



UNIVERSITY *of the*
WESTERN CAPE

**AN ASSESSMENT OF GOVERNMENT EARLY CHILDHOOD DEVELOPMENT
POLICY TO EXPAND ACCESS AND IMPROVE QUALITY: A CASE STUDY OF
BROWN'S FARM, WESTERN CAPE.**

A full thesis submitted in fulfilment of the requirements for Masters in
Administration (M. Admin) in the Department of Political Studies



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KEYWORDS

Policy critique

Informality

Early Childhood Development

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Socio-Economic rights



ABSTRACT

Early Childhood Development (ECD) is increasingly gaining recognition in South Africa and internationally as a very important formative phase in the cognitive, emotional, physical and nutritional development of a child. ECD is best understood as a public good whose benefits spill over from individual families to society as a whole, as well-designed and coordinated ECD programmes that are directed at making an early intervention have 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.

The policy framework that was introduced in 2001 in South Africa is a systematic and complex manifesto to realize a range of human rights, including the rights of children. It aims to formalise ECD services by, among other things, introducing a phased poverty-targeted approach that makes use of grants-in-aid to primary schools and subsidies to selected community-based ECD sites in South Africa in order to expand access and improve quality of the services.

Over the years, a number of the informal economy theories have been developed to understand the nature of economic activities people engage in for survival and the role of government in regulating economic activities, among which the Dualist Theory (ILO 1972, Hart 1973), Structuralist Theory (Castells and Portes 1989:26), and Legalist Theory (de Soto 1989, World Bank 1989) are the most commonly used frameworks to explain the informal economy. As conceptual framework for the present study all three were used.

In assessing government ECD policy, this thesis focuses on three areas; access, quality, and costs. The study draws on interviews with key stakeholders working within the ECD sector generally, and uses survey data from a case study of Brown's Farm area in Cape Town. The research found that, some ten years down the line,

ECD provision is still mostly privately provided by the informal sector through community-based facilities. Both formal and informal ECD facilities are unevenly spatially distributed such that they do not yet reach the most vulnerable poor children, especially in rural areas and informal settlements.

The case study further revealed that problems remain with the extent of access to ECD services, with just 1,200 (12%-20%) of up to 10,000 children attending ECDs in Brown's farm. Quality was also a concern, especially with informal ECD facilities that constituted the majority of the 38 surveyed in the case study site. In addition to poorly qualified staff, only 12 (32%) of the 38 facilities had playgrounds with rudimentary supplies of play equipment including the age-appropriate concept toys for identifying shapes, colours and textures.

While both formal and informal ECDs charged the same rates (R15 a day, R70 a week or R300 month), most informal ECDs charged only a daily rate, and most registered ECD's charged fees on a monthly basis). In effect savings for informal ECDs were not offered on price but on flexibility in terms of days of attendance.

The importance of informal ECD provision in Brown's Farm raises a number of important policy questions. Over the years the government has tentatively acknowledged that NPOs were essential partners in realisation of the policy goals to expand access and improve quality. However, the research also found that there is no noticeable distinction between the amounts of fees charged by registered and unregistered ECD facilities in Brown's Farm and this seems to underline the fact that ECD services in this community are provided primarily to meet the developmental needs of children and not as a profit-making business.

This thesis recommends that the role for informal enterprises be strongly recognised within government policy, and for the policy to be more pro-active in developing

partnership with the informal sector, and more careful thought be given to facilitating the formalisation process. The model for the formalisation should be a multiple-step, and encompass a developmental transition path rather than an informal/formal binary.



DECLARATION

I declare that “*An assessment of government early childhood development policy to expand access and improve quality: a case study of Brown’s Farm, Western Cape*” is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Nkosikhulule NYEMBEZI

November 2014

Signed:.....



DEDICATION

To my grandparents and parents at large, and to the host of my brethren, for the sacrifices they have made to provide children with the precious gift of education. This thesis is your reward for your support, prayers, and for believing in us at all times.

May the following family members gain advantage from this academic achievement:

Zimasa, Selulizwe, Lindokuhle, Vuyanam, Zovuyo, Nothando, Luvuyo, Noxolo,

Nokubekezela, Nobubele, Nokulunga, Nontembeko, Nobulali, Zoyisile.

May the Almighty bless you all with an overflowing cup.



“By this I know that you favour me,

for you have not let my enemies to shout in triumph over me.”

Psalm 41:11

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ABBREVIATIONS

AC	African Charter on the Rights and Welfare of the Child
ACRWC	African Charter on the Rights and Welfare of the Child
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of People with Disabilities
CSDH	Commission on Social Determinants of Health
DSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
ILO	International Labour Organisation
MDGs	Millennium Development Goals
NDP	National Development Plan
NIPECD	National Integrated Plan for Early Childhood Development
NPAC	National Plan of Action for Children
NPO	Non-Profit Organisation
OECD	Organisation for Economic Co-operation and Development
SLF	Sustainable Livelihoods Foundation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

Early childhood development is now widely recognised as crucial as most brain development occurs before the age of one, much of it after birth in spite of the fact that cell formation is virtually complete before birth (Young, 1996:12). In addition to demonstrating this, this chapter will also set out the importance of Early Childhood Development (ECD) programmes in general in the form of investments in the nutritional, cognitive, and socio-emotional development of young children (Bhutta et al 2008:417). Lastly, it will outline the policy development in post-apartheid South Africa which introduced a paradigm shift towards protection of human rights, including the rights of children, through programmes that are aimed at expanding access and improving quality of ECD provision.

ECD covers the period from when a child is conceived to when that child is six years of age (0–6 years). The three types of outcomes in early childhood that are critical for future development in life are: (1) physical growth and well-being, (2) cognitive development, and (3) socio-emotional development. Progressive ECD policies and programmes can directly affect these outcomes and therefore benefit both individuals and societies (Alderman 2011:1). Bhutta et al (2008:417) has highlighted the 1000-day window period of opportunity from pregnancy to 24 months as a critical period in the development of a child and strong scientific evidence points in the direction that investments in the nutritional, cognitive, and socio-emotional development of young children have high payoffs and have 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. Also, Nobel laureate James Heckman (2006:411) and his colleagues champion ECD as the most cost-effective form of human capital investment compared with primary education or any subsequent schooling in the sense that poor infant and child nurturing, especially in the period between conception and the

age of two years can lead to irreversible developmental stunting and delays, resultant poor cognitive development, and ultimately lower educational and labour market performance (Walker et al 2011).

According to Engle et al (1997), the most significant factor in a child's healthy development is to have at least one strong relationship (attachment) with a caring adult who values the well-being of the child. Lack of a consistent caregiver can create additional risks for children (Engle, Lhotská, and Armstrong 1997) such as being neglected and being exposed to social and health risks that are prevalent in a particular community. According to Engle et al (1997), one of the solutions to supporting the child's optimal development is to provide appropriate care. Care is an interactive process and comprises much more than keeping the child safe and free from harm. The parent or caregiver interaction with the child defines the quality of care received and the ways in which the child develops (Engle et al 1997; WHO 1999).



In the best of circumstances, a key characteristic of a good care provider is her or his ability to be responsive to the child's behaviour and this ability to be responsive necessitates devoting time, as well as being physically and mentally healthy (Evans et al 2008:266-268). When caregivers are under stress from too many responsibilities and insufficient resources, they may be unable to respond appropriately to the child's behaviour and needs. So, while the ultimate goal of parenting programmes is to enhance children's well-being, this cannot be achieved without considering the needs of parents, the family, and the community (Evans et al 2008:266-268). This consideration can be in a form of a comprehensive ECD programme that is based on a progressive policy framework geared towards meeting the needs of children and their families.

It is important to begin with the assumption that all those who take on a parenting role anywhere in the world seek to do the best they can to provide for their children. However, in today's reality many are parenting their children under enormous constraints. In Africa for example, as a result of the developing HIV/AIDS pandemic, many grandparents have become the primary care givers for children in their households. In some cases, prior to taking on the parenting role, grandparents were struggling to feed themselves because of limited resources such as land to farm on as well as unpredictable and low levels of disposable income in their households. The burden of taking responsibility for their children's children is more likely to bring additional stress as some children may be infected with HIV and are in need of appropriate diet in order to manage taking and staying on chronic disease medication. Also, even when grandparents who take over the role of primary care givers for children in their households are able to provide food for the children, they may frequently lack resources and energy to do much more than that. They may not be able to provide appropriate guidance, counselling, and psychosocial support due to a generational gap between them as grandparents and the grandchildren they are parenting in this modern age. Also, children under the care of other children or grandparents may well miss basic support for their development as compared with their counterparts in other forms of households due to the fact that they are parented by most vulnerable members of the household – grandparents or children (Evans et al 2008:266-268).

According to Evans et al (2008) the high cost of living has impact on households globally and has resulted in parents and guardians spending longer working hours at work in order to earn income, hence there is less time spent in guiding and mentoring young children. Consequently, many children are often left in the hands of caregivers who are neither trained in childrearing and care nor interested in the children's welfare and development. These children are often exposed to abuse and various kinds of torture. In today's society, many children are now mentored by

television, newspapers, magazines, peers, and the internet as musicians and film actors are likely to receive more attention from children than most parents do, and are more likely to influence children's outlook of the world than their own parents (Evans et al 2008:274). The introduction of policies and programmes to promote universal access to ECD services can ensure that the developmental needs of children are met at every stage of their growth and development.

The importance of putting emphasis on nurturing childrearing practices from an early age by securing investments in the nutritional, cognitive, and socio-emotional development of young children can indeed have high payoffs for children and the society at large (Bhutta et al 2008:417). Yet, while mothers do their best to feed children, they sometimes lack awareness of what constitutes nutritious food for a young child, not least as intake of junk food is quickly becoming more common in urban areas (WHO 1999). In addition, it is common for young children to be fed only once a day, like adults, as the practice of cooking only one meal a day in some households happens regardless of how much food is available in the home. Evans et al (2008:266-268) also notes that some mothers in developing countries across continents also lack skills in food preparation and preservation, and are exposed to household food insecurity, meaning that during some parts of the year they have food and at other times there is nothing to eat and thus leading to children becoming malnourished.

The link between nurturing childrearing practices and positive child development is also noted by Alderman et al (2008) in that nutrition can affect cognitive development through two broad means. First, malnourished children may interact less with caregivers or service providers when they start at school than do other children. Also, malnourished children may be less likely to seek stimulation from the environment and from caregivers; caregivers may invest less in the child by providing less of their time or disinclining to enrol the children in school or

preschool programmes (Alderman et al 2008:355-359). Another pathway from malnutrition to cognitive development is demonstrated, according to Alderman et al (2008), through the capacity of a child to learn. This improved capacity may be a direct consequence of nutritional status on the development of the brain or a consequence of exploratory behaviours associated with nutritional status of a child. In other words, a hungry child may be less likely to pay attention in school or preschool and thus learn less even if he or she has no long-term impairment of intellectual ability (Alderman et al 2008:355-359). Given the emphasis on the importance of access to nutritious food for children, it is important that the ECD policies and programmes are provided as a comprehensive package so as to meet the developmental needs of children and to assist families to nurture children in a manner that takes care of the overall developmental needs.

The next focus of this Chapter is on the importance of quality ECD programmes as an intervention to secure positive outcomes in the developmental stages of children. Historically, ECD programmes in Africa have indigenous roots that can be traced back to the period prior to documentation of programmes and colonial influences. For example, according to Prochner & Kabiru (2008:178-185), the expectations of families and communities and the values they placed on children influenced how children were cared for and educated. In some pre-colonial African traditional societies, education of the child was governed by family and community traditions and by social structures. Each community had its own education system to socialize children into its culture, values, and traditions. Several scholars have written on the subject (Dembele 1999; Kenyatta and Kariuki 1984; Kilbride and Kilbride 1990; Mwamwenda 1996), demonstrating that the child's education began at birth and was sustained through various stages and age groups, with a system of education defined for every stage in order to prepare children to contribute towards the strengthening of the community. Also, children were expected to acquire skills essential for household protection, food production, and mastery of the environment

and early education also passed on important aspects of culture and values, such as sharing, social responsibility, belonging, mutual dependence, mutual respect, continuity, obedience, respect for elders, cooperation, fear of God, and ability to relate with other people (Dembele 1999; Kenyatta and Kariuki 1984; Kilbride and Kilbride 1990; Mwamwenda 1996).

Prochner & Kabiru (2008:178-185) also state that children learned and were taught as they participated in the daily living activities in the home, through ceremonies, direct instructions, observation, and apprenticeship. The authors emphasise that the learning process began in infancy, as children were taught through lullabies, songs, and games, mainly by their mothers, although other caregivers such as grandparents, aunts, and older siblings also played an active role. As children grew older they received direct instructions from family members, and their understanding and assimilation of the teachings was tested through questioning and oral feedback. Stories and legends were used to instil morals and to teach the community's history and traditions. Oral literature was also used to teach abstract philosophical attitudes towards life, beliefs, practices, and taboos (Mbithi 1982). The authors also note that fathers, elders, and neighbours participated directly in the education and socialization of older children. Grandparents played a special role of teaching children sensitive topics (such as sexuality) and of passing on good morals, values, history, and traditions through stories, legends, and conversations. Children began to be assigned age-appropriate responsibilities from the age of 7 years and were expected to learn and acquire skills to enable them to generate resources for their livelihood. At this age, children were also socialized into what the society considered to be gender-appropriate roles (Prochner & Kabiru 2008:178-185).

While understanding that the broad political, economic, and social context is the beginning point for adoption and implementation of progressive ECD policies and programmes by governments and other role-players, it is still important to identify

and understand the value of traditional support systems available to communities in general that relate to parenting. According to Garcia (in Evans et al 2008:266-268) in African traditional societies, particularly in Southern Africa, parenting skills are traditionally transferred to children while they are still young. Garcia also notes that children usually care for their siblings while their parents work in the field or go to out to do other work outside the home. Children bathe their brothers and sisters and even cook for and feed them. Children also help with household chores and are sometimes sent to sell agricultural produce or handcrafts to earn money for the family. According to Garcia in some cultures these tasks may be discouraged and regarded as child labour, yet in this case parents in African traditional societies or other developing countries across continents feel they are training their children to be reliable adults (in Evans et al 2008:266-268).

In today's modern age we learn, according to Sagnia (Marfo, Biersteker, Sagnia, & Kabiru 2008:205), that in Africa, as well as in some other parts of the developing world, kinship care is one of the primary modes of care for children younger than three years of age with an emphasis on community-based delivery systems. This mode of care is also linked to fluid and changing cultural practices as more and more families live in urban areas than it was the case three decades ago. As such, cultural childrearing practices must be measured by how well they support the development and well-being of children as practices, routines, and traditions that are central to optimal growth and development are embedded in all cultures (Marfo, Biersteker, Sagnia, & Kabiru 2008:205).

In Southern Africa, including in the post-apartheid South Africa, many children who are two years-old or more are usually looked after through centre-based delivery systems, ranging from a room attached to a primary school to less formal settings that can be found in private homes. For example, South Africa has introduced a Reception Year of compulsory schooling prior to first grade, located in the primary

school, and Zimbabwe is one of the countries that have centre-based ECD delivery systems that operate out of health, community, and church-based facilities (Biersteker, Ngaruiya, Sebatane, & Gudyanga 2008). Dimensions of quality of the ECD programmes studied in several countries extend beyond early learning programmes to include additional characteristics such as attention to culture-specific ways of childrearing, caregiving practices and survival issues (in times of both disaster and non-disaster situations), training of health service providers and combination of physical growth and psychosocial interventions (Richter 2004).

As noted by Proudlock (2013:10), the combination of changes in world economic trends and the resulting restructuring of family, migration patterns, and casualization of labour force, bring powerful contemporary influences on how children are raised and the environment in which their developmental needs are satisfied. In the context of increasing household poverty and on-going high levels of unemployment, families are under material and psychological stress to make ends meet (Budlender & Proudlock 2013:10). As such, these issues form the background of the key argument in this thesis. This points to globalization as a major force that affects families worldwide as Structural Adjustment Programmes (SAPs) are one of many wide-sweeping factors that have affected demographic patterns and behaviour and family patterns in the context of increasing poverty and employment that has become more precarious (Antoine 1995:1-7). Globalization has influenced migration patterns, led to trends that threaten the family, and affected the roles and choices of who parents young children (Preston-Whyte 1993:63-66).

According to Garcia (in Evans et al 2008:266-270) people in African countries leave rural areas because of declining agricultural productivity and unpredictable weather patterns, lack of employment opportunities, and lack of access to basic physical and social infrastructure. Garcia argues that in several parts of Africa rural to urban migration has been seen as essential to expand job opportunities, enhance social

mobility, and increase household income. However, Garcia argues further that, the expectation of higher incomes and better standards of living in urban areas is seldom realized as, according to the United Nations Environment Programme, urban poverty is widespread and growing (Garcia in Evans et al 2008:266-270). Evans et al (2008:266-270) also argue that urbanization is on the rise in Africa as about one-third (34.6%) of Sub-Saharan Africans lived in urban areas in 1995, up from 11% in 1950. At this rate, they argue, it is expected that one-half (50.7%) of Sub-Saharan Africa's population will be urban by 2025 (United Nations Population Division 2005). While about 40% of the population lived in urban areas in 2005, many of these people continued to support families in rural areas and, in many instances, rural families have become dependent on remittances from those family members living in urban areas. The authors conclude that this dependence on migrant workers in urban areas and the absence from rural areas of those who have moved to urban areas in search of employment opportunities have changed household dynamics and the role of family members in parenting children of all ages (Evans et al 2008:266-270). Several studies highlight the importance of remittances in South Africa (Woolard 2002; Terreblanche 2002) and provide a detailed account of the distribution of average household monthly income from remittances by provinces to show the extent to which rural families have become dependent on remittances from those family members living in urban areas. The underlying story that these studies tell is that of grandparents who have assumed the role of primary caregivers to children while parents of the children are away from home to work in urban areas.

In addition to migration from rural to urban areas in Africa, Adepaju (2000:383-385) argues that there is migration to other countries outside the continent. Whereas migration previously took place between countries in Africa (for example, people migrated from Lesotho, Malawi, Swaziland, and Zambia to economically stronger South Africa), in more recent years, the worsening of economic circumstances and the diversity of skills acquired by the educated adults in African countries has

encouraged the best educated Africans to seek economic opportunities in Europe, the Middle East, and even North America (Adepoju 2000:383-385). The crisis from the out-migration of professionals, who are often subsidised by their governments to pay for their studies, has drawn international attention. For example, health workers were the focus of the World Health Organization's (WHO) Health Day in April 2006 to highlight the impact of shortage of skilled healthcare workers in developing countries as a result of migration of skilled healthcare workers to developed countries where they are paid relatively higher salaries. As a result, these migration patterns have altered household roles, one of which is childrearing (Ferraro 1991; Leliveld 2001; Modo 2001).

According to the United Nations High Commissioner for Refugees (UNHCR 2006) migration is not always motivated by economics as other prevailing factors such as political instability, violence, and wars continue to contribute to the migration of refugees who may be displaced internally or forced to leave their country. The UNHCR estimates that about 10 million people have been victims of forced migration and some of these people end up settling in South Africa. By 2005, African populations represented one-third of the world's refugees (UNHCR 2006). Evans et al (2008:266-268) continue to argue that in today's economy both the husband and wife have to generate income in order to lead comfortable lives. However, according to Evans et al (2008:266-268) the transition from subsistence farming to wage-earning households has taken place without a corresponding shift in the power relations between the sexes, producing tensions that further destabilize the family. As noted by Lauras-Lecoh (1990), the solidarity between spouses is weakened by the separation that results from migration. Silberschmidt's (1999, 2001) work describes changes in household structures as control over resources has shifted gradually away from men to women, as women spend most time in the household and therefore assume the responsibility of making decisions on the day to day management of the household. These shifts have mixed impact and unintended

consequences on the role of men in childrearing, as migration has also diminished men's roles in active childrearing of their children (Evans et al 2008:266-268).

According to Pence (in Evans et al 2008:266-268), life in mordent urban settlements is characterized by less space, poor housing, and increasing dependence on a monetary economy, all of which have influenced family size. The value of children in most African traditional societies has changed as they are no longer seen as active contributors to a farm economy but as a drain on limited resources that must often be acquired and utilised under harsh economic environment (Evans et al 2008:266-268). In addition to that, in Africa, the AIDS epidemic has had far-reaching effects on family units (UNAIDS 2000; Whiteside 2002). According to the United Nations Children's Fund (UNICEF), by 2004 more than 1.9 million children had been orphaned by AIDS, resulting in an increase in child- and grandparent-headed households (UNICEF 2004). Pence (in Evans et al 2008:266-268) adds that when parents are sick or have died, it is the older children in the family who struggle to fulfil parenting roles even if they are still very young. In such cases sometimes older children drop out of school to care and provide for their brothers and sisters and even to care for their sick parents. Also, children are called on to take on these roles because of the weakening of the extended family system, which has been depleted of its economic and psychological resources. As a result, many children have been denied by the circumstances their right to grow up with their parents and to experience parental love and guidance.

Another dimension of the changing nature of the African traditional family is noted by Prochner & Kabiru (2008:178-185), as they observe that over the last few decades social and economic changes have influenced child care and socialization as older children attend school while young fathers move to towns or commercial agricultural areas to seek wage employment. In this situation, it is mothers who are left to take care of young children and undertake other household responsibilities

often with inadequate assistance from other family members who may be living far or are prevented by circumstances from providing assistance. These mothers are often overburdened by these responsibilities as in some cases mothers also take up wage employment or trade to supplement the family income. Sometimes grandmothers, neighbours, or hired maids assist with child care when the mother is away (Kipkorir 1993; Weisner et al. 1997). Despite these changes, traditional methods of childrearing remain strong in many communities as children are still cared for and socialized by strong networks of caregivers (Prochner & Kabiru 2008:178-185).

According to Prochner & Kabiru (2008:178-185), formal preschools serve children ages four to six years in the majority of African countries. However, the enrolment rate is typically less than 10% as the majority of parents cannot afford to pay the fees or do not see preschools as an important investment in the education of the children. They argue (with reference to Gakuru 1992; Hyde and Kabiru 2003; Kabiru 1993; Myers 2001) that most preschools are found in the urban areas and the lowest access rates are in remote rural areas and urban informal settlements. In most instances, most African governments do not employ preschool teachers, but instead preschools rely on a large proportion of teachers that are not adequately trained in specific methods of childcare that take into account the specific developmental needs of young children.

Under these and many other poor socio-economic conditions that erode the safety net provided by traditional family structures and stable household financial income, children are at even greater risk of vulnerability, under-development, abandonment, neglect and abuse where access to care in the form of institutional pre-school services is unaffordable or not available at all (Budlender & Proudlock 2013:10). Despite all, a positive trend is emerging as African governments and communities have shown increased concern for early childhood education programmes in response to their adoption of and in line with their commitments to implementing

international agreements such as the Convention on the Rights of the Child (Prochner & Kabiru 2008:178-185). As the literature suggests, institutions such as the United Nations as well as the government of South Africa increasingly acknowledge the need for a holistic approach to satisfying the developmental needs of children internationally and nationally. They affirm an underlying principle by governments and other stakeholders that the complex nature of child development can best be achieved through the involvement of multiple partners across ministries, communities, non-governmental organisations, and other stakeholders, including parents and caregivers.

Turning to the importance ECD policy intervention in the post-apartheid South Africa, it is noted that, according to Marfo et al (2008), the biological heritage that all humans share, regardless of their eco-cultural niches, results in identifiable universal development patterns in children across cultures. This is relevant in the context of South Africa as a country with diverse cultures as well as a mix of families living in households that are in rural and urban areas. However, Marfo also notes that there is less agreement in the literature on the content and methods of developmental stimulation and early care in the formal and semiformal settings (Marfo, Biersteker, Sagnia, & Kabiru 2008:205).

Marfo et al (2008) argue that one manifestation of the increasing globalization (and of the historical dominance of Western science) is that not even ECD personnel and programmes operating in the most remote of Africa's villages are immune to Western notions of, and practices related to, child development. Yet, no amount of globalization will create a 'homogeneous backcloth to our world' – to borrow an expression from Richard Shweder (1991:6) who notes aptly that 'we are multiple from the start' and 'our indigenous conceptions are diverse.' This orientation precludes the tenability of any notion of a single pathway to optimal development (Marfo, Biersteker, Sagnia, & Kabiru 2008:205). Additionally, cultural practices need

to be understood as fluid and changing with social transformation and the shifting demands and expectations within the variety of developmental environments in which children grow (Marfo, Biersteker, Sagnia, & Kabiru 2008:205).

Turning to the South African context, this thesis looks at the context in which ECD policy development takes place in South Africa from different angles. According to Statistics SA (2012), the demography of South Africa's young children informs us that in 2012 there were 5.3 million children under the age of five years living in South Africa. In addition, according to Statistics SA (2012), the largest numbers of children live in KwaZulu-Natal (KZN) (20.6%) and Gauteng (19.6%), the lowest in the Northern Cape (2.3%) and the Free State (5.3%) and most young children live in urban formal areas (46.3%). Also, whilst reported levels of child poverty have fallen substantially since 2004 by 15 percentage points compared to years preceding, the majority (58%) of young children continue to live in poverty in households with a monthly per-capita income of R604 per month (Statistics SA 2004, Stats SA 2012). The burden of poverty is distributed across provinces, geographical locations and different population groups as the majority of poor young children are African (65.6%), followed by children from the Coloured population (29.7%), compared to only 7.6% of Indian/Asian and 2% of white young children. Similarly, as reflected in subsequent reports by Statistics SA (2013), many more young children living in the predominantly rural provinces of Limpopo (76%), the Eastern Cape (75%) and KZN (67%) live in poverty than in the largely urban Western Cape and Gauteng (35%). Almost 80% (79.6%) of children living in rural tribal areas live in poor households, compared to 57% in urban informal and rural formal areas and 38% in urban formal areas (Statistics SA 2013).

This thesis observes that these demographic poverty patterns are replicated in the case of access to key ECD service provision, as many more families still have inadequate access to quality health, nutritional and early learning services. The

National Development Plan Vision 2030 for South Africa projects that in 2030 in South Africa (NDP 2012:300) there will be about 4 million children under three years, nearly 2 million in the four–five years age group and just under 1 million the six-year-olds. It also projects that the majority of these children will be in urban areas, but there will also be a significant number in rural areas. Most importantly, it recognises that there are contextual differences in these areas that require customised approaches to childrearing (NDP 2012:300). This projection underlines the scale of the challenge and the importance of the focus of this study on what impact has the ECD policy have on expanding access and improving quality of ECD services in South Africa.

Having outlined the background to the problem of the importance ECD, in the next section the focus moves to the historical development of ECD provision internationally.



Global and South African History of ECD Provision

There is a wide spectrum of providers of ECD services across the world, from government to small community organisations. Britto (2011:5) notes that one of the largest government-sponsored early childhood programmes is found in India, and this is contrast with a majority of the world's countries ECD programmes that are often predominantly supported by civil society organizations, including development agencies, international and national NGOs and social foundations. Globally, the private sector is another emerging leader in the provision of ECD services, particularly in supporting pre-primary, classroom-based services. This growth of privately-run ECD facilities has been supported in large part by parents who, in the face of inadequate state-provided ECD centres, are electing to use private

health facilities and send their children to programmes implemented privately on a fee-for-service basis (Woodhead, Ames, Vennam, Abebe, & Streuli 2009).

In the context of South Africa (Department of Education 2001) an ECD facility means any building or premises maintained or used for the care of children, and include a playground, crèche, aftercare centre, pre-school and nursery school. This definition is important in so far as it also underlines the setting within which ECD services are provided by putting emphasis on centre-based ECD provision. In South Africa, ECD facilities can operate under a variety of names, including Crèches, Nursery schools, and Educare facilities. Crèches provide full-day care for children between three months to seven years of age. According to the South Africa's Children's Act No 38 of 2005, the main intention is to provide day care and stimulation of children of working parents and they tend to operate throughout the year and, are open every day from 07h00 – 17h00 and staff do not have to in possession of government accredited qualification certificates, though they will usually have undertaken a training programme. Nursery schools are schools for the education of children over the age of two years but who are not yet of an age to be admitted to ordinary government or private primary schools. They tend to follow the timetable of primary schools (08h00 – 12h30) and must have qualified teaching staff. In addition, according to the Children's Act No 38 of 2005, Educare are facilities that integrate education, health and welfare services for children between three months to seven years of age, and encompass characteristics of both crèches and nursery schools.

Notably, around the world the informal economic sector has also become a significant role-player in childcare as more and more unregulated informal ECD facilities and teachers offer childcare services at a fee. According to Meagher (1995), the emergence of the informal economic sector in areas that were previously the purview of the formal sector challenges the dualistic approach theory of informality that views the informal economy as only existing in the margins of the formal

economy in the form of informal economic activity that takes place within separate but wider context of the economic activity (Meagher 1995:275). In the case of Africa the relationship between the informal and formal sector of the economy is that the informal sector often exists often with the intention to graduate into the formal sector as opposed to being exploited by the formal sector and the state. The informal sector in childcare is – in law or in practice – not covered or insufficiently covered by formal arrangements (SIDA 2004:8). Also, the informal sector in childcare resembles Hart's (1973) description of informality in that it is largely characterised by low entry requirements in terms of capital and professional qualifications, a small scale of operations, skills often acquired outside of formal education, labour-intensive methods of production and adapted technology.

While one or more of these actors – government, community organisations, private enterprises – tend to take the lead in ECD programmes in a given country, over a decade ago ECD programmes used to be assigned under a specific sector. For example, health and nutrition, education, child protection or social protection, depending on the focus of the programme. This approach has led to fragmented programmes and a number of gaps in the provision because internationally, in practical terms, ECD provision is a multi-sectoral, interdepartmental, and intergovernmental competency success depend on co-operation between national, provincial and local governments, as well as the coordination of various government departments. The two dominant government sectors responsible for ECD programmes are typically health and education. For example, in some countries, programmes for the youngest children (prenatal to three years of age) are primarily led by the health sector (Sri Lanka, Chile, and Brazil). These programmes often include immunization and/or nutrition programmes implemented by the health ministry, a home-based programme implemented by an NGO, and fee-based health clinics operated by the private sector (Britto 2011:5-9). The same is observed in the

case of post-apartheid South Africa where prenatal, antenatal, and primary healthcare services are fully subsidised in government facilities.

Also, while health tends to be the lead sector during infancy and toddlerhood, the baton often transfers in the preschool years to the education sector. However, this transition is often not coordinated (Britto 2011:5-9). It is this lack of coordination that provides the background against which this thesis answers the research questions set out below. Notably, target populations differ across ECD programmes, and can include groups of parents, children or providers. Parenting programmes typically target caregivers and parents of young children (Al-Hassan & Lansford, 2010). In some countries some programmes provide services to parents separately from children, while others provide services to parents and children together, and still others to entire households or communities of families. Centre-based or other programmes for children typically, but not always, target groups of children ranging from very small groups to larger classrooms of up to 60 children (Britto 2011:5-9; AKF, 2008).

In the South African context Biersteker et al (2008) notes that before 1994, ECD services in South Africa were offered in an adversarial context. In black communities ECD services were provided by community organisations in defiance of apartheid policies and in response to lack of state provision of ECD services in these communities as a deliberate apartheid system of discriminating on racial lines when it comes to resource allocation. Back then, the legislative and policy framework for ECD in South Africa was incomplete and fragmented, characterised by limited access to ECD services, inequities in provision and substantial variability in quality (OECD 2008:218). This comes from a legacy in which early childhood services were relatively informal, developed and staffed by parents and community members, and supported by the donor community and with little funding from the government (Biersteker, Ngaruiya, Sebatane, & Gudyanga 2008:243).

According to Annie Leatt (in Monson 2006) there are two main reasons that explain the environment in which children in post-apartheid South Africa are born and grow. The first is the legacy of apartheid and the second is high unemployment. Leatt argues that racial discriminatory policies under apartheid government resulted in very high levels of inequality, with many of today's black children inheriting the inequalities and omissions of the previous apartheid governments. On the whole, schools, primary health care services and infrastructure are largely poor in historically Black areas. In addition, large rural areas were declared homelands and subjected to systematic degradation, overcrowding and under-development. Despite significant improvements in the quality of life since 1994, the poorest populations still live in these areas, where women and children are over-represented, and where there are huge backlogs in provision of basic services – such as housing, water and sanitation – and the requisite infrastructure to ensure inhabitable settlements. At the same time, the productive resources of the country – farms, factories and financial capital – continue to be in the hands of a mostly white minority.

After 1994, South Africa emerged from sanctions and a protected economy into the rush of globalisation that became apparent in the early 1990s. South Africa sought to make itself attractive to foreign investment and to expand trade by opening markets and reducing trade barriers. The unintended consequences of these approaches deepened the already high levels of unemployment as the country lost jobs in sectors that struggled to compete in the global market – such as the agricultural and manufacturing sectors (Monson J, Hall K, Smith C & Shung-King M et al 2006:19-22). Also, after 1994 the South Africa government acknowledged the immediate role for community-based ECD facilities to reach children who otherwise have no practical option by introducing plans that also envisaged that costs for the provision of ECD services can be reduced by using community energies and relative informality (Department of Education 2001:paragraph 4.2.1.13). The policy response of the new

government to this situation was spelt out in a number of policy statements and programmes ranging through health, nutrition, education and social welfare (OECD 2008:218) and this ambitious programme of legal reform was aimed to safeguard of children (The Presidency of the Republic of South Africa 2007:5).

As a progression of these initiatives, 2001 was a watershed year for early childhood education in South Africa as the South African Government (Department of Education funded by the European Commission) undertook a national audit of ECD provision. The 2001 nationwide audit offers a baseline against which to monitor progress and employed a national survey that identified 23,482 sites, only 61% of which were registered. Of these sites 17% were school based, 49% community based and 34% home based. Most (64%) had been providing ECD services for more than five years, although there had been substantial growth in both the school and home based sites in the previous two years (OECD 2008:3).



