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**Food provision challenges facing Early Childhood  
Development Centres in two Cape Town townships**

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*A thesis submitted in fulfilment of the degree of Master of Philosophy in  
Land and Agrarian Studies*

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## Abstract

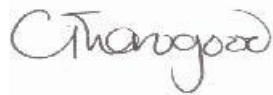
Early childhood has been identified as a critical period for providing nutritional intervention, with nutritional adequacy during the first 1000 days having long term implications for human development. South Africa's policy environment accordingly aims to support the development of all children through providing services supporting care and nutrition of children so that 'no one is left behind'. However, the reality is that for the economically marginalised who live in poverty, these services are inaccessible and the whereabouts of many children, especially those under 5, remain unknown to the state. This study looks at township childcare facility as a key intervention point for nutrition provision, documents the obstacles and challenges they face in securing food for the children in their care and describes the strategies they use to combat these challenges. Using a mixed method approach, data were gathered on all ECDs operating in two Cape Town townships – Vrygrond, a semi-formal township, and Sweet Home Farm, a deeply informal settlement – and a typology was developed which represented the differentiation between these informal businesses in terms of a continuum of connectedness and disconnectedness with the regulatory environment. The careful spatial census conducted for this study showed that 81% of ECDs in the target area were unregistered, suggesting that rates of regulatory exclusion may be much higher than the 40-50% estimated in previous studies. The study shows that these 'structurally informal' ECDs are situationally appropriate childcare facilities, providing a safe and affordable service that enables township residents, many of whom are single mothers, to earn a living. But, because they are structurally unable to comply with qualifying criteria, these ECDs are unable to access the Department of Social Development's per-child subsidy, a key resource to provide children food. Crucially, the study shows that the regulations as they stand cannot differentiate in a meaningful way between ECDs that provide situationally appropriate quality of care and those that don't, suggesting that the regulations are thus not fit for purpose. In this context, the study highlights the crucial role played by NGOs and food organisations. Even these sources of support, however, are uneven and inadequate as the nutritional security of economically marginalised children in township ECDs remains under threat. Ensuring the nutritional security of township children in their first 1000 days will therefore require thoroughgoing revision of the regulatory environment in order to ensure the appropriate regulatory incorporation and support of township ECDs.

## Declaration

I, Camilla Thorogood, hereby declare that this MPhil thesis entitled *Food provision challenges facing ECDs in two Cape Town townships* is a presentation of my original research work and has not been previously included in a thesis or dissertation submitted to this or any other institution for a degree, diploma or other qualifications. Wherever contributions of others are involved, every effort is made to indicate this clearly, with due reference to the literature.

I have attempted to identify all the risks related to this research that may arise in conducting this research, obtained the relevant ethical and/or safety approval (where applicable), and acknowledged my obligations and the rights of the participants.

Signature:



Date: 17 August 2020



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Taking a leap of faith and changing tack in one's career is a hard task under normal circumstances but as a solo parent, it's even harder. I would not have managed to take on nor complete this challenging task without the parenting and coaching support from my mother, Janice Parry-Davies.

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## Abbreviations and acronyms

BO	Beneficiary Organisation
CBO	Community Based Organisation
DSD	Department of Social Development

ECDs	Early Childhood Development centres
FFSA	FoodForward South Africa
MDGs	Millennium Development Goals
NCDs	Non-communicable diseases
NGO	Non-Government Organisation
NPO	Non-profit Organisation
PBO	Public Benefit Organisation
PSFA	Peninsula School Feeding Association
RAH	Rise Against Hunger Africa
SANHANES	South African National Health and Nutrition Examination Survey
UN	United Nations
WCG	Western Cape Government



# 1 Introduction

This dissertation focuses on informal childcare microenterprises more commonly known as crèches or early childhood development centres (ECDs) – in two poor settlements in Cape Town: Vrygrond, a mixed housing suburb, and Sweet Home Farm, an informal settlement. It explores the obstacles they face in securing and providing food for the children in their care and describes the strategies they employ to deal with these challenges. In order to carry out this research, I conducted a detailed quantitative census of the ECDs in the study sites, developed a typology to understand the nature of their differentiation, and conducted in-depth qualitative case studies of particular businesses selected to represent examples of key types. These case studies provide insight into the experiences of those operating these businesses. I use these insights to cast light on the fitness for purpose of current regulations pertaining to ECDs and to identify key interventions that are necessary to improve the nutritional security of the children they care for.

## 1.1 Background: food security and regulatory exclusion

This research conducted in this study flows from my own insights and experiences as a researcher for the Sustainable Livelihoods Foundation (SLF), and from my observations of the issues and contradictions facing ECDs. SLF has worked in numerous Cape Town townships, including Sweet Home Farm and Vrygrond, investigating the nature of informal businesses and the challenges they face over many years. In my work with SLF I became particularly interested in the challenges faced by ECDs. The context in which these ECDs operate and their capacity to provide care and food is best illustrated with a vignette of one ECD owner's experience:

*When I met her, Sara<sup>1</sup> had been running her informal crèche from her home for two years. She had gained teaching experience in two other crèches in the area but decided to start her own business from home as there were no other crèches in her area. She lives in Military Heights, a small informal settlement surrounded by the more formal suburbs of Lavender Hill and Seawinds (See*

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<sup>1</sup> Names have been changed to ensure anonymity.

*Plate 1). In December 2015, her shack burnt down and she lost everything. It took her eight months to rebuild her shack and set up her home, and she reopened again in August 2016. The large L-shaped one-roomed shack she occupies is built on sand and has no foundations. Carpets provide comfortable flooring inside and a sparse selection of educational equipment is visible. With no dedicated food preparation spaces, her large freezer and one fridge sit against the shack's longest wall. Diagonally opposite, and positioned between her two single beds, are a portable adult and child's potties. There are communal flush toilets outside her property, used by all the residents in this slum.*

*Gang violence is rife here. When shootings happen, 'her children', as she refers to those in her crèche, can't come to school as it isn't safe for them to leave their homes. The ongoing violence means that the R200 monthly fee that Sara relies on from parents is not always paid in full when children don't come to school every day. The fees used to be R260 per month for all age groups, but when Sara realised that only half of the parents were able to pay this amount, and some took their children out of the school because they were unemployed or didn't earn enough to afford this, she lowered the amount to R200.*

*The parents' inability to pay the fees reflects the poverty in which they live as well as their poor capacity to cover their children's basic needs, including food. Many parents rely on the crèche to feed their children. Sara believes that most of the children don't eat well at home, noting that "they are hungry when they come to school". So, she uses the income she gets from school fees to buy food, from the local spaza shop, to feed both the children and her own family. Prepared breakfasts, lunches and snacks for the children are mostly made up of processed starchy foods such as vetkoek, pasta, sandwiches, hot dog rolls and Vienna sausages. She believes the children like her cooking, saying "they tell me 'my mommy only gives me butter or polony<sup>2</sup> on bread'".*

*Sara knows that a number of NGOs that focus on ECDs work in her area. She has tried asking for their help in providing food and organisational support. So far, none have responded. The only support she gets is from the local spaza shop owner who feeds her children every Thursday, making them polony sandwiches, soup and other hot food.*

As this account should make clear, Sara does not comply with the norms and standards that would enable her to register as an ECD with the Department of Social Development (DSD). In fact, the details of her situation suggest that registration is almost impossible. Yet in the

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<sup>2</sup> Polony is a highly processed meat made from mechanically deboned meat (MDM). It is usually made from the offcuts of chicken, pork and beef or a combination of these and encased in a brightly coloured pink or orange skin.

context of her deeply informal settlement, Sara offers a safer and more nutritionally secure space for the children she cares for than they would otherwise have. Being unregistered adds to her many challenges, but she cares deeply about child care and continues to do everything she can to provide the best care and safety she can with what she has.

In my work with SLF I learnt that Sara is unfortunately not unique. Instead her plight is typical of those who work in child care in this sector. Sara's story needs to be understood against a background of the socio-economic realities of township life in South Africa and what it is to be a child, a parent, and a business owner living in such spaces.

Firstly, the ability of ECDs to provide adequate food for the children in their care has significant public health and development consequences. Nutrition during the first 1000 days of a child's life has a long-term impact on health (Alderman, Hoddinott and Kinsey, 2006; DFID, 2009). The problem of food insecurity affecting children under 5 years of age who live in poor areas is not unique to South Africa, and many studies have shown that poor nutritional intake affects long-term development and leads to malnutrition, stunting and obesity (Yaqub, 2002; DFID, 2009; Crush, Frayne and McLachlan, 2011; Shisana *et al.*, 2013). While the state has put policies in place to address child malnutrition in South Africa, food insecurity and malnutrition still persist and policy implementation remains a critical challenge. This remains true as the consequences of the current COVID-19 pandemic unfold with "crisis-level" hunger on the rise, especially in South Africa (Oxfam, 2020; Wills *et al.*, 2020). Whilst this thesis is finalised amidst the COVID-19 pandemic, its focus on child nutritional security continues to be relevant as individual nutritional security to ensure greater immunity during the COVID-19 pandemic is needed (Mannar and Micha, 2020). As such, ECDs like Sara's matter because (among other things) they are role players in the provision of the nourishment that children in townships receive in their first 1000 days.

This contribution is particularly important in the context of widespread poverty (May and Timaeus, 2014) and the presence of high unemployment, which contribute to a socio-economic environment that makes it very difficult for South Africans from poor households to meet their basic needs, including for food. As Hall, Meintjes and Sambu (2014, p. 114) point out, 32 per cent of South African children live in households without adequate water and sanitation, many of which are situated in informal settlements and backyard shacks. In this

context, the ability of parents to provide adequate food and care to their children can be severely limited, placing an additional burden on the food provisioning strategies of ECDs.

Much of the burden of child care in this highly challenging context falls on women. Two studies in South Africa (Department of Health, 1998; The Children's Institute, 2009) estimate that 68 per cent of women with babies under two are single and not living with a partner. Compounding this vulnerability is the fact that fathers often fail to provide financial support and maintenance for children (HSRC Child Youth and Family Development Programme, 2006; Richter, Chikovore and Makusha, 2010). Given these financial constraints, choices around child care are limited, based on the affordability of fees and proximity to their residence (Mkhwanazi *et al.*, 2018).

There are many women like Sara in Vrygrond and in other poor communities across South Africa who choose to run small survivalist ECDs as undocumented and unregistered businesses. The service, care and nutrition they provide are desperately needed by working and work-seeking parents who have no-one else to feed and take care of their children during the day. A large number of children under 5 years of age living in poor areas benefit from this care during and after working hours. In many cases, this means children are fed and cared for in informal ECDs for 9 to 10 hours a day every day of the year, excluding holidays and public holidays (Sustainable Livelihoods Foundation, 2013). This study will investigate the quality of care provided in these ECDs.

These issues cannot be understood without considering the implications of informality. At least 45 per cent of these ECD survivalist businesses are unregistered (Economic Policy Research Institute, 2014; Hall *et al.*, 2017) and form part of the informal economy, which remains under-researched and little understood (Ligthelm, 2005; Millar, 2008; Petersen *et al.*, 2016; Williams, 2017). The informal economy plays an important role in sustaining many economically marginalised South Africans who have no access to formal employment and who are trapped in a cycle of poverty (Wills, 2009). This is specifically true for women who, according to (Petersen, Charman and Kroll, 2017) operate a majority of these businesses. Besides providing crucial care for children in poor communities (Battersby, 2011), these ECDs are a desirable option for the women who run them because they can make an income by offering a service that is consistently in demand, and offers them the flexibility of being able

to work from home and provide support for their own families. This study will thus further investigate what informality means for an ECD's capacity to provide adequate food.

Like Sara's ECD, these businesses operate in ways that are defined by their physical and social environment (Sustainable Livelihoods Foundation, 2013). Few ECD providers in informal areas comply with the key national norms and standards as set out by the Department of Social Development. Without regulatory compliance, they have no chance of accessing the state per-child subsidy that would enable them to provide better food and more facilities. As shown in later chapters, inadequate infrastructure and an inability to secure land use rights are major stumbling blocks to these businesses being able to achieve regulatory compliance (Constitutional Assembly, 2008; Charman *et al.*, 2017; Van Niekerk, Ashley-Cooper and Atmore, 2017). In the vast majority of cases, therefore, the regulatory exclusion of ECDs is structural – a result not of the failures or choices of the operator, but of the realities of their context of operation. One of the key issues that this dissertation will explore is whether the regulations to which ECDs are expected to comply are fit for purpose.

To answer this question, I outline a set of cascading constraints on ECDs in informal areas that limit their attempts to provide nutritious food – and I show how, in spite of these limitations, ECD operators seek to provide children with adequate care and enough food. Most importantly, I argue that their exclusion results in part from poor regulatory design: that the regulations are inappropriate, and not fit for purpose in distinguishing between legitimate ECDs and exploitative or poorly run service providers.

## 1.2 Research objectives and questions

I wanted to use the opportunity of my MPhil research to investigate in more detail the difficulties I'd come across as a researcher for SLF. This thesis attempts to answer some key questions surrounding the food that ECDs in two Cape Town townships are providing, and what factors enable and constrain them in this regard.

The central research question is: what are the obstacles and challenges that face childcare microenterprises in Vrygrond and Sweet Home Farm in contributing to the nutritional security of the children in their care and how do they deal with these challenges?

This question can be unpacked as follows:

1. What food is being provided by the ECD and parents and what determines these choices?
2. What challenges do ECDs face in ensuring adequate food provision for children in their care?
3. What strategies do these ECDs use to deal with these challenges?

In attempting to answer these questions, I first set out to:

1. Profile and develop a typology of ECDs in the Vrygrond and Sweet Home Farm communities, by identifying and mapping ECD facilities and by conducting extensive interviews with the ECD owners and operators.
2. Explore the external resources available to support these ECDs in providing food and care, and assess the value of these resources and the quality of care.
3. Identify how and where existing ECD policy exacerbates, or could potentially alleviate, these obstacles.

### 1.3 Thesis structure

In Chapter Two, I provide a brief outline of some of the key literature on food insecurity and the nutritional needs of children during their first 1000 days. I explore the implications of the poverty and the socio-economic conditions in which these ECDs exist. I then look at the policy measures in place that attempt to alleviate malnutrition.

In Chapter Three, I explain how and why ECDs' access to the state per-child subsidy is dependent on regulatory compliance. I look at how regulatory exclusion and enforced informalisation prevents ECDs' access to this support. The issues discussed in these two chapters provide a critical backdrop to the focus of this thesis, presenting what is already known in order to highlight the knowledge gap around ECD food provision, and allowing a more nuanced and focused re-statement of my research questions.

In Chapter Four, I describe my research approach, briefly describing the study sites of Vrygrond and Sweet Home Farm where the fieldwork took place. I outline the sampling process used, explaining how ECDs were identified, mapped and asked to participate in a survey that I conducted. Following the survey, a number of ECDs who offered substantial



information and time for engagement were identified for case study development. The relevance of grounded theory to the study is also outlined in this chapter.

In Chapter Five, the key findings are presented via a typology of ECDs that was developed, based on their regulatory compliance, the care they offer, where the food comes from and what this means for the children. This typology is illustrated through three case studies, which are presented in outline at the end of the chapter and used in the subsequent discussion chapters to further illustrate emergent findings. Some unexpected findings are presented, highlighting the importance of external support for food provision, the appropriateness of childcare in its spatial context, and how regulatory noncompliance is determined by the automatic exclusion of providers rather than by providers' choice not to comply.

In Chapter Six, I describe and explain how food is acquired by different types of ECDs, and what this means for the children's nutritional security. Specifically, this chapter interrogates how ECDs are able to provide food to the children in their care, and what supports and inhibits them in doing so. It examines what access to all possible sources of food support could mean for ECDs' food provision. I conclude with scenarios of what it would mean for these ECDs if they had access to one or more of these sources of food support.

In Chapter Seven, I describe the role of external food support providers. I provide a profile of the organisations involved, looking at their different models of food provision, what guides their implementation strategies and how their food is distributed to ECDs and the role of service organisations in this supply chain.

Chapter Eight, in the light of ECDs nutritional provision, reviews the quality of care they provide. I provide evidence that shows that the levels of care are situationally appropriate. More importantly, I argue that the regulatory framework is unable to distinguish meaningfully between different levels of care and thus excludes even well-functioning ECDs from complying. This raises serious questions about the fitness for purpose of these regulations.

The concluding chapter presents an overview of the obstacles and challenges facing the ECDs studied, offering comment on whether the situational safety and contextual appropriateness of these facilities could or should drive changes in policy. Based on these, I offer

recommendations for further research that might assist these ECDs in supplementing the nutritional support they provide to the children in their care.



## 2 The extent and nature of nutritional vulnerability in preschool children in South African townships

This chapter describes the crisis of food security experienced by children who live in informal settlements in South Africa in their first 1000 days, showing the gap between children's nutritional requirements and the reality of undernutrition. I argue that factors such as poverty, unemployment, geographic marginalisation, an increase in the reliance on supermarkets for food provision, and dietary changes related to urbanisation have produced a nutritional crisis in this population and have increased the nutritional vulnerability of children under five. I also look at further factors such as the limitations following from South Africa's spatial politics and the implications of the 'nutrition transition'. Finally, I assess the efficacy of policy measures the state has in place in attempting to alleviate this crisis.

### 2.1 Poverty and undernutrition in South African townships

Poverty trends in South Africa between 2006 - 2015 (Statistics South Africa, 2017) show that there are 30.4 million people (55.5 per cent of the population) in South Africa that live in poverty, with 13.8 million (an increase from 11 million in 2011) of these citizens living in extreme poverty, unable to afford basic goods or meet their basic needs.

Poor households are unable to secure the level of nutritious food that they require. These households are commonly single-income spaces, derived from one adult, who is usually a woman, a single parent, and who is supporting multiple dependents (Statistics South Africa, 2012; Hall and Budlender, 2016; Moore *et al.*, 2017b; Statistics South Africa, 2018b; MenCare Global Fatherhood Campaign, 2018). With low income earning capacity, the affordability of nutritious food is limited, leading to an increased chance of undernutrition in young children.

COVID-19 and the associated policy response has brought the food security crisis to a new level of intensity. Whilst a recent Oxfam (2020) report states "crisis-level hunger" will increase to 270 million before year end, a National Income Dynamics Study (NIDS) Coronavirus Rapid Mobile Survey (CRAM) working paper released in July 2020 showed that 47 per cent of respondent households have not had money to buy food since April 2020 with 15 per cent noting a child went hungry in their home over the past week because they could not afford to buy food (Wills *et al.*, 2020).

Historic accounts (Butler, Goldstein and Ross, 1972; Hollingsworth and Russell, 1973; Rush and Cassano, 1983; Barker and Osmond, 1986), and contemporary research on the first 1000 days of life (English *et al.*, 2017; Moore *et al.*, 2017a) show that despite considerable efforts to curb malnutrition, a health crisis confronts many children, particularly those in impoverished areas such as there are in South Africa. The consequences of this crisis pertain to the health and development of these children and include both short-term effects such as wasting and infectious diseases, and longer-term impacts such as stunting and cognitive, economic and reproductive development, and in some case death.

Many of these deaths are caused by undernutrition. Although South African data likely underreport them (Hall, Meintjes and Sambu, 2014) and numbers have decreased, infant and under-5 mortality rates are still high at 27 and 37 per 1000 live births, respectively (Dorrington *et al.*, 2016). This becomes clear when countries with similar GDP per capita to South Africa during the same period show much lower infant and under-5 mortality rates, as seen in Table 1 below.

The Human Science Research Council's 2012 study on South African Health and Nutrition (Shisana *et al.*, 2013), reports that 45 per cent of children under five years of age died from undernutrition. Furthermore, UNICEF's (2017) report on the state of South Africa's children shows that one in five children are stunted, 26 per cent of whom are under five who live in impoverished areas where nutritional intake is persistently inadequate in quantity and/or quality. With a third of South Africa's 18 million children experiencing hunger and being at risk of malnutrition (Hall and Budlender, 2016; Jamieson, Berry and Lake, 2017; Jonah, Sambu and May, 2018), these mortality rates demonstrate the seriousness of undernutrition for impoverished children under the age of five years (DFID, 2009).

*Table 1 Comparative GDP per capita of countries against their under 5 and infant mortality rates in 2016*

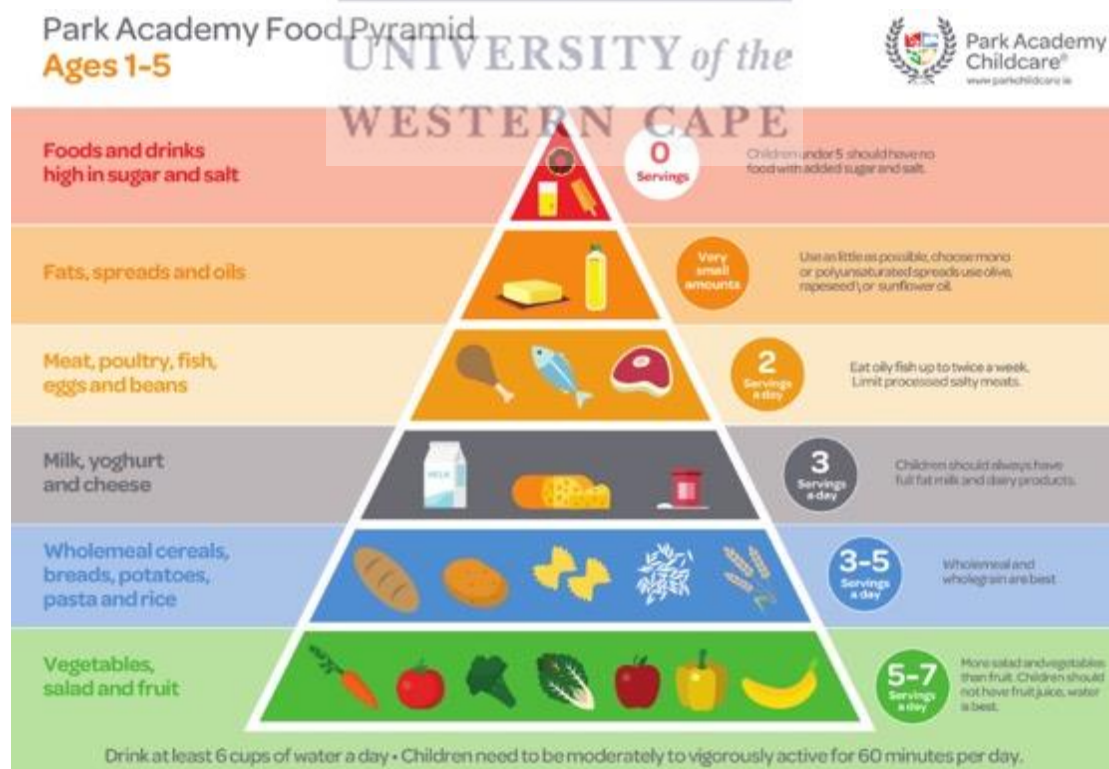
Country	Year	GDP per capita	under 5 mortality (per 1000 live births)	infant mortality (per 1000 live births)
South Africa	2016	\$5,272	37	31
Paraguay	2016	\$5,319	22	18
Iran	2016	\$5,255	16	13
North Macedonia	2016	\$5,129	12	11
Belarus	2016	\$5,022	4	3

\*Adapted from The World Bank Data portal on GDP per capita and under 5 and infant mortality rates (per 1,000 live births)

At the national level, data from 24-hour dietary recalls were collected as part of the 1999 National Food Consumption Survey. The most commonly consumed food items were recorded as being maize, sugar, tea, whole milk and brown bread, foods relatively low in micronutrients. The recalls indicated that children, especially those living in informal urban areas, were suffering from stunting as a result of a ‘triple burden’ caused by deficiencies in macronutrient consumption and over and undernutrition (Labadarios *et al.*, 2005; Petersen and Charman, 2018b). This reflects a low intake of nutritional foods.

Thus, the South African diet tends not to reflect a healthy ‘plate’, being limited in diversity. The healthy eating food pyramid (Park Academy Childcare, 2017) and standard healthy plate (Harvard T.H. Chan School of Public Health, 2011) defines adequate daily nutrition consumption of a person as: 50 per cent fruit and vegetables, 25 per cent whole grains and 25 per cent healthy protein, with all processed meats and grains excluded from the plate. See **Error! Reference source not found.** below.

Figure 1 The Healthy Eating Food Pyramid (source (Park Academy Childcare, 2017))



According to a joint report by the Food and Agriculture Organisation and World Health Organization (2003) and Steyn *et al.* (2006), South African diets are mostly cereal based and contain less than half of the standard fruit and vegetable daily requirement. According to SANHANES 1 (Shisana *et al.*, 2013), approximately 40 per cent of South Africans are consuming the adequate calories but the food is so low in nutritional value that this population are malnourished. Furthermore, the Statistics South Africa (2018a) education series, which included findings on children's food consumption within their households, showed that four in ten children in their sample had consumed carbohydrates and cereals three times in the past 24 hours. Of children under six years, 34.3 per cent ate no dairy, 70 per cent no plant-based proteins, and 50 per cent did not eat fruit in their households.

This means that both those who are under- and over-nourished are experiencing nutritional deficiencies. In the long term this trend has created chronic undernutrition in impoverished populations. Despite South Africa producing enough food to feed the entire population at country level, access to the right amount and type of nutritious food is limited to those who can afford it at household level.

Malnutrition, a consequence of ongoing undernutrition, has both short- and long-term consequences in society. Immediate consequences of malnutrition include child mortality, disability and early death in adults (Horton *et al.*, 2010) whilst longer term impacts include stunting, non-communicable diseases (NCDs), loss of productivity in the workplace (Horton and Steckel, 2013) and decreased human potential of children in school (Hendriks and Olivier, 2015). The phenomenon of stunting is the most distinct form of moderate malnutrition indicative of chronic undernutrition, poor socioeconomic conditions and increased risk of infectious diseases (Jamieson, Berry and Lake, 2017). Stunting in the first five years is proportionately more damaging than in later life and in South Africa it is indicated as highest in the poorest households and children under five, affecting some 27 per cent of children in this group, with this figure showing little change over the past two decades (Jamieson, Berry and Lake, 2017).

Within the context of this thesis, the first five years of a child's life are of critical relevance to the nutritional security of children in township ECDs. As Shisana *et al.* (2013) suggest, addressing and understanding the causes of the nutritional crisis facing these children living in poverty deserves increased focus.

## 2.2 Nutrition and child health during the first 1000 days

There are a number of social and spatial factors influencing the nutritional crisis among children under five (Chopra, Whitten and Drimie, 2009; Lesiapeto *et al.*, 2010; Horton and Steckel, 2013; Moore *et al.*, 2017b). Initially, a child's biological development is mostly defined by their mother's wellbeing, which determines their experience and response to the world in which they will live. These are all influenced in some degree by their mother's stress, nutrition and available economic resources. They are also inherently interlinked with the prevailing socio / economic, environmental, and dietary transitional factors, adapted from Moore *et al.* (2017a), which bring about varying timelines of consequence within a child's first 1,000 days of life, some predating conception and others beginning in the antenatal and postnatal phases. Thus, the "developmental experiences and the social context in which they occur have the capacity to become biologically embedded with lifelong impacts on health and other outcomes" (Moore *et al.*, 2017a, p. 6).

Optimal nutrition during this phase has been identified as critical to alleviate or prevent both infectious diseases and non-communicable diseases (Department of Health, 2013b) in children. The stronger the immune system is early in life, the better the child's chance of living a healthy life, void of disease. But 'dietary transitions' have contributed to children being left vulnerable during their first 1000 days (Moore *et al.*, 2017b): along with limited access to and availability of nutritious food and a change in eating patterns from more traditional to western style diets, this has brought about a nutrition transition. Furthermore, much of this change is centred in South African townships (Crush, Frayne and McLachlan, 2011). These poor households, which are characterized by low income that limits affordability of food, are where nutritionally vulnerable children reside. Each factor and its influence on nutrition will be discussed below.

### 2.2.1 Socio / Economic - poor households and a parent's capacity to provide

In the Western Cape, 90 per cent of the population live in urban areas. The poorest of these people live in informal settlements and townships. In Cape Town, these townships, positioned on the outskirts of the City, are remote from economically active urban areas (Petersen and Charman, 2018b). These townships are home to millions of economically marginalised people,

many of whom are single-parent mothers caring for young children (Hall and Budlender, 2016).

The quality and care provided by these primary caregivers is critical for their child's development, especially for children in township contexts who are particularly vulnerable. The Center on the Developing Child (2010) established there to be three critical foundations of healthy child development: secure and responsive relationships, safe and supportive environments, and proper nutrition. Similarly, Moore *et al.*, (2017b) noted that the parent relationship, social support and physical environment in which these children reside and have access to are not only determining factors of their wellbeing but are also influenced by the experience of poverty. The more adverse the experiences a child has in their early years, including being subjected to prolonged poverty, the more likely they will suffer from diseases, lowered academic achievement and substance abuse in later life (National Scientific Council on the Developing Child, 2010; Pentecost, 2016; Hall *et al.*, 2017; Moore *et al.*, 2017a).

The responsibility of this care usually falls on the shoulders of mothers. Although fathers or secondary caregivers were shown to play an important role in the early years, modelling positive behaviours such as self-regulation and appropriate social behaviour, (Mkhwanazi *et al.*, 2018) showed that even if fathers live in the home, mothers spend more time on childcare. Furthermore, with a noticeable absence of fathers, the emotional, social and financial wellbeing of the child falls to the mother. As such, mothers experience increased pressure – with their limited available financial and emotional resources – to provide for their child's development (Moore *et al.*, 2017b) and without the support of a secondary caregiver, the mental health and social conduct of their children is in jeopardy too.

Thus, a mother's ability to provide a secure level of care is limited by the financial and social resources they have available to them and the level of emotional and financial stress they live with (Hall, Meintjes and Sambu, 2014). The three quarters of South African children, 97 per cent of whom are infants, who reside in single parent families with only their mothers (Hall and Budlender, 2016), are more likely to experience the consequences of poverty, such as malnutrition and inhibited cognitive development. Similarly, Statistics South Africa (2018a) showed that 47 per cent of children under six years reside in households headed by a woman. More often than not, they are responsible for more than six people in the home, with 31.6 per cent of these households relying on the income of one employed person. In addition,



South Africa's ineffective maintenance system means that 90 per cent of primary caregivers (Statistics South Africa, 2012; MenCare Global Fatherhood Campaign, 2018), most of whom are mothers, do not receive maintenance from partners or ex-partners, leaving them even more financially vulnerable.

These facts all illustrate the responsibility placed on women spending large amounts of time providing sole care for their children and meeting their physical, emotional, and financial needs. Although being a single parent has not yet been asserted as a determining factor of poverty, previous findings on the economic and social experience of women closely indicate that it contributes to there being a relationship between gender and income poverty (Hall and Budlender, 2016). As such, a woman being a single parent is both a cause and consequence of poverty (Leibbrandt *et al.*, 2010; Old Mutual, 2014) and this plays a role in their child's nutritional and social development.

These economically marginalised women in the township context are particularly in need of help with child care, as the responsibilities placed on parents in poor households are proportionately larger for female primary caregivers. Experiences that further entrench their experience of poverty include an increase in unemployment and decrease in job security, as largely unskilled or semi-skilled parents work long hours for limited income. In addition, this search for employment and migrating to urban spaces disrupts more traditionally focused home-based social support structures and networks (Hall and Budlender, 2016). With many individuals leaving their homes to search for work in urban towns, familial support structures can be lost. This reinforces the growing problem of increasing numbers of children living in poverty with access to fewer resources. Social support structures are critical, and those available determine much of the wellbeing of both parent and child. These conditions in which children reside impact on their health and wellbeing (Pentecost, 2016), including limited access to and unaffordability of adequate nutrition.

Children in women-headed households are thus more likely to suffer from poverty and hunger than if they were in male-headed households (The Children's Institute, 2009). Nwosu and Ndinda (2018) note that in 2008 South Africa had almost 40% female-headed households and by 2014, this number had only slightly decreased to 38 per cent. With rapid urbanisation and social and economic change, a gender poverty gap in earnings becomes evident. In most of these women-headed households, there is notable difference in earnings between men and

women (Rogan, 2014). Based on a taxable income average study in 2014, women earned 24.5 per cent less than men (National Treasury and South African Revenue Service, 2015). Supported by the 2015 fourth Quarterly Labour Force Survey data (Statistics South Africa, 2016b), Hall and Budlender's (2016) study conducted in 2014 showed that overall, women were found to be less likely to be employed and if they were, they earned substantially less than men. Furthermore, women are also less likely to be educated, have fewer employment options and earn less in the work place (Ahmed *et al.*, 2007). When they do, the roles they acquire are casual or low paid, requiring them to work outside of the home. As such, most of these women who are single mothers, heading economically marginalised households, are statistically and economically more vulnerable than men and more likely to be poorer (Rogan, 2014). The average per capita income of these households is below the poverty line. Considering the majority (52 per cent) of the population are women (Hall, Meintjes and Sambu, 2014) and the gender distribution in the study sites almost equals this (between 46-47 percent in both the greater Vrygrond area and SHF), it is likely that the number of female-headed households in these areas is also similar and that they therefore have restricted earnings, below the poverty line.

As these arguments show, child mortality, poor nutrition and inadequate infrastructure and sanitation (Rogan, 2014) are not only consequences of this gendered poverty but reinforce the hunger experienced by those children who most need access to this external support. For mothers who are household heads there is an important connection to the role of ECDs. They are often not able to seek work but these ECDs are vital because they enable them join the labour force. In the context of this thesis this is relevant, as restricted earnings impact the affordability of nutritious foods.

### **2.2.2 Spatial environments determining the nutritional crisis**

As many of these poor households reside in urban informal settlements, we need to look beyond the household level and consider the spatial environment of the township as a contributor to nutritional insecurity. Historic research on food insecurity has focused on rural areas. Findings from (Ahmed *et al.*, 2007) show that of the 18 low- to middle-income countries in their study, 12 showed that food insecurity in urban settings either equalled or exceeded its rural counterparts. Similarly a 2008 study conducted by Crush & Frayne (2010) on urban food security showed that 77 per cent of poor urban households across 11 southern African cities reported moderate or severe levels of food insecurity, as basic costs associated with

transport, education and healthcare (Cohen and Garrett, 2010) also had to be covered, limiting available income for nutritious foods. This demonstrated the pervasiveness of food insecurity in poor urban communities.

At present cities are home to some 64 per cent of South Africans, but by 2050 this is predicted to be closer to 77 per cent (UNDESA, 2014), with predominant urban growth areas being within the township space. As poor rural people migrate to urban centres (Durno, 2016), the urban environment has become a key area of study for the impact of food insecurity (Crush and Frayne, 2010). Access and availability are the core issues facing the urban food-insecure (Cohen and Garrett, 2010). Whilst South Africa produces enough food, and supermarkets are the primary suppliers, many of the poor urban population are either unemployed or do not earn enough money to buy nutritious food for the household. Nor do they have the space to grow their own food, as they are living in densely populated urban centres (Crush, Hovorka and Tevera, 2011; Webb, 2011) and are too labour-poor or insecure to do so.

Whilst South Africa is considered a 'food-secure' nation, producing enough food to adequately feed its population, one in four people currently suffers ongoing hunger, largely because they do not have enough money or access to buy healthy foods. Thus, food choices being determined by affordability is a consequence of poverty. Urban densification has decreased available urban agricultural land, resulting in an increase in the cost of foods and reinforcing chronic food insecurity for poor urban households (Vorster, Kruger and Margetts, 2011). There has therefore been a demand for readily available and accessible (Pereira, 2014; Durno, 2016) processed goods with a longer shelf life, and cheap prepared foods (Kearney, 2010). This has been both met and been driven by an increased presence of supermarkets that supply these goods and take-away restaurants in the immediate locality (Battersby and Peyton, 2014). The introduction and role of supermarkets as outliers to townships is a key aspect of this urban expansion and demand for affordable food.

Urban residents are increasingly reliant on supermarkets to provide food (Crush, Frayne and Pendleton, 2012), making them vulnerable to the retailer's food pricing strategies (Cohen and Garrett, 2010). However, high costs of nutritious food, amongst other things, are related to the refrigeration and storage of fresh foods as well as rising fuel prices to transport goods (European Commission, 2009). Battersby and Peyton's (2014) research highlighted that supermarkets on the outskirts of townships, in comparison to their upper to middle income

situated counterparts, stocked “cheaper brands and more limited fresh produce...” Further, where nutritious food diversity did exist, the cost of these foods was up to 60 per cent more than the processed and less nutritious foods (Temple *et al.*, 2011). The supermarkets’ location choices also showed “market efficiency, not social efficiency” (Battersby & Peyton 2014, p161), leading to a potential reduction in “accessibility to affordable, nutritious food for the urban poor” (Battersby & Peyton, 2014, 162). Despite major supermarkets having more competitive food pricing than informal traders (Crush, Frayne and Pendleton, 2012), nutritious food tends to be highly priced compared to highly processed less-healthy alternatives, affecting economically marginalised households most (Jamieson, Berry and Lake, 2017).

Further illustrating how unaffordable nutritious food has become for economically marginalised people, Tsegay, Rusare and Mistry (2014) note how this group of people are forced to spend less or buy less nutritious food, spending almost half of what they earn on food, whilst higher income earners only spend a tenth of their income on food. These dynamics mean that for a greater sense of food security, nutrition and therefore a healthier population, the income of the poor would need to increase (Sustainable Livelihoods Foundation, 2013; Durno, 2016). As this increase in income for the poor is not a current reality, the acquisition of nutritious food remains limited.

### **2.2.3 Dietary transitions**

This changing urban diet is part of a transition towards Western-style diets that are high in fats, carbohydrates and sugars. Much of this dietary transition is attributed not only to the increased prevalence of supermarkets (Jamieson, Berry and Lake, 2017) but also to the experience of poverty and sub-standard living conditions, with limited resources and basic services, and a preference for the perceived status of ‘modern’ processed food (Kearney, 2010).

The circumstances facing poor urban dwellers contribute greatly to this dietary shift. They work longer hours and have extended travel times which means they are time-poor, operating in a cash economy, and are reliant on the acquisition of cheaper, more refined and less nutritious foods (Battersby and Peyton, 2014; Pereira, 2014). Access to nutritious food for urban people is sometimes restrictive – commonly expensive, and requiring travelling outside of the residential area, which adds to the cost of these goods (Vorster, Kruger and Margetts,

2011). Ultimately this impacts on the diversity of foods eaten in these areas, with diets consisting of sugary and fatty foods (Reddy *et al.*, 2009).

Consequences of these dietary limitations on consumption have been documented. This dietary shift to cheaper, calorie-dense processed foods that are filling but nutritionally poor (Tsegay, Rusare and Mistry, 2014) has negative consequences for the long-term health of both children and adults. As learned previously by Worobey, Tepper and Kanarek (2006), the consistent intake of foods low in nutrients can lead to chronic hunger, even when consuming carbohydrates, and a risk of infectious diseases early in life, with the high chance of developing NCDs in the long term. In a study conducted by Igumbor *et al.* (2012), healthier foods were found to cost 10-60 per cent more by weight than processed foods. This percentage almost doubled when the nutritious calories were compared with processed food calories.

Changing the balance of food consumed from nutritious to processed leads to physiological changes, which in turn increase the risk of allergies, obesity and disease leading to (among other effects) the overconsumption of antibiotics.

With limited income, food acquisition strategies are focused on quantity as opposed to diversity and nutritional quality. Based on the available data produced over the past almost twenty years, from the National Food Consumption Surveys, General Household Surveys, and the Labour Force Surveys, it appears that those in both urban (32.4 per cent) and rural (37 per cent) environments experience hunger at the household level, where wasting, stunting and undernutrition in children was found as a result of diets lacking in micronutrients (Pereira, 2014). This is relevant to this research, as township-based early childhood development centres (ECDs) care for impoverished children 5 years and under, the same age group threatened by stunting and malnutrition as a result of poverty and hunger.

### **2.3 Measures to alleviate malnutrition**

The extent of food insecurity among poor urban populations has brought about a growing focus among policy makers in South Africa on nutrition and raised the profile of food assistance avenues and the role of food fortification. These interventions have assisted in securing nutrition for the poor beneficiaries they serve, with the aim of alleviating malnutrition and food insecurity both in the home and outside it. In the following pages, I provide an overview of these interventions.

### 2.3.1 Food assistance policy environment

I begin with a discussion of the broader policy environment. The South Africa government has employed numerous national and local fiscal policy measures (Jonah, Sambu and May, 2018) over the past few decades in an attempt to alleviate the food security crisis experienced by its most impoverished citizens. Some of these interventions include the fortification of foods, implementing and supporting nutrition programmes in partnership with the non-profit sector, and rolling out a social protection system that provides cash grants to the poorest. These food assistance interventions support low income earning families to feed their children.

The South African food policy environment is highly elaborated. The National Food and Nutrition Security (FNS) policy (DAFF and DSD, 2013) and the Western Cape Household Food Security and Nutrition Strategy (Durno, 2016) both intend to improve the availability, accessibility and affordability of safe and nutritious food. The National Infant and Young Child Feeding Policy (IYCFP) (Department of Health, 2013a), aims to support parents in their provision of nutritious food to their children during the first 1000 days. Although no clear budget exists, it is estimated that it will cost R87 billion to implement the FNS plan. Of this, 13 per cent is allocated to social protection programmes and 8 per cent to nutrition interventions for women and children. The remaining 80 per cent is intended to support food value chains so as to make nutritious food more affordable (Jonah, Sambu and May, 2018). The FNS policy and global development agendas continue to focus on rural food insecurity, which is increasingly problematic as urban food insecurity is rapidly rising (Battersby, no date) and could therefore benefit from a less one-sided focus, which continues to be on agricultural productivity. A shift to a more balanced view on all aspects of the question would be beneficial in addressing food and nutrition insecurity (Republic of South Africa, 2014). In addition, with cross-departmental responsibility of its implementation (Republic of South Africa, 2014), and no official Council yet established to oversee this policy (Jonah, Sambu and May, 2018), oversight and implementation is a challenge and not yet a reality.

Implementation issues with current policies have been experienced, as was the case with those developed in the past. The FNS policy predecessor, The Integrated Food Security Strategy for South Africa (IFSS) (Department of Agriculture, 2002), was also intended to eradicate hunger and support the implementation of school feeding, social grants and vulnerable groups programmes. However, it was not implemented as a result of limited resources, cross-departmental responsibility and consequent lack of ownership (Crush,

Frayne and McLachlan, 2011). It would seem then that the success of these food security and nutrition strategies and policies is not only determined by the human capacity to properly implement them but also the management and coordination at local levels (Tsegay, Rusare and Mistry, 2014). Many vital policies and strategies have been developed over the years to address food security, and yet implementation and capacity challenges hinder roll-out.

There appear to be limitations with the definition of the target population of the Infant and Young Child Feeding Programme (IYCF). It prioritises breastfeeding of infants and promotes its continued practice beyond a child's second year and the use of formula by parents; supports parents feeding children in difficult circumstances, such as premature babies, in hospital, those who have severe acute malnutrition, facilities caring for orphans, nutritional needs during natural disasters, and those born with metabolic disorders. It does not however, spell out who should be feeding these children under two whilst in ECDs and what they should be fed.

Similar concerns could be raised about the Western Cape Household Food Security and Nutrition Strategy (Durno, 2016), especially as it makes provision for a range of existing food assistance programmes to the most vulnerable people. Access to nutritious food remains inaccessible to many of the poor: less than 40 per cent of the national population have sufficient income to buy enough food (Woolard and Leibbrandt, 2006) and another 32 per cent are unable to afford both food and essential goods. Thus, the role of the various food assistance programmes and policies in providing nutritious food to the poorest is critical. But again, partnership with and knowledge of beneficiaries is required, but if they are unregistered, as many ECDs indeed are, their whereabouts is most likely unknown.

### **2.3.2 Cash Transfers**

The social grant system is a key policy intervention making up a significant portion of government's expenditure that assists the poor (Harvey *et al.*, 2010; Jonah, Sambu and May, 2018) and especially labour-constrained households to buy basic goods such as food to ensure food and nutrition security (National Planning Commission, 2011). International research evidence shows that poor people – especially women – use money from social protection and welfare programmes well (Wiggins, Compton and Keats, 2010, p. 12).

One of these, the Child Support Grant (CSG), aims to subsidise certain financial costs associated in raising a child such as nutrition, free transport for children to school, free healthcare, and improved rural infrastructure (Zembe-Mkabile *et al.*, 2015). The CSG, established in 1998, is the largest cash transfer (CT) programme in Africa (Devereux *et al.*, 2005; Zembe-Mkabile *et al.*, 2012), and was recorded in 2013 as reaching more than 11 million children in poor households across South Africa (Zembe-Mkabile *et al.*, 2016). It was initially intended to cover the cost of raising a child, and during the mid 90s to 2000s it contributed to improving children's health and education and female-headed household outcomes, playing an important role in decreasing child poverty (Zembe-Mkabile *et al.*, 2014). But the challenges in setting this up led to the devaluing of the grant, which ultimately only covered what then was thought of as basic food costs but was in reality also used to pay for education and basic services (May and Timaeus, 2014). Its value was compared to a theoretical estimate of a household's basic income needs for those operating in "low" and "lower-middle" income groups (Leibbrandt *et al.*, 2010). However, at R320 per month, this grant only covers very basic food expenses (UN-Habitat, 2016).

In South Africa, 56 per cent of children under four live below the poverty line (UNICEF, 2007). Furthermore, some children are not receiving the CSG as fast as they should (Zembe-Mkabile *et al.*, 2015). The importance of this is that early evidence in children under two has shown a link between "the receipt of the grant and improved child nutritional status....and reduced child hunger" (Leibbrandt *et al.*, 2010). This makes the contribution of the CSG important but insufficient in improving the experience of food security and nutrition for the child and their general outcomes (Perry *et al.*, 2010).

Despite being an important strategy towards alleviating extreme poverty and food insecurity (Jonah, Sambu and May, 2018), the CSG cannot ensure adequate nourishment for recipients, as payments are well below the national food poverty line, which equals R547 per person per month (Statistics South Africa, 2018c). Thus, with a limited earning capacity of predominantly mothers heading up households on one income (Ahmed *et al.*, 2007) and an inadequate child support grant, external sources of food provision, such as schools and ECDs, are important elements in strategies for supporting and improving child health and nutrition.



### 2.3.3 Food fortification

South Africans in low income households – those most affected by malnutrition – are more likely to consume higher quantities of starchy foods and lower levels of fruits and vegetables (Shisana *et al.*, 2013; Pereira, 2014). For this reason, the mandated fortification of foods, for example maize and wheat, was legislated by government in 2003 to ensure that the most impoverished received as much nutrition as possible from these staple food sources. This has had a positive impact on children’s physical and psychological growth by restoring a minimal level of micronutrient consumption, whilst also potentially reducing infectious and non-communicable diseases (Steyn *et al.*, 2007; Chopra, Whitten and Drimie, 2009). However, fortification can only play a limited part in the strategy for preventing malnutrition and ensuring nutrition security (Pereira, 2014), as starch and carbohydrates are still consumed in excess (Labadarios *et al.*, 2005) and food diversification is still needed (Chopra, Whitten and Drimie, 2009). Further supporting this strategy was the development of the Food-based Dietary Guidelines, intended to encourage and empower a change in the population’s eating behaviour through positive and easily accessible messaging (Vorster, Badham and Venter, 2013). Developed in line with recommendations presented in the South African National Health and Nutrition Examination Survey (SANHANES-1) (Shisana *et al.*, 2013), it is intended to be delivered sensitively, with an understanding of contexts and the capacity of consumers to change their eating habits. Its target audience includes caregivers and school nutrition programmes.

