

END OF PROJECT EVALUATION REPORT

Community-led Early Childhood Development (ECD)
initiatives for vulnerable children in South Africa
1 October 2019 – 30 September 2022

5 July 2022



**Humana People to People
in South Africa**

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Acronyms

AERD	: Africa Evaluation Research and Development
DBE	: Department of Basic Education
DOH	: Department of Health
DSD	: Department of Social Development
ECD	: Early Childhood Development
FGDs	: Focus Group Discussions
HPPSA	: Humana People to People in South Africa
HWSETA	: Health and Welfare Sector Education and Training Authority
KNEC	: KwaZulu-Natal Experimental College
KZN	: KwaZulu-Natal
LM	: Local Municipality
M&E	: Monitoring and Evaluation
OECD-DAC	: Organisation for Economic Co-operation and Development's Development Assistant Committee
PC	: Parent Committee
POF	: Pre-Schools of the Future
SRH	: Sexual Reproductive Health
SRHR	: Sexual Reproductive Health and Rights
TORs	: Terms of Reference
UKZN	: University of KwaZulu-Natal
UNICEF	: United Nations International Children's Emergency Fund

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We would like to acknowledge the support received from HPPSA Project Team Members throughout the evaluation process. Many thanks also goes to the support that was rendered by their all HPPSA project partners – ILembe District, Maphumulo Local Municipality, Ndwedwe Local Municipality, KwaZulu-Natal Experimental College, the 32 ECD Centres/POF that were part of the project being evaluated, Department of Social Development (DSD), Department of Health (DOH), KwaZulu-Natal Experimental College (KNEC), Traditional Leaders and Ward Councilors. Review materials and additional input were provided within agreed timelines, making the development and submission of this Report possible. Equally important is also the availability of everyone who participated in the evaluation and the Africa Evaluation Research & Development (AERD) Evaluation Team.

Evaluation Team

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Executive Summary

The overall aim of the project was to continue to work with identified (*identified during phase 1 of the project -2017-2019*) 40 existing informal Early Development Childhood (ECD) providers, train, and mentor them monthly, provide educational materials to pre-schools and work with the satellite pre-schools to get them registered with the Department of Social Development. Phase II of the project to be evaluated is from 1st October 2019 to 31st September 2022. The project is being implemented in Ndwedwe and Maphumulo Local Municipalities of iLembe District in KwaZulu-Natal providing the communities with education about the importance of Early Childhood Development, which have enabled HPPSA to train preschool teachers and parents within the community. HPPSA currently reaching out to 42 existing informal ECDs and mobilizing 1,750 vulnerable children together with their parents to take part in the pre-school activities.

Purpose and Scope

The project has reached the end of its implementation lifespan. As such, the purpose of the end of project evaluation is to conduct a comprehensive assessment of whether the project's objectives were fully met given the project's expected results stated in the project document. Overall, the evaluation assessed the relevance, effectiveness, efficiency, impact, and sustainability of the "*Community-led Early Childhood Development (ECD) initiatives for vulnerable children in South Africa*" project, Phase 2 - 1st October 2019 – 30 September 2022.

The evaluation sampled from two Local Municipalities (LM) of the iLembe District where the project was implemented. This report, therefore, presents the evaluation approach and methodology, analysis of findings, project sustainability, conclusion, identified gaps and challenges, and provides lessons learnt and recommendations.

Approach and Methodology

The end of project evaluation was conducted in June 2022. It applied a guided survey design, which entailed gathering data concerning the project's activities and results, and perceptions on these from all key stakeholders over the period of implementation. The evaluation used the mixed-methods approach (combining the use of qualitative and quantitative data collection and analysis methods). The survey reached a sample of 73 project stakeholders in two Local Municipalities of iLembe District Municipality, 59 in-depth interviews individual engagement with key informants and 2 Focus Group Discussions (FGDs) – group engagement with 7 project key informants sampled from ECD Parent Committee Members.

Sampling Method

Every stakeholder in the POF/ECD project was eligible to get involved in the sampling. As such, given the rurality of where the project was implemented and the distances between ECD Centres; ECD Centres were selected based on proximity. To this end, convenient sampling was utilised to select ECD Centres, key informants who included project and strategic staff at Humana People to People in South Africa (HPPSA), Indunas/Chiefs, Ward Councilors, ECD Practitioners and Principals, Parent Committee Members, Social Workers and Environmental Health Practitioners and parents of the community ECD centres. Fourteen (7 apiece) ECD Centres were selected from the two Local Municipalities in which the project was implemented.

Findings

The evaluation findings were organized into themes at outcome and output level that include key stakeholders' perception and input on the results and project implementation. Overall, the project results at output and outcome levels demonstrated a successful project on the single objective

with concerns in a few areas at project implementation level, project routine monitoring, data quality and management, and stakeholder engagement.

Relevance

The project objective, outputs and outcomes are consistent with the needs, priorities and contextual challenges of the ECD Centres in iLembe District and the KwaZulu-Natal Province in general, let alone in South Africa as a country. The alignment of the project objective with the ECD needs, priorities and challenges at various levels of government was echoed by key informants. ECD Practitioners can only be recognised if they are well-trained and have relevant qualifications, and also when the ECD Centres themselves are compliant to set standards, norms and practices. And this is what the project was geared towards of which there is enormous evidence that the project delivered on its set objective and targets.

Effectiveness

At output, outcome and impact levels, the project demonstrated its effectiveness in ensuring the functionality of ECD Centres and their compliance to DSD standards, norms and practices. From the evaluation findings, there is countless evidence from all stakeholders of the effectiveness of the project. The Project assisted by offering various forms of support and mentorship to ECD Centres in Maphumulo and Ndwedwe Local Municipalities (LM). Some ECD Centres were just started by community members who did not have much information on ECD. One Founder and NOW Supervisor (Principal) of an ECD Centre in Ndwedwe LM confessed, *“I had no information about ECD at all. I just saw the need for an ECD in my community after quitting my job as a secretary in some company. Humana helped a lot with the information and helping me to register with Department of Social Development as well as sponsoring me for a Level 4 Course at KNEC.”*

Efficiency

The involvement of community-based stakeholders in the project was a great measure not only towards sustainability, but also cost effectiveness. However, there seem to be gaps on routinely monitoring and updating important stakeholders on project progress at high level, and ensuring they are equally accountable to the project goal. From the interviews, some of key stakeholders knew little about the project and its progress thereof as they only attended the inception meeting of the project by high level project team members.

It was noted that, project leaders have good working relationships with the stakeholders and meet with some of them other than the ECD Practitioners and Principals during monthly and quarterly network meetings. As such, more intentional meetings between Project Manager and all stakeholders need to be considered not only for updates and ensuring challenges are addressed but also for strengthening relationships.

Monitoring and Evaluation

Monitoring and evaluation (M&E) concepts and practices have not been adequately drawn on in assessing and improving project effectiveness and efficiency. There was little evidence of implementing monitoring and evaluation practices and methods being used at the operational (routine project activity monitoring and training facilitators service support) and strategic (networking and coordination) levels. There is need for clear roles and responsibility shared amongst all project staff to help ensure monitoring and evaluation accountability, and fit for purpose field visits and routine project monitoring activities.

Coordination and Collaboration

Coordination and collaboration are processes that go beyond just knowledge of other organizations and the functions they serve. Coordination and collaboration involves harmonization of efforts in pursuit of common set of goals, shared vision, a degree of joint planning and working together. Interviews with key stakeholders, project staff and beneficiaries suggest weak coordination and collaborative relationship with various key stakeholders. There was need to create effective collaboration with facilitators and trainers, and with the following key stakeholders Department of Social Development, Department of Health, Department of Basic Education, Department of Environment, Department of Safety and Security, iLembe District Municipality, Indunas/Chiefs, Ward Councillors and parents. There were already healthy and supportive relationships amongst the stakeholders, but the strengthening of relationships and working together is key.

Sustainability

While there are more opportunities and avenues to help ensure that the project is sustainable, the project model was already geared towards sustainability. There is need to further strengthened the agenda for sustainability. The project's strategy of integrating its activities with and utilizing and capitalising existing government and community structures and / or systems to strengthen the implementation of its activities will certainly help ensure the sustainability of the project. This was echoed by a number of key informants.

Gaps and Challenges

Although the project achieved its objectives and met its targets, it was not without some challenges that would need to be addressed in the near future.