In October that year, the South African Government published its White Paper 5 on Early Childhood Education: *Meeting the Challenge of Early Childhood Development in South Africa* (Department of Education 2001). In calling for public comments on White Paper 5, the South African Government announced that the 2001 nationwide audit of ECD provisioning – presented in a report entitled *The Nationwide Audit of ECD Provisioning in South Africa* (Department of Education 2001) – offered a baseline against which to monitor progress on promotion and protection of the rights of children (OECD 2008:3). Much progress has been registered since then as in March 2012 there were 20,140 registered ECD facilities in South Africa (Social Development: 2013 Budget Vote Speech). By September 2013 there were approximately 3,437 ECD facilities and 17,200 ECD teachers across the province of the Western Cape, and only 1,226 (36%) of these were verified as registered with the provincial Department of Social Development (Social Development: 2013 Budget Vote Speech). However indications are that the number of unregistered sites in the

same period could be more than those that have been registered as Biersteker audited 1600 unregistered facilities in the Western Cape alone. Also, 1,036 (30%) of these receive the government ECD subsidy that benefitted about 72,829 children benefit (Biersteker & Hendricks 2011:13). This high number of unregistered ECD facilities was also observed in Brown's Farm, the case study area for this thesis.

The national Department of Education in South Africa maintains that early schooling is vital as a solid foundation for children's education and has promoted policies that take into account the need to enhance quality-learning experiences for children through comprehensive ECD interventions. Therefore a model of a wide and inclusive ECD provision that is at least 75% state subsidised rather than the estimated 25% state subsidisation at the time of adopting the policy was considered necessary in order to ensure a safe environment for child-rearing (Department of Education 2001:10). While it is not possible to accurately quantify government's total investment in ECD interventions, available information indicates that the Department of Basic Education (as it was renamed after 2009 and primarily responsible for training ECD practitioners in ECD facilities) spends less than 1% of the total basic education budget on learning opportunities for children 0 – 4 years of age (Richter et al 2012:7-16). This pattern points to the need to revisit current roles and responsibilities of government departments that are directly involved in the provision of ECD services in order to ensure that that government spending contributes optimally in achieving policy objectives to expand access and improve quality of ECD services.

The budget for the Department of Basic Education is spelt out by the National Treasury, and indicates incremental spending within provincial Departments of Basic Education on Grade R that rose from R377 million in 2003/04 to a budgeted R983million in 2007/08 and a budgeted R1, 253 million in 2009/10 (National Treasury 2008:21). Also, the Department of Social Development (DSD) registers all ECD

facilities meeting certain quality criteria where more than six children are cared for away from their parents. DSD is responsible for the provision of subsidies to children from poor households at such facilities. In 2006/07, government paid a per diem subsidy for 314,912 children in 5,531 registered facilities, amounting to a total of R350 million (National Treasury 2008:59-60).

However, as argued by Berry et al (2013), more than 80% of children aged 0 – 4 years in the poorest 40% of the population are entirely excluded from registered ECD programmes. This is so because they do not enjoy the government subsidy that targets children in ECD facilities, and thus do not feature in national budget calculations as government subsidy to ECD facilities is allocated based on children who are four years and older – a proportion repeated in the Brown's farm case interrogated below. As Biersteker argues, to forgo greater investment in ECD interventions means compromising the well-being of South Africa's communities, perpetuating cycles of poverty, poor educational attainment, ill health, inequality and socio-economic challenges (Berry L, Biersteker L, Dawes A, Lake L & Smith C et al 2013:79). Furthermore, according to Lokshin et al (2008:372-374), the availability and cost of quality child care can play an important role in the decisions that households make about allocating labour and choosing between informal home care and ECD. A mother's decision to join the labour force is often based on her expected earnings compared with the costs of available day care. Insufficient and unaffordable child care options could be a barrier for women with children who wish to join the labour force (Kimmel 1998). The custodial role of ECD facilities frees female household members for other activities and allows mothers to enter the labour market. The additional income newly employed mothers bring home can be significant for the family and may be the required kind of financial contribution to lift some households out of poverty Lokshin et al (2008:372-374).

It is significant to note that further resources that recently shaped the landscape of the ECD sector in South Africa are provided through the government's Expanded Public Works Programme (EPWP), which is aimed at drawing large numbers of unskilled and semi-skilled unemployed people into productive work by increasing their capacity to earn a sustainable income through training. This thesis also observes that the EPWP has created over 950,000 temporary work opportunities in the period between 2004 to the end of 2007, and a small percentage of these temporary work opportunities have been in the ECD sector (The Presidency of the Republic of South Africa 2009:26).


What will be discussed in some detail in this thesis is that while the policy documents in South Africa place the child at the centre of ECD, implementation and funding patterns appear to put this second to parental labour market participation and expose the weaknesses in coordination between the different sectors and departments responsible for provision of ECD services. This is so because the EPWP creates temporary work opportunities for low skilled unemployed South Africans through government investment in public infrastructure programmes. In addition to improving the physical public infrastructure, the EPWP also provides work opportunities in the social sector in areas such as provision of community health and ECD services. As a result, the increase of informal ECD service providers has to some extent been driven by the incentive to provide work opportunities to the unemployed. As observed in this thesis, this emphasis on massification at the expense of quality is somewhat illustrated by government announcement in 2008 to intensify EPWP to absorb more entrants, including doubling the number of children enrolled in registered ECD facilities to over 600,000 through registration of 1,000 new sites with more than 3,500 practitioners trained and employed, and increasing the number of care-givers to look after children with special needs (The Presidency of the Republic of South Africa, 2008 State of the Nation Address). The nature and extent of that trade-off in ECD policy development will be given attention in this

thesis in order to understand whether the policy has managed to expand access and improve quality of the services.

Research Questions

Government ECD policy looks to achieve substantive development through public-private partnership approach by using informal ECD service providers and by encouraging them to meet set registration requirements in order for children in these ECD facilities to get subsidy of about R15 per child per day for a set number of days a year. How well is this approach working? To answer this, the thesis explores three variables in relation to a real world case.

a) Access

- 
- What is the geographic distribution of ECD facilities located in the Brown's Farm settlement?
 - Which ECD facilities have access to telephone?
 - What is the average distance travelled to ECD facilities?
 - Are there children under 4 years old in the ECD facilities?
 - Are there children with disabilities in the ECD facilities?
 - Which ECD facilities collect birth registration information?
 - Which ECD facilities are members of the local ECD forum?
 - Which ECD facilities have contact with local clinic?

b) Quality

- What is the registration status of ECD facilities in Brown's Farm? (Formal or Informal?)
- Which ECD facilities know where to register?
- How long have the ECD facilities been operating for?
- What are the operating days and times of the ECD facilities?

- Which ECD facilities have playgrounds?
- What basic services (running water, electricity, sanitation) are available to ECD facilities in Brown's Farm?
- What type of building structures do ECD facilities in Brown's Farm operate from?
- What level of qualifications do teachers in ECD facilities in Brown's Farm have?

c) Costs

- How many ECD facilities in Brown's Farm apply fee exemption policy to children from poor households?
- What is the average cost to parents of children attending at the ECD facilities?
- What is the fee-payment structure?
- Which ECD facilities provide food?



These questions are considered relevant as they are assumed to have direct impact upon at least three things. First is:

(a) convenience, with respect to short walking distances travelled by parents or care-givers to drop children at the ECD facilities. Second, do they

(b) meet the developmental and safety needs of children while in the care of the facility. Third,

(c) what is the affordability of sending a child to the ECD facility as travel costs and fees are assumed to have a direct influence on maintaining regular attendance throughout the year.

Methodology

This section focuses on the overall strategy employed in this research in order to get data to answer the research questions. The research employs a quantitative method in order to analyze the policy using a case study to look in-depth into how the South African policy on ECD provision works in practice in so far as it interfaces with informal service providers. Indeed quantitative methods focusing on issues such as enrollment figures do not capture fully the in-depth relationship between the policies as stated in the documents as well as how they are practiced, for example, in relation to regularity of children's attendance, or their progression through ECD in terms of acquisition of skills.

This thesis also applies a qualitative case study methodology. A qualitative case study methodology provides tools for researchers to study complex phenomena within their contexts and when the approach is applied correctly, it becomes a valuable method for social science research to develop theory, evaluate programmes, and develop interventions. This qualitative case study is an approach to research that facilitates exploration of a phenomenon within its context using a variety of data sources. This approach ensures that the issue is not explored through one lens, but rather a variety of lenses which allows for multiple facets of the phenomenon to be revealed and understood (Merriam 1998). This approach is important in this study as ECD provision is a multi-sectoral, interdepartmental, and intergovernmental competency whose success depends on co-operation between national, provincial and local governments; and coordination of various government departments.

Qualitative research provides an appropriate approach for this study as it has the advantage of employing an inductive research strategy that can facilitate such understanding of the different dimensions of the subject matter (Merriam 1998). The particular relevance of this methodology in the context of the parameters of this

thesis lies in its capacity to facilitate an in-depth understanding of the participants' perspectives on the various issues addressed in the research questions. To assist with the understanding of what these issues are, a phenomenological approach was used in an attempt to capture the participants' subjective perspectives of the implementation of the ECD policy in the post-apartheid South Africa. Such a subjective perspective is relevant to the belief that policy implementation is not a ready-made product, but rather that it is constructed and reconstructed by the participants at various stages of the life of the policy. Therefore, personal experience is crucial in understanding the topic under investigation. This approach is congruent with the 'bottom-up analysis' that places weight on the views and lived experiences of the recipients of the policy implementation. Nevertheless, a top-down quantitative approach was also used to analyse factors that relate to policy objectives, resources and socioeconomic factors (Merriam 1998) so as to benchmark policy goals and targets.



An exploratory case study was used in this research through a process that seeks to analyse some entity in qualitative and comprehensive terms over a period of time (Wilson, in Merriam, 1998:29). This qualitative case study is chosen for its novelty as no previous research with the same focus has been conducted in South Africa before. Interviews to collect primary census data for the ECD facilities in Brown's Farm were conducted by the Sustainable Livelihoods Foundation (SLF) and data from those interviews is interpreted in this thesis. While I have no professional relationship with SLF, I thank them for allowing me to use the data as an important component of this study. Exploratory case study is a type of case study used to explore those situations in which the intervention being evaluated has no clear or single set of outcomes. This type of case study is used to answer questions that seek to explain the presumed causal links in real-life interventions that are too complex for a survey or experimental strategies. In evaluation language, the explanations would link programme implementation with programme effects

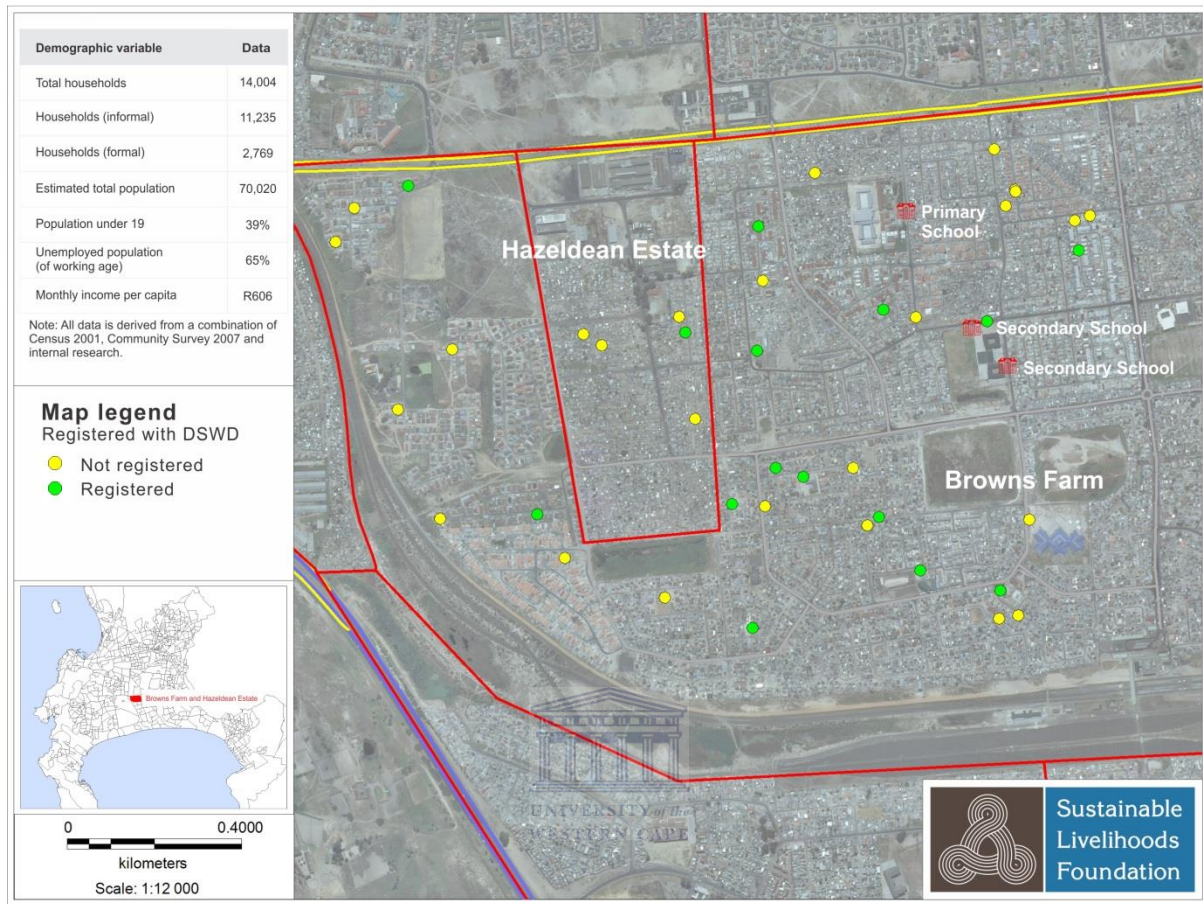
(Yin 2003) and thus provide a picture that represents success and shortcomings in meeting policy goals.

There has been frequent criticism of this design that uses a case study, particularly of its inability to provide a generalizable conclusion. However, one could argue that one can learn some important lessons from almost any case (Denzin & Lincoln 2003) and therefore use lessons learnt to generalise accordingly. Some theorists consider this case study methodology as 'microscopic' because of its lack of sufficient number of participants. However, Yin points out that generalization of results, from either single or multiple designs, is made to theory and not to populations. Even a single case could be considered acceptable, provided it meets the established objective (Yin 1994). In this case, findings help cast light on theories about informality and the role of the poor and marginalised in the provision of ECD services in South Africa.



Figure 1: Map of Brown's Farm

Distribution of educare / crèches showing registered vs non-registered Browns Farm and Hazeldean Estate, Philippi, November 2011



Brown's Farm is the location of the case study and was selected because, in collaboration and support of the Sustainable Livelihoods Foundation (SLF), a Non-Profit Organisation (NPO) that is pioneering research into South Africa's informal economy, the researcher was exposed to ECD facilities in the area (Charman, Piper & Petersen (2012)). While I have no professional relationship with SLF, I thank them for allowing me to use the data as an important component of this study.

Brown's Farm (see map of the case study area) is located in Philippi, on the Cape Flats, approximately 20km distance from the city centre. Situated adjacent to the Philippi industrial area, the township comprises three different settlement typologies: informal settlements (shack housing), developed township housing

(based on various RDP models) and bond housing in planned residential areas. It is an overcrowded large settlement of informal housing that has grown on the margins of the city, mostly housing economic migrants from rural areas. Basic infrastructure (such as water and sanitation) is lacking, unemployment is widespread, and supportive social networks are limited. The case study site encompasses three quarters of the Browns Farm area. The case site is bordered by a railway line (South and West), an informal high street (East) and major arterial road (North). Along the northern boundary, the case site contains a strip of commercial land.

Census data of 2011 indicates that there are 24,504 households within the case study site. The population is estimated at approximately 69,807 persons, the majority (95%) of whom are black, isiXhosa speaking, South Africans. There are 35,433 males and 36,084 females in Brown's Farm. Children make up approximately 30% of the population, with 9,773 (14%) of 0 to 4yrs and 11,169 (16%) of 4 to 14yrs. Unemployment (and under-employment) is very high, especially in the informal settlements that house 75% of the Brown's Farm population. A socio-economic profile of the area, developed by Knowledge Factory (www.knowledgefactory.co.za) and drawing on the 2011 Statistics South Africa Census and 2007 community survey, indicates that approximately 30,000 of the working adult population are unemployed, whilst average per capita income is R606 per month. There are few opportunities for formal employment in Brown's Farm. Formal employment must be sought outside the area and workers access formal labour markets mainly in the Central Business District of Cape Town, industrial areas and middle class suburbs via taxi, train and private vehicles (minority). There is both a train station and taxi rank situated within the case site.

Key secondary sources were used in this thesis, including literature review in order to provide useful information on the theories of the informality in the modern world. The use of secondary sources also links neo-liberalism and policy choices by

governments across continents which in turn facilitate or hinder the informal economy. The literature also links the study of international trends best practice in the provision ECD services by making reference, in Chapter Three, to key relevant South African legislation and international instruments on the protection of the rights of children.

Other secondary sources include policy documents and legislation on ECD that were accessed by making use of the government websites where legal documents, reports, and forthcoming regulations were found. Much has been researched and written on ECD services outside of South Africa, particularly under the auspices of the United Nations and its agencies, resulting in the prevalence of well-founded theoretical knowledge-base on such experiences. In the case of South Africa, scholarly discourse on the protection and promotion of the rights of children through ECD programmes is only beginning to take root. Therefore, a limited pool of South Africa-based literature exists on this subject matter, including in the area of provision of ECD services. This limited pool of literature on ECD provision in itself has provided complimentary benefit of stimulating further research as a study with a similar focus has not been conducted recently in the country.

The next stage of the research involved use of primary sources in a qualitative approach to access the knowledge and opinions of those involved in the development and implementation of national policy and legislations, those directly affected by these, including those directly involved in the provision of ECD services. A questionnaire was administered to conduct semi structured interviews. Semi structured interviews (Dunn 2005, Fontana and Frey 2005, Longhurst 2005, Marshall and Rossman 1995) were conducted with major stakeholders involved in: (1) national and provincial governments, (2) NPOs, and (3) the ECD sector. Research was carried out between first half of 2012 and second half of 2013. A number of interviews were conducted face to face, via telephone and by email correspondence.

Interviews to collect census data for the ECD facilities in Brown's Farm were conducted in collaboration and support of the Sustainable Livelihoods Foundation (SLF) and data from those interviews is interpreted in this thesis.

As mentioned earlier on, stakeholders consulted include key representatives from the Department of Social Development, the provincial governmental departments dealing with ECD services, the Human Sciences Research Council, NPOs, and ECD facility managers. Respondents were selected on the basis of their experience related to the research topic and were targeted within the groups of stakeholders previously stated. Respondents were further selected using snowball sampling (Clifford and Valentine 2005) in order to collect information from a broad spectrum of respondents. There were 59 respondents in total; nine government officials, 12 researchers, and 38 ECD facility managers and staff. A number of persons within the provincial government departments did not wish to participate, largely because they felt that they did not know enough about the progress of implementing ECD policy. During these interviews numerous discussions were engaged in and observations were made as the opportunity arose during discussions with those working within the ECD sector. The sample captures a representative reflection of opinions from those involved in ECD sector in South Africa today. All interview data were transcribed and coded to identify key themes relating to the research area (Strauss and Corbin 1990; Cope 2005). The presentation of the analysis makes use of selected anonymous excerpts from the interviews.

The interview schedule was chosen as a measurement tool to gather interview data. According to Babbie (1998:264) in order to capture the insider's perspective, the most appropriate interviewing strategy is that which is less formally structured and flexible enough in keeping with the interests of the respondents. Like other measuring devices, the interview schedule has both advantages and disadvantages. Bailey (1996:174) states that an interview is more flexible, probes for specific

responses resulting in increased response rates. Persons who cannot read or write are able to respond adequately in an interview situation. In addition, the interviewer is present to observe non-verbal behaviour and to assess the validity of the respondent's answers, there is a better control over the environment such as noise and privacy, the question order can be maintained, the responses are spontaneous, the respondents alone can answer questions and it ensures that all questions are answered. More importantly, Bailey (1996:174) asserts that complex questions can be probed in an interview situation by a skilled, experienced, and well-trained interviewer.

However, Gochros (1988:269-273) and Bailey (1996:175) identify certain weaknesses with the interview technique. They hold the view that by standardizing interview schedules, it often represents the least common denominator in assessing people's attitudes, orientations, circumstances and experiences. By designing questions that will be, at least minimally, appropriate to all respondents, one may miss out on what is most appropriate to some respondents. Further, it is often contended that the interview offers a lesser assurance of anonymity. This is known to pose an element of potential threat to respondents, particularly should the information sought be incriminating, embarrassing or otherwise sensitive in nature (Bailey 1996:175). The assurance of maintaining strict confidentiality circumvented the problem this might have posed on the study. Despite some of the known disadvantages of the interview as a data collection method, it is a popularly used measurement instrument in most social sciences.

Semi-structured interviews were employed to investigate stakeholder opinions. Interviewing 'is one of the most common and powerful ways in which we try to understand our fellow humans' (Fontana and Frey 2005:697-698) and enable the researcher to get large amounts of data quickly (Marshall & Rossman 1995). Semi-structured interviews ensured a consistent range of topics that relate to the research

questions were covered, allowed a flexible approach to questioning, and gathered opinions and behaviours in the informants' own words (Dunn 2005; Longhurst 2003). The interviews centred on a number of broad predetermined themes (including registration status of ECD facilities to determine whether they were formal or informal ; qualification certification levels of ECD practitioners; knowledge about registration procedures and requirements; enrolment figures of children, existence of and adherence to lesson plans, ECD building facility type, connection to water, access to sanitation infrastructure, and access to electricity) although questions were designed in view of the respondent's area of expertise. Semi-structured interviews were largely conducted face to face, but on a number of occasions by telephone and email correspondence. All interview data were transcribed and coded to identify key recurring themes relating to the research area (Strauss & Corbin 1990; Cope 2005).



The views of those involved in the ECD sector such as government officials, researches, and ECD facility managers are critical to understanding the role of informality in the provision of ECD services and in meeting the policy objectives to expand access and improve quality of services. The use of semi-structured interviews also allowed the views of different stakeholder groups to be put into play against each other, staging an indirect dialogue that produced more nuanced conversations. This technique has been found useful as ECD provision is a multi-sectoral, interdepartmental, and intergovernmental competency whose success depends on co-operation between national, provincial and local governments; and coordination of various government departments. In addition, this thesis offers an insight into the workings of informal and unregistered ECD facilities in South Africa and the challenges of ECD provision within private economic settings.

In some instances, an interview appointment was arranged and confirmed in advance, but cancelled at the last moment by some informants. On these occasions a

colleague of the informant became the substitute if they were prepared to have an interview at short notice replace the original informant. Again, the study followed a careful planning of interviews with respondents, bearing in mind the fact that a majority of informants are often busy individuals and are mainly available on specific days of the week. To accommodate this situation effort was be placed on adequate fieldwork planning. Respondents were initially contacted by telephone and a detailed explanation of the nature and scope of the study was provided, followed by requesting a suitable appointment for an interview. The researcher ensured that the venue used was conducive to interviews. This necessitated the researcher contacting each respondent before the interview with a view to gaining clarity on whether they will be comfortable with an interview at a preferred venue. Attendance of the researcher at a national conference on ECD sector held in Buffalo City in East London, several Portfolio Committee meetings in Parliament (on Social Development, Health, and Education) and the respective departmental Budget Votes in Parliament provided a useful opportunity to interview key informants staying outside of Cape Town. Respondents were always willing to assist with information even during telephonic conversations and email correspondence.

Research Ethics

Ethical guidelines were observed during the fieldwork process, as human subjects participated in the in-depth interviews. Before the in-depth interviews were conducted; the participants were informed about the research project and were provided with an overview of the research process. Prior arrangements between the researcher and the participants were made to determine the date, time and place of the commencement of the interviews. Informed consent was obtained from the interview participants at the time of confirming interview appointments. Gubrium

and Holstein (2001:90) state 'once the researcher identifies a respondent, she or he must then ask them if they will agree to be interviewed, a process that usually accompanies obtaining informed consent'. The researcher is thus responsible for presenting the informed consent form to the participant, and is only able to commence with the interview after the participant has agreed to the terms of the form and signed it. Valley (2000:36-37) explains that assurance on confidentiality must be given to the participants while the research is conducted. The informed consent form served as a surety given to the participant by the researcher. The informed consent form was designed in such a way as to ensure that the researcher respects the participants' wishes to remain anonymous, unless requested otherwise by the participant.

Structure of the study



This thesis will argue that informal ECD providers have an important role to play in ECD provision, but this must be within a larger policy framework that sees informal ECD providers as integral into the state managed system in a way that looks to expand access to ECD and improve quality of the service by incorporating more service providers into the system.

In Chapter Two this thesis will review theories of the informal economy starting with the dualist, to structuralist, to the legalist. It examines the dualist approach that views the informal economy as separate and marginal and not directly linked to the formal economy. Instead the dualist approach views the informal economy as providing income or a safety net for the poor. What this thesis finds useful is that the theory articulates a link between marginalisation and poverty as informal ECD service provision in South Africa is the domain of the poor. There is a link between the formal and informal ECD provision and, according to Roy (2005), informality

must be recognised as part of an enduring social reality. However, informal ECD service providers must be incorporated into the state system with the intention to expand access and improve quality of ECD services.

Then the structuralist approach is discussed which emphasises common threads for the informal economy that are the systematic connection with the formal economy, the special characteristics of labour employed in informal activities, and government's attitude towards the unregulated sector (Castells and Portes 1989:26). What this thesis finds useful from this theory is that there is a linkage between the informal and formal sector in the ECD service provision in the sense that ECD service provision is part of the larger supply chain of the education system. However, this thesis disagrees with some of the key claims of this theory in that in the case of informality in the ECD provision in South Africa, there is hope that the informal can become formal as this is reflected in the practice by the incubator model where ECD facilities start as informal and gradually get established to become formal. Since the introduction of the 2001 ECD policy most of the informal ECD facilities have emerged with the aim of becoming formal and benefit from the incentive of becoming formalised. As such, informal ECD facilities do not necessarily exist as a result of mere exclusion and marginalisation, as the structuralist theory holds, even though informal ECD provision in South Africa is synonymous with poor communities.

The discussion moves on to focus on the legalist approach that views the informal economy as informal work arrangements that are a rational response by micro-entrepreneurs to government's failure to provide essential services (de Soto 1989). What this thesis finds useful is that, according to Roy, it is possible to strategically use the state of exception to frame policy in a way that allows for an incremental approach to policy implementation (Roy 2005:153). This theory promotes the idea of innovation, although not so much the case of modelling the informal on the formal.

Instead, what is needed in the case of South Africa is change in the model of the incentive so that the formalisation of the informal can be implemented gradually. While de Soto (1989) calls for a by-pass of rigid rules and bureaucratic hurdles in order to provide a better quality service, this approach does not apply in the case of ECD service provision in South Africa form as will be shown through the Brown's Farm case, as the result of not complying with ECD registration requirements is inferior service at generally the same price as when there is compliance with registration requirements.

In Chapter Three the thesis reviews the history of the development of ECD policy in South Africa pointing to the fact that the policy recognises the role for informality but still sees it in a dualist way. This needs to change so that the formalisation of the informal ECD proceeds gradually and incrementally in order to expand access and improve the quality of ECD service provision through a phased-in approach that graduates informal service providers into the formal sector will be in order to expand access and improve quality of ECD service provision.

In Chapter Four the thesis focuses on the case study of Brown's Farm and presents an analysis that will show that the extent of informality is larger than it is generally assumed in the rest of South Africa. It will also show that there is still a problem in terms of large numbers of children not having access to quality ECD services. Further, children from poor households are getting poor quality services in unregistered ECD facilities for generally the same price as registered ECD facilities in the same area. However, where the solution may lie may not be in informality but in expanding state support for an integrated system in order to guarantee universal access.

In Chapter Five the thesis will conclude with an overall discussion of the observations made in the study and offer recommendations. The Chapter presents

summary of the findings, provides recommendations, and suggestions for further research. It is recommended that conditions that require capital investment on infrastructure and management systems that is beyond the skills level of community-based ECD facilities must be relaxed through regulatory exceptions in order to facilitate registration and access to government subsidy. The nature and extent of trade-offs in ECD policy development should be given attention in order to ensure the policy indeed expand access and improve quality of the services. As such, the total amount invested on ECD service provision should be assessed in the context of the many other key priorities competing for limited resources in South Africa, such as health, social welfare, housing and sanitation (Treasury 2009:21-24) as this competition for limited resources requires a careful balancing act in so far as effective ECD provision is a national multi-sectoral and inter-departmental responsibility that relies on the provision of health, social welfare, housing and sanitation.



CHAPTER TWO: THE EMERGENCE OF THE INFORMAL ECONOMY

This chapter is dedicated to understanding theories of the informal economy, and how these relate to the South African government early childhood development (ECD) policy to expand access and improve quality. The chapter draws heavily on international literature in order to contextualise the role of private ECD service providers in South Africa and highlights how informality in South Africa is the domain of marginalisation and the poor, as well as in the context of informal service providers that aspire to formalise and benefit from government ECD subsidy.

Since the late years of the industrial age, the informal economy has been a domain of interest across an array of disciplines, as the informal sector or informal economy was perceived to be a combination of activities such as tax evasion, corruption, money laundering, organised crime, bribery, subsistence farming, barter, petty trade, and the stealing of state property (Bernabe 2002). According to Bernabe (2002), these economic activities were also viewed as separate from the formal economy and formal employment that contributed to the gross domestic product (GDP) and economic development of a country (Bernabe 2002). In very general terms, the informal economy is the unregulated non-formal portion of the market economy that produces goods and services for sale or for other forms of remuneration (SIDA 2004:8). The term informal economy thus refers to all economic activities by workers and economic units that are – in law or in practice – not covered or insufficiently covered by formal arrangements (SIDA 2004:8). Thus ‘formal’ incomes are generally regarded to come from regulated economic activities and ‘informal’ incomes, both legal and illegal, are generally regarded to lie beyond the scope of regulation (Kanbur 2009:2-9).

In his renowned work, Hart (1973) introduced the concept of informality as part of the urban labour force that works outside the formal labour market and goes on to say the informal economy is largely characterised by (1) low entry requirements in terms of capital and professional qualifications, (2) a small scale of operations, (3) skills often acquired outside of formal education, (4) labour-intensive methods of production and adapted technology. This view of informality has been adopted by other leading scholars in observations that the most significant generalisation to be drawn from the existing evidence are, first, that the informal economy is universal, as similar arrangements are found in countries and regions at very different levels of economic development. Second, that this sector is heterogeneous, as the forms adopted by unregulated production and distributions of goods and services vary widely even within single societies; and, third, that there has been an apparent increase of these informal economic activities over the years (Castells and Portes, 1989:15).



In addition, according to Castells and Portes (1989), workers involved in the informal economy tend to have specific characteristics that can be subsumed under the general heading of downgraded labour as most workers who receive fewer benefits or less wages, or experience worse working conditions than those prevailing in the formal economy, do so because this is the prerequisite for their entry into the labour market (Castells and Portes, 1989:26). Castells and Portes (1989) argue further that the informal economy is not a euphemism for poverty or a set of survival activities performed by destitute people on the margins of society. Instead, the informal economy is a specific form of relationships of production, while poverty is an attribute linked to the process of distribution (Castells and Portes 1989:12). Linked to that, informality is not an all-or-nothing state, as there are degrees of informality and formality that can be observed as small-scale entrepreneurs make an economic calculation along the lines of a cost-benefit analysis, which determines a minimum threshold of participation in the formal or informal arrangements for which the cost

remains lower than the benefits. Some firms will therefore choose to participate in only a subset of institutions at any point in time. In addition, benefits and costs of participating in a formal context vary for firms of different size and expected lifetime. It would, for instance, seem that young, inefficient, and small firms are disproportionately informal (SIDA 2004:24).

According to the SIDA report (2004) the informal economy is quite heterogeneous in terms of capital invested, technology in use, adopted management practices, productivity levels and net earnings. Its players also constitute a heterogeneous group with different reasons for joining the informal economy. In fact, at one end of the spectrum of the informal economy are typical small-scale modern manufacturing and service enterprises. At the other end of the spectrum are generally street vendors, shoe shiners, junk collectors and domestic servants. Both of these ends of the spectrum are strongly gender-biased in that women tend to dominate in numbers of those involved in the informal economy. In between are a whole range of primary service activities such as informal transport services, small trading and commercial establishments (SIDA 2004:14). Therefore, the increasing debate on the informal economy has made possible a number of theoretical perspectives of which four are of contemporary significance. In this research the focus will be on describing the theoretical perspectives that assist with understand the role of independent ECD service providers in South Africa.

The Dualist Approach:

According to the International Labour Organisation (ILO 1972), the informal economy is a separate marginal economy not directly linked to the formal economy, providing income or a safety net for the poor. The ILO also argued that the informal economy emphasizes local activity, self-determination and no connections with

formal economy where strict government regulations apply. The ILO also argued further that the informal economy exists because of cyclic stages of the economy when the supply of goods exceeds the demand, resulting in a slowdown in production and loss of jobs in the formal economy. As a result, according to the ILO, retrenched workers are then forced to engage in informal economic activities temporarily during times of economic recession and these informal economic activities disappear when the formal economy recovers to absorb labour again (ILO 1972).

