# HUMBLE SMILE FOUNDATION

ECDs in Alex - Needs Assessment Report
MEAL Department - Humble Smile Foundation
2022

Title	Page Number
Key Findings	2
Introduction and Demographics	3
Resources and Facilities	6
Policies	7
Oral and General Health/Hygiene	8
Funding	10
Findings and Observations from ECD Images	10
Discussion	12
Project Recommendations	14
Pictures from ECDs	15

### **Key Findings**

- o 10 ECDs in Alex were assessed by HSF for their needs and assets
- 12 Health Promoters from City of Johannesburg (CoJ) were trained to conduct a Needs Assessment (NA)
- 40% of participating ECDs are level A (registered), 20% are level B (partially registered), and 40% are level C (non-registered)
- o 82% of all workers in ECDs are females
- 40% of ECDs reported that 80-100% of their students own their own toothbrushes at home, while 10% reported that 20% or less have their own toothbrushes at home
- Issues reported with toys in ECDs commonly include toys either being insufficient to cover all children, or being too expensive to afford
- All ECDs ranked teaching children how to take care of their mouths and oral health as
   Very Important (90%) and Important (10%)
- o 90% of assessed ECDs listed Nutrition and Food Safety as their main training need
- 70% of reported parents of children provide materials or other resources to the ECD
- o Among 10 ECDs, only 1 child living with a disability was present
- Among 10 ECDs, the age group with the highest population is between 3 and 4 years of age
- O The average staff: student ratio is 1:11
- All centers reported complying with policies that determine children-to-staff ratios, as well
  as policies that protect children from domestic violence
- All centers reported having systems for reporting domestic violence or child abuse within the ECD. This is likely inaccurate and subject to bias, due to fear of legal liability by the ECDs.

### Introduction

Alex is an informal settlement in South Africa. Though initially built for a population of 70,000 people, there are now 750,000 people living in the area. In this settlement, many parents are frequently absent to complete work in other areas. All children are expected to begin attending school at the age of 6. Because parents are gone often, Gogos, the highly respected elder women of the area, contribute to taking care of the children and their education. Before turning seven years of age, children attend Early Childhood Development centers (ECDs), which are commonly run and owned by Gogos. Children aged one through six attend these centers to be prepared for school, and sometimes older. Each center is expected to be registered with the government, but some are not, due to the governmental regulations and requirements to register a new ECD. There are three levels of registration: registered (A), partially registered (B), and unregistered (C). Due to lack of registration, many centers lack resources and facilities for staff and children, sufficient health education, and compliance with governmental policies. However, centers do not need to be fully registered to receive funding. Instead, centers must have a document from the department of health. The purpose of this data collection is to understand what resources are readily available for the ECDs and which resources are missing to address health and assets needs.

For this project, 12 health promoters from the City of Johannesburg (CoJ) Department of Health (DoH) were trained by Humble Smile Foundation (HSF) to conduct needs assessments for ECDs via digital data collection. Each ECD that participated in the questionnaire consented to having their data collected and having a needs assessment conducted. Due to government policies placed on ECDs and fear of legal liability, it is possible that reporting desirability bias may occur from participants to provide favorable answers, with the aim of preventing the centers from getting into trouble.

**Demographics**Below is a table 1 demonstrating the 10 ECDs included in this needs assessment.

ECD Name	Registration Level	Operating Hours (per day) — Monday to Friday	Total Space Utilized Approximately (m²)	Population Number (staff)	Population Number (children)
Amukelani Day Care	С	7 AM – 5 PM	-	4	32
Sediba Sa Thuto	Α	6 AM – 6 PM	-	4	47

Connie's Day Care	Α	7 AM – 5 PM	10	4	54
Sibahle Day Care	С	6:30 AM – 5 PM	5	3	25
Alex Educare	С	7 AM – 4 PM	10	2	60
Happy Hours Day Care	С	7 AM – 5 PM	14	3	31
Jesus Is the Answer	Α	6 AM – 6 PM	-	5	67
Sigalo Day Care	В	6 AM – 5 PM	5	5	46
Mogotladi Early Learning Centre	В	6 AM – 5 PM	7	5	71
Reach For the Stars Day Care	А	7 AM – 5 PM	35	6	23

Of the 10 ECDs being observed, all are owned by one or more Gogos. 60% of the centers have 4 or less staff members.

