,25	-	0,24
Energy: Cooking on gas or electricity	1,00	1,00	1,00	0,88	0,91	0,97
Energy: Lighting from electricity	0,96	0,91	0,95	1,00	0,82	0,93

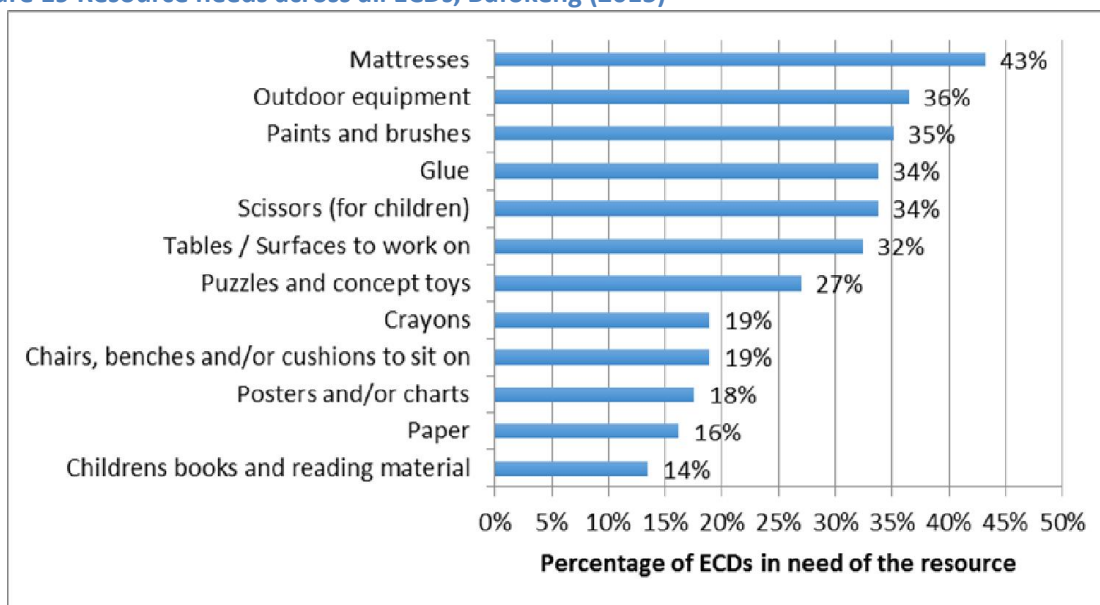
2.4. Resources

The survey observed the availability of key equipment that would be associated with ECD facilities including:

- **Functional equipment:** Appropriate, comfortable seating; tables and work surfaces; and mattresses for sleeping/rest periods;
- **Developmental and stimulation resources:** Children’s books; posters and charts; crayons; puzzles and concept toys; paper, glue, scissors, paints and brushes; and
- **Recreational and play equipment:** Safe indoor and outdoor play areas, outdoor play equipment.

The chart below summarises the resources that are most in need (from the list audited). Mattresses (43%) and outdoor equipment (36%) are the greatest needs. Almost a third of ECDs (32%) do not have adequate tables and work surfaces, whilst approximately 1 in 5 (19%) has inadequate chairs, benches and cushions to sit on.

Figure 19 Resource needs across all ECDs, Bafokeng (2015)



The table below provides a further description of the resource needs by registration status. Where more than 50% of ECDs required a resource the cell has been shaded red, where the resource was needed by fewer than 50% but more than 30% the cell is shaded orange and where the resource was needed by fewer than 30% but more than 20% the cell has been shaded yellow. As is immediately apparent unregistered ECDS had the direst needs.

Picture: Children sleeping in an ECD in the North East Region. This facility doesn't have mattresses



Table 3 Resource needs by ECD registration status, Bafokeng (2015)

Resource needs	Unregistered	Registered
Children's books and reading material	64%	33%
Paper	56%	27%
Posters and/or charts on the walls	52%	27%
Chairs, benches and/or cushions to sit on	52%	24%

Crayons	52%	24%
Puzzles and concept toys	60%	18%
Tables / Surfaces to work on	44%	18%
Scissors (for children)	28%	14%
Glue	36%	10%
Paints and brushes	28%	12%
Outdoor equipment (e.g. swings, monkey bars, etc.)	24%	12%
Mattresses	24%	8%

The table below shows a distribution of scores related to the need for resources. Where 90% (0,90) of facilities in the region had adequate resources the cells are highlighted in green. Where 70% (0,70) or fewer had the resources the cells are coloured in red. From the summary data the following points are made evident:

- All resources are in demand, across all regions;
- Facilities in the Central and North regions have the greatest number of needs with an underperformance on 7 of the 12 resources;
- Mattresses, tables and work surfaces and comfortable seating and concept toys are urgently required.