Hart's (1973) definition of the informal economy has dominated over time and was taken up rapidly by development studies and by international agencies, by the ILO (1972) in particular, which began to codify the definition of informality, particularly keeping in mind the needs of national statistical authorities in measuring the extent and nature of informality (ILO 1972). According to Kanbur (2009:2-9) the ILO (1993, paragraph 5) provided the following definition:



They [informal enterprises] are private unincorporated enterprises (excluding quasi-corporations), i.e. enterprises owned by individuals or households that are not constituted as separate legal entities independently of their owners, and for which no complete accounts are available that would permit a financial separation of the production activities of the enterprise from the other activities of its owner(s). Private unincorporated enterprises include unincorporated enterprises owned and operated by individual household members or by several members of the same household, as well as unincorporated partnerships and co-operatives formed by members of different households, if they lack complete sets of accounts.

Kanbur (2009:2-9) argues further that this enterprise-based definition of informality relates to those enterprises that fall outside the purview of laws establishing incorporated enterprises, but enterprises that cover a large variety of types of enterprises, and the requirements of incorporation differ across countries which are often based on the size of each enterprise (Kanbur 2009:2-9). In the context of ECD provision in South Africa, the informal sector is not delinked from the formal sector as the informal exists in order to get established and join the formal and benefit from the ECD subsidy provided by the government.

According to some scholars (Meagher 1995:261, LeBrun and Gerry 1975, Lewis 1954, Leys 1973), neo-liberal economists of the 1950s and 1960s, and Marxist writers of the 1970s shared the view that the informal sector consisted of traditional activities offering only bare survival on the margins of developing societies. This view of the informal sector rested on three basic assumptions ingrained in both neo-liberal and Marxist theories of economic development: (1) that the informal sector is transitory and its economic mode of organization will be transformed with the development of modern capitalism; (2) that the informal sector generates only subsistence-level activities and incomes; and (3) that the informal sector is primarily a feature of peripheral economies (Meagher 1995:261, Portes and Sassen-Koob 1987:32).

Mainstream Marxism did not take the issue of informality seriously. Relative to the centrality of working as the agent of social transformation, Marxist theory either ignored or described the urban poor as 'lumpenproletariat', the 'non-proletarian' urban groups and this gave rise to endless misunderstanding and mistranslation of the informal economy (Draper 1978:Vol. 2, 453). For Marx, lumpenproletariat was a political economy category that referred to propertyless people who did not produce, obsolete social elements such as beggars, thieves, thugs, and criminals who were in general poor but lived on the labour of other working people (Draper 1978:Vol. 2, Ch. 15). According to Bayat (2000), even with Frantz Fanon's (1967)

passionate defence of lumpenproletariat as the revolutionary force in the colonies (Fanon 1967), the Communist parties in the Third World did not go beyond looking at the urban disenfranchised as the 'toiling masses' who might have the potential for alliance with the working class. However, Bayat (2000) argues that the continuous prominence of the 'informals' (which in many developing economies clearly outweighed the industrial working class) and their assumed threat to political stability in the developing countries brought them back to academic analysis against the descriptive term of 'informals' that recognised some degree of agency (Bayat 2000:534-550).

The ILO (1972) noted during efforts to codify the informal economy that the informal economy increasingly became a permanent feature in many countries, instead of a transitional phase, as more and more people became involved in informal economic activities for longer periods. This phenomenon strengthened the dualist theory because informal economic activities were seen as unrelated and parallel to the formal economy, despite ILO recognition that the 'informal sector', had not just persisted but also expanded over the years (ILO 1972). The ILO also noted that parallel to this persistence and expansion the informal sector consists of things 'done in a certain way' – a way characterized by ease of entry into the activity concerned, reliance on indigenous resources, family ownership, smallness of scale, labour intensiveness and 'adapted technology', skills acquired outside the formal school system and unregulated and competitive markets (Leys 1973:424-425). Leys criticises this approach by saying the ILO mission was evidently unwilling to accept the connection between informality and economic and social problem of poverty and unemployment (Leys 1973:424-425).

Regardless of the underlying cause, there are indications by SIDA (2004) that the attitude of governments towards the informal economy was also influenced by the fact that, in the main, those active in the informal economy were mostly the poor and

marginalised groups. Policy makers and governments mostly ignored, rarely supported, and sometimes actively discouraged the activities of the informal sector for a number of reasons (SIDA 2004). This view is supported by Medina (2007) who states that in some cases of informality such as with waste pickers who, even though they are not always the poorest of the poor, their occupation is generally ascribed the lowest status in society. Medina explains that historically, outcasts and marginal groups, such as slaves, gypsies, and migrants have performed waste collection and recycling activities in developing countries (Medina 2007:9).

According to Meagher (1995), contrary to the assumption that informal sector entrepreneurs are drawn from the ranks of the unemployed, studies from a variety of countries have shown that, in the First World and in the Third World, successful informal activity depends on access to social, physical, and financial resources more easily available to the employed. The unemployed have less access to goods and equipment for informal work, as well as less access to social networks through which information on informal opportunities is transmitted (Pahl 1985:398). Informal sector absorption of the unemployed tends therefore to be restricted to sectors which offer little more than bare subsistence (Meagher 1995:268).

In summary, as several authors on theories of the informal economy noted, a dualist approach is likely to view the informal ECD service providers in South Africa as a separate and marginal economic activity that is not directly linked to the formal economy, but only providing income or a safety net for the unemployed poor. That view of the informal ECD service providers is likely to be in line with the ILO (1972) position that it is retrenched workers that are forced to engage in informal economic activities temporarily during times of economic recession and these informal economic activities disappear when the formal economy recovers to absorb labour again (ILO 1972).

It is argued in this thesis that it is possible that the informal ECD service providers in South Africa also include workers that are forced to engage in informal economic activities temporarily during times of economic recession as ECD provision is also characterised by the massification of the EPWP initiative (mostly by creating employment opportunities in the provision of early childhood development and home-based care) and improving services to children including children in conflict with the law (Treasury 2009:76-79). What this thesis finds useful is that the dualist theory is useful in its articulation of the link between marginalisation and poverty as informal ECD service provision in South Africa is the domain of the poor. There is a link between the formal and informal ECD provision and, according to Roy (2005), informality must be recognised as part of an enduring social reality. However, as it will be argued below, informal ECD service providers ought to be incorporated into the state system with the intention to expand access and improve quality of ECD services.



The Structuralist Approach:

According to Castells and Portes (1989), this theory views the informal economy as subordinated to the formal economy and suggests that, in order to reduce costs, privileged capitalists seek to subordinate petty producers and traders. In this context, the informal sector is viewed as an integral component of total national economies, rather than a marginal appendix to them. Three aspects common to informal economies that are strongly focused on are; (1) the systematic connection with the formal economy, (2) the special characteristics of labour employed in informal activities, (3) and government's attitude towards the unregulated sector (Castells and Portes 1989:26). According to Meagher (1995), since the 1970s, two interrelated developments have challenged the dualist theory which views the informal economy as only existing in the margins of the formal economy. Meagher

argues that, first, in most Third World countries the model of state-led development has failed to generate an expanding and efficient modern sector. Second, far from disappearing in the face of economic development, informal activities are on the increase not only in the Third World but in many industrialized countries as well, and appear to suggest a potential for economic dynamism in an environment of formal sector recession and disintegration (Meagher 1995:261).

Also, according to Meagher (1995), a critique of the ILO and World Bank dualistic approaches which view the informal economy as only existing in the margins of the formal economy is that, because informal activity takes place within a wider economic context, the processes of differentiation and accumulation are not determined solely by internal relations, but also by the nature of linkages between the informal sector and the wider economy (Meagher 1995:275). The message for African countries, actively promoted by the World Bank and ILO, has been to encourage informal sector activity and to hasten the withdrawal of the state from the economy. This view of informality is increasingly being challenged by an alternative perspective which has developed since the early 1980s – an essentially structuralist approach – which has shifted the focus from informality represented as a marginalized sector to ‘informalisation’ conceived as a wider economic response to crisis (Meagher 1995:259-261).

Meagher (1995) distinguishes some features of the informal economy in different continents by saying that while industrial subcontracting is a central feature of informal activity in Latin American cities, it is a comparatively insignificant feature of informal activity in the less industrially developed African context (Aeroe 1992:19, ILO 1972, Meagher 1985:29-30). The more common trend in African informality is what Capecchi (1989) refers to as the ‘subsistence’ informal economy in which economic actors are thrown back on informal means of income-generation by the abdication of the state from its post-War role as guarantor of the reproduction of the

working class (Capecchi 1989:192). In an extension of the informalisation perspective to the African context, this dimension of informalisation merits further exploration (Meagher 1995:266).

The informal economy simultaneously encompasses flexibility and exploitation, productivity abuse, aggressive entrepreneurs and defenceless workers, libertarianism and greediness, and above all there is disenfranchisement of the institutionalised power conquered by labour, with much suffering, in a two century-old struggle (Castells and Portes 1989:11). It is against the standard dichotomy of two sectors, formal and informal, that informality is not a separate sector but rather a series of transactions that connect different economies and spaces to one another (Roy 2005:148-152). Instead, according to the structuralist approach, informality is the expression of such different sovereignties that a dualist approach overlooks the fact that informality is already a domain of intense market transactions. Informality is not, to once again use Agamben's (1998:18) terminology, the 'chaos that precedes order, but rather the situation that results from its suspension' (Roy 2005:148-152).

Castells and Portes (1989:11) allude to the statement that in the structural introduction of the informal economy there is disenfranchisement of the institutionalised power conquered by labour in a two-century-old struggle. They argue that the main cost-saving feature of informality is less the absolute level of wages than the avoidance of the 'indirect wage' formed by social benefits and other employee-related payments to the state. By lowering the cost of labour and reducing the state-imposed constraints on its free hiring and dismissal, the informal economy contributes directly to the profitability of capital. The latter may lead, in turn, to significant labour absorption, although mostly through channels that escape official record keeping and hence records with information on participants are not reflected in the employment statistics. There is no clear-cut duality between a formal and an informal sector. What can be observed is a series of complex interactions that

establish distinct relationships between the economy and the state (Castells and Portes 1989:30).

The informal forms of production and distribution are seen as part of capital's search for flexibility in the use of labour, with the aim of avoiding the costs of social security obligations and other substantial overhead costs of formal sector operation. This is accompanied by shifts in the conditions of labour reproduction, in which households turn increasingly to informal activities to supplement a livelihood threatened by falling real wages and rising unemployment - constituting a new interface between conditions of employment and conditions of reproduction of labour (Beneria 1991:162, Lanzetta de Pardo et al. 1989:109, Roberts 1991:134).

Meagher (1995:264) argues extensively that informality is often analysed as a social and historical process, rather than as a sector. In this way particular attention is directed towards the fact that informal activity involves the evasion and loosening of the institutional framework of labour regulations laid down in developed and developing societies during the post-War period. This trend, according to scholars, is analysed in the context of the current global restructuring of productive relations in response to recession, mounting indebtedness and increased competition from the newly industrialised countries (Portes and Sassen-Koob, 1987: 53-6; Castells and Portes, 1989: 27-9). Castells (1989) also advances a strong argument against marginalist interpretations by saying that the informal economy is not euphemism for poverty. It is not a set of survival activities performed by destitute people on the margins of society as studies in both advanced industrial and less developed countries have shown the economic dynamism of unregulated income-generating activities and the relatively high level of income of many informal entrepreneurs above the level of workers in the formal economy. The informal economy is a specific form of relationship of production, while poverty is an attribute linked to the process of distribution (Castells and Portes 1989:12).

A South African perspective is offered by Davies and Thurlouw (2009:8) who argue that, in contrast to typical dual-economy models, the informal economy is quite diverse and has complex interactions with the formal sector. The authors argue also that, to begin with, scholars (Devey, Skinner, and Valodia 2003) disagree about the role of informal activities in stimulating broader economic development. Davies and Thurlouw (2009) argue that some view the informal sector as a dynamic sector with the ability to create jobs and actively contribute to economy-wide growth. They regard informal activities as small enterprises that may eventually generate tax revenues through a gradual process of formalization. In contrast, others view informal activities as low-productivity employment or as survivalist strategies for poor households (Davies and Thurlouw 2009:8).

Scholars like Harvey (2007) believe that neoliberalism has a strong influence in the development of the informal economy and defines neoliberalism as a theory of political economic practices proposing that human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional framework characterized by private property rights, individual liberty, unencumbered markets, and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices (Harvey 2007:22-24). As state based economic governance has waned in the neoliberal era, informality is increasingly evident in the global increase in the practice of outsourcing, casualisation and industrial outworking (Chen 2007). Neoliberalism has become hegemonic as a mode of discourse and has pervasive effects on ways of thought and political-economic practices to the point where it has become incorporated. The creation of this neoliberal system has entailed much destruction, not only of prior institutional frameworks and powers (such as the supposed prior state sovereignty over political-economic affairs) but also of divisions of labour, social relations, welfare provisions,

technological mixes, ways of life, attachments to the land, habits of the heart, ways of thought, and the like (Harvey 2007:22-24).

In summary, it is argued that this approach is likely to view the informal ECD service providers in South Africa through an alternative perspective which has developed since the early 1980s – an essentially structuralist approach – which has shifted the focus from informality represented as a marginalized sector to ‘informalisation’ conceived as a wider economic response to crisis (Meagher 1995:259-261). In this context, the informal ECD service providers in South Africa can be viewed as an integral component of total national economies, rather than a marginal appendix to them (Castells and Portes 1989:26). Instead, according to the structuralist approach, informality is the expression of such different sovereignties and a domain of intense market transactions, and therefore not the chaos that precedes order, but rather the situation that results from suspension of order (Roy 2005:148-152) in that communities are responding to a need for childcare services that is not adequately addressed by the state. The different sovereignties can also be understood in the link between a national ECD policy introduced by government to formalise informal ECDs and the proliferation of informal ECD services providers in the hope of graduating to become formal and benefit from the subsidy. One way that this thesis approaches the role of the informal ECD service providers in South Africa is by asking; if there is a life cycle of ECD facilities, is it conceivable that a prototypical ECD facility will start off as informal and not being registered and then progress to formalise and register and receive a government grant? Indeed it is conceivable that with experience and maturity, increasing professionalization, bureaucratization and formalization may come a time that will bring unregistered ECD facilities closer to the position where the formal and well-resourced ECD facilities are in now.

What this thesis finds useful is that there is a linkage between the informal and formal sector in the ECD service provision in the sense that ECD service provision is part of the larger supply chain of the education system. However, this thesis disagrees with some of the key claims of this theory in respect of marginality in that in the case of informality in the ECD provision in South Africa, there is hope that the informal can become formal. This is reflected in the practice of an incubator model where ECD facilities start as informal and gradually get established to become formal. Since the introduction of the 2001 ECD policy most of the informal ECD facilities have emerged with the aim of becoming formal and benefit from the incentive of becoming formalised. As such, informal ECD facilities do not exist as a result of exclusion and marginalisation, as the structuralist theory states this as a norm, even though informal ECD provision in South Africa is synonymous with poor communities.



The Legalist Approach:

A leading scholar articulating this theory is de Soto, a renowned Peruvian development economist who works directly with governments in order to tackle the problems of the informal economy. This theory views the informal economy as informal work arrangements that are a rational response by micro-entrepreneurs to over-regulation by government bureaucracies (de Soto 1989). De Soto's vision is to develop proper legal frameworks, which recognises the assets of the informal economy and create a system of protecting and giving value to the property of the poor so that they can access capital from financial institutions. As such de Soto's approach involves a complete re-examination of the existing regulatory framework and a further understanding of the notion of 'dead capital' (SIDA 2004:24).

According to SIDA (2004) actors such as the World Bank have also defined some main reform areas that could be addressed to generally facilitate the transition from informality to formality and which are viewed as 'win-win changes for governments and businesses alike' and these are: (1) reducing the number of business licenses, permits, approvals, (2) streamlining administrative processes, (3) adopting uniform taxes, (4) enhancing access to capital (SIDA 2004:24). However, according to SIDA (2004), informality is not an all-or-nothing state as there are degrees of informality and formality as small-scale entrepreneurs make an economic calculation along the lines of a cost-benefit analysis, which determines a minimum threshold of participation in formal or informal arrangements for which the cost remain lower than the benefits. Some firms will therefore choose to participate in only a subset of institutions at any point in time as benefits and costs of participating in a formal context vary for firms of different size and expected lifetime. It would for instance seem that young, inefficient and small firms are disproportionately informal (SIDA 2004:24).



Also according to de Soto (1989), the informal sector has already developed the entrepreneurial skills and organisational structures necessary for economic take-off and this is demonstrated by the ability of informal enterprises to flourish even in the hostile environment of state restrictions. The promotion of the informal sector is seen to lie in the standard free market prescriptions of economic deregulation, and the provision of necessary infrastructure (de Soto 1989:243-4, World Bank 1989:135). Gilbert (2000) observes that according to de Soto (1989) very little needs to be done to make capitalism work well in Africa, Asia and Latin America because the poor save money and have developed a variety of business skills. With a legal title to permit them to use their capital assets as collateral, the world is their oyster (de Soto, 1989:243-4, Gilbert 2000). Accordingly contemporary policy injunctions argue for access to formal services, entitlements, and protections as formality promises access

to systems of legal redress, secure tenure and protection from hazards, including access to infrastructure, opportunities and markets (de Soto 2000).

The informal sector, as opposed to the formal sector, operates outside government laws and regulations. In contrast to Peru's 'formal' legal system, which defines and protects recognized property rights, governs 'legitimate' commercial conduct, and adjudicates certain disputes[,] informal sector activities are conducted outside the legal framework without regard to government regulations. Where others saw clandestine housing and business operations, de Soto saw the poor developing informal alternatives to a formal system that locked them out (Marquez 1990:205). Roy (2005) also comments that de Soto (1989) presents an image of informality as 'heroic entrepreneurship' and that the 'informal economy is the people's spontaneous and creative response to the state's incapacity to satisfy the basic needs of the impoverished masses' and points to some striking similarities between de Soto as well as Hall and Pfeiffer (2000) as both view informality as fundamentally separate from formality (Roy 2005:148). Roy notes these similarities and states that Hall and Pfeiffer (2000:15) argue that the urban poor of the year 2000 have 'built their own city without any reference whatsoever to the whole bureaucratic apparatus of planning and control in the formal city next door'. However, de Soto sees the informal sector as closed off from the formal sector through a 'legal apartheid', with the poor unable to trade their assets in the formal system of capitalist transactions. Implicit in this notion is the promise that the informal sector will eventually be integrated into a modern and manageable economy (Roy 2005:148).

However, according to Meagher (1995), far from representing the entrepreneurial triumph of informal economic actors over state regulation, the rise of informality in the 1980s is seen as an attempt by formal sector capital, acting with the complicity of the state, to reduce wage costs and enhance flexibility by making use of unprotected

workers in the informal sector. Accordingly, Meagher argues further, informality must be analysed, not as a product of bad state policy, but in terms of shifts in the possibilities for accumulation in the context of the current global economic crisis (Meagher 1995:260). The legalist approach suggests, according to SIDA (2004), a middle ground phase characterised by transition from informality to formality such that enterprises in the informal economy have an entrepreneurial potential that could flourish if some major obstacles to growth were to be removed. Furthermore, even if only a fraction of informal enterprises would have the possibility to upgrade, it would probably contribute substantially to increased economic growth (SIDA 2004:20-29).

However, what SIDA highlights is that the formalisation of enterprises in many developing countries is cumbersome mainly due to heavy regulations, which generally bring longer delays and higher costs of public services, higher corruption and fewer investments as developing countries not only have more regulations but also have more difficulties in enforcing these than developed countries (SIDA 2004:20-29). SIDA highlights further that in developing countries, the checks and balances in government are also the weakest and the possibility of using regulation to harass entrepreneurs and extract bribes is high. There are numerous examples to describe the difficulties encountered by entrepreneurs. As an example, in many developing countries, it could take up to a decade to go through the procedure of declaring bankruptcy. However, SIDA notes, many reforms that are undertaken in developed countries could also be implemented in developing countries (SIDA 2004:20-29).

In summary, it is argued in this thesis that a legalist approach is likely to view the informal ECD service providers in South Africa as 'heroic entrepreneurship' and as 'the people's spontaneous and creative response to the state's incapacity to satisfy the basic needs of the people' (de Soto 1989). According to SIDA (2004) actors such as

the World Bank have also defined some main reform areas that could be addressed to generally facilitate the transition from informality to formality and which are viewed as ‘win-win changes for governments and businesses alike’ (SIDA 2004:24). A legalist approach is likely to view the informal ECD service providers in South Africa in favour of a model that should be a multiple-step, and encompass a developmental transition path rather than an informal/formal binary. This is a favoured approach in this thesis as it takes into account the developmental needs of the children who rely on informal ECD providers for access to ECD services. This approach is also in line with the vision set out in the NPD to strengthen measures to create an inclusive society (NDP 2012:300).

According to Roy (2005), central to understanding the informal economy is a need to accept that to deal with informality means confronting how the apparatus of planning produces the unplanned and unplannable. The three pressing issues—moving from land use to distributive justice, rethinking the object of development, and replacing best practice models with realist critique — are not just policy epistemologies for dealing with informality, rather, they indicate that informality is an important epistemology for planning (Roy 2005:155-159). This is a critical insight given the observation that while national public expenditure on ECD provision in South Africa has been prioritised over the years since the introduction of the ECD policy, several of the provinces have not reached the amount of R15 per child per day by 2013/14, thus failing to address the policy objectives to expand access and improve quality of ECD provision. As such, informality will continue to be part of ECD provision in the future.

Another scholar Timothy Mitchell (2003) argues that engagement with informality is in many ways quite difficult for planners as informal spaces seem to be the exception to planning, lying outside its realm of control and in this sense, informality resembles what Mitchell calls the object of development or a seemingly natural

phenomenon that is external to those studying it and managing it (Mitchell 2003:210, Roy 2005:155-156). Indeed this thesis notes the complexity of planning and implementation of the policy in South Africa as ECD provision is a multi-sectoral, interdepartmental, and intergovernmental competency whose success depends on co-operation between national, provincial and local governments; and coordination of various government departments.

Roy (2005) argues further that informality at first glance seems to be a land use problem, and is thus often managed through attempts to restore 'order' to the urban landscape or to bring it into the fold of formal markets. However, according to Roy (2005), it can be argued that the more fundamental issue at stake in informality is that of wealth distribution and unequal property ownership, of what sorts of markets are at work in our cities and how they shape or limit affordability. In this sense, the study of informality provides an important lesson for planners in the tricky dilemmas of social justice (Roy 2005:155-156). To deal with informality therefore partly means confronting how the apparatus of planning produces the unplanned and unplannable and goes on to argue that international planning today is constituted through models and best practices. These blueprint Utopias are seen to be the key to the universal replicability of 'good' planning. This view has drawn criticism as an important policy epistemology by Roy (2005) noting that there is also quite a bit to be learned from what goes wrong in urban planning (Roy 2005:155 - 156).

According to Castells and Portes (1989) the informal economy evolves along the borders of social struggles, incorporating those too weak to defend themselves, rejecting those who become too conflictive, and propelling those with stamina and resources into surrogate entrepreneurship. Although those in informal activities are frequently harassed, the informal sector as a whole tends to develop under the auspices of government tolerance (Castells and Portes 1989:20-29). Some observers

still view the urban poor as essentially disruptive and imbued with the sentiments of anomie, others still considered the poor as a politically passive group struggling simply to make ends meet (Chatterjee 2004:51-60). In Janice Perlman's (1976) powerful critique of *The Myth of Marginality*, together with Manuel Castells' (1983) critical contributions, this view was undermined in the academia as these scholars demonstrated the myth of marginality as an instrument of social control of the poor, and the marginalised poor as a product of capital social structure (Chatterjee 2004:51-60).

Another view that existed alongside framing the poor as politically passive group struggling simply to make ends meet is the 'survival strategy model' which went one step further to imply that the poor do not just sit around waiting for their fate to determine their lives but are active in their own way to ensure their survival (Bayat 2000:534-550). Thus, to counter unemployment or price increases, the poor often resort to reorientation of their consumption pattern; to respond to famine and war, they choose to leave their home places even if authorities discouraged emigration. In this thinking, according to Scott (1986), the poor are seen to survive and live their lives even though their survival strategies are at a cost to themselves or their fellow humans (Scott 1986:7-15).

Scholars like Perlman (1976) and Castells (1983) have challenged the myth of marginality of the poor and advanced a view that the poor are integrated into society, although marginalised – economically exploited, politically repressed, socially stigmatised and culturally excluded from a closed social system. They note that not only do the poor participate in party politics, elections and mainstream economic activities, but more importantly, the poor have established their own territorial social movements such as soup kitchens, community associations, and consumer organisations. In so doing the poor are understood as manifesting action for 'social transformation' (Castells 1983), 'emancipation' (Schuurman and Van

Naerseen 1989), or (according to John Friedman 1989) an alternative to tyranny of modernity (Bayat 2000:534-550). According to Chatterjee (2004) this has several consequences that manifests marginalisation as political mobilisation by these groups lacks the legitimacy enjoyed by other civic associations, and cannot be staked on the terrain of civil society (Chatterjee 2004:51-60).

Castells and Portes (1989) also argue that governments tolerate or even stimulate informal economic activities as a way to resolve potential social conflicts or to promote political patronage and such is the experience of most squatter settlements in Third World cities, which provide cheap, easy 'solution' to the housing crisis while predisposing squatters to political allegiance. However, they add, it is also the tacit policy of European governments that count on the informal sector to reduce the open rate of unemployment and to provide new incentives to battered national economies (Castells and Portes 1989:20-29). They argue further that informalisation is not a social process always developing outside the purview of the state; it is instead the expression of a new form of control characterised by the disenfranchisement of a large sector of the working class, often with the acquiescence of the state. For the latter, the loss of formal control over these activities is compensated by the short-term potential for legitimation and renewed economic growth that they offer (Castells and Portes 1989:27). Also, the political elite are concerned with the swift increase of informality as they frequently use it for their own gain or viewing it as a source of votes. Alternatively they often recognize this immense informality as a political danger and in many locales resort to forceful measures to keep it under control (Lindell 2010:207-208).

However Roy (2005) emphasises the point by referring to the much-discussed book *Empire*, in which Hardt and Negri (2000) argue that this moment of globalization is governed by a mix of sovereignties: monarchic sovereignty exercised by the World Trade Organization, International Monetary Fund, and World Bank; aristocratic

sovereignty wielded by multinational corporations; and democratic sovereignty deployed by NGOs. Such a framework is quite useful for thinking about informality and more generally about urban policy as informality is often seen as a local issue to be resolved at the local level. However, if localities cannot be understood as bounded units, and if sovereignty is exercised not only by the state but by this hybrid apparatus, attention must be paid to transnational actors, particularly NGOs (Roy 2005:154-156). In this thesis, attention is focused on the role of community-based ECD providers and the examination of government policy to expand access and improve quality of ECD services.

The informal sector is seen as a sphere of activity operating, by definition, 'outside the state'. As such, Meagher points out that informalisation literature addresses precisely these questions, with a particular focus on the role of social networks in deploying and controlling labour within the informal economy (Meagher 1995:272-277). A central point in the literature is that social networks secure control over informal labour, not by submitting it to market forces, but precisely by insulating participants from the full impact of the market. The significance of such ties is that they provide the basis for an overarching solidarity that facilitates, in turn, cooperation among small firms and non-conflictual relations with workers. Well-defined communities with a common history create a set of rules of conduct and obligations which can alter, in significant ways, what would otherwise be pure market relationships (Portes et al 1989b:305)

At the same time, there is recognition of the underlying conflict inherent in this arrangement. The element of solidarity involved in protecting labour from the market and facilitating advancement exists within a context of severe exploitation. It is central to the logic of informal social networks that the cooperation ensured by the promise of future advancement is to the advantage of the employer, who is able to ensure his own accumulation on that basis (Meagher 1995:272-277). However, in this

thesis, the element of exploitation and wealth accumulation is not supported as there is strong evidence to underline the fact that ECD services are provided primarily to meet the developmental needs of children and not as a profit-making business. As such it appears that ECD facilities are not at liberty to charge large sums of money in fees in order to cash in in profits. Informalisation scholars also contend that the informal sector is above all a political creation; the conditions necessary for its co-ordination and operation on a major scale, even in a situation of economic crisis, can only exist in an environment of state complicity (Fernandez-Kelly and Garcia 1989:247-8, Weiss 1987:216). The ambivalent attitude of the state and its 'failure to promote' the informal sector are identified by the ILO as a central impediment to informal sector development (ILO, 1985:11).

In summary it is noted in this thesis that the theory informality is likely to view the informal ECD service providers in South Africa as owing their existence to the fact that governments tolerate or even stimulate informal economic activities as a way to resolve potential social conflicts or to promote political patronage (Castells and Portes 1989). State ambivalence toward the informal sector, however, is rooted in something more complex than ignorance or lack of policy co-ordination as ambiguous or inconsistent policy, and policy that is difficult to enforce, represent an implicit encouragement of informalisation (Fernandez-Kelly and Garcia, 1989:248; Standing 1991:118). ECD is a fee-paying sector and therefore it does not appear that the existence of subsidies relieves parents of the financial burden for ECD services. Instead, high levels of poverty and chronic unemployment appear to impede success of the government policy to formalise ECD services as formalisation regularises the irregularity of fee payments and transactions. Without formal jobs, an expectation for such regular payments by parents for ECD services is unrealistic and unsustainable.

Finally given the fact that informal ECD service providers in South Africa are driven by efforts of communities to make provisions for a need that is inadequately addressed by the state, the theory on informality is likely to emphasise that while in the first instance the primary responsibility for the care and upbringing of young children belongs to parents and families through the provision of a nurturing and caring environment, the South African government should step up ECD provision in recognition that it bears a duty to ensure that parents and other caregivers have access to, and receive, the support necessary to enable them to fulfill their responsibilities. What this thesis find useful is that according to Roy it is possible to strategically use the state of exception to frame policy in a way that allows for an incremental approach to policy implementation (Roy 2005:153). This theory promotes the idea of innovation, although not so much the case of modelling the informal on the formal. Instead, what appears to be a solution for South Africa is change in the model of the incentive so that the formalisation of the informal can be implemented gradually. While de Soto (1989) calls for a by-pass of rigid rules and bureaucratic hurdles in order to provide a better quality service, this approach does not apply in the case of ECD service provision in South Africa as the result of not complying with ECD registration requirements is more likely produce inferior service instead of an improvement.

Conclusion

The informality discourse is large, vibrant and expanding fast but, as Kanbur (2009) notes, there is a certain conceptual incoherence to the literature. New definitions of informality compete with old definitions leading to a plethora of alternative conceptualisations, and while some individual studies may apply a tight definition consistently, the literature as a whole is in a mess (Kanbur 2009:2-9). There appears to be a general trend of the informal economy as a permanent feature of the global

economy for the future as the informal economy also emphasises the existence of a continuum from the informal to the formal ends of the economy and thus the interdependence between the two sides (SIDA 2005:8).

In the current debate, some scholars also highlight the informal economy's role in, for instance, stimulating the growth of the market economy, promoting a flexible labour market and absorbing retrenched labour from the formal sector (Chazan, 1988, De Soto 1989, Diamond, 1988, World Bank 1989). Others on the other hand claim that informal labour has become a convenient means of pursuing the global agenda of privatisation and liberalization (SIDA 2005:11). In trying to understand informality, we learn from the literature that although those involved in informal economic activities are frequently harassed, the informal sector as a whole tends to develop under the auspices of government tolerance. Governments tolerate or even stimulate informal economic activities as a way to resolve potential social conflicts or to promote political patronage (Castells and Portes 1989:27).



CHAPTER THREE: POLICY FRAMEWORK FOR ECD

Following a systematic approach of developing the theoretical and conceptual framework for the informal economy in Chapter Two, the current chapter examines the international and South African context of ECD policy framework by focusing on measures to expand access, improve quality, and making the cost of ECD provision affordable in the understanding that ECD provision is a public good whose benefits spill over into the society at large. The Chapter continues to discuss key areas of the policy framework that ECD is very important for child development and the society in general and that ECD has emerged over the years as a key policy area around the world, including in South Africa. The discussion in this Chapter also focuses on key areas of the policy framework in South Africa that informal ECD providers have an important role to play in ECD provision, but this must be within a larger policy framework that sees informal ECD providers as integral into the system in a way that looks to expand access to and improve quality of the ECD service by incorporating more service providers into the system. The subsequent Chapter concludes with a critique of policy approach to formalise ECD services, with an attempt to present a balanced view of the subject matter of this study.

International and National Policy Framework on ECD

According to the *Concise Oxford English Dictionary* (1990), a policy is 'a course or principle of action adopted or proposed by a government, business, party, or an individual'. At a national level, a policy represents a philosophy or guiding principles, goals, and objectives of the government with respect to key issues of the country and its citizens, to which it will commit resources in a strategic course of action to be taken at different levels in different areas of development. Political will and an underlying vision are important starting points for policy development. A policy must receive high-level endorsement or approval from the cabinet or parliament and, in some cases, legal and constitutional backing, to be able to provide national direction (Marfo et al 2008:31-35).

The varying levels of attention given by many countries around the world to Early Childhood Development (ECD) remain a puzzle – and an opportunity. ECD is the period from when a child is conceived to when that child is six years of age (0–6). Three types of outcomes in early childhood are critical for future development in life: (1) physical growth and well-being, (2) cognitive development, and (3) socio-emotional development. ECD policies and programmes can directly affect these outcomes and therefore benefit both individuals and societies (Alderman 2011:1). According to Aidoo (cited in Marfo et al 2008), before 1990 young children, especially from birth to five years, were nearly invisible in most African policy documents, except in sectoral health and nutrition policies and strategies (Marfo et al 2008:31-35). Aidoo further explains that the international impetus given to children and ECD in 1990 in the World Declaration on Education for All (UNESCO 1990) stimulated official action in Sub-Saharan Africa, from the signing of the Convention on the Rights of the Child (CRC; United Nations 1989) and active participation in the Education for All (EFA) conferences and the World Summit for Children, as African countries began to integrate children's issues more clearly in sectoral policies (Marfo

et al 2008:31-35). These policy frameworks point to the international recognition of the value of ECD and its centrality to human development and the society as a whole.