Additionally, 60% of centers have 40 or less children, the remaining 40% of centers has between 41 to 71 children. Of the children present in the ECDs, 100% of ECDs only have Black/African children. One center, however, also has Colored children (Jesus Is The Answer).

40% of centers participating are level A (registered), 20% are level B (partially registered), and 40% are level C (unregistered).

Of the 10 ECDs assessed for their needs, the main member of staff who provided information to the health promoter was the owner in 6/10 ECDs, the ECD's Principal in 2/10 ECDs, and a teacher/staff member in the remaining 2 ECDs.

ECDs are meant to follow staff to student ratio policies. Using the average numbers of staff and students from the sample, there is 1 staff member for about every 11 children in the ECDs assessed. However, the current policy for the child to staff ratio is South Africa is 1 staff member for every 6 children. Only one of ten centers assessed fit this criterion.

Centers that participated in the questionnaire were asked to report the age and sex distribution of children in their center. The age group with the highest population is between 3 and 4 years of age. Of all the ECDs, there was only one child living with disabilities mentioned in the ECD populations. The distribution of children in the sample by age, sex, and disability is shown below in Table 3.

Age Group	Distribution	Sex Distribution	Children with
		(F%/M%)	Disabilities
0-1 yr	6.58%	33%/67%	0
1-2 yrs	10.75%	35%/65%	0

2-3 yrs	12.5%	56%/44%	0
3-4 yrs	27.85%	47%/53%	0
4-5 yrs	21.7%	47%/53%	1
5-6 yrs	19.52%	49%/51%	0
6-7 yrs	0.22%	100%/0%	0
7-8 yrs	0.44%	100%/0%	0
8-9 yrs	0.44%	0%/100%	0
9+ yrs	0%	0%/0%	0

Table 4 demonstrates the Staff to Child Ratio in ECDs, and the distribution of children per ECD by sex.

ECD Name	Staff	Number	Staff to Child	Sex Distribution of children
		of	Ratio	(F%/M%)
		Children		
Amukelani Day Care	4	32	1:8	56%/44%
Sediba Sa Thuto	4	47	1:11.8	55%/45%
Connie's Day Care	4	54	1:13.5	43%/57%
Sibahle Day Care	3	25	1:8.3	64%/38%
Alex Educare	2	60	1:30	42%/58%
Happy Hours Day	3	31	1:10.3	52%/48%
Care				
Jesus Is the Answer	5	67	1:13.4	45%/55%
Siqalo Day Care	5	46	1:9.2	46%/54%
Mogotladi Early	5	71	1:14.2	37%/63%
Learning Centre				
Reach For the Stars	6	23	1:3.8	52%/48%
Day Care				

Centers were asked to describe their staff based on the types of workers present. 3/10 centers reported to have community health workers in the ECD, 5/10 have volunteers working, 9/10 have members of administration, 6/10 have experts in the ECD, while 7/10 reported to also have "other" workers within the ECD. Of the total staff of all ECDs, the majority were females, roughly 82% of all workers reported.

60% of ECDs reported that their staff received training in the past 4 years, of which First Aid training was the most common, for 3/10 ECDs, followed by Nutrition/Food Handling for 2/10 ECDs. Other previous trainings reported include Level 1 training, Basic ECD training, HIV/AIDS training, and firefighting training.

### **Resources and Facilities**

Table 5 below demonstrates the availability of facilities in ECDs, and the challenges faced with those facilities.