Picture: Amusang ELC

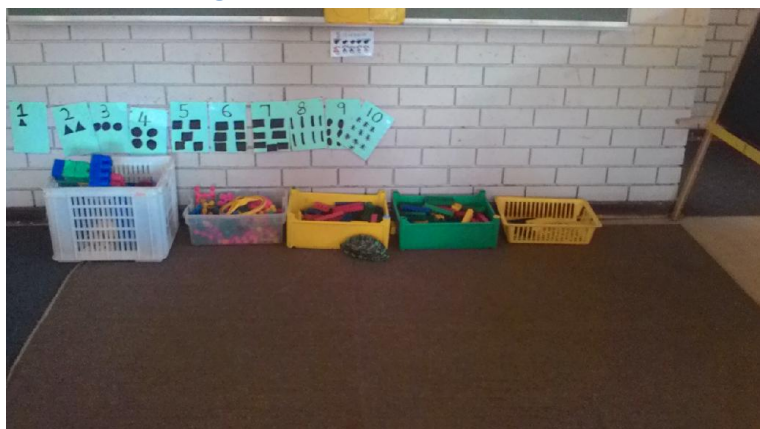


Figure 20 ECD resource needs by region, Bafokeng (2015)

Need	CAPITAL	CENTRAL	NORTH	NORTH EAST	SOUTH EAST	Total
Mattresses	0,67	0,45	0,58	0,50	0,64	0,59
Chairs, benches and/or cushions to sit on	0,78	0,91	0,84	0,88	0,73	0,81
Tables / Surfaces to work on (number they can accommodate)	0,70	0,82	0,58	0,63	0,73	0,68

Comfortable floor covering to sit on / mats	0,70	0,45	0,68	0,75	0,82	0,68
Children's books and reading material	0,85	0,82	0,95	1,00	0,82	0,88
Puzzles and concept toys	0,78	0,73	0,68	0,75	0,73	0,73
Paper	0,85	0,64	0,84	1,00	0,91	0,84
Crayons	0,85	0,73	0,84	0,88	0,73	0,81
Paints and brushes	0,74	0,36	0,63	0,88	0,73	0,67
Scissors (for children)	0,78	0,45	0,63	0,88	0,73	0,69
Glue	0,78	0,45	0,68	0,88	0,73	0,71
Posters and/or charts on the walls	0,85	0,64	0,89	0,88	0,91	0,84

2.5. Health and nutrition

Given the close relationship between health and nutrition they are both reported on in this section.

2.5.1. Health services

ECDs provide sites of opportunities and risk regarding health in a community. They are sites of opportunity as there are meaningful ways in which health services can be rendered, relationships with health services developed and the well-being of children ensured. However, the risk of the spread of communicable diseases at ECD centres is ever-present. Children come to the centres from a diverse range of communities and environments where they may be have been exposed to any number of germs. The interaction, joint activities and play that forms part of the daily centre programme increases the risk of the spread of disease. ECDs therefore need to manage health related issues.

91% of facilities were in contact with the local clinic

Four key indicators have been used to assess the basic health services at ECDs in Bafokeng, they are: Access to an on-site first aid box; contact with the local clinic and the main reasons for this; staff training in first aid; and HIV awareness training.

Access to an on-site first aid box

The research found that fewer than half of the ECDS (41%) had a first aid box.

Contact with the local clinic

91% of facilities were in contact with the local clinic. The main reason for a relationship with the clinic was for immunisations (95.7%) followed by medical emergencies (51%) and weight monitoring

(26.1%). 1% of communication with clinics was regarding other campaigns. ECDs in Bafokeng compare favourably with the national average where the national survey indicates that roughly 80% of ECDs maintain contact with local clinics (Social Development, 2014: 167).