- The unavailability of an M&E focal point immensely compromised the routine monitoring of the project and overall project data against project indicators that could have substantiated the evaluation findings. contributed to challenges relying on reports data for baseline and overall project results, hence relying on the Interim Implementation Reports alone without any other validation source for quantitative data
- Trained teachers did not receive their qualification certificates. This not a challenge caused by HPPSA or KZEC, but one possibly as a result of backlogs within the Health and Welfare Sector Education and Training Authority (HWSETA). As the transition of ECD Centres from the DSD to DBE, the DBE has already requested that the ECD practitioners submit their certificates to prove qualifications.
- Water challenges affecting the area. Some ECD resort to using river water which is not purified. Might be a health hazard to the pre-schoolers. This, once again is a general municipal challenge within the province of KZN.
- Low stipends of ECD Practitioners is a general challenge which may result in high staff turnover. Some trained ECD practitioners leave the areas after receiving the training to look for greener pastures.
- Lack of security at the ECD centres: ECD centres that are being run from local community facilities reported theft of resources and other movable infrastructure, and vandalization of resources mostly during community events, and those run from private properties also face vandalism risks.
- In theory there seem to be a clear involvement and collaboration with DOH (Department of Health), but in practice and on the ground there is varying positions. Some ECDs have been visited by Primary Healthcare Worker doing children health assessment, while others have no idea of such.

- Fear of the unknown: The process of transitioning from DSD to DBE was not clear. Stakeholders have varying information about the transition. Some ECDs were not even aware of the transition.
- Rurality and the distance between ECD Centres pose a challenge in providing support especially given the fact that Project Leads use public transport. *“We can only visit one ECD Centre per day” It’s difficult to visit ECDs” – Project Team Member.*

Key Lessons Learnt

- There are children with varying special needs in the community and as such the project needs to make provision of that to ensure user-friendly facilities and that practitioners receive relevant training
- While network meetings are important project updates, knowledge sharing and the development of best practices on how to improve ECD centres, it is important for the Project Manger to be part of these and other high-level meetings.

Key Project Recommendation

This section looks at the key recommendations based on what was suggested by evaluation participants.

- **Project Team:** Rethink the project’s team capacity and human resources to manage expectations from different stakeholders at different levels. Specifically, more visibility of Project Manager at ECD Centres and/or during ECD network meetings, onsite support for Project Leads and high-level interaction with the District, Traditional Leaders, Councillors and other high-level stakeholders’ representatives.
- **Consistent and routine monitoring** of interventions aimed at advancing the project’s objectives and oversight on both quantitative and qualitative data is important and necessary in ensuring that the intervention is meeting its objectives through stakeholders.
 - Consider having an M&E focal point either on full-time on consultant basis to assist with the development of data collection tools, field visit guide, setting more realistic targets, defining indicators and compliance with M&E protocol.
 - Consider having a Data Capturer to assist with capturing data or use the M&E focal point to assist with data capturing
- **Local leaders in both municipalities are** not fully involved, those interviewed are not actively involved in the ECD centres, this is despite their acknowledgement that they were part of the inception of the project. Although they did acknowledge that the centres are an asset to the community, there is need for improvement in involving them and ensuring they are active and hands on.
- **Introduce** a wider range of IGP (Income Generating Project) other than gardening, such as knitting, baking, sewing uniforms for ECD Learners, internet café for ECD Centres close to schools.
- **Strengthening Community Engagement:** Traditional and Community Leaders need to be engaged and allowed to take ownership through involving them in awareness campaigns and giving the periodic updates. These are key gate-keepers that can support in reducing vandalization of resources, ensure access to clean water and allocate land to build ECDs
- Consider including strategic people from DSD, DBE, DOH, iLembe District, Maphumulo LM and Ndwedwe LM as key government representatives involved in the project who will also facilitate and oversee the support by low level staff of the Social Workers, Primary Health Care Practitioners, Environmental Health Practitioner and Ward Councillors.

- Consider producing a publication or two from the project data as part of information dissemination.

Concluding Remarks

The training of ECD Practitioners and Principals has been instrumental in ensuring that pre-scholars have quality services and developmental activities, and this has in-turn given the parents confidence to be enroll their children and also have key interest in the well-being of the centres. In addition, the involvement of parent in gardening project has given parents the joy and pride of contributing directly to the quality of life and nutritious food of their own children and therefore opening doors for ownership of the centres and foster sustainability.

The project has also significantly improved the quality of ECD services in the iLembe District of KwaZulu Natal. The increase in the enrollment of children in these ECD Centres is evident. Further, the support by HPPSA in ensuring that ECD Centres meet the standards, norms and practices of functional ECDs has encouraged the DSD to be an active and interested stakeholder in ensuring that all complying ECD Centres are registered and receive funding.

Section One: Introduction

Defining Early Childhood

Early childhood development (ECD) refers to the cognitive, psychological, physical, and social development that a child experiences between birth and their school-going age. It provides a comprehensive approach to programmes that offer learning and support appropriate to the child's development age and stage. Its purpose is to protect the rights of children to develop their full cognitive, psychological, emotional, physical, and social potential. According to UNICEF (2022), ECD offers an important window of opportunity to shape the path of a child's holistic development, as well as to build a foundation for their future.

ECD plays a key role in determining whether a child will reach his or her full potential.¹ The events that occur during the early years of childhood have a lasting impact and will affect a child's growth and development throughout his or her life. Hence, parents and childcare workers need to focus on building a strong foundation for children. By doing so, children are assisted to develop their full potential. This, in turn, will help to break the cycle of poverty, reduce social inequality, and increase economic activity.²

Global Context of ECD

Worldwide, only 60% of all 3 to 6 year-olds have access to pre-primary education. In low-income countries, just one-in-five children has access to preschool³. It has been proven by research that pre-primary education is the foundation of a child's journey: every stage of education that follows relies on its success. Yet, despite the proven and lifelong benefits, according to UNICEF (2022)⁴, more than 175 million children – nearly half of all pre-primary-age children globally – are not enrolled in pre-primary education. In low-income countries, the picture is bleaker, with only 1 in 5 young children enrolled. Children from poor families are the least likely to attend early childhood education programmes. For children who *do* have access, poorly trained educators, overcrowded and unstimulating environments, and unsuitable curricula diminish the quality of their experiences. More countries are realizing the importance of giving children the best start in life by investing in early childhood development. More countries are realizing the importance of giving children the best start in life by investing in early childhood development.

ECD in South Africa

Early childhood development is an emerging field of research and policy development in South Africa. The state of ECD in South Africa in terms of reporting on its progress was non-existent prior to the 1994 democratic elections. However, since the ratification of the United Nations Convention of the Rights of the Child on 16 June 1995, improved indicators and monitoring have been taken place, and from this data, the understanding on the situation of children has improved

¹ Oxbridge Academy, "What is Early Childhood Development?" Retrieved from <https://www.oxbridgeacademy.edu.za/courses/childcare/what-is-early-childhood-development/> on 10 June 2022

² Oxbridge Academy, "What is Early Childhood Development?"

³The World Bank. (2022), *Early Childhood Development*. Retrieved from <https://www.worldbank.org/en/topic/earlychildhooddevelopment, 09 June 2022>

⁴UNICEF, "Early Childhood Development" Retrieved from <https://www.unicef.org/early-childhood-development> on 10 June 2022

over time.⁵ As a starting point in South Africa, a national audit to establish the status of both registered and unregistered ECD centers was conducted in 2013⁶.

The Department of Social Development (DSD) in line with the provisions of the Children's Act is responsible for the provision monitoring, registration, funding and expansion of ECD services in South Africa. The current ECD Landscape in South Africa is fraught with inequalities. Despite progress in expanding some ECD programmes and interventions, with children's access to ECD programmes in South Africa having increased over time⁷ children in this country are still exposed to significant variation in the distribution of ECD programmes, including vastly different levels of access and exposure to ECD, different levels of quality in ECD programmes, and different levels of funding from government. These variations are clearly evident in terms of the age, race, gender, disability, socio economic status, and home language of a child, as well as where a child lives, with stark differences across provinces in the country and across the urban/rural divide⁸.

And according to a 08 August 2017 report, KwaZulu-Natal (KZN) has a total of 917 unregistered and unfunded ECD Centres that services a total of 32387 children⁹. Almost a quarter of South Africa's young children or around 20.6% of children below the age of 5 live in KZN. Collectively, children and youth account for an estimated 68.1% of the KZN provincial population. Child poverty seems to be highest in KZN with 55.4% of children living in chronic poverty¹⁰. The province also ranks fourth in the country in terms of children under 5 mortalities as a result of diarrheal disease (2%) and nearly 21% of children under 5 are stunted as a result of malnutrition. Close to 90% of the diarrheal disease burden is usually caused by unsafe sanitation, water and hygiene. KZN had unfortunately one of the lowest proportions of households with access to piped water and hygienic toilets in the country, at 75% and 79.1%, respectively¹¹.

