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Impact of COVID-19 on South Africa’s Early Childhood Education and the Sustainable Development Goals

Amiena Bayat and Siphe Madyibi

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Abstract

In South Africa, the government’s ECD (early childhood development) norms and standards policy sets the minimum standards for an acceptable ECD center and the

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country is considered to have made tremendous progress in providing ECD services since the apartheid era. The authors evaluate the current state of the early childhood development sector in South Africa with regard to the extent to which current ECD policies and legislation constrain the ability of the government and facilities to respond to the effects of the pandemic and to meet the related Sustainable Development Goals. Employing key informant interviews and semi-structured interview questions as part of a qualitative research method, the researchers interviewed several ECD experts to identify barriers to accessing early education opportunities in South Africa, which include socioeconomic status and funding constraints. Most of the respondents in the study reported ECD centers had received no government assistance to recover from the pandemic's impacts. The authors identified several actions to improve universal access, inclusivity, and quality in the ECD sector, including greater political will and investment in ECD, and implementing alternatives to increasing access to ECD services/early learning through collaboration with nonprofit organizations (NPOs).

Keywords

Early childhood education · Early learning · Early childhood development centers · COVID-19 pandemic · Republic of South Africa (RSA)

Introduction

Target 4.2 of the Sustainable Development Goals (SDGs) calls for all girls and boys, by 2030, to have access to quality early childhood development (ECD), care, and pre-primary education to enable them to be ready for primary education. Pre-primary education attendance in the sub-Saharan region (SSA) is only 28%, while the world's average attendance stands at 61% (World Bank 2020). The Republic of South Africa (RSA) is one of the largest economies in Africa, with higher early education participation rates than most countries in the region. According to the General Household Survey (GHS), about 69% of children aged 3–5 years participate in pre-primary/early childhood education (Statistics South Africa 2018). ECD in RSA is provided by state primary schools and privately owned, community-based ECD centers, with early education provision heavily reliant on ECD centers to ensure access to ECD services and early education.

However, ECD centers and programs, especially in low-income areas and informal settlements, are mostly under-resourced and unequal in both access and quality. This is largely because early education does not form part of the compulsory basic education system (except for Grade R, the reception year of primary school), and the state bears no direct responsibility for its provision. Consequently, ECD services are primarily provided by privately owned community-based ECD centers with varying resources and standards, with less affluent children receiving the worst provision (Ashley-Cooper 2021; Statistics South Africa 2018).

The COVID-19 pandemic directly impacted the country's ECD sector landscape. The early education participation rates dwindled when the South African

government implemented a nationwide lockdown to curb the spread of the COVID-19 virus and closed schools and ECD centers for 4 months from 18 March 2020. These closures interrupted the learning of nearly 17 million learners from preschool to secondary school level (Statistics South Africa 2022). The proportion of children aged 0–6 years who were not attending any educational facilities increased from 43.8% to 53% between 2019 and 2020.

Vorster (2020) contends that, despite expectations that the South African government would assist the sector to recover from the pandemic, instead of throwing the sector a lifeline, the government elected to push it nearer the edge of dysfunctionality and extinction through lack of support and the imposition of conditions ECD centers would struggle to meet. For instance, the government temporarily froze the payment of subsidies disbursed to ECD centers registered with the government Department of Social Development (DSD). Worse, the government continued its policy of not recognizing the existence of unregistered ECD centers and denying them access to the government subsidy. The denial of government financial support to unregistered centers is being justified through the ECD norms and standards policy provisions enshrined in the Children's Amendment Act, Act 41 of 2007, an amendment of the Children's Act, Act 38 of 2005. The ECD norms and standards provide the legislated framework and minimum standards for how all ECD centers should operate.

After the 4-month closure, the government required ECD centers to implement COVID-19 preventative measures when they reopened (Lutuli 2021; UNESCO 2021), including children and staff washing hands with water and soap or using an alcohol-based hand sanitizer, wearing masks, and maintaining social distance requirements (Spaull and Van der Berg 2020). These life-saving measures were harder to implement in ECD facilities in low-income communities. Many of these ECD centers are home-based or faith-based informal facilities that fail even in normal conditions to comply with the minimum standards of expertise and infrastructure required to support children to attain their developmental potential (Shumba et al. 2020). They are overcrowded and often lack adequate running water, ventilation, ablution facilities, and outside play areas. The extra compliance requirements of COVID-19 restrictions placed a crippling burden on the stretched budgets of centers already operating with minimal basic resources. Effectively, the government placed the responsibility for child safety on the ECD center principals' shoulders, held liable in the event of an outbreak, or worse, COVID-19-related deaths (Lutuli 2021). This burden of liability may well have discouraged the reopening of some centers after the enforced shutdown was lifted.