In the African continent, leaders emphasized the links in 2001 when they stated in *Africa Fit for Children* (Organization of African Unity 2001, paras. 6–7):

The socioeconomic transformation of the continent rests with investing in the young people . . . responding to the needs of Africa’s children is imperative. Children should be the core of priorities for policy makers.

Also, increased attention by leading scholars (Bärnighausen et al 2008, Horton et al 2008) has focused on the disproportionate influence of early life conditions in the production of adult human capital, and various investments in early life have been shown to be highly cost-effective. These investments also have far-reaching potential for reducing the intergenerational transmission of poverty. Not only do children who develop cognitive and non-cognitive skills grow up to be more productive, but increasing evidence (Helmerts and Patnam 2010, Lam and Duryea 1999, Psacharopoulos 1989, Rosenzweig and Wolpin 1994) shows that improved parental education and skill are subsequently related to improved child survival, health, nutrition, cognition, and education.

In the same context, the UNICEF report on *The State of the World’s Children* (2001:45) notes:

Although the particulars of their lives might differ, millions of mothers and fathers around the world, in both industrialised and developing countries, share the same story: finding and making time, investing energies, stretching resources to provide for their sons and daughters. Their days are consumed in helping their children grow strong and healthy, protecting, teaching, guiding, encouraging their talents and channelling their curiosity, delighting in their enthusiasm and their accomplishments. They search for advice and counsel

from informal support networks and community agencies as they struggle, often against great odds, to do right by their children.

In recent years, Bhutta et al (2008:417) has highlighted the 1000-day window period of opportunity from pregnancy to 24 months as a critical period in the development of a child and strong evidence that investments in the nutritional, cognitive, and socio-emotional development of young children have high payoffs. Also, Nobel laureate James Heckman (2006:411) and his colleagues champion ECD as the most cost-effective form of human capital investment compared with primary education or any subsequent schooling. According to Engle et al (1997), the most significant factor in a child's healthy development is to have at least one strong relationship (attachment) with a caring adult who values the well-being of the child. Lack of a consistent caregiver can create additional risks for children (Engle, Lhotská, and Armstrong 1997). One of the solutions to supporting the child's optimal development is to provide appropriate care. Care comprises much more than keeping the child safe and free from harm. Care is an interactive process. The parent or caregiver interaction with the child defines the quality of care received and the ways in which the child develops (Engle et al 1997, WHO 1999).

Jaramillo and Mingat (cited in Marfo et al 2008:51-55) note the importance of the link between children's health, education, and well-being and poverty reduction is gaining recognition by policy makers working in international development. They highlight that an example of this recognition is the fact that five of the eight Millennium Development Goals (MDGs) adopted by the United Nations in 2000 relate to the health, nutrition, and education of young children. These goals include halving the percentage of children who suffer hunger, reducing by two-thirds the rate at which children under age five are dying, decreasing by three-quarters the ratio of maternal deaths to live births, providing all children the opportunity to complete primary education, and eliminating gender disparities in schooling

opportunities (Marfo et al 2008:51-55). There is a wide spectrum of providers of ECD services across the world, from government to small community organisations. Britto (2011:5) notes that one of the largest government sponsored early childhood programmes is found in India, even though in a majority of the world's countries ECD programmes are also and often predominantly supported by civil society organizations, including development agencies, international and national NGOs and social foundations.

Globally, the private sector is another emerging leader in the provision of ECD services, particularly in supporting pre-primary, classroom-based services. This growth of privately-run ECD facilities has been initiated and supported in large part by parents who, in the face of inadequate state-provided ECD facilities, are electing to use private health facilities and send their children to education programmes implemented privately on a fee-for-service basis (Woodhead et al 2009). Private ECD provision by individuals and organisations in the informal sector of the economy has also become a significant role-player in childcare as more and more unregulated informal facilities and teachers offer childcare services at a fee. The informal sector in childcare is – in law or in practice – not covered or insufficiently covered by formal arrangements (SIDA 2004:8). Also the informal sector in childcare resembles Hart's (1973) description of informality in that it is largely characterised by (a) low entry requirements in terms of capital and professional qualifications, (b) a small scale of operations, (c) skills often acquired outside of formal education, (d) labour-intensive methods of production and adapted technology.

While one or more of these actors – government, community organisations, private enterprises – tend to take the lead in ECD programmes in a given country, ECD programmes tend to be managed under a specific sector, for example, health and nutrition, education, child protection or social protection, depending on the focus of the programme. The two dominant sectors for ECD programmes are typically in the

health and education. For example, in some countries, programmes for the youngest children (prenatal to 3 years of age) are primarily led by the health sector (Sri Lanka, Chile, and Brazil). These programmes often include immunization and/or nutrition programmes implemented by the health ministry, a home-based programme implemented by an NGO, and fee-based health clinics operated by the private sector (Britto 2011:5-9). Also, while health tends to be the lead sector during infancy and toddlerhood, the baton often transfers in the preschool years to the education sector. However, this transition is often not well coordinated (Britto 2011:5-9). Notably, target populations differ across ECD programmes, and can include groups of parents, children or providers. Parenting programmes typically target caregivers and parents of young children (*Better Parenting Program*, Al-Hassan & Lansford, 2010). Some programmes provide services to parents separately from children, while others provide services to parents and children together, and still others to entire households or communities of families. Centre-based or other programmes for children typically, but not always, target groups of children ranging from very small groups to larger classrooms of up to 60 children (Britto 2011:5-9; *Madrassa Early Childhood Program*, AKF, 2008).

In the South African context we learn from Biersteker et al (2008) that before 1994 ECD services in South Africa were offered in an adversarial context where in underprivileged black communities ECD services were largely provided by community organisations in defiance of apartheid policies that neglected these communities. This comes from a legacy in which early childhood services were relatively informal, developed and staffed by parents and community members, and supported by the donor community with little funding from the government (Biersteker, Ngaruiya, Sebatane, & Gudyanga 2008:243). Back then, the legislative and policy framework for ECD provision in South Africa were incomplete and fragmented, characterised by limited access to ECD services, inequities in provision and variability in quality (OECD 2008:218).

This legacy passed on to a post-apartheid South Africa as the democratic government has introduced an ECD provision policy framework to expand access and improve quality. According to Statistics SA (2012), the demography of South Africa's young children informs us that in 2012 there were 5.3 million children under the age of 5 years living in South Africa. Also, according to Statistics SA (2004 & 2012), whilst levels of child poverty have fallen substantially since 2004 by 15 percentage points, the majority (58%) of young children continue to live in poverty in households with a monthly per-capita income of R604 per month (in 2011) (Statistics SA 2004, Stats SA 2012). The burden of poverty is unequally distributed across provinces, settlement type and different population groups (Statistics SA 2013). These demographic poverty patterns are replicated in the case of access to key ECD services as many more poor African children living in tribal rural areas in historically under-serviced provinces falling within the former apartheid homelands and those in informal urban areas are at risk of not accessing quality health, nutritional and early learning services. The intersection of high levels of poverty and low levels of access to quality ECD services perpetuates the patterns of inequity in South Africa. Given the concerning statistics, 2001 was a watershed year for early childhood education in South Africa as the South African Government (Department of Education funded by the European Commission) undertook a national audit of ECD provision. The 2001 nationwide audit of ECD provisioning offered a baseline against which to monitor progress. The survey identified 23,482 sites, only 61% of which were registered. Of these sites 17% were school based, 49% community based and 34% home based. Most (64%) had been providing ECD services for more than five years, although there had been substantial growth in both the school and home based sites in the previous two years (OECD 2008:3).

In October that year, the South African Government published its White Paper 5 on Early Childhood Education: *Meeting the Challenge of Early Childhood Development in*

South Africa (Department of Education 2001). In calling for public comments on White Paper 5, the South African Government announced that the 2001 nationwide audit of ECD provisioning – presented in a report entitled *The Nationwide Audit of ECD Provisioning in South Africa* (Department of Education 2001) – offered a baseline against which to monitor progress on promotion and protection of the rights of children (OECD 2008:3). The Department of Education confirmed that appropriate and coordinated ECD programmes that are directed at making an early intervention have 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. 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 (Department of Education 2001).

Accordingly, children growing up in poor households today and deprived of opportunities provided by appropriate ECD programmes are at high risk of becoming poverty-stricken adults as well and have children that are equally limited by opportunities and resources (Noble, Wright & Cluver 2007:4). Therefore attempts by governments to provide universal access and quality ECD programmes 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 is increased; and (c) fertility and reproduction are controlled (Department of Education, 2001; Young, 1996). These objectives have guided the South African government efforts to develop policy on ECD provision.

While the South African government recognises that ECD as a fundamental and universal human right to which all young children are equally entitled without discrimination (CRC, United Nations 1989; S92(1) of the Children’s Act No 38 of 2005), there are still challenges in realizing universal access to quality services especially in poor communities. The South African government recognises that (in

line with the UN General Assembly Resolution S – 27/2) every child has the right to develop his or her potential to the maximum extent possible, to become physically healthy, mentally alert, socially competent, emotionally sound and ready to learn – and that the realisation of this right depends on fulfilment of a composite body of all other rights protected in law. According to UNICEF (2006), this recognition also emphasizes early childhood development as the period in which foundation is laid for not only the survival, but also the development of children to their full potential across all domains and competencies. This is important as the early years are a critically sensitive period of rapid growth and change, the rate and shape of which is determined by intrinsic factors such as the child’s individual nature as well as external factors such as their living conditions, gender, family organisation, care arrangement, living conditions, education systems and cultural beliefs (UNICEF 2006). Their optimal development depends on whether they have a supportive and nurturing environment that secures their access to a full complement of services securing all of their other rights legally enforceable rights, including health, education, care and protection, basic services, information, participation, and numerous others (UNICEF 2006).

An important departure point in the South African context has consistently defined government’s approach to ECD policy and it is expressed in White Paper 5 on Education (Department of Education 2001:paragraph 3.1.4) as follows:

The primary responsibility for the care and upbringing of young children belongs to parents and families. However, because of the inequality in income distribution, and because ECD is a public good whose benefits spill over from individual parents to society as a whole, the Department sees it as the state’s responsibility to subsidise and assure the quality of ECD services.

In the first instance, the primary responsibility for the care and upbringing of young children belongs to parents and families through the provision of a nurturing and

caring environment. However, the South African government recognises that it bears a duty to ensure that parents and other caregivers have access to, and receive, the support necessary to enable them to fulfill their responsibilities. As such, ECD depends on effective measures to secure not only children's rights but also those of their parents, since the latter determine the capacity of parents to ensure their children's holistic development (UN General Assembly 2010).

The recognition of ECD as a human right and the associated Government commitments to fulfilling this right arise from South Africa's ratification and enactment of a number of international, regional and national children's rights instruments, charters, protocols, policies and laws. These include the *United Nation's (UN) Convention on the Rights of the Child (CRC)* (ratified by South Africa in 1995) and its *accompanying General Comment No. 7* (CRC, United Nations 1989) which provides that young children are universally entitled, without discrimination, to all the rights set out in the CRC. Furthermore, the rights are interdependent, given that the right to survival and development to full potential depends on the fulfilment of all of their other rights (CRC, United Nations 1989).

That was followed by the *Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)* (ratified by South Africa in 2005) which requires measures to support women to be able to fulfil parenting responsibilities (CEDAW, United Nations 1979). The increasing recognition of the importance of an international approach was also affirmed in the *UN's Millennium Development Goals* (adopted by South Africa in 2000). It commits the government to achieving key poverty eradication goals which are central to the realisation of children's rights in the early years, including nutritional, educational and child and maternal health goals by end-2015 (MDGs, United Nations 2000).

This international milestone was cascaded to continental level resulting in the *African Charter on the Rights and Welfare of the Child (ACRWC)* (ratified by South Africa in 2000). The Charter protects a range of rights of all children (including young children) and expressly makes links between the right to health and early childhood development by also calling for steps to reduce infant and child mortality rates and for the provision of appropriate health care for expectant and nursing mothers (ACRWC, OAU 1999).

Various sectors began to set specific goals and implementation strategies including the *UNESCO's Dakar Framework of Action for Attaining Education for All (EFA)* (EFA, UNESCO 2000) whose goal number one is to expand and improve comprehensive early childhood care and education, especially for the most marginalised children. That was followed by the *UN's World Fit for Children* (United Nations 2002) which calls for national early childhood development policies and programmes that secure health care and early childhood care and education, including the provision of maternal and infant health care, water and sanitation, maternal and child nutrition, early learning and stimulation to ensure their optimal development. The *UN's Convention on the Rights of People with Disabilities (CRPD)* (ratified by South Africa in 2006) which requires measures to promote and protect equal enjoyment of the rights of children (including young children) with disabilities and to ensure inclusion at all levels (CRPD, United Nations 2006). As the levels of commitment increase the *UNESCO's Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations (2010)* was also adopted, which calls for measures to scale up access to early child development services in order to accelerate the attainment of EFA goal number one (EFA, UNESCO 2010). All these milestones point to the centrality placed by decision-makers at different levels on the importance of human development.

Turning the focus to South Africa, there is evidence to show that policy development framework is following international trends. The recognition of ECD as a right and

associated Government commitments are also founded on a host of policies and laws developed in furtherance of its international and regional commitments in order to secure young children's comprehensive rights through multi-sectoral services cutting across all development domains. These policies and laws include the *Constitution of the Republic of South Africa, Act 108 of 1996* which guarantees the rights of all children under the age of 18 years to equal enjoyment of rights, inter alia, to life, dignity, access to information, citizenship and a name and nationality, a healthy environment, basic education, family and parental care, nutrition, shelter, basic health care services and social services, and language and culture.

They also include the *White Paper on Education and Training of 1995* (Department of Education 1995) which recognises the importance of child well-being in the early years and the consequent need for providing adequate nutrition, good health, early childhood stimulation and a secure environment. It also formalises, standardises and subsidises the reception programme for children aged five. This was followed by the *Interim Department of Education Policy for Early Childhood Development of 1996* (Department of Education 1996). It makes provision for a national ECD pilot project for rolling out a universal reception year. It recognises that ECD is a multifaceted concept and also sets out policy priorities for the national ECD strategy, including the correction of past imbalances, the need to provide equal opportunities, universal access and affordability, and documents the ECD model of provisioning.

Also relevant was the adoption of the *National Programme of Action for Children in South Africa of 1996* which prioritises nutrition, child health water and sanitation, early childhood education and basic education, social welfare development, leisure and cultural activities, and child protection measures for all children. The goal of the plan is the expansion of ECD activities, including low-cost family and community-based interventions. In a move to incorporate the health sector the *White Paper for the Transformation of the Health system in South Africa of 1997* (Department of Health 1997)

which commits to the provision of nutritional support, maternal, child and women's health as essential elements of a transformed inclusive health system for all South Africans was adopted. This was complemented by the *White Paper 5 on Early Childhood Development of 2001* which recognises the link between early childhood services, child well-being, school achievement, and cognitive and other development domains, and commits to addressing inequitable provisioning of ECD programmes and remediation of the fragmentary ECD legislative and policy framework. It pointed out that children raised in poor families are most at risk of infant death, low birth-weight and stunted growth, poor adjustment to school, increased repetition and school dropout. (Department of Education, 2001:5). The challenge was seen as increasing access to Early Childhood Development (ECD) programmes, particularly for poor children, and to improve the quality of these programmes. (Department of Education, 2001:6)



This policy commitment led government to expand ECD through funding both Grade R, mainly in public schools for children aged 5 or 6, and through subsidizing provision of community-based care facilities for children aged 0 to 4 year (Department of Education & Department of Social Development 2011:2) The former is funded by the Department of Education, the latter by the Department of Social Development. The intention at the time was to provide universal participation in formal Grade R programmes by 2010, with three-quarters of participants being subsidized by the state (Department of Education, 2001: par.1.4.3), as ECD is seen as a public good whose benefits spill over from individual parents to society as a whole (Department of Education, 2001: par. 3.1.4).

As government began to emphasise the importance of an integrated approach to child development, the *White Paper 6: Inclusive Education of 2001* was introduced which seeks to establish procedures for early identification and interventions for children with disabilities as well as for addressing barriers to learning in the

education system, including the foundation phase (Grades R – 3). This was followed by the *National Integrated Plan for ECD 2005 – 2010 (NIPECD)* which was the first national multi-sectoral plan of action for the realisation of a comprehensive package of ECD services. Services contemplated include birth registration, child and maternal health, nutrition, immunisation, referral services for health and social services, early learning programmes, and water and sanitation. The NIPECD emphasises the need for integrated planning and delivery of ECD services, especially through community-based interventions. It also provided impetus for the development of good practices of integrated ECD programmes across the country. However, its life span was not adequate to facilitate the intended transformation of a very complex, fragmented and poorly-resourced sector despite far reaching scope which thoroughly embedded and reflected the principles of integration, intersectoral collaboration, and the essential components of ECD services in South Africa’s policy discourse.



Another important milestone was the legislation of the *Children’s Act No 38 of 2005 (effective from 2010)* which provides a comprehensive framework for child protection in South Africa. This framework includes chapter six, dedicated specifically on early childhood development and places an obligation on the government (in Section 92(1) of the Act) to develop a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed early childhood development system, giving due consideration to children with disabilities and chronic illnesses. In the preamble the Act declares that it is:

To give effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children; to provide for early childhood development.

Also, the *National Health Insurance Green Paper (published for comment, August 2011)* which is widely regarded as an innovative system of healthcare financing with far-

reaching consequences for the health of South Africa which will ensure that everyone has access to appropriate, efficient and quality health services. Under this policy access to services for pregnant women, infants and children will be improved by enhanced access to quality district health services. It also fed into the *National Plan of Action for Children (NPAC) in South Africa 2012 – 2017* which provides a holistic framework for the integration of all policies and plans developed by government departments and civil society to promote the well-being of children. It includes a dedicated chapter on ECD with the goal of ensuring universal access to effective, integrated, quality and early childhood development interventions for children from birth to school-going age.

Following these policies the move to consolidate government programmes in order to achieve the goals of expanding access and improving quality of ECD services, the *The Buffalo City Declaration (March 2012)* was adopted which is the product of a national ECD conference held in March 2012 and recognises ECD as a right and committed to scaling up access and quality, especially for the most marginalised young children and the development of a holistic, coherent and well-resourced national ECD system. This was followed by the *South African Integrated Programme of Action for Early Child Development – Moving Ahead (2013 – 2018) (IPAECD)* which came about pursuant to the Buffalo City Declaration to implement recommendations emerging from a number of national ECD review processes. The IPAECD commits to the development of a national ECD policy that outlines a comprehensive package of ECD services as well as establishes structures, procedures and capacity-building initiatives necessary to support the implementation of the policy. IPAECD is the most important of all these policy milestones in that it integrates various departmental programmes and is action oriented. It also paves the way for long term planning in line with South Africa's Vision 2030 as set out in the National Development Plan.

In addition to the many overarching policies and frameworks described thus far, a plethora of sectoral policies, laws and programmes have been developed to implement services related to the numerous rights, such as birth registration, social assistance, health care, education, environmental health, nutrition and others. Over and above recognising ECD as a universal human right, the South African government recognises ECD as central to the realisation of the national development goals of reducing poverty and inequality.

Notably, the National Development Plan: Vision 2030 (NDP Foreword) charts the developmental vision for South Africa, calling for the writing of a new story that places early childhood development at its centre. It further affirms that the protection and promotion of the development of young children must be part of our vision for the society we want to live in as a good beginning, during pregnancy, birth and in early childhood lays the foundation for lifelong health, learning, productivity, and harmonious relationships with others. The National Development Plan also underlines the importance that everybody in South Africa has access to services of a consistently high standard regardless of who they are and where they live, with specific consideration for the most vulnerable children – those who are living in poverty, at a great distance from existing services, or with disabilities (NDP 2012:300).

This approach underlines that as far back as 2001 ECD was seen by the South African government as a public good whose benefits spill over from individual parents to society as a whole (Department of Education 2001: par. 3.1.4) the centrality of ECD to the national development agenda and the justification for increased public funding thereof is premised on this recognition. Also, the UN's Special Rapporteur confirmed in 2013 (United Nations 2013) the positive social and economic developmental benefits of comprehensive ECD services and this development has led to an increased recognition of ECD as a public good – as ECD

encompasses a body of services which not only benefit the individual but society as well.

The science is conclusive in demonstrating that investments in early childhood development yield lifetime development returns for the child, his or her family and society (Engle et al., 2007). In essence, early human development and services and programmes for young children and families are being seen as one of the most promising approaches to alleviating poverty and achieving social and economic equity for the world community (Engle et al., 2007; Grantham-McGregor et al., 2007; Ulkuer, 2006). Notably, ECD has the potential to reduce a number of significant development challenges facing South Africa today as access by infants, young children and pregnant women to quality early childhood services and support has a proven significant positive impact on a number of important areas.



The areas include the mental and physical health of children and adults in that comprehensive quality ECD programme, especially those targeting the most vulnerable to early adversities, lay a foundation for improved health of children and of the nation. In particular, these contribute to the prevention of behaviors, conditions and illnesses associated with the quadruple burden of disease South Africa confronts twenty years into democracy, including, maternal, infant and child mortality (Walker et al. 2011); HIV and AIDS and TB; a number of non-communicable diseases such as diabetes, cardiovascular disease and obesity; and violence and injury (Shonkoff 2009). Moreover, the quadruple burden of diseases facing South Africa in 2013 is identified in a number of national policy and strategic documents, including the Policy Paper: National Health Insurance in South Africa (2012) and the Department of Health's Annual Performance Plan 2012/13 – 2014.

Another area is the school enrolment, retention and performance, in that ECD services and support, especially in the early years, are associated with the improved

cognitive development of children, the prevention of developmental difficulties and disability, and readiness for schools, all of which ultimately lead to improved educational outcomes, especially amongst the most socially and economically marginalised children (Shonkoff 2009). This includes measures to develop a stronger economy in that in the long run ECD services and support are associated with higher levels of employment and earning potential, and ultimately an increase in productivity, the country's GDP, and increased tax revenue. Studies suggest that pre-school participation contributes to increases of between 5 to 10% in lifetime labour income (Engle et al 2011).

The result of these will have strong potential in addressing inequality in that inequality between and within populations has its origins in poor early childhood development experiences (Engle et al 2011). Engle argues further that inequalities are established in early childhood and contribute to lifetime differences, with inequalities widening between different socioeconomic groups as time passes. This is because, according to Engle, cumulative risk factors at birth inhibit children's development trajectory, leading to lower adult cognitive and psychological functioning, educational attainment and subsequent income. Conversely, according to WHO (CSDH, WHO 2008), ECD investments that target the underlying social and economic causes and consequences of factors which present a risk to development limit inequality at its source. ECD services counteract the biological and psychosocial risk factors which limit the care, stimulation and learning opportunities and resultant unequal development of children living in poverty, and hence equalise their opportunities to develop to their full potential (Shonkoff 2009).

However, according to the Department of Education report (2006), South Africa is a long way to winning the battle as poverty is particularly acute on the urban fringes and in the rural areas where the population profiles of the latter, which accommodate about 45% of the population, consist increasingly of households

headed by elderly women and containing young children and older relatives. They are very poor, surviving on pensions and child grants and, for the most part, lack formal schooling. Poverty directly affects the affordability of, access to, and potential benefits from, education. On the one hand, poverty affects a learner's performance at school; but, on the other hand, a good school education can, to some extent, compensate for and break the cycle of poverty (Department of Education 2006:76).

This view has increasingly gained international recognition as the Commission on Social Determinants of Health (CSDH) established by the WHO in March 2005 to support countries and global health partners in addressing the social factors leading to ill health and health inequities released its report in July 2008. The Commission aimed to draw the attention of governments and society to the social determinants of health and in creating better social conditions for health, particularly among the most vulnerable people (CSDH, WHO 2008). One of these is reducing levels of poverty in the sense that access to ECD services and support remedies deficits in the care, stimulation and educational opportunities more frequently a reality for children living in poverty and as such the subsequent development of infants and young children (Britto 2013). One of the major risks to skill formation in children is poverty (Alderman 2011) and conditions associated with poverty are in turn associated with worse physical health, psychosocial health, and cognitive outcomes observed in children (Bradley and Corwyn 2002), and according to several studies (Sameroff and others 1993) the greater cumulative exposure to these conditions or risk factors is associated with significantly lower cognitive development (Alderman 2011:51-59). Also, by introducing comprehensive measures to promote a safer and more inclusive society in that ECD investments bring about higher levels of positive self-regulation which lead to significantly less crime and greater public safety (Moffitt et al 2011), reduced public violence (Wessels et a 2013) and greater social

cohesion and civic participation (The Science of Early Childhood Development 2007).

Given the factors mentioned above, there is ample evidence which confirms that a nation's development depend on the extent to which it can unlock the potential human capital inhering within its very youngest population. This in turn depends on the extent to which government realises the right of every infant and child to develop his or her potential to the maximum extent possible, to become physically healthy, mentally alert, socially competent, emotionally sound and ready to learn - cognitively, socially, emotionally, physically and psychosocially – to their full potential (United Nations 2002).

Another important area of policy framework is that ECD impacts on minimising risks to which children are exposed to as they grow up by also enhancing the protective factors that are part of quality ECD provision. The realisation of these factors is dependent on the quality of the biological, social and economic environment in which the foetus, infant and young child develops, especially whilst in utero and in the first two years after birth – a period commonly referred to as the 1000-day window period. In recent years, Bhutta et al (2008:417) has highlighted the 1000-day window period of opportunity from pregnancy to 24 months as a critical period in the development of a child and strong evidence that investments in the nutritional, cognitive, and socio-emotional development of young children have high payoffs. Also, Nobel laureate James Heckman (2006:411) and his colleagues champion ECD as the most cost-effective form of human capital investment compared with primary education or any subsequent schooling.

According to Engle et al (1997), the most significant factor in a child's healthy development is to have at least one strong relationship (attachment) with a caring adult who values the well-being of the child. Lack of a consistent caregiver can

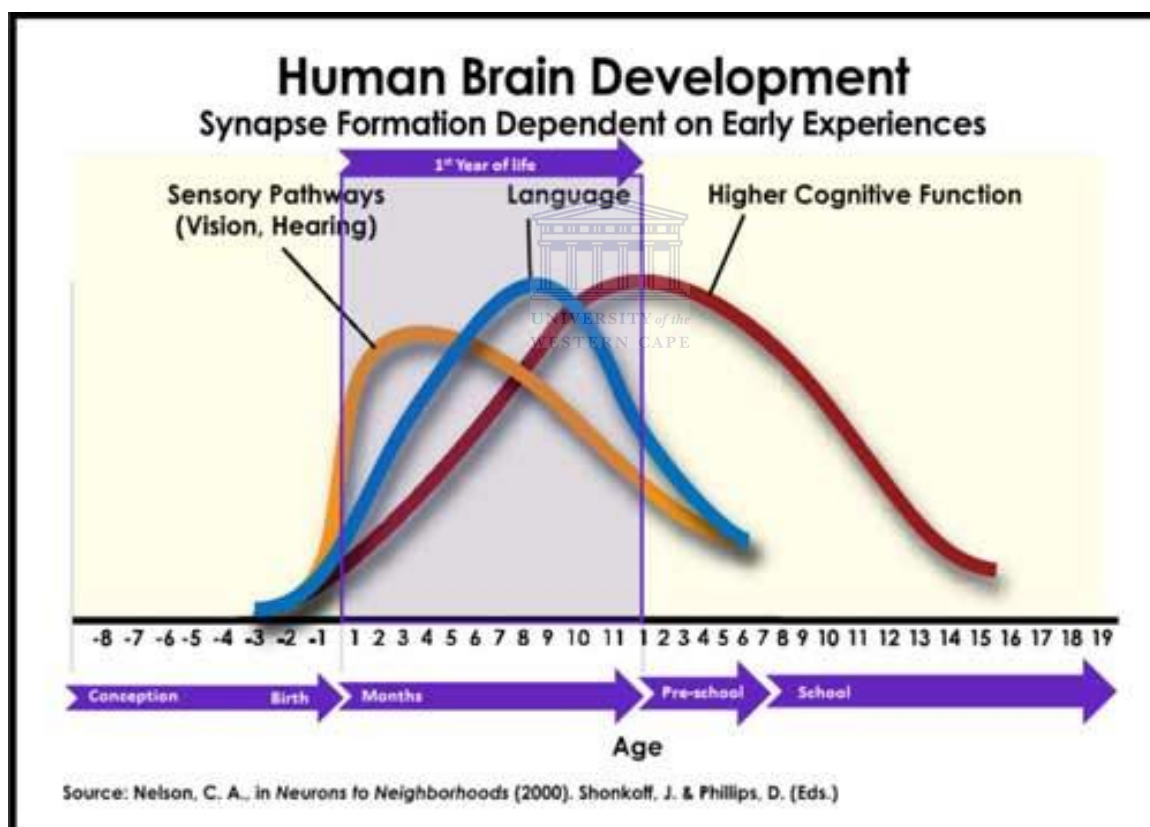
create additional risks for children (Engle, Lhotská, and Armstrong 1997). One of the solutions to supporting the child's optimal development is to provide appropriate care. Care comprises much more than keeping the child safe and free from harm. Care is an interactive process. The parent or caregiver interaction with the child defines the quality of care received and the ways in which the child develops (Engle, Lhotská, and Armstrong 1997; WHO 1999). Meanwhile, Britto et al (2011:5) articulate this point further by referring to several scholars (Aboud 2006, ACF 2002, Pence 2008, Woodhead & Oates 2009, UNESCO 2010) that evaluation science underscores that quality early childhood programmes impact both early and later human development, in cognitive, health and socio-emotional domains. In short, early human development and services and programmes for young children and families are being seen as one of the most promising approaches to alleviating poverty and achieving social and economic equity for the world community (Engle et al., 2007; Grantham-McGregor et al., 2007; Ulkuer, 2006).



A number of studies have also shown that the early years in a child's life are crucial for their overall development (Young, 1996). In these studies the human brain and human development have been researched extensively and have been found to respond in the most to early experience of a child. Neurological and biological sciences have documented the malleability of early neuronal and biological development to environmental influence (Harvard Center on the Developing Child 2010; Knudsen, Heckman, Cameron & Shonkoff 2006). 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, 1996:12). 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, 2008:2). The ability of the brain to functioning normally 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, 1996:4-9). 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, 1996:4-9). Therefore the significance of the child’s early life experience is fundamental in optimal early childhood development.

Figure 2: Human Brain Development



However, according to Young (1996:4-9), the sensitivity of the brain in this early period is a double-edged sword in that it makes the structure and functioning of the child’s early brain (and hence, later child) development vulnerable to biological, social and environmental risk factors. These risk factors are particularly important in understanding the environment in which informal ECD provision takes place in

poor community in the context of policy interventions by the South African government. Poverty is widely recognised as a root cause of poor child development and low socioeconomic status is a key predictor of poor early childhood development (Engle et al 2011). Persistent, cumulative poverty and exposure to hardship in the first year of life have a detrimental effect on cognitive functioning, with the impact being stronger on verbal, compared to non-verbal skills (Schoon et al 2011).

Also poor infant and child nutrition, especially in the period between conception and the age of two years can lead to irreversible developmental stunting and delays, resultant poor cognitive development, and ultimately lower educational and labour market performance (Walker et al 2011). Poor maternal nutrition, such as lack of folic acid in the early prenatal period, can cause significant structural damage to the foetus in utero (CSDH, WHO 2008).



Malnutrition is a major risk factor to other health problems; it is associated with more than 52 percent of all child mortality in Sub-Saharan Africa (WHO 2007). Apart from protein-energy malnutrition, which is reflected in child stunting, other major nutrition problems of young children in the country include vitamin A deficiency, which compromises the immune systems, causing partial and total blindness and contributing to 22 percent of all childhood deaths in the countries (WHO 2007). Stunting (low height-for-age) is a form of chronic malnutrition that is in turn predictive of poor cognitive and language development (Walker et al 2011). Hoddinott et al (2013) argue that the impact of poor nutrition on the child's development is particularly pronounced in the first two years of life because even if children catch up in terms of height, the impact of stunting on brain development in this critical early period may well endure. They also argue that on average, children stunted by age 2 go on to access fewer years of schooling, perform more poorly at school, and earn less as adults (Hoddinott et al 2013:69–72).

Infants with low birth-weight (< 2500 grams) are at an increased lifetime risk for cardiovascular disease, diabetes and learning difficulties (CSDH, WHO 2008). Also, infectious diseases in pregnant women, infants and children are a cause for concern in that prenatal infections in pregnant women, such as syphilis and rubella, as well as diseases in infants and young children, such as measles, diarrhea, parasitic infections and HIV, may negatively affect the young child's physical and cognitive development (Walker et al 2011). Pre-natal and post-natal exposure to environmental toxins such as alcohol, drugs, chemicals and pesticides can cause significant irreversible damage to the developing brain and resultant cognitive, physical, emotional, and social development of the embryo (during the first trimester), the foetus (during the second and third trimester) and the young child (CSDH, WHO 2008).



Stress also poses a risk in that in the absence of a supportive caregiver to buffer children against stress brought about by factors such as abuse and neglect, severe maternal depression, parental substance abuse, family violence and extreme poverty, what would ordinarily be 'tolerable stress' becomes 'toxic' (CSDH, WHO 2008). Toxic stress can lead to cognitive damage, health-damaging behaviors and harmful adult lifestyles, as well as greater susceptibility throughout the child's and later adult's life to physical illnesses such as cardiovascular diseases, obesity, diabetes and others, as well as mental health problems like depression, anxiety disorders and substance abuse (CSDH, WHO 2008). Walker et al (2011) notes the compromised social and emotional development needs of infants and young children exposed to violence in their families and communities (including corporal punishment) including children who do not enjoy the protective buffering of strong and supportive caregiving. These children are at a greater risk of insecure attachments, increased risk of behavior problems, reduced levels of pro-social behavior, increased

aggressive behavior, and an inability to regulate their own emotions (Walker et al 2011).