Overview of the POF/ECD Project

The HPPSA "*Community-led Early Childhood Development (ECD) initiatives for vulnerable children in South Africa*" project, Phase 2 funded by the *Gouvernement Princier de Monaco* was implemented for over 36 months between 1st October 2019 – 30 September 2022. The intention of the project was to assist informal ECD centres with educational training of the pre-school teachers and registering them with the National Department of Social Development (NDSD).

The overall aim of the project was to continue to work with identified (*identified during phase 1 of the project -2017-2019*) 40 existing informal ECD providers, and provide them with training and mentorship, assist with educational materials to pre-schools and work with the satellite pre-

⁵ Storbeck, C & Moodley, S. (2010), ECD policies in South Africa, "What about children with disabilities?". *Journal of African Studies and Development*. Vol 3 (No. 1), p1-8; Van Der Merwe, M. (2015), *Early childhood development continued: The first 1000 days go digital*. *Daily Maverick*.

⁶ <https://ukzn-dspace.ukzn.ac.za/>, Department of Social Development 2014

⁷ Hall, K., Sambu, W., Berry, L., Glese, S., & Almeleh, C. (2017), *South African early childhood review 2017*. University of Cape Town, Cape Town.

⁸ Michaela Ashely-Cooper, Lauren-Jayne van Niekerk and Eric Atmore, *South African Schooling: The Enigma of Inequality* (pp.87-108).

⁹L Task Team 08 AUGUST 2017 report. Retrieved from <http://www.kznonline.gov.za/images/Downloads/HRDC/Presentation%203.1%20-%20Status%20of%20ECD%20in%20KZN.pdf> on 10 June 2022

¹⁰ The dynamics of child poverty in South Africa between 2008 and 2012: An analysis using the National Income Dynamics Study; Department of Economics and the Bureau for Economic Research at the University of Stellenbosch, 2015

¹¹ Socio-Economic Review and Outlook, KZN Provincial National Government, 2019/2020

schools to get them registered with the DSD. As such, this is the Phase 2 of the project ending on the 31st September 2022.

The project had one main objective, four key result areas and various indicators that were developed to guide the implementation and reporting of the project.

Project Purpose, Objective and Specific Result Areas of the Evaluation

The project has reached the end of its implementation lifespan. As such, the purpose of the end-of-project evaluation includes a comprehensive assessment of whether the project’s objectives were fully met given the project’s expected results stated in the project document. Overall, the evaluation assessed the relevance, effectiveness, efficiency, impact, and sustainability of the “Community-led Early Childhood Development (ECD) initiatives for vulnerable children in South Africa” project, Phase 2 - 1st October 2019 – 30 September 2022.

Objective 1: To increase access to and provision of quality community based ECD services for vulnerable children from disadvantaged communities from 2 Municipalities in iLembe District, KwaZulu-Natal

1. **Result Area 1.1:** Improved early learning for 1,750 children aged 2-4 enrolled in the 42 targeted ECD Centres over 3 years
2. **Result Area 1.2:** Strengthened and expanded the capacity to implement an integrated ECD programming
3. **Result Area 1.3:** Improved daily care through improved water, sanitation, and hygiene practices
4. **Result Area 1.4:** Strengthened parental and community involvement and support in the communities where ECD Centres are located

Key Questions of the Evaluation

The following sub questions on the “WHAT” and “HOW” below were included as part of the evaluation process.

WHAT	<ul style="list-style-type: none"> • <i>What have been the unintended and expected outcomes of the project activities?</i> • <i>Who has benefited (men, women, children, communities), in what ways?</i> • <i>Have any changes been achieved in relation to policy / practice / attitudes of the decision makers in the Municipalities that you are working in?</i> • <i>To what extent has the achievement of the changes / outcomes been influenced by external / other factors? To What extent are the changes attributable to the project activities?</i>
HOW	<ul style="list-style-type: none"> • <i>How accurate is the theory of change that has articulated near the beginning of the project? Is it effective, where were the gaps, how should it be adapted and improved for the future?</i> • <i>What was the most effective approaches used by HPPSA to bring about change? What worked, what didn't, and why?</i> • <i>What overall lessons have been learnt?</i> • <i>How have relationships between partners assisted or hindered the delivery of changes /outcomes? How can these relationships be improved?</i> • <i>How effective have the project's monitoring, management, learning, and financial systems been? How can these be improved?</i> • <i>How has the project delivered value for money?</i> • <i>How readily is project learning transferable to international knowledge development?</i>

Section Two: Overview of Methodology

The evaluation extensively included a review of literature from project reports, baseline study results, project documents, policies shared with Environmental Health Practitioner and, focus group discussion (FDGs), in-depth interviews (IDI) with key informants and project team members. All these interviews were guided by interview guides and schedule questionnaires that were tailor-made for each cohort. Observations during the field visits in both Ndwedwe and Maphumulo Local Municipalities were also used to understand the project context.

Data was gathered within a participatory and consultative atmosphere to maximize stakeholders' engagement and foster evidence for sustainability in line with the project objective and key result areas. To effectively ascertain progress, successes, and challenges within the project's second phase and draw lessons learnt from the project, the evaluation team undertook the evaluation guided by the OECD-DAC criteria of assessing the relevance, effectiveness, efficiency, relevance, and sustainability. This assisted with unpacking the extent to which the objective of the project intervention was consistent with beneficiaries' needs together with the community needs and country priorities.

OECD-DAC Assessment Criteria

Relevance: To what extent was the project objective and anticipated outcomes and the catalytic role at the heart of the project consistent with the community needs, contextual challenges and country priorities

Effectiveness: How effective was the role played by HPPSA and the project intervention in addressing the community needs and contextual challenges faced by POF/ECD centres and in advancing country priorities?

Efficiency: How effective and efficient was the project design/Theory of Change and the jointly working together of HPPSA with various stakeholder?

Sustainability: Is there evidence that the project is sustainable?

Data Collection Techniques

Key Informant Interviews: 59 face-to-face in-depth and 4 telephonic in-depth interviews were held with various project stakeholders, while 14 were participated in the FDGs. These included HPPSA Project staff, ECD Teacher Mentor, ECD Supervisors, ECD Practitioners, ECD General Staff, Social Workers, Environmental Health Practitioners, ECD Parent Committee Members, Traditional Leaders – Chiefs/*Ndunas* – Traditional Leader, and Community Leaders - Ward Councilors representatives.

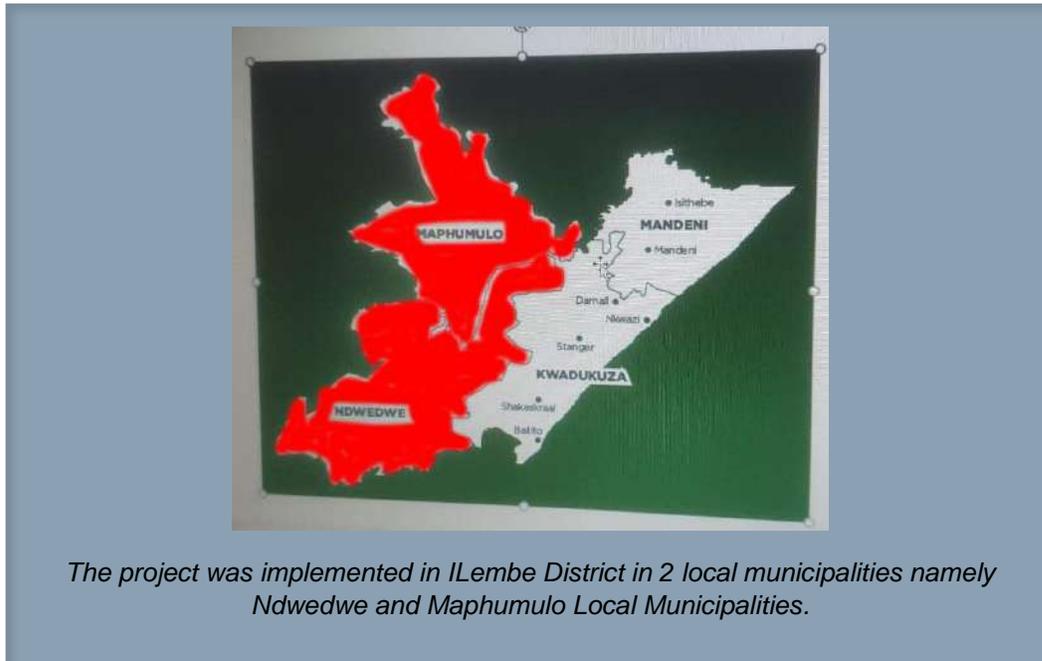
Focus Group Discussions: 2 Focus Group Discussions (FDGs) were conducted, one in each of the local municipality in which the project was implemented;

- Ndwedwe LM: 7 POF/ECD Parent Committee Members
- Maphumulo LM: 7 POF/ECD Parent Committee Members

Desk Review of Project Documents: Project documents (reports, baseline study and related policy documents) were reviewed to guide the interviews, and to also validate information

gathered from interviews, and track project progress. Findings from these documents were triangulated with or validated against the findings of the methods for collecting primary data described above.