Facilities Available	Number of ECDs	Challenges Faced
Electricity	10/10	Load shedding issues facing
		2/10 ECDs
Water	10/10	Water shedding issues facing
		1/10 ECDs
WiFi	3/10	Mostly cellular data paid out-
		of-pocket, WiFi is expensive
Kitchen	10/10	None reported
Sleep Area	10/10	Shortage of blankets and
		mattresses in 1/10 ECDs
Play Area	9/10	Small, insufficient space and
		poorly equipped for 3/10
		ECDs
Garden	2/10	Lack of space
Hygienic/Ablution	9/10	No basins, insufficient toilets
		and broken toilet seats for
		2/10 ECDs
First Aid Kit	10/10	Unequipped for 1/10 ECDs
Nearby Clinic	10/10	None reported

Though all reported having a sleep area, 1/10 of the centers reported a shortage of blankets and mattresses for all of the children. Along with these challenges, one center's first aid kit is not fully equipped. As mentioned in the chart above, one issue with electricity among the ECDs is load shedding. In Alex power outages are common due to many illegal electricity connections. In turn, load shedding therefore impacts everyone.

Table 6 below demonstrates the availability of resources in ECDs, and the challenges faced with those resources.

Resources Available	Number of ECDs	Challenges Faced
Toys (educational, building	10/10	Not enough toys for children,
blocks, Legos)		as toys are expensive —
		reported by 2/10 ECDs
Books (colouring, stories,	10/10	Not enough books to cover all
educational, drawing,		children in 2/10 ECDs
spelling)		
Educational games	9/10	Unavailable in 1/10 ECDs,
(engagement games, skipping		and shortage of games to
rope. Colouring blocks to		cover all children in 1/10
match, puzzles)		ECDs
Arts & Crafts (posters,	10/10	Shortage of arts & crafts in
playdough, painting, beads)		1/10 ECDs

100% of the ECDs reported to have toys, books, and arts & crafts supplies at their centers. However, one center reported they do not have enough toys because they have a lot of children. Another center reported that they also do not have enough toys because they are expensive. Additionally, many toys that are available are play toys rather than educational toys because of the high cost of educational toys. Similar problems were found with the centers' book supplies as two centers did not have enough books for the children. 10% of the centers also experience a shortage of arts & crafts supplies. 90% of centers have educational games available. 20% reported to have other resources available, such as cars, Takalani (a children's show in South Africa which is very similar to Sesame Street), and coins for counting. 70% did not have additional resources. 10% of ECDs reported a shortage in chairs, tables, and trampolines.

### **Policies**

Policies Implemented	Number of ECDs	Further info.
Child: Staff ratio	10/10	None reported
Encouraging Parent Engagement	10/10	Local policies, 100% of ECDs
		reported compliance

Child Immunization	10/10	None reported
Child Social Protection	10/10	None reported
Mechanism of reporting domestic	10/10	None reported
violence or child abuse in ECD		

There are local policies to encourage parent engagement in the ECDs, which all of the centers reported following. All centers reported that they comply with policies that determine children-to-staff ratios. Additionally, the centers report compliance with policies that protect children from domestic violence and to have systems for reporting domestic violence or child abuse within the ECD. This is demonstrated in Table 7 above. These results are most likely inaccurate, and subject to desirability reporting bias due to fear of legal liability.

### Oral and General Health/Hygiene

Questionnaire respondents were asked to rate the importance of teaching children how to take care of their mouths on a scale from 1-5, where 1 would indicate that it is not important and 5 indicates that it is very important. 90% of centers reported their ranking to be a 5, indicating it is very important. The other 10% stated that the importance was about a 4, meaning it is still important.

90% of ECDs reported implementing supervised toothbrushing programs within the past year. Moreover, 90% of the ECDs reported their children being subjected to oral health education within the ECD.

Participants were also asked to report on the children's oral health habits at home. According to findings, 2/10 ECDs did not know how many children in their ECD own (and not share) toothbrushes. 1/10 of the ECDs reported that 20% or less of the children own their own toothbrush at home. 3/10 reported that 61-80% of the children have their own toothbrushes at home. home, and 4/10 reported that 80-100% of the children have their own toothbrushes at home.

ECDs were assessed on whether their staff have received previous training in health, hygiene and/or nutrition. 7/10 centers reported participating in health, hygiene, or nutrition training for ECD staff, while the staff of the remaining 3 centers have not received training. All ECDs have free EMS training available to staff and students. In this training, children and staff learn basic first aid care in case of emergency.