Psychosocial risks such as maternal depression present a significant danger to the cognitive, physical, social and emotional development of young children, and this is because maternal depression often leads to unresponsive caregiving (CSDH, WHO 2008). However, the relationship between 'maternal depression and compromised early child development is multilevel and cumulative' as a risk factor for maternal depression, because poverty, low education, high stress, lack of empowerment and poor social support are also risk factors for poor child development (Walker et al 2011). Disrupted caregiving in the form of absent parents, ill parents, non-parent caregivers or abandonment is another risk. Disruptions of parental caregiving through illness or death of the caregiver or abandonment of the child, and the assumption of the caregiving role by a non-parent caregiver, creates a risk of bullying, mental health problems, abuse and emotional and behavioral problems in young children (Walker et al 2011). Children living without their biological parents are especially at risk of being denied the care necessary for their physical and psychosocial well-being (UNICEF 2012). According to Walker et al (2011) approximately 23% of children between the ages of 0 – 9 years in low and middle-income countries are at risk for disabilities. Whilst this is indicative of their compromised development, children with disabilities are, in addition, at risk of low access to ECD services and at an increased risk of poor-quality care (Walker et al 2011).

Given the factors mentioned above, it is argued that globally, the development of an estimated 200 million disadvantaged young children is frustrated by multiple adversities (United Nations 2010). This situation is not inevitable: the loss of human capital is avoidable through the provision of timely and appropriate quality ECD services targeting the causes and consequences of the known risk factors (Walker et

al 2011). South Africa has taken a number of steps towards creating an enabling multi-sectoral and integrated framework for the advancement of the comprehensive rights of young children since 1994. However, as this research will argue, ECD outcomes and broader national developmental outcomes, which are dependent on optimal early development, have lagged behind.

As stated earlier on, between 1995 and 2013, numerous policy documents and laws were developed that acknowledged the central developmental role of ECD in South Africa. These include, but are not limited to the White Paper on Education (1995), the Interim Policy for Early Childhood Development (1996), the National Programme of action for Children in South Africa (1996), the White Paper for Social Welfare (1997), the White Paper on Early Childhood Development (2001), the National Integrated Plan for Early Childhood Development 2005 – 2010, and the Children’s Act No. 38 of 2005.



The different policy documents adopt different definitions and cut-off ages for ECD. For example, the National Integrated Plan for Early Childhood Development 2005 – 2010 and other policies define ECD as ending at the age of nine years, whereas the Children’s Act No 38 of 2005 defines ECD as ending when reaches school-going age. They further all recognise ECD as an ongoing process of emotional, cognitive, sensory, spiritual, moral, physical, and social and communication development of children from birth until the age of approximately eight years of age. This ongoing process requires the provision – across different departments, including Health, Education, Social Development and others – of multiple integrated services to promote protective and address risk factors associated with young children’s survival and development.

The National Integrated Plan for ECD 2005 – 2010 (NIPECD) established a range of institutional structures tasked with facilitating coordination across departments and

between the different spheres of government. It also recognised the need for delivery of ECD services to be through different programme types, and not just through facilities. This approach encourages the roll-out of home-based, community-based and center-based programmes to secure ECD services for all children, with a special emphasis on those aged 0 – 4 years and vulnerable children, especially those in rural areas, children living in underserved areas, children with disabilities and/or children who are chronically ill. NIPECD also recognises NGOs as essential partners in the realisation of the national ECD plan. The government's Expanded Public Works Programme (2004) has over the years provided funding to numerous privately-run early childhood care and education facilities as an encouragement for these facilities to register with the department of social development in order that their operating costs could be subsidized. The introduced subsidy used a funding model in terms of which the government pays up to R 17 per day per child living in poverty to the ECD center attended by the child.



Expanding ECD required increased funding by the Department of Social Development and Departments of Education. According to the National Treasury (2008), spending within provincial Departments of Education on Grade R rose from R377 million in 2003/04 to a budgeted R983million in 2007/08 and a budgeted R1 253 million in 2009/10 (National Treasury 2008:21). The Department of Social Development registers all ECD facilities meeting certain quality criteria where more than six children are cared for away from their parents and is responsible for the provision of subsidies to children from poor households at such facilities. In 2006/07, government paid a per diem subsidy for 314 912 children in 5 531 registered facilities, amounting to a total of R350 million (National Treasury 2008:59-60).

The provision of quality education to all children in South Africa has been a government priority during the period ECD policy was introduced as provincial expenditure review budgets between 2005/06 and 2008/09 reflect that government

spending on education as a percentage of total government expenditure was an average of 17.7%. By 2011/12, spending on education was projected to be 18.2% of total government expenditure, the largest slice of government spending. While this compares favourably with other middle income countries, it is still below the 6% benchmark that the Organisation for Economic Cooperation and Development (OECD) recommends for optimal growth and development. However, the total amount spent on education should be assessed in the context of the many other key priorities competing for limited resources in South Africa, such as health, social welfare, housing and sanitation (Treasury 2009:21-24). The Treasury (2009:21-24) also noted that the competition for limited resources requires a careful balancing act as effective ECD provision is a national multi-sectoral and inter-departmental responsibility that relies on the provision of health, social welfare, housing and sanitation. The phased poverty-targeted approach that makes use of grants-in-aid to primary schools and subsidies to selected community-based ECD sites in order to formalize the provision of EDC services also falls under this category of public expenditure. It is in this environment that competition for resources that leads to neglect on spending on any of these services areas can and do undermine the objectives of the ECD policies.

The onset of the policy on ECD was reflected in the rearrangement of budget allocations for education in that primary and secondary school education's share of the education budget declined over time as other components of the system like ECD and Grade R begin to receive a larger share of the total education spend. According the Treasury reports the share of the total spend on Higher education has been consistently above 12.5% over the 2005/06 – 2011/12 period, except in 2008/09, when it was 12.2% (Treasury 2009:23, See Table 3.2 Education components and shares, 2005/06 – 2011/12). This change was mainly due to the major expansion of the school infrastructure programme, the national school nutrition programme, ECD and allocations to public special schools in 2008/09. The prioritisation of ECD and

Grade R is reflected in the increasing share of ECD and this public expenditure pattern confirms that there is economic activity in the ECD sector and brings into focus the issue of the informal economy (Treasury 2009:23, See Table 3.2 Education components and shares, 2005/06 – 2011/12).

Figure 3: Budget for Education Components and Shares

Table 3.2 Education components and shares, 2005/06 – 2011/12

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
		Outcome	Outcome	Pre-audited outcome	Medium-term estimates		
R million							
Education	85 471	94 238	105 121	127 451	140 297	156 003	169 683
<i>of which</i>							
Higher education	10 647	11 957	13 323	15 560	17 498	19 908	21 774
Primary and secondary school education	57 819	63 066	69 719	84 143	90 237	98 607	106 084
Further education and training (FET)	1 452	1 974	2 425	3 005	3 168	3 373	3 542
Adult basic education and training (ABET)	710	718	845	832	1 123	1 198	1 264
Early childhood development (ECD)	440	546	691	1 132	1 996	3 174	3 591
Percentage share of total education							
Higher education	12.5%	12.7%	12.7%	12.2%	12.5%	12.8%	12.8%
Primary and secondary school education	67.6%	66.9%	66.3%	66.0%	64.3%	63.2%	62.5%
Further education and training (FET)	1.7%	2.1%	2.3%	2.4%	2.3%	2.2%	2.1%
Adult basic education and training (ABET)	0.8%	0.8%	0.8%	0.7%	0.8%	0.8%	0.7%
Early childhood development (ECD)	0.5%	0.6%	0.7%	0.9%	1.4%	2.0%	2.1%
GDP (R billion)	1 586	1 811	2 068	2 304	2 474	2 686	2 953
Education total as % of GDP	5.4%	5.2%	5.1%	5.5%	5.7%	5.8%	5.7%

Source: National Treasury database

Childcare and protection services under the Department of Social Development implement programmes and services that provide for the development, protection, and care of children. The phased poverty-targeted approach that makes use of grants-in-aid to primary schools and subsidies to selected community-based ECD

sites in order to formalize the provision of ECD services also falls under this category of public expenditure. According to the Treasury (2009:77-79), in most provinces child care and protection services make up the largest sub programme within social welfare services and spending increased sharply from R963 million in 2005/06 to R1.8 billion in 2008/09, and was budgeted to grow at 20% annually from 2008/09 to reach R3.2 billion by 2011/12. The implementation of the Children's Act (2005) was given as an explanation for this spending pattern, especially aspects of the Children's Act that provide for the rapid rollout of ECD subsidies to crèches caring for children between the ages of 0 and 4 years as government estimated one million children to benefit from ECD subsidies by 2011/12 (Treasury 2009:77-79).

In addition, government has amended or developed a host of sector-specific policies and programmes to provide the relevant comprehensive ECD services to young children and their families. These include four examples below:



First, the law requires registration of children's births through the Department of Home Affairs within 30 days of birth. In addition, a number of in-hospital and outreach programmes facilitate their registration as soon as possible after their birth, these services being free of charge. According to Biersteker et al (2008), children's rights to a name and nationality require not only the provision of free birth registration services, but also the issue of a birth certificate marks the entry of the child into the national population register as a legal subject. The birth certificates are an entry point to the rights and benefits afforded by the legal instruments. The issue of the birth certificate is foundational to enjoyment of many of the other rights associated with a child's optimal early development. It is only once a child is registered in the national population register that he or she can be counted for the purpose of planning and funding ECD services at a national level, and the certificate is required documentation to access services such as social assistance, health care, early childhood care and education (Biersteker et al 2008).

Second, in the health sector, there is provision of free health care for pregnant women and children under the age of 6 years. This is also in the form of the Expanded Programme on Immunisation (EPI) for infants and children (for the prevention of common childhood illnesses). Also, the Integrated Management of Childhood Illnesses (IMCI) for the treatment of common childhood illnesses is another intervention. Another one is the Prevention of Mother to Child Transmission (PMTCT) programme to prevent new HIV infection of infants. Lastly, the provision of food and nutritional support in the form of food fortification, vitamin supplementation, supplementary food for children with growth failure and malnutrition, and feeding counselling and the promotion of beneficial feeding practices such as exclusive breastfeeding.

According to Biersteker et al (2008), the right of young children to basic health care (including environmental health services such as access to water and sanitation), especially during pregnancy and the childhood years, is expressly protected by many international and national instruments, including the CRC, ACRWC and the Constitution of the Republic of South Africa. Access to basic preventative and curative medical care for pregnant women and children prevents health threats to development and provides early diagnosis and intervention when a problem is discovered. Medical care should include access to antenatal care, birth at quality facilities, new-born and post-natal care and medical care to prevent and treat common childhood illnesses, as well as access to basic services like water and sanitation (Biersteker et al 2008).

Third, in the social assistance sector, government introduced a number of cash transfers to support the caregivers of children living in poverty, including the Child Support Grant (CSG), the Care Dependency Grant (CDG) for children with disabilities, and the Foster Care Grant (FCG). In the child protection sector, a child

care and protection framework, which includes the provision of prevention and early intervention services, treatment, rehabilitation and reintegration services, and the temporary and permanent placement in alternative care of children who have been abused, neglected and or exploited. According to the World Bank (2010), a number of legal and developmental instruments protect the rights to adequate food and nutrition. These include the CRC, ACRWC, the MDGs and others. Nutritional support for women from conception and during pregnancy, and for infants and young children, is critical as poor nutrition in these crucial periods can lead to irreversible stunting and developmental delays, resultant poor cognitive development, and ultimately lower educational and labour market performance World Bank (2010).

Fourth, in the early childhood care and education sector, the promotion of the establishment and regulation and registration of privately operated child care and education programmes and facilities caring for six or more children to ensure their health, safety and best interests. Also, a government-provided per-child subsidy of between R5 and R17 per day paid to ECE service providers for children living in poverty; and the universalisation of Grade R (preschool) year through the provision of Grade R classes at all public schools in the country. Regulation of day care and subsidies for children of poor working parents has been an area for social welfare support for many decades (Dawes, Biersteker, Hendricks & Tredoux 2010). It was one of the priorities of the NIPECD, and provision of child-care facilities is required in terms of instruments such as CEDAW (Article 11(2)(c)) and the ILO convention on Workers with Family Responsibilities (no 156 Article 5(b)). Working and work-seeking parents, parents who are in full-time education, and those whose parents who cannot care for children without assistance all require day care services of high quality that must include early learning as well as care and protection to promote children's development and avoid the negative effects of poor quality care (Belsky et

al. 2007); Dawes, Biersteker, Hendricks & Tredoux 2010), effects which are most often experienced by poor children.

Young children are at a high risk of abuse and neglect, including physical and mental abuse, often so within their families. Children's immaturity and dependence on those around them leaves them little able to avoid or resist harm and, in addition, the consequent stress and trauma of abuse and neglect impacts significantly on children's cognitive, physical, emotional and social development. Numerous instruments (CRC, ACRWC, Constitution of the RSA, Children's Act) are available to ensure the rights of children to protection from abuse and neglect. This requires measures be implemented to protect young children from abuse, including corporal punishment, as well as provide age-appropriate recovery services without contributing to stigmatisation of the young child.



Biersteker et al (2008) emphasise that children have a right to rest and leisure, to engage in play and recreational activities appropriate to their age, and to participate freely in cultural life and the arts. Whilst it is a right in and of itself, the value of play is widely recognised in promoting children's early learning and skills as it is often hindered by a lack of opportunities for children to meet, play and interact in a child-centred, secure, supportive and stress-free environment – a gap which is particularly evident in crowded urban environments and may be at risk because of excessive domestic chores. To realise the right, according to the United Nations, a dual strategy is required to first to remove obstacles to play as part of the national poverty reduction strategy and to also pay greater attention to, and allocate adequate resources for, the realisation of play, recreation and cultural facilities for young children in town-planning processes (Biersteker et al 2008).

According to Richter et al (2012) children with disabilities have a right to equal enjoyment of services and benefits, but many lack access to a number of

programmes, including health, early learning and education, information and play and recreation facilities. Moreover, many disabilities are preventable or could have their severity limited if pregnant women, infants and young children receive access to early quality screening, preventative and rehabilitative care. Securing the universal right of children with developmental difficulties or disabilities to ECD thus requires the development of a focused multi-sectoral inclusive ECD disability policy and programme that ensures universally available prevention and early detection, as well as rehabilitation and social security services to ensure that affected children can develop to their full potential (Richter et al 2012)

As the following discussion will illustrate, the preceding developments have improved the lives and development of many young children in South Africa. However, a number of policy and programmatic gaps as well as a range implementation and systems deficiencies mean that not all children have access to quality ECD services. Notably, many children exposed to often multiple risk factors such as malnutrition do not enjoy access to critical ECD services, and the informal sector continues to play an important role in the provision of ECD services without any form of state support.

These factors point to the internationally recognised importance of early learning support and services in the process of child development. According to the WHO (CSDH, WHO 2008) learning begins at birth. In the South African context, high levels of poverty often result in home environments that may not be able to provide the kind of stimulation needed to support school readiness. Higher levels of stress brought about by circumstances of poverty, resulting in limited care and stimulation usually accompanied this situation. The combination of a lack of enriching home environments with poor access to quality early learning and care programmes means that many children are ill-prepared for formal schooling.

According to Barberton (2013), early learning programmes in South Africa for children not yet of school-going age are provided mainly by the NGO and private sectors and government support is primarily via a subsidy to NGOs for poor children attending ECD facilities. The subsidy does not cover the full operating costs and therefore most ECD facilities charge user fees (Barberton 2013). According to the Department of Social development data (2012) in 2012, 485,500 children under 5 years received a subsidy at an ECD center. An estimated 16% of poor children aged zero to six years will be covered by the subsidy for 2013/14 (Barberton 2013), while access to ECD facilities is increasing (73% of children aged three to six years were attending a learning facility in 2011) (Hall 2012), early learning and care programmes are not universally available or equitably accessible to vulnerable children.

Richter (2012) notes that, serious challenges still stand on the way of realising the policy objectives to expand access and improve quality of ECD services. This is so as poor children living in areas with few or no facilities, such as rural areas, have limited or no access to programmes as access to ECD facilities remains inequitable, with the poorest children having least access (Richter et al 2012). Biersteker (2012) adds that young children whose caregivers cannot afford to pay user fees are also excluded from facilities. Overall, only an estimated 20% of zero to four-year-old children in the poorest 40% of households has access to some form of out-of-home care and the quality of programmes currently provided at many facilities in impoverished communities is not sufficient to ensure good child outcomes (Biersteker 2012). Children with disabilities are largely excluded from these programmes (Richter et al 2012).

Richter (2012) also adds that the vast majority of children aged zero to two years are not in formal facilities but are, in many cases, cared for by various caregivers in their homes, including extended family members, elderly caregivers and others, while their parents are away at work, studying, engaged in business, or chronically ill or

disabled. As of 2012, there is currently no funding, regulation, training or quality management and improvement plan to ensure that early childhood care is provided to children in the age group zero to two years (Richter et al 2012).

Also Fafchamps and Minton (2007) demonstrate how in some developing countries an unanticipated macro shock can result in an immediate decrease in health service utilization, also included in the package of ECD services, due primarily to reduced real incomes and how a removal of user fees resulted in an increase in health service utilization. They state that although this is not an argument for universal removal of user fees, it suggests that removal of user fees for a limited period of time maintains utilization when household poverty is the main driver behind a decline in access to services (Fafchamps & Minton 2007 cited in Alderman 2011:51-59). For the purposes of mitigating adverse impacts of economic crisis on ECD outcomes, health care utilization is, of course, just one concern together with childcare and nutritional status as primary pathways for ECD outcomes. For this reason, during times of economic crisis, policy makers need also look towards interventions that directly target ECD facilities by eliminating user-fees for children from poor households in order to expand access and improve quality.

Currently, there are no reliable national estimates of child disability. However, according to Stats SA Mid-year Population Estimates (2011), the child population has grown by 9.2% from 17.3 million in 2001 to 18.9 million in 2011. Based on this, according to Hall (2012), an estimated 474,000 children live with severe disabilities in South Africa today. In addition, according to Hall (2012), many more children may have mild to moderate disabilities with children in rural areas being more likely to have some form of serious disability (2.7%) than children who are in urban areas (2.3%). An estimated 40% of disabilities affecting children are due to preventable causes, i.e. birth asphyxia, infections, etc. (DFID – Department for International Development 2000).

It is important to note that South Africa does not yet have a standard/nationally accepted measuring tool for child disability and estimates of child disability prevalence generated from various sources are therefore not directly comparable because of different definitions of disability and methods of data collection. Measuring child disability is inherently much more difficult than measuring disability in adults. Census data is argued to be the most reliable to use for child disability at this time (DSD, DWCPD and UNICEF, 2012).

A crucial starting point to ensure the development of children with disabilities is to identify them early to facilitate proper planning, targeting and the provision of adequate resources and services. However, this is hampered by poor or absent screening at primary health-care level. High-quality assessments by trained professionals are often required; however, there is a shortage of appropriately skilled staff and resources (Richter et al 2012). Children with disabilities require ongoing support, intervention and referral, and may need rehabilitation services. According to a National Health Care Facilities Baseline Audit conducted by the Health Systems Trust (2012), such rehabilitation services are not widely available. The Health Systems Trust (2012) estimated that less than 30% of public health facilities offer rehabilitation services and community-based rehabilitation services, services which provide effective and equitable support but which have not been implemented at scale in South Africa (Health Systems Trust 2012, Ebrahim & Dawes 2013).

Shortcomings in services and support extend beyond the health sector. This is largely because current provision of early learning services, mainly provided through the NGO and private sectors, do not provide environments conducive to learning by young children with disabilities. As a result, only a small proportion of children with disabilities estimated to be attending ECD facilities (Richter et al 2012, Health Systems Trust 2012, Ebrahim & Dawes 2013). Analysis of the profile of Care

Dependency Grant (CDG) beneficiaries in by De Koker et al (2006) found that only 24% of children aged zero to six years who were recipients of the CDG attended a crèche or child-minding group (De Koker et al 2006).

Home and community-based early learning opportunities are also not widely available for children with disabilities. This unavailability adds to other factors that impact on their ability to access ECD services. These factors include adult beliefs regarding whether children can be included in mainstream programmes and stigma related to child disability (Ebrahim & Dawes 2013), and the fact that early childhood teaching strategies do not consider, in the main, the learning needs of children with disabilities (Western Cape Department of Social Development 2010). This reality is also reflected in the Western Cape Department of Social Development 2009 report on the audit of the quality of ECD facilities in the province.



Increasingly, child care in South Africa has ideologically shifted away from the notion that children should merely be watched over (i.e. Educare), in the direction of a more holistic approach whereby child care should include physical, emotional, moral, social and spiritual development (i.e. early childhood development). Access alone has often been the criterion guiding program development, but quality is a key feature because when programmes of low quality are provided, they are unlikely to generate the child and family outcomes intended (Britto 2011:1).

A sole focus on expansion and access to ECD can yield mixed results in the achievement of actual improvement in children's outcomes (UNESCO 2006; Yoshikawa et al., 2007). This is because providing more access to ECD services is not always accompanied by improvement in quality of services. Research shows that the quality of programmes as indicated by multiple dimensions such as cultural appropriateness, staff skills, intensity and duration, and features of the physical and social environment of programmes, are key to improving health, cognitive and

socio-emotional development (ACF 2002; LaParo, Pianta, & Stuhlman, 2004:344; Paulsell, Boller, Hallgren, & Mraz-Esposito, 2010:16; Yoshikawa, 1994:28).

Data from the National Department of Education suggests that 385,000 children are supported through ECD facilities registered at DSD; another 209,000 are enrolled in stand-alone registered ECD facilities and other pre-school programmes under the auspices of DoE (Table 17: Number of children attending registered ECD education facilities by province, type and level, 2006)

Figure 4: Number of Children Attending ECDs by Province

Table 17: Number of children attending registered ECD education facilities by province, type and level, 2006

	Stand-alone ECD centre	Pre-school programme: pre-grade R	Pre-school programme: Grade R	Total
Eastern Cape	11,719	6,338	93,500	111,557
Free State	11,465	1,517	20,046	33,028
Gauteng	36,842	7,243	48,774	92,859
KwaZulu-Natal	22,478	5,725	95,802	124,005
Limpopo	3,024	2,456	90,748	96,228
Mpumalanga	8,935	3,082	37,758	49,775
North West	14,302	814	13,663	28,779
Northern Cape	10,634	933	7,682	19,249
Western Cape	29,974	4,234	33,614	67,822
South Africa	176,589	32,342	441,587	650,518

Source: Department of Education (2008). Education Statistics in South Africa 2006.

In South Africa quality of services is also measured against public expectations of ECD (Department of Education & Department of Social Development 2011:8). This may take a number of forms, but is quite difficult to measure in a context of ECD provision with great disparities and wide gap in the availability of resources. Some parents may be quite satisfied with only rudimentary care, while government and society expect much more from the ECD, namely that it should be an investment in child development. As indicated earlier on, since 1994, South Africa has made important progress in addressing poverty by introducing an array of national

policies and programmes aimed at eradicating poverty. South Africa's social security assistance programme is the single most important driver of poverty eradication as the grant system has expanded dramatically over the past ten years, with coverage increasing from 2.5 million beneficiaries in 1998 to more than 12.3 million in 2008 (The Presidency, Republic of South Africa 2007:2).

The numbers of children living in households with an employed adult in South Africa continues to decline thus increasing the risk of poverty with all consequences for children's development and access to services. In 2002, 65% of children nationally lived in a household with an employed adult; by 2006 the proportion had decreased to 60% (Proudlock 2008:5). Beyond social grants, the government's next most publicised income-poverty alleviation programme is the Expanded Public Works Programme (EPWP) also to develop the ECD sector via the government short term work opportunities, aimed at drawing significant numbers of unemployed people into productive work by increasing their capacity to earn a sustainable income through training. The downside of the EPWP feature in the ECD policy in South Africa is that while the policy documents place the child at the facility of ECD, implementation and funding patterns appear to put this second to parental labour market participation and expose the weaknesses in coordination between the different sectors and departments responsible for ECD services.

This emphasis on massification at the expense of quality is illustrated in government announcement in 2008 to intensify EPWP to absorb more entrants, including doubling the number of children enrolled in Early Childhood Development to over 600,000 through 1,000 new sites with more than 3,500 practitioners trained and employed, and increasing the number of care-givers (The Presidency, State of the Nation Address, 2008). This is in light of the public policy as, in South Africa, the social welfare services programme funds the provision of integrated social welfare services, which includes child care and protection services, care and services to older

persons, substance abuse prevention and rehabilitation, crime prevention and support, services to people with disabilities, victim empowerment, HIV and AIDS, and care and support services to families. For the 2008/9 period, the main policy interventions impacting on provincial social development relate to the strengthening of social welfare services. They include the massification of the EPWP initiative (mostly by creating employment opportunities in the provision of ECD and HCBC) and improving services to children including children in conflict with the law (Treasury 2009:76-79).

Increased demand for women to enter the labour market and therefore spend less time at home and the increasing levels of unemployment due to restructuring at work places brought about by the advancement of technology in production. Increases in women's labour force participation also raised demand for out-of-home care in the early years (Witte & Trowbridge, 2004). Parallel to this development, government investment in preschool has increased (Vegas & Santibañez, 2010). Government plans also envisage that costs for the provision of ECD services can be reduced by using community energies and relative informality, and this attitude appears to be consistent with the theory that workers involved in the informal economy tend to have specific characteristics that can be subsumed under the general heading of downgraded labour. Most workers who receive fewer benefits or less wages, or experience worse working conditions than those prevailing in the formal economy, do so because this is the prerequisite for their entry into the labour market. The most obvious instance is that involving immigrant workers, particularly the undocumented (Castells and Portes, 1989:26).

Figure 5: Budget Transfers to NPOs

Table 5.13 Transfers to non-profit institutions, 2005/06 – 2011/12

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
	Outcome			Pre-audited outcome	Medium-term estimates		
R million							
Eastern Cape	215	341	306	434	371	404	499
Free State	124	182	159	207	267	320	354
Gauteng	438	558	705	783	875	1 070	1 204
KwaZulu-Natal	284	281	329	359	425	573	704
Limpopo	88	109	98	218	233	263	343
Mpumalanga	85	138	191	233	278	331	388
Northern Cape	39	49	87	100	102	117	137
North West	45	74	131	99	181	225	259
Western Cape	378	398	487	633	678	748	839
Total	1 695	2 129	2 492	3 066	3 411	4 050	4 727
Percentage of total provincial social development expenditure							
Eastern Cape	41.8%	46.7%	34.7%	32.9%	25.9%	24.4%	27.3%
Free State	32.3%	41.1%	37.2%	38.3%	39.0%	43.5%	44.1%
Gauteng	53.6%	55.2%	52.7%	44.9%	45.2%	49.2%	51.0%
KwaZulu-Natal	38.0%	29.8%	32.4%	29.4%	30.9%	34.4%	37.6%
Limpopo	24.5%	27.1%	23.6%	31.1%	30.6%	32.0%	37.1%
Mpumalanga	34.0%	43.4%	41.5%	35.5%	35.1%	36.8%	39.0%
Northern Cape	22.2%	22.3%	28.7%	27.5%	25.1%	25.6%	27.4%
North West	14.0%	20.0%	29.8%	17.2%	25.0%	26.9%	27.9%
Western Cape	57.8%	55.3%	54.0%	52.1%	58.3%	58.9%	60.8%
Total	40.2%	41.3%	40.3%	36.8%	36.8%	38.5%	40.8%

Source: National Treasury provincial database



According to the Treasury, NGOs were responsible for running more than 98% of the social welfare facilities and attending to more than 71% of clients. This phenomenon was reflected in the overall transfers of government subsidies to NGOs, which grew by 22% between 2005/06 and 2008/09, and was budgeted to grow by 15.5% over the 2001/12 period. Treasury also reported that this growth was mainly due to the rapid expansion of ECD programmes, and an increase in transfers to children's homes (Treasury 2009:80-89). However, a significant number of ECD facilities fell outside of this band of as access to government subsidy was only phased-in to entice unregistered ECD facilities to register and therefore formalise ECD provision in compliance with national norms and standards.

In Rand terms, overall transfers to NGOs amounted to R1.7 billion in 2005/06, which was approximately 40% of total social development expenditure, increasing to R3.4 billion in 2009/10. The varying trends in the transfers that the provinces allocate to

NGOs was also noted by government with provinces such as the Eastern Cape, Northern Cape and the North West that have a small network of registered NGOs – and this implied a small number of registered ECD facilities – transferring about 25% of subsidies to NGOs, while those provinces with the Western Cape and Gauteng with historically strong NGO sector transferring over 45% of their budget to NGOs (Treasury 2009:80-89).

The spending patterns by government reflect a balance between transfers to NGOs and the capacity that is being developed within provincial social development departments to deliver welfare services, including ECD services. These spending patterns by government suggest that generally provinces were looking to build these partnerships as a means of expanding their service delivery capacity in line with the ECD policy objectives. Service delivery capacity for government relates to speedy processing applications for NGO and ECD facility registrations, speedy processing of applications for subsidies and improving turnaround time in the implementation of other regulatory functions (Treasury 2009:80-89). However, ambiguous or inconsistent policy, and policy that is difficult to enforce, represent an implicit encouragement of informalisation as it creates a climate suitable for the expansion of exploitative structures of informality, since it fails to provide active protection and support for informal actors, and provides gaps in the legal structure permitting stronger economic actors to make use of informal labour (Fernandez-Kelly and Garcia 1989:248, Standing cited in Roberts 1991:118).

Spending patterns on capital assets shows a high degree of variability between provinces as directly linked to the model of service delivery selected by different provinces. For example, provinces that relied heavily on NGOs for service delivery sometimes opted not to construct and own a government facility (Treasury 2009:80-89). The choice to rely on NGOs could be forced by the inability of government to deliver basic services, thus shifting the burden to poor households thus in line with

theory that the informal sector is above all a political creation; the conditions necessary for its co-ordination and operation on a major scale, even in a situation of economic crisis, can only exist in an environment of state complicity (Fernandez-Kelly and Garcia 1989:247-8, Weiss 1987:216).

During the financial period between 2005/06 and 20011/12, government departments leading in the provision of ECD services have sought to strengthen partnership with the NGOs through the development of a comprehensive ECD policy framework and such a framework sought to highlight the meaning of statutory services, the roles, responsibilities and the legal obligations on the side of the state in terms of social welfare service delivery. This approach, in turn, informed the development of an appropriate funding arrangement through subsidies between the state and NGOs, including those providing ECD services. This approach also enhanced the process of developing national ECD guidelines establishing minimum standards and monitoring compliance against these standards (Treasury 2009:80-89).



Driving this process was the administrative shift of the responsibility for budgeting for social assistance from provincial to national government in 2006/07, resulting in provinces allocating substantial additional resources to social development. However, the Treasury noted that provincial social developments that were expanding from a low base were struggling to spend all the additional funds flowing from centralised budgeting (Treasury 2009:80-89). As part of legal reform, provincial governments are constitutionally entitled to an 'equitable share' of national revenue, based on a formula reflecting provincial variables such as the school-age population, public school enrolments, the distribution of capital needs, the size of the rural population and the target population for social security grants weighted by a poverty index (OECD 2008:3).

Conclusion

First, ECD policy development in South Africa follows an international trend in that early human development and services and programmes for young children and families are seen as one of the most promising approaches to alleviating poverty and achieving social and economic equity for the world community (Engle et al., 2007; Grantham-McGregor et al., 2007; Ulkuer, 2006). Also, according to White Paper 5 on Education (Department of Education 2001: paragraph 3.1.4) ECD policy development in South Africa recognises that the primary responsibility for the care and upbringing of young children belongs to parents and families. However, because of the inequality in income distribution, and because ECD is a public good whose benefits spill over from individual parents to society as a whole, the government sees it as the state's responsibility to expand access and assure the quality of ECD services.



Second, ECD policy development in South Africa has all along followed a model through which provision of ECD services is still largely initiated by private organisations or individuals who bear the full cost of establishing the programme before it can be registered and access the government subsidy. Third, informal ECD provision in South Africa has developed within the context of the people's spontaneous and creative response to the state's incapacity to provide universal ECD services. Over the years the government has tentatively acknowledged that NGOs were essential partners in realisation of the national ECD plan to expand access and improve quality. As a result, numerous privately-run early childhood care and education facilities were encouraged by government to register with the department of social development. This in order that their operating costs could be subsidised through a funding model in terms of which the government pays up to R 17 per day per child living in poverty to the ECD center attended by the child. However, it does

not appear that this approach has succeeded in expanding access and improving quality of ECD services.





CHAPTER FOUR: FINDINGS

This chapter presents findings and analysis of data collected from the case study and interviews with important stakeholders in the ECD sector in order to assess government early childhood development policy to expand access and improve quality. In doing so, this chapter answers the following research questions in relation to the case-study site of Brown's Farm:

On Access by the children to ECD services, the thesis focuses issues such as the geographic distribution of ECD facilities located in the Brown's Farm settlement, the average distance travelled to ECD facilities, record-keeping practices for birth registration information, and whether there is contact with the local clinic. On Quality of ECD services, the thesis focuses issues such as the registration status of ECD facilities in Brown's Farm to determine whether the ECD facilities are Formal or Informal, on which ECD facilities know where to register, the type of building structures, and which ECD facilities have playgrounds and access to basic services (running water, electricity, sanitation). On Costs of ECD services, the thesis focuses issues such the number of ECD facilities that apply fee exemption policy to children from poor households, the average cost to parents of children attending at the ECD facilities, the fee-payment structure, and the number of ECD facilities that provide food.