Staff training in first aid and HIV awareness

Only 43% of ECDs have at least one staff member trained in first aid procedures, and 29% of ECDs have at least one staff member trained in HIV awareness. On both these criteria ECDs in Bafokeng are below the national average recorded in the National ECD Survey that identified that 57% of registered and 43% of unregistered centres have at least one practitioner with first-aid training (Social Development, 2014: 172), and 53% of registered and 45% of unregistered centres, have staff members who have received HIV awareness training (Social Development, 2014: 169).

2.5.2. Nutritional services

Nutrition and food security are a challenge for the Bafokeng baagi. According to the PULA report Maize or Maize Products, Sugars, Oils make up the majority of foods eaten in households (PULA Section 3, 2011:37). The same report indicates that fewer than 10% of households eat fruit and vegetables every day, and it is unlikely that most households will have a source of protein (meat, poultry, fish or eggs) more than three or four times per week on average.

Half of the Bafokeng population worry that they do not have enough food in their household and more than half do not have adequate money to purchase the kinds of food they prefer to eat; lack dietary diversity due to financial constraints; and eat smaller portions, and fewer meals due to lack of money. Furthermore, 30% of people living in Bafokeng go to bed hungry because there is not enough food to eat (often/sometimes, 44% if taking 'rarely' into account). 41% have gone a whole day without eating because there was not enough food, and 28% do so often/sometimes (PULA Section 3, 2011:34).

Nutrition and the types of food children consume is an important factor in the early stages of their growth and development with the potential to improve a child's behaviour, school performance, and overall cognitive development. Without proper nutrition children cannot grow or develop to their full potential. Many children spend the better part of the working day at ECD centres requiring that the children be fed multiple times while there. Given the needs of growing children, it is therefore important to ensure that ECD centres are providing food that meets the child's nutritional requirements (Social Development, 2014: p185).

Statistics for children aged 1-9 years indicates that children in the North West Province are more at risk of underweight than the national average. 12% of children are underweight compared with the national average of 9%. In addition 15% of children in the North West show signs of stunting, 5% are

overweight, and 3% are wasting⁸ (Nutrition Roadmap, based on 2005 data). The anthropometric data shows that malnutrition poses a great burden to children in the North West.

Table 4 Basic Nutritional Statistics for Children aged 1-9 years, North West and South African National Average (2005)

Indicator	North West Province	National Average
Stunting (% H/A <-2SDs)	15.1%	18%
Wasting (%W/H<-2SDs)	3.2%	4.5%
Underweight (%W/A<-2SDs)	12.4%	9.3%
Overweight (%W/H>+2SDs)	4.9%	4.8%

Source: Nutrition Roadmap South Africa.

Malnutrition is responsible for more than one third of all deaths of children under 5 years old (Lancet 2008, National Road Map on Nutrition 2013 -2017). Integrated strategies to mitigate malnutrition in pregnant women and pre-school children are critical to ensure the on-going good health and development of a population. ECDs provide sites of opportunity for such programmes through the provision of healthier food, a greater degree of dietary diversity in the meals provided and food and nutritional information. Coupled with improved primary health care services to these children at these sites – the Bafokeng could greatly improve the health and well-being of the youth.

Furthermore, micronutrient deficiency, a form of ‘hidden hunger’ that cannot be observed but has a great impact in terms of predisposition to morbidity such as diarrhoea and pneumonia and places a burden on healthcare costs, are also significant within the population of children in the province according to *the South African Nutrition Road Map*. Half the children in the North West have inadequate vitamin A, 41% have a zinc deficiency and 28% are anaemic. Preventative measures such as routine supplementation and a balanced and nutritionally adequate diet would contribute to the overall wellbeing of children, and reduce the cost and burdens on health care.

Table 5 Basic Micro-Nutrient Statistics for Children aged 1-9 years, North West and South African National Average (2005)

Indicator	North West Province	National Average
Inadequate vitamin A status	49.6%	63.6%

⁸ Roadmap for Nutrition in South Africa 2013 – 2017

Anaemia (Hb,11g/Dl <60 months)	28.1%	27.9%
Zinc deficiency (%Zinc<65ug/Dl)	41.1%	45.3%

Source: Nutrition Roadmap South Africa.