100% of the centers rated the importance of training and development for ECD staff to be a 5, meaning that it is very important. 90% of those assessed claimed believing that their ECD staff

currently require training. Reported required trainings include level 5, nutrition, first aid, HIV/AIDS, computer, Educare, and hygiene training.

ECD respondents were asked to identify what community needs or gaps in community health and/or education should be addressed based on available resources and expertise. This is described further in Table 8 below. Common answers include social protection, nutrition & food safety, and oral health and hygiene.

Community Needs/Gaps	Number of	Further info.
Required to Be Addressed	ECDs	
Nutrition & Food Safety	9/10	'Nutrition and oral hygiene are in need' – by
		2/10 ECDs
Social Protection (risk	7/10	'Social interventions and social grants are in
management and support of		need' - by 2/10 ECDs
the critically poor)		
General Health and Hygiene	7/10	None reported
Oral Hygiene	7/10	'Nutrition and oral hygiene are in need' – by
		2/10 ECDs
Child Protection (abuse,	7/10	None reported
neglect, exploitation, violence)		
Mental Health	6/10	None reported
Education	6/10	None reported
Poverty	5/10	None reported
Oral Health	5/10	None reported
Water Safety	5/10	None reported
Gender-based Violence	5/10	'In a society of many social ills, GBV affects
		children' and 'For a better and peaceful
		society' – by 2/10 ECDs
Homelessness	5/10	None reported
HIV/AIDS	5/10	'For a better and improved society because it
		affects children.' – by 2/10 ECDs
Tuberculosis	5/10	None reported
Financial Literacy	5/10	None reported
Addiction	4/10	None reported

### **Funding**

Centers were asked if they have been or currently are affiliated with organizations that provide support and/or funds. 7/10 centers reported that they have or are affiliated with these organizations, the remaining 3/10 are not. Common affiliations reported provide funds, nutrition, health, and social development.

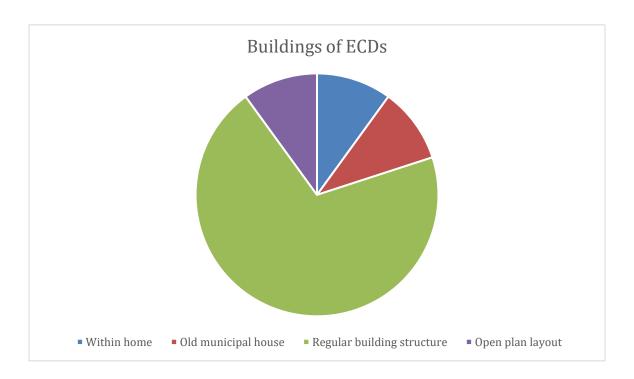
Of the current ECDs, 10% received no funding, 20% reported that their source of funding was monthly income, 20% depends on the payment of the parents, 10% rely on school fees, 10% rely on social development, 10% rely on health, and 20% rely on donations to continue supporting the ECD. The children's parents provide financial contributions at 7 out 10 of the centers and 7/10 of assessed ECDs reported that the parents of children provide materials or other resources to the ECD such as finances, toiletries, stationary, uniforms, and blankets.

Additionally, centers were asked to report what sources of funds they have received in the past 3 years, mentioned below in Table 9.

Funds Received in The Past	Number of ECDs	Further Info.
3 Years		
Monthly payments from	4/10	Many parents are not
parents		working, most do not pay,
		and some pay up to R200
		(\$12.04) per month
Grants	4/10	None reported
Donations	3/10	Social development donations
		are often insufficient
Monthly Payments	1/10	None reported
None	2/10	None reported
No Answer Provided	1/10	None reported

### Findings and Observations from ECD Images

Along with distributing questionnaires, health promoters provided a few pictures from each center to better imagine the space in which the ECDs take place. Pictures of ECDs are demonstrated at the end of this report.



Based on the pictures presented, a couple of the buildings and, other facilities such as the bathrooms, look outdated. Also, a common observation for the ten places is that many of the centers seem like they may be small for the number of children that attend the center.