### 2.3.4 School feeding programmes

School and home-based nutrition interventions supported by government, at national and local levels, intend in some degree to alleviate hunger. The understanding is that nutrition is not only a key factor in the educational and health status of children (DFID, 2009) but also a prominent indicator in reviewing the general wellbeing of communities suffering from malnutrition and consequent stunting (Harvey *et al.*, 2010).

School feeding schemes have grown in numbers worldwide and are another important element in the nutrition strategy employed in South Africa by NPOs and private entities (Atmore, van Niekerk and Ashley-Cooper, 2012). Such schemes meet an essential need for primary and secondary school children whose household nutritional intake is exceptionally low (Harvey *et al.*, 2010). The National School Nutrition Programme (NSNP) is a school-based

nutrition intervention in schools, implemented through government-appointed service providers. It aims to address the experience of hunger so that a student's capacity to learn is improved, by providing one meal on a daily basis to over 8 million learners in all nine provinces (Battersby *et al.*, 2015). Programmes such as the one run by the Peninsula School Feeding Association have been shown to not only improve a child's nutritional state but their capacity to learn, ensuring they stay in school and perform better academically (Galaa and Saaka, 2011).

These school feeding programmes are however not comprehensive in supporting and improving the nutritional state of children. They are limited in reach (Thurow, 2016), and specifically exclude those children 5 years and under who are attending ECDs unknown to the state and feeding programmes – the very contexts where the consequences of malnutrition are most concerning. Whereas Primary and High School feeding programmes are more often formally implemented by government-contracted non-profits, pre-school programmes are most commonly less formal and ad hoc, with no formal government backing, but supported by the non-profit sector (an issue discussed in more detail in Chapter Seven of this thesis). This gap in nutritional supplementation to children under 5 increases their risk of malnutrition before reaching school level where feeding programmes are introduced (Harvey *et al.*, 2010); this increases the pressure on ECDs to provide the daily required nutrition for their children.

## **2.4 The importance of ECDs' provision of food**

The above considerations should make clear that ECDs have a central place in ensuring adequate nutrition for children under five years of age. As has already been discussed above, these early years have been identified as the 'window of opportunity' for early disease prevention and health promotion (Horton *et al.*, 2010; The World Bank, 2010; Crush, Frayne and McLachlan, 2011; HSRC, 2012; Shisana *et al.*, 2013; Hall *et al.*, 2016; Jamieson, Berry and Lake, 2017), and constitute the most critical time for social, educational and health development (Ebrahim and Irvine, 2015). Missing this opportunity could lead to long term developmental deficits.

The shortcomings and gaps described above in South Africa's food security policy framework mean that ECDs are in the frontline of ensuring child food security. In 2015, it was found that 59 per cent of children reside in densely populated economically marginalised urban areas, 32 per cent of whom are in homes with inadequate fresh water access and 24 per cent with

inadequate sanitation, 31 per cent live with unemployed adults, and 43.5 per cent are living in high levels of income inequality. These South African children are part of the 29 per cent living below the poverty line and concentrated in townships, many of whom attend a township ECD which provides food (Jamieson, Berry and Lake, 2017).

A key priority for these ECDs is providing food and a safe space (Carter, Biersteker and Streak, 2008) as defined in the Children's Act's national norms and standards (Constitutional Assembly, 2008). Food is a reasonable expectation as part of an ECD's core offering, and should ideally ensure at least one balanced meal per day, 5 days a week (Bennett and Strevens 2003). This is further supported by the Nutrition Guidelines for ECDs (Department of Health, 2016), developed as a result of the obvious deficit found, and the 2013 National ECD audit (Atmore, van Niekerk and Ashley-Cooper, 2012; Economic Policy Research Institute, 2014) of the provision and knowledge of nutrition within ECDs, and it defines the minimum standard for nutrition and childcare.

The Nutrition Guidelines for ECDs (Department of Health, 2016) define a meal plan as “the pattern on which the food items on the ration scale will be divided on the daily menu”. The menu is the visible document detailing the meals showing the preparation, budget, shopping list, and staff needed to make the food. It states that an ECD must provide some form of food, depending on how long they are open for. For instance, if an ECD is open for 5+ hours, lunch and two snacks must be served. It also states that a centre should provide breakfast, as “most of the children will not have been given this meal at home”. They propose menus for centres, as well as foods to avoid such as those high in sugar, salt and fat and low in protein, as well as sweetened goods and commercial snack foods. However, this remains a guideline as it provides standards rather than avenues to access support to provide food. In the context of unregistered ECDs, which are unable to access the DSD per-child subsidy and rely only on fee income (Atmore, van Niekerk and Ashley-Cooper, 2012), food provision support would be necessary.

The Western Cape Government is aware that ECDs are currently self-reliant and not formally included in school feeding programmes. As part of their Food Nutrition Strategy, they identified ECD feeding programmes as a new intervention (Durno, 2016). Furthermore, there are NGOs providing additional support to ECDs, which has been shown to greatly improve the nutritional wellbeing of children (Devereux *et al.*, 2018). I will discuss this further in Chapter

Seven. However, this Food Nutrition Strategy cannot work if ECDs are not visible to government.

As such, there is an important “access to nutrition gap” between children of school going age and children under five who fall outside of the National School Nutrition Programme remit. This makes whatever food ECDs are providing critical. From a policy point of view, it is important to assess their contribution, and my thesis will investigate: what is being provided; whether it is adequate; what the obstacles and difficulties are that are faced by ECDs; what the strategies are that they have developed to deal with these difficulties; whether those strategies are sufficient, and where they are coming from.

Currently there is a critical lack of evidence that would allow us to answer these questions. What we do know is that there is significant variability in the provision of food among ECDs. The National Integrated ECD Policy (Republic of South Africa, 2015) found that nearly 40 per cent of registered Early Childhood Development centres in the Western Cape provided no food to the children they care for, outsourcing this responsibility to parents and, where possible, to other organisations, with little being known about the nutritional value of the food provided. Worse still, this figure only recorded registered facilities that failed to provide mandated food. Statistics South Africa (2018a), however, found that 65.6 per cent of children under six in ECD facilities were given at least two meals a day, with another 32 percent getting one meal a day. Similarly, Sustainable Livelihoods Foundation's (2013) found in their ECD study that food is a core offering in most ECDs, with children spending 10-11 hours on average in the ECD's care. Whether or not food was prescribed in a meal plan, some 81 per cent of ECDs offered some food sustenance to the children in their care. This included soup, bread, rice and porridge. Furthermore, Atmore, van Niekerk and Ashley-Cooper (2012) showed that not only did the majority of ECDs provide their children with two or more meals per day, 79 per cent of unregistered ECDs were reported as providing meals themselves.

Those ECDs that are unregistered and financially unsupported entities are completely reliant on fees levied from parents and on any external organisational food support they can access. Unregistered ECDs face food provision challenges as a result of no access to the DSD per-child subsidy, and the resultant limited buying power of fees alone (Carter, Biersteker and Streak, 2008; Atmore, van Niekerk and Ashley-Cooper, 2012).

Food security interventions and school feeding schemes supported by government and the non-profit sector are therefore vital for the benefit of marginalised people who are most vulnerable (Galaa and Saaka, 2011; Devereux *et al.*, 2018), and such interventions should include ECDs, to support and increase the nutritional intake of children under 5. However, in spite of the importance of ECD food provision, very little is known about what food is actually provided and how ECDs go about securing the food they give to children. This dissertation is intended to help address this lack of evidence.

## 2.5 Overview

As we have seen, nutritional vulnerability in preschool children is exacerbated through processes broadly related to socio-economic, spatial and dietary transitional factors, which perpetuate the sustained and intergenerational continuation of chronic hunger. Children cared for by women who are single-parent primary caregivers suffer most, as the women are more likely to earn less while at the same time being responsible for the social, emotional, and financial wellbeing of the child. As a result of rapid urbanisation, the experience of poverty is further increased for female primary caregivers, specifically in respect of access to and affordability of nutritious food and affordable childcare. Consequently, an increase in the consumption of cheaper and more processed foods occurs.

Further adding to this dietary transition are the inadequate resources available to caregivers and primary parents who do not have the capacity to promote child health in the home. The Child Support Grant and school-based nutrition interventions are not sufficient to ensure child food security but rather are contributors to a small and inadequate pot of available resources.

The decisions made by government during the COVID-19 pandemic have not alleviated the pressure on caregivers and their provision of adequate nutrition. Of the almost 3 million job losses in South Africa over three months during the COVID-19 pandemic, two thirds of these were held by women with economically marginalised women even more likely to lose their job, creating a “double burden” (Casale and Posel, 2020, p. 3). The decisions made by government to shut schools and ECDs including feeding programmes (Seekings, 2020), despite so many children receiving food in these spaces, has meant children are going hungry (Hendriks and Olivier, 2020). This has led to serious health consequences for children (Liebenberg, 2020) and the cost of this has been born by women caregivers.

Thus, in the context of the first 1000 days, and considering the vulnerable position of poor primary caregivers, ECDs are a crucial delivery site for ensuring adequate child nutrition and setting children up for adulthood. Although many of these ECDs are unregistered and the children in their care are unknown to the state, they offer care that these children may not otherwise have access to. But in order to understand the factors that impact on the ability of ECDs to provide adequate nutrition, we have to better understand the context in which they operate.

Having flagged the enormity of the structural factors perpetuating hunger (poverty, spatial segmentation, etc), the question is what ECDs can do to overcome or mitigate these structural factors. This requires an investigation of the economic and practical implications of informality. In the next section I shall describe South African township business, looking at the extent of informality in some Cape Town townships, the impact on households' livelihoods and what this means for the food security of the children that reside in them.



### 3 Informality and regulatory exclusion

In this chapter, I will discuss the implications of ECDs' location in township and informal settings for their ability to provide nutritious food. In the pages that follow, I argue that for ECDs in economically marginalised settings, the regulatory environment either facilitates or obstructs access to support, and may seriously affect their capacity to provide for the children that they accommodate.

South Africa's history of apartheid and the geographic separation of urban townships has largely meant the continued economic and regulatory marginalisation of informal businesses. After South Africa's transition to democracy, many areas previously designated as segregated residential areas, such as Mitchell's Plain, have experienced some levels of economic transformation into formal suburbs, with the provision of municipal infrastructure (e.g. tarred roads and services) and municipally approved homes. At the same time, aspects of informality have persisted even here (for example backyard structures erected to house extended family or tenants). Other areas, such as Vrygrond, reflect patchier investments and are characterised by both formal and informal housing. Yet others, such as Sweet Home Farm, remain informal slums with few municipal services, no formal surveyed land and unregulated shacks. Such areas comprise both zoned and unzoned land. This determines the legality of residential occupation and microenterprise operations, with many of the poorest running businesses that are excluded from the regulatory net.

#### 3.1 Informality and township business

Within these impoverished environments, the need for economic survival and business opportunities has led to the emergence of informal businesses. As townships have increasingly 'normalised' as urban residential settlements, these businesses have become acknowledged within the fabric of local communities (Charman, Piper and Petersen, 2012; Petersen *et al.*, 2019). Township-based businesses bring numerous benefits to their operators, including not incurring costs associated with transport to the workplace (Sustainable Livelihoods Foundation, 2016). As I shall show, township businesses create important livelihood opportunities and are often operated by women, including mothers of dependent children (Petersen, Charman and Kroll, 2017). Such businesses play an important role in generating cash income which can help ameliorate the impact of food insecurity.

The informal sector plays an important role in providing employment to those who cannot find formal sector employment. In comparison to other developing countries in Asia, South America and African countries (Crush, Frayne and Pendleton, 2012), the South African informal economy is relatively small, with the Small Enterprise Development Agency (University of Stellenbosch, 2016) estimating that out of South Africa's 2.2 million Small, Medium and Microenterprise Businesses (SMMEs), 1.4 million are informal enterprises, potentially accounting for a large proportion of the estimated 2.4 million people considered to be working in South Africa's informal economy. Whereas the Western Cape Provincial Treasury, Oosthuizen and Mncube (2007) estimated the informal sector made up 23 per cent of total employment in South Africa, this was previously recorded as making up 13 per cent of the labour force (Department of Education *et al.*, 2005). Given the high level of family involvement in informal enterprises (Petersen and Charman, 2018), it is likely that as many as five million people derive some or all of their income from informal economic activities.

The choice to be self-employed in the informal sector offers flexibility and greater decision -- making power around the working schedule, which has greater value to women who are parents to young children (Mkhwanazi *et al.*, 2018). As Charman and Petersen (2014) have shown, home-based businesses located in residential areas are commonly operated by women who have dependent children, and these business owners reportedly chose a home-based business so they could be home and present for their children during the course of the working day (Charman *et al.*, 2015). Unfortunately the COVID-19 pandemic has led to decreased working time for women informal business owners, impacting on their capacity to survive and provide for their families (Rogan and Skinner, 2020).

Statistics South Africa (2008, p. 26) defines informal microenterprises as "those businesses that are not registered in any way...small in nature, and are generally run from homes, street pavements and other informal arrangements". Retailing is considered one of South Africa's predominant informal microenterprise activities, with some 750,000 businesses operating within the trading (making up 40.7 per cent of the informal economy workforce) and accommodation sectors. Furthermore, there are more women than men working within the informal economy in sub-Saharan Africa, accounting for 70 per cent of street traders and overall 29 per cent of urban employment for women (Statistics South Africa, 2010).



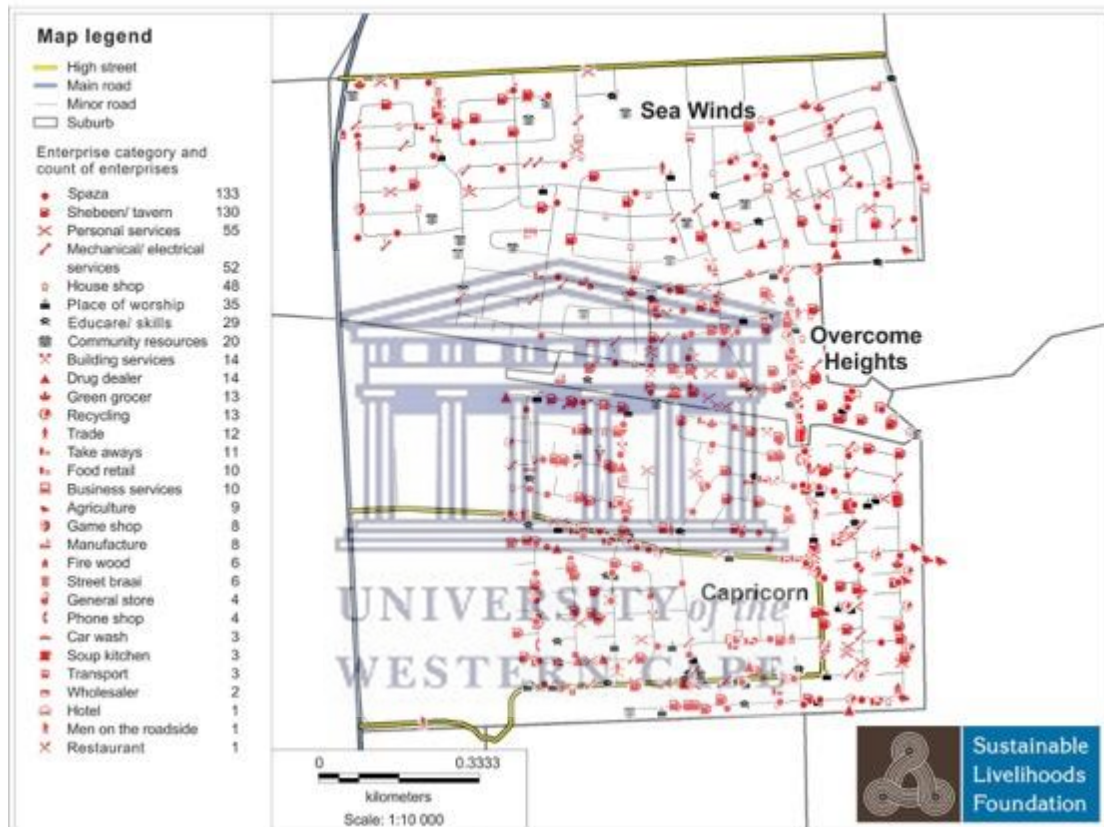
The lack of empirical data on the informal sector has formerly presented a challenge for policy makers in this context. However, in the past decade research trends have increasingly shown an interest in this space (Devey, Skinner and Valodia, 2006; Ligthelm, 2006; Wills, 2009; Perry *et al.*, 2010; Budlender, 2011; Neves and du Toit, 2012; Sustainable Livelihoods Foundation, 2016). The average operating lifetime for informal sector businesses was found to be more than six years, especially for those in the fresh food trade, and many family businesses were intergenerational (Horn, 2010; Petersen and Charman, 2018a). These businesses were able to operate and compete successfully through local strategies, including selling single-portion products, which met the affordability needs of their clients, or supplying cultural items otherwise unavailable from formal sector business (Petersen *et al.*, 2019).

In a more localised and in-depth study of microenterprise activity in five Cape Town townships, Charman and Petersen's (2014) study also revealed the role of informal business in creating livelihood income opportunities for residents. It showed the most commonly found businesses operating in the township environment included liquor, the food trade, and personal services (in particular hair salons and child care). In the areas studied, there were just over 32 microenterprises per 1000 people, with varying distribution across high streets and residential areas. The distribution pattern showed the most frequently occurring businesses on the high streets include hair salons, spaza shops, food take-aways and liquor retailers. All but haircare were also found within the residential settings (Charman, Piper and Petersen, 2012; Charman, Petersen and Piper, 2013; Charman and Petersen, 2014; Petersen and Charman, 2018b). Interestingly, across all sites, ECDs showed a similar distribution, with the preferred situation being residential (88 per cent) rather than on high streets, with the highest number of these businesses across all five sites being in Vrygrond. The Vrygrond site shown below in

*Plate 1* demonstrates the large number of typical microenterprise activities in the township environment. In this case the most popular business choice was spaza shops (retailers of grocery items) despite the close proximity of the mall with fast food retailers and a large supermarket (Pick 'n Pay) from which local residents could acquire their goods in bulk.

Plate 1 Distribution of microenterprises by enterprise category in Vrygrond, 2011 (Charman and Petersen, 2014)

**Distribution of micro-enterprises by enterprise category  
Vrygrond, August 2011**



As these businesses are predominantly informal in nature, operating without any licence to trade is common practice. Because they are commonly without legal rights to the land from which they operate, they are largely unable to regularise their situation without exposing themselves to municipal authorities who have the capacity to shutter their businesses. These businesses are thus in a catch 22 situation whereby the state applies standards with which businesses must comply yet with which those operating outside the formal sector can seldom comply, due to structural matters beyond their control. The term 'regulatory exclusion' is used (Petersen *et al.*, 2019) to describe this limbo situation.

### 3.1.1 Regulatory exclusion

Whilst informality is commonly described as poor people avoiding or evading regulation, there is much debate around informal sector businesses with respect to their informal status, with some scholars arguing that informality is a reflection of high regulatory barriers of entry that prevent access to the formal economy for businesses that desire it, while others argue that informality may in fact be a free choice (Perry *et al.*, 2010). In reality, both perspectives may capture an element of the truth. Operating informally can reflect either choice or circumstance. In Skinner's (2019) chapter on informal-sector policy and legislation, she outlines the various approaches to and views on the informal economy. Where Hart (1973) sees informal operators as working separately and independently from the formal economy and are largely self-employed but requiring regulatory support measures, De Soto (1989), a proponent of deregulation, emphasised the separation of informal operators from the formal regulatory system, later advocating for the property rights for informal operators, thus proposing an entry point into the formal system (De Soto, 2000). However, he did not include or consider informal employment as a long-term sustainable option or choice individuals might make. With an understanding of the linkages between the formal and informal sectors, albeit in favour of the formal sector, there is a midway point where there are also arguments for legitimately employing regulations but sometimes its enforcement is unnecessarily punitive (Charman, Piper and Petersen, 2012; Petersen *et al.*, 2019).

Rogan and Skinner (2017) surmised that whilst it's important to recognise and provide additional support to informal business this should not be made dependent on formalisation. The gendered role the informal economy plays and the focus on developing entrepreneurship rather than recognising entrepreneurial activities is problematic and will continue to exclude, specifically, women who participate in the informal economy by choice as they benefit from the flexibility and support it provides for their families.

The value of these differing views is that collectively they present a holistic perspective on the needs of the informal sector. It frames the broader issue and whether firstly, there is a need to have a more flexible regulatory system allowing people to innovate or is a more nuanced approach required, as regulatory exclusion is not simply as a result of the overly rigid regulatory system. Or secondly, is the answer to support pathways to formalisation or is formalisation the big problem?

Hart's (1973) early research in Ghana showed the significance of the informal economy in creating a sustainable livelihood for people despite being unable to access the regulatory framework. It showed that the formally unemployed were in fact working as informal enterprise operators. The scale of this informality, recognised as commonplace (Sustainable Livelihoods Foundation, 2013) but remaining little understood (Ligthelm, 2005; Palmade and Anayiotos, 2005), was found to be considerable but largely participated in by the economically marginalised, specifically vulnerable groups, such as women and the elderly (Perry *et al.*, 2010).

In the case of circumstance, De Soto's (1989) work, looking at the informal economy of Peru, argued that prohibitive regulatory frameworks tend to challenge informal microenterprises' ability to engage with the formal sector. Such regulatory exclusion occurs not only in land use as described above, but also licensing, permits, and building codes – aspects of which (among others) can conspire to exclude the regularization of township business. Many businesses simply continue operating informally and illegally – with the barriers to formalization limiting their capacity to grow but also reinforcing their independence of, and in some cases resistance to state controls. In Charman, Petersen and Piper's (2013) paper on informal liquor retailers in South Africa, they showed how enforcing regulation that was impossible to comply with ensured that traders remained informal whether they wanted to or not. This did not however stop the business from operating. Rather, owners adapted their trade to operate around restrictions. Similarly, Charman, Piper and Petersen (2012), looking at state restrictions on informal traders in Brown's Farm, Philippi, showed that that inappropriate policies and land use planning acted to prevent the regulatory inclusion of poor township microenterprise.

On the other hand, Petersen *et al.*'s (2019) paper on competition in the informal grocery retail sector details how a new generation of (largely) foreign national operated businesses generally used informality as a deliberate strategy. This 'informalist' behaviour (Petersen *et al.*, 2019) was supported by an embracing of informal and extra-legal / illegal practices, including (in some cases) trading in illicit and counterfeit goods, labour exploitation and integration into wholesale networks that also operated outside of the regulatory environment. In the case of South African owned spaza shops, their exclusion is primarily involuntary, largely operating informally as survivalist and cash-based operations, and not being able to formalise even if they wanted to. This diversity in operational regularisation illustrates the ways in which informal microenterprises engage with the regulatory

framework. For those “opting out” or excluded, formality is premised on the decisions that arise from assessing the payoffs and costs of remaining or entering it. The specific extent of regulatory exclusion, and the consequences flowing upon it, are highly situational, changing from sector to sector. In the following section, I consider the implications of regulatory exclusion for ECDs.

### 3.2 Township ECDs

ECDs are an important livelihood opportunity for women, both for the business owner and the women they employ. For many people unable to find employment elsewhere, running an ECD makes economic and livelihood sense. It allows them to earn some income, they are able to make use of their existing infrastructure, conducting their existing care work and household responsibilities all within one space. These ECDs also meet an important need for child care on the part of job seekers and female household heads in townships.

Many home-based ECD businesses in South African townships start out as a mushroom creche, a small ECD based on a need for the service by neighbours whose children need care while they are at work (Carter, Biersteker and Streak, 2008). Many of these owners do not have formal accredited training but have gained expertise from raising their own children (Sustainable Livelihoods Foundation, 2013). However, in response to growing local demand many then tend to increase in size, eventually requiring them to apply for ECD registration. The importance of ECDs for local township women is high, for not only the owners, but the majority of ECD staff are female, South African citizens. On average 3.6 people are employed in every childcare facility, making the sector a small but important source of employment in the township context (Charman *et al.*, 2015).

Here, too, there is a shortage of reliable and recent data. The available statistics on ECD access among children under five only consider the entities that have been formally registered. But many township ECD are unregistered, and they and the children in their care are therefore excluded from official statistics and are invisible to government. There is no mandate for children under 7 and over 15 to attend school: rather it is optional, with compulsory education and schooling only beginning the year a child turns seven. The General Household Survey (Statistics South Africa, 2016a) states that whilst 48 per cent of children under 4 years of age attend an ECD, 41 per cent of 3-5 year olds in the poorest 40 per cent of households do not.

But this picture is misleading. The likelihood is that many of these children are attending unregistered township ECDs (Jamieson, Berry and Lake, 2017).

These informal and invisible ECDs represent an important part of the fabric of the township environment. In a business census of 9,500 microenterprises in eight South African township settlements conducted by Charman *et al.* (2015) it was reported that there were 220 such enterprises across all sites visited. While ECDs were a low proportion (4 per cent) of overall businesses (especially by comparison with food and liquor retailers), these enterprises were important in that they reported collectively providing a service to over eight thousand children with working parents, employing some 650 people. Hall *et al.* (2017) provided one estimate of the Western Cape in 2017 showing some 3,196 ECDs were reportedly operating, of which 1,313 were unregistered. Regardless of the challenge of confirming exact numbers of such businesses and children within them (as discussed by Levy (2017)), township childcare businesses are not uncommon in the township economy. However, it was apparent in Sustainable Livelihoods Foundation's (2016) study and confirmed by Hall *et al.* (2017) that township childcare businesses lack resources, have inadequate infrastructure and are thus commonly unregistered with state authorities. These businesses operate with no obvious external financial support or aid, and thus are likely responding to localised demand for this service by the residents in their area of operation (DFID, 2009).

An important finding of the Sustainable Livelihoods Foundation (2013) work within the eight townships was the geographic spread of ECDs across and within each site. While many other businesses tend to be located on high streets where the residential motor and foot traffic is highest, ECD businesses instead operate from where the owner resides, and placed close to potential clients, such as neighbouring residents with young children. For single parents who work, such childcare is an essential service. As seen earlier, 75 per cent of South Africa's children reside in single-parent households (Hall and Budlender, 2016), most of whom are women earning a low income to support multiple people in the home (Statistics South Africa, 2018b). Accessing childcare options within the township is an advantage for such parents, as many of the mothers using such urban facilities are likely to work outside the township (Cohen and Garrett, 2010). The location also makes these businesses invisible and the number of unregistered ECDs might be quite high or at least higher than the current estimates.

In Sustainable Livelihoods Foundation's (2013) research on both registered and unregistered township ECDs, these spaces were most commonly seen and used as a safe space for children to be while parents are working. The quality of care and learning was reportedly limited but the intention of the ECD owners was to provide the best they could in a manner affordable for the poor within a situationally safe place of child care (Carter, Biersteker and Streak, 2008). Part of this care included food, with 81 per cent of ECDs providing both breakfast and lunch. ECDs cared for children ranging in age from a few months to six years. Although there is intent and commitment, resources such as play spaces, equipment and adequate teacher-to-child ratios were often insufficient to offer what would be considered as good quality education (Economic Policy Research Institute, 2014). The National Development Plan (National Planning Commission, 2011) therefore proposes monitoring enrolment of five to six year olds, as education inequalities are associated with structural socio-economic inequalities. However, with most township ECDs being unregistered, quality is contextually dependent.

Although many of these businesses are unregistered, SLF's research showed longevity in business operations, with the majority operating for 5 years or more. 17 per cent of the respondents claimed they had been operating for between 5-9 years, 26 per cent between 10-20 years, and 6 per cent for over 20 years (Sustainable Livelihoods Foundation, 2013). This longevity may be explained by the fact that such businesses offer flexibility to the owners with home-based employment and an affordable service to township residents.

### **3.3 Regulatory environment applied to ECDs**

#### **3.3.1 The regulatory environment for ECDs**

South Africa's legislative system relating to the wellbeing of children is applied at national, provincial and local government levels and is guided and supported by its constitution. Some of this legislation is influenced by global standards and conventions within a range of UN agencies, under a philosophy of no one is to be left behind (Leavy and Howard, 2013). A list of South African legislation and policy on issues relating to childcare and food security is provided in Annex A. With the support from the UN and its subsidiary agencies, South Africa has framed its policies within the context of the Millennium Development Goals, and, following this, the Sustainable Development Goals. UNICEF has worked in South Africa since 1994, supporting and transforming policies and programmes to improve the lives of children (UNICEF, 2008). As part of meeting the MDGs, the departments of Education, Social

Development and Health were supported by UNICEF in developing a National Integrated Plan for Early Childhood Development (Department of Education *et al.*, 2005). The aim of this plan was to better collaborate with different government departments working in the area of ECD. It asserts the role of government as developer and implementer of policies and programmes, while acknowledging the role of NGOs and CBOs whose work focuses on ECDs.

Around the same time, South Africa's Children's Act (Constitutional Assembly, 2008) was presented, a process that had taken almost thirteen years. Its development began with the White Paper for Social Welfare (Department of Welfare, 1997), which outlined the challenges that needed addressing for providing child protection, prevention and intervention services. These were previously not adequately met in The Child Care Act of 1983, predecessor to the current Children's Act. This new piece of legislation was thus developed in alignment with international agreements, specifically the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child (Proudlock and Jamieson, 2010). It acted as a guide for government officials where interventions were necessary for the best interests of a child. One of its key focus areas was childcare outside of the home, prioritising these places of care, known as partial care facilities, for children living in poor communities. Chapter Five of the Act defines a partial care facility as one that cares for six or more children on behalf of the parents and primary caregivers for an agreed period of time during the day or night. Included in The Act is a series of national norms and standards, relating to the care of children outside the home, to which partial care facilities are required to adhere. These broadly state the necessary standards an ECD should comply with in terms of its infrastructure, equipment and educational programme in order to care for children (Constitutional Assembly, 2008). These national norms and standards for partial care facilities are:

- A safe environment for children in terms of care, premises, structure, equipment, sufficient adult supervision and transporting children, including washable floors.
- Proper care for sick children or children who become ill, including policies and procedures in place to manage, medicate and care for ill children.
- Adequate space and ventilation.
- Safe drinking water and, where none is piped, to have 25L of fresh water available per day in a sealed container.



- Hygienic and adequate toilet facilities: for all ages 0-6 where there is sewerage, there must be appropriate toilets, with 1 toilet and 1 wash basin for every 20 children aged 3-6 and 6 years upwards; for children 0-3, where there is no sewerage, each child must have their own potty; for children 3-6 and 6 upwards, where there is no sewerage, a toilet must be made available at the facility or adjacent to it.
- Safe storage of anything that may be harmful to children.
- Access to refuse disposal services or other adequate means of disposal of refuse generated at the partial care facility.
- A hygienic area for the preparation of food for children: there must be a separate, clean, safe area for the preparation and serving of food, cleaning up space after food preparation and the cold storage facilities and sealed containers for perishable foods.
- Measures for the separation of children of different age groups (<18 months, 18-36 months, 3-4 years, and 4-6 years) as well as a separate area for staff, if the facility has more than 50 children, and a separate sick bay.
- The drawing up of action plans for emergencies.
- The drawing up of policies and procedures regarding health care at partial care facilities including staff being trained in first aid.

These were the basis for the development of the “Guidelines for ECD Services” (Department of Social Development, 2006). This national guideline was developed to explain the most important elements of how to set up and register an ECD in a simple manner referring to all the service providers involved in the process. These address the practical day-to-day running of such entities, ensuring the nutrition, healthcare, environment safety and early education and learning of children in ECDs. This guideline defines a place of care as “any building or premises, maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents”. There are specific norms and standards stipulated for ECDs. Much of what the guidelines stipulate is covered in the national norms and standards but further criteria were developed specifically regarding the care of children:

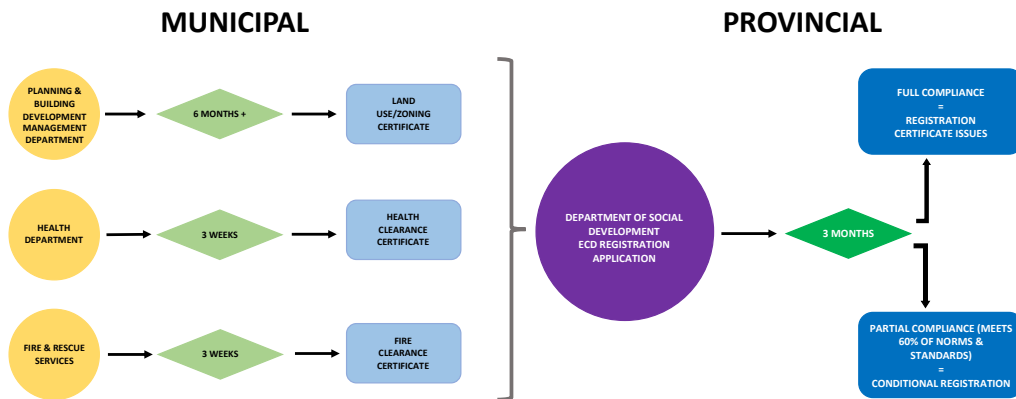
- Every child in an ECD should have a total allocated space of 3.5m<sup>2</sup>: 1.5m<sup>2</sup> indoors and 2m<sup>2</sup> outdoors. 1m<sup>2</sup> should be added to indoor space per child if there is no available outdoor space;
- The addition of adequate staff-child ratio for different age groups (1-18 months = 1:6; 18-36 months = 1:12; 3-4 years = 1:20; 5-6 years = 1:30);

- For every staff member, there should be an assistant;
- At least one meal must be provided per day.

Further role players and policies were developed with the intent to protect the child, but formed part of the rigorous and arduous compliance process. The National Integrated Early Childhood Development Policy (Republic of South Africa, 2015) was developed later and funded by UNICEF, which further informed the approach to establishing quality ECDs. According to this policy, the national departments of Social Development (DSD), Health (DoH) and Basic Education (DBE) are responsible for policy development, national planning, regulation and development of norms and standard for delivering ECD programmes and evaluation of efficiency and effectiveness. The Provincial DSD and DoH oversee the planning, management and registration of ECD services in terms of their learning programme, staff skills and the capacity to meet the children’s needs. These include good nutrition, food security, accessible social protection, and the opportunity to learn and play while feeling safe so that no child is left behind. Municipalities are delegated the responsibility to regulate ECD operations through their by-laws, in respect of land use by these facilities as well as the required infrastructure and health norms and standards. These departments play a role in monitoring the centres and supporting them in complying. The City of Cape Town's (2013) ECD Policy reflects this distribution of responsibilities. Each process has its own set of compliance requirements, with certain guidelines and standards that need to be met for the certificate to be issued. Only once these are met can the process to apply for ECD registration begin. According to the guidelines (Department of Social Development, 2006), if all national minimum standards are met an ECD will be given full registration, valid for two years. If most of the standards are met an ECD is eligible for conditional registration and subsidies enabling them to become fully registered. However, if they cannot meet the remaining standards within six months, they will be forced to terminate their operation. Depending on what needs to be done, this can be an expensive exercise for ECD owners. Figure 2 below is adapted from the City of Cape Town's (2013) ECD Policy and their registration process flow (See Annex B).

*Figure 2 ECD registration application process flow*

### ECD REGISTRATION APPLICATION PROCESS FLOW



One of the monetary benefits of formalisation is access to the DSD per-child subsidy for ECDs, provided by government. These monies are paid by the state directly to the ECD provider to subsidise and cover the costs for those qualifying children from poor families who can demonstrate total household income of R3,000 or less per month. The grant “follows” the child (although it is paid to the ECD they attend). It is provided by DSD but only to those ECD centres that are fully compliant and registered as a partial care facility, with a demonstrable learning programme and a Non-Profit Organisation (NPO) certificate (Carter, Biersteker and Streak, 2008; Atmore, van Niekerk and Ashley-Cooper, 2012; Levy, 2017).

The purpose of the per-child subsidy is to help the ECD to provide nutritious food, pay salaries and contribute toward equipping the space with educational materials (Parliamentary Monitoring Group, 2017). Applying for this per-child subsidy involves another rigorous process conducted by the ECD operator, which includes the submission of a range of documents including the ECD’s operating reports, birth certificates and parental income. The per-child subsidy itself is payable directly to the ECD owner and is intended to contribute toward a range of expenses applicable to a child, with food making up at least half of it, and the state requiring the owner to report on how the money was spent (Van Niekerk, Ashley-Cooper and Atmore, 2017). The Department of Social Development stated that the breakdown should be 40 per cent nutrition, 25 per cent salaries, 5 per cent equipment, 20 per cent operating costs, and 10 per cent healthy environment (Carter, Biersteker and Streak, 2008). However, in two separate meetings held in March 2013 and October 2017 by the Parliamentary Monitoring Group (2017), it was noted that this per-child subsidy allocation should be R15 per day per child (for 22 days of ECD care per month) (Carter, Biersteker and Streak, 2008; The Project Preparation Trust of KZN, 2014), broadly broken down into 50 per cent nutrition, 30 per cent

salaries, and 20 per cent education materials. These differing opinions of the breakdown would make reporting on this tricky and potentially subject to the interpretation of the allocated inspector.

What can be seen from the Children's Act national norms and standards and its application in later policies and guidelines, both nationally and provincially and locally, is that formalisation is a vehicle whereby ECDs can be included in a regulatory regime, allowing monitoring, creating incentives / disincentives to encourage compliant behaviour, and allowing a measure of control by the state. By bringing children into the system using these measures, formalisation allows the different levels of government to oversee and intervene if support is needed. These national norms and standards reflect the unequal living conditions existing in South Africa, by linking its definition of access to proper sanitation and adequate play space. For instance, residents in most informal settlements live in shacks without running water or toilets. They access communal toilets and taps spread throughout the township. Access to toilets outside or adjacent to one's property, and having access to a clean bowl of fresh water, is deemed acceptable in the policy. This is an attempt by the state to afford many more ECDs the opportunity to comply with regulation in order to register. There are also signs of applying lessons from research conducted in the sector. Ten years after the 2001 national ECD audit (Williams *et al.*, 2001) had been conducted, three times as many children had entered Grade R, government budgets for education and social protection had increased and 58 per cent of children in registered ECDs were being subsidised (Atmore, van Niekerk and Ashley-Cooper, 2012).

However, what it also highlighted is that there are still gaps in ECD provision regarding infrastructure, thus continuing to display a tendency to exclude through its bureaucratic barriers and delays (Carter, Biersteker and Streak, 2008) and the power of municipalities to further define their laws and restrictions on implementation. Approval is cross-departmental and across state structures. Because the process of compliance is split between the city and others through the province, meeting all the requirements of these statutory bodies is onerous and complex. With each step of the process, the unregistered ECD has to deal with a different department and a different person in each. Thus, regularization in the ECD sector remains difficult. As a result, many ECDs remain unable to register and therefore cannot access the per-child subsidy (Atmore, van Niekerk and Ashley-Cooper, 2012).

### 3.3.2 Regulatory exclusion of ECDs

The definition of regulatory exclusion is an important backdrop to ECDs' access to formal structures. As mentioned earlier in this chapter, the South African informal economy displays elements of regulatory exclusion from formal frameworks (Charman, Piper and Petersen, 2012), whereby the rules and regulations employed by the state targeting these informal operations are not supportive of the poor, undermine their ability to be self-employed, and ultimately harm their livelihood capacities. The regulatory frameworks on land use, infrastructure and business operations, lead to this regulatory exclusion (Perry *et al.*, 2010). Thus, regulation itself becomes a reason for ECDs' failure to register, and the regulations themselves may be to blame.

While the baseline requirements (Constitutional Assembly, 2008) describe an ECD operating in an area with formal infrastructure, and pre-existing capacity and resources to meet the partial care facility requirements, national ECD audits conducted showed that almost half of the ECDs known to the state remain unregistered as a result of land and infrastructure obstacles (Williams *et al.*, 2001; Economic Policy Research Institute, 2014). These two national ECD audits conducted across South Africa, the first twenty years ago and the second 12 years ago, looked at the scope and service these facilities provided. The first (Williams *et al.*, 2001) was conducted prior to The Children's Act. It intended to provide the most accurate data on ECD provisioning, nationally, so as to support and inform the development of policy and planning for the ECD sector. The second national ECD audit (Economic Policy Research Institute, 2014) was conducted in 2013 and had similar objectives but also to look at whether the centres were prescribing to the national norms and standards as laid out in The Children's Act. By this time, the National Integrated ECD Plan and Guidelines for ECD Services had been developed, which provided more detail in what was required to register an ECD. It captured data on 17 846 ECD centres, showing that 45% of ECDs were registered as Partial Care Facilities, 11% had conditional registration and 44% were not registered. They found that the greatest challenge facing ECDs in becoming registered was inadequate infrastructure and equipment (Kotze, 2015), an issue faced by most township ECDs (Charman *et al.*, 2017).

In Charman *et al.*'s (2017) report looking at spatial inequality across South Africa, they found additional barriers to complying with regulatory standards and thus to access to the per-child subsidy. These difficulties are illustrated by a case study of an ECD in Ivory Park, Johannesburg. This enterprise had achieved conditional registration and had been given 21 days to comply

with regulations in order to secure full registration. Outstanding requirements included providing a separate kitchen, access to flushing toilets, a sickbay and adequate indoor classroom space. Apart from the unreasonably short time period given, this ECD did not have the financial capacity nor the available land to create these additional spaces. Unable to meet these requirements, this ECD therefore remains ineligible to apply for the per-child subsidy for its 20 children. These circumstances, in other words, produce a situation of regulatory exclusion: while the requirements might be well intentioned, the consequence of non-compliance means firstly, the per-child subsidy income which would be a substantial contributor to its operations and food provision is inaccessible and secondly, this ECD is forced to continue operating illegally.

This is not an uncommon problem. Sustainable Livelihoods Foundation (2013) research on ECDs – across ten sites in the Western Cape, Gauteng and KwaZulu-Natal – revealed that 45 per cent of childcare facilities were not registered as partial care facilities with the Department of Social Development (DSD). Further, Western Cape provincial statistics state that only 44 per cent of ECDs are registered (Economic Policy Research Institute, 2014; Kotze, 2015). According to an ECD service organisation based in Vrygrond, only 10 per cent of the ECDs in this area are registered. It is clear that many, if not most businesses in the township context lie outside of the regulatory framework.

Townships such as Vrygrond and Sweet Home Farm are commonplace in South Africa. In sites like these, the land is generally not surveyed and therefore unregistered in the deeds office (Charman *et al.*, 2017). Most often, the township residents are not the owners of the land on which their home is built, nor do they have a formal rental contract. Consequently many of these homes are illegally constructed. As a result, anyone occupying such a structure or on such land is unable to apply for a Land Rights Certificate unless the land belongs to Council and a lease agreement exists that can be submitted.

According to a 2014 national audit of 19,900 ECDs (Economic Policy Research Institute, 2014), 44 per cent of these businesses are unregistered. Some 39 per cent of ECD businesses are based in informal urban areas and 32 per cent in urban townships. The most common reason cited for not being registered was inadequate infrastructure (52 per cent). Section 30(6) of the Act states that “any person who contravenes or fails to comply with the provisions and requirements for registration of places of care is guilty of an offence”. This means that places

of care that are not registered are illegal and the persons operating them can be charged with an offence. These relatively harsh sanctions for operating illegal ECDs are however only rarely implemented. As a result, while they are failing to bring township ECDs in under the regulatory umbrella of the department of Social Development, they are not closing them down either. Instead, many of these enterprises continue to operate in this limbo zone of regulatory exclusion – performing a valuable social function, but unable to access the subsidies they need to provide adequate food.

An important consequence of this situation is that ECD regulations are exclusionary by their very nature. The City of Cape Town’s ECD Policy, for instance, explicitly insists on enforcing its regulations despite the fact that compliance is difficult. It imposes building regulations that few if any ECD operating in an informal settlement or on unzoned land can meet: “Although the different types of build-up areas and socio-economic situations in the City are acknowledged, it is the position that all ECD facilities (and their building plans) should comply with the minimum requirements as per the National Building Regulations and Standards Act. This complements the City’s viewpoint that there should not be a differentiation between health and safety requirements for different areas and to ensure a quality environment for all children to develop equally” (City of Cape Town, 2013, p. 21). On the surface, the City’s stance is pro-child, yet the way their regulations are enforced ends up deepening the inequality between different areas.

### **3.4 How ECDs’ regulatory exclusion impacts child food security**

The argument thus far suggests that the food provision challenges facing ECDs as a result of regulatory exclusion constitute an important issue for policy research. ECDs in urban townships are stuck in what Carter, Biersteker and Streak (2008, p. 34) refer to as a “chicken-and-egg situation”, needing access to government funds in order to improve conditions of care, but unable to comply with minimum standards to register for such funds in the first place. Overall, exclusion from the regulatory system forces these facilities to operate informally rather than ceasing their operations, as there is a demand, undermining their ability to care effectively for the children that continue to be in their care.

Although the data reflects an uneven picture and in spite of limited resources, providing food is a core offering (Carter, Biersteker and Streak, 2008; Sustainable Livelihoods Foundation, 2013) by all ECDs, including by unregistered facilities in townships. Regulations state that ECDs

must provide at least one meal of every week day that is nutritious (Constitutional Assembly, 2008). In Atmore, van Niekerk and Ashley-Cooper's (2012) study, the majority of all ECDs were found to provide at least two meals a day with 79 of unregistered ECDs also providing food with only their fee income to cover the cost. Sustainable Livelihoods Foundation's (2013) study found that 81 per cent provided some form of food, the National Integrated ECD Policy found that 40 per cent of registered ECDs did not provide the mandated meal (Republic of South Africa, 2015) and Statistics South Africa (2018a) found that 65.6 per cent of children under six in ECDs received two or more meals a day. However, with limited buying power restricted to fee income only, the quantity and quality of food provided is also limited (Carter, Biersteker and Streak, 2008; Atmore, van Niekerk and Ashley-Cooper, 2012) as the township environment reflects marginalised access to resources such as nutritious foods.

The gravity of this situation is exacerbated by the inadequacy of township ECDs' existing income streams. According to 18 case studies of ECDs in the Western Cape conducted by Carter, Biersteker and Streak (2008), 83% of the income received in shack-run ECDs (67 per cent from container ECDs) was derived from fees. Within this business model, adequate nutrition is not possible as childcare centres fees in urban townships were generally and purposefully low, commonly capped to allow for parents' affordability. Furthermore, this study showed that non-payment of fees was a widespread problem. Irregular parental employment impacts on fee-paying ability, and therefore affordability for parents greatly determines the utilisation of this service. Where short-term non-payment occurred, fees were waived, but where there was long-term non-payment, children tended to be moved to another school or parents asked to volunteer. Overall, ECD owners were aware of parents' situations, with the understanding that if parents could afford it, they would pay and were not absconding from their fee duties. Yet this situation created a significant challenge to business sustainability. The inability to pay for childcare meant that low costs are an important parental consideration for such a service.

Maintaining an intentionally informal ECD is an appealing option for both parents using the facility and those operating the business. Informal businesses without the regulatory hurdles and necessary formalisation investments therefore represent the cheapest township child care option. But this also presents a risk of limited service provision without per-child subsidy access. This potentially limits the provision of quality food, learning materials and educational equipment. At the same time, these are the same facilities that most need the support DSD



can offer in the form of the per-child subsidy, but are unable to access it (Van Niekerk, Ashley-Cooper and Atmore, 2017).

In summary, both business regularization and access to the DSD per-child subsidy is intended to support South Africa's poorest, yet an ECD must be fully registered to apply for it. However, most ECDs do not pass state inspection to continue with the registration process (Atmore, van Niekerk and Ashley-Cooper, 2012; Van Niekerk, Ashley-Cooper and Atmore, 2017) based on their spatial setting, infrastructure and equipment, forcing many township ECDs to continue operating informally (Charman *et al.*, 2017). Further limitations include both the time needed and the complexity of providing the required documentation. The combined effect of the requirements, costs and complexity means that, by regulatory standards, thousands of ECDs around South Africa remain non-compliant.