The ECD survey gathered data on the provision of meals at ECDs and the basic description of what the meals consisted of (dietary diversity).

Provision of meals

During the survey we established that the majority of ECDs provided meals to the learners. 96% of ECDs provide breakfast and lunch, whilst 51% provided a snack to learners. External service providers provided meals at one ECD, at 2 ECDs learners brought lunch from home and at 1 ECD learners brought their breakfast from home. 11% of ECDs did not arrange a snack and a further 36% of learners brought a snack from home. The charts below illustrate the variation of meal provision by registration status, and source of meals for breakfast, snack and lunch.

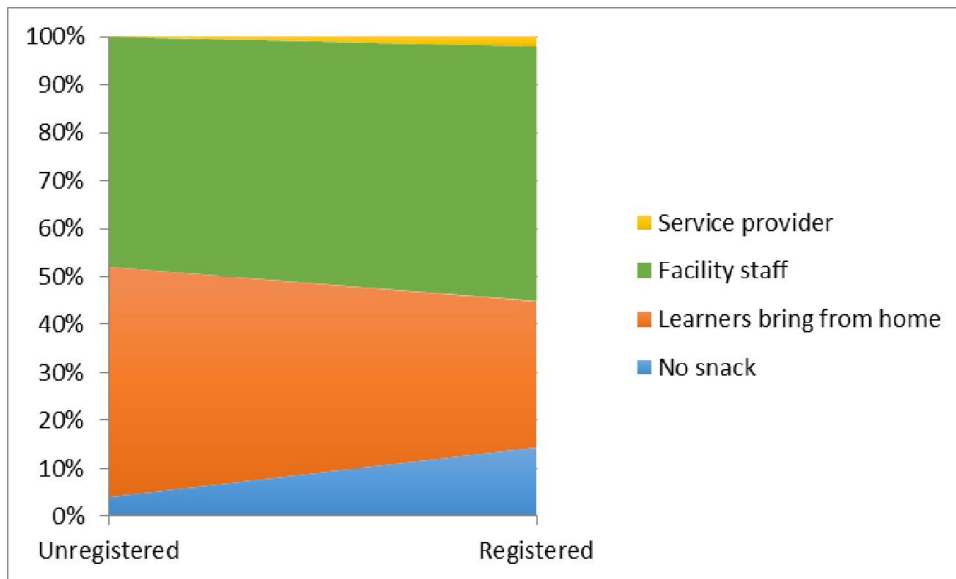
Although slightly fewer unregistered facilities provided meals it was not as significant as the findings from the national survey where 92% of registered and 79% of unregistered ECDs (Social Development, 2014: 185) provide meals.

Figure 21 Who provides learners breakfast at ECDs by registration status, Bafokeng (2015)



It is interesting to note below that whilst proportionately more learners at unregistered ECDs were encouraged to bring snacks from home, proportionately more registered ECDs made no provisions for snacks.

Figure 22 Who provides learners snack at ECDs by registration status, Bafokeng (2015)



All facilities made some provision for lunch. However, almost 10% of unregistered ECDs required learners to bring lunch from home.

Figure 23 Who provides learners lunch at ECDs by registration status, Bafokeng (2015)