With less than 8 years left before the 2030 SDG deadline, UNICEF has been tracking countries' progress towards realizing universal coverage of at least 1 year of pre-primary education. Before the pandemic, UNICEF (2019) had reported that about 42% of high- and upper-middle-income countries had achieved 1 year of universal pre-primary education enrollment. Moreover, 29% of countries in the same category appeared to be on track to meet the target. Only 14% of lower-middle and low-income countries have met the target, and only 22% were considered to be on track. In general, less developed countries and developing countries such as South Africa will have to greatly accelerate efforts towards achieving the goal by 2030.

There is a generally held view in the sector that the ECD norms and standards in the Children's Amendment Act constrain the government's ability to meet the target for universal access and quality ECD programs, including pre-education programs to prepare children for formal schooling. The existing ECD policy and legislation are exclusionary and perpetuate inequalities across ECD centers. The COVID-19 pandemic has exacerbated these existing disparities and further impeded access to ECD provision for vulnerable children.

In attempting to account for the impact of the COVID-19 pandemic on South Africa's early childhood education and the Sustainable Development Goals, it is necessary to determine if South Africa was on track to ensuring equitable access to quality ECD programs and pre-primary education *before* COVID-19; the extent to which target 4.2 of the SDGs could be met, given the current state of the ECD sector, the effects of the pandemic and the government's response to the pandemic; the efficacy of the government's response to remedying the effects of the pandemic on the ECD sector; the extent to which the current ECD policies and legislation may have constrained the ability of the government and facilities to respond to the effects of the pandemic, the actions required by government to develop the sector towards universal access and quality; and the lessons that South Africa can learn from other African countries to support and promote the ECD sector.

Education as the Driver of the Sustainable Development Goals

The United Nations (UN) has gradually emphasized the role of education in achieving overall sustainable development since the 1990s (Ferrer-Estévez and Chalmeta 2021). For example, the Rio Summit on sustainable development in 1992 highlighted education as a general driving force for sustainability (Ferrer-Estévez and Chalmeta 2021; Odell et al. 2020).

A United Nations Decade of Education for Sustainable Development (DESD) was proposed at the World Summit on Sustainable Development in 2002 (Ferrer-Estévez and Chalmeta 2021). Spanning 2005 to 2014, the DESD focused on education as a key driver towards sustainable development and education systems were reoriented towards the Millennium Development Goals (MDGs) (Ferrer-Estévez and Chalmeta 2021). The DESD was followed by the Global Action Programme on ESD (GAP) adopted at the UNESCO World Conference in 2014. In 2015, Agenda 2030 was adopted by the UN General Assembly, featuring 17 Sustainable Development Goals (SDGs) with 169 targets, replacing the MDGs. The key SDG issues to address are education, social protection, job creation, health, climate change, and environmental protection (Ferrer-Estévez and Chalmeta 2021). The SDGs were proposed as a coherent way of thinking about and addressing the social issues of poverty, education, and climate change (Nilsson et al. 2016). The SDG framework recognizes that the goals are equally important and interdependent (Ferrer-Estévez and Chalmeta 2021; Nilsson et al. 2016). This interdependence means that pursuing one goal while ignoring the rest will only harm and retard a country's progress. The 40th UNESCO General Conference adopted ESD for 2030 following the expiry of the GAP term in 2019 (UNESCO 2021).

Theoretical Framework: Capital Formation Theory

Skills and abilities are diverse (Cunha et al. 2005; Heckman 2006). Hence, there are cognitive abilities, typically measured through an IQ test, and noncognitive abilities, such as self-control, patience, and temperament. A modern economy calls for both cognitive and noncognitive skills. For instance, noncognitive skills such as perseverance, motivation, and tenacity are crucial to succeed as a learner and as an adult (Heckman 2006). James Heckman contended that investing in human capital formation (that is, in skills and abilities) from birth to the age of 5 resulted in the highest rate of economic returns in adulthood. In his model, skills and abilities are used interchangeably.