These questions are considered relevant as they are assumed to have direct impact upon at least three things. First, is convenience with respect to short walking distances travelled by parents or care-givers to drop children at the ECD facilities. Second is whether ECDs meet the developmental and safety needs of children while in the care of the facility. Third is the affordability of costs of sending a child to the ECD facility as travel costs and fees are assumed to have a direct influence on maintaining regular attendance throughout the year.

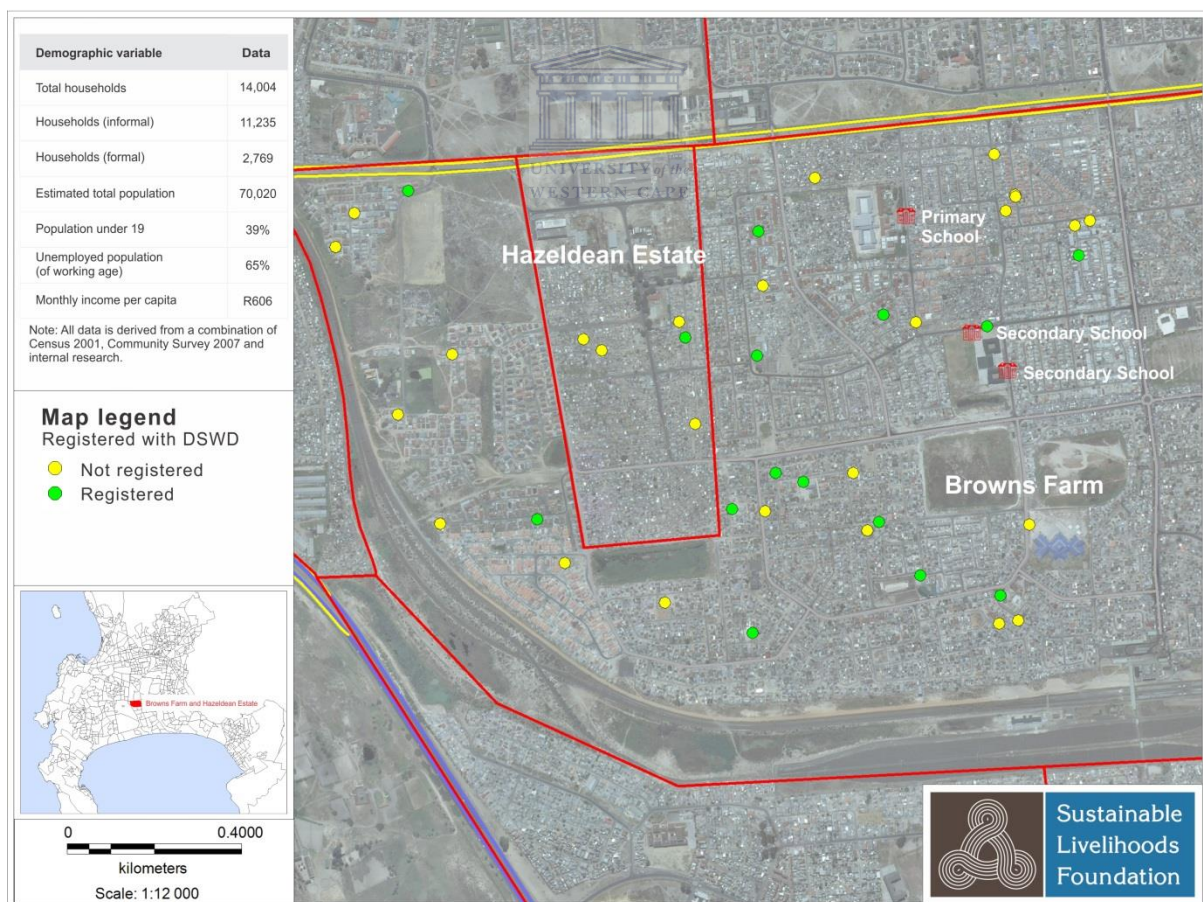
Each area of focus (Access, Quality, Costs) is also analysed by making comparative reference to the General Household Survey (GHS) data and Quarterly Labour Force Survey (QLFS) data. The GHS is a multi-purpose annual survey conducted by the national statistical agency, Statistics South Africa (Stats SA), to collect information on a range of topics from households in the country's nine provinces. The General Household Survey uses a sample of 30,000 households. These are drawn from Census enumeration areas using a two-stage stratified design with probability proportional to size sampling of primary sampling units (PSUs) and systematic sampling of dwelling units from the sampled PSUs. The resulting weighted estimates are representative of all households in South Africa (Stats SA 2011).

The Labour Force Survey (LFS) and its replacement, the Quarterly Labour Force Survey, are nationally representative surveys conducted by Statistics South Africa to provide population data on labour market participation. The Labour Force Survey was a bi-annual survey, conducted in March and September each year from 2000 to 2007. It was replaced in 2008 by the Quarterly Labour Force Survey, which, according to Stats SA (2011), is conducted four times a year. The sample frame is designed as a general-purpose household survey frame and is used by a range of other surveys including the General Household Survey, the Living Conditions Survey and the Income and Expenditure Survey (Stats SA 2011) – all of which play a role in the ECD policy and implementation framework.

From a national perspective, a number of schools have closed since 2002, making the situation worse for children in these areas. The Western Cape has not been spared in this wave of closure of public schools thus limiting options of available schools that parents can send children to for Grade R ECD services. Nationally, the number of public schools has dropped by 8% (over 2,000 schools) between 2002 and 2010, with the largest decreases in the Free State, North West and Limpopo. However, over the

same period, the number of independent schools has risen by 21% (239) (Department of Education 2004:7-19, Department of Education 2002:5-9). This underlines the significant role of ECD facilities in Brown's Farm and the likelihood that a majority of them is likely to operate for another ten years or more in order to provide ECD services that government is lacking capacity to provide. These indicators, are reflected in Statistics SA reports, are useful in understanding the state of ECD provision in South Africa in relation to primary education, given the general lack of reliable and updated statistics on ECD provision.

Figure 6: Brown's Farm ECDs registered versus unregistered
Distribution of educare / crèches showing registered vs non-registered
Browns Farm and Hazeldean Estate, Philippi, November 2011



In what follows, the chapter will describe the numbers and profiles of both the formal and informal types of ECD facilities in Brown's Farm using the questions identified above. Interviews to collect primary census data for the ECD facilities in Brown's Farm were conducted by the Sustainable Livelihoods Foundation (SLF) and data from those interviews is interpreted in this section. As indicated earlier on in Chapter One, Brown's Farm (see map of the case study area) is located in Philippi, on the Cape Flats, approximately 20km distant from the city centre.

The first section below presents information the level of accesses to ECD facilities in Brown's Farm, followed by a section on level of quality of ECD services, and the final sections explore the costs of ECD services.

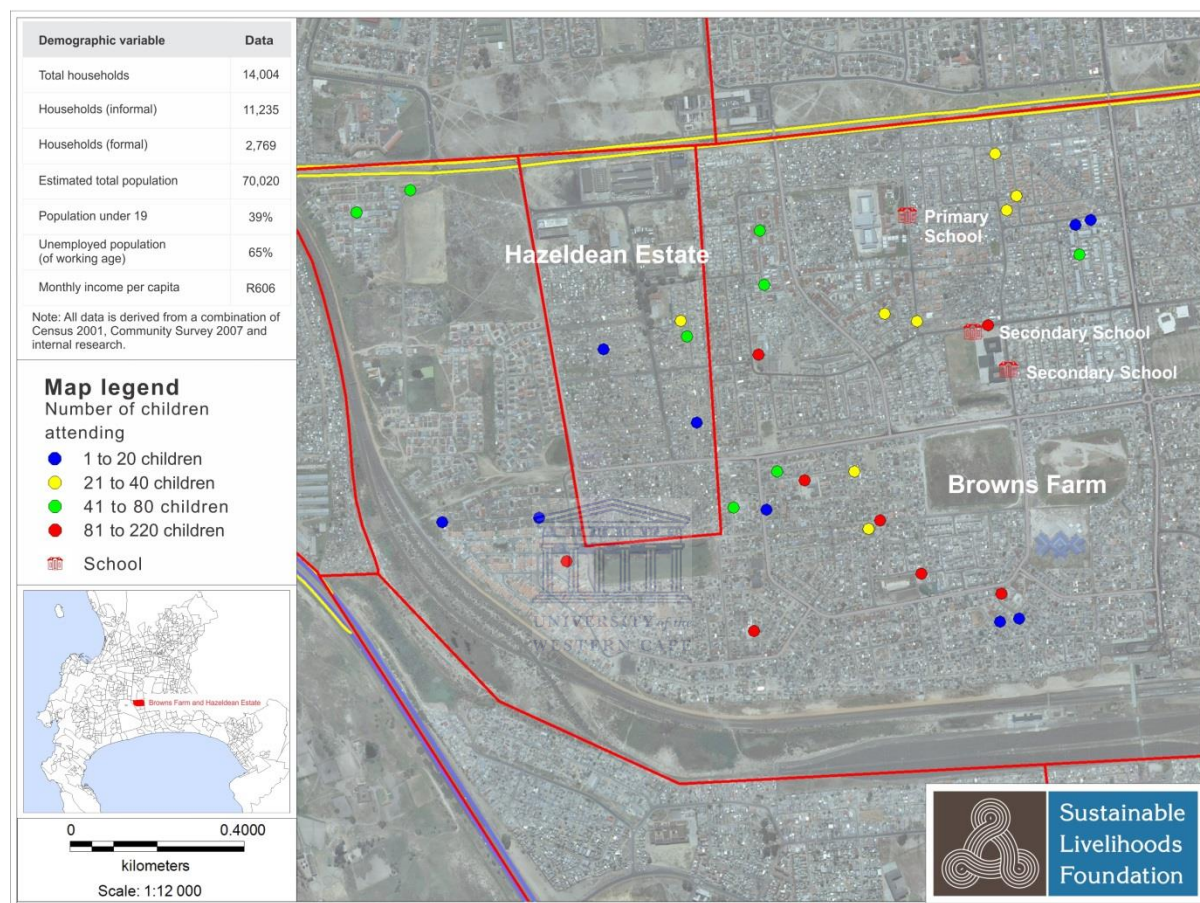


Access

Geographical Distribution of ECD Facilities

Figure 7: Brown's Farm ECDs Number of Attending Children

Distribution of educare / crèches by number of children attending Browns Farm and Hazeldean Estate, Philippi, November 2011



The geographical distribution of ECD facilities is reflected on the map above reflect an even spread across Brown's Farm settlement. 40 ECD facilities were identified during the mapping stage of the research. Of the 40 ECD facilities, some 38 were included in the survey component of the research. Two were excluded due to unavailability of managers and staff for interviews, even though they had initially agreed to set up appointments. There appears to be a good number of ECD facilities in Brown's Farm, and over a quarter of these were established in the last seven years. A spatial analysis of these ECD facilities reveals that they are typically scattered

throughout the settlement, as opposed to being located along the major transport routes or close to schools in the area. This suggests that available space in residential premises has influenced the distribution of the ECD facilities as Nearly all of them are located within private residential property, in a variety of accommodation ranging from the main house or prefabricated structure, to separate shacks, Wendy houses, shipping container structures or dedicated buildings next to houses. The availability of space to operate an ECD facility linked to the decision by ECD facility managers to be located within residential areas where children live has influence on the frequency and spatial distribution.

Accessibility of ECD Services

The analysis follows the same method used to report national statistics on access to schools, and distance is measured through a proxy indicator: length of time travelled to reach the ECD facility attended, which is not necessarily the ECD facility nearest to the child's household. In other words, it is possible that a child living on the one side of the settlement attends in an ECD facility that is on the other side of the settlement. The ECD facility is defined as 'far' if a child would have to travel more than 30 minutes to reach it, irrespective of mode of transport (Hall 2012:97) and in the case of Brown's Farm the case study reveals that facilities are not far.

A national perspective also informs that physical access to school remains a problem for many children, particularly those living in more remote areas where public transport is lacking or inadequate and where households are unable to afford private transport (Crouch 2005:8-19). According to Statistics South Africa (2011:7) three-quarters of South Africa's learners walk to school, while 9% use public transport. Around 2% report using school buses or transport provided by the government. The vast majority (80%) of White children are driven to school in private cars, compared

with only 7% of Black children (General Household Survey 2010:9). These figures provide a picture of pronounced disparity in child mobility and means of access to school.

The ideal indicator to measure physical access to school would be the distance from the child's household to the nearest school. This analysis is no longer possible due to question changes in the General Household Survey (Hall 2012:97). Instead, this indicator shows the number and proportion of children who travel far (more than 30 minutes) to reach the actual school that they attend, even if it is not the closest school. The complexity of understanding accessibility or inaccessibility of ECD services is indicative of the fluctuating demand for ECD services in Brown's Farm that is also influenced by high levels of population migration in search of employment opportunities, the insecurity of land tenure in the informal settlements, and high exposure to vulnerability caused by shack fires and seasonal floods. In other words, several factors at play influence the lived experience of having an access to ECD facilities.

In all the 38 ECD facilities interviewed, the average distance travelled by the majority of children to the facility is less than one kilometre. Home addresses provided by parents when enrolling children served as an indicator for households' location in Brown's Farm. This evidence suggests that with an increase in the number of registered ECD facility South Africa is progressively realising the goal of making ECD services more physically accessible. Most children walk to the ECD facility, usually accompanied by parents going to work or older siblings going to nearby schools. This suggests that the physical or special access to ECD facilities in Brown's Farm is thus not a problem in the sense that children can walk to the facilities, but financial access appears to be the problem in the sense that ECD is a fee-paying sector and therefore it does not appear that the existence of subsidies relieves parents of the financial burden for ECD services.

The number of existing ECD facilities in Brown's Farm suggests a degree of access to ECD services in comparison to some parts of the country where no such services exist. Also, a spatial analysis of these ECD facilities in Brown's Farm suggests that they are typically scattered throughout settlements. The distance travelled to ECD facilities does not appear to be a major concerns issue in Brown's Farm as most children 'walk' with siblings to the facilities. However, given the location of the primary school and the two secondary schools on the one side of the settlement as can be seen in the map, it is conceivable that some children living on the opposite far end of the settlement and far from the primary and secondary schools use taxis mainly to travel to the ECD facilities. Therefore, the cost, risk and effort of getting a child to an ECD facility on a regular basis is sometimes related to regular attendance of siblings in nearby primary and secondary schools. The few children who travel long distances to attend ECD facilities in Brown's Farm are likely to face the same challenges as in other parts of the country (Department of Education 2008:22, Department of Education 2005:12) which include having to wake up very early and risk arriving late or physically exhausted, which may affect their ability to learn.

A location of an ECD facility and distance from home can be a barrier to ECD services. Poor quality of roads, unavailable or unaffordable transport, and danger along the way also hamper access to ECD facilities. Risks may be different for young children, for girls and boys, and are likely to be greater when children travel alone, as in the case of Brown's Farm where siblings attending at nearby schools are responsible for dropping children at ECD facilities and fetching after school to travel back home them. Therefore, access to ECD facilities and other educational facilities is necessary for achieving the right to education and meeting the priority objectives of the ECD policy to expand access to ECD services.

Children Under Four Years and Those With Disabilities

In the previous Chapters this thesis discussed an argued by Berry et al (2013) that more than 80% of children aged 0 – 4 years in the poorest 40% of the population are entirely excluded from registered ECD programmes and thus do not feature in national budget calculations. This is largely so because the overwhelming number of ECD services cater for older children aged 5 – 7 years. Yet this is another important area of policy framework is that ECD impacts on minimising risks to which children are exposed to as they grow up by also enhancing the protective factors that are part of quality ECD provision. The realisation of these factors is dependent on the quality of the biological, social and economic environment in which the foetus, infant and young child develops, especially whilst in utero and in the first two years after birth – a period commonly referred to as the 1000-day window period. In recent years, Bhutta et al (2008:417) has highlighted the 1000-day window period of opportunity from pregnancy to 24 months as a critical period in the development of a child and strong evidence that investments in the nutritional, cognitive, and socio-emotional development of young children have high payoffs. Also, Nobel laureate James Heckman (2006:411) and his colleagues champion ECD as the most cost-effective form of human capital investment compared with primary education or any subsequent schooling. What remains of concern is that to forgo greater investment in ECD interventions means compromising the well-being of South Africa's communities, perpetuating cycles of poverty, poor educational attainment, ill health, inequality and socio-economic challenges (Berry L, Biersteker L, Dawes A, Lake L & Smith C et al 2013:79).

Also, the current funding model lies at the heart of the perpetual inequity that characterises the ECD landscape in South Africa as ECD programmes and facilities for children aged zero to four years are still largely initiated by private organisations

or individuals who bear the full cost of establishing the programme. Only once ECD programmes are established and incubated in the informal sector can they be registered and gain access to the ECD subsidy. Observations made in Brown's Farm reveal that only seven (18%) of 38 ECD facilities reported having children with disabilities due to ECD facilities inability to cater for children with disabilities and special needs. These seven ECD facilities also reported that on more than one occasion they have turned down applications for children with disabilities because of shortage of competent staff members to look after these children and because of the limited physical infrastructure to accommodate these children in their buildings. This strongly suggests that children with disabilities do not have adequate access to ECD services. Only 12 (32%) of 38 ECD facilities – those operating for longer hours – reported enrollment numbers of children less than three years old. This suggests at least two scenarios. First, that the majority of children under the age of four and children with disabilities in Brown's Farm still have no adequate access to ECD services. This scenario suggests that, for example, the 40 ECD facilities in Brown's Farm can only serve 800 children among themselves. With an estimated 10,000 children being eligible for ECD services in Brown's Farm and that leaves about 9,200 children without access to ECD provision, with only 8% attending. Even if 4,600 (50% of the 9,200 children) receives ECD services by attending ECD facilities outside Brown's Farm, there is still about 4,600 children that are left without access to ECD services. This estimation is based on the national census figures for the area.

The second scenario suggests that the situation is not that bad as the number of children in Brown's Farm ready to attend at ECD facilities could be as low as 3,000 as opposed to 10,000 as, according to national trends noted by Hall (2012:54), parents may prefer to look after the children at home. This would up the rate to 26.6%. According to Hall (2012:54), this is not necessarily a bad thing, as very young children are usually better off cared for at home than in large facilities that may be of poor quality. This is because the General Household Survey for 2010 shows that only

18% of 0 – 2-year-olds access facility-based ECD services in South Africa (Stats SA 2011). Historically, ECD programmes in Africa have indigenous roots prior to documentation of programmes and colonial influences (Prochner & Kabiru 2008). In Africa today, kinship care is one the primary modes of care for children younger than three years of age with an emphasis on community-based delivery systems (Marfo et al 2008). Although many children live with just one of their biological parents (invariably their mother), this does not mean that the mother is a ‘single parent’ as she is not necessarily the only adult caregiver present in the household. In most cases, there are other adult household members, such as aunts and grandparents, who may help to care for children. This is indicated by the profile of people who are listed as designated family members who can drop and fetch children from the ECD facilities in Brown’s Farm.

In addition, South Africa has a long history of children not living consistently in the same dwelling as their biological parents because of poverty, labour migration, educational opportunities, or cultural practice. It is common for relatives to play a substantial role in child-rearing. Many children experience a sequence of different caregivers, are raised without fathers, or live in different households to their biological siblings. Indeed enrolment figures alone do not capture the regularity of children’s attendance, or their progress through ECD in terms of acquisition of skills. Research elsewhere has shown that children from more ‘disadvantaged’ backgrounds – with limited economic resources, lower levels of parental education, or who have lost one or both parents – are indeed less likely to enrol for ECD services and are more prone to dropping out or progressing more slowly than their more advantaged peers (Crouch 2005:8-19). Similarly, enrolment figures and attendance rates provide limited information about the quality of teaching and learning that take place in ECD facilities as some facilities do no more than feed and get children to sleep. This was a limitation of the study in assessing the success of the

ECD policy in improving quality of services, as it did not focus on issues such as availability of lesson plans and appropriate learner materials.

Finally, the results suggest that there is a need for more ECD facilities in order to expand access to ECD provision in Brown's Farm. This could be achieved by first ensuring that the existing unregistered ECD facilities get assistance in order to meet the registration requirements so that they can access government ECD subsidy. Secondly, access to ECD facilities can be expanded in different ways as many facilities lack the necessary resources to offer a basic learning programme and food, and alternative models for funding non-centre-based programmes are also needed to support very young children and their caregivers (Biersteker 2012). This will be in recognition of the need for delivery of ECD services to be through different programme types, and not just through facilities. This approach will also encourage the roll-out of home-based, community-based and center-based programmes to secure ECD services for all children, with a special emphasis on those aged 0 – 4 years and vulnerable children, especially those in rural areas, children living in underserviced areas, children with disabilities and/or children who are chronically ill.

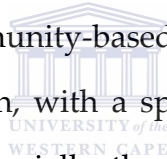
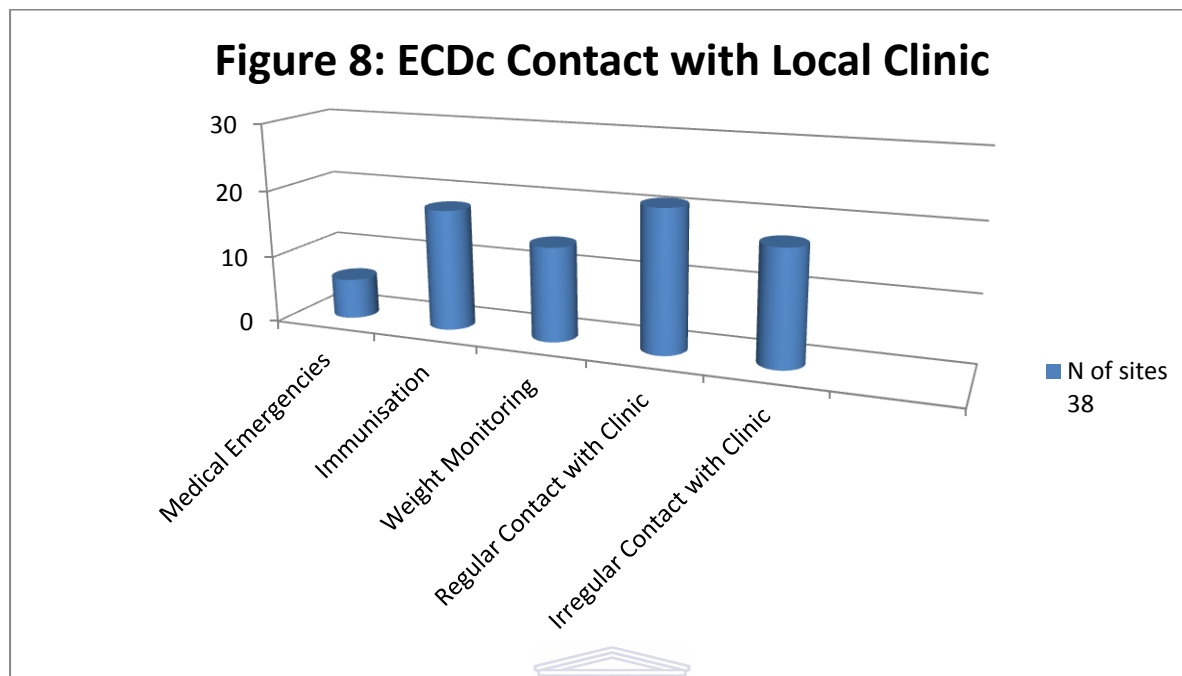


Figure 8: ECDs Contact with local Clinic



According to Section 27 of the Constitution of South Africa, everyone has the right to have access to health care services. In addition, section 28 (1) (c) gives children ‘the right to basic nutrition and basic health care services’. The health of children is influenced by many factors, including nutrition, access to clean water, adequate housing, sanitation and a safe environment. Primary health care facilities provide important preventative and curative services, and increased access to such facilities could substantially reduce child illness and mortality. Children therefore need access to good and reliable health services to ensure that they receive life-saving interventions such as immunisation and antiretroviral therapy. Physical inaccessibility poses particular challenges when it comes to health services, because the people who need these services are often unwell or injured, or need to be carried because they are too young, too old or too weak to walk. Long distances, poor roads and high transport costs can make it difficult for children to reach health care facilities and for mobile clinics and emergency services to reach outlying areas.

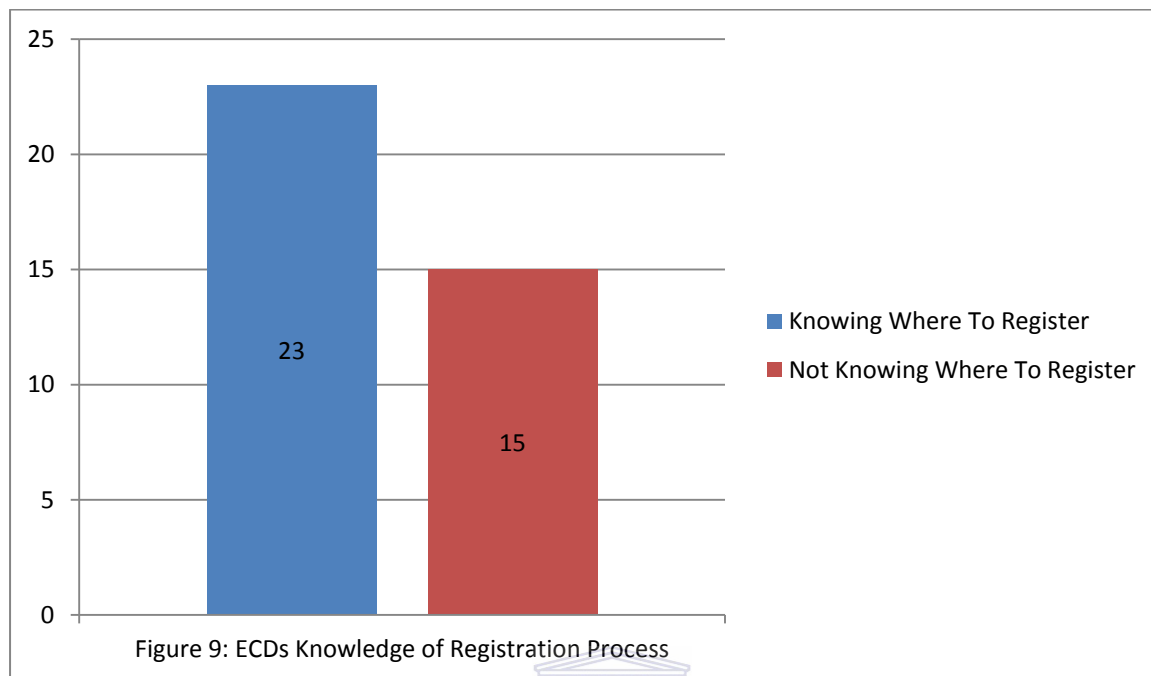
A total of 21 (55%) of the 38 ECD facilities reported to have regular contact with the local clinic while 17 (45%) occasionally make contact. Also, six (16%) of the 38 ECD facilities frequent their interaction for the purposes of medical emergencies, 18 (47%) for immunisations, as well as 14 (37%) for weight monitoring. The local clinic in Brown's Farm is situated on Msingizana Street and is six kilometres from the farthest away ECD facility and after operating from 12 shipping containers for over twelve years the local clinic was built and opened by the provincial government in November 2006. All the 38 ECD facilities interviewed are within 30 minutes reach to health facilities and ECD facilities reported having a relationship with health facilities in the area.

QUALITY OF ECD SERVICES



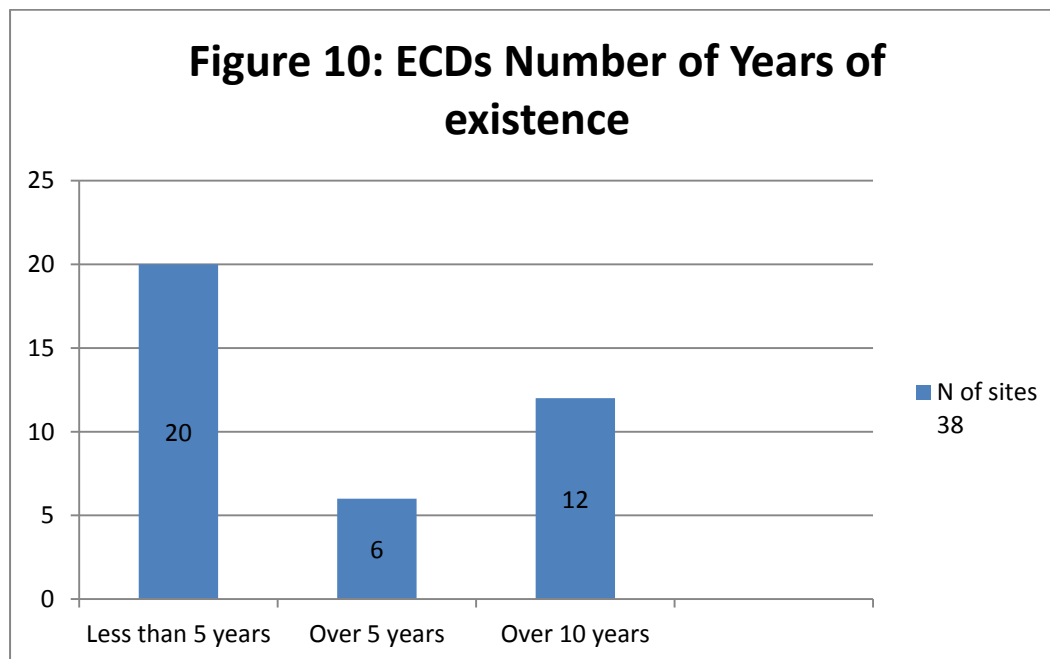
This section will use various headings to focus on issues that relate to three types of outcomes in early childhood that are critical for future development in the life of a child: (1) physical growth and well-being, (2) cognitive development, and (3) socio-emotional development. This approach is important to gain an insight into the internal workings of the ECD facilities as enrolment figures and attendance rates alone provide limited information about the quality of teaching and learning that take place in ECD facilities as some facilities do no more than feed and get children to sleep.

Figure 9: ECDs Knowledge of Registration Process



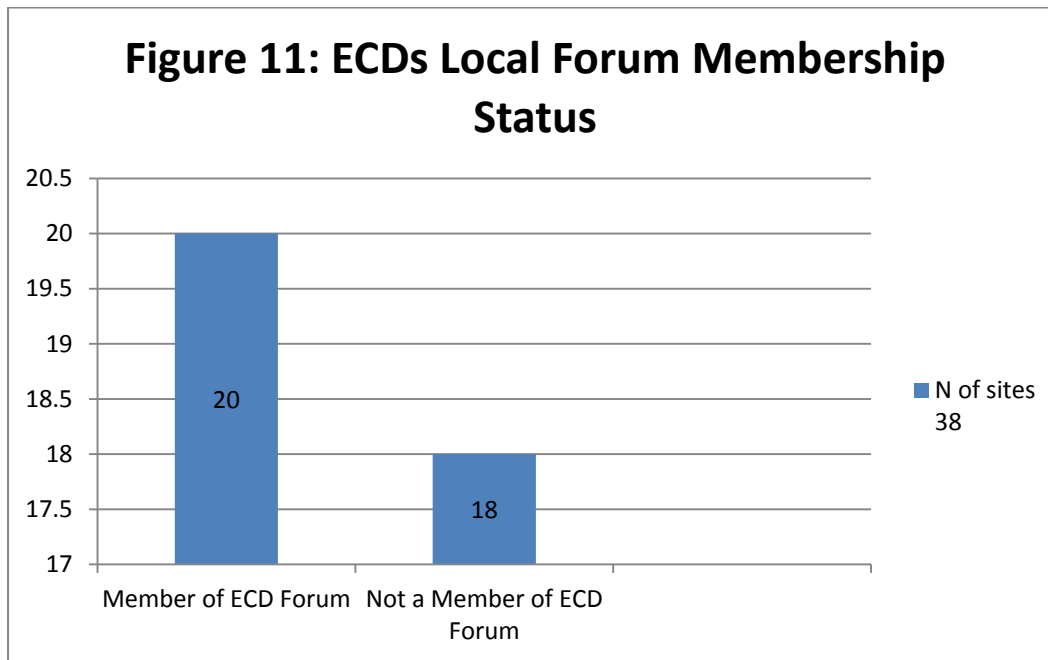
Of the 38 ECD facilities mapped, 23 (61%) were registered and categorised as formal while 15 (31%) were not registered and therefore categorised as informal. These figures are self-reported and were not verified with an official registration document or official database administered by government. Of the 15 unregistered ECD facilities, only seven (47%) reported knowing where to register, although none of these were in the process of applying for registration yet. Information on where to register is generally shared at local ECD forum meetings and lack of knowledge on where and how to register could have a negative impact on meeting government target to register all informal ECD facilities. Also, it appears that the majority of registered ECD facilities had better facilities compared to the unregistered ones.