### **3.5 Section conclusions and refining the research questions**

In this chapter, I have argued that informality is an perennial aspect of the South African economy, as is the increasingly limited access to affordable nutritious food by marginalised communities living in poverty. By their nature, informal township businesses are undocumented and largely outside of the regulatory framework. Informality therefore represents an important opportunity for many who cannot access formal employment but are hampered by regulatory authorities, especially those selling food or caring for children.

City of Cape Town departments involved in regulating childcare centres enforce standards underpinned by the expectation that certain formal requirements are standard, despite the inequality between informal areas and others. When an unregistered ECD operation could be threatened with closure by the state, this does not in fact close their operation: it just ensures they will not engage with government and will remain informal. The framework neither succeeds in bringing ECDs in under the regulatory umbrella nor results in them being shut down.

As long as there is economic demand, informality does not prevent these business operations from continuing. However, regulatory exclusion can undermine an ECDs' ability to provide their service of effectively caring for their children.

This raises the question of the appropriateness of these regulations. Should the City of Cape Town enforce the letter of the law, shutting down ECDs for which a genuine demand appears to exist? Or is there a problem with the fitness for purpose and appropriateness of these regulations themselves? Regulations are intended to distinguish between legitimate and problematic ECDs, rewarding and incentivising those with intent to improve. But if structural regulatory exclusion exists, if the proper application of regulations excludes by definition some that are providing a community service, then they may not be fit for purpose.

One of the purposes of my research is to explore the intrinsic value of what ECDs are actually doing and to what extent they are able to provide adequate standards of care and nutrition to the children in light of obstacles to complying with regulations and providing access to affordable nutritious food. We know many ECDs provide food as a core offering and do this mostly with only fee income because they can't comply with regulations to access the per-child subsidy. For this reason, it is important to find out how they provide this food and what external support, if any, they receive to do so.

In addition to this, I will shed light on the fitness for purpose of the regulations that govern access to the per-child subsidy and on how ECDs work, helping us better understand the policy issue this raises. We know many township ECDs operate for five years or more, with almost half of these we know of being unregistered, as there is a demand for this business. Thus, unregistered township ECDs are caring for many children for those living in poverty, and for this reason I will explore in detail what this 'care' looks like in relation to the official norms and standards.

Finally, understanding how ECDs work, the challenges they face and their inability to register, the care and food they provide, and the environment in which they operate, will help us understand the policy issues impacting on them.

In this thesis, I shall show how township ECDs typify the informal enterprise challenge to formalise and become part of the regulatory framework. As we will see, the informal status of ECDs potentially inhibits their operations, which in turn may reinforce their economic marginalisation. Their ongoing marginalisation may further limit their ability to access valuable state support, which in turn could limit the provision of adequate nutrition to the children in their care.

These arguments allowed me to reframe my initial research questions in a more specific and pertinent form. To adequately interrogate this, we need to look at what actually happens in township ECDs by asking: What obstacles and challenges face childcare microenterprises in Vrygrond and Sweet Home Farm in contributing to the nutritional security of the children in their care?

This question can be further unpacked and refined as follows:

1. What are the strategies ECDs use to improve their nutritional offering and deal with these challenges?
2. What are the things ECDs do in order to make sure children are well cared for and well fed?
3. What external food support is available to ECDs in Vrygrond and Sweet Home Farm and how accessible and consistent is this supply?
4. How central is the role of food support organisations in feeding the children in these impoverished ECDs?
5. Are there meaningful differences in the standard of care being provided by ECDs, and do the regulations permit government to discriminate between them in useful ways?

With these questions to answer, in the next chapter I discuss the methods used and consider the challenges involved in answering these questions.



## 4 Methodology

### 4.1 Introduction

The purpose of this chapter is to explain the overall research approach, the strategy employed and the choice and implementation of the methods used for data collection. It describes the fieldwork process and the mechanisms for processing and analysing the data. In addition, it considers the limitations of the study and discusses the ethical considerations involved.

### 4.2 The case study approach

The case study approach has received much criticism over the past century, questioning its capacity and validity to deliver sound and practical findings. However, there are also a number of proponents highlighting its relevance and legitimate place as an in-depth problem-solving tool highlighting issues that assist in building an understanding of the bigger picture.

With a rise in technological tools for quantitative statistical analysis since the 50s, the analysis of large sets of data became easier and more appealing to use as opposed to case studies (Mitchell, 1983) leading to comparisons between these different methodological approaches.

Mitchell (1984) shows how case studies, using Gluckman's (1961) three types of case material, detail ethnographic data relating to a set of events, making important connections between these events, the social processes, that would otherwise not be seen. These include: apt illustrations, which presents the most typical case possible so that it illustrates the point of its similarity to other cases of its type and are more so because of the social context; social situations showing the importance of the theoretical connection between events; and extended case analysis, which recounts events over a long period presenting an historical dimension. However, the sequence of events remains specific to the individual case.

Thus, the key question in relation to case study findings remained how one extrapolates generalisations from unique material when the assumption is this can only be done in relation to quantitative statistical analysis but yet was seen as a necessary outcome for research validity. Generalising results from census data is viewed as more reliable and substantive rather than observation and verbal engagements with the individual experience, methodologically defined within the confines of belief or opinion. Whereas using statistical

techniques, the individual becomes part of a sample where the probability of an event can be determined as possible or not. However, the focus of analysis is in fact the social process and the case study is a document of the observer's data with the intent to draw theoretical conclusions. The case then becomes a "telling" (Mitchell, 1984, p. 239) rather than a typical case, which serves to highlight previously unseen theoretical relationships and provides better explanation.

Flyvbjerg (2006) argues that the five key misconceptions about case studies were limiting the use of this valuable qualitative method of in-depth inquiry, calling into question the reliability and validity of cases as well as the feasibility of developing a theory from one case. He showed that case studies are not only central to human development and learning but at the heart of becoming an expert researcher and practitioner. He also showed that context-dependent knowledge case studies provide an opportunity to understand the dynamics of power within residential urban spaces, something that cannot be accessed with census or national survey data. Even a single qualitative inquiry enables a nuanced approach to unearthing experiences that would otherwise not be debated or discussed. This unearthing of detail highlights how many variables but also similarities in data there can be and thus one can generalise from a single case but more importantly, the value that one example presenting something new, should not be underestimated. The case study research process is no less rigorous and contains no greater bias than other research methods but it's added advantage is the ability to hone in on real-life situations as they occur, offering a review of any preconceived assumptions that might exist (Flyvbjerg, 2006).

Regarding the representativity of ECD types in Cape Town, as in this thesis, all three case studies were built upon the thesis survey data as well as pre-existing research on ECDs, which provided a backdrop to this body of work. ECDs were later chosen for case study research according to their position on a continuum of informality. The cases were contextualised, providing "rich detail" and "illuminating insights" (Mitchell, 1983, p. 207) as, "the fieldworker's intimate knowledge of the interconnections among the actors and events...is strategically placed to appreciate the theoretical significance of these interconnections" (Mitchell, 1984, p. 240). Rather than trying to generalise from random case studies, I chose those that contrast in informative ways, helping to illustrate their representation and appropriateness by presenting a telling case, a narrative story, best describing the experiences of ECDs similar to them – those that were deeply informal, semi formal and formal – to give a

sense of what might or might not be generalisable to South Africa. As Gluckman (1961, p. 9) noted, “One good case can illuminate the working of a social system in a way that a series of morphological statements cannot achieve”.

If there are problems with deep informality in a relatively formal space such as Vrygrond it suggests that even in more formal areas there are deeply informal ECDs. Seeing that I’ve shown how deeply entrenched informality even in formal areas, and given that most poor and vulnerable people live in informal areas, it is reasonable to assume that the problems experienced as a result of regulatory exclusion in the sites studies here are likely to be found much more widely. Thus, the use of case studies and the choice in case are indicative of the obstacles facing these various entities.

### **4.3 Site selection and sample**

For this study I chose two sites. The first is Vrygrond, situated in Cape Town adjacent to Marina da Gama. It is a suburb with mixed housing ranging from formal brick houses to shack dwellings constructed from wood and corrugated iron. It is situated adjacent to a mall with formal food and clothing retail stores and access to a range of public transport options. The second is Sweet Home Farm (SHF), situated in the Philippi farming area on the outskirts of Cape Town. It is a deeply informal settlement where access to all formal economic activity and formal retailers is limited or non-existent.

I chose these two sites, first because although they are both low-income areas, the nature of the built environment, access to resources and geographical situation were quite different. Researching ECDs in both sites thus provides the opportunity for assessing ECD provision in varying low-income areas. Vrygrond is a relatively well-resourced area: even the informal settlement of Overcome Heights within Vrygrond, nestled between the formal and semi-formal housing areas, has access to a multitude of resources. If the research had only looked at Vrygrond, it would not be a true and comprehensive reflection of the situation of informal ECDs in townships and informal settlements in the rest of South Africa, many of which are much more like SHF. At the same time, by selecting Vrygrond as a research site, this research project highlights the persistence of regulatory exclusion even in a context where there are significant available resources. Looking at Vrygrond helps one get a sense of the extent to which the problems we find in SHF are not specific to deep informality only, and the extent to which regulatory exclusion is also experienced in less formal settlement types. Looking at

ECDs that are closer to attaining regulatory integration arguably casts clearer light on issues of regulatory exclusion than would be the case if we only looked at deeply informal cases. Furthermore, it is possible to investigate the importance and relevance of these resources and test whether they contribute to supporting ECD operations or not. Lastly, Sustainable Livelihoods Foundation (Charman, Piper and Petersen, 2012; Charman, Petersen and Piper, 2013) had conducted informal microenterprise research 5 years prior in both sites, presenting differing yet complementary features. Some of these operations were situated off narrow alleys, no more than a metre wide, whilst others were on tarred roads.

*Plate 2: Google Earth Pro images of the greater Vrygrond area (left) and Sweet Home Farm (right) (accessed 10 March 2020)*



Historical and contingent factors also played a role in site selection. Vrygrond and SHF were farms where significant research has already been done by the Sustainable Livelihoods Foundation, the research institution that employs me as a researcher. Charman and Petersen (2014) conducted a study looking at the scope and scale of the informal economy across five Cape Town townships during 2010 - 2012. The findings from this study have shown that ECDs offer an important township service that many residents with children within the area use. This study was followed by a dedicated study looking at ECDs in ten sites across South Africa including Vrygrond and Sweet Home Farm (Sustainable Livelihoods Foundation, 2013). These studies, along with the 2011 Census data (Statistics South Africa, 2012), have informed and been the basis for the fieldwork conducted for this study. Many relationships with community members have been developed during the conduct of these studies by the Sustainable

Livelihoods Foundation, which facilitated easier access to the areas for the purpose of the present study. As such, Vrygrond and SHF (see Plate 2 above) were logical sites of intervention for conducting this research.

This inclusion provided a more comprehensive picture of township ECDs, especially those unregistered, being the largest group on the continuum. In addition, it seemed unlikely the ECD support scenarios in Vrygrond were representative of other townships. Conducting research in these two sites provides a diverse geographical picture that includes both deeply informal and less informal settlement types.

#### **4.4 Research approach**

With this site approach and previous knowledge of ECDs in the area, my aim was to identify every ECD in the sites and to interview them if they were willing.

In order to answer the research questions described above, a mixed method approach was needed, using both quantitative and qualitative methods. The sequencing and the way in which the different components of this study made a coherent whole was important to ensure that the data elicited, by quantitative and qualitative methods, could speak to each other and be logically related and interconnected. Using observation and questionnaires, with both quantitative and qualitative elements, the following sequence of activities was conducted.

The first step of this sequenced series was a comprehensive census of all ECDs in the target sites. The businesses were mapped out to develop a geographic and spatial profile of all ECDs in the two sites. At the same time, ECD owner surveys were conducted to gather basic demographic and business information. By mapping all the childcare businesses in the area, I could get a clearer sense of the full spectrum of ECDs operating in the two study sites. Having some knowledge of the township environment as a backdrop, but recognising the limitations in existing survey data, and having little knowledge of the food environment within ECDs in informal spaces, this comprehensive survey was needed in order to develop a broad statistical picture of ECDs in Vrygrond and Sweet Home Farm. Issues covered in the census included whether they provided food, what fees they charged, how long they had been in business, the owner's gender and whether they were informal or formal. In addition to the mapping and quantitative census of ECDs in these two sites, I also conducted a 24-hour dietary recall in



Vrygrond to assess what children were eating at home to see how important the ECD food offering was in their daily food intake.

Building on the census data, an in-depth questionnaire was developed and qualitative semi-structured interviews were held with all these ECD owners as well as selected key informants to understand the nature of these businesses and what supported or hindered their operations. Using a qualitative and open-ended questionnaire during the semi-structured interview phase, I was able to get a sense of the patterns in the adequacy of care and the challenges they face when operating in their particular circumstances. In addition, the qualitative research approach provided context and perspective from the participants' point of view (Weinreich, 2006). This meant a greater depth in understanding the significance and dynamics of the patterns and tendencies identified in the quantitative survey.

By applying an iterative approach to the data collection and analysis I was able to constantly compare the results as they were being produced (Glaser and Strauss, 1967) and revise the tool where needed to apply in different settings and gather more information. As such, the field data collection process was only completed when I felt satisfied with the evidence at hand to justify my assumptions and concepts had emerged, or I had exhausted all possible avenues at the time.

On the basis of interviews held with Vrygrond ECD owners, I developed a 24-hour dietary recall survey and provided it to some Vrygrond ECD owners to gain insight from parents into the nutritional consumption in the home space.

Using these methods and reviewing the findings, ultimately allowed the development of a typology to make sense of the pattern of differences between ECDs. Based on this inductively developed typology, I next did in-depth case studies to explore the issues and challenges facing different types of ECDs. Here I chose three ECDs, each of which represented a distinctively different point on the continuum of my typology. They helped develop meaning from the quantitative and qualitative methods that were used to collect information, such as census data, mapping, participant observation and the use of photographs, and in-depth interviews (Glaser and Strauss, 1967) and showed the activities inside each ECD, allowing me to present what this means in practice. The use of case studies helped capture and describe in-depth the situation of township ECDs, (Tashakkori and Teddlie, 2003; Johnson and

Onwuegbuzie, 2004; Johnson, Onwuegbuzie and Turner, 2007) and helped answer questions around the quality of care and food provision.

By connecting these different methodologies – a spatial census, quantitative surveys, inductive analysis, observation, and in-depth case studies – into an integrated study I was able to develop a detailed understanding of the issues facing ECDs.

## 4.5 Research techniques

I now turn to discussing in more detail each of the techniques sketched out in the above account.

### 4.5.1 Mapping and census

This aspect of the study built on a previous census conducted by the Sustainable Livelihoods Foundation (Charman and Petersen, 2014), where its research team mapped out the entirety of the ECD businesses in the Vrygrond and SHF communities to potentially interview, using Garmin GPS technology. The GPS technology accurately showed both the number of ECDs in each site and their relative distribution in the spatial environment in which they operated. The Garmin software generated a unique number for each mapped ECD, which was recorded on the initial survey questionnaire.

In this study, all the ECDs in Vrygrond and Sweet Home Farm were mapped out using the Garmin GPS technology. Mapping data collected was translated into a visual map of ECDs represented as dots on a map. The purpose of this was to provide a visual representation of the geographical spread of these ECDs within Vrygrond and SHF, and to allow for comparison against older mapped out data sets of ECDs in order to establish whether the same businesses had existed in previous studies.

ECDs in this study's census mapping process were identified through four methods: 1) reviewing previous data of their mapped presence, 2) asking local key informants where ECDs were based 3) mapping the businesses out and 4) observation in the field using the first two methods in order to identify additional ECDs which had not previously been mapped. ECDs were mapped and members interviewed outside ECD outlets during working hours of the day, on weekdays. By simultaneously conducting the quantitative census during the mapping phase which allowed for the gathering of general data on food provision, monthly school fees,

time in business, owner's gender and if they were informal or formal, the findings of this field investigation were used as a basis for returning to these communities in order to conduct in-depth interviews with the ECD businesses.

By applying the four methods, I ensured that all ECDs within the areas were recorded for the research process whether they agreed to be part of the in-depth interview process or not. Ultimately, the mapping and census process in both sites generated collective findings of 42 ECDs – 35 in Vrygrond and seven in Sweet Home Farm. All 35 ECDs in Vrygrond were mapped with census data, and interviews were held with 31 of these. All seven ECDs in SHF were mapped with census data and interviewed.

The mapping and census process were the first parts of the fieldwork. Once completed, observation to conduct in-depth interviews with the ECD business owners could commence. In some cases, the time between the mapping and interviewing fieldwork was approximately three to four weeks. In Vrygrond the mapping and census process was done mostly prior to but some during the interview process. The mapping process occurred during school term time but the interview process overlapped with school holidays. In SHF, all activities were conducted simultaneously. See Annex C ECD survey and semi structured questionnaire. The results of this phase of the study are set out in more detail in Chapter Five (pp 69 - 97) below.

#### **4.5.2 Questionnaire**

The semi-structured questionnaire included both closed and open-ended questions. The questionnaire helped develop a broad quantitative profile of the nature of ECDs in the sample areas, allowing for some preliminary findings to be made. Being able to document the answers of a specific ECD on one questionnaire assisted in keeping all information related to this business together. My previous research on the informal economy was used as a guide to develop the semi-structured questionnaire.

The questionnaire, first used in September 2016, was piloted in three ECDs in Vrygrond, in order to test its usefulness and applicability. Based on the responses from ECDs owners the questionnaire was changed by removing, reframing and adding new questions. As a result of these earlier iterations, no changes were needed for the Sweet Home Farm research process, which took place in January 2017.

Types of questions asked and researcher observations stated included: what an ECD in these sites looked like; the enterprise formalisation characteristics in relation to the state's regulatory requirements; the food provided (or not) to the children while in the ECD's care; what kind of support the ECD received and whether this was both internal (parents and school fees) and external (NGO and/or state); and the owner's perception of the children's nutritional state. These questions were designed to gather information that would permit the establishment of key trends and patterns in operating these businesses, most importantly their ability to provide food.

Open-ended questions were then included to capture the experience and challenges ECD owners face in running this business. For instance, we know that many of these ECDs are unregistered, are commonplace within the township environment, care for many children, charge comparatively low fees compared to middle income areas, operate for up to 10 hours per day and a core offering is food. What we don't know much about are the strategies ECDs use to provide food, what food they are providing and the challenges they face in this provision. These questions thus helped me understand how they were able to provide adequate care and nutrition and whether they could play a role in strengthening nutritional security for the children in their care. It also enabled a comparison amongst the businesses in terms of their food provision and quality of care, facilitating a variety of methods used and applied including mapping, observation and semi-structured interviews.

The questionnaire included a checklist of things I could record through observation. This enabled data collection in the ECD space without asking questions (Bless, Higson-Smith and Kagee, 2006). The intention behind this allowed for review of what was present without the ECD owner feeling that they were being judged, that their space was being invaded or that they were under inspection. These items were on the questionnaire so it could be documented by the researcher while in the space as opposed to relying on memory. These items related to looking at the kind of infrastructure they had; the internal spaces for the number of children in their care; being able to assess the adequacy of their ECD in terms of safety and hygiene within the context of the site; the presence of educational equipment and meal plans; or any other valuable information that might arise in general or specific to an ECD business. the presence and absence of adequate infrastructure, sanitation, educational equipment and meal plans, or any other valuable information that might also arise in general or specific to an ECD business. These items were derived from reviewing the national norms

and standards for registering an ECD (Constitutional Assembly, 2008) and the checklists used in the 2001 national ECD audit to assess the adequacy of ECD service provision (Williams *et al.*, 2001).

This checklist was further supported by taking photos of spaces where this was permitted by the owner. The benefit of taking photographs were that findings across both sites could be compared; the likeness or difference in what was observed in all ECDs could be visually presented; and it captured what I might have missed seeing while interviewing the ECD owner. It thus enabled me to revisit the space without physically being there. Although most of these photographs were not used in the proceeding chapters, they continued to be a valuable resource and reference source. Some photographs have been used in the chapters to exemplify arguments but ensuring ECD owner and business anonymity.

A notes section at the end of the questionnaire was for additional comments I might have based on my observations or additional information the ECD owner might provide me that did not fall within the questionnaire framework. By allowing the conversation with the ECD owner to be open ended and without a sense of focus on their surroundings to avoid them feeling judged, stories about their work history and feelings about their choice in operating an ECD and opinions arose. Thus, the opportunity for additional and valuable data gathering was created. See Annex C ECD survey and semi-structured questionnaire. The results of this part of the study are set out in more detail in Chapter Five and discussed throughout Chapters Six and Eight below.

### **4.5.3 Key informant Interviews**

ECD operators were not the only key informants for this study. As will be seen below, external food support providers also play a key role in Vrygrond. A number of additional key informant interviews were conducted with these. Interviews were held with public and private sector organisations who provided food, either as their core focus or as part of their corporate social investment (CSI) programme. These were in-depth and qualitative either using a structured questionnaire or having informal and open-ended discussions.

The purpose of these external support interviews was to get a better understanding of ECDs as recipients of support in the context of childcare, poverty and food security. Most of these interviews were conducted face-to-face but one of them using the structured questionnaire

was done via email as the key informant was based in another city and was unable to meet over Skype. I mostly spoke to the heads of organisations who were willing and able to share their area-specific knowledge with me. These informants had first-hand knowledge of their subject, and the diversity of informants along with their varying perspectives contributed greatly to the growing understanding in this body of research. The non-profit organisations who I engaged with were the Centre for Early Childhood Development, True North, FoodForward SA, Rise Against Hunger, Peninsula School Feeding Association, and the Capricorn-based corporate, Ukama Holdings. Attempts at speaking to the corporate BOSASA and Vrygrond-based non-profit, Where Rainbows Meet Foundation were unsuccessful. See Annex D Key informant questionnaire. This phase of the study is discussed in detail, in Chapters Six and Seven.

#### **4.5.4 Observation**

Participant observation was a key tool used in this study to gather data from the study sites (Arnould and Wallendorf, 1994; Barnes, 1996; Pettigrew, 2000). Investigations into the informal economy are limited, especially township ECDs and their food provision. Although there are some assumptions we can make about township ECDs based on existing literature that has been conducted on this sector (Carter, Biersteker and Streak, 2008; Sustainable Livelihoods Foundation, 2013), these methods allowed for in-depth contact and discussion with participants in the sample to gather insights around their operations, food provision and survival challenges.

Participant observation facilitated an understanding of the physical context experienced by the ECD owners. This would not have been possible without immersion in the sites and direct engagement with participants in their place of work. Much of this was done by walking rather than driving between the ECDs, through lengthy engagements with the ECD owners and subsequent key informants in the non-profit sector as a result of these interviews.

Whilst conducting the interviews, I was able to document descriptive information about what I saw and keep the census-type and open-ended questions focussed on things I could not see myself. This was achieved as I became the 'chief instrument' (Worthen and Sanders, 1987) as the data collector and analyser, immersing and observing situations, mapping the business out, and having direct contact with the study participants. This allowed me to observe activities in the space whilst conducting open-ended semi-structured interviews with ECD

owners. Being present in person allowed me to develop an understanding and insight into what it might be like to run an ECD in an economically marginalised space as the participant's voice takes centre stage providing first-hand accounts of their lived experiences. First, this showed the value of being physically present through direct and experiential qualitative observation, and secondly, it created a space for participants to speak in their own voice. Analysis, observation and immersion also facilitated the development of a typology by immersing myself in the collected data. These insights from immersion were recorded in designated sections within the questionnaire or as additional comments at the end of the questionnaire and recorded either during or after the interviews. This method contributed to the discussions in Chapters Six through Eight.

#### **4.5.5 24-hour dietary recall surveys**

An important part of the research process was the implementation, among some of the ECDs, of a 24-hour dietary recall survey. The decision to implement this tool was based on the negative responses by ECD owners in Vrygrond to an interview question asking the ECD owner's opinion on whether they believed children ate healthy food at home. Although responses were mixed, there were enough ECD owners who felt their children did not eat enough nutritious food in the home space. This was confirmed to be true in the first National Health and Nutrition Examination Survey (Shisana *et al.*, 2013).

The 24-hour dietary recall survey was designed to contain a list of the most commonly consumed foods in the township environment, including fresh, processed and prepared foods. These food types cover all the food groups and were gathered from a range of sources to develop this list. Vorster, Badham and Venter (2013) noted that dietary surveys use different methods to gather data, making them difficult to compare. As such, list used in this survey is not based on one dietary survey but rather it has been informed by a number of those that have been previously conducted but also analysed by others, which has helped provide a more specific list contextualised for the South African township environment: studies conducted by the Sustainable Livelihoods Foundation (Sustainable Livelihoods Foundation, University of Stellenbosch and Delft Health Ambassadors, 2015; Sustainable Livelihoods Foundation, 2016; Brown, Bacq and Charman, 2018; Petersen and Charman, 2018b) over the past ten years have provided data on commonly consumed and sold foods in the township environment; the revised food-based dietary guidelines for South Africa (Vorster, Badham and Venter, 2013) showing what is being consumed and how this should change; data collected and analysed on

global food trends based on results from dietary surveys (Kearney, 2010), including in South Africa; and SANHANES (Shisana *et al.*, 2013).

To mitigate the possibility of the list not covering a food they had eaten in the last 24 hours, the first section of the survey asked the parents to write down everything they and their family had eaten, meals and snacks, in the past 24 hours. Following this was a list of foods which parents were asked to circle if that food had been eaten. This survey only noted the ECD name and the date it was filled in, ensuring parents' anonymity. See Annex E 24-hour food recall sheet.

For this survey, the ECD owner played the role of the interviewer with the parents. The ECD owners requested parents to fill in the survey on site before they left the premises. The intention behind this was two-fold: first, the probability of the dietary recall surveys remaining in the school was increased; secondly, it increased the likelihood of parent responses. Most of the ECDs managed to do this but some sent the slips home, many of which were never returned. Eighteen ECDs in Vrygrond were asked to participate in this part of the study. Of these, only nine ECDs collected this data for us, which provided a total of 155 surveys. These dietary recalls provided valuable insight into food consumption by these children in the home space.

This survey allowed for further insight into what children's nutritional consumption looked like without encroaching on parent anonymity. It was intended to elicit nutrition information about what the children were consuming at home from the parents. It was an attempt to access information beyond the bounds of the ECD space, while keeping within the ethical bounds of the study. It aimed to broaden the study's knowledge of the children's nutritional picture beyond the ECD space, potentially supporting the assumption that an ECDs provision of food is critical for children in their care. Having both the ECD owners' opinion and the parents' perspective on the nature of food consumption enhanced the depth of research (Brown, Bacq and Charman, 2018). This phase of the study is discussed in detail in Chapter Six (pp 100 – 103).

#### **4.5.6 Development of an Inductive Typology**

In this study, ECDs displayed varying characteristics (Carter, Biersteker and Streak, 2008) that were discovered from the survey data, in-depth interview processes and through observation



of activities and the spaces in which they operate. The census data helped define the elements of a typology, grouping ECDs by their registration status, the structure in which they operated, the fees they charged and if they received any external support. The open-ended questions helped show the correlations between the extent of support received, their provision of food and their level of compliance with conditions defining adequate child care. Adding this qualitative information helped to further define the kinds of ECDs that operated, that would have otherwise been missed with just the quantitative approach.

To develop this typology, I applied an iterative inductive approach to the questionnaire and interview process. This resulted in the proposal that ECDs could be best understood as existing on a continuum of integration into formal governance structures, ranging from highly formalised and integrated to excluded and informal (see pp 84). To capture all ECDs on this continuum I could not simply look at the extremes, of people most integrated with the state and external support and those completely disconnected. I also needed to look at ECDs in-between, the largest and most varying group, who experienced some connectivity to external support but without state registration. These varying data ultimately contributed to the development of a typology. In turn, this facilitated the use of case studies to explore the types of ECDs in this study. This phase is further discussed and developed in Chapter Five (pp 81 – 83).



#### **4.5.7 Case studies**

The case study method was an effective strategy to deploy the typology, putting it to work in the subsequent chapters, showing how certain elements change for ECDs on different points on the continuum and what this means. When I looked at the nutritional offering, I was thus able to show how this changed on the continuum between those that were formally integrated or disconnected from state or private sector support. When I looked at the quality of care, I was able to do the same.

Three in-depth case studies were produced, each of which exemplified a different ECD type on the continuum. These were done to review how typical the activities in the case study ECD were, how representative they were and whether they were part of a broader pattern or isolated examples. The case studies were developed out of the in-depth qualitative interviews and broad quantitative survey data, which showed where they operated, how they did so, what they offered to their children in care and food, the strategies they employed to feed

their children and the challenges they faced in operating and providing this care. Where ECD owners were cooperative and willing to share their experiences, these interviews were lengthier and provided the basis for presenting their stories as case studies. Using these ECD stories to show what the data means across the proceeding chapters provides a lived experience of what the quantitative data means. These case studies are presented in Chapter Five (pp 83 – 96).

## **4.6 Conduct in the field**

### **3.5.1 Research team**

The core fieldwork team was composed of myself and two SLF researchers, Mr Tshabalala and Mr Muteti. Mr Tshabalala and Mr Muteti are multilingual, both fluent in English and Xhosa, which facilitated holding all interviews in the respondents' preferred language. Where needed they were able to translate responses from ECD owners during interviews. They had both previously worked in Vrygrond and SHF as part of the previously mentioned Formalising the Informal Economy (FIME) research study conducted by SLF (Charman and Petersen, 2014), which informed part of this broader research programme. Their experience as well as their relationships with informants and businesses in both sites facilitated access.

The research team had work-related time constraints. As each business was first mapped out and then the 90-minute interviews took place, with these businesses spread out across each site, there was a limit to the time that the research team were able to spend returning to all the ECDs. Full days over eight weeks and two weeks were spent in Vrygrond and SHF, respectively, walking, observing and interviewing. The research team were available for a limited time only as they were allocated to other projects after this fieldwork process.

Over the course of 8 weeks, starting in late September 2016, the research team systematically navigated the streets of the greater Vrygrond area, as defined by the 2011 Census (Statistics South Africa, 2012) data boundaries, starting in Seawinds, then Overcome Heights and ending in Capricorn. Much of this research was conducted on foot or by car, depending on the nature of the area. In Seawinds (excluding Military Heights) and Capricorn, both means of transport were used but in Overcome Heights and Military Heights, we could only walk to get to the ECDs as these were informal settlements without easy access on the potholed dirt roads. During the process of introducing ourselves to the businesses, four ECDs were unavailable to

be interviewed. Three ECDs were inaccessible from the front gate and one ECD was closed during the time of our research. As such, only 31 of the 35 ECDs were interviewed. In comparison to the 2012 SLF research where 25 ECDs were mapped, we identified a total of 35 ECDs in the greater Vrygrond area.

All the research in Sweet Home Farm was over a two-week period in January 2017. It was conducted on foot as vehicle access was also impossible in this informal settlement. We had to park closer to the outskirts at a local shebeen, whose owner was known to SLF, and work our way through on foot. Some of these operations were situated off narrow alleys, no more than a metre wide. We were able to approach every business for interviews and fortunately every ECD agreed to be interviewed. The research team were informed by a local shebeen owner that there were four ECDs operating in the area. Having participated in a number of SLFs projects including the Safe Shebeen project, he was instrumental in assisting us identify their whereabouts. However, we managed to find an additional three ECDs, all of which I was able to interview. In comparison to the 2012 SLF research where six ECDs were mapped, we identified seven ECDs in SHF.

It is important to note the problems and challenges that were faced when embarking on the research process. These included: the safety of the research team and the necessity of engaging with local informants to gain access. The safety of the research team was a key element during the fieldwork process. Based on previous experience working on a number of field research projects in these areas, the research team were advised by local informants it was best to conduct fieldwork Monday through Thursday. Furthermore, the research team had been informed and were previously aware that an area within Sweet Home Farm known as Section C was not safe and it was advisable not to conduct research there.

In Vrygrond, two local informants assisted in identifying and facilitating the research team access to the ECDs in Overcome Heights. This community is tight-knit and the presence of outsiders caused apprehension and distrust. By partnering with these local informants, the team were more easily accepted Head (2008). The two local informants conduct a number of business activities. However, one of the informants works mainly with the ECDs in Overcome Heights, representing them at community meetings in Vrygrond and talking to True North to help the ECDs get what they need.

Additional factors contributed to increased access to the Vrygrond ECDs. Vrygrond is well resourced with NGO and volunteer involvement, making access a little easier. A number of the ECDs were also familiar with and open to the presence of NGOs who conduct research. According to Mr Tshabalala, my gender and race contributed to the team accessing many ECDs during the interviewing process. Being a white woman enabling increased access to ECDs became more evident to me once we started the fieldwork process. Mr Tshabalala commented that during the mapping process If I was not present, the ECDs would not let him in but when I was present, they appeared more trusting and let us in.

#### 4.6.1 ECD interviews

The only study participants in the township environment were the ECD owners or their delegated representatives. Although most ECDs were willing to talk to us, some appeared hesitant and wary. I clearly stated I was a student and not from government as I believed there was possible fear of authorities, which helped, but their reserved appearance persisted. This might have affected the depth or honesty in their responses and what they shared with me.

When approaching the ECD, the request was made to speak to the ECD owner, or the person next in line holding highest responsibility. They were informed of the objectives of the research and reasons behind it being conducted. Of the total 42 ECDs mapped across Vrygrond and SHF, only seven declined an interview, all of which were in the greater Vrygrond area.

The interviews, depending on how forthcoming the ECD owner was, took between 60 and 90 minutes to complete. These were completed on hardcopy forms, filled in by the researcher during the interview process. In Vrygrond, interviews were both conducted in English and filled in on the forms. In Sweet Home Farm, the interviews were primarily conducted in isiXhosa by Mr Tshabalala and Mr Muteti, translating the conversation as they went so that answers could be documented in English on the hardcopy form.

Interviews took place *in situ* in the ECD outlets during working hours of the day, on weekdays. The questionnaires served as both a *primary data* collection tool and to also guide discussion for iterative learning that might emerge in this process.

Overall, what we experienced during the ECD interview process were three distinct responses to our presence: those who refused to let us in; those who initially refused us but who

eventually, with the assistance of a local informant, allowed us access; and those who welcomed us without hesitation. In addition, even those willing to speak with us provided varying depths and detail in their responses and there is consequently unpredictable quality in collected data. Some ECDs were very open and candid about their businesses, others were not.

It is possible that tailored answers reflecting positively on their activities were provided, especially those in Vrygrond who are known to the local ECD service organisation. As the Vrygrond area is well researched, the ECD operators are familiar with the fieldwork process and varying questions but also the need for their business survival. This could have also been exacerbated by the presence of a local informant who ensured access to some of those who were hesitant to talk to us. Although only a small number of ECDs in Vrygrond refused to talk to us, this meant that the research cannot claim comprehensive coverage of this site. Ultimately this could mean there is some bias in data collected.

#### **4.6.2 24-hour recall**

Food recall sheets documenting the past 24 hours of the children's food consumption outside the ECD were given to a select few of ECDs across all types but who were most open to engage with us, all of whom were in Vrygrond.

As a result of the response limitations and research team constraints, only a selection of Vrygrond ECDs were given the 24-hour recall sheets. Only those who were open to talking to us were asked if they'd be willing to do this. However, as some ECD owners sent these forms home with the parents, some were not returned or their return was delayed. We therefore had to return to Vrygrond on numerous occasions, using the mapping data to confirm their whereabouts and to retrace our steps to those ECDs. In addition, only a small number of sheets were returned despite repeat visits to the site.

The 24-hour dietary recall survey was piloted in Vrygrond. The ECDs who participated in this survey were selected based on their willingness to engage with us and be interviewed during the fieldwork process. These ECDs who participated varied in formality. The number of surveys returned could not be predicted – some of the surveys went home with the parents and were not returned while not all parents in every ECD participated. Collecting this data proved quite challenging and time consuming. Although Vrygrond was easily accessible, the

research team had time limitations and could not afford to keep returning to Vrygrond to collect the surveys. This was required as some ECDs sent the surveys home with parents.

As a result of these challenges, the decision was made to just work with the surveys collected and returned from ECDs in Vrygrond. The implications of this limitation and not conducting the survey in SHF meant that 'deeply disconnected' ECDs were not represented. Access to SHF was a key issue. The site was further away and less accessible. Based on our experience in Vrygrond where survey returns were unpredictable, I assumed the same scenario for SHF and thus it would have required multiple trips to collect the surveys. For safety reasons it also would have required the presence of the research team who were unavailable for this time-consuming and intermittent activity. The 24-hour dietary survey was thus deployed among only a small fraction of the surveyed ECDs. As I discuss below, this means that care needs to be taken in interpreting the results.

#### **4.7 Data Processing and Analysis**

Upon the completion of the fieldwork process, all data were captured, categorised and coded in Microsoft Excel. Two databases were created, one including all questionnaire data and additional field notes and the second housing the 24-hour dietary recall survey responses. Coding was done according to site and a number was allocated to the ECDs visited. For example, Vrygrond ECDs were coded with V and a sequential number. All Sweet Home Farm ECDs were coded with P and a sequential number. 24-hour dietary recall sheets were recorded according to the ECD they related to. No parent or child was named on the sheet.

Analysis took place in Wynberg where tabulation and cross-tabulation of findings revealed trends for further discussion.

#### **4.8 Study limitations**

I was fortunate to be working with the Sustainable Livelihoods Foundation who have a long track record working in Vrygrond and Sweet Home Farm. They have built up extensive connections with local informants and community members that facilitated my access and understanding of the work that we were doing. Much of the success in SLF's research has been their partnering and collaborating with local liaisons in the areas they are working to gain access. Community buy-in and support enables information gathering, an important element

when the researcher is not from the area of interest and especially “in contexts of informality” (Sustainable Livelihoods Foundation, 2013). These relationships have been maintained through contact over the years as the research in a number of sites continued. As such, the relationships SLF have developed over the past ten years in the greater Vrygrond and Sweet Home Farm study sites were vital to this study. Access to some of these areas, in particular Overcome Heights and SHF, would otherwise not have been possible.

However, several limitations have to be borne in mind in respect of this project, including sample, observer and systematic bias.

One set of limitations flowed from selection and sample bias. First, the two sites in Cape Town that were chosen based on previous research conducted in the area, made access easier. Each province has their own by-laws and the provision of resources in the Western Cape appears greater than in others. In addition, the research was conducted in urban sites so the findings are not necessarily representative of the situation in South Africa as a whole. However, based on previous literature in these study sites and others, research on informal business operations, including informal childcare, has revealed similarities across the country. While Vrygrond and Sweet Home Farm are each in their way unique sites, they display core features typical of informal and poor settlements throughout South Africa. Furthermore, by conducting research in a previously researched site on the same informal business enabled us to build on what we know and whether there are changing patterns in the operations. Although there are some limitations flowing from the selection of Vrygrond and SHF, my familiarity with the sites meant that the advantages outweighed the disadvantages.

Key researcher limitations included resource limitations and observer bias. The research team, who were staff members of the Sustainable Livelihoods Foundation and critical in making this research process happen, assisted me but their time constraints influenced when and how long we were able to conduct the fieldwork. They had other work commitments and were only available for limited periods of time for working in both sites. They were therefore unable to return to the sites on multiple occasions to collect additional data, such as new questions arising post the fieldwork process, and collecting the 24-hour dietary recalls. This has meant some questions remain unanswered and not all ECDs conducted the 24-hour dietary recall survey. Despite these limitations, the team were expert field researchers, adept at respondent

engagement and familiar with the sites which made navigating through the areas swift and efficient.

Considering the limitations and bias, I acknowledge that this research project is written by someone that favours these informal business owners. As the researcher I was the observer and interviewer of most of the participants so my subjective feelings may have influenced the formulation of the case studies that were developed from this qualitative data. Nevertheless, my empirical findings are valid and provide foundations for my judgements.

However, a key strategy for this study was gathering the individual perspectives of the ECD owners and key informants. Although these perspectives cannot be easily generalised in isolation, the combination of the survey and open-ended questionnaire tools led to developing a typology that plotted all these ECDs on a continuum. This showed that there were in fact variations in these operations and that they were most likely representative of other business. In addition, the two sites are very different in spatial environment and site dynamics relating to the number of ECDs in each. They represent two distinctly different kinds of settlements which is both an advantage in ensuring ECDs across the continuum of integration and disconnection are represented. If SHF had not been included, the opportunity of comparison of varying ECDs within low income areas and the challenges they face, would have been lost.

Certain data was not collected. Certain financial questions, relating to ECD operating costs, were not asked in the questionnaire as the relevance of these only arose post fieldwork. These questions could have led to a more thorough understanding of their actual budgets and expenses as well as their nutritional provision and properly comparing the actual plate of food they offered with the healthy plate.

Not all parents and not all ECDs participated in the 24-hour recall surveys. In addition, this survey did not request a comprehensive review of household food bought in the house but rather a snapshot of a short period of time. So, although the recalls were not representative, they are indicative. Given that there might have been some selection bias – people might have been putting their best foot forward, and the ‘worse’ ECDs and parents might be excluded – the recall still offers some support for the notion that ECDs are crucial to child nutrition.



Systematic bias is thus a genuine limitation of the study. But this study investigates the diversity of ECDs operating in two different sites and is representative: as 90 percent of all ECDs identified in these two sites for this study were interviewed, the findings are valid for the vast majority in both Vrygrond and SHF. I recognise that there are indeed some ECDs that are exploitative or which can provide inadequate care. It is possible that those ECDs who were not operating in good faith self-selected out of this study because they did not want anyone prying into their operation. This is something I will return to later to assess, because whether or not this is a problem will depend on what I find.

Finally, though SHF and Vrygrond are quite specific in their layout and resource access, they are in many ways typical of informal or semi-formal settlements in many other parts of the Western Cape. These spaces are situated on the periphery or further from formal economic activity making access difficult or at least costly. They have few community services, high unemployment with residents generally either low earning employees or participants in the informal economy, and the spaces are either partially or not zoned at all, which limits residents' access to formal state resources, especially if businesses are required to register (Sustainable Livelihoods Foundation, 2016).

#### **4.9 Ethical considerations**

Ethical approval was sought and approved through the University of the Western Cape Humanities and Social Sciences Research Ethics Committee (HSSREC) in September 2016.

Within this study, many of the ECDs were unregistered. Given the threat of the state shutting them down if it became aware of their existence, anonymity was critical. Efforts were thus made to mitigate risks relating to disclosing the anonymity of ECDs, particularly of those who were unregistered.

The identity of the businesses and their owners were further protected as the GPS points on the maps were removed from the dataset and thus kept anonymous and the points on the maps themselves were general to a ten-meter square area rather than a specific residence.

Confidentiality was assured where required and consent forms were signed for those who agreed to be interviewed. Names of business owners and their businesses were coded in order to maintain the confidentiality and anonymity of research respondents. All privately collected

information from those who did not consent was excluded from the analysed data set. However, these ECDs were included on the map and any publicly available information was included. See Annex G Consent Form.

To garner consent, before each interview I stated that their person and organisation identities would remain confidential, should they require it. Only if they specified this was unnecessary and I needed to disclose their names or if I requested to disclose and they agreed, would their details be disclosed.

Where there are photographs of certain areas in and around ECDs in the study, this consent was given by the ECD owners. However, if ECD owners were not comfortable with photos being taken, we refrained from doing so. This is reflected in the study where no photographs exist for certain ECDs. I clarified with every ECD owner or informant that the intention of this research was to investigate the challenges and experiences facing childcare businesses in their areas. I have not nor will not share their information with another business owner so as to avoid any potential harm.

Data coding and anonymisation was used in order to limit the ability of outsiders to be able to identify any one particular business in the sample. Childcare informants are unidentified to prevent legal risk of their participation (if they are unregistered). The common identifier between research informants and the data collected from them is a unique identity number. This will serve as a means to remove a unique dataset should the informant wish to withdraw their consent to be part of the research in the future (although the possibility of this is highly unlikely). Informants were required to write their name and signature on the research consent sheet – but this is stored separately from the gathered data. This coded data has been securely stored off site and is password protected as it contains details of all informants but does not include any contact or address details. Thus, their localities cannot be divulged. With this process of informant and data management it will greatly minimise any such risk to the participants involved.

This chapter has focused on the research approach, design and techniques underpinning this study to gather data. Detailed information regarding the strategy and why different activities were used, were explored in this chapter. The following chapters show how these methods were put to work and key findings arose.

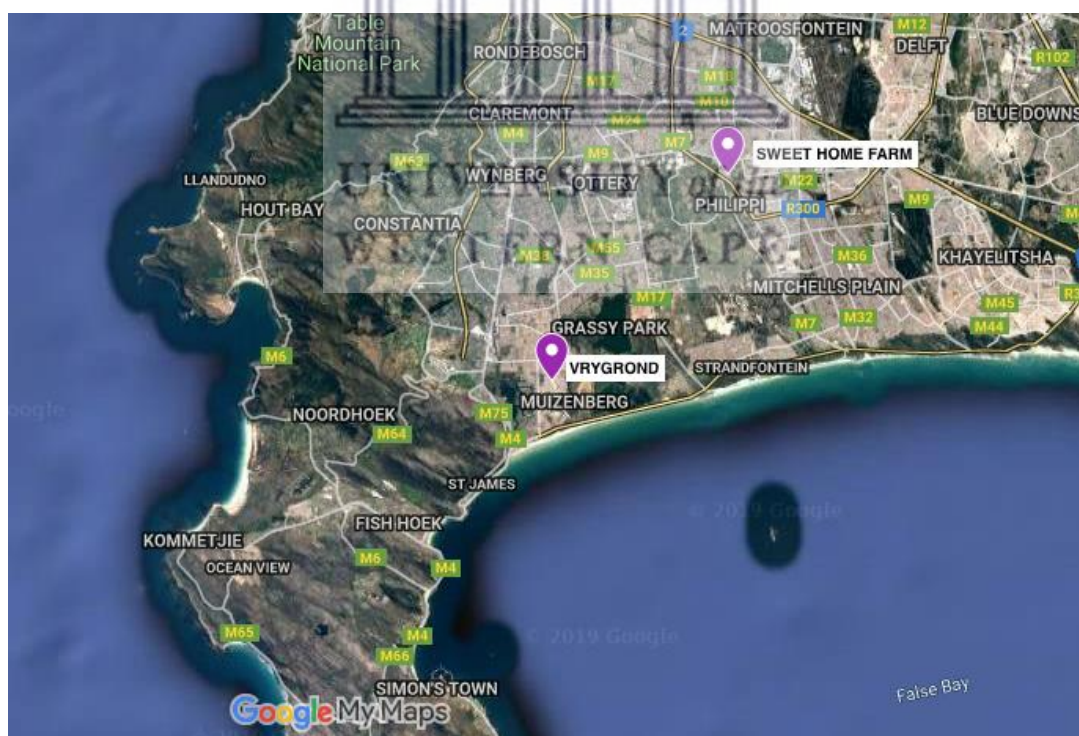
## 5 An overview of ECDs

In this chapter I provide a broad empirical background to the more in-depth discussion that will come in later chapters. I describe the overall socio-economic character of Vrygrond and Sweet Home Farm. I begin with an introduction of the study sites, providing a context for the research, I provide a general profile of the ECDs typically found in these areas, I develop an argument for a typology for these ECDs and I provide, by way of illustration, case study examples of three types within this typology.

### 5.1 The study sites

I begin with a general discussion of the study sites, their location and the most important differences between them. In the following two sections I provide more detail about their infrastructure, demographic and ethnic profiles which constitute the general setting for the study.