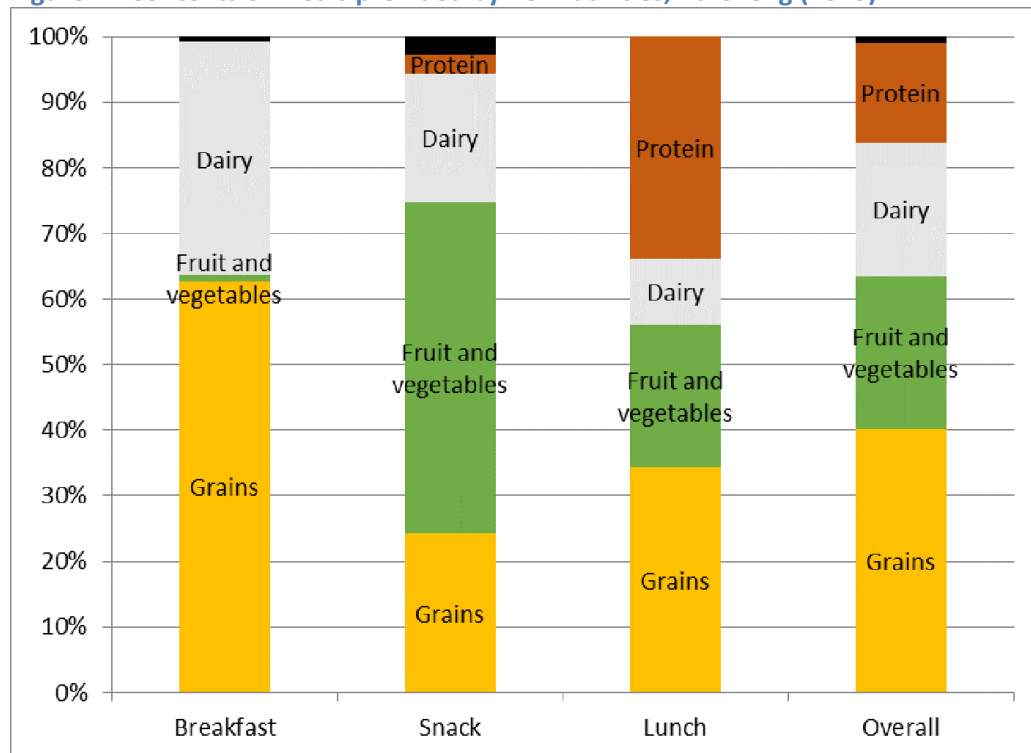
Dietary diversity

The data shows that the meals provided to the learners predominantly comprised of grains, cereals and bread followed by dairy products. Protein made up a very small proportion of the daily nutritional intake for learners. The national survey similarly reported that carbohydrates were served in the majority of ECDs regardless of registration status. The Department of Social

Development ascribed limited proteins and fruits as part of the diet of children at ECDs, to the expense of quality protein and fresh fruits (Social Development, 2014: 190).

The chart below illustrates different food groups that learners' diets included on the day of the survey. Approximately 40% of diets consist of grains, 25% fruits and vegetables, 20% dairy and 15% protein. However, the survey did not measure the portions of food or assess how much of each food group was allocated to each learner, hence these figures provide a crude representation of what was in the kitchen that day, not what the learners actually ate.

Figure 24 Contents of meals provided by ECD facilities, Bafokeng (2015)



2.6. Activity plans

Basic questions related to whether the ECD had a structured activity plan/schedule prepared in advance and what resources the ECD had to aid the activity programme were asked during the survey and supported by observations made by the enumerators.

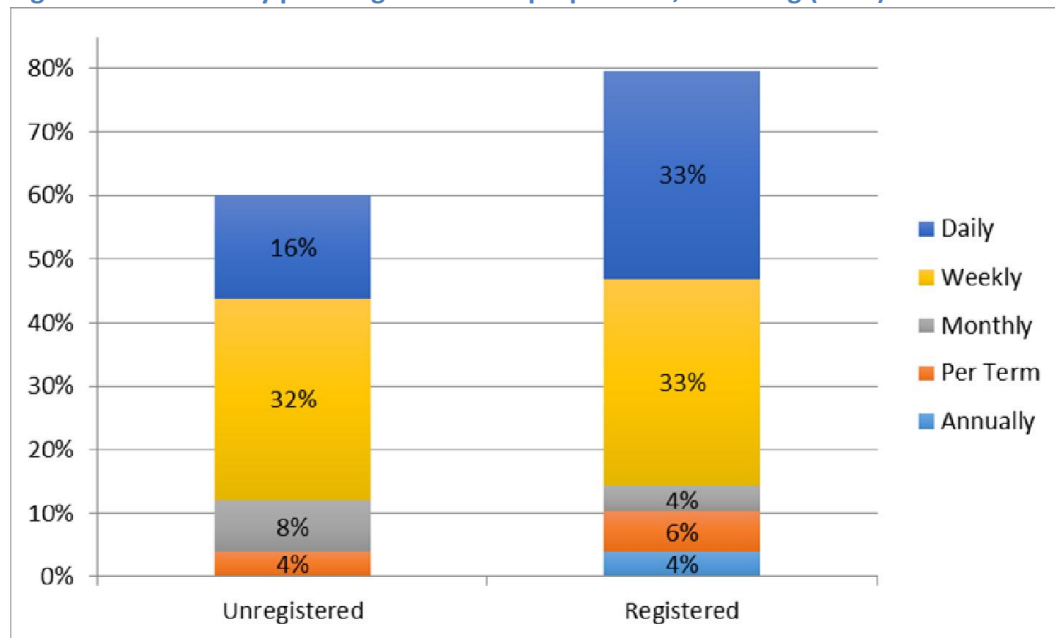
Structured activity plan

74% of ECDs indicated that they had an activity programme, and could indicate when they prepared it; this corresponds with 60% of unregistered and 80% of registered ECDs.