Figure 10: ECDs Number of Years of Existence



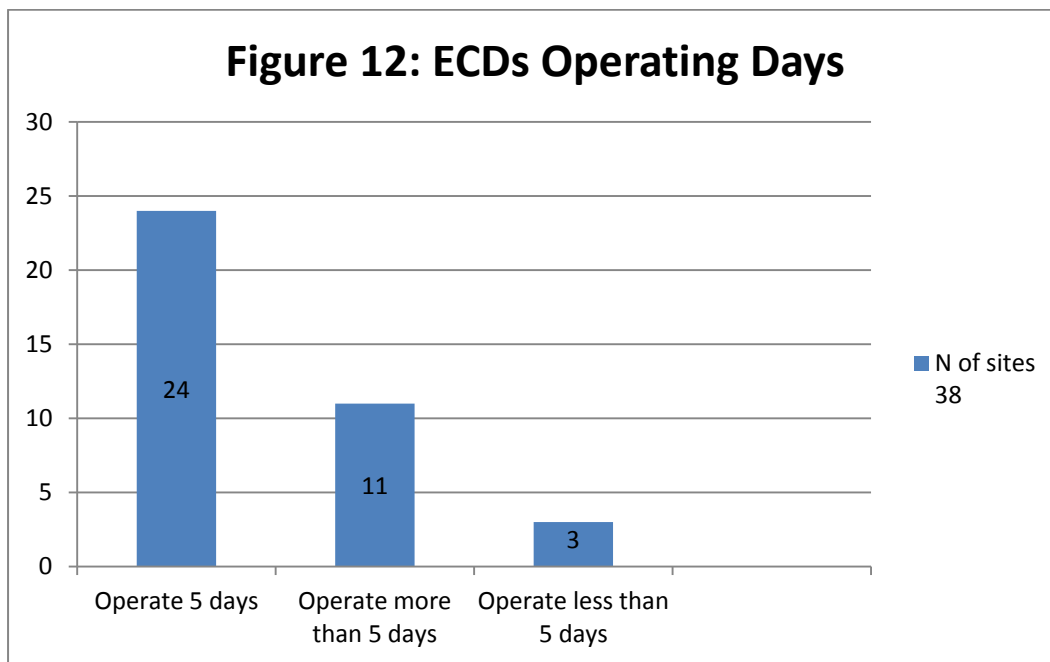
Looking at the functionality state of the facilities, the study found that out of the 38 ECD facilities, 20 (53%) have been in operation for less than five years, six (16%) for over five years, and 12 (32%) for over 10 years. This suggests an increasing demand for, and informal supply of, ECD services that is coupled with population growth and increasing population density in the area. Also, it suggests that the roll-out of the EPWP programme to include ECD services has influenced the establishment of the 20, mostly informal, ECD facilities that have been in operation for less than five years. This can also be understood in the context that the ECD policy has only been introduced recently in South Africa and the apparent link between the introduction of the ECD subsidy and the proliferation of informal ECD services providers in the hope of graduating to become formal and benefit from the subsidy. Therefore, in the context of ECD provision in South Africa, the informal sector is not delinked from the formal sector as the informal exists in order to get established and join the formal and benefit from the ECD subsidy provided by the government.

Figure 11: ECDs Local Forum Membership Status



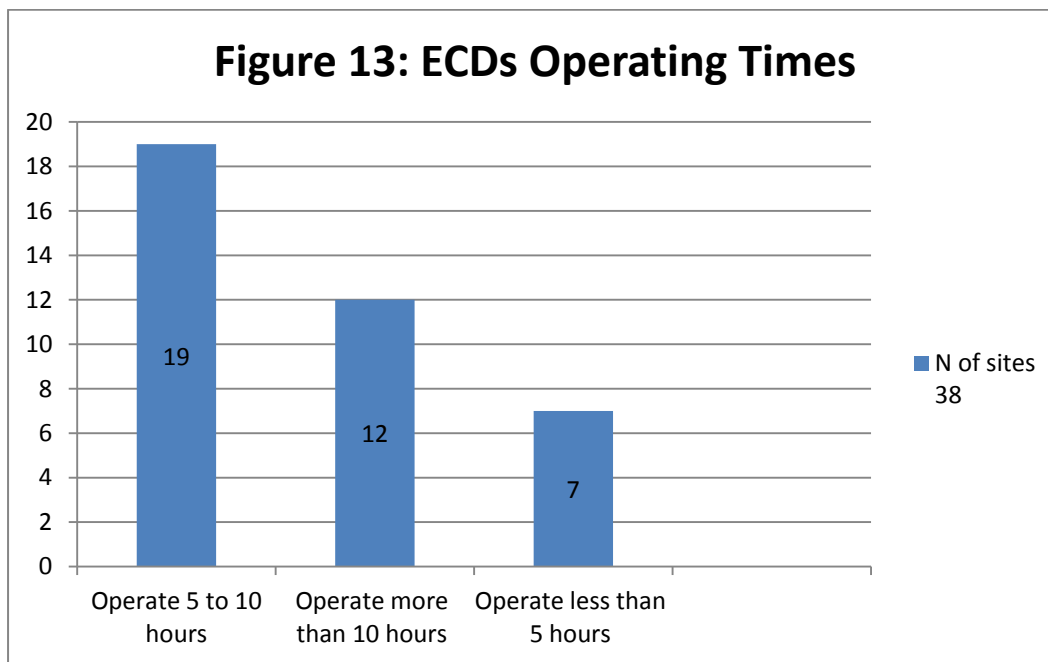
About 20 (53%) of the 38 ECD facilities reported to be part of one or more ECD forums while 18 (47%) reported never being part of any ECD forum. The study revealed that, generally, facilities that have existed for less than five years are generally not affiliated to any forum. Those affiliated view ECD forums (which usually have different focus areas such as health, birth registration and social grant registration, nutrition, safety and security) as important for networking and finding opportunities for funding and external support.

Figure 12: ECDs Operating Days



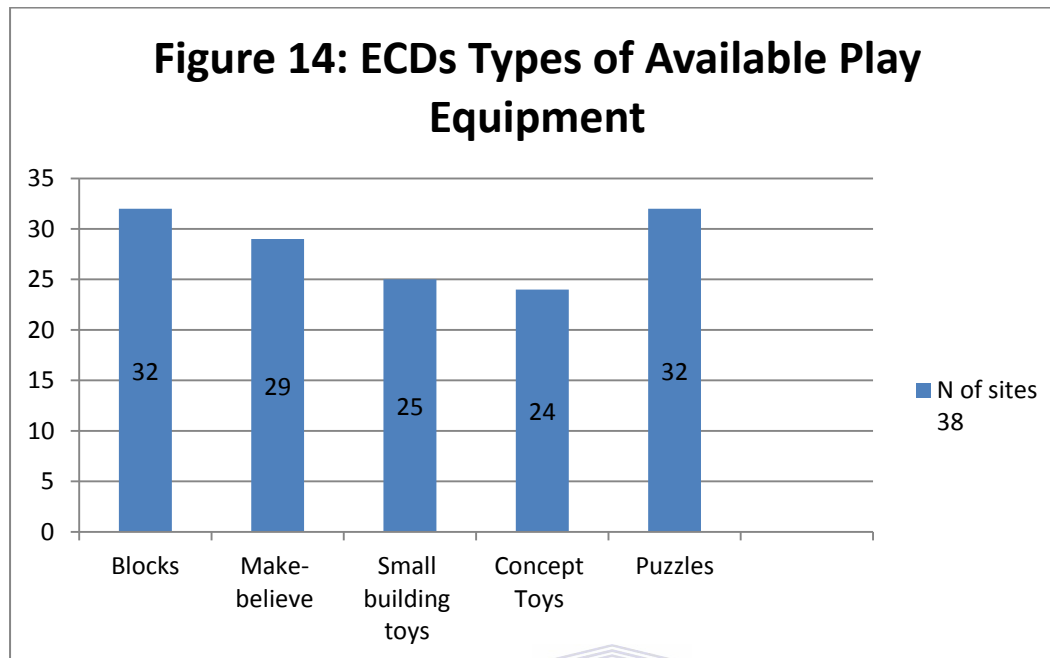
There are 24 (63%) ECD facilities that operate five days a week whereas only 11 (29%) operate more than five days, and three (8%) less than five days. There are 33 ECD facilities that are open and providing services all year long (January to December).

Figure 13: ECDs Operating Times



Also, there are 19 (50%) ECD facilities that operate for five to 10 hours a day, whereas 12 (32%) operate for longer (i.e. more than 10 hours). However, seven of the facilities (18%) operate for less than five hours. Facilities using corrugated iron or shipping containers open for less than five hours, especially during the rainy winter season where facility managers reported that attendance rates tend to drop. This could be due to limited options of activities that parents perceive children to have and therefore a weighing of cost-benefits of sending children to the ECD facility on cold and rainy days.

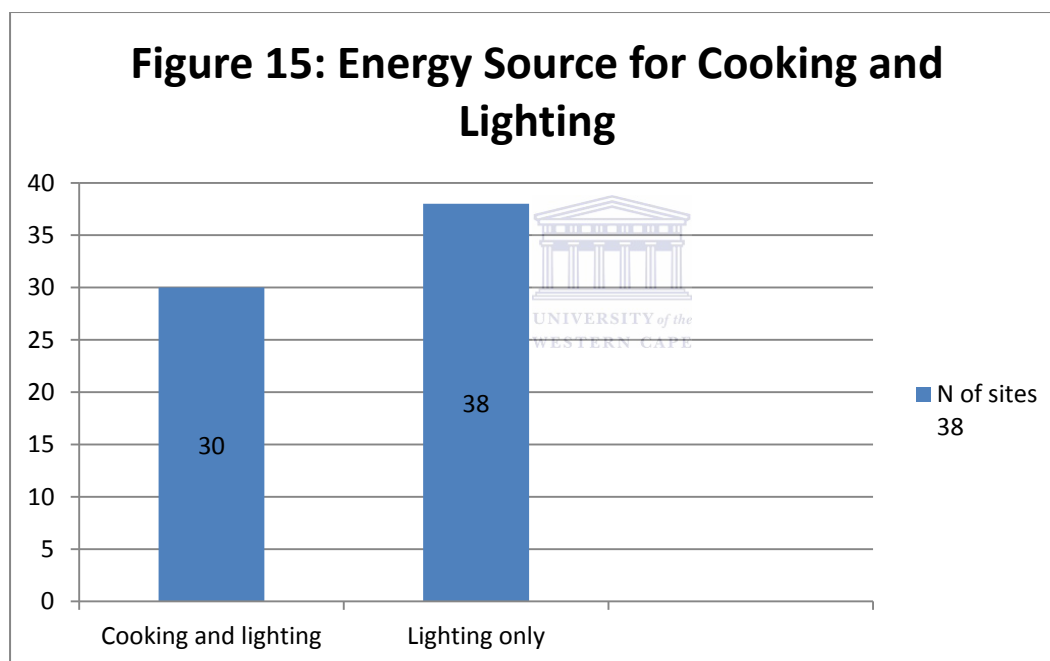
Figure 14: ECDs Types of Available Play Equipment



Only 12 (32%) of the 38 facilities had playgrounds with rudimentary supply of play equipment. The practicality of operating an informal ECD facility as a business enterprise is challenging. The small size of the property in which many ECD facilities in Brown's Farm and other townships in South Africa operate exacerbates these challenges because they lack basic infrastructure and management capacity to meet registration requirements in order to access government subsidy. Not all ECD facilities in Brown's Farm have adequate play materials as out the 38 facilities only 32 (84%) have blocks; 29 (76%) have make-believe apparatus; 25 (66%) have age-appropriate small building toys; 24 (63%) have age-appropriate concept toys for identifying shapes, colours and textures; and only 32 (84%) have age-appropriate puzzles for children to play with. Yet these are essential teaching apparatus in order to achieve three types of outcomes in early childhood that are critical for future development in life: (1) physical growth and well-being, (2) cognitive development, and (3) socio-emotional development (Alderman 2011:1). Notably, facilities with no

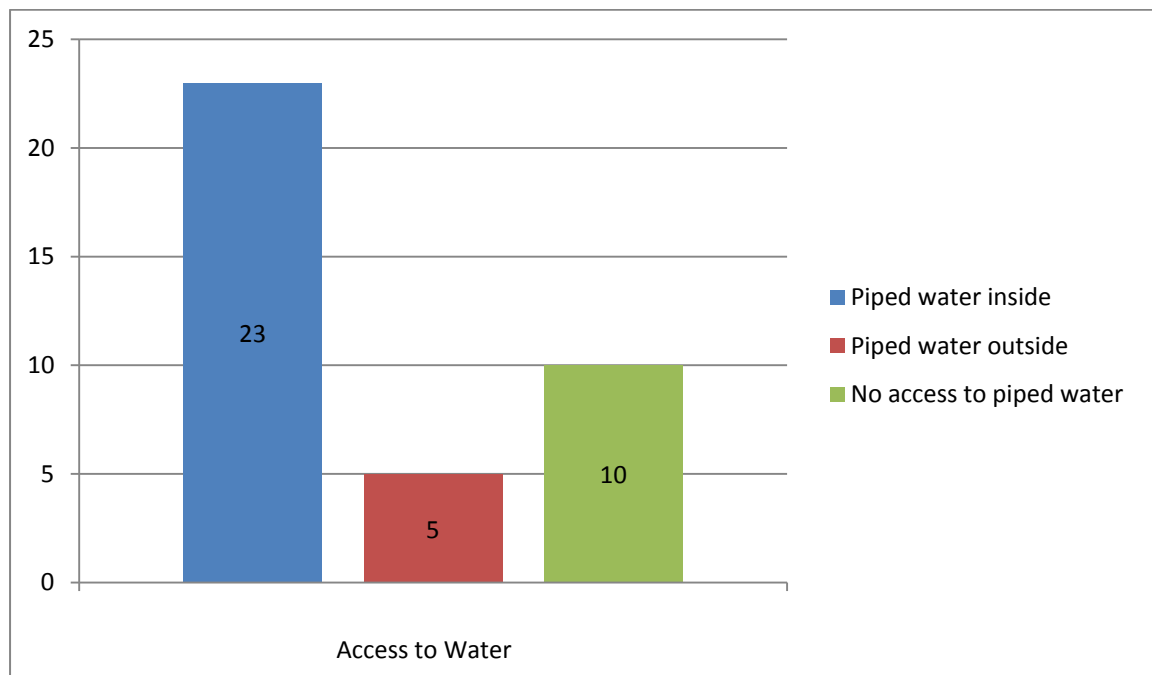
playground or play facilities experience low attendance rates during rainy winter season. This could be due to limited options of activities that parents perceive children to have and therefore a weighing of cost-benefits of sending children to the ECD facility on cold and rainy days. Respondents were asked about the physical conditions and basic services available at their facility and the main source of power/energy and water was established, as well as the type of toilets and use of ECD-building.

Figure 15: Energy Source for Cooking and Lighting



Electricity was identified as the main source of power and energy used for cooking in 30 (79%) of the 38 ECD facilities as well as lighting in 38 (100%) of the 38 facilities. The five that used a container structure and the four that used corrugated iron structures were connected to electricity in the residential house while others have direct connection to the power lines.

Figure 16: ECDs Access to Water

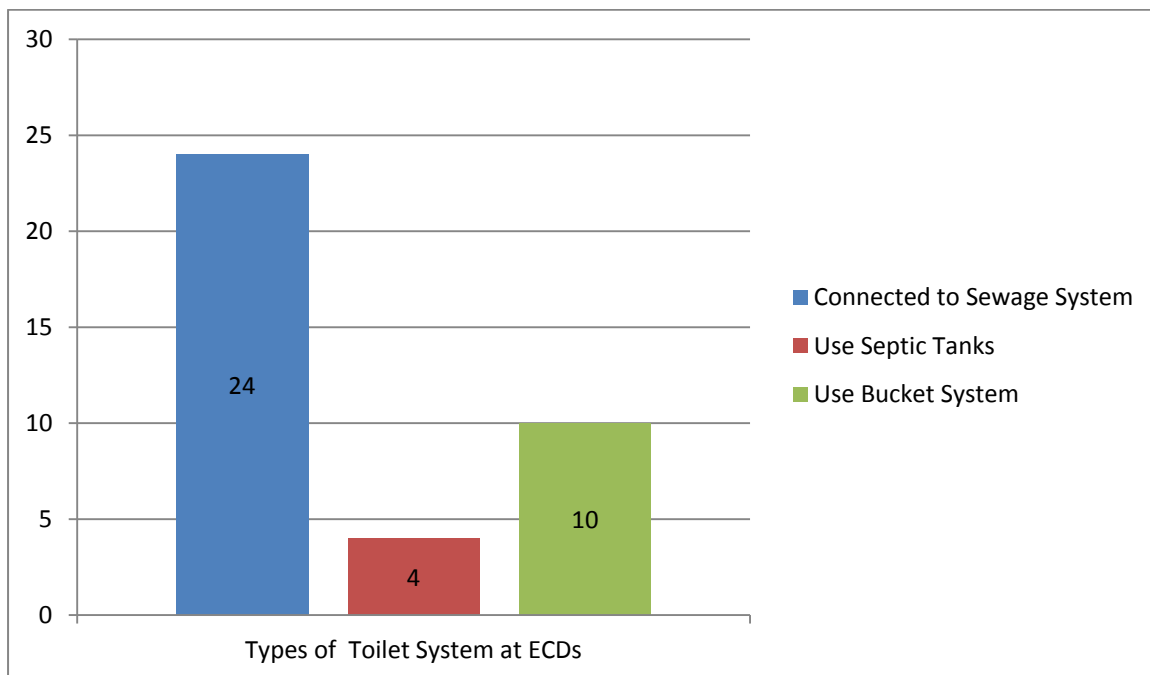


Clean water is essential for human survival. Section 27 (1) (b) of the Constitution of South Africa provides that 'everyone has the right to have access to ... sufficient ...water' and section 24 (a) states that 'everyone has the right to an environment that is not harmful to their health or well-being'. The World Health Organisation has defined the minimum quantity of water needed for survival as 20 litres per person per day (Ki-moon 2007). This amount includes water for drinking, cooking and personal hygiene. This water supply must be close to the home or the ECD facility, as ECD facilities and households that travel long distances to collect water often struggle to meet their basic daily quota. This can compromise children's health and hygiene. Moreover, young children are particularly vulnerable to diseases associated with poor water quality. Gastro-intestinal infections with associated diarrhea and dehydration are a significant contributor to the high child mortality rate in South Africa (Westwood 2011) and intermittent outbreaks of cholera pose a serious threat to children in some provinces. It is a positive finding in this study that all 38 ECD facilities have access to clean drinking water on site. In this way, children are less at risk of diseases associated with poor water quality.

The study found 23 (61%) ECD facilities with access to piped water inside the building structure. Also five (13%) have piped water outside the facility (mainly from the residential house). However, 10 (26%) of the ECD facilities (mainly those using corrugated iron or shipping containers) have access only to water tankers shared with neighbouring households. This indicator shows most of the number ECD facilities had access to a safe and reliable supply of drinking water – either inside the facility or on site. This is used as a proxy for access to adequate water. According to the international standards set by the World Health Organisation, all other water sources, including public taps, water tankers, dams and rivers, are considered inadequate because of their distance from the ECD site or the possibility that water is of poor quality. The indicator does not show if the water supply is reliable or if ECD facilities have broken water facilities or are unable to pay for services and therefore face occasional disconnections.



Figure 17: Types of Toilet System at ECDs



A basic sanitation facility is defined in the government's Strategic Framework for Water Services (Department of Water Affairs and Forestry 2003:50) as the infrastructure necessary to provide a sanitation facility which is 'safe, reliable, private, protected from the weather, and ventilated, keeps smells to a minimum, and is easy to keep clean. It must minimise the risk of the spread of sanitation-related diseases by facilitating the appropriate control of disease carrying flies and pests, and enables safe and appropriate treatment and/or removal of human waste and wastewater in an environmentally sound manner'. According to the framework, which also takes a cue from the standards set by the World Health Organisation, adequate toilet facilities serve as proxy for basic sanitation. This includes flush toilets and ventilated pit latrines that dispose of waste safely and that are within or near a facility. Inadequate toilet facilities include pit latrines that are not ventilated, chemical toilets, bucket toilets, or no toilet facility at all.

Sanitation aims to prevent the spread of disease and promotes health through safe and hygienic waste disposal. To do this, sanitation systems must break the cycle of

disease. For example, the toilet lid and fly screen in a ventilated pit latrine stop flies reaching human waste and spreading disease. Good sanitation is not simply about access to a particular type of toilet. It is equally dependent on the safe use and maintenance of that technology; otherwise, toilets break down, smell bad, attract flies and insects, and spread germs.

Good sanitation is essential for safe and healthy childhoods. It is very difficult to maintain good hygiene without water and toilets. Poor sanitation is associated with diarrhea, cholera, malaria, bilharzia, worm infestations, eye infections and skin disease. These illnesses compromise children's nutritional status. Using public toilets and the open veld (fields) can also put children in physical danger. The use of the open veld and bucket toilets is also likely to have consequences for water quality in the area and to contribute to the spread of disease. Poor sanitation undermines children's health, safety and dignity.

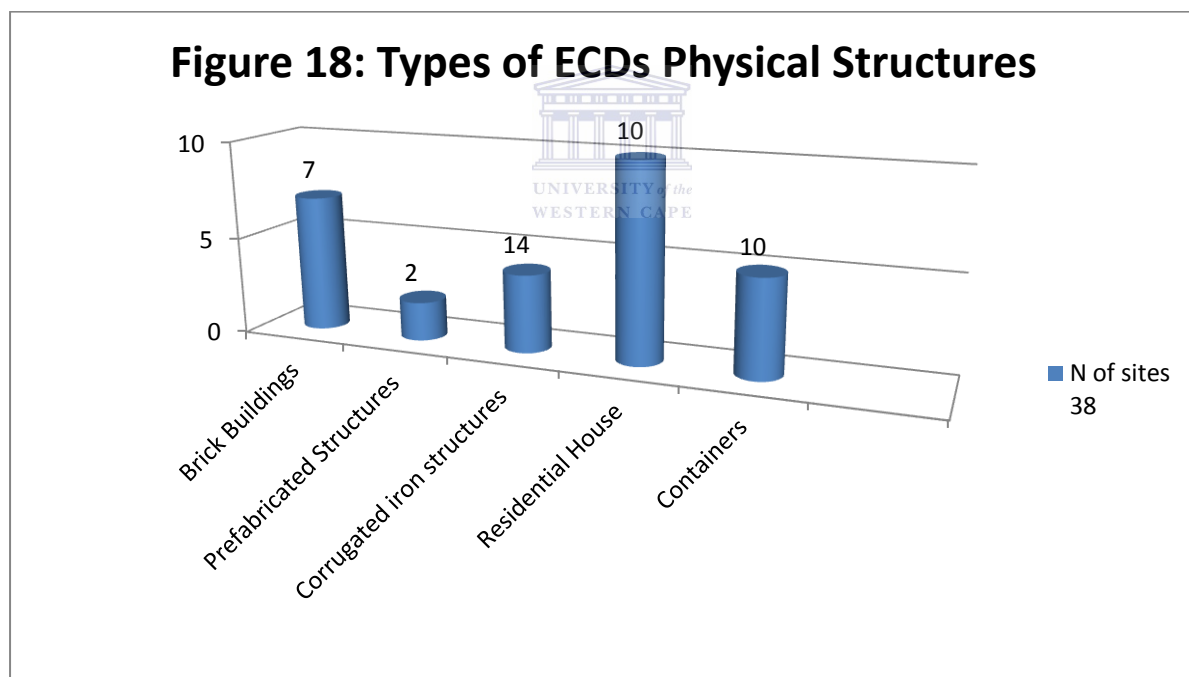


There are 24 (63%) of the 38 ECD facilities that utilise a flush toilet system that is connected to a sewage system. This number is followed by four (11%) using the flush toilet with a septic tank system. A total of 10 (26%) made use of buckets or potties and had no special toilet facilities for the children, and this is a particularly troubling finding. The data shows a general improvement in children's access to sanitation across ECD facilities, although the proportion of facilities without adequate toilet facilities remains worryingly high. The statistics on basic sanitation provide yet another example of persistent inequality caused by the geographic location of the ECD facilities.

All ECD facilities have access to a telephone in some or other form, but mostly use a cell phone that is always answered by a staff member and the number is included in the official stationery of the ECD. Differentiation between landline and mobile telephones was irrelevant as telephone connectivity took precedence over form.

Indeed landline telephones are not widely available or reliable in townships where cable theft may be a serious problem. ECD facility managers considered access to telephone as important for communication with parents and for the safety of children in cases where parents wished to contact the facility to make alternative arrangements for an early release of children or for someone else either than the designated persons to fetch children. Also, ECD facility managers identified the importance of keeping the same number over the years for easy referrals to parents of prospective children and ECD networks as marketing is largely conducted by word of mouth.

Figure 18: Types of ECDs Physical Structures



The infrastructure requirements for ECD facility registration cannot overlook the fact that informality is, according to Roy (2005:148) already a domain of intense market transactions and formalization cannot succeed without taking into account the prevailing contextual issues. As such, formalisation occurs not in a vacuum, but rather amidst a complex system of existing ‘property interests’ (Roy 2005:148). For

the purposes of the indicator, 'formal' housing serves as a proxy for adequate housing and consists of dwellings or brick structures on separate stands. 'Informal' housing consists of informal dwellings or shacks in backyards or informal settlements. These dwelling types are listed in the General Household Survey, which is the data source (Statistics South Africa (2011), General Household Survey (2010)).

Children's right to adequate housing means that they should not attend ECD services in informal dwellings. One of the UN Committee on Economic, Social and Cultural Rights' seven elements of adequate housing is that the housing must be 'habitable' (United Nations 1991). To be habitable, houses should have enough space to prevent overcrowding, and should be built in a way that ensures physical safety and protection from the weather. For the purpose of ECD facility registration under the policy, formal brick houses that meet the state's standards for quality housing are considered 'habitable housing', whereas informal structures such as shacks and containers are not considered habitable or adequate. Shipping containers and corrugated iron structures makes up the bulk of the housing structure for unregistered facilities.

Access to services is another element of 'adequate housing' in ECD facilities. ECD facilities with formal building structures areas have services on site than those with informal building structures. As such, children attending in informal facilities are also more exposed to hazards such as fires and exposed electricity power lines. These environmental hazards associated with informal housing are exacerbated for very young children. The type of housing structure of ECD facilities in Brown's Farm mirrors the picture in the community and the province. The greatest proportions of inadequately housed children are in the provinces with relatively large metropolitan areas and small rural populations. This is probably associated with urban migration and the growth of informal settlements around urban areas. The main provinces with informally-housed child populations are the Western Cape

(where 22% of children live in informal dwellings), Gauteng (19% of children) and North West (17%). Virtually all children in the wealthiest 20% of households live in formal dwellings, compared with only 63% of children in the poorest 20% of households (Statistics South Africa (2011), General Household Survey (2010)).

The right to health can be infringed as communicable diseases spread more easily in overcrowded conditions. Overcrowding makes it difficult to target services and programmes to ECD facilities and households effectively – for instance, urban households are entitled to six kiloliters of free water, but this household-level allocation discriminates against overcrowded ECD facilities and households because it does not take accurately account of actual number of individual children in the facility.

It was found that seven (16%) ECD facilities used a brick building exclusively for ECD provision, 10 (23%) used a residential house, two (5%) used prefabricated structures, 10 (23%) used container structures, and 14 (33%) used corrugated iron structures. The unregistered facilities had buildings that were rated as being in a bad or very bad condition. This may explain why some of them remain unregistered, as they cannot meet infrastructure requirements. A number of respondents suggested that a relaxation of high standards for infrastructure and the aggregation of ECD facilities would facilitate registration of more ECDs in Brown's Farm and reduce the immediate burden for capital investment before ECD facilities could access government subsidy. Indeed, transitional arrangements for registration could be a middle ground solution with mutually beneficial outcomes not only to government and informal ECD facilities, but also to parents and children. This are of the policy deserves urgent attention in the context of informality and urbanization. ECD provision is a national, multi-sectoral, and inter-departmental responsibility that relies on the provision of health, social welfare, housing and sanitation. Therefore, the ECD policy to formalise community-based facilities must take into account that

informality is a state of exception determined by the sovereign power of the planning apparatus.

Staff Qualification Levels

Increased demand for women to enter the labour market and therefore spend less time at home and the increasing levels of unemployment due to restructuring at work places brought about by the advancement of technology in production. Increases in women's labour force participation also raised demands for out-of-home care in the early years (Witte & Trowbridge 2004). Parallel to this development, government investment in preschool has increased (Vegas & Santibañez 2010). This is an important point given the fact that women make up an important number of participants in the Expanded Public Works Programme (EPWP).



Beyond social grants, the government's next most publicised income-poverty alleviation programme is the EPWP also to develop the ECD sector via the government short term work opportunities, aimed at drawing significant numbers of unemployed people into productive work by increasing their capacity to earn a sustainable income through training.

This emphasis to massification at the expense of quality is illustrated in government announcement in 2008 to intensify EPWP to absorb more entrants, including doubling the number of children enrolled in Early Childhood Development to over 600 000 through 1 000 new sites with more than 3 500 practitioners trained and employed, and increasing the number of care-givers (State of the Nation Address 2008). Indeed the availability of funded or subsidised training is a major drive for ordinary people to be involved in the ECD sector given the profile of the workforce

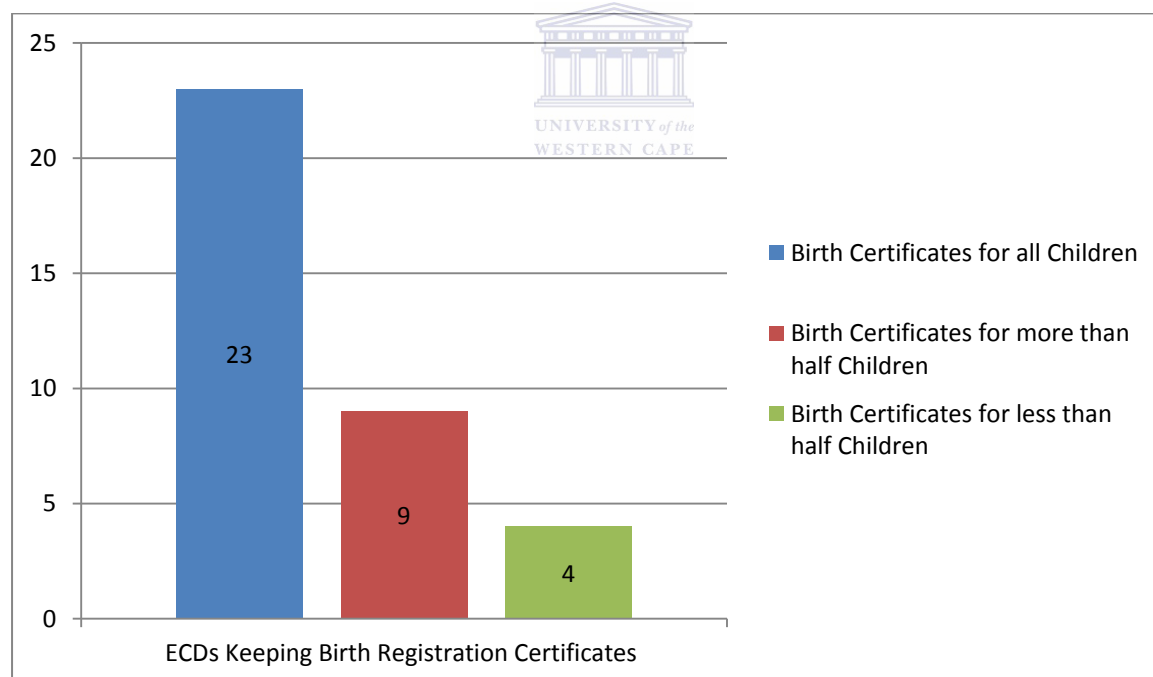
who are largely women with limited formal education and earning low salaries (Department of Public Works Budget Vote Speech 2013).

The majority of staff in ECD facilities in Brown's Farm indicated that they do not have level one to five accredited ECD-qualifications, and that they did not consider this a set requirement. Those who do have formal qualifications are former teachers, nurses, or social workers. Given the importance placed by the ECD policy on improving quality in ECD provision, this lack of appropriate qualifications may at face-value appear as a cause for concern. However, it is important note that in the context of informality, all other ECD-related qualifications attained from NGO-facilitated-training or tertiary institutions that are not currently accredited by the Department of Education compensate for the gap resulting from lack of government accredited ECD-qualifications. The inclusion of these qualifications was beyond the scope of this study and therefore the actual level of education of ECD-staff is largely inconclusive. As such it is possible that the actual level of ECD-qualifications for staff members in Brown's Farm have may be higher than what the study reflects, if all qualifications possessed by staff members that are equivalent to accredited modules were to be taken into account. The lack of structured training opportunities and set career paths is discussed further in the section on stakeholder perceptions.

However, it was noted that ECD staff members in facilities that have been in existence for less than five years have limited experience in the field and are in fact relatively new in the early childhood development sector. This can be explained by the assumption that government funding patterns over the years that make use of EPWP internships in the implementation of ECD policy have facilitated entry of staff members with unaccredited qualifications into the sector. Furthermore, the dominant use of low skilled staff members coupled with high turnover continues to pose a limitation to efforts aimed at improving quality in ECD provision in Brown's Farm, thus defeating a priority objective of the ECD policy. EPWP internships help

with provision of staff members but these are not sustainable as some staff members stop working at the ECD facilities as soon as the stipend is discontinued. Therefore, it becomes the ECD facility manager's role to recruit suitably qualified staff members, and this qualification is usually measured by number of years of experience in ECD provision rather than formal certification. Considerations for the size of staff complement include the fact that ECD provision is a quasi-private business enterprise and must therefore remain viable, followed by consideration on the number of specific age groups and children with disability enrolled in the facility, as this impact on the ability to provide and adhere to basic the education lesson plans.

Figure 19: ECDs Keeping Birth Registration Certificates



Only 23 (61%) of facilities reported having birth certificates for all children, nine (24%) have birth certificates for more than half and six (16%) have birth certificates for less than half of children in their records. This is well below the requirement expressed by the ECD guidelines, norms and standards as it is required that all ECD

facilities keep in their records birth certificates of all learners enrolled. Furthermore, in view of the fact that these figures are based on self-reports and not verified the number of ECD facilities that are compliant with official guidelines and requirements could be overstated. In other words, the actual figures in reality may be much less than actually reported in this study.