Other observations made include the food provided to the children from the center. Several centers provided pictures of the menus. All places which provide menus seemingly provide a wide variety of foods including both healthy and unhealthy/sugary. Some common meals seen include white porridge or oats for breakfast, samp and vegetables, macaroni and cheese, and maize meals for lunch. Additionally, common snacks seen include fruit and bread with jam. Although balanced diets are not always provided at ECDs due to affordability, most centers are aware of the importance of nutrition.

The observations from provided pictures per ECD are shown below in table 10.

ECD Name	Observations from Provided Pictures
Amukelani Day Care	Colourful and organized
	Good variety of foods available on school menu including healthy
	options (and sugary foods as well)
Sediba Sa Thuto	Building plan
	<ul> <li>Various food options for children</li> </ul>
	Brightly coloured/decorated building
Connie's Day Care	Different info written on different walls
	Small center
	Old model bathroom and toilets – requires refurbishing/renovation

Sibahle Day Care	• Home				
	Many food options for meals but quite sugary				
	Center looks spacious despite the center being placed in the home of				
	the owner.				
Alex Educare	Building structure				
	Looks spacious and well-equipped				
	Bright and colourful				
	Wide variety of food throughout the week				
Happy Hours Day	Building structure				
Care	Well-equipped kitchen				
	Not many food options for the children				
	Space looks cramped				
Jesus Is the Answer	Building has space made out of bricks and well maintained				
	Gives children options for meals (other places have not)				
	ECD area unclear from photos				
Siqalo Day Care	Building structure				
	Small building				
	Open center				
	No information on food provided				
Mogotladi Early	Open plan structure with space where children can play freely				
Learning Centre	<ul> <li>A lot of outdoor space for the children to play in</li> </ul>				
	Different food options for the children				
	<ul> <li>Different toy options available (arts, crafts, minions, cooking, musical</li> </ul>				
	instruments, etc.)				
Reach For the Stars	Old municipal house				
Day Care	Building looks outdated and requires renovating				
	Not very spacious.				

### **Discussion**

Some ECDs are not able to produce desired holistic outcomes when preparing children for school due to not being fully registered. The underprivileged children especially are most impacted by lack of funding and unregistered ECDs, putting them at higher health and safety risk. Based on the different levels of registration reported, it is possible that some answers given were the answers participants provided for a more desirable outcome, thus losing some accuracy.

The questionnaire reviewed in the report is utilized to collect baseline information of resources, functionality, and gaps in current ECDs. Based on findings, different ECDs generally experience different problems, with a few in common. Given the current data, many resources are missing for ECDs including, but not limited to, funding, play space, toys, and gardens. Though some locations claim to have certain resources available, there are still common infrastructural challenges such as load shedding and lack of space. A few centers are very spacious, but some answers indicate difficulty with space or overcrowding within their facilities. 3/10 centers state

that they cannot have a garden at their center due to a lack of space. Amount of space also poses an issue for 20% of the centers and the play area that they can provide for the children. Other resources lacking within centers is Wi-Fi, despite information reported in the data. Though all locations reported to have Wi-Fi in the questionnaire, it was later discovered that some ECDs had cellular data, but not Wi-Fi. It was later confirmed that only 30% of ECDs have Wi-Fi due to the cost. These results are likely due to error and bias.