Geographic Coverage



12% of the children aged 3-5 years old and living in the Province are enrolled in ECD centers, or an average of 327 children for each ECD centers¹². The KZN's District of ILembe where the target two municipalities of Ndwedwe and Maphumulo are located, specifically registers only 7% of these age group children enrolled at ECD centers, or an average of 11 children per center¹³. The KZN Province counts however with 65% of ECD centers registered at DSD, that represents a higher average compared to other provinces, but still illustrates once again the precariousness of the sector¹⁴.

The project reached out to 42 existing informal ECD Centres and was set to mobilize 1,750 vulnerable children together with their parents to take part in the pre-school activities. However, 14 ECD Centres (33%) – 7 apiece, were reached as sample size of the evaluation.

Data Analysis Methods

Upon completion of data collection processes, both deductive and inductive analysis (as guided by study-specific objectives) was used to analyse qualitative data from key informant IDIs and FGDs. This is a conventional practice in qualitative assessments which involves searching

¹² HPPSA Project Proposal

¹³ South Africa ECD Data, Wazi-ECD

¹⁴ Wazimap, ECD Sector Skills Plan

through data to identify any recurrent patterns. This entailed identifying, analysing, and reporting patterns (themes) within data.

Limitations of the Evaluation

- Some key informants who actively participated in the project were on work leave, so their replacements could not provide much information and therefore failed to answer most of the interview guide questions.
- There were no persons from Department of Health (DOH) to be interviewed from both municipalities who was in charge of pre-school learners health checks.
- The unavailability of an M&E focal point immensely compromised the routine monitoring of the project and overall project data against project indicators that could have substantiated the evaluation findings. contributed to challenges relying on reports data for baseline and overall project results, hence relying on the Interim Implementation Reports alone without any other validation source for quantitative data

Section Three: Evaluation Findings and Discussions

This chapter presents the evaluation’s findings guided by the evaluation theoretical framework and thematic areas as highlighted in the Terms of Reference (ToR). However, the chapter begins with providing picture of project stakeholders who participated in the evaluation.

Project Evaluation Participants

A total of 73 project stakeholders participated as respondents in the evaluation.

Table 1: Project Evaluation Participants

Indicator	Number	%
Total Evaluation Key Informants	73	100%
Female	55	75%
Male	18	25%
Maphumulo LM Participants	40	55%
Ndwedwe LM Participants	29	40%
Face-To-Face Interviews	69	95%
Telephonic Interviews -Ndwedwe LM	4	5%
FGD Maphumulo LM Participants	7	10%
FGD Ndwedwe LM Participants	7	10%
ECD Parent Committee Members	30	41%
ECD Teachers	10	14%
ECD Principals	14	19%
HPPSA Project Staff	4	5%
ECD Trainer/Facilitator	2	3%

Project Relevance, Effectiveness, Efficiency and Sustainability

The project has greatly contributed to its objective of ensuring that targeted ECD centres in Maphumulo and Ndwedwe Local Municipalities (LMs) are sustainably Government-certified community-run pre-schools. Through the project 42 ECD Centres were supported to the level where they can function on their own; some of their ECD practitioners and principals were trained in order to ensure they are able to continue the activities after the project ends.

The objective and outputs of the project are consistent with the needs, priorities and contextual challenges of the ECD Centres in the KZN Province and of South Africa as a country. The project is also aligned and contributing to global/international and national challenges and priorities as outlined in;

1. Children’s Act No. 38 of 2005
2. Department of Health Notice 1229 of 2015 1229 National Health Act (61/2003): National Environmental Health Norms and Standards for Premises and Acceptable Monitoring Standards for Environmental Health Practitioners 39561 1 National Health Act, 2003 (Act No. 61 OF 2003)
3. Department of Health: Foodstuff, Cosmetics and Disinfectants, Act 1972, Act No. 54 OF 1972: Regulation Governing General Hygiene Requirements for Premises, The Transport for Food and Related Matters

4. National Integrated Early Childhood Development Policy, 2015
5. Sustainable Development Goal 4 (SDG 4) is the education goal: It aims to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.” SDG 4 is made up of 10 targets. And **Target 4.2:** By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Project Relevance

The evaluation findings showed that the project is in alignment with the DSD and community needs and priorities of ensuring that ECD Centres meet the standards, practices and norms of a functional centres that allow them to be registered with DSD and access funding, and contribute to the expansion of functional and compliant ECD services in South Africa. As such, the project responded to the root challenges of ECD Centres in iLembe District.

“Our wish as ECD Teacher Mentors is that the project expands across the province ... The demand of such initiative is huge, but unfortunately the resources and like-minded organization to support EDC Centres is limited” – ECD Teacher Mentor.

“For our ECD Practitioners in the classroom, uHumana [HPPSA] helped us by taking the practitioners to attend classes on certain Saturdays from October 2020 to March 2022 at the KNEC in Pinetown; which makes classroom activities meaningful. Learning aids (toys) given by you guys improve the intellect of our children, jungle gym removes fear, reveals personalities and improve gross major skills. From fine motor to gross motor skills you did cover those areas. Although we need a variety to extend their territory of action plus exposure” - ECD Centre Principal.



The project helped with toys and jungle gyms for children, and also encouraged vegetable gardening

“As the Project Leader, I see that the project is relevant. I see the children happy when I do my support and routine visits. The children like the toys. They enjoy the jungle gym” – Project Team Member.

Ward Councilors, Chiefs/Indunas and ECD Parent Committee Members were all mobilized by the projects' team to be engaged in the well-being of the centres. This was key and relevant in ensuring the sustainability of the ECD Centres. Getting ECD centres registered with DSD also helped ensure that they are able to get the required local funding from the DSD to cover salaries among other operational costs such as meals, training materials, staff development and stationary. Further, the project also helped with the refurbishment of ECD Centres – 13 ECD Centres in Maphumulo and 10 ECD Centres in Ndwedwe LMs through equipping them with pedagogical materials, water and sanitation facilities that meet the DSD minimum standards to get registered, and also ensure they can continue providing proper services to the children and their families. Parents Committees were reinforced so that they also get more motivated and strengthened to support the ECD staff.

The mobilisation and engagement of Ward Councilors and Traditional Leaders (chiefs/indunas) was also done through the project to ensure the continuous mobilisation of children to be enrolled at these ECD centres.

“Now our parents understand the importance of Early Childhood Development centres. Improvements were observed through good attendance to parent meetings and participation. Means of communication between the staff and them has improved drastically. They make it their norm to bring and collect the child. The bond between the parent and their kids became stronger because the kids show them what they were doing at crèche every day” - ECD Centre Principal.

Through individual engagements and FGDs, parents as represented by the ECD Parent Committee Members echoed their confidence in the ECD Centres. They get to know a lot of what is happening at the ECD Centres firsthand as they are directly involved in the well-being of the centres. The pride in the ECD Centres and the relevance of the project was clearly expressed by one of the Parent Committee Members. Using her vernacular language (isiZulu), she echoed;



Parent Committee udlulisa ukubonga kuHumana ngokuhle abakwenzele iLandulwazi njengoba bebaxhasile ngezinto zokudlala Kanye nokudla kwezingane. Bayafisa kuthi iHumana iqhubeke nokubaxhasa ngamabhayisikili Kanye neTV ukuze ingane zizokwaziukubukela amavideo afundisayo ngengoba iLundulwazi yaziwa nezikole ezakhelene nayo ukuthi inikezele ngolwazi oluzakhaya izingane. Njenge Parent Committee bonke abantwana bami baphume beqeqeshkile futhi bawu 4 befunda Landulwazi njengoba omunye esefunda Grade 12 waphuma khona Landulwazi – ECD Parent Committee Member.

Effectiveness of Project Implementation

The evaluation findings as validated by Baseline Report, External Evaluation Report, Annual Reports, training workshops documents (Attendance Registers), evidence of structural refurbishments and income generating projects show that the project achieved the intended objectives and outcomes.