The process of capital formation is governed by a multistage technology within which some stages, called sensitive stages, are considered to be more effective in producing specific capabilities. It is highly recommended that specific skills be cultivated during the sensitive period as one period has prerequisite skills for the subsequent stage (Heckman 2007). In this theory, the process of capital formation emphasizes how the process of learning is interlinked, such that capabilities produced in one stage enhance the capabilities attained at later stages. This is better explained through the principles of self-productivity and complementarity (Cunha and Heckman 2007). Self-productivity ensures that skills produced at one stage enhance the skills attained at later stages, so that the process of acquiring skills is self-reinforcing. Further, what one has learned today will enable one to learn another, more complex skill in the future (Cunha et al. 2005). The principle of complementarity states that skills produced at one stage will raise the productivity of investments at subsequent stages. This implies that an early investment *has* to be followed by later investments for the initial investment to be productive (Cunha et al. 2005: 5). Thus, a child who has attended early education is likely to perform better in subsequent grades if the investment is followed by others in all tiers of education. In the context of poverty, the investment in ECD and the early education of disadvantaged children, followed by further investment in subsequent schooling, will ensure that the investment is both equitable and efficient. Such early interventions typically result in better education outcomes and place disadvantaged children on a trajectory of better employment opportunities, earnings, and social mobility. Hence, this theory strongly supports placing early education as a driver of the SDGs.

Early Childhood Education in Africa

Policies and Legislation

A national ECD policy reveals a country's commitment to providing ECD services. It includes a country's vision, mission, and values regarding ECD (Vargas-Barón 2015). Because children have diverse needs, ECD policies tend to be multisectoral in approach, sharing responsibility across education, health, and protection sectors (Vargas-Barón 2015). National ECD strategic plans provide details on the implementation of the ECD policy (Vargas-Barón 2015) within the scope allowed by

enabling legislation. Finally, bylaws, regulations, decrees, and standards are often imposed as conditions for services, personnel, and performance (Vargas-Barón 2015).

Child development indicators such as the high prevalence of stunting, underweight, and hunger, and low preschool attendance in sub-Saharan Africa (SSA) should have sufficed to motivate implementing effective national ECD policies. Yet, when the Millennium Development Goals were set in 2000, only Mauritius and Namibia had enacted ECD policies in SSA (Torkington 2001). Since then, there has been a proliferation of national ECD policies in most SSA countries (Neuman and Devercelli 2012). About 19 SSA countries had national ECD policies in 2014, including South Africa (Vargas-Barón 2015) and 23 other countries in the region were preparing ECD policies (Vargas-Barón 2015).

The high prevalence of ECD policies in the region belies its low participation rate in early education. The impotence of these ECD policies can be attributed to the fact that many were driven by international political and funding pressure from organizations such as the World Bank, UNESCO, UNICEF, and the World Health Organization (WHO) (Vargas-Barón 2015).

Painting the Bleak Picture

A child's chances of accessing pre-primary education in SSA and the continent are slim. Children born in Latin America or the Caribbean region are more than twice as likely to access pre-primary education than their peers in SSA (Zubairi and Pauline Rose 2017). Africa and the Middle East have the lowest pre-primary education enrollment rates after South Asia, which reached 23%. West and Central Africa report the lowest enrollment in the region with 30%, closely followed by the Middle East and North Africa with 31%, and Eastern and Southern Africa with 33%. Early education coverage in Africa is well below the world coverage.

The biggest barrier to accessing early education opportunities in Africa is economic. A family's socioeconomic status (SES) correlates with access to pre-primary education, with the wealthiest children seven times more likely to attend early childhood education programs than the poorest (UNICEF 2019). Most pre-primary education in SSA is accessed by relatively privileged children born to resource-endowed families. Access is further constrained by the reluctance or inability of most African governments to invest in ECD. There is a substantial gap between ECD funding and funding of formal education. UNICEF compared spending on education and health across different age groups in Africa, focusing on young children, school-aged children, and post-school-aged adults in Eastern and Southern Africa. Using 2017 constant prices, the 2019 study found that human capital spending by governments and development partners were US\$88 per child for children between 3 and 6 years, US\$411 per child for those between 7 and 14 years, and US\$542 for adults between 18 and 22 years old (UNICEF 2019). The greater proportion of this ECD human capital investment was on health expenditure rather than education, and the

authors correctly warned that the funding disparity would likely worsen because of the pandemic.