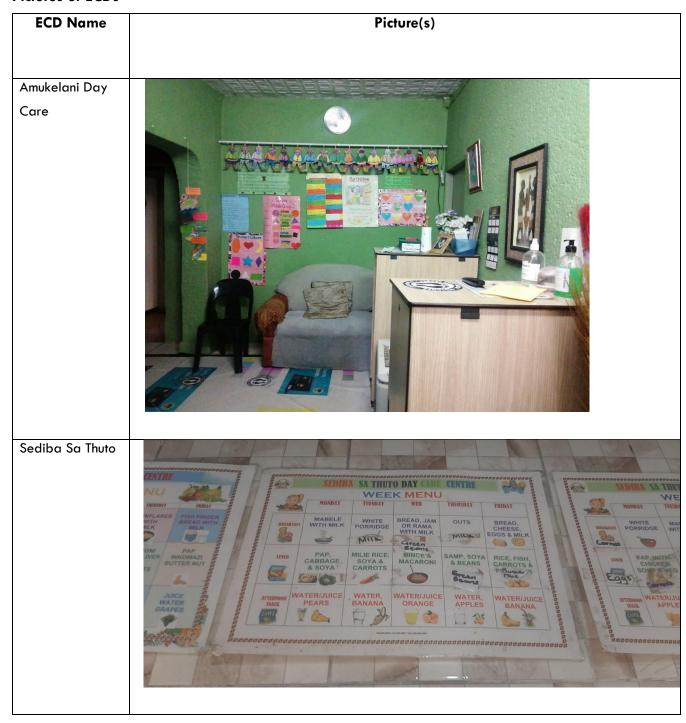
Due to the low percentage of children with disabilities that attend ECDs, it is possible that there is also a lack in training and/or resources to care for these children. Using the demographic data, children living with disabilities account for only 0.22% of ECD populations. The low number of children living with disabilities in ECDs could suggest that either ECDs are not inclusive of children with disabilities or may not be equipped with the required adjustments. This raises the question, where do disabled children in Alex go to prepare for their education? Instead, many disabled children attend specialized centers in Alex. Currently, according to CoJ DoH, there are two specialized centers.

Another resource that many ECDs lack is funding. Moreover, due to many parents being unemployed due to the pressing issue of unemployment in Alex, most do not pay ECD fees while some may pay up to \$12 per month. Additionally, payments that sustain ECDs including grants and donations are often insufficient to cover the needs of ECDs.

### **Project Recommendations**

- Top staff training needs and gaps to be met include Nutrition and Food Safety, General Health and Hygiene, Oral Hygiene, and Social/Child Protection
- Renovation of food menus in ECDs post-training
- Sugar regulation policies in ECDs
- Fundraising for ECD programs
- Implementation of programs and activities to encourage more parent involvement
- In further data collection projects, bias must be accounted for to produce more accurate results
- Discuss practical means to make ECDs more friendly, inclusive and welcoming to children living with disabilities
- Ensure curriculum covers all important subjects and topics, and includes health education and promotion
- Expand project to include more ECDs to receive more representative data
- Get ECD units involved to understand true situation
- Activity whereby registered ECDs help partly and non-registered ECDs to improve their services and to become registered?

## **Pictures of ECDs**



Connie's Day Care



Sibahle Day Care



Alex Educare					
		Day Breakfast	AM Snack	Lunch	PM snack
		Mon Oats Milk Brown Sugar	Brown Bread Peanut Butter/Jam Rooibos Tea & Milk	Mealie / Rice/Pap Beef Stew/ mince Cabbage/ Spinach	Seasonal Fruits Water Brown Bread Peanut Butter
	7	Tue Soft Mabelle Milk Margarine Brown Sugar	Seasonal Fruit & water	Macaroni/Spaghetti/Rice Tinned Fish Vegetables - Beetroot	Seasonal Fruit Morvite Yoghurt Milk
		Brown Sugar Milk	Brown Bread Peanut Butter/ Jam Fruits Juice	Samp Chicken Coleslaw/Salad	Seasonal Fruit & Water Brown Bread Peanut Butter
	Thi	Morvite Milk Margarine Brown Sugar Soft porridge	Seasonal Fruits Water	Pap Maas Beans Carrots	Seasonal Fruit Milk Biscuits
	Pri	Oats Milk Brown Sugar	Seasonal Fruit Water Chips/Popcorn	Rice/ Macaroni Beef/Chicken Stew Beetroot/ Salads	Seasonal Fruit Yoghurt
Day Care	WEEK ON  WEEK ON  WEEK ON  WEEK ON  Taken Market Teacher  Week and Teacher  Week of Participation  Week of Partici	No. 10 - 6 th No. 10 - 6 th No. 10 - 6 th ALEXAN  Macagaratic And Company  Macagaratic And Compa	WED Work PRINCIPAL THE WORK TH	WEEK TWO  WANTE WITH THE THE THE THE THE THE THE THE THE T	
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# Jesus Is the Answer



# Siqalo Day Care



Mogotladi Early Learning Centre



Reach For the Stars Day Care