“Because of COVID-19, just a few months after the project implementation had just taken off, the country went into hard lockdown from March 2020 to April 2021. All ECD Centres closed. But regardless of all this we thrived and worked hard to meet our targets and set objective. We trained EDC Practitioners, ensured children had health meals, ensured that community leaders, traditional authorities and various stakeholders are onboard and engaged in the well-being of EDC Centres. We encouraged gardens and developed a curriculum which every centres now uses ...” – HPPSA Project Team Member

The effectiveness of the project was acknowledged and praised by Key Informants. Through the project ECD centre systems and local structures were strengthened, resources boosted and stakeholders mobilized to be actively involved in the well-being of the ECD Centres. Quotation from various Key Informants sum this up;

“With regards to leadership and management, you assisted the Supervisor (ECD Principal) and Board of Management in their office duties by training them through training sessions. Visiting and monitoring how work is done. Your unannounced visits make us to do right things in the right time. The donation of materials to do jungle gym solved the problem of

the increasing enrolment yearly since you came, and food parcels during the time of drought (no money to buy food). More advanced admission forms that take back a parent to the child health card from birth. That exercise was an eye opener” - ECD Centre Principal.

“Now there is a play area for the children, before we had none. We received donated educational toys, tables, chairs, cupboards and outdoor activities/games for the children. Donations also included; sanitizers, tissues, cleaning material and toiletry”- ECD Practitioner.

“The attitude of teachers has changed, teachers now know how to talk to children, they are at ease when talking to them, they no longer shout at them. They are friendly and smile at the children. They care and share love with the children” - ECD Centre Principal.

“We now have the knowledge; we are able to engage with the children; we are also able to take care of the children in the correct way” - ECD Practitioner.

“Previously parents didn’t like to bring their children because we were not registered, now their attitude has changed. We have seen an increase in children enrolling” - ECD Practitioner.

The ECD Principals and Practitioners said that the work of the project resulted in the community having more trust in the ECD Centres and that parents were assured of their children’s safety and the quality of services being offered hence were willing to enroll their children. In addition to this, the provision of the security fence, refurbishing materials and training of practitioners had a direct impact in the registration of ECDs by DSD as these are part of their (DSD) requirements.

The POF Project existence described as very relevant in addressing priority ECD needs faced by the community. The focus on providing educational material ensured that the ECD services offered at these centres are of quality and improve the Early childhood development of the pre-scholars in these rural areas. The further provision of the teaching schedule by Humana also contributed to ensure that pre-schoolers’ time is efficiently used in focused learning and structured playing. One of the priority needs addressed is the provision of training for ECD practitioners who are qualified and ready to work with the pre-scholars. Assisting ECDs in registering with DSD also is very critical and impactful, not only do the ECDs get funding or monetary support from DSD but this also results in the ECDs being regulated and monitored by DSD.

Project Progress towards Outputs, Outcomes, and Impact

At output, outcome, and impact levels, the project has demonstrated the effectiveness in reaching its project targets. The section that follows provides summarised highlights of the tremendous achievement and overall impact of the project, specifically concerning the project’s outputs and outcome areas.

Table 2: MEL Project: Impact, Outcome and Output Assessment Tool

Project Title: Community-led ECD initiatives for vulnerable children in South Africa – 1st Oct 2019 to Sept 2022				
Objective: To increase access to and provision of quality community based ECD services for vulnerable children from disadvantaged communities from 2 Municipalities in iLembe District, KwaZulu-Natal				
Result Area 1.1: Improved early learning for 1,750 children aged 2-4 enrolled in the targeted ECD centres over 3 years				
Indicator	Baseline 2019 – 2020 Report	Project Target	Achieved End of Project 2022¹⁵	Evaluation Assessment ^{*16}
Indicator 1.1.1: Number of pre-schools registered at the DSD the project end	10	20	27	
Indicator 1.1.2: Number of pre-schools refurbished, equipped and with pedagogical materials	42	22	42	
Indicator 1.1.3: Number of teachers who received a NQF Level teacher training diploma	40	40 (40% women)	40	
Indicator 1.1.4: Number children enrolled at the ECD Centre	1189 (713 girls) 60%	25 per school (55% girls)	1327 (707 girls)	
Result Area 1. 2: Strengthened and expanded capacity to implement an integrated ECD programming				
Indicator	Baseline	Target	Progress Achieved	Evaluation Assessment
Indicator 1.2.1: Number of children provided with a daily breakfast/lunch at the pre-schools	0	900 (55% girls)	577	
Indicator 1.2.2: Number of children provided with an annual health check-up	0	1,750 (55% girls)	257	
Indicator 1.2.3: Number of parents referred to children protection services and psychosocial support during project implementation among supported parents	Not adopted	700	0	
Result Area 1.3: Improved daily care through improved water, sanitation and hygiene practices				
Indicator	Baseline	Target	Progress Achieved	Evaluation Assessment
Indicator 1.3.1: Number of schools with new water and hygiene facilities	0	22	23	
Indicator 1.3.2: Number of health campaigns with topics on water, hygiene, nutrition, health and family planning organized at schools or with the children and their parents	Not Achieved	4 per year	6	
Indicator 1.3.3: Number of schools' buildings passing inspections after DSD registration	Partially Achieved	22	29	
Result Area 1.4: Strengthened parental and community involvement and support in the communities where ECD centres are located				
Indicator	Baseline	Target	Progress Achieved	Evaluation Assessment

¹⁵ Provide most up-to-date data of the indicator

¹⁶ Green – achieved; Yellow – Partially Achieved; Red – Not Achieved

Project Title: Community-led ECD initiatives for vulnerable children in South Africa – 1 st Oct 2019 to Sept 2022				
Indicator 1.4.1: Number of members of parents' committees trained in ECD, nutrition, hygiene and health	Not Achieved	12 persons per committee	125	
Indicator 1.4.2: Number of teachers trained in nutrition, hygiene and health	Not Achieved	42	109	
Indicator 1.4.3: Number of gardens implemented by parents and community members	42	42	37	
Indicator 1.4.4: Number of traditional leaders and councilors engaged in meetings and activities during the project	Partially Achieved	84 leaders	18	

Cost-effective and Efficiency

HPPSA has governance systems and structure in place, including having a Board of Directors in place. The Board of Directors provides both strategic direction and ensures accountability.

The overall grant amount of the project from the *Gouvernement Princier de Monaco* was €200,000.00. A further €40,626.90 was contributed by HPPSA as a cost share contribution towards the project. To this end, the total grant of the project amounted to €240,626.90. As such, the funding of the project towards meeting its set objectives and targets was adequate.

The size of the project team was possibly a great measure towards cost effectiveness. However, there were gaps identified on routinely monitoring project implementation on the ground. To this end, providing necessary support to Project Leads and also maintaining visibility at senior level through attending key strategic meetings and providing updates, and ensuring that all stakeholders are accountable to the set objective and supporting the achievement of set targets was found wanting.

While the Project Leads have great working relationships with ECD Centres, they needed support from HPPSA senior team members in some of the meetings with other key stakeholders as part of either working groups, technical working groups or general stakeholders meeting for project updates.

Project Theory of Change was in place, it is neither an M&E Plan or a guide to routine monitoring of the project. Although, M&E responsibilities were said to be embedded in the four project team members there was no documented evidence of the division of these M&E responsibilities.

Recruitment of Children with Special Needs

The ECD Centres should support children with special needs. Unfortunately, no centre has any provision for children with special needs despite the fact that they are a number of children with such needs in the communities. While some of children among those enrolled have a common speech and hearing challenge, one child was forced to deregistered because none of the facilities could cater for his special needs (See picture below). Some Key Informants confirmed that there are children in the community with special needs, but they cannot be enrolled to ECD Centres because the centres are not friendly to their needs. An ECD Practitioner concurred;

“We are not recruiting the children who are physically or mentally challenged because they need some special care and what we have is not suitable for them, even the play area is not suitable for them” – ECD Practitioner.



The former pre-school learner had to leave the ECD Centre at the recommendation of the doctor after realizing that the centre was not conducive to the child's special needs

“Here we have one child who was not able to talk, not able to hear and was also physically disabled thereby struggling walk and needed some assistance all the time, we also had to help feed her as well” – ECD Centre Principal.

Sometimes centres are presented with cases they struggle to deal with and end up just accepting the situation as is and find ways of supporting and accommodating the children.

“We have a girl-child who doesn't like to be with other girls, but wants to be with the boys... she like licking and kissing boys... And we don't know what to do but have told her parent. The parents seem to be aware of the child's behavior and they think bringing her here will resolve the problem” – ECD Practitioner.