Early childhood education in Africa was ravaged during the pandemic. In an online survey, more than two-thirds of the SSA respondents said they had not received any government support to recover from the crisis (UNESCO 2021). Moreover, ECD centers in SSA reported operational risks including parents being unable to pay fees and centers' difficulty in covering operational costs, including staff salaries (UNESCO 2021). The closure of ECD centers worldwide during the pandemic meant that many children were denied the cognitive and social stimulation they receive at ECD centers (UNICEF 2021; Yoshikawa et al. 2020). Moreover, child development is optimal in the presence of other children as children learn best when they play and interact or socialize with their peers (Shumba et al. 2020).

ECD in South Africa: Trends, Policies, and Legislation

Like most African countries, South Africa has used ECD policies and legislation to signal its commitment to invest sufficiently in the early years of its youngest citizens. Chief among these are the ECD norms and standards found in the Children's Amendment Act and the National Integrated ECD Policy.

The National Integrated Policy for ECD

South Africa's National Integrated Policy for Early Childhood Development unequivocally states that it "recognises early childhood development as a fundamental and universal human right to which all young children are equally entitled without discrimination" (RSA 2015). The policy was adopted in 2015 to redress children's structural disadvantages and views ECD services as a public good (Statistics South Africa 2018). The policy avows that ECD services should be guided by the principles of universal availability, equitable access, and empowering of caregivers.

The policy identifies five essential ECD services in the country: maternal and child health services; nutritional support; support for primary caregivers; social services; and early education. The ECD period is defined as from birth until the child starts formal schooling (RSA 2015). The policy's ECD conceptualization is taken from the Nurturing Care Framework (NCF) pioneered by UNICEF, the World Bank, the WHO, and other partners.

ECD Norms and Standards

The ECD norms and standards are legislated through the Children's Amendment Act, Act 41 of 2007, and set the minimum norms and standards that an ECD center must comply with to achieve registration by the DSD (RSA 2008). The policy

provides for the structure of the ECD premises and equipment, personnel, active learning, management, health, safety, nutrition, and parental involvement (DSD and UNICEF 2006). The extent to which an ECD center complies determines the outcome for registration and the type of registration the facility might receive.

The registration status of an ECD center is paramount for a center to be considered for a government subsidy. ECD centers may be fully registered if they comply with all the minimum norms and standards. Those that partially comply are conditionally registered for 1 year and can access the government subsidy while they work towards meeting the requirements for full registration (Berry et al. 2011). The subsidy is linked to the number of children cared for, is conditional and subject to periodic review. Failing to maintain norms and standards leads to deregistration and the loss of the subsidy. The DSD does not allocate subsidies to unregistered centers, even though they tend to serve the children of poor and vulnerable households.

The ECD norms and standards are integrated with municipal bylaws and national standards for building, fire, and safety regulations. The municipal bylaws include the zoning of land use, safety and health standards, and access to basic amenities. Despite the state's policy commitment to universal access to ECD, it is impractical for centers in informal settlements and other low-income areas to meet the ECD norms and standards. These informal centers also have no control over the spatial configuration of their immediate environment. For example, an ECD center has not control over the proximity of the neighbors' shacks that does not allow space for firebreaks between buildings. Thus, the spatial configuration of informal settlements, which was often determined during the apartheid era, makes it impossible to satisfy fire, safety, and health regulations.

Contrary informal settlements are home to many low-income households in RSA. The 2018 GHS approximates that about 1.7 million children (9%) in South Africa live in backyard dwellings or shacks in informal settlements (Hall et al. 2019). Under the prevailing policy, unless they attend ECD centers outside their neighborhoods, none of these children will receive direct government financial support towards their learning until they enter the primary school system. Even in formal but low-income communities, attempting to comply with the ECD norms and standards would require extensive financial, physical, and human resources that ECD facilities do not have. Unregistered centers situated in low-income areas depend entirely on the low fees paid by caregivers for income, which usually barely cover basic operational costs. Thus, without funding from another source, there is little prospect of an unregistered ECD center upgrading and meeting the requirements of compliance for registration. An unregistered ECD center in a more affluent formal residential area has higher prospects of securing a subsidy than one in an informal area, despite the latter center needing the funding more.