When activities are planned and lessons prepared is also important to consider. Planning an activity daily does not allow sufficient preparation and planning, whilst planning too far in advance may

imply an inflexible or unimaginative approach. If *per term, monthly and weekly* are seen as more desirable planning routines, 44% of unregistered ECDs and 43% of registered ECDs are considered to be planning appropriately.

Figure 25 ECD activity planning and lesson preparation, Bafokeng (2015)

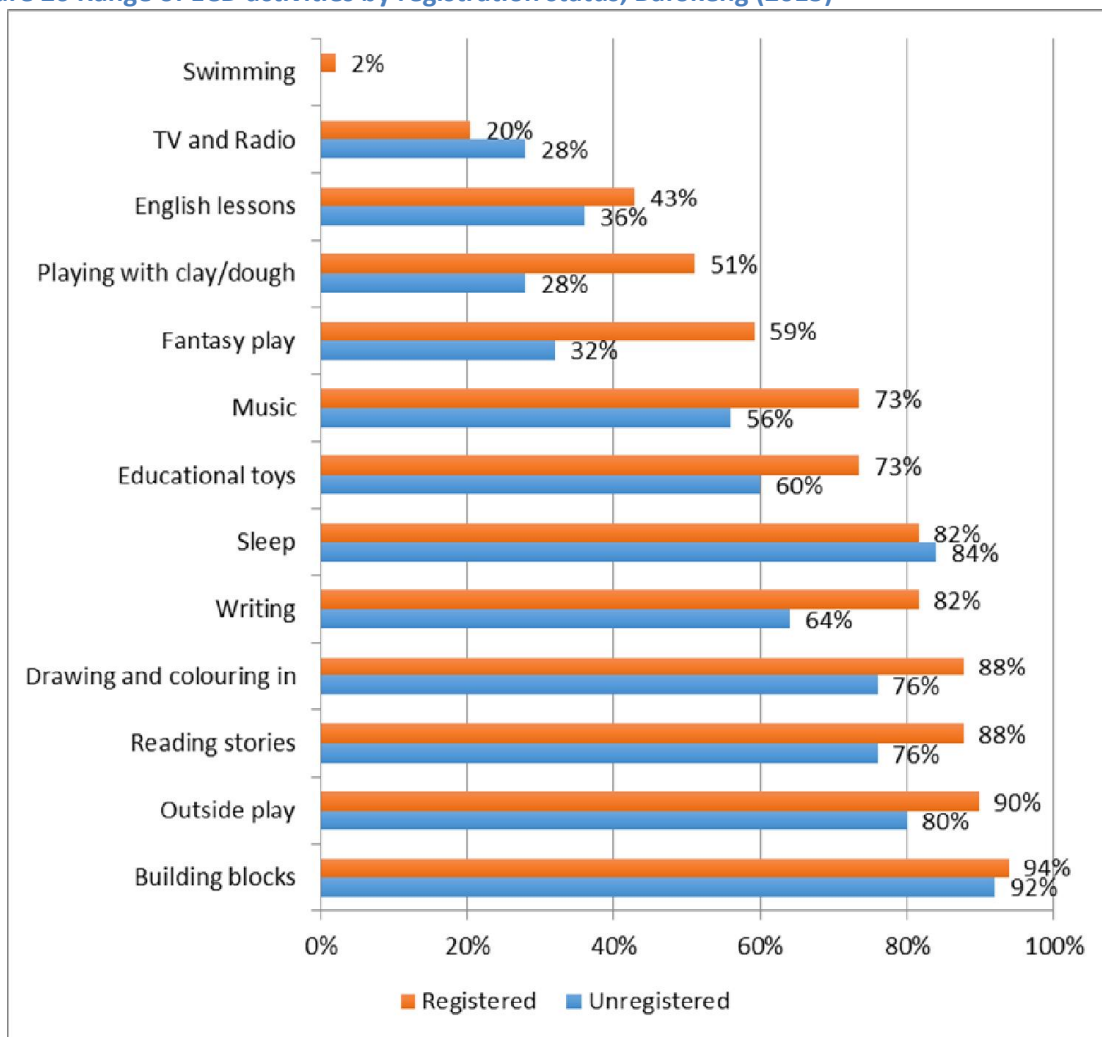


As illustrated in the chart below, building blocks was the most common ECD activity for more than 90% of registered and unregistered ECDs. For unregistered ECDS sleep (84%), outside play (80%), reading stories (76%) and drawing/colouring in (76%) were often cited activities, with registered facilities listing outside play (90%), reading stories (88%), drawing/colouring (88%), writing (82%) and sleeping (82%) were ranked as the more often cited activities, showing much overlap with activities.

Music including singing and dancing was more likely to be offered at registered facilities (73%) than unregistered ones (56%). Fantasy play (mantlwane / to play “house-house”) was also a more likely activity at registered (59%) rather than unregistered (32%) facilities. TV and Radio features slightly more prominently in unregistered (28%) than registered (20%) ECD programmes. English lessons were offered by 43% of registered and 36% unregistered ECDs.

Overall registered facilities offered a broader range of activities than unregistered facilities and it was more likely that a wider range of activities was being undertaken at each registered facility. The survey was not designed to assess the quality of the activities programme and this should be undertaken in future research.

Figure 26 Range of ECD activities by registration status, Bafokeng (2015)



3. Conclusions and Recommendations

Although further strategic research will be useful, this research provides a solid basis for the development of a plan to support the basic needs of ECD and ECD sites in Bafokeng.

There is a clear distinction between the levels of services rendered at registered and unregistered ECDs. Registration is not an indication of service quality, that is, imposing a regulatory framework is not necessarily the determinant for improved ECD services, but there instead the 'unregistered' status of an ECD heralds other challenges that these ECDs might be facing. Prioritising the improvement of services for unregistered facilities will make the most direct contribution to the children in Bafokeng in the short term.