“Sinenkinga yengane ena 8 months, eqale ecreche ngo February 2022. Umntwana unenkinga yokuthi unobulili abubili [two private parts]. Akholi igrant kanti nabazali bakhe abasebenzi. Umama usafunda kanti ubaba womntwana uhlala ekhaya. Manje abakwazi ukusupporta umntwana. Akanalo ubisi [formula], izingubl [clothes] zokugqoka Kanye nama pampers. Besicela noma iluphi usizo eningasisiza ngalo ukuze umntwana” – Parent Committee Members and ECD Staff

There are a number of cases in these ECD Centres which ECD Practitioners and Principals struggle with.

Coordination and Collaboration

The relationship between various community stakeholders was reported to be healthy and positive. They confirmed that such relationship yield positive results all the time since there is transparency and open communication most of the time. However, there were minor challenges reported and this included other stakeholders not being able to attend meetings due to other community commitments.

“We really want to be part of all the ECD meetings, but we sometimes cannot attend because of other meetings in the community” – Chief/Induna

“The Ward Councilor is busy with another meeting. He sends me to attend this meeting” – Ward Councilor Representative.

“The Induna/Chief assisted us, he gave us a land to build the ECD and ward councillor assisted with water facilitation, they supply us with water every 3, and the inspectors came to check the toilets, safely and the safety of the children” – Parent Committee Member.

Sometimes local leaders are involved in the ECD Centre activities, but they do not get to be hands on and actively involved. However, Community Leaders and some Parent Committee Members echoed that, updates from HPPSA is something that needs to be strengthened and done periodically and with the Induna/Chief and other Community Leaders. One of the Project Team Member echoed the same sentiments in a separate interview session; *“Our Managers must also come and attend some of the meetings, even every quarter. They must also meet with other stakeholders and update them on the progress and challenges ...” Project Team Member.*

The Department of Safety & Security and Environmental Health were identified as stakeholders that can contribute to the community and ECD at large. This department can make a huge difference and can empower them with knowledge and skills.

Sustainability of the Project Intervention and Results

While the project model is certainly geared towards sustainability, there are more opportunities and avenues to help ensure that the project sustainable is further strengthened. The project's strategy of integrating its activities with, utilizing and capitalising existing government and community structures and systems to strengthen the implementation of its activities will certainly help ensure the sustainability of the project. Most of the key informants have also echoed these sentiments when talking of the sustainability of the project. However, from the evaluation findings, it remains important to ensure that all stakeholders, more so Chiefs/Indunas, Ward Councillors, Youth Leaders are included in all relevant activities. Some stakeholders felt that they were not fully included in the project. Not checking on these key community stakeholders from time to time may deter the sustainability and community ownership of this initiative. A Key Informant purported;

“I was there when uHumana [HPPSA] was introducing the program here. I now only know usisi who visit the ECD sometimes. I no longer see the team from Humana that was here... Now they send you when the program is ending...We still need uHumana [HPPSA] here” – Chief/Induna.

On the other hand, ECDs that receive funding from DSD reported they can continue with activities. *“The funding from DSD would be of help going forward” – ECD Principals.* However, most ECDs feel continuing without HPPSA support would be challenging as they still are facing financial challenges. However, ECD Practitioners, Principals and Parent Committee Member appreciated HPPSA support and felt that with the funding from DSD, the ECD Centres will be sustainable given that;

- Trained teachers will continue providing quality services as they have irreversible knowledge and capacity
- The registration with DSD is ongoing
- Infrastructure support including the fencing will last long as well material provided for refurbishing, the toilets etc. (But the question is how they are going to maintain it going further)

- The trust and support that was built in the community will be lasting

Impact of COVID-19 on Programming

While COVID-19 had both negative and positive impact on programming, the evaluation findings shows that the project targets were not deterred and they were also gains. Earlier in the report, one of the Project Team Members alluded to the fact that set target and the overall project objective was met regardless the disturbances cause by COVID-19 lockdown at various levels.

As highlighted by one of the Project Team Member, the *Vangasali* Campaign which was run during the COVID-19 lockdown period was an opportune moment to register ECD Centres. *Vangasali* is a Xitshonga word meaning No One Left Behind which is exactly what the campaign was trying to do by registering ECD Centres. With many ECD Centres being unable to comply with norms and standards as stipulated in the Children’s Act No 38 of 2005 and Local Government requirements (Environmental Health, By-laws and land use issues among others) being a significant barrier to registration, the Department of Social Development recognised that a progressive approach to registration was required in the spirit of leaving no one behind.

On the other end, COVID-19 created an opportunity for ECD Practitioners in the Ndwedwe Local Municipality to creative and useful to the community at large. Below is what they did.

COVID-19 Case-study for Thandanani ECD – Ndwedwe Village

In March 2020 when the South Africa was on hard lockdown from March onwards, ECD’s were also badly affected and one such ECD namely Thandanani which lead by example to make a difference in the community. Furthermore, the National Institute for Communicable Diseases (NICD) introduced protocols regarding prevention of transmission of the infection and ECD’s also had to take part to practice safe social distancing and the cough etiquette. Emphasis was also placed on learning new methods of greeting (use of the elbow/greeting through the use of legs), washing of hands for 20 seconds, the use of sanitizers and wearing of face masks amongst others.

In June 2020, HPPSA proposed a programme [*Gouvernement Princier de Monaco – the Monegasque Cooperation for Development Agency*] to scale-down the spread of COVID-19 to ECD’s, their family members and the community at larger. The following strategies were proposed and implemented successfully:

- Training ECD teachers on COVID-19 screening
- Taking the services to communities and reaching out at community members in various areas like e.g., taxi ranks, shopping centres and community tuck-shops.
- Door to door screening services for covid-19 was offered to family members.
- All potential COVID-19 suspects were referred successfully to the nearby healthcare facilities
- Strengthening communication by creating WhatsApp groups with all ECD’s parents and community members
- Extending the covid-19 screening services over the weekend to the communities.
- Distribution of covid-19 pamphlets.
- Engaging with the local radio station and sharing the availability of free healthcare services and benefits, sharing related COVID-19 signs and symptoms, encouraging the community to continue to observe and practice COVID-19 etiquette.

The outcomes of the programme were successful due to the following:

- Teachers received skills and knowledge, knew how to screen for COVID-19.

- Successful distribution of the pamphlets as it improved knowledge of community members reached.
- Successful screening of COVID-19 and all potential COVID-19 suspects reached by door to door and in the communities were able to access healthcare services for further intervention and management.
- The majority of community members after hearing about the HPPSA programme on radio, they went to access free healthcare services.
- Potential covid-19 cases that reported 3 or more signs/symptoms (e.g. sore throat, cough, fever, sweating) on arrival at the healthcare sectors were successfully treated.

The role of ECD's and staff in the community not only focus on children's needs but also to make a difference in the public health space to benefit the community at large. Introducing new strategies during the COVID-19 pandemic to benefit the children, families and community at large was a strength that signifies that the HPPSA project is able to make an impact and also meet the needs of the community.

Section Four: Challenges, Lessons Learnt, Recommendations, and Conclusion

The following are key lessons and recommendations deduced from various stakeholders' perceptions and experience of the project in relation to their expectations, and the conclusion thereof.

Gaps and Challenges

Although the project achieved its objective and met its targets, it was not without some challenges that would need to be addressed in the near future.

- The unavailability of an M&E focal point immensely compromised the routine monitoring of the project and overall project data against project indicators that could have substantiated the evaluation findings. contributed to challenges relying on reports data for baseline and overall project results, hence relying on the Interim Implementation Reports alone without any other validation source for quantitative data
- Trained teachers did not receive their qualification certificates. This not a challenge caused by HPPSA or KZEC, but one possibly as a result of backlogs within the Health and Welfare Sector Education and Training Authority (HWSETA). As the transition of ECD Centres from the DSD to DBE, the DBE has already requested that the ECD practitioners submit their certificates to prove qualifications.

- Water challenges affecting the area. Some ECD resort to using river water which is not purified. Might be a health hazard to the pre-schoolers. This, once again is a general municipal challenge within the province of KZN.
- Low stipends of ECD Practitioners is a general challenge which may result in high staff turnover. Some trained ECD practitioners leave the areas after receiving the training to look for greener pastures. This may also result in ECD Centres losing qualified practitioner, e.g. Khethokuhle ECD Centre no longer have a trained practitioner.
- Security: ECD Centre that are being run from local community facilities have theft of resources and other movable infrastructure challenges, and are also being vandalised mostly during community events, and those run from private properties also face vandalism risks
- In theory there seem to be a clear involvement and collaboration with DOH (Department of Health), but in practice and on the ground there is varying positions. Some ECDs have been visited by Primary Healthcare Worker doing children health assessment, while others have no idea of such.
- Fear of the unknown: The process of transitioning from DSD to DBE is not clear. Stakeholders have varying information about the transition. Some ECDs are not even aware of the transition.
- Ruralilty and the distance between ECDs which poses in challenge to providing support especially given the fact that Project Leads use public transport. *“We can only visit one ECD Centre per day” It’s difficult to visit ECDs”* – **Project Team Member.**

Key Lessons Learnt

- M&E is a key programming position/team member
- There are children with varying special needs in the community and as such the project needs to make provision of that to ensure user-friendly facilities and that practitioners receive relevant training
- While network meetings are important for project updates, knowledge sharing and the development of best practices on how to improve ECD centres, it is important for the Project Manger to be part of these and other high-level meetings.