*Plate 3 An aerial photo showing the location of the greater Vrygrond area and Sweet Home Farm (source: Google Earth)*



#### 5.1.1 Vrygrond

Vrygrond is situated adjacent to Marina da Gama, a middle-class suburb. It borders a business park and mall, south of Capricorn, east of Overcome Heights and Capricorn. A formal retail

mall is within walking distance and a number of organisations providing support to the community operate within the area. Many residents are employed in the broader surrounding middle-class suburbs including Marina da Gama and Muizenberg. The built environment in Vrygrond is a mix of formal and informal. The population is poor, almost half black African (47 per cent) and coloured (47 percent) with less than half Afrikaans speaking (42 percent) residents.

Vrygrond was established in the 1930s, before the Group Areas Act was introduced. It was a fishing settlement and is thought to be one of the oldest 'informal' settlements in the Western Cape. During the apartheid period, shacks were demolished, and some residents were forcibly removed. However, many remained and since the 1980s it has developed, including both formal and informal housing infrastructure. It now comprises approximately 40,000 residents and is spread across three areas: Seawinds, a predominantly coloured and mostly formal housing suburb bordering Lavender Hill that includes a small informal settlement called Military Heights; Capricorn, an ethnically diverse and largely formalised housing suburb directly opposite Marina da Gama; and Overcome Heights, a densely populated informal settlement established in the mid 2000s and situated on public land between Seawinds and Capricorn. These areas are collectively referred to as the Greater Vrygrond Area (Battersby and Marshak, 2013; Kellerman, 2014).

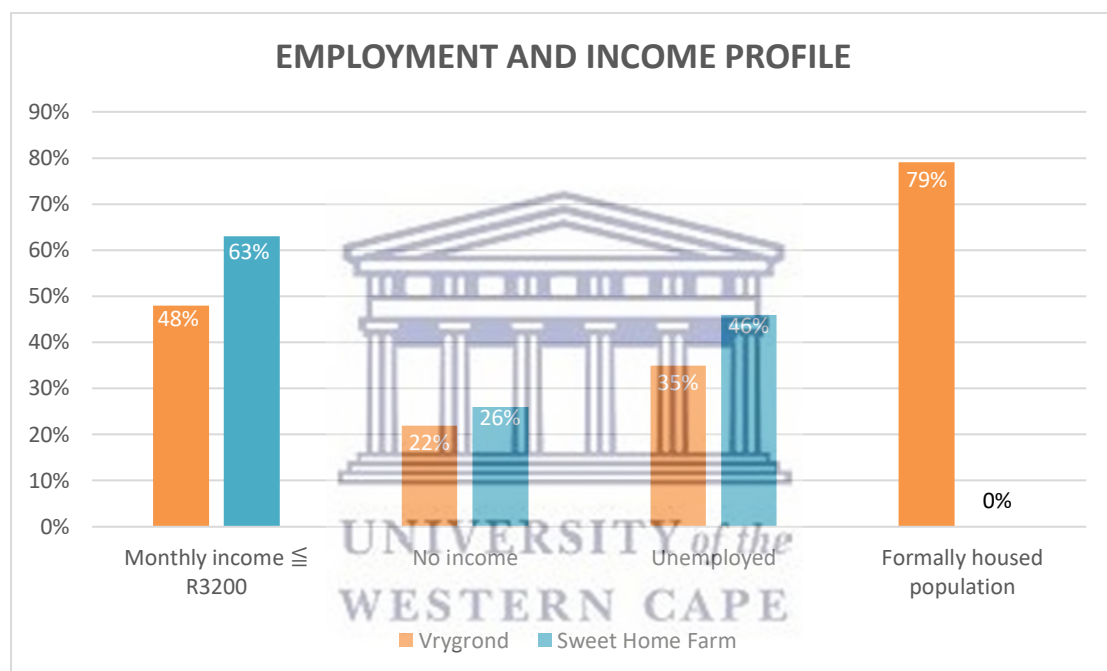
Seawinds, bordering Lavender Hill, was established in the mid-80s as a formal housing suburb for coloured residents and has access to public utilities. It has a population density of 14,266 per km.<sup>2</sup> Its residents are predominantly coloured (93%) and first language Afrikaans (67%) speakers (Frith, 2012c). Both Seawinds and Military Heights experience high levels of gang violence. Military Heights consists of only one block and is surrounded on all sides by formal housing. Within its formal surrounds, Military Heights is predominantly a coloured community that stands out with its informal dwellings, poorly resourced sanitation and dusty roads.

Overcome Heights, situated on a "road reserve" between Seawinds and Capricorn, is largely occupied by Black Africans (68%), most of whom are Xhosa speaking (45%). It has little infrastructure, and residents live in shacks (Frith, 2012b). Established during the mid 2000s, the then-governing ANC promised housing for all those who settled on this sand dune. A little

over 10 years later its population density is 38, 975 per km<sup>2</sup>. The area remains a slum<sup>3</sup>, with limited access to services.

Capricorn’s population density is less than half that of Overcome Heights (16,120 per km<sup>2</sup>). It has some infrastructure and, like its neighbouring middle-class suburb of Marina da Gama, offers some employment to its residents. Its population is 60% African and 30 per cent coloured. The most commonly spoken language is Afrikaans (33%) but 25% of residents speak languages other than English or the South African official languages (Frith, 2012a).

Figure 3 Comparison of income and employment data of households in Vrygrond and SHF



*\*based on 2011 Census data (Statistics South Africa, 2012) and overall findings across nine townships (Sustainable Livelihoods Foundation, 2016)*

It can be seen from the figures above that the socio-economic environment in both Vrygrond and SHF is poor, with SHF displaying higher levels of unemployment, low income and extreme poverty. The high level of poverty across both sites reflects the economically marginalised state of its residents (Huegel, 2013) and possibly supports the presence of microenterprise activity in both, as discussed in Chapter Three.

<sup>3</sup> This term is used to define the urban informal settlements in Vrygrond and Sweet Home Farm. The predominant characteristics are unreliable sanitation and clean water, which are mostly, if not always, communal, as well as lacking in many other basic services. The electricity supply is also unreliable and seldom installed with the required safety features.

### 5.1.2 Sweet Home Farm

Situated on the Cape Flats in the Philippi farming area, Sweet Home Farm was initially settled in the late 1970s. Since the 1990s the area has become more densely settled. The entire site is a deeply informal residential settlement with a population density of 26, 291 per km<sup>2</sup>. These residents live in shacks with limited or no access to service provision. Adjacent to Browns Farm, land falls under private, railway and municipal ownership (Charman and Petersen, 2014). Rows of communal flush toilets are scattered amongst certain sections, along with a communal tap adjacent to them and roads are potholed and unpaved.

As seen in Charman and Petersen's (2014) research in Sweet Home Farm, there is extensive small business activity in this area, scattered throughout the site. However, as Sweet Home Farm is situated far from central business areas, making public transport an expensive necessity, these small businesses face a number of challenges in operating within this area.

## 5.2 An Overview of ECD Characteristics

Although both Vrygrond and Sweet Home Farm are home to economically marginalised residents, they are situationally and spatially quite different. However, unemployment, land use and regulations for running a small business and access to affordable healthy food are key challenges in both sites.

During the mapping and interview process in this study, a total of forty-two ECDs were identified – seven in Sweet Home Farm and 35 in Vrygrond. Interviews were held with 31 of the ECDs in Vrygrond and all seven in Sweet Home Farm. Key factors such as their geographic spread, demographic profile of the owners and their ECDs, operations and compliance with the regulatory framework, and the strategies to provide food were recorded. The ECDs in these sites were quite different and offered opportunities for comparison in the spaces and services that ECDs have access to in relation to food and childcare.

### 5.2.1 Geographic spread

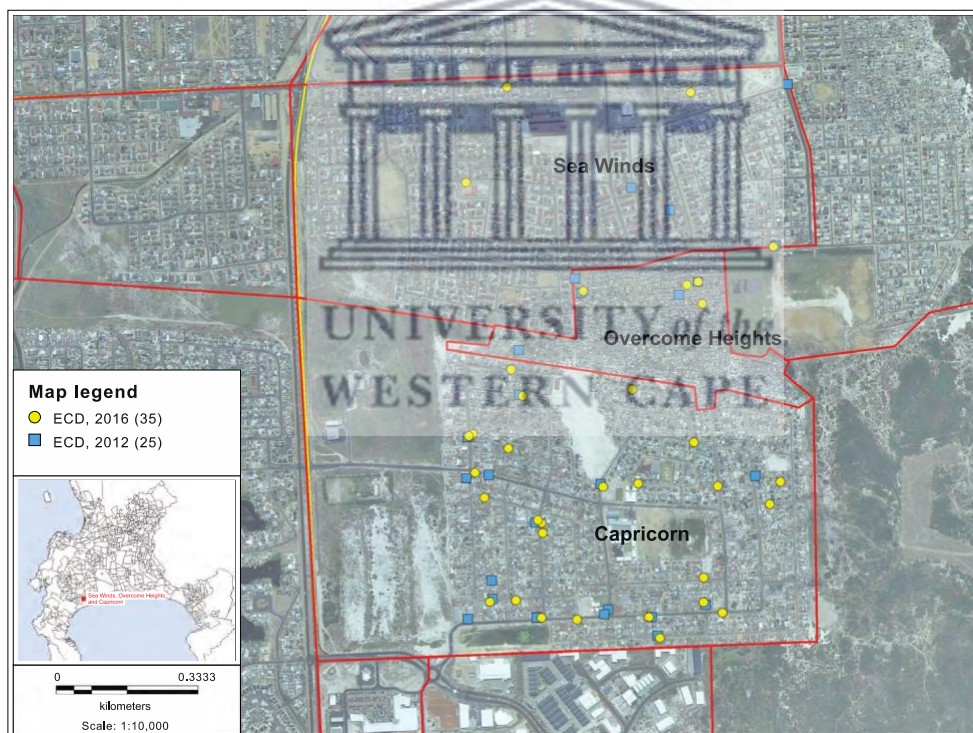
ECDs are situated throughout both sites and within the residential areas, not limited to main streets or business hubs. By drawing on the 2012 Educare study (Sustainable Livelihoods Foundation, 2013) we can track the changes of ECDs' presence in both sites over time and can

see that some ECDs have since shut down but a large number of new ones had also started up.

Plate 4 below shows a map of the greater Vrygrond area. ECDs are a common business choice and situated within the residential area as opposed to the main street like many informal trading businesses. They are spread throughout the site in the residential area, operating from the owners' homes. The census conducted for this study suggests that the number of ECD businesses in the greater Vrygrond area grew from 25 in 2012 to 35 in 2016. Two of the oldest ECDs in Vrygrond, V20 and V19, have been operating for 18 years and 30 years respectively. Of the 25 ECDs recorded in 2012, seven have shut down but since then, an additional 12 have been established, suggesting that there is opportunity but also churn.

*Plate 4 Map of the greater Vrygrond area, showing distribution of ECDs in 2012 and 2016*

#### **Distribution of ECDs in Vrygrond, 2012 and 2016**

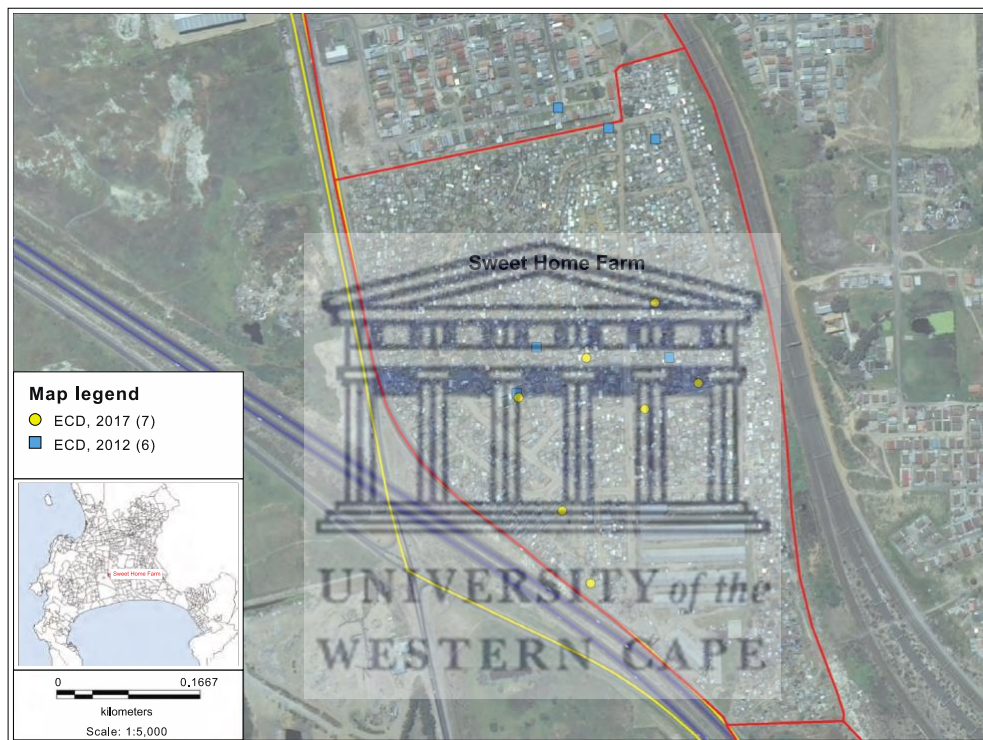


In Plate 5 below showing a map of Sweet Home Farm, it can be seen that the surrounding farmland acts as a barrier to its residents accessing any central business area. This makes using food and personal service providers situated within the site a more viable and affordable option. SHF had six ECDs in 2012 and in 2017 there were seven. All but three of the 2012 ECDs have since shut down but within this five-year period an additional four have been

established, on the one hand suggesting vulnerability in operating these survivalist businesses but also relatively low barriers to entry. On visiting SHF in January 2017, the research team went back to the premises of a large 2012 ECD who had multiple classes and ran a Grade R class. The owner had only just shut down in late 2016, claiming not she did not have enough income to afford running any longer and had chosen to convert her business into a catering company.

*Plate 5 Map of the Sweet Home Farm, showing distribution of ECDs in 2012 and 2017*

**Distribution of ECDs in Sweet Home Farm, Philippi, 2012 and 2017**



Interestingly, we also found one ‘newer’ ECD, P01, that had previously been documented as a restaurant (see Figure 4 below) with the same name. The business runs from the same premises but a doorway, now the main entrance, has been inserted at the front of the shack, a fence has been erected around the property and a portaloo stands in the front yard. the business has therefore existed for longer than five years, adapting to the demand within the area and ensuring a continued contribution to their livelihoods.



Figure 4 An example of an adaptive strategy employed by a survivalist informal business owner



\*2012 photo courtesy of the Sustainable Livelihoods Foundation

## 5.2.2 Demographic characteristics of ECDs

ECDs are commonly spread across sites and show patterns of those attracted to operating this kind of business, with the appeal of them being predominantly home-based.

Table 2 Demographic profile of ECDs (n=38)

Suburb	Female	South African owners	Home based	Average number of Learners	Average time in business (years)	Average number of staff (excl owner)
Sweet Home Farm (n=7)	7	7	5	22	4,08	1,1
Capricorn (n=22)	20	19	19	49	6,6	4,7
Seawinds (n=5)	5	5	4	42,6	2,6	4,25
Overcome Heights (n=4)	3	3	3	55,25	5,6	5,75
<b>TOTAL</b>	<b>35</b>	<b>34</b>	<b>31</b>	<b>42,21</b>	<b>4,72</b>	<b>3,95</b>

As can be seen from Table 2 above, most of the ECDs are run by women from their homes, caring for a substantial number of children and providing a livelihood to them and their families as a sustainable business operation. Across both sites, 92 per cent (35) of all ECDs are owned or operated exclusively by women. The three exceptions were all in Vrygrond. Two were co-owned by a man and a woman, and only one exclusively owned by a man. This was

the Pastor of the ECD's namesake and associated church, whose international sister church in the Netherlands provides funding and support for this ECD.

ECDs are also a popular business choice for South African nationals. Of all owners, 89 per cent (34) were South Africans and 11 per cent (4) were operated by foreign nationals. The latter were all based in Vrygrond and originated from Malawi, Angola and Ghana. Interestingly, two of these owners were part of a male and female co-ownership team of an ECD. This is reflected in Sustainable Livelihoods Foundation's (2013) Educare study, which also found that, bar one, all ECDs were run by South Africans who employed South Africans. Furthermore, because foreign nationals made up such a small percentage of ECD practitioners in the 2013 national audit of ECD provisioning in SA, they were omitted from their analysis (Economic Policy Research Institute, 2014). Although much of the informal economy is dominated by foreign nationals (Petersen *et al.*, 2019), South Africans dominating the ECD sector might suggest that foreign nationals experience more obstacles in operating this kind of business, with parents preferring South African-run ECDs or that these can more easily access external support.

Most of these businesses were home-based operations with 79 per cent (30) being within the residential area. These businesses started because of a demand for childcare from the community, started by people offering childcare to the families living around their home. Of the five in Vrygrond who were not home-based, two (V10 and V33) operated from premises connected to a church and two (V19 and V26) operated from established premises that had been externally funded for the specific purpose of running the ECD. Only two in SHF were not home-based: one had received funding from a non-profit to refurbish containers for the ECD ((P03) and another was the aforementioned enterprise that had previously been a restaurant (P01).

Half (19) of all ECDs employed three people or less in addition to the owner; overall, 66 per cent (25) of all ECDs across both sites met the minimum staff-to-child ratio requirement of 1 adult to six children when caring for children under 5 years old. The number of employees however varied by site. Every ECD in Vrygrond had employees, with ten of them employing four or more staff members. Most (5) ECDs in Sweet Home Farm employed only one or no staff. Although the number cannot be confirmed across both sites, a number of these SHF ECDs had a family member who assisted in the business. All staff members were women and were employed as carers. In two Vrygrond ECDs, V12 and V23, volunteers were observed and

one ECD in SHF, P03, reported having a volunteer. These volunteers were recorded as having been placed by Projects Abroad and Dreams to Reality Foundation, both Muizenberg-based non-profits. These organisations and the support they provide will be discussed in Chapter Seven.

ECDs in the study housed large numbers of children – 45 per cent of ECDs (17) have more than 40 children in their care. Of these, 16 are in Vrygrond and only one is in SHF. According to the operators of V20 and V19, the oldest two in Vrygrond, many of the ECDs in Vrygrond have far more children in their care than their space allows but choose to accommodate the additional children as they would rather they were in their care than on the street or home alone.

Of the 38 ECDs interviewed across both sites, half (19) were new businesses, having been open for less than five years. However, 37 per cent (14) reported to have been running between five and ten years. Of the four who had been open for more than ten years, one in Vrygrond, V19, has been operating for 30 years.

### 5.2.3 Operating features

As we can see, the services offered by these township ECD businesses are in demand, providing a necessary and important place of care for township children. Time in business does not necessarily correlate with regulatory compliance. The ability of ECDs to comply with regulatory standards for compliance as an ECD is very much dependent on where they are situated and the support they receive. For this reason, stark variations in structures, fee income, equipment and external support were observed. Whilst these variances begin to show the challenges ECDs are facing, they also help show how different ECDs are because of these elements.

Table 3 Key operating features of a township ECD (n=38)

Suburb	Average operating hours	Average monthly fees p/child	Provides one or more meals	Visible meal plan	Apt Staff:child ratio	Formal structure	ECD reg	Sanitation	Required outside space	Food support
Sweet Home Farm (n=7)	10,8	R179,82	4	0	2	0	0	7	1	1
Capricorn (n=22)	10,9	R272,56	22	6	18	17	5	22	1	20
Seawinds (n=5)	11,6	R353,33	5	1	2	4	2	5	0	0
Overcome Heights (n=4)	11,8	R234,28	4	1	3	0	0	4	0	4
<b>TOTAL</b>	<b>11,2</b>	<b>260</b>	<b>35</b>	<b>8</b>	<b>25</b>	<b>21</b>	<b>7</b>	<b>38</b>	<b>2</b>	<b>25</b>

ECDs have long working hours to accommodate working parents. Across both sites, ECDs operated between nine and fifteen hours per day during the week, with the earliest opening

time being around 05h15 and the latest closing time being 21h00. On average, ECDs operated for 11 hours per day. P02 and V08 reported that when parents work late and have no familial support at home, the children sleep over at their ECD. On average, Vrygrond ECDs operated for an hour longer than Sweet Home Farm ECDs. This could be explained by Charman and Petersen's (2014) informal microenterprise study across five townships, including Vrygrond and SHF, that showed SHF having a higher density of informal businesses than Vrygrond, per 1000 people, suggesting the possibility of more home-based working parents in SHF than in Vrygrond.

As a result of these long operating hours, children consume most of their daily food intake in the ECD. As such, food is an important component of the business offering. Despite this, only eight ECDs displayed a visible meal plan as required by DSD regulations. Of all ECDs in this study, 92 per cent (35) provided at least one meal a day as part of their care offering. All Vrygrond ECDs provided food (31), with 43 per cent (3) of SHF ECDs providing none. Much of the food offered in Vrygrond ECDs was provided by a number of organisations providing support, both food and organisational, who operate within the community.

ECDs typically cared for more children than their space could reasonably accommodate. In comparison to the regulations, only 5 per cent (2) across both sites had the required space to accommodate all the children in their care. Most of the available space was inside the ECD where most of the activities took place. Observed in these spaces were some educational and ECD equipment (68 per cent in Vrygrond and 31 per cent in SHF). The most common pieces of equipment present in almost all ECDs across both sites were mattresses followed by storage, chairs and then tables. As defined in the 2001 National Audit of ECD provisioning in South Africa (Williams *et al.*, 2001), play equipment is rated as: sufficient (there should be something for each learner to sit on and sleep on. Other equipment can be shared especially if tasks are staggered for children) and adequate (play equipment is cleaned regularly and is not broken, with sufficient construction and block toys, crayons big enough to be held and books not torn). However, the condition of the equipment was usually of a very low standard and the quantity varied greatly by ECD and more so by site.

Fees are pitched for low income earning parents. By way of comparison: locally, in the greater Muizenberg and Lakeside area, there are three pre-primary schools who, according to their websites, offer full day care with or without breakfast, lunch and snacks included. Little Acorns

(Lakeside) charges R3,500.00 per month including breakfast, lunch and snacks; My Place Children’s Centre (Lakeside) charges R1,980.00 including lunch and afternoon snacks; and Green Hills Montessori (Muizenberg) charges R3,265.00 including snacks, outings and educational shows. In the study sites, in contrast, fees are much lower, ranging between R80 and R400 per child per month, varying based on a child’s age. The younger the child, the more care is required and the higher the fees. Vrygrond fees are on average higher than SHF. The per site average differed by R100, with Vrygrond fees averaging R286 and SHF fees R179. Presumably parents in SHF earn less and reside in extreme poverty. However, on average across both sites, fees are R260 per child. Older studies over the past ten years looking at average fee income in urban township ECDs in 2008 (Carter, Biersteker and Streak, 2008) and in 2013 (Sustainable Livelihoods Foundation, 2013) recorded average fees of R105 and R180 per month, respectively. Including this study, there is a five-year gap between each of these three studies with a R75 increase in average fees between each study.

As shown in Figure 5 below, fee income in both sites decreases as the age of attendee children increases. The fee for the younger age groups up to 2 years in Vrygrond and SHF ranges between R300-R350 and R250-R300, respectively. In Vrygrond the fees for children aged 2 – 5 years are R50 less per month. However, rates for ECDs in SHF are almost R100 less per child per month.

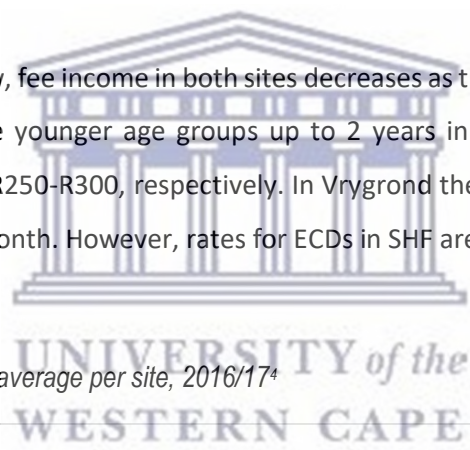
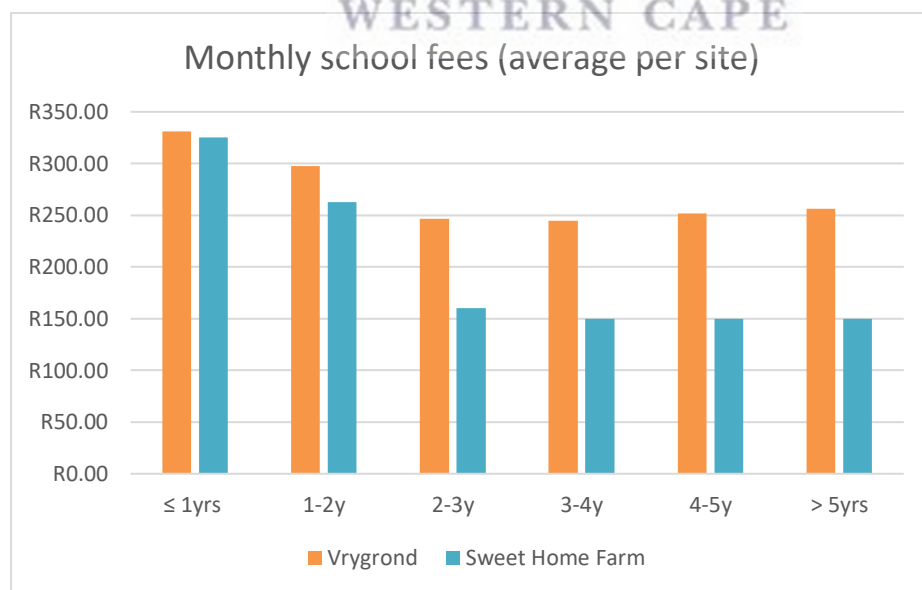


Figure 5 Monthly fee income average per site, 2016/17<sup>4</sup>



<sup>4</sup> This excludes one ECD in Capricorn (Vrygrond), V10, that claimed to charge only R80 per child per month, for all age groups they catered for. This was in stark contrast to the rest of the ECDs in the Vrygrond area. They operated right next to a mosque and the owner mentioned the local mosque supported them, which might explain this fee anomaly.

As we can see, the amount available for monthly food expenditure is restrictive. The owner of V24, a semi-formal ECD, noted spending very little on food, but she received substantial external food support, so her food contribution and acquisitions could be minimal. Two ECDs in particular, semi-formal V32 and disconnected P06, spent the majority of their fees on food. An important factor to note is that ECDs, as informal businesses, also need to contribute to operators' livelihoods. This can further limit what can be made available for the children in their care. Although V32 in Seawinds cared for a small number of children in her double-story brick house, the owner commented that she also fed her family from the food bought for the ECD. Using ECD prepared food to feed her family lowered her household food costs. In SHF, the owner of P06 had very few children in her care but she was the only carer in her business. She told me that her entire family, including her children, was living in rural Eastern Cape. She had come to Cape Town to earn money. As such, her ECD business, operated from her one-room shack, covers her direct living costs, and she can feed herself from the food she makes for the children.

A common survival strategy employed by township businesses to alleviate the pressures of low income earned is to diversify income streams (Petersen and Charman, 2018a). Income from other sources for ECDs buffers and relieves the pressure on fee income from parents. Seven ECD owners in this study, both formal and semi-formal, ran other businesses or were employed elsewhere. Businesses included school transport, catering, elderly care, and room rental (landlord). This group included two ECD owners who were employed in the formal sector. Apart from V20's catering business, which seemed to contribute positively to food provision in her ECD, having multiple income streams did not appear to directly increase the ECDs' food provision.

*In her formally connected ECD, Ntombi<sup>5</sup> cares for 50 children, between 1 and 5 years of age, whose parents pay fees ranging from R390 to R290, respectively. As a number of the parents struggle to cover household expenses and pay fees, she subsidises their children's care by letting the parents pay less. Absorbing these costs means she does not earn enough, so she also runs an after-school transport business. Using her son's car, she offers a pick-up and drop-off service for Muizenberg Junior children who live in her area. As Ntombi said: "I can't just live on and run the crèche on school fees."*

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<sup>5</sup> Name changed to protect the identity of the ECD owner

Rather, multiple income streams supported the livelihoods of the ECD owners and their families. Overall, this certainly had a positive impact on the ECDs, as their owners had secured additional support for themselves, and these resources could increase the ECDs' sustainability. However, the impact of income diversification was predominantly limited to supporting the ECD owners' families rather than directly improving the quality of children's diet.

### 5.3 A proposed typology of ECDs

Through the collection of all this data it became apparent that there was significant variability between all these ECDs. At the same time, there was no clear line defining one group from another. Rather than falling into distinct types, it seemed ECDs existed on a continuum where both similarities and differences existed.

To understand this continuum, I have tried to bring some more conceptual rigour to the notion of marginality. Overall, this relates to the degree of formality and access to external services of support available to ECDs. The most important and material way of placing them on the continuum are (1) the degree to which ECDs were connected to or disconnected from the formal economy, (2) their conformity to the regulatory regime and (3) the degree of access to external services of state or private support. At the one end of the continuum were the ECDs that were formally registered; at the other were those that were entirely informal, received no external support and were entirely regulatorily excluded; while others were on the middle of the continuum: not registered but receiving some external support.

The key elements that helped define these types were registration, structure, staff contingent, fee rate and the receipt of external support.

*Table 4 Key elements helping define a typology of ECDs*

<b>Registration</b>	<b>Structure</b>	<b>Staff</b>	<b>Fees</b>	<b>External Support</b>
Only seven ECDs were registered.	All ECDs in SHF operate from informal structures and a third in Vrygrond do too. The remaining two thirds in Vrygrond	All registered ECDs employed five or more staff. Most other Vrygrond ECDs employed two or more teaching staff. All SHF ECDs employed either none or	In SHF fees were on average R100 less than those in Vrygrond, limiting their affordability of goods including food. All seven registered ECDs had average fees of R300. The	All registered ECDs had NGO support, as did most other Vrygrond ECDs and one SHF ECD. This was site dependent with Vrygrond having these resources

	operate from a formal structure.	one staff member and sometimes this one was a younger family member.	remaining 31 Vrygrond ECDs fee average was R270 and the 7 in SHF had an average of R170.	within the site. Conversely, there was no NGO presence within SHF, and only one SHF ECD had this support and only because of their personal networks.
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ECDs were broadly spread across this continuum, allowing me to categorise them in the following way:

Where ECDs were registered as a partial care facility with the Department of Social Development, had the highest fees, employed 5+ staff and received varying degrees of state and private sector support, these were collectively categorised as formally integrated. There were seven ECDs in this grouping.

Where ECDs showed signs of formality but operated without registration, had mid-range fees, employed two or more staff, and received degrees of external private sector support, these were collectively categorised as semi-informal. There were 24 ECDs broadly spread across this group.

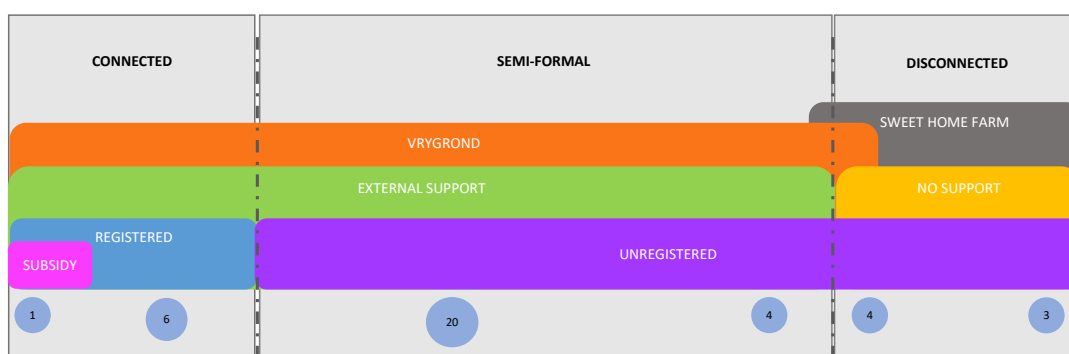
A small number of ECDs operated in extreme poverty and were unregistered, had low fees, employed one or no staff who were most commonly a family member, and had no access or received no external support; these were collectively categorised as disconnected. There were seven ECDs in this group.

These types, as seen in Figure 6 below, were strongly correlated with location. Whereas Vrygrond has a mix of ECDs across the continuum – those that are formally integrated, some connection to private sector support with no state integration, and deeply informal disconnected ECDs showing little to no external support – SHF ECDs are mostly disconnected.



Figure 6 Types of ECDs represented along a continuum of connectedness

### TYPOLOGY of ECDs on a CONTINUUM OF CONNECTEDNESS



In order to illustrate what the typology means in practice, the case studies are presented to show what the quality of care is like both at the extremes of the continuum and somewhere in the middle of it. These illustrate the typical features of each type, and the very different dynamics at play in each. In later chapters I will put the typology to work, coming back to these case studies to make points about compliance and nutrition. I have defined these case study ECDs as formal, semi-formal and deeply informal.

#### 5.3.1 A fully integrated and connected ECD in Vrygrond

Nombulelo's<sup>6</sup> educare is situated in Capricorn, Vrygrond on a paved main street. She has one of the longest operating childcare businesses in the area, having been in business for 18 years. She received international funding to build her ECD and as a result, has been able to register as a Partial Care Facility, with NPO and PBO certification, receiving three visits a year from DSD inspectors to ensure she maintains the required standards. Hers is the only ECD in Vrygrond receiving the DSD per-child subsidy. With the addition of food support from a range of NGOs, these sources of support have enabled her to provide nutritious food as a core offering. She is fully integrated with both state and private sector support.

As the demand for her ECD grew, Nombulelo went beyond her registered ECD to start a playgroup for babies under 2 years old, one road away, situated on her daughter's property. This one-roomed prefab space is not registered but is clean, has a range of age-appropriate equipment, comfortable flooring and adequate space for the 14 toddlers in its care. With no

<sup>6</sup> Name changed to protect the identity of the ECD owner

refrigeration or kitchen space, snacks from parents and premade milk bottles sit unrefrigerated. The playgroup provides food but as they have no cold storage, they rely on Nombulelo's educare, who cooks and brings it across for the children. Although the playgroup fees are an average of R400 per child per month, some of the highest in the area, their connection to Nombulelo's ECD business has facilitated a better food offering and care that mirrors a formal registered childcare centre such as her ECD. Nombulelo knows and understands regulatory childcare requirements and the playgroup has benefited from her ECD's systems and processes, creating uniformity that links these two businesses together. This is visible in the painted sign outside the property advertising the playgroup, the labelling of containers for educational equipment in the space and the same metal meshed lockers housing outside play equipment in the yard outside.

*Figure 7 Outside play areas*



Nombulelo's ECD tenure is secure and formal. She occupies a large property which is surrounded on three sides by neighbouring boundary concrete walls, with a sliding gate opening onto the outside play areas and classrooms inside. She has all the spaces required by

regulation – kitchen, sick bay, staff area, classrooms – and they are all fully resourced and organised, with classroom divisions for different age groups. The money to build her ECD was raised by the Vrygrond Community Development Trust from four internationally based individual donors, as noted on a plaque inside the ECD. The oldest and other well-established ECD in Vrygrond also received funding to set themselves up and in recognition have displayed the funder names on plaques across the premises. True North, an ECD service organisation based in Vrygrond that provides a range of support to the childcare centres in the area, confirmed that the main obstacle to ECDs registering was their building and upgrading, which required access to large funds from external sources. True North also confirmed that a key part of Nombulelo’s success was due to her securing funding from an international funder to build her house. The Vrygrond Community Development Trust VCD Trust facilitated these funding relationships as they did not have the social capital or networks to access it themselves. However, the VCD Trust no longer operates and the funders who initially supported these ECDs no longer have a conduit to provide support to other ECDs in Vrygrond. Without it the infrastructure of other ECDs is unlikely to change.

Figure 8 Indoor space, daily programme and resources



Fortunately for Nombulelo, this support has facilitated her developing excellent organisational systems and providing all the educational resources she needs. Her outside play areas and classrooms are comprehensively equipped, providing the stimulation to learn in a safe environment.

Nombulelo cares for 72 children ranging from two until 5 years old. Fees for children up to 3-year olds are R320 and those older are R300. In total she receives R21,920 in fees, if all parents pay, which they don't. This contributes to paying staff salaries, providing adequate equipment and some food for the children. Although she would not mention the amount she spent on food, other ECDs in the area with similar fees noted spending R2000 per month on average on food for their ECD. This would mean her daily spend on food per child would be R1.26 (9 per cent of her total fee income of R21,920). As such, she is stretched to her limit. Nombulelo is reluctant to turn children away as she would rather they were safe in her space. In addition, a number of the parents struggle to cover their costs and pay fees so she allows parents to pay late and sometimes less:

*Sometimes I feel sorry for the parents who have no money. Some parents are on drugs and alcohol and are unemployed so they can't afford it. The school is a support for the children as we know the issues in the area [but] I can't just live on and run the crèche on school fees.*

Absorbing these costs means she doesn't earn enough so she also runs a catering business in her spare time that she operates from the ECD, using the fully resourced kitchen facilities to store, prepare and cook the food. Being able to use this ECD kitchen for a dual-purpose means Nombulelo saves on resources: She saves money on transport and food as she buys food for both businesses at once and as such, can buy cheaper bulk specials; and she saves time by preparing and cooking food for both businesses in the same place.

In the 2015/2016 financial year, Nombulelo received R217,800 from the Department of Social Development in per-child subsidy funding<sup>7</sup>. She is the only ECD in Vrygrond who is able to access this state support. Nombulelo's social capital was her competitive advantage, enabling and ensuring she complied with regulations, could register and thus receive this subsidy. But the per-child subsidy comes with restrictions on its use. She was told by the DSD inspector that the per-child subsidy, valued at R15 per child per day for the maximum of 40 children that qualify, was to be used with the following breakdown: 10 per cent for food (R1.50 per child), 20 per cent for equipment, and 70 per cent on ECD maintenance and upkeep. The amount available to spend on food is negligible but she cannot spend more than this, even

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<sup>7</sup> [https://www.westerncape.gov.za/assets/departments/social-development/annexure\\_a\\_transfer\\_payments\\_made\\_dsd\\_2015-16.pdf](https://www.westerncape.gov.za/assets/departments/social-development/annexure_a_transfer_payments_made_dsd_2015-16.pdf)

though she would like to and needs to. She is restricted by these guidelines imposed by the inspector who conducts visits three times a year to check how she has spent this money and she cannot risk losing the grant by overspending on one area such as food. In spite of these restrictions on her ability to spend what she needs on food; this per-child subsidy does help Nombulelo greatly in providing care to the children in her ECD.

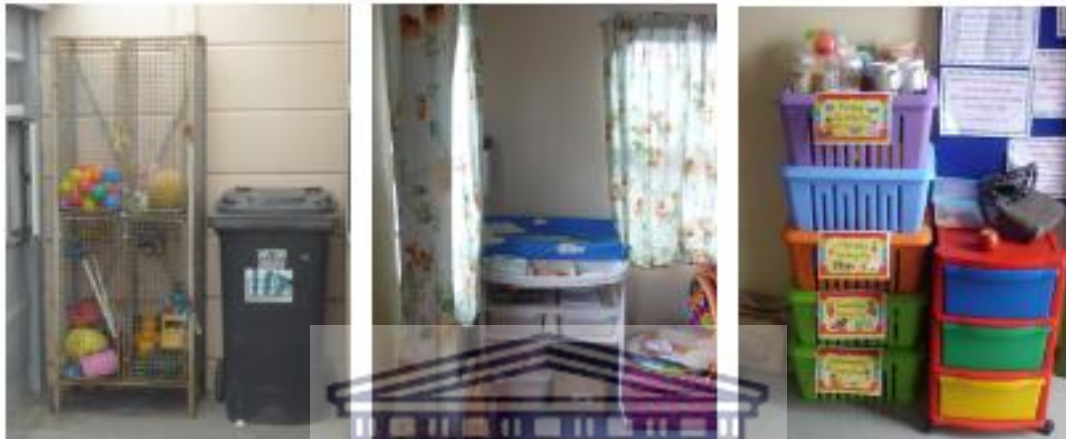
*Figure 9 Kitchen resources and available food*



As a result of this NGO food support, the minimal per-child subsidy allocation and her catering business that brings in additional income, the kitchen is fully kitted and resourced with stocked cupboards and a fridge. Nombulelo was open about the food she provided, allowing us to photograph the space and willingly showing us inside her fridge, freezer and cupboards. She prepacks and freezes fresh foods to be used during the week. She says this creates an organised daily cooking process. Her experience as a caterer would contribute to this organisation in her kitchen, which the ECD staff benefit from.

The children in Nombulelo's playgroup space benefit from the resources she has in her ECD and the external support she receives from the DSD per-child subsidy and NGOs for food. These multiple resources of support, whether all directly available to the playgroup or not, strengthen Nombulelo's ECD overall offerings and support it provides to the playgroup. Without this, the playgroup would most likely be reliant on the limited parent contributions.

*Figure 10 Nombulelo's playgroup space*



Considering Nombulelo has been operating for 18 years and has been successful in running her business and in gaining access to externally funded resources, she is clearly committed to this type of business and providing the best care in her ECD. Her ECD is one of the most well-resourced in Vrygrond but she still faces challenges in operating. Based in a poor area, caring for poor children whose parents earn minimum wage or are unemployed means huge responsibility is placed on her to provide for the children with limited income. There aren't extra resources available in the home space for the children from her ECD.

Nombulelo's ECDs is 'fully integrated'. Her ECD was notably one of the most spacious, well-resourced and compliant ECDs in Vrygrond and the financial and food support made this possible. It is registered with DSD, which means she operates it from an approved structure and in this case, a double story brick building. She has multiple spaces for children to learn and play and she provides food out of fee income, the DSD per-child subsidy and the NGO food support she receives. She has many staff, certainly enough to ensure an adequate staff to child ratio for adequate care. All of these many factors define her business as fully integrated, along with a small grouping of six other ECDs. However, her business is even more unique as she is the only ECD receiving the DSD per-child subsidy, putting her on the extreme of the continuum.

### 5.3.2 A semi-formal ECD in Vrygrond

Qanita<sup>8</sup> operates a semi-formal ECD. She has been running her fairly well-resourced and NGO-supported ECD for the past nine years. She has slowly built up her infrastructure when she was able to afford it, to enhance her care offerings for the children. She has more than adequate kitchen facilities, inside play area space, a potentially formal extension structure and provides food. Fees have remained low, being on average R260 per child, with some children being allowed to attend and not pay as parents cannot afford the fees. The business relies on teaching volunteer support from Dreams to Reality Foundation, who assist her one staff member in teaching their three classes. She also received food support from Rise Against Hunger, BOSASA and, when available, FoodForward, all of whom she is able to access because of her relationship with the local service organisation, True North. She remains unregistered despite meeting many of the standards for registration and operating her business in this manner for almost a decade. This makes her key areas of operating support the income from fee income and *ad hoc* food support from NGOs. As such, she experiences limitations on her capacity to improve or increase her offerings.

Figure 11 Qanita's ECD, kitchen and educational material, Vrygrond



When Qanita started her business over nine years ago, she built a bungalow extension onto the front of her formal house to create a space for the ECD. This structure provides direct access from her kitchen into the ECD. Within the bungalow she laid concrete floors covered with brightly coloured comfortable mats and built three main spaces: a bathroom with a child sized flush toilet; a free play area equipped with imaginative art and construction play

<sup>8</sup> Name changed to protect the identity of the ECD owner

equipment; and the main classroom space at the front of the property. These spaces have divisions for three classrooms run by one employed teacher and two teaching volunteers, separated by book shelves stocked with plenty of educational equipment. She uses her own, fully equipped kitchen in her main house, whose door leads onto the play area, to cook the children's meals. The outside play space is negligible, but most of her ECD operates from her bungalow extension. This ECD complies with many of the national norms and standards for registration as an ECD but remains unregistered. Although a bungalow can comply it is based on the subjective approval from the assigned DSD inspector. This subjectivity was evident in the previous case study where the DSD inspector, rather than following the DSD's official allocation, made the decision on how much of the per-child subsidy for Nombulelo's ECD should be spent on food.

*Figure 12 Bathroom, classroom spaces and educational equipment in Qanita's space, 2016*



Despite these challenges, operating an ECD is a choice for Qanita. She has invested almost ten years in developing her business and its features and has created a safe space to care for children. To have volunteers working in her business she must be recognised by the non-profit sector as an ECD that provides quality care. In addition, her ECD is based in Capricorn, which is a largely formal housing suburb. Thus, her space is the same, if not better than some of the homes of children in her care. Whilst the standards for registration seem to be unable to



recognise her care offering, it is situationally appropriate to the Vrygrond residential area and as such, her standards of care are adequate.

The 32 children in her care range in age from 0 to 5 years old. As with other Vrygrond ECDs, her monthly fee income varies, based on the child's age: the younger the child, the higher the rate. The fees are between R250 to R300 but only two-thirds of parents pay their fees as she waives the fees for those parents that have lost their jobs. If all fees were paid, she would receive R8,400 per month but in reality, she only receives R5,600. With this amount she pays a teacher salary, equips her ECD and buys food. This leaves her financially vulnerable and increases her reliance on the support she receives from NGOs.

Her current financial capacity to pay for salaries, food and educational materials is greatly limited. Her parent body is poor with some unemployed, so her R250 to R300 per child fees are pitched for their affordability (for those that can and do pay) but this limits her ability to provide for the children. The business's continued exclusion from registering means she has no access to the DSD per-child subsidy. With 32 children in her care, if she was registered and applied for the R15 per-child per-day subsidy, all the children in her care could potentially qualify and she could receive up to R10,560 per month. Based on the more generous percentage breakdown of this subsidy, 50 per cent of this could be allocated to food. This could increase her monthly income from R5,600 to R16,160. But as the per-child subsidy is out of reach, the NGO food and organisation support remains a vital part of her ECD's sustainability but she has to adapt to its inconsistent flow in order to survive.

As a semi-formal ECD like most of those in Vrygrond, she is subject to a range of limitations in operating including environmental, financial and regulatory. Further, the less she is able to conform with regulation, the harder it for her to run her business. However, the effort to provide quality care is evident, in both observed spaces and Qanita's relationship with the NGOs who provide and facilitate support. The NGO sector can therefore recognise the effort and support her accordingly, but ECD regulations as currently designed or implemented are unable to do this and thus limit the available support. Qanita, like many other ECDs in Vrygrond, therefore remains in a state of struggle, unable to access state support but providing a necessary service that will continue irrespective of this exclusion.

Most ECDs in Vrygrond fall into this in-between group of semi-formal operations. They have a number of similar traits to the formal ones but have fewer staff, are unregistered and mostly

operate from brick buildings, with a small number of these operating from an informal structure. They all provide food and receive external food support, with many attempting to register with the support of the local service organisation, True North. Many of these semi-formal types of ECDs look like their formal counterparts, but are not registered. One semi-formal ECD in Vrygrond who has been operating for three years was also well resourced and received external financial support to build their double story house as well as food support to feed her children. They did not divulge who their funders were, nor were they willing to share information about other connections they might have, but this owner had been a board member of the Vrygrond Development Community Trust. Her experience in the non-profit domain had facilitated her relationship with her funder. For all purposes she *appeared* formal, with sufficient resources, staff and support to provide food and care, but in actual fact she remained unregistered.