Even when a center enters the registration process, thus indicating its serious intent to meet the requirements, the government stands at a distance offering no funding incentive to assist the process until the ECD center is registered. The subsidy is also the sole government funding vehicle on offer to ECD facilities. In practice, the policy traps vulnerable children in poverty by denying them the opportunity to acquire social mobility and human capital through education.

The national ECD policies appear supportive and pro-poor but the rigid application of the ECD norms and standards denies ECD centers in low-income areas the opportunity to access the resources they need to improve their services and education outcomes, thus ensuring that the government's commitment to universal access cannot be achieved.

ECD Trends

South Africa is generally considered to have made tremendous progress in providing ECD services and undoing the exclusionary nature of ECD provisioning that the former apartheid government ensured (Richter et al. 2019). For instance, South Africa is praised for its extensive and progressively targeted social security system, which has led to 81% of eligible children under 6 years receiving the child social grant. In terms of maternal and child health, about 96% of childbirths occur in health facilities under the supervision of trained professionals. Antenatal visits in public facilities before 20 weeks have increased from 61% during 2015/2016 to 67% in 2017/2018 (Hall et al. 2019). About nine million children in the basic schooling system receive a free meal per day and poor parents do not have to pay school fees. The above statistics signal positive developments in social services, maternal health, as well as child health. However, little progress has been made in pre-primary education to accelerate access and quality (Atmore et al. 2012; Hall et al. 2019; Kotzé 2015; World Bank 2021). In 2014, 63% of children aged 0–6 years attended educational institutions or programs. In 2018, 57% of that same age cohort attended an educational institution or program, a decline in participation of 6% between the two periods (Statistics South Africa 2021).

Among the reasons for this stagnation are a lack of competent ECD personnel, inadequate infrastructure, and lack of institutional capacity (Atmore et al. 2012; DSD 2014; Fourie 2013). Some scholars have also implicated various household risk factors, including poverty, stunted growth, and low stimulation at home in the slow progress towards realizing high-quality early learning opportunities for all children (Casale 2016, 2020; Hall et al. 2019; Vally et al. 2015). It is important to note that the problem of children lagging in their early learning in South Africa is largely class-based, affecting the children of poor and low-income households far more than more privileged communities (Ashley-Cooper 2021).

Methodology

The researchers followed a qualitative research method, employing key informant interviews and semi-structured interview questions. Key informants are most suitable in research that critically evaluates government policies (Lokot 2021). The key informants selected were experts in their field with extensive experience in the sector and specialized knowledge of ECD policies and legislations in South Africa and the rest of Africa, the SDGs, and the various encounters between the government and the

ECD sector during the pandemic. Pursuing a qualitative methodology allowed for in-depth exploration of the research questions.

The Consolidated Criteria for Reporting Qualitative Research (COREQ) framework of Tong, Sainsbury, and Craig (2007) was used to guide the methodology, since the framework is typically used to guide qualitative-dominant studies that employ interviews and focus groups for data collection. It provides a checklist to follow when analyzing and reporting qualitative-dominant studies (Tong, Sainsbury and Craig 2007: 351).

The researchers developed a list of prospective renowned ECD experts in RSA, following five key characteristics suggested by Tremblay (1957) to guide the selection process: namely, an expert should have a role in the community, be knowledgeable, willing to participate, communicability, and be objective (impartial). Of the five characteristics, only impartiality could not be satisfied, since most of the considered experts had written and advocated extensively on ECD and the researchers were aware of their strong views.

The selected experts worked or had worked closely with organizations involved in helping communities access early childhood education. Having conducted years of research that yielded several publications, the experts had been afforded opportunities to advise on ECD policy in the country. To select the ECD experts, the researchers used nonrandom purposive sampling. Of the 12 ECD experts considered and invited to participate in the research, four consented and participated. The data was collected through online virtual interviews as this allowed the researchers' access to all the prospective experts regardless of where they reside in the country. The online interviews were conducted in English, and the duration ranged from 30 min to 1 h with each expert. The themes that were investigated in the interviews were as follows.