From infant to a toddler: Maphumulo Case Study

A grand-mother, who believed in the value of ECD, recalls well and shared that her grand-child has benefited so much from the Zama ECD. She confirmed that her grand-daughter came to the ECD only when was only three months old, she was well received, taken care of and continues to grow with no challenges reported.

As a four-year-old now, each time when the child goes to the ECD she refuses food in the morning because she brags about the food she will receive at the ECD. This confirms that she likes the food she is being fed with, is happy and looking forward to the new morning breakfast confidently so all the time. Although she is not perfect with drawing and writing, she has improved so much because she enjoys writing and shares with the family what she has written/scribbled. This shows that her writing skills are getting better and has shown a positive attitude and great passion to attend the ECD. This as a result is more likely to improve her passion for education not only for now but also this is promising for the future. Furthermore, I have not seen or heard the child being sick or even getting admitted as a result of being at the ECD, however – should I suspect any sickness while she’s with me at home, I don’t waste time, I take the child to the nearest clinic for

further intervention and management and I inform the teachers about the absence of the child. The teachers understand and accept the child's absence and support children to get treatment where possible, recover well at home before they come to the ECD.

She narrates the story as follows: *"I am so happy to see my grand-child that she loves and is enjoying the ECD. She is also learning, she continues to grow and this I can confirm because she came here when she was very young and looking at her now I feel so proud about her, I am so happy"*. "I also heard from the community that teachers at the foundation schools have reported to be happy with children who have attended ECD's as they relate well with other children, easily integrate well and play with others, and sing some songs freely as well, clearly this are happy children. What I have also noted is that, sometimes when children play and get injured accidentally, teachers are able to intervene and offer support, for minor injuries they will use some plasters for the children. I also want to say, for children who sometimes present with running tummy challenges and frequent the toilets, they are also well taken care off, they will ensure they count how many times the child goes to the bathroom, they wipe their bums clean and provide a detailed feedback report to the parent of the child about the child's progress and recommend further healthcare consultation if possible. She further narrates as follows: *"As a grand-mother, I have seen the beauty of ECD intervention and I really want to thank the teachers of the ECD for taking care of our children all the time, I wish they can continue to do the same thing even to other children"*.

From the above case study of true story of an ECD in Maphumulo we learn that ECDs are able to accept young babies and they grow within the ECD successfully, certainly acceptance and the inclusion of children with several ages on other ECD's is evident. This is also evident that ECD are able to care and support the needs of the infants, toddlers and pre-schoolers. They also help to provide good basic and social skills since children are able to implement such skills. Furthermore, additional quality of care, support, love and priority of health is evident since children grow and cope well with limited challenges.

Key Project Recommendation

This section looks at the key recommendations based on what was suggested by evaluation participants.

- **Project Team:** Rethink the project's team capacity and human resources to manage expectations from different stakeholders at different levels. Specifically, more visibility of Project Manager at ECD Centres and/or during ECD network meetings, onsite support for Project Leads and high-level interaction with the District, Traditional Leaders, Councillors and other high-level stakeholders' representatives.
- **Consistent and fit-for-purpose routine monitoring** of interventions aimed at advancing the project's objectives and oversight on both quantitative and qualitative data is important and necessary in ensuring that the intervention is meeting its objectives through stakeholders.
 - Consider having an M&E focal point either on full-time on consultant basis to assist with the development of data collection tools, field visit guide, setting more realistic targets, defining indicators and compliance with M&E protocol.
 - Consider having a Data Capturer to assist with capturing data or use the M&E focal point to assist with data capturing
 - Routine field visit need to be fit-for-purpose and identify real time challenges. An ECD Centre Principal shared one of her unresolved and worrying challenge which can also lead into e referral system; *"Isicelo sami nginomtwana ongana sitifiketi*.

Wazalwa ngomhlaka 12.12.2000. Umama wakhe akana ID. Wamshiya kimina wazihambela angimazi lapho ekhona, wahamba ngisho kubo lapho ayehlala khona ... Ngiyobonga kakhulu mangisizakele.”

- **Local leaders in both municipalities are** not really involved, those interviewed are not actively involved in the ECD centres, this is despite their acknowledgement that they were part of the inception of the project. However, they do acknowledge that the centres are an asset to the community. Improvement needed in involving them and ensuring they are active and hands on.
- **Introduce other IGP** (Income Generating Project) other than gardening, such as knitting, baking, sewing uniforms for ECD Learners, internet café for ECD Centres close to schools
- **Strengthening Community Engagement:** Traditional leaders and Community Leaders need to be engaged and allowed to take ownership through involving them in awareness campaigns and giving the periodic updates. These are key security gate-keepers for centres that are at the risk of being vandalised, for ensuring access to water and land to build ECDs
- Consider including **strategic people** from DSD, DBE, DOH, iLembe District, Maphumulo LM and Ndwedwe LM as key government representatives involved in the project who also facilitates and oversees the support by low level staff of the Social Workers, Primary Health Care Practitioners, Environmental Health Practitioner and Ward Councillors.
- Consider producing a **publication** or two from the project data as part of information dissemination.

Concluding Remarks

The training of ECD Practitioners and Principals has been instrumental in ensuring that pre-schoolers have quality services and developmental activities, and this has in-turn given the parents confidence to enroll their children and also have key interest in the well-being of the centres. In addition, the involvement of parent in gardening project has given parents the joy and pride of contributing directly to the quality of life and nutritious food of their own children and therefore opening doors for ownership of the centres and foster sustainability.

The project has also significantly improved the quality of ECD services in the iLembe District of KwaZulu Natal. The increase in the enrollment of children in these ECD Centres is evident. Further, the support by HPPSA in ensuring that ECD Centres meet the standards, norms and practices of functional ECDs has encouraged the DSD to be an active and interested stakeholder in ensuring that all complying ECD Centres are registered and receive funding.

Section Five: Documents Reviewed and Interviews Conducted

What follows in this section are some of the project documents that were reviewed and all the people that were interviewed including the focus group discussions that were conducted.

Strategic Documents

1. Children's Act No. 38 of 2005
2. Department of Health Notice 1229 OF 2015 1229 National Health Act (61/2003): National Environmental Health Norms and Standards for Premises and Acceptable Monitoring Standards for Environmental Health Practitioners 39561 1 National Health Act, 2003 (Act No. 61 OF 2003)
3. Department of Health: Foodstuff, Cosmetics and Disinfectants, Act 1972, Act No. 54 of 1972: Regulation Governing General Hygiene Requirements for Premises, The Transport for Food and Related Matters
4. National Integrated Early Childhood Development Policy, 2015
5. Sustainable Development Goal 4 (SDG 4) is the education goal

Project Documents

1. Baseline Report
2. Final External Evaluation Report, 30 September 2019
3. HPPSA Project Proposal/ Project Application Form
4. Interim Implementation Report No. 1, September 2020
5. Interim Implementation Report No. 2, September 2020
6. Project Data Collection Tools

Other Documented Literature

1. Hall, K., Sambu, W., Berry, L., Glese, S., & Almeleh, C. (2017), *South African early childhood review 2017*. University of Cape Town, Cape Town.
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List of Key Informants