Only one ECD in Vrygrond appeared so deeply informal that her ECD fell far outside this larger catchment of disconnected childcare spaces. Although this was not from a lack of trying to access support from the local service organisation. She operated from a shack, received no external food support and as such provided very little food but had no dedicated kitchen space to prepare the food, and did not employ any staff. These two extremes, Nombulelo's formal ECD with per-child subsidy support and this deeply informal one, are the outliers to a predominantly semi-formal collection of ECD operations.

### **5.3.3 A disconnected ECD in Sweet Home Farm**

Anathi<sup>9</sup> operates her deeply informal ECD from her home shack in the remote and informal settlement of Sweet Home Farm in Philippi. She is in her early 50s and has owned and run this ECD for over 11 years, assisted by her adult teen daughter. Like most ECDs in Sweet Home Farm, Anathi has no form of registration, no NGO support and very low fees. Most importantly, she does not know where to go, how to go about applying or who to approach to begin this process. Anathi is situationally and resource-isolated.

Anathi has no formal training or qualification but loves looking after children. The children in her care are all local residents in her section of Sweet Home Farm. There are other ECDs in the area but Anathi claims that local parents actively choose her ECD to care for their children because of her past work as a nanny. Prior to opening her ECD, Anathi worked as a nanny for

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<sup>9</sup> Name changed to protect the identity of the ECD owner

seven years, caring for the children of a middle-class white family. When the family moved overseas in 2005, Anathi decided to use the pension money they gave her to start her own crèche.

*Figure 13 Aerial view of the area, space and access to sanitation, Sweet Home Farm, 2017*



Anathi's shack is on a main street near the Sweet Home Farm main access road entrance. Within the head-height fence there is a pedestrian gate leading onto a small outside carpeted area. Overlooking this are a bedroom and kitchen windows. The ECD occupies a large carpeted room where the children eat, play and rest. The internal walls are insulated with plastic-coated cardboard and the ceiling is constructed with wooden planks nailed or tied together precariously, supporting a mix of metal sheeting as the roof. There is no educational equipment or furniture. Anathi's children share the single mattress on the floor for sleeping and if there is no space, they sleep on a blanket on the carpet-covered floor. Using extension cables illegally connected to the outside power lines, she creates an electricity supply. The

kitchen is fully resourced but has no running water. Anathi relies on the communal flush toilets adjacent to the shack for ablutions and the accompanying tap for fresh water access.

Figure 14 Anathi's kitchen, Sweet Home Farm, 2017



Anathi cares for 15 children ranging in age from two months old to 5 years of age. Her ECD fees range between R150 and R400 per month. The younger the child, the higher the fees. She operates for at least 12 hours every week-day with some children regularly overnighting, as many of the parents are nightshift security guards. While the children are in her care, she bathes them, removing this responsibility from parents, which they willingly accept:

*When the children are bathed at home, they stay wet and get sick. I bought an urn for R100 from a local resident [in Sweet Home Farm] who made it from a 20L plastic oil bucket for R100. I boil the water in this and bath the children to make sure they are clean and dry so they don't get sick from being cold.*

According to our SHF informant, Anathi is known in the community for her motherly care. Some children have been in her ECD since they were 2-3 months old. The youngest child is 2 months old and her mother is in her final year at school. If the mother is able to finish school and find work, her child will stay with Anathi. This parent is paying R400 a month for her child

to be in Anathi's care. Her fees are the highest of any ECD we found in Sweet Home Farm, on average R100 more than the others. Other ECDs in the area have lower fees but parents are actively choosing Anathi's ECD. Not only does this continued choice of her ECD support the sustainability of her business but she is seen as a trusted carer for residents' children, and the rate of fees, even in this impoverished area, is not necessarily the deciding factor in a parent's choice of childcare option.

Anathi has built herself a reliable and consistent reputation over the years as a mothering childcare provider in the area. Through her social networks and personal connections within the community, her childcare experience is known and valued. She has decided to pay for everything rather than trying to work out how to register. However, as her only income is her ECD fees with no NGO support and no chance of ever accessing DSD per-child subsidy as she would not comply with regulations, her capacity to afford nutritious food is extremely limited.

Her only likely hope of changing this would be to source external funding to acquire a movable structure such as a container or prefab. If she then attempted registration, this could be approved by DSD inspectors as a compliant structure not only in an area such as Sweet Home Farm, where movable structures are permitted, but also to operate an ECD. With this in place there would be hope of attempting compliance. But this would have cost and time implications. The new structure would have to be placed on a different and open piece of land and not where her current shack is based. Getting the approval to use land or even find this land would take time – time away from running her ECD. Finding the funding for this would require having access to affluent social networks, knowing who to approach, and the time and resources required to identify and access external funding. If the land and funding for a more compliant structure was secured, a change in location might also mean losing current parents who choose her ECD because of proximity.

The irony is that the children in Anathi's ECD are the very children the DSD per-child subsidy is intended for. The majority of parents in SHF are low income earners or unemployed, only able to bring in the minimum wage or less. ECD children with families who earn minimum wage or less are those who qualify for the per-child subsidy. But within the current policy structure where full registration is required to apply for this subsidy, Anathi will remain reliant on low fees to provide food and cover costs in her ECD, with limited opportunity to change this, ensuring she continues as a deeply informal ECD.

The care Anathi offers is adequate and appropriate for the area in which she operates. The home environments of children in Sweet Home Farm are no different to Anathi's. She might not have the educational and infrastructural requirements of the national norms and standards for compliance but her ability to care for the children was clear. This was observed in the way she described her decisions around how she cared for the children and informed the appropriateness and adequacy of her care offering. Her quality of care is valued and appreciated by those who use it but not by the regulatory standards that are unable to account for or categorise her situationally appropriate care.

As a deeply informal ECD that is disconnected from external support of any kind, there is immense social value in her care and food offering in a place such as Sweet Home Farm. She offers a safe space with good food and a high level of care within the context of her spatial environment. And yet this disconnection affects her capacity to provide adequate nutrition.

## 5.4 Discussion

The persistence of these businesses in both Vrygrond and Sweet Home Farm was enabled by their affordable and adequate offering of care and food, and the fact that they were based within the area where the children's families reside. Although many Vrygrond ECDs (by virtue of working with True North who require a commitment to get as far as possible in the registration process) wish to attain registered status, this level of formality is not a determining factor for their existence. At the same time what can be offered is very much dependent on whether an ECD is registered and if they have access to state or private sector support.

However, access to this support is also determined by where ECDs are situated. In showing these complexities, I developed a typology of these ECDs, which put them on a continuum and helped present these elements and identify the similarities and differences. These types on the continuum were defined broadly as integrated with formal registration, semi-formal and unregistered with some private sector support, and disconnected with no support. Through the use of case studies, examples of these types are used described the experience of these ECDs and showed that there are both extremes and representative examples of ECDs in both these sites.

What we saw was there was some overlap between these types with varying degrees of elements present. The largest group of ECDs identified were those semi-formal with varying degrees of integration and disconnection. These overlaps show how far away or close these ECDs are to moving up the formality chain. The overlapping commonality for all three types is the provision of food. However, where they sit on this continuum determines their capacity to provide food and nutritious meals.

There is also an interesting issue arising from these data in that there are proportionally far fewer registered ECDs than the national statistics would suggest. The statistics in the literature reflect a relatively good rate of registration across South Africa, with an estimated 45% of all ECDs registered (Economic Policy Research Institute, 2014). My census of ECDs, however, found that only 16 percent out of the 42 ECDs across two sites, were registered. Two explanations are possible for the relatively high count of unregistered ECDs. One possibility is that Vrygrond has an unusually low registration rate – an unlikely state of affairs. The other is that the census methodology deployed in this study and the great familiarity of Sustainable Livelihoods Institute with the area allowed me to pick up many informal ECDs that would usually be passed over by normal survey methods. This would suggest that the official figures are skewed, and that the problem of unregistered ECDs is likely to be much worse than estimated.

I will now look in more detail at the strategies the ECDs provided and what this means for the quality of nutritional provision.

## 6 Strategies of food provision in ECDs

In this chapter, I discuss food provision in ECDs in Vrygrond and Sweet Home Farm. I examine who provides the food, what the food consists of in terms of quantity and nutritional quality, and the strategies ECDs employ to provide sufficient and nutritious food for the children in their care. Based on the ECD owners' impressions and parents' notes in the dietary recall survey, I then briefly discuss food provision in the home and whether this constitutes a healthy diet. Finally, I compare the monetary value of the food that different types of ECDs provide with the cost of a plate at the food-poverty line, which I refer to as the "poverty plate". I further explore the case studies introduced in the previous chapter to show the variations in food provision at different ECDs, depending on where they sit on the continuum.

### 6.1 An overview of food provision in ECDs

In this section I show that, in the provision of food employed by the ECDs, they have access to different conduits of and strategies to acquire food – via the NGOs, government and parents – which helps contribute to different meal offerings in these childcare centres. Connected, semi-formal, and disconnected ECDs differed in the extent to which they were able to provide adequate meals. Only a few exceptional ECDs did not provide food, and all of these were deeply disconnected ECDs in SHF.

However, even with multiple resources available to an ECD, these remain ad hoc and hinder their ability to provide consistently adequate meals. As the case study in Chapter Five of Qanita's semi-formal ECD showed, she is well resourced but relies on the support she receives.

*Qanita<sup>10</sup> receives food and organisational support for her semi-formal ECD from a range of NGOs. Her relationship with True North is critical, as they provide teacher training that she attends and facilitate her access to food support from NGOs, which enables her to feed the children in her care. She also receives ad hoc volunteer support from the Dreams to Reality Foundation, which places volunteers with her for two months at a time. Food donations from Rise Against Hunger, Bosasa, and FoodForward SA cover most of the main meals at her ECD, although donations are supplied inconsistently: Food packages from FoodForward SA are ad hoc, as and when they have produce suitable for ECDs; the fortified dry meal packs from Rise Against Hunger Africa arrive consistently*

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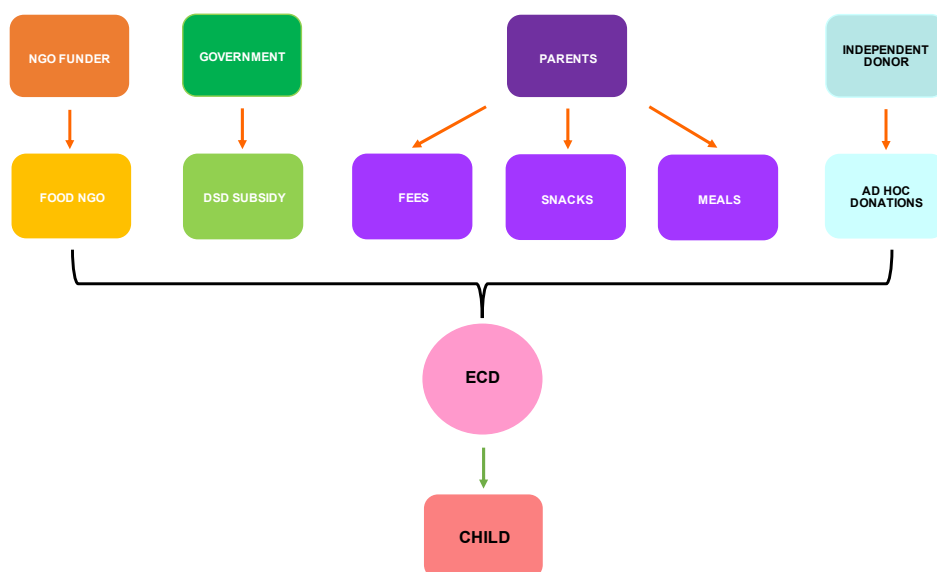
<sup>10</sup> Name changed to protect the identity of the ECD owner



every month, but she says only provide 2-3 meals per child per week; and deliveries from Bosasa at Pollsmoor Prison depend on the driver's availability. With this food support she prepares a diverse range of healthy meals. Her key strategy to ensure food is always provided is to ask parents to contribute food when resources are low. This support is also ad hoc, but together with the food NGO support, she can provide a consistent plate of food: "Usually we cook tinned fish, soya, or chicken, once or twice a month. Some kids come to school hungry, so our leftovers go home with them. We have to make special food otherwise we will lose kids to other crèches. Sometimes we are lucky, and True North will bring Food Bank [now known as FoodForward SA] stuff, so we can make up packs for the kids who look like they need it. Some parents expect the crèche to provide all the food, but others just can't afford it."

As Qanita's interview and Figure 15 below shows, there are diverse avenues through which ECDs could access food. At the extremes of the continuum, disconnected ECDs – those unregistered and without external support – rely solely on fee income to acquire food, whilst the most connected ECDs receive nearly every available resource, namely: parent fees, NGO support, individual donor support, and in one instance, the DSD per-child subsidy. Those operating in the middle of the continuum, like Qanita's ECD, often have access to both fees and external support to provide food.

Figure 15 Nutrition resources available to ECDs



Across both sites in this study, only three ECDs, all in SHF, stated they did not provide any food. These relied on parents to provide all of their child's necessary daily nutrition. These ECDs cared for between 13 and 16 children each. According to these ECD owners' records, parents most often provided foods including instant porridge for breakfast and rice, pap, amasi, cabbage, or steamed bread for lunch. However, some children in these ECDs only came to school with some bread or a small container of yoghurt for the entire day. All three were ECDs disconnected from support. They operated in extreme poverty, with one-room shack structures, limited childcare equipment, no refrigeration for the children's food, and no external support besides school fees. And yet, even here, two of these ECDs attempted to provide some sustenance on an ad hoc basis, as mentioned in 6.5.1 on sharing strategies.

Figure 16 The three SHF ECDs that do not provide food



Some anecdotal findings from interviews revealed the pressure on centres to provide meals despite having requested that parents provide age-appropriate and healthy lunch food for their children.

*"I stopped making lunch for the ECD end of last year [2016], as it was costing too much money and taking away from my food, so my husband was complaining."* (P07)

## 6.2 Food provision in the home

Although my focus in this dissertation is on food provision by ECDs, it is important to set these strategies in context by considering food provision in the home. Although this study did not include a detailed analysis of nutrition outside ECDs, the limited 24-hour recall survey that I did implement provides some valuable indicative evidence.

Altman's (2010) paper, based on the General Household Surveys, Expenditure Surveys, and the National Food Consumption Survey, shows that 80 per cent of South African households cannot afford even the minimum nutritionally adequate diet, let alone a healthy diet which costs an average of 69 per cent (R21.60 per day per person) more than unhealthy dietary choices (Temple and Steyn, 2011). Furthermore, PACSA's food barometer report (Abrahams, 2017) shows that most households are paying 54 per cent less than the national food poverty line on basic food items.

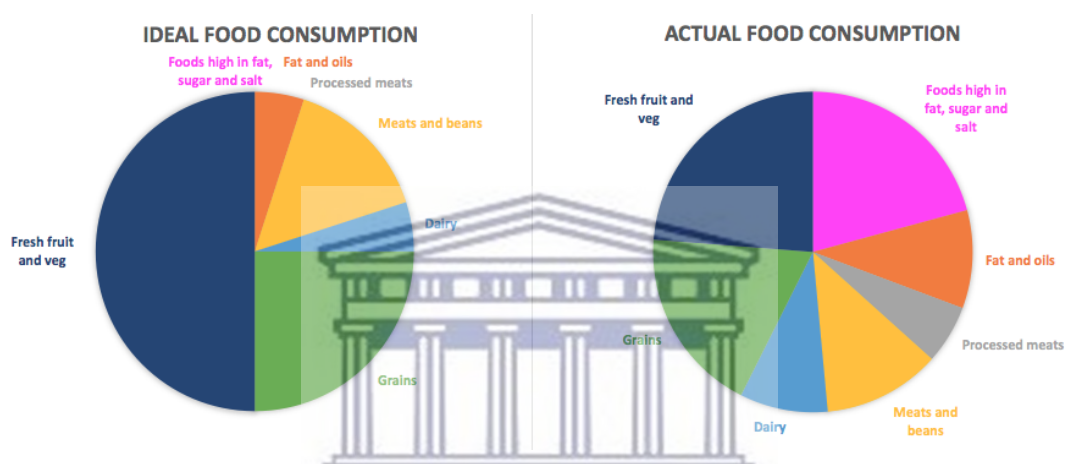
The results of my survey showed that almost two thirds of ECD owners in Vrygrond and in SHF did not believe the children in their care received adequate nutrition at home and believed that the food they provided in their ECD comprised the children's primary nutrition and food intake during the week. The ECD owners' reasons for these beliefs included that children seemed hungrier on Mondays and were always hungry in the morning, that children had empty lunchboxes in their bags, and that parents provided oily and age-inappropriate foods. Anecdotally, the ECD owners often commented on how hungry the children were while in the ECD's care. An owner in SHF felt the children were not getting sufficient nutritious food at home; to compensate for this, she made the afternoon snack a proper meal, as she knew this would be the children's last for the day.

*"I feed them breakfast and lunch but also later before they leave, as I know sometimes this is the last meal of the day for them. I make eggs and bread or rice and veg." (P02)*

*"There are some that don't eat well at home, eating lots of biscuits and sweets at home, and there are others that don't eat at home the previous day, sometimes arriving on a Monday and having eaten nothing over the weekend. If the children tell their parents they are hungry, they get 50c chips for supper from the local spaza shop. I know this because the child comes in and asks for food straight away. They always want more food at school, but I can't always give them 3-4 bowls. Sometimes their school meal is the only one they get." (P04)*

With the support of some ECD owners, I carried out a smaller additional study, the 24-hour dietary recall survey, which provided a glimpse into the food consumed in the home space. I mapped this survey data against the food pyramid, as a baseline to determine the weighting of daily portions, and according to the Harvard T.H. Chan School of Public Health's (2011) eating plate percentage breakdown. Figure 17 below shows the percentage of different food types the family consumed during the previous 24 hours, as recorded by the parent in the food recall sheet, compared to the ideal breakdown of food types.

Figure 17 Comparison of ideal vs actual food consumption of ECD children's families in their home



Of the 18 Vrygrond ECDs identified for this study, nine participated, and only 155 parents out of 609 parents in these ECDs returned the surveys. This survey is not statistically representative of children in the sample, as not every person in the ECDs responded and not every ECD participated. However, the survey responses offer some support for the belief of ECDs' owners that the children in their care do not receive inadequate nutrition from food eaten at home. In comparison to Harvard's 'healthy plate', families consumed a substantially higher portion of fats, processed meats, and foods high in sugar and salt in the home space, and consumed only half the recommended amount of fruit and vegetables. Cheap, starchy foods are affordable and filling, and parents choose these foods over more expensive, fresh, nutritious foods.

These findings offer additional support for the contention that ECD food provision plays an important role in the children's overall nutrition, and also that ECDs see food as a core part of their care offering. This is reflected in the number of ECDs who provide food and the strategies they employ to provide it, as well as the ad hoc food provision among those who do not normally provide anything.

Using data collected in a national 24-hour recall examining the diet and eating patterns of South African children, Labadarios *et al.* (2005) suggests that the most commonly consumed food items are maize, sugar, tea, brown bread, and whole milk. These items are found in the basic food basket, as defined by the Pietermaritzburg Agency for Community Social Action (PACSA) (Abrahams, 2017). This confirms the reality that overall South African children in one in two households (52 per cent) experienced hunger, that one in four (23 per cent) were at risk of hunger, and that only one in four households (25 per cent) were food secure. Altman's (2010) conference paper on household food and nutrition security further confirms and reflects this reality, stating that only 20 per cent of households can afford the minimum nutritionally adequate diet.

*“Every day there are certain children that bring the same food to school: pap and cabbage. The problem is they are too little to eat that every day. It is too heavy on their tummies and makes them constipated so they can't go to the toilet. We can't feed it to them.” (P03)*

*“Parents are meant to bring all the food but some kids only get [homemade steamed] bread all day, which is hard for them to digest.” (P04)*

*“I look at the lunches some of the parents pack, and they are dripping with oil through their school bags. The children don't want to eat the same thing every day as it's usually rice, egg, and tomato with lots of oil. I don't know why they cook with so much oil.” (V13)*

Combined with the parents' financial constraints – their stated reason for providing little to no food – and the existing data on monthly income earning capacity of people in Vrygrond and SHF (Statistics South Africa, 2012; Sustainable Livelihoods Foundation, 2016), this suggests that healthy, fresh foods are less accessible either in terms of price or presence in urban townships and informal settlements (Sustainable Livelihoods Foundation, University of Stellenbosch and Delft Health Ambassadors, 2015).

Within the sample of this study, even children residing in Vrygrond, an area with a better economic and income profile than SHF, were not getting proper meals at home. The children

were attending either partially connected or fully connected ECDs, which means that dietary provision is critical even in these ECDs but is even more crucial for disconnected ECDs.

### **6.3 Strategies for acquiring food**

As shown on page 81 in the previous chapter, food is a core offering across most types of ECDs. In this chapter, I describe the food acquisition strategies on which ECDs like Qanita's rely to provide food for the children in their care. As shown in the diagram above, these include both in-kind and monetary sources, ranging from parental provision of snacks and payment of fees, external support (both in-kind and monetary), and the DSD per-child subsidy. External support also plays a key role, which I considered when defining each ECD's type on the continuum from disconnected to fully connected.

However, the distribution of food provisioning strategies is uneven, and ECDs who provide breakfast or lunch (or both) do so from whatever source is available to them. Most ECDs have to use fee income and parent snacks for food, but some others have the added access to external support and, even fewer, the DSD per-child subsidy.

#### **6.3.1 Fee Income**

Fee income was the most common and consistent source contributing to an ECD's capacity to provide food, but its value varied and was significantly influenced by the area in which the business operated. Fees contributed to the basic costs associated with running the ECD. These costs included paying staff and rent, and buying food. With the limited means of parents, ECD owners cannot increase fees and hence face limitations in food purchasing.

A maximum fee rate charged (for younger children) was similar in both sites but with a significantly different fee average per site and ECD type. As noted in Chapter Five, there is correlation between the site, the likely income levels of parents (see discussion of income and employment levels in Chapter Five), and the fee rate charged. The average monthly fee income across both sites was R260 per child, but this varied widely on the continuum of ECD types. The average monthly fee income per child of disconnected, semi-formal, and formally connected ECDs was R179, R270, and R300, respectively. These variations show, first, how little fee income is available overall, and secondly, that the more informal an ECD is, the more limited their buying power is.

As mentioned on page 82 in Chapter Five, fee income is unlikely to increase. The reasons for this is that parents earn minimum wage or are unemployed and unable to afford more (Statistics South Africa, 2012, 2018b; Sustainable Livelihoods Foundation, 2016). This limits the quantity and quality of food the ECDs can buy.

Further limitations on the payment of fees included parental reliance on the child support grant as well as parental absence and reliance on other family to care for their children. Many parents in impoverished areas receive the child support grant. This grant is sometimes the only source of household income and, according to Zembe-Mkabile *et al.* (2015), is mainly spent on transport and food. This is true for the partially disconnected ECD V27; fees at this centre range between R150 and R200, but parents can only pay their fees once they have received the grant. Sometimes the grant is paid late or does not cover all household costs and debts. This can result in the parents leaving ECD fees unpaid or potentially taking their children away.

In addition, as The Children's Institute (2009) reported and this study confirmed, grandparents are often responsible for children whose parents are absent because of addiction or imprisonment. In many cases, grandparents are unable to afford childcare fees. With limited funds, fee income is then either paid late or not at all, which affects food provision at the ECDs. In some cases, ECDs will waive the debt or subsidise the child entirely, creating additional pressure on already limited resources. This limitation was noted as a reason for having additional income streams, as discussed on page 83 in Chapter Five.

### **6.3.2 DSD per-child subsidy**

At R330 per child per month, the DSD per-child subsidy is the largest value offering an ECD could receive. The amount of the per-child subsidy apportioned for nutrition, however, is unclear. Investigations to clarify its percentage breakdown have received varying responses. According to the Parliamentary Monitoring Group (2013) and the Foundation for Community Work (2011), 50 per cent should be allocated to nutrition. Carter, Biersteker and Streak (2008) showed that in 2008, DSD proposed the following breakdown: 5 per cent for overhead; 25 per cent for approved programme personnel; 5 per cent for preservation of assets and equipment; 10 per cent for preservation of a healthy living environment; 15 per cent for electricity and rent; and 40 per cent for child nutrition. True North however stated the portion allocated to nutrition should be 60 per cent, and a Capricorn-based ECD which receives the

per-child subsidy said the DSD inspector said it is for the maximum number of 40 children, out of 72 children in her care, and that only 10 per cent of the per-child subsidy could be used for nutrition.

While it was the most significant, the DSD per-child subsidy was also the least accessible source for food support. In this study, access was impossible for all but one registered ECD in Vrygrond. This is because in practice ECDs in the study sites face numerous obstacles in accessing the subsidy. Not only do they suffer regulatory exclusion as described in Chapter Three; they also suffer from cumbersome and inefficient government processes. Two registered Vrygrond ECDs in this study sample applied for the per-child subsidy, but the ECD owners said that the DSD reported that it had lost their applications. According to True North, this could be an explanation or excuse provided by DSD as a result of an unanticipated growth in compliant ECDs that cannot be accommodated within the current budgetary framework. In Chapter Eight, I provide a detailed discussion of obstacles that ECDs face in accessing the per-child subsidy.

### 6.3.3 External food support

The third food acquisition strategy ECDs relied on was direct provision of food by NGOs through ECD service organisations. This study found that 24 of the 38 ECDs received food support from one or more food NGOs. Importantly, only one ECD in SHF had access to this.

Studies show that access to NGO food support and CSI programmes can improve children's nutritional well-being (Galaa and Saaka, 2011; Devereux *et al.*, 2018). Similarly, this study confirms that in-kind donations of nutritious food to supplement income from fees makes a significant difference in the ability of ECDs to provide food. In-kind food donations enable the ECD to spend more of the fee income on other essentials, such as staff salaries, educational equipment, and improving the internal learning space.

Food NGOs are organisations whose primary objective is to deliver food to the most vulnerable and marginalised in society. Each of the organisations identified in this study have varying models to deliver food to their beneficiaries. Some of these organisations have a global presence with access to greater funder capacity and therefore have a larger food distribution model, accessing foods from both within and outside of the South African food system. Locally based food organisations are accessing what is available within South Africa



from local retailers. However, even local food organisations employ different models to access and distribute to their beneficiaries. Furthermore, NGO food support and CSI programme offerings are determined by their funders' requirements, and to ensure continued access to these funding streams, Food NGOs have to abide by their funder requirements and criteria. This will be discussed further in Chapter Seven.

The common link between these organisations is that for their food to reach the most vulnerable beneficiaries, they have to work through grassroots partners. They are thus connected to a network of ECD service organisations who distribute food to ECDs who need it. However, if no ECD service organisation is present or known to the ECDs in an area, these NGOs cannot provide food and ECDs remain isolated from available support. In addition, ECDs are subject to the NGOs' own models of food provision: this could exclude ECDs that still desperately need food support.

#### 6.3.4 Parental provision

In addition to the sources mentioned above, ECDs saw the provision of snacks by parents as a core part of their own food-provisioning strategies. The ECDs required parents to provide these snacks, but affordability determined the actual presence, quality, and quantity of snacks.

*Nombulelo, in her connected ECD, provides most of the food for the children but asks the parents to provide anything they can for snacks, which increases the quantity of food provided. Although parents are not required to bring additional food for their children if they do not have resources to do so, she encourages them to pack healthy snacks.*

Across the sites, 31 ECDs claimed parents provided snacks, but 28 of these ECDs claimed that parents only sometimes packed snacks. This limitation was primarily due to the parents' financial constraints. Parent-provided snacks were both healthy and unhealthy snacks. Chips, yoghurt, and fruit were most commonly provided in SHF ECDs, whilst yoghurt, fruit, and sandwiches were more common in Vrygrond. ECDs did not dictate the type of snack provision, which differed by site. Eighteen per cent of ECDs noted that parents brought whatever they could, and 21 per cent said that parents provided a mix of healthy and unhealthy snacks. Table 5 below shows a breakdown of parent-provided snack types.

Table 5 Most commonly provided snacks by parents in Vrygrond and Sweet Home Farm

Suburb	Yoghurt	Fruit	Bread	Juice	Chips	Biscuits
Vrygrond (n=31)	17 (55%)	14 (45%)	11 (35%)	5 (16%)	2 (7%)	4 (13%)
Sweet Home Farm (n=7)	5 (71%)	3 (43%)	0	1 (14%)	3 (43%)	0
<b>TOTAL</b>	<b>22</b>	<b>17</b>	<b>11</b>	<b>6</b>	<b>5</b>	<b>4</b>

Although not representative but still interesting and relevant, two ECDs in SHF mentioned that parents provided homemade steamed bread, which they said was too difficult for the children to digest. Another SHF ECD owner noted that she made this steamed bread for her children if she could not afford to buy bread for them. These choices reflect the limited means of both parents and ECD owners but also demonstrate their attempts to provide some sustenance.

Thirteen per cent of all ECD owners in this study said that luxuries such as chips, sweets, cooldrinks, and chocolates were not allowed. However, as seen in Table 5 above, in some cases, I observed these luxuries being allowed in the ECDs. According to the ECD owners, the policies at V09 and V19 are to remove the luxuries and give them to the children at the end of the day, V32 keeps the luxuries to give out on Friday, and V33 does not give them out but returns it home to the parents. Figure 18 below shows the partially disconnected ECD V15's storage shelf of children's snacks, including custard and chips.

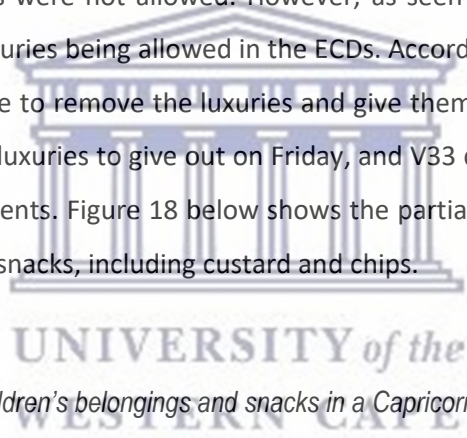


Figure 18 Storage shelf of children's belongings and snacks in a Capricorn ECD



During an impromptu midweek return visit to V16, I saw that all of the children were eating chips. I was unsure of whether the ECD or the parents had provided these, or whether this was a once-off treat or regular provision. This ECD owner had previously stated in her

interview that all the parents provide healthy snacks and the kids eat well at home. This raises the question of the accuracy and transparency of her responses – and possibly those of other ECDs, too. However, on returning to eight other ECDs, I did not witness a distribution of unhealthy snacks nor observe any variances in their operations. This suggests that unhealthy snacks are sometimes provided, as financial constraints dictate what and how much parents are able to provide, but that some ECD owners manage the distribution of unhealthy snacks that are brought to school.

In addition to snacks, parents in six ECDs also provided lunch. The parents most commonly provided rice, pap, amasi, cabbage, or steamed bread for lunch. Three of these ECDs, all in SHF, did not provide any food, so the children relied on what their parents provided. See Table 6 below.

Table 6 Provision of lunch by parents

Suburb	Breakfast	Morning snack	Lunch	Afternoon snack
Sweet Home Farm		Fruit	Pap Cabbage	Sandwich Juice
Sweet Home Farm	Instant porridge		Rice Meat Vegetables Maas	
Sweet Home Farm	Instant porridge	Chips Yoghurt	Rice Steamed bread Meat Maas	
Sweet Home Farm		Yoghurt	Pap	
Capricorn		x	Rice Egg Tomatoe	x
Capricorn	Instant porridge		Pasta Bread	Fruit Yoghurt Sweets Biscuits Chips

However, the ECDs reported that the meals that parents provided were nutritionally inadequate, not suitable for the children’s ages, or simply not enough. For that reason, most ECDs employed strategies to provide enough food to all children in their care.

*“Parents are supposed to be bringing food, and sometimes when they do, I can't use it, so the crèche has to provide. Some parents pack one yoghurt for the whole day or mix potatoes and rice as the meal.” (P07)*

For all ECDs, fees are the basis of their operations, and for the deeply disconnected, fees are their only income source. Across both sites, 59 per cent (22) of ECDs noted that some or all of the parents paid fees in full. Of parents that do pay, eight ECDs reported that all their parents paid fees; two thirds of parents in nine ECDs paid, and four ECDS stated that half of their parents paid the fees due. Only one ECD reported that a quarter of their parents pay fees in full. These findings suggest that parents understand the need to pay their fees and many do so, but financial limitations hinder the abilities of parents to cover the full amount.

## 6.4 Sources of food

The foods acquired in ECDs come from different markets. ECDs spend money to buy food at supermarkets and informal food markets, paying a rate that covers the retailer's cost of supplying the goods. NGOs acquire their food in different ways and at different costs, usually from wholesale providers, and in a different form and at a much lower cost to the individual ECD owner buying for their business. Thus, ECDs who rely solely on fee income spend more than those who receive food from NGOs and who are thereby plugged into the food system in a different way, benefiting from the economies of scale.

### 6.4.1 How ECDs spend fees

Only 32 per cent (12) of all ECDs across both sites were willing to disclose how much they spent on food for the children. Food expenses varied greatly, ranging from R650 up to R6,000 per month, but most ECDs spent between R1,500 and R2,000 per month on food. An international church in Holland supported ECD V30, sitting on the continuum between disconnection and semi-formal; a member of its congregation had fundraised for it. As a result, V30 had far more facilities than other ECDs in the area and quoted paying R6,000 a month on food. Conversely, ECD V31 could only afford R650 per month for food; the centre is based in a micro slum, Military Heights, which is in Seawinds and borders Lavender Hill. After the owner's shack burnt down, she rebuilt her ECD but had very limited resources. Although the local spaza shop provided a meal to all the children in the site once a week, this isolated ECD did not receive other support.

Table 7 below shows the proportion of fees spent on food per child, based on the cost of food per child and monthly fees. This calculation assumes that the child attends the ECD for 22 days per month. On average across both sites, monthly fees per child were R255, and per site they were R275 and R179 in Vrygrond and SHF, respectively. Meanwhile the ECD owners' average monthly food expenses were R1,993.33 per month overall, and R2,135.56 and R1,566.67 per month in Vrygrond and SHF, respectively. Based on the monthly food expenses above, the average proportion of fees spent on food per child across both sites is 28.8 per cent. However, this percentage varies greatly across ECDs, depending on their area and access to additional resources.

Table 7 Monthly cost of food per child based on food bought by the ECDs using fees only, in Vrygrond and SHF

Suburb	Number of Learners	Monthly food expense	Ave monthly food expense p/child	Monthly fees p/child	Proportion of fees spent on food p/child
Sweet Home Farm	15	R1 200,00	R80,00	R253,33	31,6%
Sweet Home Farm	33	R1 500,00	R45,45	R177,27	25,6%
Sweet Home Farm	15	R2 000,00	R133,33	R150,00	88,9%
Capricorn	23	R2 000,00	R86,96	R253,04	34,4%
Capricorn	47	R2 000,00	R42,55	R250,00	17,0%
Capricorn	50	R1 650,00	R33,00	R310,00	10,6%
Capricorn	98	R1 500,00	R15,31	R300,00	5,1%
Overcome Heights	24	R1 500,00	R62,50	R250,00	25,0%
Overcome Heights	62	R2 000,00	R32,26	R251,61	12,8%
Overcome Heights	81	R6 000,00	R74,07	R267,90	27,6%
Seawinds	15	R650,00	R43,33	R260,00	16,7%
Seawinds	12	R1 920,00	R200,00	R400,00	50,0%
<b>TOTAL (Average)</b>	<b>39,58</b>	<b>R1 993,33</b>	<b>R70,73</b>	<b>R260,00</b>	<b>28,8%</b>

ECDs preferred to acquire dry goods (most reported to doing bulk monthly shops for these items) and affordable fresh food (such as spinach greens) that are available near their residential area. The type of food ECDs purchase with limited fee income is not nutritionally adequate and reveals a focus on higher caloric intake rather than micronutrients. At wholesalers, ECDs mostly purchased hampers that included basics such as rice, oil, sugar, and maize; at major supermarket retailers, they acquired affordable fresh foods, such as vegetables and meats. The ECDs' bulk-buying strategies allow some savings, but the types of food available in bulk (dry goods) are not sufficient for providing a nutritious diet. Fresh foods are mostly unaffordable, sold at formal retailers, and bought less frequently (Battersby and Peyton, 2014). High food prices and fee income limit ECDs' ability to offer nutritious food.

*“It depends on the budget that we have available. We want to provide a balanced diet for the children, but it is difficult because of the cost.” (V09)*

ECDs bought some or all of this food at their closest retailers. In the case of SHF, this was a wholesaler, positioned on the outskirts of the site that required the use of public transport to access. In Vrygrond, the Capricorn Square mall within walking distance had an array of retailers including a large supermarket. Thus, an ECD's location and its proximity to retailers is significant. If shopping mall access were unavailable in Vrygrond, far fewer ECDs would have the capacity to provide the food they do. Without this access most Vrygrond ECDs, the majority of whom are defined as semi-formal, would look a lot more like those in SHF – that

is, more disconnected. This is an interesting finding, and provides a counterweight to arguments about the negative impact of supermarket penetration in township spaces (Petersen *et al.*, 2019). While supermarkets make life tough for informal retail, they do make it easier to get affordable food for vulnerable populations.

#### 6.4.2 Supermarkets and informal food markets

ECD owners decided where to buy food based on proximity and affordability. Overall, the ECD owners shopped at a range of both informal and formal grocery retailers, predominantly for the lowest prices. These included local informal outlets, wholesalers, or major supermarkets. Vrygrond ECDs shopped at major supermarket chains, as they were close to where they reside. With no major supermarkets close to SHF, these ECD owners bought in bulk at a wholesaler on the outskirts of their area. They seldom used local green grocers, and they used spazas for emergency top-up products and basic needs. But in SHF, ECDs frequented the latter more regularly.

In Vrygrond, the preferred retailer was Pick ‘n Pay, and in SHF, the ECDs preferred Tesco, a large wholesaler. In Vrygrond, 68 per cent of ECD owners said they shopped at Pick ‘n Pay. Considering that Capricorn Square, an open mall with a range of formal retail outlets including Pick ‘n Pay, is positioned adjacent to Vrygrond and required little or no use of public transport to access it, it makes sense that this community would frequent this major supermarket. Twenty-nine per cent of SHF ECDs purchased most of their goods in bulk from wholesalers, a main one being Tesco, while only 13 per cent of Vrygrond ECDs did the same. See Table 8 below.

Table 8 Food acquisition habits of ECDs in Vrygrond and Sweet Home Farm

Suburb	Spaza shop	Township fresh produce (meat & veg)	Wholesaler	Supermarket
Vrygrond (n=31)	6 (19%)	2 (6%)	4 (13%)	21 (68%)
Sweet Home Farm (n=7)	2 (29%)	0	2 (29%)	1 (14%)
<b>TOTAL</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>22</b>

Although a limited number of ECD owners answered questions about the frequency of their shopping, most claimed to do a monthly shop, mostly for non-perishables and long-lasting fresh goods. See Table 9 below.

Table 9 Frequency of shopping for food by ECDs in Vrygrond and Sweet Home Farm

Suburb	Day-to-day	Weekly	Twice weekly	Monthly
Vrygrond (n=13)	1 (6%)	1 (6%)	1 (6%)	10 (63%)
Sweet Home Farm (n=3)	0	0	0	3 (19%)
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>13</b>

Of the 35 ECDs who provide food, 19 (54 per cent) bought bread for snacks. Price and type were key determinants, commonly the cheapest, and with over two thirds of these ECDs preferring to buy white bread. The most common brands included (in order of popularity) Blue Ribbon, Sasko, Albany, and Wholesome. One ECD in SHF noted she would make her own [steamed] bread if she couldn't afford to buy bread, but when she could afford it, she would buy Albany.

The location of food retailers in relation to ECDs clearly matters and determines the kinds of food they can afford and provide. ECD owners in Vrygrond and SHF who fed the children in their care reported buying some or all of the food prepared in their centres from the closest most affordable retailer. To save on costs, ECDs made decisions around food based on the retailer's proximity, affordability of goods, and availability of funds. For SHF ECDs, providing more nutritious food would cost them more than ECDs in Vrygrond. First, they have no access to external support that would bring food resources to them, and secondly, they also need to use public transport to access retailers with a variety of affordable fresh goods. This exclusion from mainstream sources is an important aspect of their situation as 'deeply disconnected' ECDs. On the other hand, the Vrygrond ECDs operate from an area that has access to supermarkets and external support; thus, they can provide more, as their location enables them to acquire the necessary resources to provide food.

### 6.4.3 NGOs

In addition to the ECDs' purchases and parents' provision, ECD meals included donated food by NGOs. The donated food ECDs received depended on the food organisation's model of giving and included one or more of the following: volunteer-packed fortified dry meal packs (made up of fortified rice, soy, dehydrated vegetables, flavouring and a micronutrient powder), large-scale but ad hoc donations of fresh and non-perishable foods from retail giants (redistributed to avoid waste), and small-scale provision of fresh vegetables and meat, either bought or donated to the organisation. Depending on the food type and the organisation model of distribution, these foods are delivered weekly or monthly and intended to cater for all the children's main meals. As mentioned in Section 6.3.3 above, ECD location and the

presence of a service organisation was a determining factor for a connection, relationship, or access to this NGO food support.

As a result of the organisational focus of these NGOs being the provision of food, the issue of food quality is critical. Across the varying distribution and food provision models, each one needs to ensure high quality goods to maintain credibility with their beneficiaries and donors. This applies to those facilitating access to fresh foods from formal retailers or those providing dry goods which are fortified to ensure a greater intake of micronutrients.

Consistent and reliable food distribution was attributed to economies of scale. Most commonly, food was delivered in weekly or monthly bulk deliveries of fresh or dry goods. These bulk deliveries meant that ECDs can plan their meals ahead of time and rely on having enough food to feed all the children in their care. The economies of scale for many food NGOs means they are able to provide more food at a lower cost to their business, which means more ECDs receive more food because the cost of a meal, as seen in Chapter Six, is less than what the ECD would pay if they bought the food themselves.

## **6.5 Food provision in the ECD**

Irrespective of the limitations ECDs faced in affording food for their children, they were adept at ensuring they provided some form of nutrition, and did so because they felt that it was important for them to meet the children's food needs. They employed a number of strategies to ensure every child received some food every day in their care. All types of ECDs used such strategies, showing that providing quality care for the children was a key objective even if what the ECDs provided was insufficient.

### **6.5.1 Ensuring adequate food**

ECDs employ a range of strategies to provide food to the children in their care. These include topping up where there is a shortfall in parents' provision, sharing out the available food so that everyone gets something, enrolling more children so that an increase in fees can pay for the much-needed food. All of this is done irrespective of whether they only rely on their fee income or receive food support.

Whilst many ECDs provided breakfast and lunch meals, they provided snacks less often, as they expected parents to provide these. With only three ECDs stating that all parents brought



snacks, a problematic shortfall existed, and the ECDs employed both sharing and top-up strategies to ensure that the children received as much nutrition as possible. When some parents did not bring snacks, ECD owners “made a plan”, most often by sharing what the other parents packed amongst all the children. The most common reason for not providing snacks was that the parents could not afford it.

*“Some parents are unemployed and can’t afford it [snacks] in which case, the school provides.” (V27)*

Table 10 Limitations and strategies employed by parents and ECDs in providing snacks

Suburb	Parent provides snacks	Parent provides no snacks	Parent provides some snacks	Parents have financial constraints	ECD provides snacks	ECD shares out parent snacks
Vrygrond (n=31)	2 (7%)	3 (10%)	22 (71%)	16 (52%)	4 (13%)	7 (23%)
Sweet Home Farm (n=7)	1 (14%)	0	6 (86%)	4 (57%)	2 (29%)	3 (43%)
TOTAL	3 (8%)	3 (8%)	28 (74%)	20 (53%)	6 (16%)	10 (26%)

Of the 38 ECDs interviewed, ten noted that they shared snacks brought by some of the children so that every child gets something. Although this approach ensures every child receives something, ultimately it means that not enough nutritious food is provided for everyone. Some children received more than anticipated, as they brought nothing, whereas others received less as their food was shared amongst the group.

*“When they don’t all have, I share out the snacks that have been brought between them all. Sometimes I buy snacks for the children.” (P06)*

Three ECDs noted employing an ad hoc top-up strategy when food sources were low. Two ECDs noted that when parents provided nothing, they would sometimes make porridge, although one of these ECDs had claimed that they did not provide any food at all. Another said they would sometimes buy snacks for children.

*In Nombulelo’s connected ECD, some parents cannot afford or don’t pack snacks; what is brought by parents is shared between the children so those who brought some get less, and those who did not bring anything get more. This commonly applied strategy ensures everyone gets something.*

Although the majority of ECDs received some form of external support, seven ECDs (three in SHF and four in Vrygrond) relied only on fee income to provide for their children. These

businesses varied on the continuum but the majority (four) of these were deeply disconnected. In spite of limited financial means to afford basic items including food, these ECDs still attempted to provide some food.

Another challenge hindering an ECDs ability to provide food was competition among ECDs to retain children. As seen on page 81 in Chapter Five, providing food is a known core offering. As a result, some ECDs in this study reported that in the past, parents had removed their child from an ECD if they preferred the food served at another ECD facility in the area. If the ECDs could not provide the kind of food and meal diversity that children liked and parents expected, the children might be removed and put in a different ECD. This would in turn lower the amount of fee income available to the ECD, further limiting its capacity to provide the quantity and quality of food needed for the children.

*Albeit ad hoc, Qanita in her semi-formal ECD would not be able to feed the children as she does without the food support she receives. However, during the holidays, there aren't always enough fee-paying children in her care, so she cannot afford to buy and cook food for them. In these extreme times, she asks parents to contribute some food, so that she can provide enough. But this is a high-risk time for her, as she could lose children to other ECDs if she is unable to provide the food parents expect: "We have to make special food, otherwise we will lose kids to other crèches. At the moment, we have a temporary arrangement with the parents that they bring cooked food for their children, as we don't have enough kids to be able to afford to cook for them right now."*

Thus the uncertainty of fee-paying parents for ECDs whose only resource is fee income has resulted in another strategy involving the enrolment of more children to make up for this potential loss of income (Williams *et al.*, 2001, p. 118; Sustainable Livelihoods Foundation, 2013) rather than the exclusion of children from care. Although increasing enrolment numbers, whilst continuing to care for non-fee-paying children, is a survival strategy and a sign of the resilience and adaptability of ECDs to their environment, this strategy does not resolve the core economic problem because it still ultimately means less food available for everyone. The continued attempt of ECDs to provide food for all of the children shows that they view food as an important core offering.

All these activities were ad hoc and filled a gap when the need arose. This suggests that irrespective of the ECD type as defined in this study, the ECDs show commitment to providing care despite difficult circumstances. A key focus of ECDs' food provision strategy was flexibility and accommodation of the children's nutritional needs.

### 6.5.2 Food storage and preparation

Of the ECDs who provided food, five did not have a separate kitchen. Of the ECDs with a kitchen on the premises, 74 per cent (23) had functioning cold storage. Three ECDs (two in Vrygrond and one in SHF) relied on off-site cold storage and kitchens. This food was then prepared at the ECD owners' homes.

Two partially disconnected ECDs, V27 in Overcome Heights and P01 in SHF, both operated with off-site cold storage. Both of these ECDs received external support from a food-providing NGO. The ECD owners lived in shacks a short distance from their ECDs. The P01 owner had a fridge in her home, but in Overcome Heights, the owner of V27 relied on a community leader to keep the fresh goods including meat in her freezer. They cook the food in their homes and deliver it to the ECD daily for breakfast and lunch meals.