- South Africa's progress towards realizing target 4.2 of the SDGs.
- Evaluating the government's response to the pandemic.
- Influence of the current ECD policies and legislation.
- Informed suggestions that included reviewing the country's ECD policy to bring permanent reform and inclusivity in early childhood education.
- The African experience of ECD.

The interviews were recorded and transcribed. The researchers followed the six phases of conducting thematic analysis put forth by Braun and Clarke (2006). Thematic analysis enabled themes or patterns to be identified that emerged from the recorded transcripts.

Results

The authors broke down the results into themes related to the research objectives, as follows: South Africa's progress towards meeting target 4.2 of the SDGs; the government's response to the pandemic; the influence of the current ECD policies

and legislation; recommendations to improve the ECD sector; and valuable ECD lessons that the country can draw from the rest of the region. The responses in this chapter are not empirical yet are informed by extensive practical and academic work on ECD issues that the experts conducted in the country.

South Africa's Progress Towards Target 4.2 of the SDGs

The authors sought to investigate whether South Africa could fulfill target 4.2 of the SDGs in 2030 by approaching the question from two contexts: (a) before the pandemic and (b) amid the pandemic.

- (a) *Before the COVID-19 pandemic, was South Africa on track to ensure that all girls and boys have access to quality ECD programs and pre-primary education to prepare for primary education?*

All the respondents agreed that South Africa is unlikely to meet target 4.2, and more importantly, the country was nowhere near meeting the target.

“There are no ways that we are on track, or even nearly on track, mainly because our provision rates are very low in early childhood development. . . . But then if you look at the quality. The quality ranges from comparable to the best in the world. But all the way down to extremely poor quality. And that is a function of our apartheid legacy and our colonial legacy. . . . The progress since democracy has been very disappointing, in terms of what children deserve.”

The country's first sign of falling short is the low provisional enrollment rates among 4–6-year-old children. Provisional enrollment rates in this context refer to the proportion of children in the mentioned age group who have access to ECD programs. The SDG target is universal enrollment. According to the GHS (Statistics South Africa 2018), about 69% of children aged 3–5 years attend some form of early learning program. The excluded children comprise over 1.1 million children (Hall et al. 2019). One respondent further raised the issue of quality, noting that the official pre-primary enrollment rates of 69% hid disparities in quality between varying centers and programs. This observation alludes to a weakness in much of the ECD research in the country. Despite consensus in the scholarly literature, existing national datasets on ECD enrollments are yet to adequately explore and account for the differences in the quality of ECD programs and centers. For instance, the GHS distinguishes the different care settings children attend. However, the survey does not further interrogate the quality of the programs. Variation in quality paves the way for education gaps and inequalities to emerge. The children in low-quality centers cannot possibly be on the same developmental path and level as children attending high-quality centers and programs. Children exposed to inferior quality centers are “silently excluded.” Silent exclusion refers to children attending an early learning program without deriving a meaningful learning experience (Kotzé 2015).

A significant learning experience would be one that leads to the cultivation of cognitive and noncognitive skills. Silent exclusion is also relevant to the socioeconomic status of children. It is well established that children from less affluent households are rarely exposed to educationally stimulating activities at home (Statistics South Africa 2018, 2021; Vally et al. 2015). These tend to be the same children who end up in low-quality centers.

Finally, the respondent argued that the current state of ECD, which is characterized by inaccessibility and quality differences, is the legacy of two discriminatory systems: colonialism and apartheid. Essentially the two systems sought to disadvantage the indigenous population, denying them opportunities for development that could lift them out of poverty. Nearly three decades of democracy has not undone this 350-year legacy.

“If you just look at three to six, we’ve got slightly better access but it’s not [universal]. . . And furthermore, the poorest quintiles have the very least access. Where we have been singularly unsuccessful in achieving any reasonable amount of quality in our provisioning. We have a problem with access but quality remains elusive.”

The second respondent held the same views as the first respondent and related the problem of access to the more significant quality problem: Given the current structure of community-based centers in the hands of private owners who have varying resources and expertise in a vastly unequal society, could the sector ever systematically achieve the same high quality in every independent center?

Another factor to emerge in the interviews is that South Africa had not prepared the sector to facilitate or accommodate universal access to early education and programs before formal schooling.