Although during discussions there was a sentiment that ECDs further from Phokeng might be disadvantaged, this hypothesis does not appear to stand. Disadvantaged facilities and different levels of resourcing and services are experienced across all regions.

The subsections below highlight the most salient findings and recommendations related to the dimensions of ECD reported on above.

3.1. Distribution of ECDS and demand for services

ECDs are well distributed throughout the regions. No children have to travel great distances to reach an ECD and the number of ECDs in regions corresponds with the average population size for most regions.

The results indicate that the enrolment rate at ECDs is relatively high in Bafokeng in comparison with the national average. However the enrolment rate is lower in more remote villages, and lower for girls than for boys. The average number of children enrolled in each ECD is relatively low and this suggests that there is not much demand pressure for ECD services. Despite the low enrolments the ratio of learners to practitioners is poor.

Recommendations for consideration:

1. Investigate the reasons for the low levels of enrolment;
2. Encourage the enrolment of girls children in ECDs; and
3. Actively enforce the National ECD minimum standards to ensure more ECD Practitioners are employed and that the ratio of children to practitioners is improved.

3.2. Supportive systems and human resources capacity to deliver Services

Registration of ECDs is low and furthermore, the analysis of data against registration status shows a marked difference in the levels of quality and service offered between registered and unregistered ECDs.

Whilst funding is in line with the national averages, considering that there are an average of 29 children at an ECD and the average monthly fee is R250, it must be challenging to run an ECD on R7,250 per month.

The levels of education of ECD practitioners are neither particularly low, nor high. Improving the qualifications of ECD practitioners will have a positive impact on the care and development of children at ECDs in Bafokeng.