Full Names	Gender	Portfolio	Institution	Type Stakeholder	of	Date Interviewed
Molatedi Dirole	M	Country Program Manager	HPPSA	Project Member	Team	16-Jun-22
Portia Mnisi	F	Project Manager	HPPSA	Project Member	Team	13-Jun-22
Nontombeko Kwenyama	F	Project Lead	HPPSA	Project Member	Team	16-Jun-22
Simangele Khumalo	F	Project Lead	HPPSA	Project Member	Team	15-Jun-22
Londeka Zimu	F	ECD Teacher Mentor	KZNEC	ECD Trainer/Facilitator		13-Jun-22
Precious Mzila	F	ECD Teacher Mentor	KZNEC	ECD Trainer/Facilitator		13-Jun-22
Nokukhanya Dladla	F	Inhlokomo ECD Principal	Maphumulo LM	ECD Principal		14-Jun-22
Sindi Xaba	F	Momotheka ECD Principal	Maphumulo LM	ECD Principal		15-Jun-22
Duduzile Zuma	M	Simbonge ECD Principal	Maphumulo LM	ECD Principal		14-Jun-22
K.E. Mkhwanazi	F	Landulwazi ECD Principal	Maphumulo LM	ECD Principal		14-Jun-22
Ntombiyenkosi Khanyile	F	Ikusasaletu ECD Principal	Maphumulo LM	ECD principal		15-Jun-22
Gideon Sangweni	M	Sokheni ECD Principal	Maphumulo LM	ECD Principal		15-Jun-22
Virginia Luthuli	F	Khulakahle ECD Principal	Maphumulo LM	ECD Principal		15-Jun-22
Makhosi Shangase	F	Asiphumelele ECD Principal	Ndwedwe LM	ECD Principal		14-Jun-22
Philisiwe Sikhakhane	F	Thandanani ECD Principal	Ndwedwe LM	ECD Principal		14-Jun-22
Sindi Mkhanya	F	Ukukhanya Kwamalenge ECD Principal	Ndwedwe LM	ECD Principal		16-Jun-22
B. Nguni	M	Zamani ECD Principal	Ndwedwe LM	ECD Principal		16-Jun-22
Nokuthula Mabaso	F	Simile ECD Principal	Ndwedwe LM	ECD Principal		14-Jun-22
Nonhlanhla Simamane	F	Sinoluthando ECD Principal	Ndwedwe LM	ECD Principal		15-Jun-22
Philile Busisiwe Dlamini	F	Khethokuhle ECD Principal	Ndwedwe LM	ECD Principal		14-Jun-22
Lindiwe Ngidi	F	Asiphumelele ECD Teacher	Ndwedwe LM	ECD Teacher		14-Jun-22
Zama Maphumulo	F	Thandanani ECD Teacher	Ndwedwe LM	ECD Teacher		14-Jun-22

Full Names	Gender	Portfolio	Institution	Type of Stakeholder	Date Interviewed
Alfa Ndlela	M	Siyakhula ECD Teacher	Ndwedwe LM	ECD Teacher	15-Jun-22
Nomusa Ndlela	F	Siyakhula ECD Teacher	Ndwedwe LM	ECD Teacher	15-Jun-22
Thandeka Ndebele	F	Landulwazi ECD Teacher	Maphumulo LM	ECD Teacher	14-Jun-22
Nomthandazo Majazi	F	Sokheni ECD Teacher	Maphumulo LM	ECD Teacher	15-Jun-22
Nokukhanya Zondi	F	Inhlokomo ECD Teacher	Maphumulo LM	ECD Teacher	14-Jun-22
Ayanda Xaba	F	Momotheka ECD Teacher	Maphumulo LM	ECD Teacher	15-Jun-22
Nothando Xulu	F	Simbonge ECD Teacher	Maphumulo LM	ECD Teacher	14-Jun-22
Nonhlanzeko Magwaza	F	Khulakahle ECD Teacher	Maphumulo LM	ECD Teacher	15-Jun-22
Bongani Makhanye	M	Landulwazi PC Member	Maphumulo LM	ECD PC Member	14-Jun-22
Lungile Ngcamu	F	Landulwazi PC Member	Maphumulo LM	ECD PC Member	14-Jun-22
Thokozani Ntuli	F	Ikusasaletu PC Chairperson	Maphumulo LM	ECD PC Member	15-Jun-22
F.P. Zungu	F	Ikusasaletu PC Treasurer	Maphumulo LM	ECD PC Member	15-Jun-22
Jabulani Ngiba	M	Sokheni PC Secretary	Maphumulo LM	ECD PC Member	15-Jun-22
Thandazile Ngcaba	F	Sokheni PC Treasurer	Maphumulo LM	ECD PC Member	15-Jun-22
Sibongile Mjaja	F	Inhlokomo PC Chairperson	Maphumulo LM	ECD PC Member	14-Jun-22
Notmbifikile P. Langa	F	Momotheka PC Treasurer	Maphumulo LM	ECD PC Member	15-Jun-22
Ncamile Shishi	F	Momotheka PC Secretary	Maphumulo LM	ECD PC Member	15-Jun-22
Nombuso Hlongwa	F	Momotheka PC Chairperson	Maphumulo LM	ECD PC Member	15-Jun-22
Sthembile Xulu	F	Simbonge PC Chairperson	Maphumulo LM	ECD PC Member	15-Jun-22
Thabiso Hlongwa	M	Simbonge PC Treasurer	Maphumulo LM	ECD PC Member	15-Jun-22
Ncamisa Gumba	F	Khethokuhle PC	Ndwedwe LM	ECD PC Member	15-Jun-22
Nomusa Malinga	F	Khethokuhle PC	Ndwedwe LM	ECD PC Member	15-Jun-22
Nomfundo Nzama	F	Asiphumelele PC	Ndwedwe LM	ECD PC Member	14-Jun-22
Zandile Zungu	F	Sinoluthando PC	Ndwedwe LM	ECD PC Member	14-Jun-22
Mabu Khuzwayo	F	Sokheni ECD Cleaner	Maphumulo LM	ECD General Staff	15-Jun-22
Mbau Majazi	M	Sokheni ECD Food-Handler	Maphumulo LM	ECD General Staff	15-Jun-22
Goodness Ngwane	F	Khulakahle ECD Food-Handler	Maphumulo LM	ECD General Staff	15-Jun-22
Miseni Hlongwa	M	Chief/Induna	Maphumulo LM	Traditional C/Leader	17-Jun-22

Full Names	Gender	Portfolio	Institution	Type Stakeholder of	Date Interviewed
Nduna Zungu	M	Induna	Ndwedwe LM	Traditional C/Leader	14-Jun-22
Baba Zungu	M	Induna Assistant	Ndwedwe LM	Traditional C/Leader	14-Jun-22
Muzi Mageba	M	ILembe District	Maphumulo LM	Environment H/Practitioner	14-Jun-22
Comfort Khubeka	M	ILembe District	Ndwedwe LM	Environment H/Practitioner	15-Jun-22
Nozipho Ntuli	F	Maphumulo LM	Maphumulo LM	Social Worker	14-Jun-22
Khuleni M. Nxumalo	M	D/Chairperson Youth Bearer	Maphumulo LM	Youth Leader	17-Jun-22
Sibusiso Zulu	M	Ward Councilor Representative	Maphumulo LM	Community Leader	17-Jun-22
Andile Reginald Sikhakhane	M	Ward Councilor	Ndwedwe LM	Community Leader	16-Jun-22
Sbonelo Ngcobo	M	Ward Councilor	Ndwedwe LM	Community Leader	16-Jun-22
Lungile Mngomezulu	M	FGD Parent Committee	Maphumulo LM	ECD PC Member	17-Jun-22
Mxolisi Ndlovu	M	FGD Parent Committee	Maphumulo LM	ECD PC Member	17-Jun-22
Nozipho Khanyile	F	FGD Parent Committee	Maphumulo LM	ECD PC Member	17-Jun-22
Busisiwe Ngidi	F	FGD Parent Committee	Maphumulo LM	ECD PC Member	17-Jun-22
Khulisa Lumkane	F	FGD Parent Committee	Maphumulo LM	ECD PC Member	17-Jun-22
Nothando Mthethwa	F	FGD Parent Committee	Maphumulo LM	ECD PC Member	17-Jun-22
Hlenzikahle Dlamini	F	FGD Parent Committee	Maphumulo LM	ECD PC Member	17-Jun-22
Slindile Hlongwane	F	FGD Parent Committee	Ndwedwe LM	ECD PC Member	14-Jun-22
Nokuthula Gumede	F	FGD Parent Committee	Ndwedwe LM	ECD PC Member	14-Jun-22
Bonakele Ndlovu	F	FGD Parent Committee	Ndwedwe LM	ECD PC Member	14-Jun-22
Sinenhlanhla Mthiya	F	FGD Parent Committee	Ndwedwe LM	ECD PC Member	14-Jun-22
Zakithi Hlophe	F	FGD Parent Committee	Ndwedwe LM	ECD PC Member	14-Jun-22
Nosipho Hlophe	F	FGD Parent Committee	Ndwedwe LM	ECD PC Member	14-Jun-22
Nobuhle Maphumulo	F	FGD Parent Committee	Ndwedwe LM	ECD PC Member	14-Jun-22

Focus Group Discussions

1. Ndwedwe LM: 7 Parent Committee Members
2. Maphumulo LM: 7 Parent Committee Members