“For ECD programmes and education to be universal, think about the money that has to be invested, the infrastructure to be built, teachers to be paid, possibly nutrition.”

In other words, the country has not laid the groundwork in terms of investing in infrastructure, funding, and teacher employment to pursue universal access.

(b) *Given the current state of the ECD sector in the country, including the effect of the pandemic and the government’s response to the pandemic, is there any chance of the country meeting target 4.2 of the SDGs?*

The experts’ consensus was that South Africa had not met the predetermined target for universal access to quality early education before the pandemic and was less likely to do so afterwards. The advent of the pandemic had undermined and erased the little gains the sector had made in terms of enrollments.

“We were not going to meet the target before the pandemic and nothing good came out of the pandemic. It is important that people understand there was a problem before COVID. It was just exacerbated by COVID.”

Distinguishing between the state of the early education sector before and during the COVID-19 pandemic confirmed that the pandemic merely aggravated and exposed preexisting issues of unacceptable quality and infrequent access to ECD programs and education.

Evaluating Government's Response to the Pandemic in the ECD Sector

Governments worldwide rallied to protect different sectors of their economies to lessen the impact of the pandemic on people's lives and livelihoods. For the ECD sector, the South African president approved a Presidential Employment Stimulus initiative to compensate ECD employees for some of the remuneration they forfeited during the lockdown. To this end, *the DSD received R496 million to assist the sector (RSA 2021)*. The stimulus was presented as targeting the most vulnerable and disadvantaged ECD centers, and did not exclude unregistered centers. This idea of reaching out to the most vulnerable was reinforced with the slogan of "leaving no one behind." The DSD officially launched the Early Childhood Development Employment – Stimulus Relief Fund (ECD-ESRF) on 5 March 2021. The grant was accessible through an online application. A maximum of four employees per ECD center could apply to receive a once-off amount of R4,470 (RSA 2021).

With scholars and prominent ECD sector advocates (Ally et al. 2022; Atmore 2021a, b; Vorster 2020) characterizing the ECD stimulus relief fund as a case study in how *not* to implement an emergency relief fund, the authors enquired whether the respondents agreed or disagreed with this view. Three experts unequivocally agreed that the South African government had utterly failed to distribute the ECD stimulus relief properly.

"If you look at the 496 million that you talk about. Yes, that's about 900 million less than what the President announced. Some of it was going to be for enforcing registration on ECD centres through compliance officers. That caused a huge outcry in the sector, and Social Development dropped that. You need those norms and standards, and they must be monitored. But, don't do it in the middle of the biggest pandemic the world has seen for 100 years."

"Only about 50% of that (ECD stimulus relief) has been allocated. The system that they put in place was very complex. The result is that those people who are the poorest gave up. You would make an error, and it (online system) will destroy everything else you've already put in. . . At the end of March 2021, which was the end of the government's financial year, all the unspent funds had to go back to the National Treasury. Fortunately, National Treasury rolled it over. . . and they rolled it over for seven provinces. Social Development, they've been the biggest obstacle to getting that stimulus package."

"The expectation to fill in online forms and things like that. So way beyond [the] practitioner base. DSD is not a particularly effective or creative department."

Thus, instead of disbursing all the money, the DSD initially planned to repurpose a significant portion of that money to employ staff to enforce compliance at ECD centers with COVID-19 regulations and ECD norms and standards. It only dropped the plan after encountering opposition from the sector. “Compliance” did not include the DSD purchasing and distributing personal protective equipment (PPE) to the disadvantaged ECD centers.

A respondent commented on the main consequence of the mistiming of the significant lag time between the President announcing the fund and DSD launching it.

“Giving the ECD centres two weeks to apply for the fund we demanded they extend the deadline and they did but for one week. They opened the application in Feb 2021, financial year ends in March 2021. Now it’s March 2022, they have paid 60 000 applicants out of 116 000 applicants.”

Another issue relates to the process of verifying the legitimacy of the applications by the DSD.

“Why is it taking a year to verify applicants? Their stance is that the verification is so important because people are going to try to get money they shouldn’t. Applications for centres that do not exist, for teachers that are not there. Their mindset is distrust towards the ECD sector. In reality that might happen but the proportion of that is like less than 1 percent. They were using the Vangasali campaign, but they had not done it soon enough.”