Similarly, I observed no kitchen or fridge in three other SHF ECDs, two of which provided no food at all. Where parents provided food, it sat on a table. I observed bottles of ready-made formula and amasi<sup>11</sup> provided by the parents sitting on the tables. Two of the deeply disconnected ECDs cooked the food in the ECD space, and three semi-formal ECDs cooked food off-site and brought it to the children for their meal times.

### 6.5.3 Meal plans

The presence of meal plans also reflected what food was served. Although only eight ECDs had a visible meal plan, such plans show that these ECDs intend to provide a diverse offering and place importance on feeding children (see Figure 19 below). Some of these ECDs stated this plan would change every week to diversify what the children's meals. This ECDs combined the food in a range of ways to make specific meals.

*Figure 19 Examples of meal plans*

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<sup>11</sup> Amasi in Xhosa or Zulu or 'maas' on Afrikaans, is a fermented milk, with a consistency and texture similar to that of plain yoghurt, with relative popularity in South Africa. It is usually consumed with mealie meal porridge or drunk as is.

Menu for October 2016

3rd Monday	
4th Tuesday	
5th Wednesday	
6th Thursday	
7th Friday	
10th Monday	Samp beans + spinach + onions
11th Tuesday	Chicken + Rice + Carrots
12th Wednesday	Beef + Rice + Pumpkin
13th Thursday	Macaroni + mince + tomatoe
14th Friday	Boiled Egg + mash potatoes + baked beans
17th Monday	Fish + spaghetti + carrots
18th Tuesday	Split peas + potatoe + cabbage
19th Wednesday	Leenbits + sweet potatoe + broccoli
20th Thursday	Beans + Beetroot + Rice
21st Friday	Chicken + Rice + cabbage
24th Monday	Macaroni + Mince + Tomatoe
25th Tuesday	Split peas + potatoe + Cabbage
26th Wednesday	Boiled egg + mash potatoes + baked beans
27th Thursday	(M) Leenbits + sweet potatoe + carrots
28th Friday	Samp beans + spinach + onions
31st Monday	Spagetti + Fish + carrots

VRYGROND CAPRICORN CHILDREN'S CENTRE MENU

Week One	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Monrte	Oats	Maize Meal	Monrte	Maize Meal
Morning Snack 10H00	Fruit/Juice	Fruit/Juice	Bread/Tea	Fruit Juice	Fruit Juice
Lunch 12H00	Macaroni Cheese	Beef cabbage & potato stew with Rice	Baked Lentils with yellow Rice	Fish Pie Butternut & Cucumber	Vegetable Biryani
Afternoon Snack 14H30	Bread/Tea	Bread/Water	Biscuit/Juice	Bread/Water	Bread/Water
Week Two	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Monrte	Oats	Maize Meal	Monrte	Maize Meal
Morning Snack 10H00	Fruit/Juice	Fruit/Juice	Bread/Tea	Fruit Juice	Fruit Juice
Lunch 12H00	Tomato & herb Spaghetti cucumber	Carrot & Pea Stew with Rice	Chicken Pie with Laundry Rice	Fish stew with Rice	Samp & Beans
Afternoon Snack 14H30	Bread/Tea	Bread/Water	Biscuit/Juice	Bread/Water	Bread/Water
Week Three	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Monrte	Oats	Maize Meal	Monrte	Maize Meal
Morning Snack 10H00	Fruit/Juice	Fruit/Juice	Bread/Tea	Fruit Juice	Fruit Juice
Lunch 12H00	Bread vegetable with Penne pasta	Pumpkin & Chicken stew with Rice	Potato Bake with Beans Cucumber	Fish Biryani	Vegetable soup with bread
Afternoon Snack 14H30	Bread/Tea	Bread/Water	Biscuit/Juice	Bread/Water	Bread/Water
Week Four	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Monrte	Oats	Maize Meal	Monrte	Maize Meal
Morning Snack 10H00	Fruit/Juice	Fruit/Juice	Bread/Tea	Fruit Juice	Fruit Juice
Lunch 12H00	Spaghetti Bolognaise	Bean & tomato stew with Rice	Cottage Pie with soya mince, gem squash	Pilchard's stew with Rice	Braised Lentils with yellow Rice
Afternoon Snack 14H30	Bread/Tea	Bread/Water	Biscuit/Juice	Bread/Water	Bread/Water

## 6.6 Food quality

The meals ECDs created from these sources contain a varying degree of the food groups, including carbohydrates, protein, and vegetables with some fruit, dairy, and fats and sugars. All breakfasts were sugar and carbohydrate-based, and lunches included protein, carbohydrates, and vegetables.

The most common meals provided in ECDs in this study were porridge for breakfast and a combination of stews (including biryani and bredie), soups, and Bolognese for lunch. Of the 35 ECDs that provided one or more meal, 12 provided a morning and/or afternoon snack with eight offering both. Morning and afternoon snacks included jam or peanut butter sandwiches and fruit, and sometimes yoghurt and fruit juice. Figure 20 and Figure 21 below are examples of meals that ECDs provided in Vrygrond and SHF.

Figure 20 Lunch plate containing a fish cake, steamed butternut, and cucumber slices, Vrygrond



Figure 21 Lunch plate of rice and mixed veg, Sweet Home Farm



Table 11 below shows the most commonly provided foods, broken down by food group. These food types show a comprehensive offering of macronutrients to the children. However, based on what ECDs note is being served, the presence of sufficient levels of micronutrients, critical for proper nutrition in children (Department of Health, 2016), does not seem to be a core part of the food offering.

Table 11 Breakdown of most commonly provided foods from all sources, by food group

Food Group	Breakfast	Snacks	Lunch
Carbohydrates	Porridge, Mielie-meal, Oats, Maltabella	Bread	Pasta, Rice, Pap, Vetkoek, Samp
Protein		Peanut butter, Eggs	Tinned fish, Beef mince, Beans and Lentils, Chicken, Soy mince, Sausage, Lentils, Eggs
Vegetables			Cabbage, Carrots, Potatoes, Onions, Tomatoes, Butternut, Sweet potato
Fruit		Fruit	
Dairy		Yoghurt	Maas
Fats & Sugars		Fruit, juice, jam	

A key part of this study was exploring the cumulative outcomes of all available food acquisition strategies to see whether ECDs could provide a nutritious diet by combining all available forms of monetary and in-kind support. Overall, it appears that even if every source of in-kind and monetary support is used the total contribution to a nutritious diet is still at or below the poverty line; such support is not sufficient to exceed the poverty line or ensure adequate nutrition (Jonah, Sambu and May, 2018). Even with all forms of monetary and in-kind support, ECDs are unable to provide the children with adequate nutrition, not even in line with a poverty plate.

## 6.7 Poverty plate vs the reality

In this section, I consider what the reality of food provision in ECDs with all the food sources available to them would look like. I then compare this with the commonly accepted prescriptions as to what constitutes a poverty plate, as defined by Statistics South Africa who sets the National Food Poverty Line (Statistics South Africa, 2018c) at R547 per month as of April 2018. In making this comparison I look at the different food offerings available to ECDs, at different points in my typology.

It must be noted here that calculating the total value of the food that can be offered on the basis of different food strategies is not straightforward, as the value of NGO food provision is liable to be calculated in a very different way than the food ECDs buy directly from supermarkets and informal food markets. Table 12 below presents the value of food sources per child across the continuum. The calculation uses the data that each source provided and assumes that food is provided on 22 working days a month (Carter, Biersteker and Streak, 2008; Parliamentary Monitoring Group, 2013) as a baseline to calculate the monthly values. The six individual donors' food support could not be calculated; therefore, I did not include it. The calculations below show my estimate of the value of the food provided per child at present.

Table 12 Value of available resources per child per month based on 22 days per month spent in an ECD

Resource type	Disconnected ECD	Semi-formal ECDs	Fully connected ECD
ECD (from fee income)	R70 (100%)	R70 (45%)	R70 (20%)
DSD subsidy (50% nutrition allocation)			R165 (52%)
NGOs (for 2 meals p/day)		R88 (55%)	R88 (28%)
<b>Total value offering per child per month</b>	<b>R70</b>	<b>R158.84</b>	<b>R323.84</b>

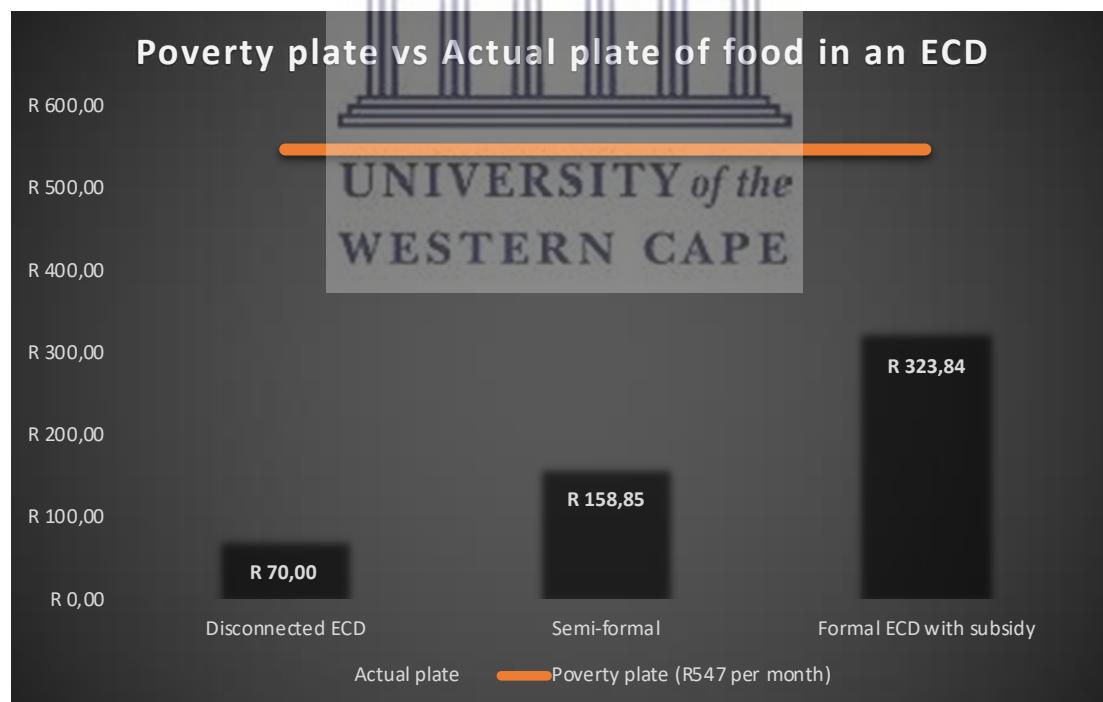
This study accounted for 1464 children in Vrygrond and 156 in SHF ECDs; the children spend approximately 85 per cent of the week in an ECD and generally receive two meals a day in the ECDs' care. ECDs provided these meals with in-kind and monetary support from one or more resources, but access to these resources varied significantly across ECD type. For example, only one connected ECD in Vrygrond received the per-child subsidy in addition to fee income and NGO food support, while 17 partially connected and semi-formal ECDs had fee income and receive food support from two NGOs, and all seven disconnected ECDs only had fee income to buy food. Most Vrygrond ECDs attempted to provide daily meals per child based

on fee and NGO food support, and while SHF ECDs relied on fee support alone. For connected ECDs, I assumed that every child in these ECDs could access the per-child subsidy.

All semi-formal and connected ECDs had access to NGO food support in addition to fee income; this offers a critical value. As mentioned above the actual value at the point of consumption of NGO-provided food is likely to be more than what the organisations calculate, as it was based on the NGOs own evaluation and they benefit from economies of scale, with the ability to acquire and transport food in bulk – in other words, they value food at wholesale prices while ECDs acquire it at retail prices. When NGO-provided food is present, children eat more food – both in terms of quantity and nutrition.

Although these figures are estimates, they do provide a place from which to review how far ECDs are from the basic nutritious poverty line. And when comparing the actual food consumption to the poverty plate, the picture of nutritional security looks even more dismal.

Figure 22 Comparison of food provision against the Poverty plate, based on the actual percentages of food provided by ECDs in this study



Overall, children across all ECDs in the study only received a fraction of the poverty plate. As shown in Figure 22 above, only the one ECD who received the per-child subsidy got close enough to the poverty line and even there the value was a not even two thirds of what a poverty plate would cost. In semi-formal and connected ECDs where food NGO support is

common, and in disconnected ECDs that rely only on parents' fees, children receive nowhere near the poverty plate. In these schools, ECD owners saw and noted cases of stunting in the children.

It is clear that all ECDs across the entire continuum clearly remain unable to provide an adequate nutritious food offering. In terms of what constitutes a healthy plate, not even the availability of all resources at the maximum level could come close to providing enough nutritious food. The food poverty line is one of the only guidelines available to understand extreme poverty, and most closely represents the value of daily food provided in Vrygrond and SHF ECDs. This shows why ECDs are unable to provide enough food, even when they have all the resources.

Although comparing the value of food plates offered by ECDs against the poverty plate is important, I must note two caveats that apply to this analysis. First, the nutritional and monetary value of the plate of food is difficult to compare. As already noted, by comparing what the NGO paid for the food with the prices that the ECD paid, I am not comparing like with like. Whilst ECDs must buy their food from retailers, NGOs are donated their goods from retailers. Second, it is difficult to calculate the contributions to the plate, as each contributor has a different position in the market. What the ECD can buy with fees and the per-child subsidy differs from the value of what the NGOs can provide. While ECDs can only buy individual items at retailer-specified prices, NGOs can leverage economies of scale and buy in bulk and can provide more food for a lower cost. So, the NGOs per unit costs of food are much lower. This means my figures slightly underestimate the value of the NGO contributions. But, attempting to provide a comparison shows that the ECD could not afford to replace the NGO contributions with fee income alone and that all food contributions are important.

Ultimately, the plate differs across types, but all ECDs operate within extreme poverty. The combined value of in-kind and monetary resources would still not be enough for a nutritious meal. Rather than exceeding the food poverty line, the total amount reflects the actual situations of extreme poverty and a level of food intake below the poverty line. Thus, even if all of the resources available are utilized the capacity of ECDs to provide nutritious food would be greatly improved but still far from enough.



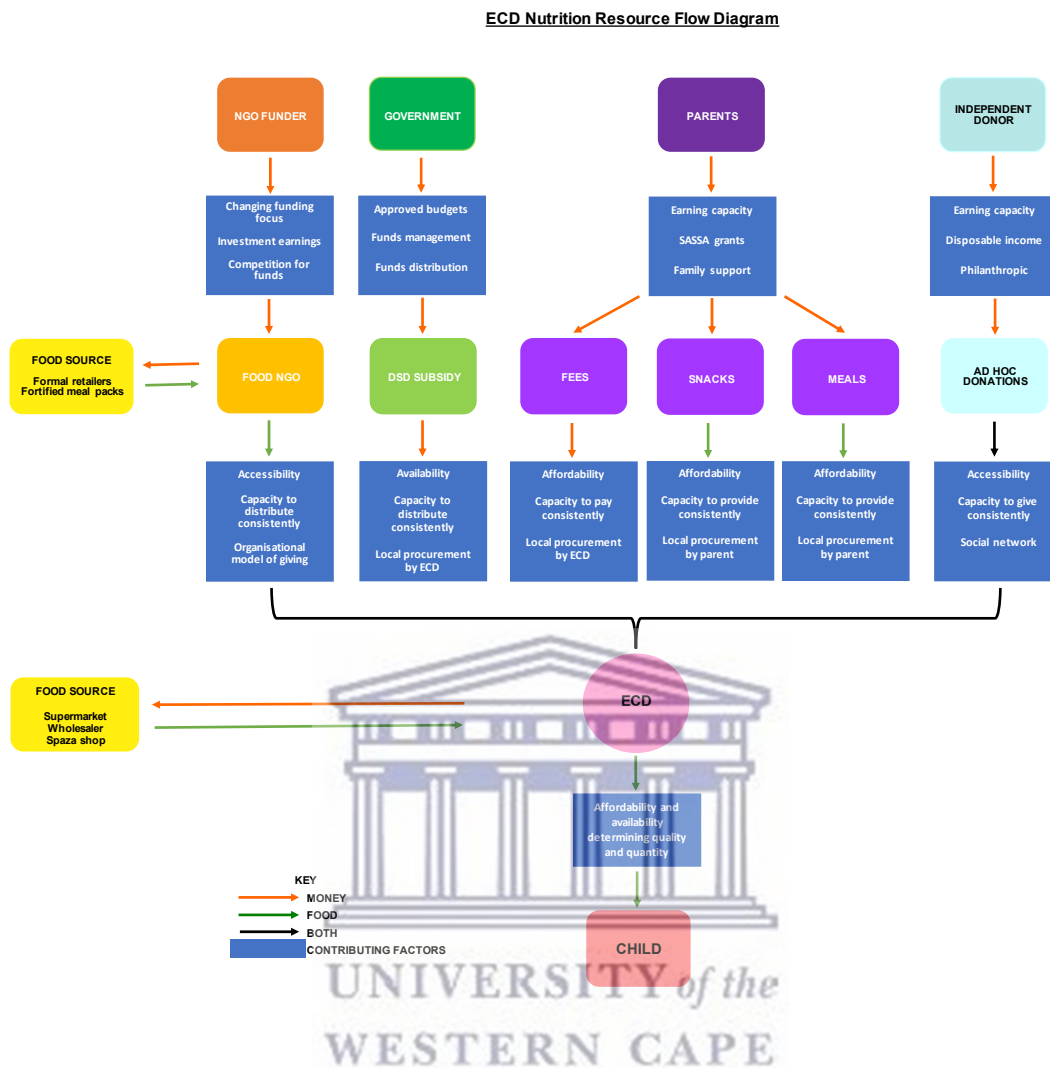
*Nombulelo's formally connected ECD receives every visible resource, and yet she still experiences limitations in providing food. Her food provision for the 72 children in her care still falls below the food poverty line. However, this highlights the NGO contribution's importance, making up 70 per cent of their children's breakfast and lunch meals every day. Overall, this collective nutritional support, both in kind and monetary, is critical but remains limited even for a fully connected ECD. Therefore, despite all the support Nombulelo receives, she would need more from the per-child subsidy and food NGOs to provide adequate daily meals – that exceed the food poverty line – to the children in her care.*

## **6.8 Discussion**

Thus far, I have described the multiple sources ECDs can access to support food provision to the children in their care, how they access these and what they do to provide food. ECDs receive food through self-acquisition (i.e., buying it themselves), in-kind deliveries from external sources (e.g., food NGOs), and from parents. For the most part, ECDs who provided food and received external support were either formally connected or semi-formal, and those who received no support but provided food were disconnected. ECDs providing no food at all were all deeply informal and disconnected from supportive resources. However, as many variations existed in food provision and support received across the continuum, other factors, such as the amount of fees, number of staff and the ECD's physical structure, helped clarify the ECD's position on the continuum, which showed its capacity to provide food.

On the basis of the evidence discussed in this chapter, it is now possible to provide a more detailed version of the Resource Flow Diagram, proposed on page 102 at the beginning of this chapter. Figure 23 below shows varying levels of frequency and reliability in their supply of food and the consequential obstacles and challenges placed on ECDs in affording and providing food. In reality, most ECDs have access to one or two sources, determined by their location and social networks. However, even with access to all resources, we have seen an adequate nutritional diet is far beyond the ECDs' reach.

Figure 23 Nutrition resource flows available to ECDs in Vrygrond and SHF



Money is at the centre of this nutritional crisis. Fees are inadequate to cover the cost of food provision, particularly for disconnected ECDs in SHF, and ECDs require additional funds. The provision of nutritious food at ECDs should not be dependent only on their own food sourcing activities but should also be the responsibility of the state and civil society, as fee income is not enough to provide adequate meals. As the discussion of the earning capacity of SHF and Vrygrond residents has shown, minimum wage or unemployment is a norm. These income profiles determine the fees ECDs can charge and thus the affordability of food. Like other residents, ECD owners live where they can afford and their residential area determines what food is available and affordable to them. Thus, disconnected ECDs are only able to afford food that reflects extreme poverty. This lack of integration or disconnection is not a choice and requires external support to alleviate.

Currently, NGOs can provide more food at lower prices, which benefits the ECDs that receive it. Without this, decent nutrition would be even further out of reach for ECDs. But this support is unevenly distributed and determined not only by existing networks within the ECD with food NGOs but also by the location in which an ECD operates. The DSD per-child subsidy has the potential to make a big difference in supplementing ECDs' food costs, but only one ECD receives it, and this lack of access results from regulatory exclusion (this will be discussed further in Chapter Eight).

Most crucially, the value of all the current food sources put together is still substantially less than the cost of an adequate meal for a child. All ECDs in this study are attempting to feed the children in their care in a situation of extreme poverty. A nutritionally inadequate 'poverty plate' is beyond the reach of even the most successful ECDs surveyed. Having one or two resources in addition to fee income certainly improves an ECD's food offering and helps to ameliorate the nutritional vulnerability that children in impoverished areas experience. But such support is still not enough to provide the healthy plate of food necessary to achieve nutritional security, a globally accepted right called for in Sustainable Development Goal 2.

*Anathi<sup>12</sup> owns a deeply disconnected ECD. She provides almost all the meals for the children, with fee income as her only resource. Anathi shops for almost everything she needs at the Nyanga Junction Shoprite or the local wholesaler, Tesco. She purchases hampers that contain mealie meal and rice, which are low-cost, high-calorie foods. When the ECD runs out, Anathi buys Albany brown bread from the local spaza. When she cannot afford to purchase food, Anathi makes her own steamed bread. She does not think the children eat well at home and believes the food she provides is critical for those in her care: "The parents only sometimes bring snacks, so I make a plan so that they all have. I feed them breakfast [mealie meal] and lunch [vegetables, amasi, and rice] but also later in the day. I make eggs, bread, rice, and vegetables before they leave, as I know sometimes this is the last meal they will get that day. Sometimes the children come in the morning and are very hungry. I also notice after the school holidays that children lose weight, which tells me they don't eat much."*

Here, we see the methodological value of looking, not only at the deeply informal area of Sweet Home Farm, but also in the comparatively much better off area of Vrygrond. Even in

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<sup>12</sup> Name changed to protect the identity of the ECD owner

more connected ECDs that charged relatively higher fees and where the children appear to come from households with working or salaried parents, the children were still not fed adequately at the ECDs, who were unable to make up the shortfall. Anathi's case shows the severe disadvantage of a structurally disconnected ECD only reliant on fee income.

In the next chapter I will examine in the external food support interventions described in this chapter and what they would mean in terms of the nutritional security of children in the care of township ECDs. It looks at what accessing the per-child subsidy could mean in providing more for nutrition – a policy change that could have wide-ranging and immediate positive effects on unregistered and disconnected ECDs' provision of nutritious food.



## 7 NGOs and Service organisations

In Chapter Five, I showed that Service organisations (SOs) and food NGOs are key to many ECDs' provision of food. In this chapter I will discuss the role of these organisations and the external support they are able to provide or facilitate. I will look at the access ECDs have to them and what this means for food provision to the children they care for. I will provide profiles of the organisations that provide food to the ECDs in this study and what their different organisational models mean in terms of the consistency and type of food they provide. The evidence considered in this chapter shows the importance of these external food providers but it also highlights the uneven nature of provision by them.

### 7.1 Relationship between ECD support systems and external food support

A number of national and local government departments and programmes are mandated to provide support to ECDs. These include the departments of Social Development and Education, the Expanded Works and Community Works Programmes, and the National Development Agency. Broadly, this cross-government support is intended to aid ECD organisational operations (People's Assembly, 2011) and provide funding for their programmes and activities (Giese and Budlender, 2011). However, local government mandates for this targeted support are more uneven.

In the Western Cape, the Provincial Government has appointed numerous ECD Service Organisations (Western Cape Government, 2018a) that are responsible for supporting ECDs in low income areas that they have been allocated. The role of these ECD service organisations is to provide organisational support to ECDs in their allocated areas, and also to act as distributors, facilitating the provision of goods and food from other NGOs to ECDs as well as assist with registering ECDs as partial care facilities (Learn2Live, 2017).

As a single distribution point, each service organisation assists multiple ECDs in receiving food donations from other NGOs so that they can provide their children with nutritious daily meals. However, some of these service organisations are noticeably less active in some areas than others. ECDs can only benefit from service organisations if these actually work and are in contact with the ECDs in their local area. This study showed that overall, ECDs do better with

the support and presence of an ECD service organisation and that the quality of food provision is adversely affected by disconnection from service organisation support.

Most food organisations provide food to beneficiaries without the support of a formalised government relationship but with the support of a government listed and appointed service organisation. They do this both directly with ECDs and indirectly through a partner organisation who distribute their food to multiple ECDs in poor areas. These organisations operate quite differently with varying models, but their ultimate objective is to provide food to those who need it most.

There were two ECD service organisations identified whose work focussed on providing a range of support and training to ECDs in the areas covered by this study, namely True North, which works in Vrygrond, and The South African Education Project (SAEP), which works in Philippi. True North was the distribution partner organisation for a number of food NGOs, including Rise Against Hunger and FoodForward SA. These food organisations operate in different ways and in some cases the organisations are quite complex, doing more than delivering food. There are a few exceptions to this distribution partnership, where food organisations distribute directly to a select few of ECDs. In this study they are Peninsula School Feeding Association, Where Rainbows Meet and Ukama Community Foundation. Table 13 below is a summary of these service organisations and food organisations that provide or facilitate the provision of food to ECDs in Vrygrond and Sweet Home Farm.

*Table 13 Organisations providing support in Vrygrond and Sweet Home Farm*

Organisation	Type of support	What they do	Area of operation
<b>True North Consulting NPC</b>	Mandated ECD service organisation, Educational Equipment, Food	Through their partner organisations, they provide training, support, equipment and food to the ECDs in vulnerable and underprivileged communities.	Local. Only works in Capricorn, Overcome Heights
<b>South African Education Project (SAEP)</b>	Mandated ECD service organisation, Educational	They provide education, life skills, and psycho-social support programmes for children, youth and education providers.	Local. Only works in Philippi township.
<b>BOSASA Group (Pollsmoor prison)</b>	Food (valued at R2 per meal)	CSI programme supporting a range of projects. Their Pollsmoor Prison based security operation delivers 10kg porridge and 2kg brown sugar once a week to Vrygrond ECDs, working through	National. Capricorn, Overcome Heights

		their partner NGO, True North, to deliver this weekly food service. However, as a site-based and BOSASA member-driven activity, this food donation drive to Vrygrond was not mentioned in the organisations overall programme	
<b>Rise Against Hunger (RAH) Africa (previously Stop Hunger Now Southern Africa)</b>	Food (valued at R2.90 per meal)	Provide fortified meal packs to qualifying ECDs through their partner NGO, True North in Vrygrond, to deliver this monthly food service.	National. Capricorn, Overcome Heights
<b>FoodForward SA (previously The Food Bank)</b>	Food (valued at R0.86c per meal)	Beneficiary Organisations (BO) who meet their requirements can collect or have food delivered on ad hoc basis. Unregistered ECDs work through True North who is a BO, to access the food donations.	National. Capricorn, Overcome Heights
<b>Violence Prevention Through Urban Upgrading (VPUU)</b>	Organisational, Food (valued at R2 per meal)	They run community development programmes aimed at creating safe communities through social interventions including connecting children in communities to their local ECDs. They provide JAM South Africa porridge to ECDs in Vrygrond	Local. Among other areas, works in Capricorn, Overcome Heights
<b>Peninsula School Feeding Association (PSFA)</b>	Food (valued at R2.50 per meal)	With a government tender, they provide lunches every day to qualifying ECDs, and primary and secondary schools. Work through partner NGOs, this being Hope Africa in SHF, to deliver their food service.	National. Sweet Home Farm
<b>Where Rainbows Meet Training &amp; Development Foundation</b>	Organisational, Educational Equipment, Food	Provide both community and business development programmes for ECDs, youth, women, training courses and a health centre. Through this support they help the most impoverished people and ECDs in Vrygrond.	Local. Only works in Capricorn, Overcome Heights
<b>Ukama Holdings (Community Foundation)</b>	Food (valued at R2 per meal)	Deliver fresh food, donated by their clients, directly to three ECDs in Capricorn 2 x week.	Local. Only works in Capricorn

As seen in Table 14 below, a number of disconnected ECDs in Overcome Heights and Military Heights are disconnected from service organisation support (except for the occasional staff training workshop). Three Seawinds ECDs are not supported by True North because it does not work in this area, and therefore receive no food support.

Table 14 Correlation between ECD service organisation and food support in Vrygrond and Sweet Home Farm ECDs

Suburb	ECD service organisation support	NGO food support
Sweet Home Farm	0	1
Capricorn	18	20
Seawinds	2	1
Overcome Heights	3	4
<b>TOTAL</b>	<b>23</b>	<b>26</b>

## 7.2 Unevenness of food provision

The presence of external food support greatly affects an ECD's capacity to provide adequate nutrition and diversity in meals. But this support has been shown to be inconsistent across both sites and required partner distribution networks, such as the presence of an active service organisation, to be in place.

*ECDs that receive food NGO support are present across the continuum, and Nombulelo's connected ECD is one of them. She gets a monthly delivery of fortified meal packs from one NGO, valued at R2.90 per meal. These meal packs consist of rice, soy, dehydrated vegetables, and numerous vitamins and minerals, forming the basis of the food she prepares. She adds fresh vegetables, stock, and oil to prepare the daily meals. She also receives weekly porridge and sugar donations for breakfast from another organisation, valued at R2 per meal. These donations feed all the children in her care every day of the week. Without this daily contribution, her food offering would be much more limited.*

We can see in the case of Nombulelo's ECDs that the food support she receives plays an essential role in her ability to provide food. Unlike Nombulelo and most other ECDs in Vrygrond, where external support was extensive and 90 per cent (28) of ECDs received it, SHF ECDs were isolated with little (one ECD) to no external support, which limited the quality and quantity of food they could provide. Table 15 below outlines the scale and reach of food provided by food support NGOs at the ECDs in different sites. It reflects quite clearly the geographic unevenness of ECDs' access to food support.



Table 15 Range of food provision by food support NGOs to ECDs

Food support provision	Capricorn	Seawinds	Overcome Heights	Sweet Home Farm	TOTAL
No food provided				3	3
Food support unknown	2	2			4
No food support	1	3		3	7
Food support from 1 NGO	6		2	1	9
Food support from 2+ NGOs	12		2		14
Food support from 2 NGOs and subsidy	1			1	1

Although not a common occurrence in this study, six Vrygond ECDs received both in-kind and monetary support from independent philanthropists. ECD owners obtained access to this type of support through chance meetings, religious associations, and social capital and networking abilities to seek out or engage with a potential funder. The relative closeness to more prosperous areas (such as Marina da Gama and Muizenberg) was also a factor. But the consistency and longevity of this kind of support is fragile, and ECDs are therefore not necessarily able to rely on this type of support

Whereas some independent philanthropists provide limited support, some are extremely involved in the operations of the ECDs they support. These individuals behave in an almost patron-like manner with the ECD being their cause and harnessing their social capital to increase the support they can provide on a consistent basis. For example, semi-formal ECD V10 receives donations from the local mosque to feed the children lunch every day, while the local New Apostolic Church regularly donates fruit and vegetables to connected V19. The ECD owner of formally connected V14 met a woman by chance in Plumstead Shoprite who now provides monthly donations of bread for the children's daily lunches. Meanwhile, the stepfather of the owner of partially connected ECD V16 works for Fruit & Veg and regularly donates fruit and vegetables to her ECD. Partially disconnected ECD V29 has become well established as a result of a chance meeting with an Australian chef who provided meals to children in Overcome Heights. The chef mobilized Australian donors to support the ECD and its children, and has now established her own non-profit, which provides the ECD with food and supplies. Lastly, partially disconnected V30 is part of an international ministry as a result of the support they started receiving from a Dutch woman. She not only connected them to the church's broader congregation and giving network but set up a website and Facebook page to source additional international funding to increase their resources.

The key to ECDs forming these kinds of chance connections is their spatial location, essential to the ability of ECDs identified across the continuum. Irrespective of type, the ECDs not based in Vrygrond are unlikely ever to have had an opportunity to develop relationships like these. The inclusion of this support in the available resources they have to offer increases the capacity of these ECDs to offer an adequate level of nutrition and care.

In Table 16 below, we can see the number of ECDs per suburb that receive food from specific food NGOs and where there are obvious gaps in this access. This reflects the importance of an ECD service organisation and where they are absent, such as in Seawinds and Sweet Home Farm, there is little to no NGO food support present.

*Table 16 Provision of donated food toward breakfast and lunch by external supporters to ECDs in Vrygrond and SHF*

Food NGOs (R per meal)	Capricorn	Seawinds	Overcome Heights	Sweet Home Farm	TOTAL
BOSASA/ JAM SA (R2)	14		1		15
VPUU/ JAM SA (R2)			2		2
PSFA (R2.50)				1	1
Ukama Holdings (R2)	3				3
RAH Africa (R2.90)	13		2		15
Where Rainbows Meet	1		1		2
FoodForward SA (R0.86c)	10				10
Individual donor	4		2		6

ECDs that receive food support are better off, while those that do not are in dire straits. Furthermore, the ECDs face a dual vulnerability – first, of the availability and access to these organisations, and second, related to these food organisations’ own access to funding. This ultimately facilitates or inhibits the ability of ECDs to provide nutritious food for the children in their care. Later in this chapter, I further discuss the varying roles and approaches of these external food support sources.

### **7.3 Strengths and limitations of NGO food support**

As stated in 7.1, non-profit organisations are recognised as critical in providing and delivering a range of social services on behalf of the South African government. There are a number of organisations that support the work of township ECDs and do so in different ways. However, not all of these organisations are supported by government or form part of a national government agenda. Rather, the support seems to be unevenly distributed and organised per

province resulting in not all township ECDs receiving this support. This leads to challenges for in the ECDs food provision.

Food organisations employ a range of strategies to distribute their food to ECDs as consistently as possible. The presence of a service organisation plays an important role in whether an ECD has access to a food NGO. However, food NGO operations vary from one to another – their food distribution models, the kind of food they access, and their available funding, which determines how much they can provide.

Specifically, these non-profits varying models to provide food include: donor funding that facilitates buying quality food that is then packaged by volunteers, thus decreasing production costs; in-kind donations from major grocery retail partners of fresh and dry food that would otherwise go to landfill; and subscriptions as a sustainable income-generating strategy to support the distribution of food. All these differing requirements impact on the frequency, reliability and quantity of the food support they are able to deliver and this can result in an inconsistent offering to ECDs.

A key challenge NGOs face is ensuring consistency in the frequency of their food provision. Not all food NGOs are able to guarantee what food will be available for ECDs, and this limitation is based on the suppliers of their goods. If the retailers they access do not have sufficient goods, they cannot be distributed. This results in a limited supply to the ECDs and an increased burden for these businesses to provide the food themselves (see 7.4.5 below). Frequency is also determined by the reliability of the delivery system in place. If this system is limited to the internal availability of an employee to deliver, the food might or might not be delivered even if it is available (see 7.4.3 below).

Further limitations to ECDs accessing food are based on the organisational requirements they impose on their beneficiaries. In fairness, these requirements are imposed for the food NGOs to remain accountable to their funders, but this means only a select few ECDs can access food from them. Some of these requirements included: only working through a registered organisation to provide ECDs with food (see 7.4.5); only providing food to an ECD if they are the only NGO donating food to the ECD, with ECDs required to show an effort to formalise to receive food support (see 7.4.4).

In response, food NGOs have created mechanisms to ensure more ECDs can access their offerings without conflicting with donor requirements. In this study, this was evident with food NGOs who worked on a national scale and used grassroots partners, the ECD service organisations, to connect them and deliver their food. These partners participated as the beneficiary organisation and could distribute the food to those who needed but were not registered or compliant with the food NGO's registration requirements. This 'loophole' has meant more children receive food. See sections 7.4.1, 7.4.4 and 7.4.5.

As sections 7.4.3 and 7.4.8 below show, BOSASA and Ukama Holdings were the only two who initially provided cooked food to ECDs daily. Both changed their method to delivering uncooked raw goods once or twice a week, which simplified and improved their distribution system. This distribution modification also removed the issue of their pots being stolen and included the provision of cooking equipment to ensure ECDs could produce meals themselves.

Irrespective of varying organisational models, these organisations have the ability to provide food to those who otherwise would not have it. They take care to provide the best quality food they can so that children are able to be fed. In the following section I profile all the organisations who support ECDs in the two study sites.

## **7.4 External support organisations**

This next section offers short profiles of the service organisations and food providers operating (or not) in Vrygrond and Sweet Home. These profiles, based on interviews and discussions, cover their approach, location, funding base and buying strategies. This is important to note as each of the food organisations are located differently in food markets. They can procure centrally, which means they can benefit from economies of scale, and enforcement of quality standards is easier.

### **7.4.1 True North**

During March 2018, I met with and interviewed Vicki Kumm, CEO, and Megan McCurrach, Project Leader of True North (see Annex H). They are a Western Cape Government ECD service organisation (Western Cape Government, 2018a), responsible for the Vrygrond areas Capricorn and Overcome Heights. According to True North's (2016) 2016 annual report and confirmed by the interviews held with ECDs during this study, they were working with 23 of the 35 ECDs in Vrygrond this study had mapped out. In the interview Ms Krumm said she

founded the organisation in 2007 to support ECDs and their principals in their provision of childcare. They do this by providing training, support, equipment and food to the ECDs in Capricorn and Overcome Heights. They have a small staff contingent and a much larger volunteer support base that helps them deliver their service to the Vrygrond ECD community. In 2015 they set up the Vrygrond ECD forum. This platform has enabled ECDs in the area to meet regularly, share their experiences and knowledge, and gain support where needed. This forum is now community-run with True North participating to work and engage with ECDs. Through this platform True North have set up and signed partnership contracts with 31 pre-schools. These contracts commit both parties and support the ECDs process of growth and development toward meeting as many of the national norms and standards as they can as well as facilitating access to an array of support.

Once contracts are signed, McCurrach said that partner ECDs are then placed on their Rainbow Development Model. This model is based on the national norms and standards, which has helped provide a clear development pathway for the ECDs they work with, to improve their offering and potentially formalize and become registered entities with the state. These partner ECDs are initially placed on the colour band representative of their current position, showing their potential journey to formalisation. As ECDs improve their offering, they move through the colours of the rainbow - from little or no formalisation (grey) all the way up to state registration requirements met and the potential to receive the DSD per-child subsidy (orange). See Table 17 below. Vicky noted that not every ECD will be able to meet all the requirements to ultimately register. However, the intention is to support ECDs getting as far as they can in the process, so this framework accommodates ECDs' different needs but assists them in their best possible development.

*Table 17 True North's Rainbow Development Model*

Colour rating	Number of ECDs
Orange	5
Yellow	4
Green	6
Black	6
Indigo	3
Violet	5
Grey	5

Kumm said in the interview that as True North is a non-profit and has limited funding, they have developed further partnerships with NGOs and corporates to deliver more support to the ECDs, such as food, training, and equipment. A benefit of partnering with True North is that they are able to earn 'currency points' through attending training and implementing best practices. They can then spend their points in their Community Currency Initiative on equipment and resources to further improve their ECDs. See Annex I for Resource list. For example, ECD V19 uses their training points earned to 'shop' at True North where they acquire educational equipment. ECD V15 built a wall behind her ECD and earned shopping points at True North to buy toys.

Their 2016 report reflects their Rainbow Model which shows that the most common unmet criterion was adequate Building and Premises. Similarly, in our March 2018 interview, True North stated that the biggest hurdle Vrygrond ECDs experience is finding the funding for building an appropriate structure.

Even though True North did not work with every ECD in the area, most ECDs were aware of the support they provided. Their food partners are BOSASA, FoodForward SA and Rise Against Hunger Africa. True North's partner ECDs benefit from a larger and less adhoc food distribution network. Through their organisational support activities, True North have enabled most of these childcare centres to comply with a range of national norms and standards – such as the presence of meal plans, educational equipment, first aid kits, fire extinguishers, hygienic and sufficient kitchen spaces – in order to assist them in applying for ECD registration. Many of these ECDs do operate from brick buildings but True North also assists a number of ECDs who remain unregistered. Some of these will never be able to register but, as will be discussed in Chapter Eight, their overall provision of care is greatly enhanced as a result of their support.

#### **7.4.2 The South African Education Project (SAEP)**

The South African Education Project (SAEP) is a mandated Western Cape Government ECD Service Organisation, responsible for the Philippi area. In contrast to the involved presence and activity of True North with most ECDs in the Vrygrond area, SAEP were not known to or assisted any of the ECDs interviewed in this study. I only discovered in late September 2018 that this service organisation list existed, at which point I saw SAEP were designated the Philippi area.

As seen in Sweet Home Farm, not only did none of the seven ECDs receive any organisational support from SAEP, the ECDs were not aware of SAEP's existence and presence in their area. As a result of their name not being mentioned by the ECDs and only much later discovering the existence of a mandated ECD service organisation list, I did not interview SAEP.

According to their Philippi Community Profile report (created in 2009 and later updated in 2015) (South African Education Project, 2015), SAEP provides organisational support to only 15 ECDs in Philippi, all of whom are registered and can meet the national norms and standards. Basing their figures on 2011 Census (Statistics South Africa, 2012) and 2007 mid-year population estimates (Statistics South Africa, 2007), the ECDs that SAEP support house only approximately 8.9 per cent of children under four in Philippi. It follows that that the vast majority (91.1 per cent) of children in this area are in ECDs that do not have access to their support. Furthermore, SAEP have recommended research be conducted to identify the whereabouts of the other ECDs in Philippi, but this has not yet been done. SAEP are thus aware there are many more ECDs in the Philippi area but they are unaware of their whereabouts and do not work with them. Thus, the majority of the children in the area remain unaccounted for and unsupported.

#### **7.4.3 BOSASA Group (Pollsmoor prison)**

The food provided by Pollsmoor was an informal intervention by a BOSASA member working at the prison. This programme existed prior to the collapse of the BOSASA Group.

In February 2019, African Global Operations, formerly BOSASA Group, went into voluntary liquidation (Master of the Supreme Court, 2019). They were being investigated for corruption allegations by the Zondo Commission and were at the centre of its state capture enquiry. Prior to this, BOSASA was a private company specialising in prison security services, including for Pollsmoor Prison. As part of their CSI programme, they claimed to provide infrastructure refurbishment and maintenance, equipment for children and care centres, including medication, construction of kitchen facilities, paying salaries and providing daily meals.

During the interview with McCurrach from True North in March 2018, she said that the BOSASA feeding programme had been initiated and run by one employee based at Pollsmoor Prison. He approached the prisoners asking if they'd be willing to eat less breakfast so that

they could feed children in Vrygrond ECDs, where many of the prisoners' children reside. They agreed and this employee began doing daily deliveries of cooked porridge to numerous Vrygrond ECDs. After a while he managed to arrange a once a week delivery of 10kg dry porridge and 2kg sugar to the ECDs.

BOSASA Pollsmoor delivered the breakfast porridge once a week on Wednesdays to 15 ECDs in Capricorn and Overcome Heights, some of whom are not True North partner ECDs. None of the Seawinds ECDs received this support. There were obstacles in the consistency of its implementation as the delivery system relied on one person:

*“The driver is off sick but they gave more stock beforehand so we have some for the holidays. They used to provide the porridge already cooked in stainless steel pots but people were stealing the pots so now they deliver raw that we have to make up ourselves.” (V20)*

During the fieldwork process in September 2016, ECDs noted they had not received a porridge delivery for three weeks. I discovered through True North in our March 2018 interview why this had happened: unfortunately, this employee fell ill in late 2016 after which the initiative stopped and the ECDs no longer received the porridge. Understandably ECDs would begin to rely on this provision for breakfasts. So, this loss of donated food would have been costly to them. The ending of this feeding programme was not linked to BOSASA's corruption allegations.

Attempts were made in mid-July 2017 via email and telephone to contact and meet with BOSASA marketing head but all attempts failed. All information gathered on this food provider comes therefore from the Vrygrond ECDs and True North.

#### **7.4.4 Rise Against Hunger Africa (previously Stop Hunger Now Southern Africa)**

According to their website (RAH, no date), Rise Against Hunger were established in 1998 in the USA and are an international volunteer-based food assistance non-profit that co-ordinates the distribution of food and other aid around the world. Their core focus is based on the understanding that good nutrition for children up to 3 years of age is critical to establish a child's physical and mental health, academic participation and social and economic contribution. They established themselves in South Africa in 2009 and have operations in Johannesburg, Cape Town, Pietermaritzburg and East London. Their patron Graça Machel



helps them in partnering with other NGOs and donors to deliver their product. As a result, they are able to reach the most vulnerable and hungry children.

As their website (RAH, no date) describes, their Hunger Eradication Programme was created as a result of the World Food Programme's "1000-day window" study – further discussed in a 2018 article on their site (Hill, 2018) – on irreversible effects of malnutrition for children in their infancy. This programme engages with donors, beneficiaries and volunteers to meet their objective of feeding hungry children. Through this programme they host meal-packaging events and distribute the meals through their outcomes-based food support programme. These locally sourced ingredients include rice, soy mince, dehydrated vegetables, and sachets that contain 23 vital vitamins and minerals, with a shelf life of one year. According to Mr Nell, these meals cost R2.90 each, with six meals per pack each feeding 10 children. These are delivered to their beneficiaries such as the unregistered ECDs in Vrygrond through True North.

In the questionnaire, Mr Nell noted that RAH support 299 unregistered ECDs worldwide. Before taking on any ECD, RAH will send out a field officer who conducts a baseline assessment. This will help them establish what the needs of the facility are and what improvements and outcomes they can achieve. Some of the minimum requirements and criteria RAH apply are:

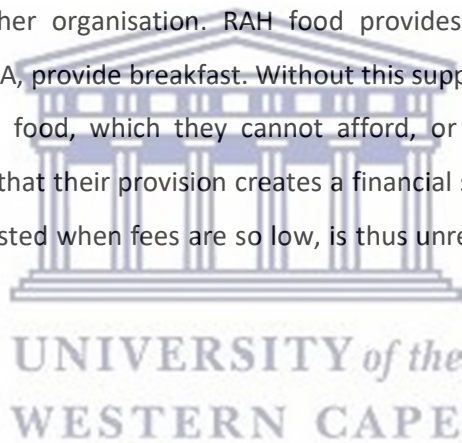
- The ECD must be unregistered and not be receiving a per-child subsidy from Department of Social Development;
- The fees must be R250.00 or less per month per child;
- The ECD must not have an existing donor who donates food;
- The ultimate goal is that they can assist the ECDs to meet the norms and standards that the Department of Social Development requires and be able to officially register, enabling them to obtain the per-child subsidy.

Mr Nell said for every 20 children attending the ECD, RAH supply one box of meal packs, with a total of 36 packs per box. These are delivered to preschools on a six-weekly cycle, either directly or through a partner organisation, such as True North in Vrygrond. The number of boxes delivered per cycle is based on providing lunch three to five times per child per week for a month in an ECD. These are cooked by the ECD owner with water, stock, oil and other goods the ECD provides, to create nutritious meals for the children.

Mr Nell stated that RAH believe these meal packs create a saving for the ECD of between R180 – R200 per month. They guide the ECD owner to spend the savings on areas which were identified from the baseline assessment. This might include a first aid kit, fire extinguisher, teacher training etc. However, with such low school fees, the likelihood of ECDs being able to afford such large-scale items is doubtful.

Mr Nell said that RAH believe the NGO sector fills a huge gap where government is failing. More partnerships need to be formed with government to implement effective actions and start delivering results. However, RAH have attempted to do this. They ran a pilot project with the City of Johannesburg in 2015 for 9 months, but this ended and no further extension occurred, although RAH are trying to negotiate another project.