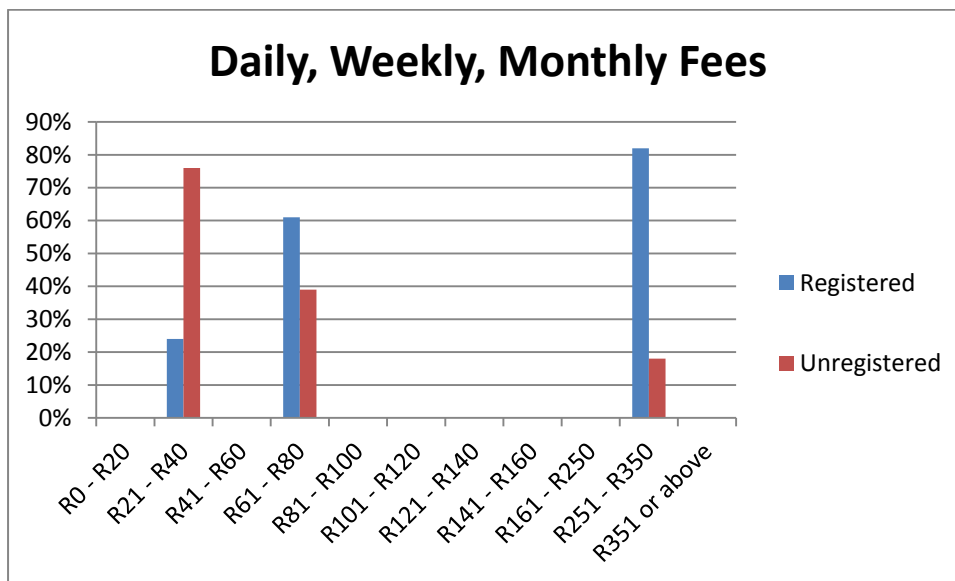
COSTS

This section focuses on information on fees charged by ECD facilities and provision of feeding at ECD facilities. Generally, food served to children is identified as a single factor considered by ECD managers as an integral part of ECD provision, and feeding (where provided) accounts for a significant percentage of the running costs of the facilities.



The study found that all ECD facilities charge fees and that there is no noticeable difference in the amount charged between formal and informal ECD facilities at around R300 a month. Notably, only two ECD facilities reported not expecting fee contribution from parents who have no form of financial income, while the overwhelming majority of 36 ECD facilities reported that they have no exemption policy in place. However, fee income is irregular in most facilities and this is linked to 'long breaks' that parents take by not sending children to ECD facilities when they are not working or during school holidays when siblings are at home to look after children.

Figure 20: ECDs Fee Payment Options



The study noted that, despite strong preferences on the frequency of fee payment, there is still an overlap in the fee payment options used by the ECD facilities. For example, all the nine (24%) registered ECD facilities and all the 29 (76%) unregistered ECD facilities that charge fees on a daily basis frequented at R15 a day. Also the 23 (61%) registered ECD facilities and 15 (39%) unregistered ECD facilities that charge fees on a weekly basis frequented at R70 a week. The 31 (82%) registered ECD facilities and all the seven (18%) unregistered ECD facilities that charge fees on a monthly basis frequented at R300 a month. The study noted that 29 (76%) unregistered ECD facilities that charge fees on a daily basis suggest that parents may be faced with financial constraints that prevent them from committing to monthly fees. Another explanation could be that parents who prefer paying daily fees represent an attitude that puts emphasis on ECD services as being merely a child-minding service as opposed to an educational investment. However it appears that the high levels of unemployment in Brown’s Farm are the underlying cause of the converse picture depicting 31 (82%) registered ECD facilities and seven (18%) unregistered ECD facilities charging fees on a monthly basis in line with what Hadoy and Satterwaite (1986:247) refer to as not just an issue of affordability but

rather of the temporal rhythm of payments, a mismatch between the systematic irregularity of employment and the institutionalised regularity of payment.

Most learners who pay fees do this on a monthly basis, on a weekly basis, and on a daily bases. Notably, 12 ECD facilities that are functional for longer (i.e. more than 10 hours) also accept fees on a daily basis, which suggests that children (mostly 0-4yrs) are most likely sent to ECD facilities when parents or caregivers are planning to be away from home. However, there is no noticeable distinction between the amounts of fees charged by formal and informal ECD facilities in Brown's Farm and this seems to underline the fact that ECD services in this community are provided primarily to meet the developmental needs of children and not as a profit-making business that providers can compete on price in order to stay in business. Therefore it appears that ECD facilities are not at liberty to charge large sums of money in fees in order to cash in in profits, especially in places such as the Brown's Farm where approximately 30,000 of the working adult population are unemployed, whilst average per capita income is R606 per month.

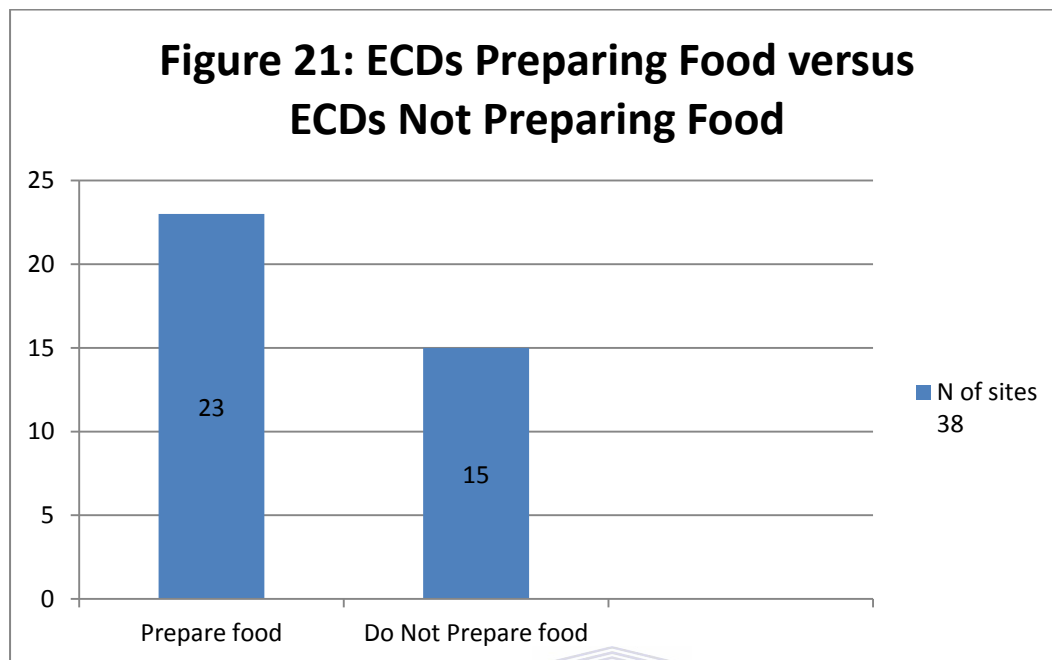
One respondent described irregular fee income has caused a dilemma for ECD facility managers:

You see, it is difficult for us to turn away children whose parents are in arrears with fees. Some parents decide to stop sending children during school holidays and public holidays to save costs, and throughout the year, we enroll children to fill spaces. It is common that for the periods when parents are doing seasonal work and can afford to pay fees, attendance tends to be high as opposed to periods when parents sit at home and decide not to send children to the ECD facility (Personal communication, ECD facility manager, 2012).

Indeed, it is against the standard dichotomy of two sectors, formal and informal, that according to Roy (2005:148-152) informality is not a separate sector but rather a series of transactions that connect different economies and spaces to one another. This reflects a sizeable proportion of children living in households where it is unlikely that any household members get regular income from labour or income-generating activities. Apart from providing regular income, an employed adult may bring other benefits to the household, including health insurance, unemployment insurance and maternity leave that can contribute to children's health, development and education. The definition of 'employment' is derived from the Quarterly Labour Force Survey and includes regular or irregular work for wages or salary, as well as various forms of self-employment, including unpaid work in a family business. This unemployment dimension is relevant in this study as government policy to formalise the provision of EDC services uses introduction of a phased poverty-targeted approach that makes use of grants-in-aid to primary schools and subsidies to selected community-based ECD sites in South Africa. Unemployment and poverty levels are high in Brown's Farm, and the ECD policy is expected to make a difference in this community.



Figure 21: ECDs Preparing Food versus ECDs Not Preparing Food



Section 28 (1) (c) of the Constitution provides every child with the right to basic nutrition. The fulfillment of this right depends on access to sufficient food. Although social grants target the poorest households and are associated with improved nutritional outcomes, child hunger is still most prevalent in the poorest households serviced by ECD facilities in Brown’s Farm.

The study found that 23 (61%) of the 38 ECD facilities prepare breakfast and lunch to children. This number is followed by 15 (39%) facilities that do not prepare breakfast or lunch at all as children bring this meal from home. More than half of ECD facilities have children that receive formula/bottle feeding (i.e. 29 (76%) of ECD facilities) are largely catered for by learners bringing their formula from home.

Conclusion

First, with regard to access, the majority of children in Brown's Farm still have no access to ECD services, especially children under the age of four and children with disabilities as the 40 ECD facilities in Brown's Farm (only 38 included in this study) can only serve 800 children among themselves. With an estimated 3,000 to 10,000 children being eligible for ECD services in Brown's Farm, according to Stats SA 2011 Census, that leaves about 2,000 to 9,200 children without access to ECD provision, with only 8% to 26,6% attending. Even if 4,600 (50% of the 9,200 children) receives ECD services by attending ECD facilities outside Brown's Farm, there is still about 4,600 children that are left without access to ECD services. Most positive is the observation that in all the 38 ECD facilities, the average distance travelled by the majority of children to the facility is less than one kilometre.

Second, with regard to quality, only 12 (32%) of the 38 facilities had playgrounds with rudimentary supply of play equipment. Also, not all ECD facilities in Brown's Farm have adequate play materials such as age-appropriate toys and puzzles for children to play with. Yet these play materials are essential teaching apparatus in order to achieve three types of outcomes in early childhood that are critical for future development in life: (1) physical growth and well-being, (2) cognitive development, and (3) socio-emotional development (Alderman 2011:1).

Also, the majority of staff in ECD facilities in Brown's Farm indicated that they do not have level one to five accredited ECD-qualifications, and that they did not consider this a set requirement. Those who do have formal qualifications are former teachers, nurses, or social workers. Given the importance placed by the ECD policy on improving quality in ECD provision, this lack of appropriate qualifications is a cause for concern.

Third, with regard to costs, all ECD facilities in Brown's Farm charge fees. Unlike the case with primary schooling and primary health care where fee contribution by parents plays a relatively small role compared to public funding, ECD is a fee-paying sector and therefore it does not appear that the existence of subsidies relieves parents of the financial burden for ECD services. Rather subsidies buy better quality. Also, the study suggests that ECD services are provided as a service to meet the developmental needs of children as opposed to making private profit. The findings also suggest that the attitude of some parents leans towards seeing ECD services as a child-minding service that provides for a safe environment as opposed to an investment in the education and developmental needs of children.



CHAPTER FIVE: ANALYSIS

This Chapter concludes with an overall discussion of lessons drawn from theories of informality and the policy gaps in what the South African government has undertaken in order to expand access and improve quality of ECD provision. There has been much discussion and disagreement regarding the extent to which government policy to formalize ECD services in South Africa is achieving its goals to expand access and improve the quality of ECD services. ECD facility managers, national and provincial government officials, and independent researchers interviewed in this study expressed different views on whether the policy has over the years expanded access and improved quality of services in poor communities.

This thesis first set out the importance of child development in general by explaining the importance of investment into nurturing the life of a human being, as scientific studies have shown that most brain 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, 1996:12). Secondly, it also set out the importance of Early Childhood Development (ECD) programmes in general in the form of investments in the nutritional, cognitive, and socio-emotional development of young children (Bhutta et al 2008:417) and reviewed theories of informality in relation to ECD provision at an international level in general and in South Africa in particular. It also used the case study of Brown's Farm to assess the implementation of the policy development in post-apartheid South Africa which introduced a paradigm shift towards protection of human rights, including the rights of children, through programmes that are aimed at expanding access and improving quality of ECD provision. In its landmark paradigm shift and progressive framework, the Constitution of South Africa makes key assertions in the founding principles. It promises redress of past discrimination through corrective and affirmative action in the provision of basic services to communities; it encourages all spheres of government to safeguard social and economic rights through co-operative governance across the national, provincial and local spheres; and it obliges government to deliver a variety of social and economic programmes, including ECD services. As such, public expectation of ECD provision is measured against this rights-based approach because human rights are universal and therefore provide an objective measurement standard. This approach guards against a subjective approach where some parents may be quite satisfied with only rudimentary care, while government and society expect much more from the ECD provision, namely, that it should be an investment in child development.

According to Engle et al (1997), the most significant factor in a child's healthy development is to have at least one strong relationship (attachment) with a caring

adult who values the well-being of the child. Lack of a consistent caregiver can create additional risks for children (Engle, Lhotská, and Armstrong 1997) such as being neglected and being exposed to social and health risks that are prevalent in a particular community. This thesis noted that the ECD policy has been implemented in an environment where there is a long history and legacy of children not living consistently in the same dwelling as their biological parents because of poverty, labour migration, limited educational opportunities, or cultural practice (Crouch 2005:8-19). It is common for relatives to play a substantial role in child-rearing and many children experience a sequence of different caregivers, are raised without fathers, or live in different households to their biological siblings. The thesis described the profile of Brown's Farm by drawing on the 2011 Statistics South Africa Census and 2007 community survey, and indicated that approximately 30,000 of the working adult population are unemployed, whilst average per capita income is R606 per month. As a result, children in Brown's Farm come from households that are poor and represent the target group that the ECD policy to expand access and improve quality is aiming to accommodate.

This thesis also affirms the role of community-based small enterprises as represented by individuals and non-profit organisations in the provision of ECD services in poor communities to fill in the gap caused by inability of government to provide a comprehensive package of ECD services to those who need the services most. However, while the thesis cannot generalize for the whole of South Africa, the lessons learnt show that there are certain realities to be faced and that, despite increasing budget allocations over the years, the ECD policy still falls short of expanding access and improving quality. There is a significant number of unregistered ECD facilities that serves children in poor communities (as Biersteker audited 1600 unregistered facilities in the Western Cape alone) and these do not receive any form of government support either at national, provincial, or local level (Biersteker & Hendricks 2011:13). The National Development Plan Vision 2030 for

South Africa projects that in 2030 in South Africa (NDP 2012:300) there will be about 4 million children under three years, nearly 2 million in the four–five years age group and just under 1 million the six-year-olds. It also projects that the majority of these children will be in urban areas, but there will also be a significant number in rural areas. Most importantly, it recognises that there are contextual differences in these areas that require customised approaches to childrearing (NDP 2012:300). This projection underlines the scale of the challenge and the importance of the focus of this study on what impact has the ECD policy have on expanding access and improving quality of ECD services in South Africa.

The emergence and operation of unregistered community-based ECD facilities in Brown's Farm has developed within the context of what de Soto (1989) has termed as the people's spontaneous and creative response to the state's incapacity to provide universal ECD services. Over the years the government in South Africa has tentatively acknowledged that NGOs were essential partners in realisation of the national ECD plan to expand access and improve quality. As a result, numerous privately-run early childhood care and education facilities were encouraged by government to register with the department of social development in order that their operating costs could be subsidised through a funding model in terms of which the government pays up to R 17 per day per child living in poverty to the ECD center attended by the child.

Different theories on informality also highlighted another view that went one step further to imply that the poor do not just sit around waiting for their fate to determine their lives but are active in their own way to ensure their survival (Bayat 2000:534-550). Thus, to counter the failure of government to provide universal access to quality ECD services at an affordable cost, the poor often resort to reorientation of their consumption pattern by initiating community-based ECD

facilities that operate even without meeting the registration requirements set by government. In this thinking, according to Scott (1986), the poor are seen to survive and live their lives even though their survival strategies are at a cost to themselves or their fellow humans (Scott 1986:7-15), or their children in the case of poor ECD services that do not meet the developmental needs of the children. A researcher from the Human Sciences Research Council voiced their concerns regarding the lack of developmental management plans on most ECD facilities as a number of community-based ECD facilities, according to this interviewee, are 'usually managed by trial and error' method and often without emphasis on the need to provide for the developmental needs of children (Researcher, HSRC, 2012).

Government awards subsidies per child count as determined by DSD officials at the time of visiting the ECD facility for assessing application for registration and subsidy. This formula disadvantages ECD facility in the event that the visit takes place on the day when a significant number of children is absent as this results to a discrepancy between enrolment and attendance numbers (senior employee, national government NPO Directorate, 2012, personal communication). However government officials defended the formula for awarding subsidies indicating instances where large numbers of children can be enrolled in community-based ECD facilities, while in actual fact there are only a few attending (Senior employee, national government NPO Directorate, 2012, personal communication).

While government survey in 2011 (Department of Education & Department of Social Development 2011:91) showed a few cases where there were large numbers of children absent in relation to the enrolment figures provided by ECD facilities, it highlighted the fact that there was an incentive to over-report the number of children enrolled with the facility. It also noted that, in fact, over-reporting enrolment should not be surprising – even some public primary schools do it,

despite less incentive to do so and far better monitoring to detect it in public schools. (Department of Education & Department of Social Development 2011:91).

What this thesis finds useful in the theories of informality is in its articulation of the link between marginalisation and poverty as informal ECD service provision in South Africa is the domain of the poor. There is a link between the formal and informal ECD provision and, according to Roy (2005), informality must be recognised as part of an enduring social reality. However, informal ECD service providers must be incorporated into the state system with the intention to expand access and improve quality of ECD services. According to Roy, it is possible to strategically use the state of exception to frame policy in a way that allows for an incremental approach to policy implementation (Roy 2005:153). This theory promotes the idea of innovation, although not so much the case of modelling the informal on the formal. Instead, what is needed in the case of South Africa is change in the model of the incentive so that the formalisation of the informal can be implemented gradually. While de Soto (1989) calls for a by-pass of rigid rules and bureaucratic hurdles in order to provide a better quality service, this approach does not apply in the case of ECD service provision in South Africa as the result of not complying with ECD registration requirements produce inferior service at generally the same price as when there is compliance with registration requirements. Linked to that, informality is not an all-or-nothing state, as there are degrees of informality and formality that can be observed as small-scale entrepreneurs make an economic calculation along the lines of a cost-benefit analysis, which determines a minimum threshold of participation in the formal or informal arrangements for which the cost remains lower than the benefits. Some firms will therefore choose to participate in only a subset of institutions at any point in time (SIDA 2004:24).

In his renowned work, Hart (1973) introduced the concept of informality as part of the urban labour force that works outside the formal labour market and goes on to

say the informal economy is largely characterised by (1) low entry requirements in terms of capital and professional qualifications, (2) a small scale of operations, (3) skills often acquired outside of formal education, (4) labour-intensive methods of production and adapted technology. This thesis observed that ECD provision in Brown's Farm is strongly gender-biased (SIDA 2004:14) in that women tend to dominate in numbers of those involved in the activities of ECD facilities.

Castells and Portes (1989:11) note that in the structural introduction of the informal economy the main cost-saving feature of informality is less the absolute level of wages than the avoidance of the 'indirect wage' formed by social benefits and other employee-related payments to the state. By lowering the cost of labour and reducing the state-imposed constraints on its free hiring and dismissal, the informal economy contributes directly to the profitability of capital. There is no clear-cut duality between a formal and an informal sector, however, what can be observed is a series of complex interactions that establish distinct relationships between the economy and the state (Castells and Portes 1989:30).

It is observed in this thesis, according to one researcher, that training and oversight are two key mechanisms for achieving ECD policy goals, but there are insufficient training providers to deal with both the skills backlog and continuing expansion of the sector. There are also insufficient personnel responsible for ECD in key government departments (provincial and municipal) and many do not have the requisite knowledge, skills and experience (Children's Institute researcher, 2012, personal communication).

The absence of a career path framework providing for clear progression that is linked to qualifications remains a major challenge that government must address. The lack of university level degree opportunities for ECD practitioners (other than those working in Grade R which is catered for by the B Ed Foundation Phase), is a

serious limitation for the creation of attractive career paths and for professionalisation of services in the form of professional university-level degrees for full registration. (Senior researcher, 2012, personal communication).

Therefore, new qualifications linked to career paths are required for the ECD sector with a focus on birth to four-year olds, identified in the ECD policy as a priority area and therefore an emerging profession. A National Diploma programme, Bachelor's Degree and post-graduate degrees must be introduced across the country in order to provide practitioners with the opportunities to obtain professional certification. (Senior employee, national government NPO Directorate, 2012, personal communication). Also, the majority of respondents noted that ECD practitioners are paid low salaries and irregularly, conditions of service are poor and there are no employment benefits. In overall, there is poor job security in community-based ECD facilities, and this results into migration of a large number of staff members to Grade R classes that are school-based or leave the sector altogether for better salaries and better job security. According to one researcher, there is little formal employment in the ECD sector as the vast majority of employers are either community based committees or small business owners, often informal and not legally constituted. These often lack the funds and capacity to manage staff, set up a staff development plan or to administer sustainable services.

This situation is also presented by some scholars as a situation in which the informal sector is above all a political creation that can only exist in an environment of state complicity (Fernandez-Kelly and Garcia 1989:247-8, Weiss 1987:216). There are several concerns on the implications of this environment of state complicity for ECD policy in South Africa as the implementation of the policy is biased towards older children in ages between four to seven years. The policy gaps in this regard that require further attention are in the areas where the policy remains implementation falls short of ensuring expanded access and improved quality of ECD services. For

example, the current funding model lies at the heart of the perpetual inequity that characterises the ECD landscape in South Africa as ECD programmes and facilities for children aged zero to four years are still largely initiated by private organisations or individuals who bear the full cost of establishing the programme. Only once ECD programmes are established and incubated in the informal sector can they be registered and gain access to the ECD subsidy. The provisioning of ECD sites and programmes thus depends on existing capital within a community, and therefore it prejudices poor communities who are unlikely on their own to mobilise resources for ECD facility infrastructure that meets the registration requirements. The formalisation of enterprises in the ECD sector is cumbersome mainly due to regulations that require this capital investment on infrastructure and management systems that is beyond the skills level or too onerous for these enterprises.

While acknowledging the increasing budget allocation for ECD services, the total amount spent on the ECD subsidy over the years since it was introduced, this spending should be assessed in the context of several of the provinces will still subsidising at the recommended minimum amount of R15 per child per day by 2013/14. Also, this spending should be assessed in the context of the many other key priorities competing for limited resources in South Africa, such as health, social welfare, housing and sanitation. The competition for limited resources requires a careful balancing act as effective ECD provision is a national multi-sectoral and inter-departmental responsibility that relies on the provision of health, social welfare, housing and sanitation. Competition for resources that leads to neglect on spending on any of these services areas can undermine the objectives of the ECD policies in a short and long term.

Finally, the ECD policy positions adopted in South Africa have begun to address international and national obligations by potentially combating a number of specific problems associated with unregulated childcare services such as exposure to abuse,

and through improved access to healthcare services and birth registration of children in order to facilitate access to social grants. However, in practice, the ECD policy is a significant source of tension among stakeholders at different socio-political scales and there remains a challenge to implement and enforce in a manner that ensures expanded access and improved quality of ECD provision.

While children in Brown's Farm have access to ECD services, these cover only a percentage of children (in the region of 20%) and leave most out. Those left out are mostly in the category of zero to four year and those with disabilities. As a result, there is still a long way to go to meet the objective of expanding access to the ECD services. Furthermore, the ECD policy countermands this limited access to ECD services by organizing access to the subsidy at a national, rather than a local level. However, what can be termed as the 'big government' and 'small is beautiful' approaches to ECD provision both have inherent problems in dealing with scale. For example, large jurisdictions can lack transparency with their communities, they can be aloof from local priorities and aspirations, and lack linkages between authority and responsibility. Alternatively, 'small is beautiful' can result in a duplication of fragmented jurisdictions that are lacking coordination when it comes to responding to large-scale problems. In implementing the ECD policy, it is important to match the scale of regulation to the scale of the system to that must be regulated. A solution may well be found in integrating approaches so as to offers the best solution, combining locally tailored support with a framework of national monitoring and setting standards to achieve a universal access and high quality ECD services, while providing for local variance with regard to infrastructure needs. This approach could be in line with the National Development Plan Vision 2030 for South Africa, which projects that in 2030 in South Africa there will be about 4 million children under 3, nearly 2 million in the 4–5 years age group and just under 1 million 6-year-olds.

Innovative strategies will be required to improve the quality of ECD services and to mitigate costs, including provision of increased assistance for community based ECD facilities in the form of teaching materials, subsidies for water and electricity services, training and payment of staff salaries. These support measures would be valuable and may increase motivation and cooperation to adopt children friendly practices, with the emphasis on long-term developmental needs of children rather than responding to short-term and narrow needs for childcare.

In addition, government must to take reasonable measures to extend the EPWP intervention to home-care and other out-of-centre facilities throughout the ECD sector beyond the child-focused approach to include a comprehensive strategy that involves families for the purpose of expanding access and improving quality of ECD provision. The future of ECD provision in South Africa depends on developing innovate strategies that are not only geographically appropriate, but also economically viable for community-based ECD facilities, and socially just for previously disadvantaged communities. Achieving all three remains a challenge, but is vital for the continued growth and success of provision of comprehensive ECD services and meeting human development needs in South Africa.



CHAPTER SIX: CONCLUSION

The study shown that the sustained levels of investment in education by the post-apartheid state has resulted in great progress in improving access and quality of education in South Africa over the past 20 years, and Early Childhood Development (ECD) is increasingly gaining recognition as a very important formative phase in the cognitive, emotional, physical and nutritional development of a child. In South Africa ECD provision is mostly privately provided by the informal sector through community-based facilities. Both formal and informal ECD facilities are unevenly spatially distributed such that they do not yet reach the most vulnerable poor children, especially in rural areas and informal settlements.

This study also affirms the role of community-based small enterprises as represented by individuals and non-profit organisations in the provision of ECD services in poor communities to fill in the gap caused by inability of government to provide a comprehensive package of ECD services to those who need the services most.

However, while the study cannot generalize for the whole of South Africa, the lessons learnt supported by national statistics show that there are certain realities to be faced and that, despite increasing budget allocations over the years, the ECD policy has fallen short of expanding access and improving quality. A significant number of ECD facilities is unregistered and does not receive any form of government support either at national, provincial, or local level. Innovative strategies will be required to mitigate costs and gain support, including increased assistance for community based ECD centres in the form of teaching materials, subsidies for water and electricity services, and training of staff in conjunction with facilities management advice from government. These support measures would be valuable and may increase ECD centre managers' motivation and cooperation to adopt children friendly practices, with the emphasis on long-term developmental needs of children rather than responding to short-term and narrow needs for childcare.

The conclusions of the study therefore provide an important reference point for examining the benefits, limitations, and challenges of government policy to formalise the provision of EDC services by introducing a phased poverty-targeted approach that makes use of grants-in-aid to primary schools and subsidies to selected community-based ECD sites in South Africa.

CONCLUDING STATEMENT

This thesis assessed government policy to formalise ECD services by, among other things, introducing a phased poverty-targeted approach that makes use of grants-in-aid to primary schools and subsidies to selected community-based ECD sites in South Africa in order to expand access and improve quality of the services. The study has shown that the sustained levels of investment in education by the post-apartheid state has resulted in great progress in improving access and quality of education in South Africa over the past 20 years, and ECD is increasingly gaining recognition as a very important formative phase in the cognitive, emotional, physical and nutritional development of a child.

In in doing, the thesis focused on three areas; access, quality, and costs as these have direct impact upon at least three things. First is convenience, with respect to short walking distances travelled by parents or care-givers to drop children at the ECD facilities. Second, do they meet the developmental and safety needs of children while in the care of the facility? Third, what is the affordability of sending a child to the ECD facility as travel costs and fees are assumed to have a direct influence on maintaining regular attendance throughout the year?

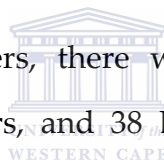
The research employed qualitative and quantitative methods to analyze the policy using a case study of Brown's Farm in the province of the Western Cape to look in-depth into how the South African policy on ECD provision works in practice in so far as it interfaces with informal service providers and the findings presented in this thesis can help cast light on theories about informality and the role of the poor and marginalised in the provision of ECD services in South Africa.

The study found, with regard to access, that the majority of children in Brown's Farm still have no access to ECD services, especially children under the age of four

and children with disabilities as the 40 ECD facilities in Brown's Farm (only 38 included in this study) can only serve 800 children among themselves. These findings reflect a general picture regarding access to ECD services in South Africa in the sense that with an estimated 3,000 to 10,000 children being eligible for ECD services in Brown's Farm, according to Stats SA 2011 Census, that leaves about 2,000 to 9,200 children without access to ECD provision, with only 8% to 26,6% attending. Therefore the findings confirm what is known already that, some ten years down the line, ECD provision is still mostly privately provided by the informal sector through community-based facilities. Both formal and informal ECD facilities are unevenly spatially distributed such that they do not yet reach the most vulnerable poor children, especially in rural areas and informal settlements.

Second, with regard to quality, the findings confirmed that the majority of staff in ECD facilities in Brown's Farm does not have level one to five accredited ECD-qualifications, and those who do have formal qualifications are former teachers, nurses, or social workers. However, it is important note by those directly responsible for ECD policy implementation that in the context of informality, all other ECD-related qualifications attained from NGO-facilitated-training or tertiary institutions that are not currently accredited by the Department of Education compensate for the gap resulting from lack of government accredited ECD-qualifications. As such, this option for training must be accommodate in the ECD policy in order to meet the policy goals to expand access and improve quality of ECD services. What is useful with this finding for both policy-makers and researchers is that informal ECD provision in South Africa is in line with Hart's (1973) description of informality in that it is largely characterised by low entry requirements in terms of capital and professional qualifications, a small scale of operations, skills often acquired outside of formal education.

Third, with regard to costs, all ECD facilities in Brown's Farm charge fees and therefore it does not appear that the existence of subsidies relieves parents of the financial burden for ECD services. The findings also suggest that the attitude of some parents leans towards seeing ECD services as a child-minding service that provides for a safe environment as opposed to an investment in the education and developmental needs of children. However it appears that the high levels of unemployment in Brown's Farm are the underlying cause of the converse picture depicting 31 (82%) registered ECD facilities and seven (18%) unregistered ECD facilities charging fees on a monthly basis in line with what Hadoy and Satterwaite (1986:247) refer to as not just an issue of affordability but rather of the temporal rhythm of payments, a mismatch between the systematic irregularity of employment and the institutionalised regularity of payment.



As stated in the previous chapters, there were 59 respondents in total; nine government officials, 12 researchers, and 38 ECD facility managers and staff. A number of persons within the provincial government departments did not wish to participate, largely because they felt that they did not know enough about the progress of implementing ECD policy. This is an interesting finding in that it speaks to the importance of a comprehensive policy that ensures ECD provision in a multi-sectoral, interdepartmental, and intergovernmental competency whose success depends on co-operation between national, provincial and local governments; and coordination of various government departments. This policy process was already underscored by the administrative shift of the responsibility for budgeting for social assistance from provincial to national government in 2006/07, resulting in substantial increase in the ECD spending as provinces began allocating substantial additional resources to social development for the ECD sector. However, the Treasury noted that provincial social developments that were expanding from a low base were struggling to spend all the additional funds flowing from centralised budgeting

(Treasury 2009:80-89). This thesis supports the advocacy for policy shift in the direction that requires changing the “may fund” requirement in section 93 of the Children’s Act to “must fund” in order to ensure that ECD service are accessible, of high quality, and are affordable to all.

The contribution of the findings to the literature is that they add to what we know about the systematic connection between the informal and formal economy, the special characteristics of labour employed in informal activities, and government’s attitude towards the unregulated sector (Castells and Portes 1989:26). What this thesis finds useful from this theory is that there is a linkage between the informal and formal sector in the ECD service provision in the sense that ECD service provision is part of the larger supply chain of the education system. However, this thesis disagrees with some of the key claims of this theory in that in the case of informality in the ECD provision in South Africa, there is hope that the informal can become formal as this is reflected in the practice by the incubator model where ECD facilities start as informal and gradually get established to become formal. Since the introduction of the 2001 ECD policy most of the informal ECD facilities have emerged with the aim of becoming formal and benefit from the incentive of becoming formalised. As such, informal ECD facilities do not necessarily exist as a result of mere exclusion and marginalisation, as the structuralist theory holds, even though informal ECD provision in South Africa is synonymous with poor communities.

The implications of this knowledge is that this thesis suggests that what is needed in the case of South Africa is change in the model of the incentive so that the formalisation of the informal can be implemented gradually. While de Soto (1989) calls for a by-pass of rigid rules and bureaucratic hurdles in order to provide a better quality service, this approach does not apply in the case of ECD service provision in

South Africa form as will be shown through the Brown's Farm case, as the result of not complying with ECD registration requirements is inferior service at generally the same price as when there is compliance with registration requirements.

The revised incentive model should emphasise on rolling out the first national multi-sectoral plan of action for the realisation of a comprehensive package of ECD services, especially through community-based interventions, that include birth registration, child and maternal health, nutrition, immunisation, referral services for health and social services, early learning programmes, and water and sanitation. These findings could be of interest to all who It also paves the way for long term planning in line with South Africa's Vision 2030 as set out in the National Development Plan. Most importantly, it recognises that there are contextual differences in these areas that require customised approaches to childrearing (NDP 2012:300). As a result of this study, further research might well be conducted on



The findings of this study therefore present further research possibilities in this area as South Africa is now focusing on long-term planning in line with the National Development Plan. Finally, as early human development and services and programmes for young children and families are seen largely as one of the most promising approaches to alleviating poverty and achieving social and economic equity for the world community (Engle et al., 2007; Grantham-McGregor et al., 2007; Ulkuer, 2006), ECD policy in South Africa must still develop to focus beyond children's education but to support family as a whole through a comprehensive package of services. Concerted efforts to implement the ECD policy can yield positive outcomes in improving access and ensuring good quality services as ECD provision is important for improving school readiness of children. A community development approach can be very effective in securing greater government accountability for service provision and accessibility. This includes raising

awareness of the importance of ECD, spelling out what services should be in place and mobilising communities to demand and optimally make use of ECD services.



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