Recommendations for consideration:

1. Unregistered ECDs could be visited to assess the quality of care in more detail, support should be offered to these ECDs as a priority to strengthening services to children in Bafokeng.
2. Additional funding could be raised through the Department of Social Development (registering ECDs and accessing grants), Corporate Social Investment (reviving ECD programmes that used to be funded) and other donors to improve ECDs and offer support packages and services in partnership with non-profit organisations;
3. In addition to requiring more ECD practitioners the levels of ECD appropriate qualifications needs to be improved – the RBI may want to negotiate with the DSD to offer additional training including on-the-job training as this is a programme they are already contemplating;
4. Developing models for improved ECD services and curricula would also improve the quality of ECDs.

3.3. Appropriate infrastructure

What should the benchmark for ECD infrastructure be? If as indicated in the results above it is that at least 90% of ECDs are considered good examples of facilities for children, then there is a lot of room for improvement. A more specific audit to determine the more critical priorities of infrastructure investment might be prudent. However from the survey it is evident that: Safety of children through improved access control and monitoring is critical; and hygiene and sanitation should be improved.

Recommendations for consideration:

- To improve access control and monitoring campaigns to involve parents could be encouraged, locks could be provided for all doors and it could be ensured that all windows open and close properly, and fences could be mended;
- All ECDs could have access to flush toilets appropriate to adults and children, including the disabled; and
- All ECDs could have access to tapped water inside the building.

3.4. Adequate resourcing

ECDs lack adequate resources. The audit revealed that almost all ECDs have a shortage of functional, developmental and recreational equipment and materials. Unregistered ECDs had the greatest shortages however all ECDS experienced a shortage of mattresses, work surfaces and chairs. Posters and educational aids were in short supply and often basic art-room materials and recreational equipment was not available for the children.

The challenges of accessing resources for children if the money is not available through fees is compounded because there seems to be an absence of strong ECD-focused NGOs in the North West Province.

Recommendations for consideration:

- In addition to raising funds and requesting the support of the DSD it is critical to advocate for the establishment of an ECD-focussed NGO in region – to assist in maximising benefits to the children through the existing ECDs;
- To this end a strategy for ECD improvement could be developed in partnership with relevant actors and stakeholders including ECD management, the DSD, RBA, RBI, local business and NGOs.

3.5. Health and nutrition

Although the research shows good signs that there were relationships between ECDs and clinics in all regions, the absence of first aid kits, coupled with the low levels of first aid and HIV/AIDS awareness training amongst ECD staff suggests that health services are inadequate.

More attention should be given to the investigation of nutrition at ECDs. A study combining an analysis of the meals provided, the quality of the produce, cooking methods and storage and refrigeration would be useful. From the data collected there appears to be very limited fresh fruit and vegetables in the diet of children at ECDs in Bafokeng.

Recommendations for consideration: (Health)

1. The relationships between clinics, and even community health workers and ECDs could be more formalised, programmes could be developed to assist ECD staff to provide better health services;
2. A package of programmes could be developed in partnership with the DOH and DSD and be implemented through existing channels supported by the monitoring of a locally based NGO. This package of services should likely involve the children, educators and other staff and parents and could include information and advice to guide activities in the ECD as well as at home;

3. Keeping immunisation records and files on all children with relevant registrations and copies of birth certificates if not already done should be systematised;
4. In addition to training on first aid and HIV which needs to be improved there is other training that might be needed including the recognition of abuse/neglect, identifying and responding to children with disabilities, medication management, water, sanitation and hygiene (WASH) and other health and safety related policies and procedures.

Recommendations for consideration: (Nutrition)

1. ECD sites and programmes provide critical opportunities for (a) sharing education about nutrition and (b) improving the nutrition of children in the Bafokeng Nation through the provision of food. In addition (c) ECDs could be included in food gardening programmes to engender an interest in food production and healthier eating amongst the staff, parents and children at ECD sites;
2. Improve levels of awareness about nutrition, and training for staff in the detection of malnutrition; and
3. Get a dietician to develop menus and guidelines for meals served to the children in ECDs.

3.6. Activities and learning programmes

No research was taken on the curriculum programme and this should be taken up in future research. In addition Grade R readiness might also be assessed to establish learning outcomes that need to be prioritised. The current audit provides a sound baseline to plan research into the relationship between infrastructure, resourcing and learning outcomes.

Recommendations for consideration:

- Appropriate research could be undertaken on the activities, programmes and standardised curricula and learning outcomes;
- Guidelines on the planning and preparation of activities and teaching could be developed and ECD staff should be mentored in the implementation of these.