The reality is that 12 of the 15 ECDs who noted receiving food from RAH, were also getting donated food from another organisation. RAH food provides for lunch whereas other supporters, such as BOSASA, provide breakfast. Without this support these ECDs would have to either spend more on food, which they cannot afford, or not provide it at all. The expectation that RAH has that their provision creates a financial saving for the ECD and that this money can be re-invested when fees are so low, is thus unrealistic. See Annex J for the interview.



#### **7.4.5 FoodForward SA**

According to Wayne Du Plessis in our October 2017 interview, FoodForwardSA (FFSA) was previously known as the Food Bank but the Reserve Bank said they were not a financial institution and could not be called a bank. FFSA was established over 20 years ago as a food assistance organisation that secured quality food for the malnourished and marginalised. They partner with farmers, big distributors and manufacturers to save food that would otherwise go to waste, redistributing to their 600 Beneficiary Organisations (BOs).

Many of the BOs are those providing food and development support to others such as Community Based Organisations (CBOs), home based care, and street people associations. All organisations applying to be a BO are assessed against a set of criteria. These are:

- Defined cooking space;
- Current NPO certificate;
- Food given to BO beneficiaries not to be used to make up further food parcels;

- Assisting 100+ beneficiaries (but if it's an ECD, the number can be lower);
- Verifiable location, email address and bank account;
- Their financial position shows need for assistance;
- Must provide letters of endorsement from community organisations including a local government office;
- Feeding programme should be operating 4 days a week;
- They may not sell or barter food;
- They must be willing to receive unannounced FFSA visits.

FFSA developed and refined these criteria over years to attract and retain BOs that can and will continue to comply. This is a core strategy of FFSA so that they can continue to meet the requirements of their funders. This criterion offers FFSA the surety from those accessing their service that it is used as they and their core funders intended. FFSA have a system of approval and registration that requires their potential BOs to be registered with government, and if they are not, they will not fund them directly. These criteria secure and ensure the flow of FFSA's donor funding. According to the Director of FFSA, their funders have their own criteria, requiring FFSA to be accountable for the use of their funding to distribute food. These funders require that FFSA can show their food went to a deserving entity who can also account for their provision of food and therefore require their BOs to be formal entities. All the funding they receive supports their core work of partnering with food producers (farmers) and distributors (retailers) to distribute food that would otherwise go to waste to those who need it most. In terms of meeting their funder requirements, they are unable to make allowances for unregistered entities. However, they appreciate the support many unregistered ECDs and other care-based operations provide and have thus created a 'loophole' to enable providing these facilities with support. They have done this by working through a partner organisation who is their BO, who will distribute the food to these unregistered operations.

Du Plessis said that qualifying BOs, including registered ECDs who are FFSA BOs and receive food directly, pay a R300 monthly membership fee that contributes to their sustainability model and helps pay for their four programme areas. These are: warehouse storage, virtual food banking, agricultural surplus collection, and providing school breakfasts.

Of their 600 beneficiary organisations, 25 per cent are support organisations and 26 per cent are registered ECDs. True North are a CBO and one of FFSA's BOs who enable the distribution

of food to their own beneficiaries who would not be able to meet the FFSA criteria themselves. Organisations like True North can meet the BO criteria, which means FFSA continue to comply with their donor requirements, whilst reaching more than their 600 BOs.

Du Plessis said that a core part of FFSA's work is ensuring a smooth-running food collection and drop-off system to limit food waste, and more BOs receive the surplus. Two systems ensure this happens. First, in support of their virtual food bank model, FFSA have developed an app to identify retailers with surplus food and match the beneficiary with them. This enables the BOs to collect directly from the retailer closest to them. This collection is then logged on the app and all costs incurred for collection or distribution are borne by FFSA. Their warehouse and virtual food banking food recovery systems have assisted in feeding over 250,000 people in 2017. Secondly, they own a fleet of trucks that collect the produce from farmers. Considering that one of their biggest challenges is that 50% of farm produce goes to waste, this system helps close the waste gap and improve the systems in food waste management.

*Figure 24 Foods donated by FFSA partners at their warehouse*



According to Du Plessis, a third of all food produced in South Africa goes to landfills. To alleviate this waste, FFSA are trying to expand their pool of food surplus providers from a range of sources, including restaurants and large-scale company cafeterias. But they find the will to take this step is still lacking. Du Plessis noted that some of the biggest food waste culprits are those in government departments. One such department is known to throw away almost half of the food they make each day in their cafeteria:

*“We could be collecting this food, feeding 200 people per day on this. But there is no effort made by this institution to connect with us to distribute it. We could give it to those in the area who need it and reduce food waste.”*

Figure 25 Selection of fresh foods donated from major grocery retail partners



Reducing food waste is a goal shared by FFSA and the Western Cape Government (WCG), but no official relationship exists. Mr Du Plessis explained that WCG have expressed an interest in FFSA implementing their food waste projects but have offered no funding to do so. Without an official relationship in place and funding offered, taking this on would not be sustainable for FFSA. Rather than being asking to implement their food waste projects, FFSA would like there to be funding directed to a government subsidy that supports food assistance for qualifying Bos, as they note that the NGO sector continue to fill this gap where Government support should exist:

*“This is not the only sector where this is happening [NGOs are doing government’s work] and government relies on the NGO sector”.*

Du Plessis confirmed that FFSA’s virtual calculation of their cost per meal per day = Total tonnage received in against running cost to provide food = 86c per meal. This rate was recently quoted by FFSA in a Portfolio Committee meeting discussing food resources during the COVID-19 pandemic (Parliamentary Monitoring Group, 2020). The portions are smaller than a standard meal size but they still see this as providing a stable meal. The food available from farmers and distributors, however, changes based on the season for fresh goods and on use-by dates for non-perishables. FFSA’s purpose is to supplement food supplies, not take over the BOs food programmes. For instance, sometimes FFSA will receive a mass donation of coffee, best suited for night shelters and not for ECDs. This irregularity in available goods limits

the predictability of consistent food provision to BOs, making the food supply chain as a result of FFSA's offerings from True North to ECDs, adhoc and therefore inconsistent. Although a transparent part of their model, there are two levels of uncertainty present, preventing a guarantee of the quantity and type of certain foods. First, FFSA is reliant on their food partners to provide the food they distribute, and secondly, BOs cannot guarantee a consistent provision to their beneficiaries.

Du Plessis ended by saying FFSA are members of The Global FoodBanking Network (The Global FoodBanking Network, no date). They are a non-profit supporting food banks in over 30 countries with the aim of ending world hunger. They convene every year with other members at their annual conference to share information on country-specific strategies to achieve this goal. See Annex K for the interview.

#### **7.4.6 Peninsula School Feeding Association (PSFA)**

According to their website (PSFA, no date), the Peninsula School Feeding Association (PSFA) is a registered non-profit organisation and was established in 1958 after government ended the national school feeding programme. They aim to address hunger in young learners and students attending primary, secondary and special needs schools, as well as Orphaned & Vulnerable Children Centres (OVCs), Early Childhood Development Centres (ECDs) and Technical and Vocational Education and Training Colleges (TVETS) in the Western Cape who don't qualify for the Government's National School Nutrition Programme or where the government subsidy isn't sufficient to feed all the hungry and malnourished learners. With daily meals costing R2.50 per child per day, PSFA's main aims are to reduce short-term hunger, enhance children's ability to learn through school feeding, and increase school attendance.

Although PSFA have been providing food to some ECDs, mostly in the Grabouw area, for a number of years, in 2016 they embarked on a broader strategy for this programme to reach and feed more children aged 0-4 years. Of the 27,270 learners they feed per year, 442 children are fed at 15 ECD centres, one of which is ECD P01 in SHF through Hope Africa (Peninsula School Feeding Association, 2017). However, there are restrictions on their provision. Not every learner in every school is fed but only those that qualify and are identified by the school's principal, indicating that they:

- Have a known family in poverty
- Are fainting in class

- Have no packed lunches
- Experience lack of concentration
- Are producing poor quality of school work and
- Display disruptive behaviour.

Eligible schools are provided with the necessary meal ingredients, cooking equipment and utensils. Dry ingredients are delivered to the school once a month, and fresh vegetables and fruit are delivered weekly. Volunteers, mostly unemployed women, are recruited from the community and trained to prepare and serve the food. Each volunteer receives a small monthly stipend for their service. This was evident in this study's SHF fieldwork, where one ECD received some adhoc food funding from PSFA through their partner organisation, Hope Africa. This, according to the ECD assistant we spoke to, was because the owner knew someone at PSFA so they would deliver food every so often during the month.

I invited Petrina Pakoe, the Director of PSFA, to attend a food governance workshop organised by the Institute of Poverty, Land & Agrarian Studies (PLAAS) at the University of the Western Cape held on 25 October 2018. At this workshop she spoke about the restrictions placed on PSFA, being a government-contracted school feeding scheme. She said that the ingredients they acquire are determined by government regulations so even if they could buy a product for less because brands are priced differently, they have to stick to the brands they are instructed to buy. This, at times, increases the cost to the organisation of each meal. Although this does not impact the quantity on the plate, it impacts on PSFA's spend and sustainability and their ability to increase the number of plates of food they could provide.

I asked Petrina about the one ECD in Sweet Home Farm that received food from PSFA through Hope Africa, and she confirmed that they do support it but their ECD programme was still small and did not have the same reach as yet as their school feeding programme.

#### **7.4.7 Where Rainbows Meet Training & Development Foundation**

According to their website (Where Rainbows Meet, no date), Where Rainbows Meet Training & Development Foundation was established in 2008 by Mymoena Scholtz and is based in Vrygrond. They aim to improve the lives of people in informal settlements in Vrygrond. They run a number of programmes in the area, including an ECD set up for abused and neglected children, youth after-school activities, a nutrition programme providing 1000 meals a week,

training and development to upskill community members, a gardening programme that provides food for their nutrition programme, as well as offering a free health centre. They employ 18 people and benefit from a number of local and international volunteers who assist in fundraising, training or working with children in the local ECDs.

They rely on local and international funding support but this is limited, with certain sources only being once-off donations. With this funding support they are able to provide fresh vegetables and meat, which they buy from local supermarkets, directly to a couple of ECDs in Overcome Heights and Capricorn and not through True North. During the fieldwork we confirmed that one of these ECDs is fortunate enough to receive food from three organisations, but the other relies solely on what Where Rainbows Meet is able to provide. With limited funding, Where Rainbows Meet is only able to provide food to ECDs on an adhoc basis.

#### **7.4.8 Ukama Community Foundation**

In our July 2017 interview Janine Roberts, the Director of Ukama Holdings, told me that Ukama is a for-profit social enterprise private packaging company that she founded that provides contract packaging services for customers across South Africa. They are based in Capricorn Business Park and comprise a group of microenterprises that are run by economically marginalised women who run their own packaging divisions. These microenterprise owners are trained and offer packing solutions for small and medium businesses.

Ukama's corporate social responsibility feeding programme began in 2013. Roberts said that as ninety percent of Ukama staff reside in Vrygrond and 70 per cent of them are single mothers, she was curious who cared for them during working hours. She discovered her staff's children attended three ECDs (V8, V22, and V24) in Vrygrond, which care for and feed a total of 200 children per day and who were not receiving any food donations. She therefore decided to assist and her team began making and delivering porridge for breakfast, cooked lunches and snacks on a daily basis. Although two of the ECDs she supports work with True North and receive food from other food organisations, she continues to work independently as she is only able to support these few ECDs and cannot financially afford to expand her support.

*"It's not hard. I run a business and have three children and make sure 200 children are fed each day. You just need to get off your bum and do something. People give up too*



*quickly after one bad experience. If you do your vetting process properly, you'll get your proper beneficiaries.” – Janine Roberts*

In 2015 Roberts registered the Ukama Community Foundation as an NPO to continue their work more formally and to enable her to access funding. All Ukama staff participate in the Foundation's work, spending an hour a week delivering the cooked meals. However, they found that preparing and delivering these cooked meals daily was becoming logistically challenging so in early 2017 they began delivering fresh, frozen and dry food twice a week for the ECDs to cook themselves. These foods included rice, pasta, tinned beans, tinned pilchards, tinned vegetables, lentils, milk (long life), peanut butter, jam (tinned), soya mince and stock cubes. Some of these ECDs did not have any cooking equipment so in addition to the food donations they bought two-plate stoves, fridges, pots, cutlery and crockery for the ECDs to make the food. Although their core focus is food provision, during winter they donate blankets and mattresses for the children as well as spare clothes for those who don't have any.

During the fieldwork process and in interviews with ECD owners, some of the ECD owners noted not knowing how to cook the food they received from Ukama and the meal packs from Rise Against Hunger, saying they couldn't feed the same thing to the children every day. Janine therefore provided cooking lessons, showing them how to incorporate all their donated food into meals so each day can be different with the same ingredients.

Apart from three weeks over Christmas, Ukama provides food every week day throughout the year. They are able to provide this through the assistance of private donors, their corporate clients and other community businesses in the area. One of their clients, Woolworths, donates fresh vegetables, meat, fruit and yogurt, whilst the Foundation fund raises for other essential items and occasionally buys food for their ECD feeding programme.

Roberts believes it would help if government provided food and partners could implement a feeding scheme, but doesn't believe they have the facilities or capacity to implement feeding schemes themselves. In spite of no government support, the combination of providing food, equipment and training to these ECDs has enabled them to continue providing daily nutritious meals:

*“The feedback we’ve received is that the health of the children has improved over time as a result of our feeding scheme support. There are now fewer sick children and the number of head sores are decreasing.”*

See Annex L for the interview.

## **7.5 Discussion**

Ultimately, access to and availability of food support from NGOs helps to alleviate some of the vulnerability experienced by ECDs and helps improve their nutritional offering, even though it cannot ensure it. A key part of this offering is the relationship between the food NGOs and ECD service organisations.

We can see that when ECDs are unable to benefit from the NGOs broader connection to the regional food geography, which is more flexible and centralised, there are consequences. First, they continue to be heavily reliant on the local food environment to buy their food, paying more for food than they would if they could benefit from an NGO’s economy of scale. Secondly, if no supermarket nearby can provide affordable and nutritious staples, this would impact on the quality of food ECDs can buy and provide. Thirdly, as fee income is a small sum, it only allows for a limited quantity of food to be bought and the food bought is thus nutritiously low bulk carbohydrates.

The presence of external food support role players is dependent on the presence of service organisations. Where they exist and function, NGOs and service organisations make an enormous difference. But with an inconsistent service organisation presence and no apparent national legislation securing this support role, it does raise the question of whether it is realistic to expect food organisations to serve every ECD in the country. The potential is certainly there in a site such as Vrygrond, where the service organisation is active, but in SHF where the service organisation appears absent, efforts to identify, connect and access these ECDs would still need to be made. NGO food supply might therefore not be impossible for all ECDs to access if more service organisations were appointed and had a comprehensive presence in their designated area.

In the next chapter, we will see that when the quality of care ECDs provide cannot be defined within the current norms and standards, ECDs cannot access the per-child subsidy and are

further restricted in their capacity to provide nutritious food. This care is situationally appropriate and safe, but regulations do not allow us to distinguish between these unregistered ECDs, which raises the question as to whether the regulations are fit for purpose.



## 8 Quality of care

The argument of this thesis so far has been that regulatory exclusion affects these township ECDs and this impacts on the food they can provide. This has exacerbated the huge nutritional shortfall already being experienced within ECDs: the per-child subsidy has the potential to make a significant difference, but they do not have access to it because of regulatory exclusion. This raises the question of the fitness for purpose of ECD regulations in ensuring quality of care, and for this reason I am going to look at the actual quality of care.

I begin this chapter with a vignette illustrating the considerable care offering by a deeply informal ECD which nevertheless experiences a continued inability to comply with the national norms and standards.

*Buhle's<sup>13</sup> ECD is based in SHF and has been operating since 2010, and has distinctly different infrastructure than other ECDs in this area. She operates it from four containers that a local NGO and an international donor donated and refurbished in 2012. Each container is equipped for a specific operating purpose such as toilets, a kitchen, and two classrooms.*

*Figure 26 Buhle's ECD, with its compliant structures and sufficient space but inadequate surface and no enclosure*



*The bathroom container is fitted with seven flush toilets and two basins. The kitchen is fully kitted with cleaning, cooking, and storage facilities where the staff prepare the daily breakfast and lunch meals. The ECD occupies a large piece of land, and Buhle has placed large pieces of carpet outside the entrances to each container. The centre has an adequate staff-to-children*

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<sup>13</sup> Name changed to protect the identity of the ECD owner

ratio of 1:6, with the addition of a skilled volunteer support twice a week. The part-time volunteer is a local resident whose son attends the ECD. She has home-based care training, has taught in other ECDs, and would love to work full time in an ECD again but continues to work as a night shift security guard four days a week in Retreat, as she cannot get a paid job in this field.

Buhle has attempted to register her ECD with DSD but has been unsuccessful: "I applied to the Department of Social Development to register as a crèche, but they said that our fence must be 1.8m high. We need proper cooling and heating structures, we need *afdaks*<sup>14</sup> for shade off the containers. The 0-18 months and 19-37 months must be separate, and the patch of ground in-between the containers must be grassed or made safe for the children to play on. I attend forums where the DSD and DoH inspectors were present, but they weren't helpful and said I needed all of this before I could get registered. We also haven't seen a social worker in a while".

Overcoming these registration hurdles will be at Buhle's cost. This makes meeting the requirements more challenging, as an ECD like hers in SHF charges fees ranging between R150 and R250 per child per month. This forces her to operate informally despite attempting and being able to meet many of the key national norms and standards.

On concluding our interview, Buhle became frustrated, as we spoke about registration requirements saying, "The minister of DSD says all children deserve to be educated, but she does nothing for us to help do that".

This case study illustrates a problem. Buhle's ECD is non-compliant, yet we can see that she is doing her best to provide good care. The question is whether this is an exceptional situation, or whether this situation is typical of ECDs in the study areas. Many township ECDs are structurally excluded from complying with the ECD national norms and standards, most commonly as a result of land and infrastructure obstacles. And yet they attempt to provide varying degrees of care. The key question is: what does an analysis of the standard of care in ECDs tell us about the appropriateness of the content of current regulations?

In this chapter, I assess the quality of care that ECDs in Vrygrond and SHF provide. I compare the quality of care in these ECDs to key national norms and standards to examine their

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<sup>14</sup> An Afrikaans word describing a roof over an area that is not enclosed by walls.

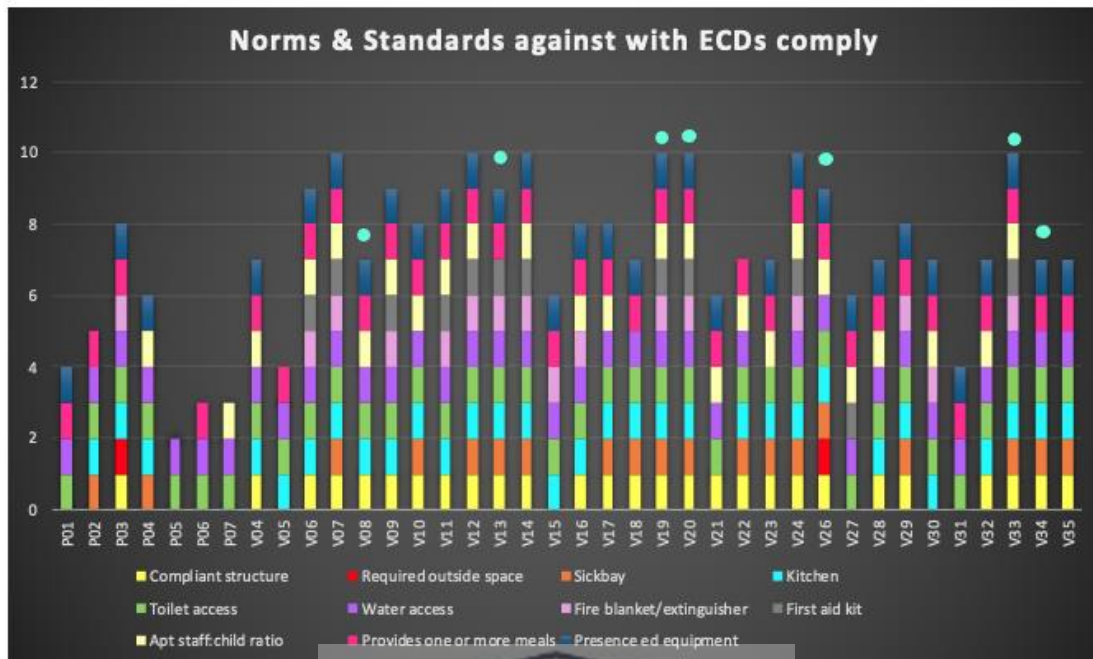
compliance and non-compliance. I discuss, in detail, the appropriateness and situational safety of this care in the context of where the centres are operating, showing how regulations continue to enforce their informality.

## 8.1 Regulatory compliance

In this section, I look at the extent of regulatory compliance, showing where ECDs comply and where they don't, with the intent of allowing for a meaningful differentiation between ECD types on the continuum.

In addition to the unrecognized efforts of ECD owners to provide a safe and caring environment, the organisation and criteria for complying with the national norms and standards in themselves are a hurdle to compliance. In this study, I focused on the two primary national norms and standards criteria required for an ECD application to be made: Health and Safety, and Building and Premises. I found that these criteria were easily observable and the first steps in achieving compliance, but also the greatest stumbling blocks for ECDs. For this reason, it is useful to provide a detailed quantitative analysis of the extent of regulatory compliance and noncompliance among ECDs in the study site. **Error! Reference source not found.** below shows the possibility of progress toward registration and compliance with the regulatory standards. For this purpose, I recorded ECDs operating from a prefab or container as having a compliant structure.

Figure 27 Norms and standards with which Vrygrond and SHF ECDs comply<sup>15</sup>



With respect to the requirements of the national norms and standards, many ECDs displayed some features of what could be expected from a registered childcare facility. Across both sites and types of ECDs, all had access to basic adequate sanitation (38), either inside their space or at the communal ablutions shared by area residents. Most provided food (35), had basic comfortable flooring (34), had a functioning kitchen (31), operated from structures that could qualify as compliant (27), and had an adequate staff contingent (25). The number of these basic infrastructure, safety, and health standards observed in each ECD reflected their position on the continuum and the site in which they operated.

Across the formally connected and partially connected ECD types, 24 ECDs met between eight and ten requirements, showing a high level of compliance. Outside space was seldom observed. Interestingly, some of the seven registered ECDs (identified with a turquoise dot in Figure 27 above) met fewer requirements than unregistered ECDs. Some (6) semi-formal and partially connected ECDs met seven requirements, mostly as a result of their adequate staff contingent and presence of educational equipment. Conversely, deeply disconnected ECDs (8) met six or fewer requirements, only being able to offer the basic access to sanitation and a comfortable and situationally safe space.

<sup>15</sup> I verified this information through available online databases, visible certificates within the ECD, or observation during interviews with ECD owners. Online databases included the Western Cape Government's online database of registered facilities<sup>15</sup>, the DSD online NPO database<sup>15</sup>, and the SARS online database of organisations with Section 18A approved PBO status.

Similar to infrastructure, the site determined the type of sanitation ECDs could access. But where the infrastructure and site often determine the ECDs' ability to comply with regulations, interestingly, the national norms and standards allow for varying types of sanitation and access, thus facilitating ECDs operating in informal settlements. For example, toilets outside of the property and basins of fresh water where no running water or taps exist in the property are permitted (Constitutional Assembly, 2008). In this study, I defined compliant sanitation as: communal toilet<sup>16</sup> with an adjoining freshwater tap; outside toilet<sup>17</sup> with freshwater accessible inside; toilet outside the property; or an inside toilet<sup>18</sup>.

*Communal flush toilets are interspersed throughout the informal settlement of SHF. Some toilets are freely accessible, but the drains get blocked as residents use newspaper instead of toilet paper, which damages the sewerage system, leaving them unusable. Low income or unemployment dictates the affordability of basic goods, so using newspaper is a viable alternative to toilet paper.*

*Some residents use a shared lock system on the doors for certain toilets, which limits the toilets' usage to a restricted number of residents and ensures a level of cleanliness. Residents with key access have a pre-existing agreement that they clean the toilets after use. The municipality does not enforce this lock system, but it is not prohibited either and appears to be an informal regulatory system that SHF residents put in place in an attempt to secure access to more consistently clean and functioning sanitation.*

*Despite blocks of flushing toilets scattered throughout SHF and a number of portaloos present on the outskirts of the site, I smelled and observed the presence of raw sewage. During the fieldwork process, the municipality was removing it from the gulley surrounding the entire site. Inadequate sanitation and blocked drains affect the ECDs' capacity to use these communal toilets, especially if they do not have access to the toilets with a lock system. Therefore, the ECDs increasingly rely on the potties<sup>19</sup> they provide for the children as the primary available ablution.*

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<sup>16</sup> This refers to a flushing toilet or tap that was for the use of the whole community and usually situated within an informal settlement, such as SHF and Overcome Heights.

<sup>17</sup> This was either a portaloos or a flushing toilet and a formally or informally plumbed tap.

<sup>18</sup> These were all flushing toilets but for plumbed water, referred either to formally or informally plumbed taps.

<sup>19</sup> A bowl used by small children as a toilet



Figure 28 Anathi's portable toilet and the communal flush toilets available to her ECD in Sweet Home Farm



This raises a question: If this type of sanitation conforms to national norms and standards, why doesn't the state give ECDs in informal structures the same flexibility with regard to compliance?

The compliance issue observed in this study was not about access to sanitation but rather access to an adequate number of toilets. Every ECD in the informal settlement sites had potties and access to toilets. As stipulated by the city's Early Childhood Development Policy (City of Cape Town, 2013), which mirrors the national norms and standards, one toilet should be available for 20 children older than 3 years and one potty for every child under 3 years. For example, P01 had 50 learners in their care, 25 of whom were under 3 years of age and needed to use potties. However, I observed only seven potties and one portaloo on the premises. This meant that either all the children were using too few on-premises toilets, or the children were accessing the communal toilets off premises. Similarly, in Vrygrond, V12 operating from a brick house with a toilet inside, had one potty outside for the 22 children under 3 years.

ECDs connected to a support organisation played a key role in them becoming registered or getting as close as they can to registration, but did not always determine regulatory compliance. Whereas all SHF ECDs operate without the presence and awareness of a support organisation, ECDs in Vrygrond are all known to their local service organisation, True North. Most (23) ECDs in Vrygrond work with True North to improve their offering. These ECDs 'contract' with True North to work toward meeting as many norms and standards as possible

so they can offer the best ECD service they can. Even if they cannot meet such standards, the ECDs try because the benefit of True North's support for themselves and the children in their care is substantial. The relationship ensures access to organisational and food support. Not one ECD in Vrygrond, not even those who were not working with them, noted not wanting to partner with True North. Even the most disconnected ECDs, without access to this support, actively sought out support from a range of organisations because they know it would help provide better care to the children.

*"I have asked Mothers' Unite for support, but she has given me nothing. VPUU said they'd help me register as a crèche with DSD, but they didn't. True North said they'd help with crèche registrations."*

Connected and semi-formal ECDs, most of whom were in Vrygrond, benefited from True North's distribution network of food NGOs, whilst those deeply disconnected ECDs in SHF and in Military Heights (Vrygrond) lacked this presence but still provided what they could. The nutrition strategies discussed in Chapter Six show that providing something, such as shared snacks from parents who are able to provide or top-up purchases from the ECD owner, is better than getting nothing. However, working with a service organisation supports an improved offering of care and resources but does not guarantee compliance and is situational.

## **8.2 Situationally appropriate care**

This section does three things. First, it provides evidence from interviews with ECD owners that ECD operators have a strong motivation or intention to provide adequate care. Secondly, it provides information about the actual features of ECDs that reflect this intention, and that do make the places better for children, and finally, it introduces the idea of situationally appropriate care.

While ECDs are a business, there is a desire on the part of operators to care properly for children. Most (20) ECDs reported that parents do not provide much due to financial constraints, but as many if not more ECDs fed the children with whatever they have. With limited income and buying power, as discussed in Chapter Six, this increases the burden of provision on the ECD owners. At ECDs of all types, owners noted accommodating this lack of provision. Even the poorest ECDs in SHF make every effort to provide whatever they can in food and educational equipment that they can afford in order to provide care.

*“I used to work at a crèche called Imizamoyethu in Vuk’Uzenzele, so I have crèche experience, but I left to start my own crèche. The parents at Imizamoyethu liked me, so when I left to start my own crèche, they brought their children to me.” (P06)*

There is a personally imposed emotional element to the work, making this “meaning-making work” in the low-income space (Hochschild, 1983) for the ECD owners and the children who are in their care. Residing in the same area, these ECDs are familiar with the challenges facing these children and their parents. ECD owners did not establish these businesses with the primary goal of complying with standards to register, but rather they desired to play an essential role in providing much-needed care. Various ECD owner respondents chose to run this form of business since they enjoy caring for children, also providing an income to their families.

*“The children in my school have been with me since they were 2-3 months old. The youngest child here is 2 months. Her mother is doing matric, so her baby stays with me during the day. I ask parents not to wash their children at home, as they get cold when they go out. I bought an [homemade from 20L oil bucket] urn for R100, and so I wash them here. I used to work as a nanny from 1998–2005, looking after the children, but they moved overseas. I used the [pension] money they gave me to set up the crèche. I love looking after children, which is why I decided to start my own.” (P02)*

The ECD owners are acutely aware of the challenges the children face, and even with so little they do what they can, whether providing a safe space for their children to sleep, making some food if they can afford to, or attempting to provide a learning space. A ‘disconnected’ ECD owner spoke about providing the kind of care one would expect within a registered ECD, even if it did not appear as such and compliance continued to be inaccessible based on her infrastructural constraints.

*“We [the ECD] are a support for the children, as we know the issues in the area.” (V20)*

*“Twenty-seven kids don’t pay fees as they’re looked after by their grandparents due to parents being on drugs or in prison.” (V22)*

*“They [the owner pointed to the two older children still sleeping on the mattresses] don’t eat much or anything at home, so they are tired when they come to school. They sleep longer than all the others after lunch....so then we [the ECD] will make a plan from our own kitchen.” (P04)*

These anecdotal quotes provide evidence of ECD owners prioritising a child’s wellbeing over what income they bring in – where the owners allow children to stay in their care despite non-payment of fees or parents paying less, as many have been in the school from the beginning. They would rather have them in their space without paying full fees than know that they are not being properly supervised.

*“We have a front and back school. We are registered as a crèche for 97 children, but we have over 300. We expanded our school into the back of the property as the demand [for children to be in the school] grew. The Grade R need is very big. We don't feel we can say there is no place for kids. Very few parents pay their fees, but we won't take their children out because of that. We prefer kids in school.” (V19)*

Within the limits of what’s possible, there is evidence of attempts to make it a safe and caring environment with the provision of certain spaces and facilities. For the most part, a genuine desire to provide a safe and comfortable environment for children seemed to motivate most ECD owners. They wanted to provide high quality care and good quality meals. Although care varied among connected, semi-formal, and disconnected ECDs, every ECD owner in this study, to the best of her ability and the resources available to her, attempted to provide the best care she could. As I observed and as demonstrated in the ECD owners’ stories, the owners have a keen awareness of the need and role their business played in caring for and ensuring the general well-being of the children.

Creating space to care for sick children is a key criterion of the norms and standards. I observed 19 ECDs with a formal or makeshift space created to care for sick children. As most ECDs are home-based, including those that are registered, ECD owners use a bedroom for this purpose. Alternatively, the ECD staff would divide up the space – most commonly one-room – into classrooms and move sick children into one section. So, irrespective of whether a sick bay exists, ill children continue to receive the care they require. ECDs (25) informed parents when their child was sick, as a standard practice. Most parents were unable to collect their child, so the ECD cared for them.

*“[We] look after the child. I’m like their mother when they’re not at home.”*

Overall, 35 ECDs had outside play areas and demonstrated an attempt to make it safe. Many ECDs (20) had small paved or concrete outside areas. Others (14), like Buhle’s disconnected ECD, used carpet or turf to cover the entire outside area. In addition, one formally integrated ECD had a sand pit and jungle gym.

Figure 29 below shows the entire ECD space of one ECD. The ECD owner’s home is adjacent to this shack with a small carpeted outside area that makes it safe for playing. All of the children’s food, provided by the parents, sat on a small table, as no refrigeration was available. Mattresses were the only equipment I observed, which were too few for the number of children but provided something the children could rest on. This ECD owner cannot provide more but provides a safe space for the children in her care. The ECD is comparable to, if not better than, the children’s home environments in SHF and what parents in the area can afford.

Figure 29 A Sweet Home Farm ECD inside and outside space



Like Buhle, most deeply disconnected ECDs are excluded from registering as a result of their noncompliant infrastructure, and the DSD regulations do not recognize childcare experience nor the lengths ECD owners go to provide care. Non-compliance is therefore not the result of the ECD owners’ failure or lack of interest in providing adequate care for the children; it results from poverty and unrealistic regulatory requirements (Carter, Biersteker and Streak, 2008; Sustainable Livelihoods Foundation, 2013). Thus, it is important for the state to recognize and appreciate the value of care by these semi-formal and disconnected ECDs as situationally appropriate and safe.

For this reason, it is useful for the purposes of this discussion to introduce the notion of situationally appropriate care. These ECDs are providing the best care they can within the

constraints of the environment. This is not necessarily up to the standard the regulations require but it is the best that can be done under the circumstances. At the very worst, it is as bad as home environments may typically be, but it may be better. Even if it were exactly the same, it is no worse than the homes where children reside, as these businesses reflect the 'lived economy of the urban poor' where homes are commonly used sites for running a business (Charman, Piper and Petersen, 2012), especially in informal settlements.

Thus, the level of care that ECDs in this study provided was situationally appropriate. The ECD owners made a genuine attempt to make the best of a challenging situation, providing a safe environment for children as good as or better than they are likely to be experiencing at home.

### **8.3 Enforced informality**

Despite this study showing that many ECDs could meet many of the compliance standards discussed above, ECDs continued facing difficult bureaucratic challenges (Giese and Budlender, 2011) in the process of applying to formalise and the consequential outcomes of regulatory exclusion.

The Western Cape Government (2018) website stipulating how to register an ECD Partial Care facility refers to the ECD site or space needing to be 'satisfactory', and the DSD (2006) refers to the ECD site and space needing to be 'adequate'. It does not define these terms, however, which makes determining the level of compliance against these terms in addition to the norms and standards, subjective. These standards and ratings are based on the health, safety, or environment officers' subjective assessment of the business. In this study, a discussion with a DSD social worker revealed that the approval of an informal structure, such as a bungalow, prefab, or container depends on the discretion of the DSD officers overseeing a particular area. This subjective implementation of the standards clearly presents a significant barrier for many operators to achieve compliance and forces ECDs to operate without formal registration.

As I observed in this study, the primary ECD structure was typical of the area in which the business operated. These varied from formal (brick houses) to informal (shacks), as well as a number of structures that, unless approved by the state, were categorised in this study as

informal (prefab, containers, and bungalow<sup>20</sup>), because they are movable structures. Of the Vrygrond ECDs, 68 per cent (21) operated from a brick house and 32 per cent (10) operated from an informal structure such as a shack, prefab, or wooden shed. In contrast, all SHF ECDs (7) operated from an informal structure, including six shacks and one refurbished container. As noted earlier, 82 per cent (31) of the township ECDs in this study were unregistered. Further, Charman *et al.* (2017) suggests that compliance with the national norms and standards is unachievable mostly because of infrastructural and land use limitations.

The subsequent vignette illustrates how enforced informality based on land use does not prevent deeply disconnected ECDs from operating, but rather it strangles their capacity to earn a livelihood and limits access to resources.

*SHF is unsurveyed land occupied by shacks. For this reason, Anathi's deeply disconnected ECD does not comply with land use and infrastructure national norms and standards, and so she is excluded from satisfying the ECD registration process. However, the city continues to enforce this informality. For example, in Overcome Heights, a City of Cape Town Human Settlements billboard has been erected on the outskirts of this area, acknowledging such settlements for residential occupation, recognising that these resilient environments, once upgraded, can provide safe housing and livelihoods for their residents (Isandla Institute, 2016). Despite having condoned informal structures (shacks) for residential occupation, the city does not allow businesses to operate from similar structures. Anathi's ECD cannot therefore register; either she continues to operate 'illegally' or not at all.*

Figure 30 Main ECD space, Sweet Home Farm, 2017



<sup>20</sup> This is a commonly used term to describe a wooden shed or Wendy house.

*Despite the poverty in which Anathi lives, she chooses to operate without support, providing quality care for the children. With years of childcare experience, she understands how to look after children by providing food and a safe space. She might not have the required educational equipment and space DSD states an ECD should have, but these children are well cared for within their residential environment. Anathi is a second mother to the children, some of whom regularly stay overnight, as the parents work night shifts as security guards.*

This enforced informality creates an operational “catch-22” situation (Dagerman and Levy, 2018). The ECD cannot formalise because of its structure, and yet if it attempts to formalise, it runs the risk of being shut down due to non-compliance (Department of Social Development, 2006; Charman, Piper and Petersen, 2012; The Project Preparation Trust of KZN, 2014).

The intention behind registration is to enable government to provide ECDs with the per-child subsidy (People’s Assembly, 2011), but the rollout of this process is not always successful. The process of registration, as seen in Dagerman and Levy's (2018) study, remains arduous with associated financial costs to the business owner or principal that are not covered by government. This study showed that whilst registration facilitates improved care, the cost to do so is born by the ECD owner and, with a limited number of children in attendance and no access to the per-child subsidy, the financial security of ECDs is unstable, thus increasing the likelihood of regulatory exclusion.

The approval process at each point depends not only on meeting regulatory requirements but also on developing a working relationship with each departmental official that is assigned to oversee your operation. The ECD owner will deal with the officials going forward, and these individuals can determine the ECD owner’s experience of this process. As Ntombi notes below about her integrated and registered ECD, she receives two visits per year from the Health and Fire and Safety Department inspectors and a DSD Social Worker. She has worked hard over the years to build relationships with the Health and Safety inspectors who assess her business. This relationship is key to her business remaining compliant, both in the services she provides but also the inspectors being understanding if she fails to meet certain requirements.

*When Ntombi contacted them [DSD] to ask about her (per-child) subsidy application, they told her she had to reapply as they had lost her application. She called the office, but they either*



*didn't answer or when she did get through, did not call her back. She finds it hard to stick to the DSD rules when they won't even help her with funding she is entitled to and can access. To register with DSD is was hard enough because DSD, DoE, DoH, and fire departments sent their inspectors to assess her business to ensure she is compliant with the standards: "They come to ensure I have the correct equipment, space, toilet inside, enough teachers." Although Ntombi is registered, she has to have her property rezoned as a business to continue running her ECD. To do this will be at her own cost. So, strategically she has decided to build relationships with the inspectors and make friends with them as, advantageously, individuals are allocated certain ECDs to oversee so the same individuals from each department visit her twice a year. But the process to remain registered is still arduous: "It is easier to get an NPO number than register as a crèche."*

Thirteen semi-informal ECD owners said they would not attempt to register because it is complex, the department is inaccessible, and the officials are unhelpful. DSD officials provide poor guidance and contradictory advice, and most informal ECDs do not know how to apply or who to speak to. This contributes to the ECDs' regulatory exclusion. Not only is it extremely difficult for the ECDs to achieve compliance, but it is also difficult for the ECD owners to demonstrate whether they are indeed compliant.

Given these regulatory hurdles and threats, flying under the regulatory radar is appealing. The benefit of not attempting to apply is that the state will only deal with an ECD if it actively engages with DSD, so ECDs forego attempts at receiving the per-child subsidy in order to ensure uninterrupted operations.

Even for the few registered ECDs whose children comply with the household income requirements, applying for the per-child subsidy does not guarantee approval to receive it. At the time of the fieldwork, three Vrygrond ECDs had applied for the per-child subsidy; one's application was in process, and the other two had to resubmit, as DSD stated their paperwork had been lost. Of the 38 ECDs, only one ECD, V20 in Vrygrond, received the per-child subsidy grant for 40 of the 72 children in the owner's care. Previous research showed that the pre-child subsidy was available to ECDs for children whose total household income did not exceed the minimum monthly wage. Residents in Vrygrond and SHF are either in low-income earning jobs, earning R3500 or less per month, or unemployed (Battersby and Peyton, 2014; Visser, 2015; Development Information and GIS Department - City of Cape Town, 2016; Sustainable

Livelihoods Foundation, 2016; Statistics South Africa, 2018b), which implies that these children should qualify for the per-child subsidy. But for an ECD operator with limited resources and operating within an informal space, regulatory exclusion also ensures ECDs are unable to access the subsidy.

As noted in section 6.3.2, limited DSD budgets and their funding cycles are possible key obstacles to making the per-child subsidy accessible. DSD may in reality not have the budgeted funds available to pay out the number of subsidies that were being applied for. This, True North stated, was because the DSD had budgeted for the number of ECDs they assumed existed but many more had managed to register and apply. As discussed in Chapter Three, current estimates of non-registration may be unrealistically low: If patterns identified in the present study are at all typical, it is possible there are many more unregistered ECDs than the state is aware of, and that amounts currently budgeted for the subsidy may be too low.

Whereas the per-child subsidy excludes formal suburban ECDs based on their economic demographic, it also excludes informal ECDs within the targeted economic demographic because of the centres' non-compliant spatial context. Thus, the per-child subsidy access point is problematic because it relies on inaccessible national norms and standards, which ECDs must first comply with to register in order to apply for the per-child subsidy. DSD budget allocations are designed for the poor but ultimately are only accessible to relatively privileged centres that can comply with the regulations.

Regulatory avoidance clearly has negative consequences for ECDs, in that they cannot access the per-child subsidy. But it also has negative consequences for the state – ECDs stay outside the regulatory umbrella, become invisible to the state, and it becomes difficult for the state to shape their behaviour.

## **8.4 Discussion**

Whilst government estimates suggest 40% of ECDs are unregistered, the reality could be much higher, even in more formalised areas such as Vrygrond where a surprisingly large number of ECDs are unregistered. This means the problem of unregistered and therefore regulatorily excluded ECDs could be very much bigger than the state estimate.

Although many ECDs were non-compliant, the evidence shows that under the circumstances ECD owners made a genuine effort to provide quality care and food for the children entrusted to them. Even the most disconnected ECDs attempted to provide the best care possible. The state-imposed regulations fail to assess the quality of care in context. In this chapter I have provided evidence suggesting that the ECDs' quality of care is situationally appropriate. This suggests that existing regulations do not allow for meaningful differentiation between the standards of care provided at ECDs operating under particular circumstances, and don't create meaningful or realistic incentives for improvement or upgrading.

True North's interaction and support of ECDs plays an important role in their provision of quality of care and appears to contribute to greater levels of compliance with the national norms and standards. All of the partially connected and disconnected Vrygrond ECDs that do not work with True North also show an attempt at improving their offering. Similarly, disconnected ECDs in SHF remain unsupported, despite attempting to provide a quality of care appropriate to their context.

Importantly, neither the presence or absence of support from service organisations in either site deterred the ECDs from operating. This illustrates that irrespective of whether ECDs can comply with state regulations or not, they will continue to operate because there is a demand for their services. The ECDs play an essential role in the provision of care for children in the area and constitute an integral form of home-based self-employment, as the Sustainable Livelihoods Foundation (2013) concluded.

Through complexity, bureaucracy, inflexibility, and unrealistic standards, ECD formalisation excludes those who cannot meet the basic informal infrastructure requirements, let alone meeting land use regulations to operate their ECD. For an ECD operating in a formal area, meeting the requirements is a matter of ticking a box, without too much investment into making the space compliant. Meanwhile, for an ECD in a semi-formal or informal space to become compliant requires extensive external support and funds to upgrade the space. A mismatch exists between the basic requirements to comply and the lived reality of these ECDs. Research going back to 2012 (Atmore, van Niekerk and Ashley-Cooper, 2012) and more recently (Van Niekerk, Ashley-Cooper and Atmore, 2017) has concluded that regulations are exclusionary and does not really allow for a meaningful differentiation between different standards of quality of care. The regulatory exclusion of ECDs on the basis of their built

environment makes no sense because we can see these ECDs are able to provide good quality of care within their spatial context, operating from informal structures, and that therefore regulatory exclusion keeps these businesses in limbo. Yet national government have not changed these national norms and standards to be more inclusive. Consequently, many ECDs remain unknown to government (Carter, Biersteker and Streak, 2008; Atmore, van Niekerk and Ashley-Cooper, 2012; Sustainable Livelihoods Foundation, 2013; Van Niekerk, Ashley-Cooper and Atmore, 2017) or remain unregistered.

Thus, these regulations are not fit for purpose in providing meaningful governance for the vast majority of ECDs in low income areas, and the institutional and policy environment fails to create the conditions to support ECDs that need it.

In the final chapter I will address the implications for policy and research going forward.



## 9 Conclusion

### 9.1 Introduction

In this chapter, I provide an overview of my most important research findings, identify policy implications arising from them, and set out some questions for further research.

This thesis explored the strategies township ECDs employ to provide nutritional security to the children in their care, and the obstacles and challenges they face in doing so. It also looked at the measures ECDs take in order to ensure that they provided adequate care to these children, and how these efforts measured up to the norms and standards for partial care facilities. It then explored whether these regulations, as they stand, were fit for purpose. It focussed on the consequences of regulatory exclusion on township ECDs, described how this affected their food provisioning, and explored some of the other obstacles and difficulties standing in their way.

The state of child health and malnutrition during the COVID-19 pandemic has shown how fragile South Africa's capacity is to prevent this health crisis. With almost immediate effect, the demand for food for the poorest escalated. Whilst there is recognition for the importance of civil society and donors in supporting a positive trajectory in proving the nutritional outcomes of the poor (Mannar and Micha, 2020), NGOs have encountered barriers from government (Davis, 2020) to providing food relief as well as their own donor pools unable to keep up with the demand. Developing response plans and practical guidelines that address all nutritional needs for children during these times is critical. The need for informal childcare centres to be reopened during the current COVID-19 crisis has become abundantly clear. From the outset of this pandemic, food insecurity has been widely discussed. Although ECD centres have been identified as sites of opportunity for food and nutrition security, especially in poor communities where children may not receive food at home and are going hungry (Wills *et al.*, 2020), these centres have remained closed during the COVID-19 pandemic. Not only has this impacted on the earning capacity of its owners (Rogan and Skinner, 2020) but the nutritional wellbeing of the children who attend. NGOs, many of whom provide food to these facilities, are themselves experiencing financial instability, which could mean a decrease in food support or at least limited distribution during this time. The challenges with children going hungry during the lockdown period is two-fold: many parents lost their employment, unable to afford even basic foods that they previously provided, whilst others who remain employed had to

make alternative arrangements for childcare in order to keep their jobs. All of these issues mean less food for children.

Through these findings, key policy implications and questions for new research were identified.

## 9.2 Summary of findings and core empirical argument

Overall, this study argued that township ECDs are a prime intervention site for ensuring child food security (or reducing child food insecurity), but that they experience constraints on their provision of food. First, my research suggests that the extent of regulatory exclusion of ECDs in South African townships may be underestimated, and that the problem of unknown and unregistered ECDs may be much bigger than currently estimated. I found that 81 per cent of ECDs in the study site were unregistered, much more than the 40 – 50 per cent estimated by other studies (Williams *et al.*, 2001; September, 2009; Economic Policy Research Institute, 2014). The high number of unregistered ECDs is particularly striking given that Vrygrond is atypical with its mixed housing landscape, greater degree of integration into formal systems and close proximity to public transport hubs and middle-income areas. In a context like Vrygrond with a mix of formal and informal infrastructure and greater resource access than many informal settlements, one would expect lower numbers of informal ECDs. Yet even here the number of ECDs falling outside the regulatory umbrella greatly exceeds common estimates as noted above. The outcome of this is that the state continues not to know the whereabouts of these entities and the children they care for. Consequently, the key state resource for ECDs – the per-child subsidy – for food support does not reach its intended beneficiaries, and ECDs and their children remain nutritionally vulnerable.

Secondly, I argued that existing regulations are unfit for purpose, and do not provide an effective way of meaningfully distinguishing between ECDs deserving of recognition and those that should be closed down. The evidence showed that a real effort was made by ECD owners to provide the best care under the circumstances, that the built environment is probably as good as or better than what these children would have in their homes, and the informal nature of these structures did not hinder their provision of this care (such as comfortable flooring, access to potties and fresh water). Unregistered ECDs are in fact in compliance with many of the other national norms and standards, and the children in these ECDs are being cared for with situationally appropriate care.

However, the institutional and policy environment fails to create the conditions that would enable ECDs to ensure nutritional security, by continuing to exclude them from the regulatory environment. Without regulations recognizing situationally appropriate care, they cannot distinguish between ECDs providing quality care and those that do not, and therefore these regulations are not fit for purpose.

Under the current regulations, where land use remains the first element of compliance, unregistered ECDs in informal settlements, where land is unzoned, will never be able to formalise because of their built environment. Although regulations dictate it, the structure in which they operate in is not the indicator of adequacy of care. Rather it is just a function of the fact that these ECDs are operating in poor and informal settlements. Rather than formalisation being a proxy for the level of care, instead it reflects the socio-economic and geographic position of these businesses and their owners. This suggests that these DSD regulations are unfit for purpose, excluding all semi-formal and disconnected ECDs, even when they are doing a good job of providing a good standard of care. With this exclusion comes a reliance on external support factors in order to operate.

Thirdly, the findings highlight the critical role played by NGOs and support organisations. Where NGOs are active, they play a key role, providing a significant contribution to the food ECDs provide. Across the continuum, those ECDs with food support were able to provide substantially more than those who had no support. The ability of NGOs to provide this support lies in their economies of scale and their ability to ensure the nutritional quality of the food they secure. Although the delivery of their service varies and is dependent on their internal models, the intended outcome of this provision are consistent, healthy meals every day of the week for children in unregistered ECD centres who do not form part of formal government feeding schemes. Where Government funding for centralised food provision exists with food NGO partners for school feeding schemes, economies of scale are similar to if not greater than those achieved by these independent food NGOs. ECDs need access to this source of food to provide adequate nutrition that would set these children up for healthier, productive adult lives.

I also showed, however, that there is great unevenness of ECDs access to NGO food support. With regulatory exclusion comes a greater chance of disconnection from service organization

support, entities that act as a distribution partner for external food support. Without them, ECDs would not have access to a range of food organisation offerings, relying on context-specific fee income which we know is insufficient. Even if ECDs have access to this support, showing the beginnings of adequate provision of food, the distribution was ad hoc and it wasn't enough on its own to provide enough nutritious food.

I have demonstrated in this thesis that the provision of food in township ECDs, although a core offering, is constrained by access, availability and affordability. Those ECDs most connected or semi-formal have a greater portfolio of resources, most of whom are situated in a site connected to formal areas and retail spaces, whereas those disconnected have none, relying on fees which are insufficient and limited wholesale offerings. These constraints undermine nutritional security for all children in ECDs.

Fourthly, research elicited disquieting evidence of the depth of the food insecurity crisis faced by township ECDs. Even with all forms of monetary and in-kind support, ECDs are unable to provide children with adequate nutrition, in line with a healthy plate. This specifically highlights that even in the most well-resourced ECD in Vrygrond, children are experiencing food insecurity. Considering the seriousness of the nutritional crisis facing children, especially in the context of their first 1000 days, ECDs continue to be important sites for nutritional intervention during children's most vulnerable years.

### **9.3 Discussion of limitations**

The research was based on interviews with ECD owners in two Cape Town settlements. This study has provided valuable insight into the challenges facing these ECDs, but it is still a relatively small sample size. What makes this study indicative of national patterns is that I gathered data in two geographically and spatially different townships: Vrygrond, a semi-formal mixed housing suburb bordering a middle-income area, and Sweet Home Farm, an informal slum, separated from formal economic activity. Although different, both are economically marginalised communities with a large population and great density of ECDs.

The selection and sample bias I might have encountered was minimal if not insignificant. All but seven ECDs were interviewed in this study, all of whom were based in Vrygrond. Even unregistered ECDs in this township chose to participate in this study and be interviewed. Although much of the regulatory exclusion is out of their control, this suggests that it is very



likely that the situation in many informal settlements will be worse than in a place like Vrygrond.

While the intention was to provide the 24-hour dietary recall survey to all ECDs in Vrygrond and SHF, only some of the Vrygrond ECDs were given the survey and a smaller sample of these participated in this study. This survey, although not representative of all low-income area households, it is indicative of food insecurity in the home.

Despite the limitations, my findings have broader relevance for the understandings of child nutrition in informal contexts throughout South Africa.

## **9.4 Identifying key policy implications**

This section provides suggestions around the key policy implications for the inclusion of unregistered ECDs and scaling up food provision for the nutritional security of children in marginalised areas.

### **9.4.1 Review regulations**

There are two key problems with the current application of regulations. First, the preconditions for registration are inappropriate, as the per-child subsidy is not accessible to those it is intended for. Secondly there is no appreciation in the regulations of situationally appropriate care.

Under the current regulatory regime, there are inappropriate conditions for regulatory inclusion, which makes it a problematic and limited framework. Registering centres caring for children is critical, and government needs to know the whereabouts of children, but registration is too difficult, limiting the number of childcare centres who can apply for the per-child per-day subsidy. Children in these township ECDs are experiencing chronic food insecurity. Rather than alleviating this pattern, the City of Cape Town enforces regulations despite knowing compliance is difficult (City of Cape Town, 2013). As discussed on page 43, while the City's stance is rhetorically egalitarian, insisting on high standards for ECD compliances, this works in fact to reinforce existing inequalities. This normalises existing policies on ECD facilities through continued regulatory exclusion. This contributes to the experience of extreme poverty and living below the food poverty line. Legislation requires some flexibility in its application, to be inclusive and to enable nutritional security. Unless

these centres can be appreciated and recognised as situationally appropriate centres of care, they will remain unregistered, invisible and unable to access the per-child subsidy. Policy reform should aim to increase the amount and the number of children who can access the per-child subsidy, reflecting its purpose and intended beneficiaries, so nutritional security can be provided by ECDs.

Secondly, for access to the per-child subsidy to occur, the interpretation of a safe environment for children needs to be adjusted to allow for the appreciation of situationally appropriate care informal environments rather than prioritising infrastructure as the premise for quality care. With an unequal spatial landscape, it is unreasonable and exclusive to focus on brick structures and land use as determinants of child safety rather than the care offered by ECD owners, which is in their control. These include focussing on the experience of safety and feeling cared for, that there is adult supervision, and safe drinking water and adequate toilet facilities are available and accessible. With these factors of care as the focus of the National Norms and Standards under Annexures A and B of The Children's Act (Constitutional Assembly, 2008), allowing these centres to be formalised and regulated increases the opportunity for a range of essential outcomes, including: making more children visible on the DSD 'radar'; ensuring the ability to deliver services to these ECDs; supporting practitioner training; and ensuring that critical matters concerning child protection can be addressed.

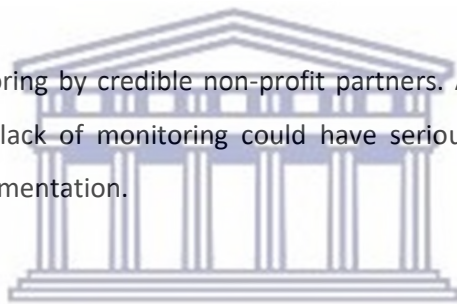
This would lead to a reassessment of actual per-child subsidy need, providing it to more children, enabling ECDs to provide more nutritional food on a daily basis. This could also have further-reaching positive impacts in providing other much needed social services.

#### **9.4.2 National service organisations programme**

Food and organisation support are the priority for service organisations. In the Western Cape the provision of mandated ECD service organisation support for formal and informal ECDs has meant an increase in the capacity of these centres to improve their provision of care and the increased provision of food through food NGOs. For food NGOs, it would mean they can distribute more widely and effectively to beneficiary ECDs. This mandated support enables NGOs to not only provide support but ramp it up, advocating for the quality of care that is present. Service organisations are critically positioned to support informal ECDs and help them to comply with regulations.

This research has shown that service organisations play a critical role in delivering much needed service and support to township ECDs. Where possible, government relationships with service organisations should be further formalised and the mandated model scaled up, nationally. This would entail:

- Monitoring existing service organisation roles and ensuring they make the attempts to connect with ECDs in their designated area. As we have seen, the more disconnected an ECD, the less access they have to support.
- Where an effective systematic service organisation approach exists, it should be recognised and used as a promising model to be scaled up across all ECD service organisations.
- Identifying ECD service organisations and setting up a national database, with a systematic ECD support plan. This would require an adaptive approach, to accommodate the needs and nature of different areas, to ensure proper implementation.
- Systematic monitoring by credible non-profit partners. As the Life Esidemi scandal showed recently, lack of monitoring could have serious consequences in service delivery and implementation.



#### **9.4.3 Institutionalise support for food providers**

Finally, food NGOs should receive state support in their efforts to scale up their offering and reach and provide more to ECDs as feeding programmes.

The unpredictability of some resources as well as the limitations of accessing all of them clearly creates a food deficit in the ECDs. With rising food prices, fees remaining unchanged, NGO food support being unevenly accessible, and the per-child subsidy almost completely inaccessible, regularised support that facilitates access to all the existing external resources (and more) is critically needed. Such support would increase access to sufficient nutrition in ECDs and increase their capacity to provide adequate nutrition. Increased food NGO support would mean a higher chance of nutritional security for children in the care of township ECDs and a way to mitigate the cascading vulnerability the children in unregistered ECDs experience.

If the food donation supply chain were to become a more integral part of food provision to those who most need it, such as informal ECDs, through policy, the impact would be multilayered: it would allow the increased capacity for such an NGO to 1) increase the number of their food partners who are connected to those beneficiaries who need it most ; 2) deliver more food to those who most need it; and 3) access more funders, as policy would be their credible backing to their core operating objectives.

The designated ECD service organisations are key role players for ECDs receiving food support. This relationship model ensures food NGOs have a broader reach and more reliable delivery strategy. Rather than having to identify all ECDs in a site, the service organisation is the coordinator of beneficiaries for the NGO. This decreases vulnerability in the reliance ECDs have on their food support, by attempting to ensure its consistent availability, thereby making a significant difference to the provision of food that ECDs are dependent on. However, the nature of this support from service organisations is not consistent in each site.

## **9.5 Identifying questions for further research**

This study adds to the extensive literature on child nutrition in South Africa and shows that ECDs in the township economy are crucial sites for childcare and nutritional intervention and that they can make an impact on the quality of nutrition in this critical period of children's lives, but that enforced exclusionary regulations prevent them from providing sufficient food. My research also raised further questions, noting why they are important and how they could be approached.

1. Resistance to policy change appears to be an ongoing issue limiting the inclusion of childcare centres in economically marginalised areas. Why are the government and Cape Town municipality clinging to obviously counterproductive and inappropriate regulations? What are the views of policy makers in the state? What are the capacity limitations within the DSD? To what extent is the current policy driven by budgetary limitations?
2. Food and nutrition insecurity in low-income homes remains an unknown. What and how much food is available in the homes of children attending ECDs? What is the impact of limited income on the provision of adequate nutritious food in single-parent and female-headed households whose children access these township ECDs? The dietary recall

surveys of food provided in the home were indicative of limited nutritious food. Furthermore, the demographic of parents matters in the affordability of food; therefore, the quantity and quality of food provided is important to assess the nutritional security of these children.

3. Service organisation support can make possible significant improvements in an ECD's offering and attainment of some form of compliance. What are the implications and feasibility of instituting a national scale-up of a promising practice model for ECD service organisations, and what would this look like? What would the obstacles and challenges be in this scale-up?

Through this investigation, the questions asked in this study have shown that ECD service organisations, external food support from NGOs and sharing out snacks provided by parents were key strategies employed by ECDs to provide adequate nutrition, but that regulatory exclusion and the ad hoc nature of external support from organizations were key obstacles facing these ECDs in providing adequate nutrition. The care provided by ECDs was situationally appropriate, meeting a number of the national norms and standards despite being excluded from registering due to their non-compliant infrastructure. The current policy environment does not recognise the quality of care taking place and that the regulations are not fit for purpose. However, if the institutional and policy environment allowed for the inclusion of these ECDs – by recognising them as 'situationally appropriate' and accepting the adequacy of their quality of care in relation to this, and ramping up the external support to provide food – then the capacity of ECDs to provide food and care would be increased to support the nutritional security of the children in their care.

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# 11 Appendices

## Appendix A: South African legislation and policy of relevance to childcare and food security

Title	Abbreviation	Description
South African Constitution (Act 108 of 1996) (Constitutional Assembly, 1996)	The Constitution	Chapter 2, section 27 of the Bill of Rights guarantees that “...everyone has the right to have access to... sufficient food and water...and social security” and that “. . . the State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.”. Much of the legislation developed is based on and supported by elements of the Constitution.
Integrated Food Security Strategy for South Africa (Department of Agriculture, 2002)	IFSS	In 1994 the RDP identified food security as a priority objective in policy development with a focus on previously disadvantaged people, which government began to action in the form of school feeding schemes, social grants for children and the elderly, health services. However, by 2000, insufficient implementation had occurred and the IFSS was developed for effective realisation of food secure citizens, as represented in Section 27 in the constitution.
The Children’s Act of 2005		
National Integrated Plan for Early Childhood Development 2005 – 2010 (Department of Education <i>et al.</i> , 2005)	NIPECD	The core aim of this plan was to better collaborate with different government departments working in the area of ECD. It asserts the role of government as developer and implementer of policies and programmes while acknowledging the role of NGOs and CBOs whose work focusses on ECDs.
National Development Plan 2030 (National Planning Commission, 2011)	NDP	The NDP 2030, with its focus on food security running throughout, proposes a greater connection to food security through the wider food system lense and its mandate for “ <i>tackling the problems of poverty, inequality and unemployment. It is a roadmap to a South Africa where all will have water, electricity, sanitation, jobs, housing, public transport, adequate nutrition, education, social protection, quality healthcare, recreation and a clean environment.</i> ”
National School Nutrition Programme ( <i>can’t find doc</i> )	NSNP	Programme run by the Department of Basic Education that aims to provide nutritious food to poor learners in primary and secondary schools.
Integrated School Health Policy (Department of Health and Department of Basic Education, 2012)	ISHP	A DoE Programme, which forms part of a comprehensive primary health package, it aims to create optimal health and development of school going children and the communities in which they reside.
Infant and Young Child Feeding Policy (Department of Health, 2013a)	IYCFP	This policy identified the first 1000 days as a critical window of opportunity to address the nutritional needs of children. This policy is supported by Article 28(2) of the Constitution that states “ <i>a child’s best interests are of paramount importance in every matter concerning the child</i> ”.
Roadmap for Nutrition in South Africa 2013 – 2017(Department of Health, 2013b)	The Roadmap	Taking into consideration the multisectoral nature of nutrition, the roadmap aims to address nutrition-related activities in the health sector in order to achieve the Department of Health’s four focus areas:

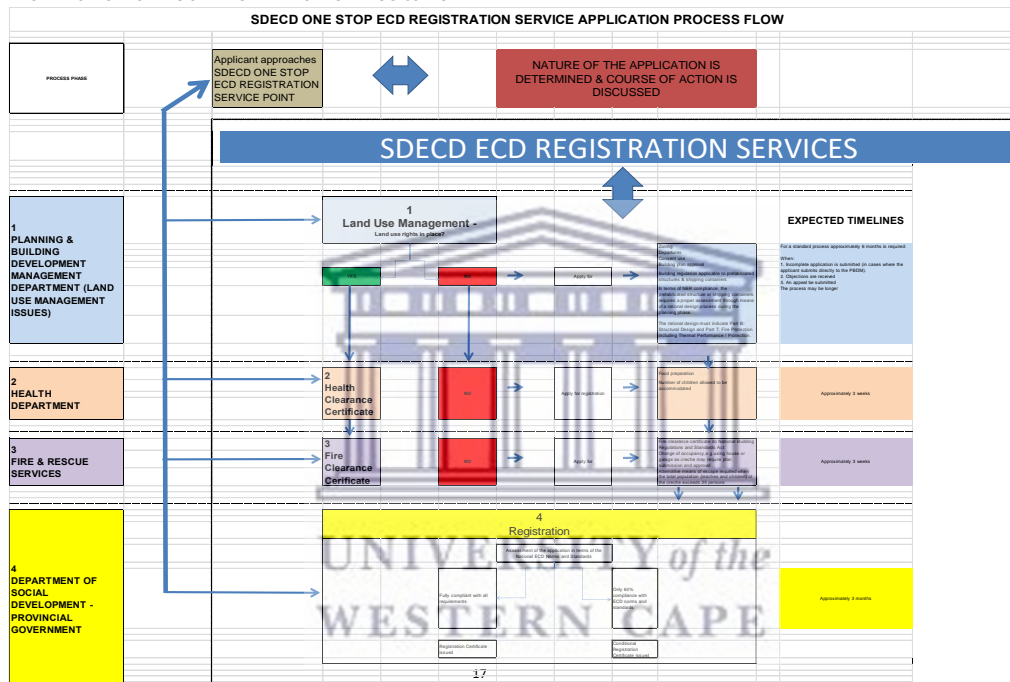
		<ol style="list-style-type: none"> <li>1. Increase life expectancy</li> <li>2. Decreasing maternal and child mortality</li> <li>3. Combating HIV and AIDS and decreasing the burden of disease from TB; and</li> <li>4. Strengthening health system effectiveness</li> </ol>
National Policy on Food and Nutrition Security, 2014 (DAFF and DSD, 2013)	NPFNS	<p>Using The Constitution as its primary framework and serving as a national, provincial and local guide to government (including improving collaboration between DRDLR, DoH, DSD and DAFF), this policy aims to improve food security through its five pillars:</p> <ol style="list-style-type: none"> <li>1. Availability of improved nutrition safety nets</li> <li>2. Improved nutrition education</li> <li>3. Alignment of investment in agriculture towards local economic development</li> <li>4. Improved market participation of the emerging agricultural sector, and</li> <li>5. Risk management</li> </ol> <p>This policy is also seen as a key strategy in achieving the NDP objectives.</p>
Food and Nutrition Security Draft Policy Implementation Plan (Republic of South Africa, 2014)	IFNSIP	<p><i>"The implementation plan has been developed through a multi-stakeholder consultative process to guide and facilitate implementation of the National Food and Nutrition Security Policy. It translates the policy into clear explicit prioritised outcomes, targets, expected outputs, activities and inputs."</i> Pg6</p>
Household Food and Nutrition Security Strategy, 2013 ( <i>can't find doc</i> )	HFNSS	<p>This strategy, approved in 2013 along with the NPFNS, indicates a multisectoral approach to food security through the inclusion of different sector departments involved in the different pillars of food security in South Africa. It aims to ensure affordable and stable food prices.</p>
Integrated Nutrition Programme Strategic plan 2002-2007 (The National Directorate: Nutrition and Provincial Nutrition Units, 2002)	INP	<p>A DoH programme that provides a multitude of nutrition interventions including promoting breastfeeding, micronutrient supplementation and therapeutic feeding.</p>
Comprehensive Agriculture, Forestry, Fisheries and Rural Development National Investment Plan (NEPAD, 2003)	CAADP	<p>Under the NDP and part of the broader Comprehensive Africa Agricultural Development Programme instituted by NEPAD, this programme aims to strengthen rural development programmes through improving existing policies so that efforts to deal with poverty, hunger, food insecurity and malnutrition at a global level are more likely to succeed.</p>
The South African National Curriculum Framework for Children from Birth to Four (Department of Basic Education, 2015)	SANCF	
National Integrated Early Childhood Development Policy (Republic of South Africa, 2015)	NIECD	
Nutrition Guidelines for Early Childhood Development Centres		<p>This was developed by the Department of Health as an operational guide on the minimum standard for nutrition and childcare in ECD centres. Recent reviews of ECD programmes have shown a limited</p>

(Department of Health, 2016)		delivery of nutritional support for children living in poverty, especially those within the first 1000 days of life.
Sustainable Livelihood Programme (still looking for this doc)	DSD programme	This DSD programme, in partnership with DoH, provides children and their primary caregivers as well as households experiencing hunger, access to appropriate nutrition and social support services.
Social Security programme	DSD programme	This programme focusses on the management of social security and social assistance to the poor by providing and distributing financial grants to children, people with disabilities and the elderly.

## Appendix B: City of Cape Town ECD registration process flow

ECD POLICY SEPTEMBER 2013

NEXURE 1: SDECD ECD REGISTRATION APPLICATION PROCESS FLOW



## Appendix C: ECD survey and semi-structure interview questions

Waypoint number			
Educare Name			
Street Address			
Survey Date	dd / mm / yy	Nationality	
Owner's name			M / F
Owner's cell			
Type of operation	informal (Microenterprise)	Formal (NGO)	Linked to Formal (Church-run)
Is this your only business? If no, what is the other?			Number of fulltime staff (incl owner/principal)
Site (take photos)	structure & enclosure	kitchen/cooking space	outside play area   combined inside work, play and sleep area   toilet (inside , outside , communal)



Available Water Source	tap inside	tap outside on property	communal tap stand		
Power and Energy supply	electricity	gas	paraffin	wood   coal	
Time in Business (years)	Opening Times / Days:				
Number of learners (by age)	< 1   1-2	2 - 3   3-4	4 - 5	> 5yrs	
Cost per child (per month)					
How many parents pay fees regularly?	≤25%   ≤50%   ≤75%   ≤100%   don't know		Do you allow payment on credit?		Y   N
What food do you provide? (list meals)	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Morning snack					
Lunch					
Afternoon snack					
What food are the parents <b>expected</b> to provide? (list meals)	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Morning snack					
Lunch					
Afternoon snack					
Do you provide formula for babies?					
Those parents that <b>do not</b> bring food at all, why not?					
Those parents that <b>do</b> bring food, what are they bringing?					
Where do you purchase the food you provide?	spaza / home shop	township fresh produce (green grocer & meat)	major supermarket	wholesaler	major supermarket
What foods do you buy at these establishments? How often do you shop and how much do you spend per month?					
Inventory of food in kitchen (if possible, take pictures)					
Brand / type of breads used in crèche					
Registration/statutory presence/involvement	<i>potential registration bodies or funding support grantees include Private Sector, NGO, CoCT, PGWC, DSD, DoE, DoH</i>				
Are you registered? If so, who with? If not, why?					
Do you receive regular visits? (1x year or more)					
Do you receive funding/subsidies? (from whom and how much?)					

Do you receive FOOD funding support? (from whom and what?)	
What activities did I observe during the visit?	What equipment did I observe in the crèche Y / N
<p>e.g. Routine times (toilet, meals, rest); Group activities (games, music, stories); Outdoor; Individual/small group activities...ask/take photo of schedule if visible</p>	First aid box
	Fire extinguisher
	Fire blanket
	Mattresses
	Chairs / benches / boxes / cushions for sitting on
	Tables / other surface to work on
	Shelving / storage
	Comfortable floor covering for sitting on
	Outdoor equipment
	Books and learning materials
	Construction equipment (blocks)
	Puzzles / concept toys
	Make-believe equipment (dress up / house corner)
	Drawing materials (crayons, paper)
Paint and brushes	
Scissors and glue	
Posters, charts on walls	

Do you think these children at your crèche get adequate nutrition at home?
What meals and food types do you supply here? (your choice re shops, brand, availability etc; and sponsored foods)
If a child is sick, how do you deal with it? If you communicate with the parents, how do you communicate and what do you communicate?
Other comments (eg. owner's working history, qualifications of owner, funding limitations, parental challenges, details of partners/funders whether money or food provider; any notable observations about the space, owner etc....)

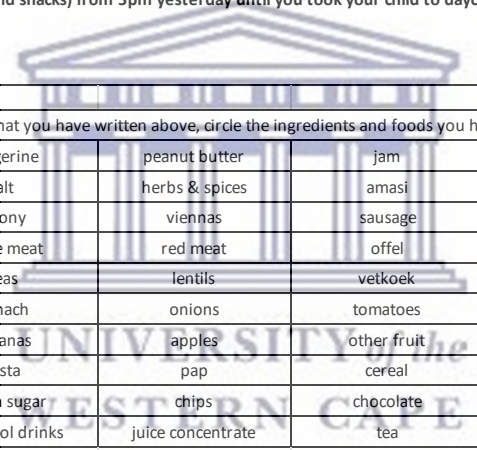
## Appendix D: Food NGO semi-structured interview questionnaire

### Food NGO questionnaire

1. How did you start your business and what are your core activities?
2. Would you describe yourself as a food aid or food assistance organisation?
3. What support do you provide the creche's?
4. How many creche's do you support?
5. How did you choose the creche's you support?
6. How often do you support the creche's?
7. Where do you get your food?
8. What food do you buy?

9. How do you make decisions around that choice (the food you buy)?
10. What are the things you do to make sure children get the food?
11. Can you calculate what it costs you per meal/per mouth fed per year?
12. Why have you chosen to work in Vrygrond and not another site?
13. If you do work in another site, where do you work and why?
14. Are you linked to any formal government feeding scheme or process?
15. Do you think there should be a subsidy from the state to provide food to children in creche's/ECD level?
16. Do you think we are in a situation where the truth of the notion is that this is what the NGO sector is for, where government should be playing a key role but it's been managed by the NGO sector to fill this gap? What is your view on this and how would you go about answering it?

## Appendix E: 24-hour food recall survey

Educare Name					
Date <span style="float: right;">d d / m m / y y y y</span>					
List everything you've eaten (meals and snacks) from 5pm yesterday until you took your child to daycare/school this morning					
					
Based on what you have written above, circle the ingredients and foods you have eaten in the list below					
oil	margerine	peanut butter	jam	cheese spread	cheese slices
marmite	salt	herbs & spices	amasi	yoghurt	cheese
milk	polony	viennas	sausage	fish	pork
soy mince	mince meat	red meat	offel	chicken	dry beans
tinned beans	peas	lentils	vetkoek	slap chips	potatoes
carrots	spinach	onions	tomatoes	green veg	butternut
mielies/corn	bananas	apples	other fruit	white bread	brown bread
rice	pasta	pap	cereal	maize porridge	oats
white sugar	brown sugar	chips	chocolate	sweets	biscuits
coke	other cool drinks	juice concentrate	tea	coffee	water

## Appendix F: Respondent Consent Form

### CONSENT FORM

**RESEARCH TITLE:** A qualitative study of food provision within the informal economy of childcare microenterprises in Vrygrond, Cape Town

I have read the information presented in the information letter about a study being conducted by **Camilla Thorogood** towards the MPhil Programme at the Institute for Poverty, Land and Agrarian Studies (PLAAS) at the University of the Western Cape.

This study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered.

I understand that my identity will not be disclosed and was informed that I may withdraw my consent at any time by advising the student researcher.

With full knowledge of all foregoing, I agree to participate in this study.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Student Researcher: \_\_\_Camilla Thorogood

Student Researcher Signature: \_\_\_\_\_

Student Number: 3696442

Mobile Number: 072-246-7033

Email: camilla.thorogood@gmail.com

I am accountable to my supervisor: Professor Andries du Toit  
Institute for Poverty, Land and Agrarian Studies (PLAAS)

Tel: +27 21 959 3733

Fax: +27 21 959 3732

Email: adutoit@plaas.org.za



## Appendix G: True North Interview

Service organisation questionnaire – True North (Vicki Kumm)

6 March 2018

### 1. How did you start your business and what are your core activities?

True North is based in Vrygrond and was founded in 2007. They are a Western Cape Government ECD service organisation, responsible for the Vrygrond area, providing training, support, equipment and food to the ECDs in Capricorn and Overcome Heights. They rely on a small salaried staff contingent but primarily on volunteer support.

### 2. What support do you provide ECDs and how many do you support?

In 2015 they set up the Vrygrond ECD forum, which is now community-run, to work and engage with ECDs. Through this platform they have set up and signed partnership contracts with 31 pre-schools, committing them to the process of growth and development toward meeting as many of the national norms and standards as they can and facilitating access to an array of support.

### 3. How did you choose the ECDs you support and work with?

Partner ECDs are then placed on their Rainbow Development Model. Based on the national norms and standards, this provides a clear development pathway for their partner ECDs to improve their offering and potentially formalize and become registered entities with the state. These partner ECDs are initially placed on the colour band representative of their journey to formalisation – from grey with little to no formalisation up to orange with all state registration

requirements met and the potential to receive the DSD child subsidy. Not every ECD will be able to meet all the levels required for full state registration so this framework accommodates ECDs different needs but assists them in their best possible development. As they mature and improve their offering, they move through the colours of the rainbow. In addition to this model, they have developed funding and product partnerships with NGOs and corporates in order to deliver support such as food, training, and equipment. Through their Community Currency Initiative, they can access this support by earning 'currency points' from attending training and implementing best practices, which they can then use to 'buy' equipment and resources to further improve their ECDs.

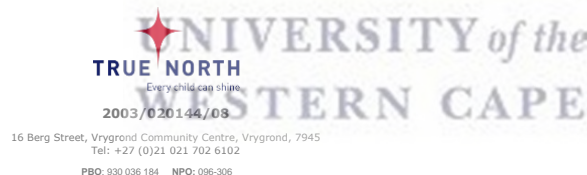
#### 4. Who are your food partners?

Their food partners are now FoodForward SA, Rise Against Hunger Africa and the Lunchbox Fund all of whom have different distribution models.

FoodForward SA delivers food when they have the appropriate goods for ECDs. Rise Against Hunger Africa deliver their set product and quantity based on the number of children attending ECDs we work with. The Lunchbox Fund donate lunches to ECDs but will only support an ECD if they are the only food donor to that centre.

Previously BOSASA Pollsmoor would deliver their weekly uncooked porridge donations on a Wednesday but when the employee who ran the initiative fell ill in October 2016, the operation stopped and they discontinued the delivery of porridge donations for breakfast.

## Appendix H: True North Community Currency Shop Resource List



### RESOURCE WISH LIST

Principals in Vrygrond have the privilege of resourcing their ECD centers in a dignified, sustainable manner through the True North Community Currency Shop. They earn currency points through attending ECD related training, through implementing certain practices and by achieving their own goals towards quality ECD. Currency points are then used to purchase much needed equipment for their centers.

We would like to invite you to be a part of this forward thinking initiative by collecting some of the items below, either new or good quality second hand. Bring them to True North and visit our Community Currency Shop! Or if you would prefer, please pledge some finances towards quality ECD in Vrygrond.

Before you visit please email office@true-north.co.za or call 021 702 6102 to let us know you are coming. Please feel free to spread the word and encourage your friends to assist too! We look forward to meeting you!

<u>Health &amp; safety</u>	<u>Educational equipment for children</u>	<u>Stationary for Educators</u>
Blankets	Wooden blocks	A4 paper reams
Child sized mattresses	Outdoor play equipment	A3 colour sheets
All purpose cleaner	- Hula hoops,	A5 hard cover books
Domestos	- balance boards,	A4 hard cover books
Sunlight liquid	- beanbags,	Clip Boards
Hand wash liquid	- portable water/sandpits	Files (flip or Lever arch files)
Mops	Bible story books for children	Ballpoint pens
Brooms	Puzzles (for 0-5yr olds)	Calculators
Plasters	Plastic children's table & chairs	USB flash drives
Plug safety covers	Dress up items for fantasy play	
Refuse Bins (small and sealable)	Art glue	
Potties	Powder and finger paints	
Toilet Paper	Thick wax crayons	
Soap/Hand sanitizer		
Hand-Drying materials (towels and/or paper towels)		
Child proof plugs		
Bowls, Spoons, Cups (plastic)		

## Appendix I: Rise Against Hunger interview

**Food NGO questionnaire – Rise Against Hunger (Brian Nell)**

**25 October 2017**

In July 2017 I contacted Saira Khan, the CEO of Rise Against Hunger Africa requesting to meet face-to-face or interview her remotely about her organisation. I had a prepared questionnaire to work from and eventually in October 2017, the Operations Manager, Brian Nell, filled in my questionnaire, which I had sent Ms Khan's PA, Surayah Mohamed. The information he provided was extracted to create this organisational profile

### **1. How did you start your business and what are your core activities?**

Established in the USA in 1998, RAH is an international organization that co-ordinates the distribution of food and other life-saving aid around the world. RAH Africa was established in September 2009 and has branches in Gauteng, Western Cape, Kwa-Zulu Natal and Eastern Cape.

RAH AFRICA is a volunteer based organization, which hosts meal-packaging events and then distributes the meals through our outcomes based food support programme.

Rise Against Hunger Africa offers a social investment opportunity to provide fully balanced nutritional meals for children necessary for their holistic development. We depend on passionate, active volunteers for meal packaging events and food distribution. Our Programme has solid, measurable results and restores hope for hungry children. We also partner with organizations to provide quality learning and to build the infrastructure of the Early Learning Facilities we work with.

### **2. Would you describe yourself as a food aid or food assistance organisation?**

A food assistance organisation

### **3. What support do you provide the creche's?**

Each ECD is monitored on a monthly basis for progress of an outcomes development plan. An impact assessment of results achieved is submitted to the donor, hopefully securing further funding.

Unregistered ECDs can be identified by the Donor providing for additional staff for participation in this programme. Donors may also appoint a volunteer team to engage with the distribution process, which includes measuring results achieved.

### **4. How many crèche's do you support?**

We support 299 unregistered Crèche's country wide.

### **5. How did you choose the crèche's you support?**

Before taking on any ECD's, RAH AFRICA will send out a field officer who will conduct a baseline assessment. This will help us establish what the needs of the facility are and what improvements and outcomes our partnership with them can achieve.

In a nutshell, our outcomes based programme works on the following principle. For every 20 children attending the ECD, we will supply 1 box of meals which is sufficient for 3 - 5 meals per child per week for a month. This will also create a saving of between R180 – R200 per month. We will then guide the Principle of the crèche to spend the savings on areas which were identified from the baseline assessment. This might include a first aid kit, fire extinguisher, teacher training etc.

Some of the minimum requirements and criteria are:

- The crèche must be un-registered. i.e. Not receiving a grant from Department of Social Development
- The school fees must be R250.00 or less
- The crèche must not have an existing donor which is donating food.
- The ultimate goal, is that we can assist the ECD's to meet the standards that the Department of Social Development requires and be able to officially register. This will then entitle them to obtain a grant.

#### **6. How often do you support the crèche's?**

For every 20 children attending the ECD, we will supply one box of meals, which is sufficient for 3 - 5 meals per child per week for a month. We deliver on a six weekly cycle.

#### **7. Where do you get your food?**

We purchase all of our ingredients from local suppliers. Ingredients have to be of a certain standard and we have to make sure we have full traceability on all our ingredients.

#### **8. What food do you buy?**

Rice

Soya

Dehydrated Vegetables

Vitamin sachet, containing 23 vital vitamins and minerals.

#### **9. How do you make decisions around that choice (the food you buy)?**

Our balanced and highly nutritious dehydrated meals are comprised of rice, soya, vegetables and 23 essential vitamins and minerals. The meals are easy to store, transport, and have a shelf life of one year, making them highly sought after and a great resource to store and cook.

#### **10. What are the things you do to make sure children get the food?**

Constant monthly monitoring and evaluation.

#### **11. Can you calculate what it costs you per meal/per month fed per year?**

The cost is only R2.90 per meal, six meals per packet. One packet can feed 6 adults or 10 children.

#### **12. Why have you chosen to work in Vrygrond and not another site?**

We work in various area's in the Western Cape.

#### **13. If you do work in another site, where do you work and why?**

Please see attached Bi-Annual Distribution report for information regarding the areas in which we work.

**14. Are you linked to any formal government feeding scheme or process?**

RAH Africa ran a pilot project with the City of Johannesburg in 2015 for 9 months. This has ended but we are trying to negotiate another project.

**15. Do you think there should be a subsidy from the state to provide food to children in crèche's/ECD level?**

Once our ECD's have met the standards of the Department of Social Development they are able to register with them and this will entitle them to obtain a grant.

**16. Do you think we are in a situation where the truth of the notion is that this is what the NGO sector is for, where government should be playing a key role but it's been managed by the NGO sector to fill this gap? What is your view on this and how would you go about answering it?**

The NGO sector fill a huge gap where the government is failing. However, progress is being made by the Department of Social Development and they are starting to see the importance of supporting and formalizing the ECD education sector. More partnerships need to be formed with government to implement effective actions and start delivering results.

## Appendix J: FoodForwardSA interview

Food NGO questionnaire – Food Forward SA (Wayne Du Plessis)

26 October 2017

**1. How did you start your business and what are your core activities?**

Food Forward was originally called Food Bank but, according to the Reserve Bank, South African laws don't allow organisations who aren't a bank to call themselves that.

Previous to being the Food Bank, they were called Food Back. We save food from big distributors and manufacturers and redistribute those in need who are on our database, known as Beneficiary Organisations (BOs). We work directly with organisations and have been going for 20 plus years to secure quality food for the malnourished and those that need it the most.

We work under the Global Food Banking Network (<https://www.foodbanking.org>) and feeding initiatives. We convene once a year at a conference, checking in with what we each do however we work independently.

Slogan: 'Collect a world of excess to a world of need.'

We don't really work on the ground but instead with partners who provide food and developmental support. However, we do work with some organisations called BOs and have them on our database. There are approximately 600 on our database, including linking



organisations like True North, some crèches (but very few), home based care, street people associations etc...

We developed an app to identify retailers with surplus and match the beneficiary with them. Collection is logged on app and any cost incurred for collection or distribution is at our cost.

We also have a link to farmers. One of our biggest challenges is that 50% of farm produce goes to waste, for a range of reasons so we have a fleet of trucks who collect the goods, helping to close the waste gap – systems change/thinking.

The Food we get changes. We can't guarantee the same kind of food we'll get every month so the food parcels for BOs are inconsistent. Sometimes we will receive a mass donation of coffee which would be most suitable for night shelters but not for crèche's. Our purpose is to supplement food supplies but not take over our BOs food programmes. This makes the BOs vulnerable to FFSA food assistance. Similarly, FFSA is also vulnerable to its donors because of what they give and therefore there is no guarantee on quantity and type of food offerings.

## **2. Would you describe yourself as a food aid or food assistance organisation?**

We're a food assistance organisation but really just a cog in the wheel.

## **3. What support do you provide the creche's?**

There are two ways we provide support to our BOs:

1. A food parcel per month (worth R2000) which they can use to cook meals; and
2. Virtual food banking model where our BOs collect the food directly from our major retailer partners. More food is provided this way and less goes to waste.

## **4. How many creche's do you support?**

We have very few on our database as we have stringent criteria to be a BO so most creche's work through other conduit organisations that we have as a BO, such as True North. Organisations like True North can meet our criteria and divert our food support to their beneficiaries which means we comply as does True North.

## **5. How did you choose the creche's you support?**

Potential BOs apply online to be on the programme. They pay a monthly membership fee (R300 pm) and receive approximately R2000pm in food donations. Our coordinators go out to assess the BO to ensure they meet our criteria, which is:

- Defined cooking space
- Current NPO certificate
- Food not to be used to make up food parcels
- Assisting 100+ beneficiaries (but if an ECD/crèche the number can be lower)
- Verifiable location, email address and bank account
- Their financial position shows need for assistance
- Must provide letters of endorsement from community organisations including a local government office
- Feeding programme should be operating 4 days a week
- They may not sell or barter food
- They must be willing to receive unannounced FFSA visits.

We work with high level organisations who all have to be registered/formal. Therefore if a crèche is not registered, they can work with a middle person organisation such as True North who we work with so that we don't lose the crèche.

We developed our criteria over years and have refined it every year as we need the right kinds of organisations. Both funders and FFSA require it. We can only monitor verifiable BOs such as True North who can still get the food to the creche's.

**6. How often do you support the creche's?**

Once a month collection available for all BOs but the contents differ each month so we can't guarantee the kind of food we receive.

**7. Where do you get your food?**

Farmers, retailers and manufacturers

**8. What food do you buy?**

Very rarely but not what we do.

**9. How do you make decisions around that choice (the food you buy)?**

All the food we distribute is donated so we don't make choices. We also don't take expired food (best before date and use by date applied). We have to make decisions about everything regarding the time period to deliver to BOs. For example, if the item shows an expiry date for 2 days after we receive it, we don't take it. We also need to change the perception around these dates and statements.

**10. What are the things you do to make sure children get the food?**

BO criteria

**11. Can you calculate what it costs you per meal/per mouth fed per year?**

Our virtual calculation of cost per meal = Total tonnage received in against running cost to provide food = 86c per meal. The portions are smaller than a standard meal size but we still see this as providing a stable meal.

**12. Why have you chosen to work in Vrygrond and not another site?**

One of our BOs, True North, who meets the criteria works in Vrygrond so it is coincidental that we work there and not really a FFSA specific choice.

**13. If you do work in another site, where do you work and why?**

See criteria info

**14. Are you linked to any formal government feeding scheme or process?**

We do have a link to Western Cape Government in that we support their drive to limit waste of food going to landfill as this links to one of our goals. They would like FFSA to implement their projects but realistically we can only do so if it matches and benefits our organisation goals otherwise it would not be sustainable and we are not funded by them in any way.

**15. Do you think there should be a subsidy from the state to provide food to children in creche's/ECD level?**

Yes, there should be a subsidy to support our area of work but this is not happening.

**16. Do you think we are in a situation where the truth of the notion is that this is what the NGO sector is for, where government should be playing a key role but it's been managed by the NGO sector to fill this gap? What is your view on this and how would you go about answering it?**

Yes. This is not the only sector where this is happening (NGOs doing government's work) and government relies on the NGO sector.

Anecdote:

Niall Mellon Foundation are building houses in townships and on the flats where government should be doing this.

Government are some of the biggest food waste culprits. In Saldanha, the SANDF throw away almost half of the food they make each day in their mess hall and FFSA could be collecting this food and feed 200 ppl per day on this but there is no effort made to connect with us to create this link and limit this food waste.

## **Appendix K: Ukama Holdings interview**

**Food NGO questionnaire – Ukama Holdings (Janine Roberts)**

**26 July 2017**

Janine Roberts – Director and Founder

A: Unit 6, The Village, Capricorn Drive, Capricorn Business Park, 7848

T: 021-788-5182

@: info@ukama.co.za



**1. How did you start your business and what are your core activities?**

Ukama Holdings is a social enterprise started with the aim of creating or identifying micro enterprises who act as their supply chain in their various services that they offer. Ukama is a group of companies brought together with the sole purpose of uplifting communities and empowering individuals. They offer innovative packing solutions for small and medium businesses using a socially empowering hybrid business model. They train local Vrygrond residents to run their own packaging division, responsible for a certain number of clients.

**2. Would you describe yourself as a food aid or food assistance organisation?**

Ukama is a corporate that does food provision as its CSI activity.

**3. What support do you provide the creche's?**

Four years ago, Ukama began informally making and delivering cooked meals to a few creche's in Vrygrond. Four years later, they have established the Ukama Community Foundation that now supplies and equips informal creche's in Vrygrond through a feeding scheme that is supported by Janine's SME operators and staff. They have bought, where needed, two-plate stoves, fridges, pots, cutlery and crockery for the creche's they support. Ukama staff take

turns to deliver the meals so each person in the company has to take an hour a week to give back through the Foundation. They found that delivering cooked meals was becoming problematic so three months ago they began delivering fresh food twice a week for the creche's to cook themselves.

Ukama now feeds 200 children per day every week of the year, apart from three weeks over Christmas when all the creche's are closed.

We have taught the crèche owners how to cook good food. They complained a lot about the Stop Hunger Now meal packs saying they can't feed the same thing to the children everyday. Ukama/Janine educate them on how to incorporate it into meals so each day can be different with the same ingredients.

In winter, we donate blankets and mattresses for the children. We also donate spare clothes for children who don't have any.

#### **4. How many creche's do you support?**

Three. They are: Educate for Good, Little Princess and Prince and ?

#### **5. How did you choose the creche's you support?**

Ukama is based at Capricorn Business Park, adjacent to the greater Vrygrond area. 90% of Ukama staff are from Vrygrond and 70% of them are single moms. After their maternity leave Janine's staff would return and she was curious where they left their children while they were at work. The three creche's Ukama supports are those that her staff's children attended.

#### **6. How often do you support the creche's?**

Ukama provides fresh food to the creches twice a week. The food itself includes:

- Breakfast: porridge for two creche's. The third has JAM porridge donated
- Lunch: protein and vegetables
- Snack: fruit for afternoon

The main meals have been moved to 14h30/15h00, after the children sleep as they seldom get proper meals at home so the later their school lunch is the better for them to tied them over until they come to school the next day for breakfast.

#### **7. Where do you get your food?**

Janine encourages her food clients to donate money and food to her feeding scheme. So far her clients:

- Donate food in kind
- Give money

Woolworths (one of her bigger clients) does a Monday and Thursday food drop off. This is their almost expired foods.

#### **8. What food do you buy?**

Food is donated to Ukama by their clients so they don't buy food for their programme.

**9. How do you make decisions around that choice (the food you buy)?**

See points 7 and 8. We do buy food in to supplement what is donated. So twice a week we get vegetables, fruit and meat from Woolworths. Sometimes there are other (mostly perishables) goods which we are donated which we use for our meals. We then supplement with (mostly) bread, rice, pasta, porridges etc which we purchase from donated cash. If we are short I usually do a Facebook drive which gets us through a few days or weeks.

**10. What are the things you do to make sure children get the food?**

We send out letters to other business in the area, clients of Ukama, retailers in the area, social media drives, seek support from other organisations working in the area.

**11. Can you calculate what it costs you per meal/per month fed per year?**

That is a really hard one. At a guess I would say around for the main lunch meal around R2-3 per child. The main meal will always have protein (meat, lentils, beans, tinned fish or meat) etc in plus vegetables and starch. The morning meal we serve Mielie Meal and (when we can) add fresh milk, powdered milk, powdered supplements and sugar to it.

**12. Why have you chosen to work in Vrygrond and not another site?**

Our business is based in Capricorn Business Park and 90% of our staff live in Vrygrond so we support the community in which our staff come from.

**13. If you do work in another site, where do you work and why?**

n/a

**14. Are you linked to any formal government feeding scheme or process?**

There are no links to government.

**15. Do you think there should be a subsidy from the state to provide food to children in creche's/ECD level?**

Yes. Government do not have the facilities to implement food schemes. It would help if they provided food and partners could implement a feeding scheme (more than a food aid organisation).

**16. Do you think we are in a situation where the truth of the notion is that this is what the NGO sector is for, where government should be playing a key role but it's being managed by the NGO sector to fill this gap? What is your view on this and how would you go about answering it?**

"It's not hard. I run a business and have three children and make sure 200 children are fed each day. You just need to get off your bum and do something. People give up too quickly after one bad experience. If you do your vetting process properly you'll get your proper beneficiaries.

**17. Other comments**

A lot of Janine's staff don't take their full maternity leave because they can't afford to so they come back to work early saying "I left my baby with the neighbour".

Most creche's started because a parent's neighbour stays home and they need to leave their children with them because they have to work. The parents give them food or money and eventually they paint a crèche sign outside. This is what is known as a mushroom crèche and most of these are therefore also not registered.

The feedback we've received is that the health of the children has improved over time as a result of our feeding scheme support. There are now fewer sick children and the number of head sores are decreasing.