The respondents identify several weaknesses in the management of the relief package including:

- The relief fund was launched a full year after the first lockdown restrictions, which could be interpreted as indicative of the low prioritization apportioned to the ECD sector. If a relief fund or bailout is purposed to lessen the impact of a shock, it is ineffective by definition if beneficiaries only receive it a year after the shock.
- The online application process was complicated and cumbersome, and assumed applicants had access to data, the internet through a computer or smartphone and computer literacy (Atmore 2021a). In a recent worldwide study investigating the cost of mobile data, South Africa was ranked 136th most expensive of 230 countries (Majola 2021). Moreover, fewer older people access the internet than the youth (Statistics South Africa 2022), and the majority of the ECD principals are older (DSD 2014).
- After much criticism of the online application process only being available in English, the DSD eventually integrated two other languages in the application process (Atmore 2021a; Statistics South Africa 2020). In a country with 11 official languages, this still excluded many potential applicants.
- The biggest challenge to overcome was the DSD itself. The department did not only fail in helping ECD centers but overcomplicated the process and unilaterally changed the parameters of how the fund would work. In the end, it was unable to disburse half the grant funding it had received.

- According to the DSD's own ECD audit, about 40% of practitioners and 35% of principals had less than a matric-level (Grade 12) education (DSD 2014). Yet the application process was technical, cumbersome, and difficult to navigate. Applicants who were not registered with DSD had to apply on two separate digital platforms, first having to register on a government database (RSA 2021). Several commentators questioned the need for facilities to register for an emergency fund (Atmore 2021a).
- ECD centers were required to have a separate bank account in the facility's name (RSA 2021) despite this not even being part of the normal ECD facility registration procedure, as pointed out by Atmore (2021a). The bank account component was arguably the most challenging part of the registration process. The bank details had to be completed as they appear on the bank's confirmation letter, including minor details such as caps or no caps. The system did not allow special characters such as semicolon or apostrophes but the website did not mention this (Atmore 2021b). Aside from technical difficulties, most of the facilities in low-income centers did not operate from a bank account as this would add bank charges to their operating costs (those in informal settlements would also have to travel to banks) and caregivers tended to pay in cash anyway.
- The President had announced an ECD stimulus package of about R1.3 billion but, by the time the minister launched the grant, the budget was only R496 million (RSA 2021). The shortfall of more than R800 million prompted a hailstorm of questions to the DSD (Atmore 2021a; Gontsana 2021; Tshuma 2021). The amount offered was unrealistic with a maximum of four employees eligible to receive a once-off amount of R4,470. Centers with more than four employees would split the grant. Since facilities were closed for several months and lost clients, the amount individuals received did not bring significant relief.
- The grants were ring-fenced for employees only with the centers receiving nothing (RSA 2021). Yet the DSD requested applicants to reopen their facilities 60 days after receiving the fund. None of the facilities received assistance with food or PPEs.

One of the key respondents partially differed from the majority view.

"I cannot disagree wholly with the statement. I can agree that is not how you roll out a relief intervention. A relief intervention should not be targeted around exclusion it should be targeted at inclusion, who needs it rather than who does not need it. You design your system to give maximum coverage. It is a relief intervention because you assume a majority of the population need it. But the funding mechanism was designed, more worried about people [who] are going to want it, who don't deserve it."

"The eligibility criteria: government's intent was not to exclude unregistered centres. It was with the implementation that these nitty-gritty things kicked in that made it quite an exclusionary process. In future, it could be designed more optimally. And there was a very short time to get this up and going. So they had to use the existing dispensing financing system. There wasn't time to design a new system."

Key respondents provided useful suggestions regarding what the government should have done to better distribute the ECD stimulus fund when asked:

What do you think government or DSD could or should have done differently?

“The subsidy should have been paid sooner. It would have been much better to start filtering that money earlier.”

“If the relief fund had come when it was to come, the centres would not have had to let go of people. Some are working but they are not getting paid the same amount. ECD officials either do not care or are inept.”

The experts further noted that the government could have used nonprofit organizations (NPOs) and community-based organizations (CBOs) to assist with the rollout.

“What they did was they centralised it, and it was all done through national DSD and they appointed what is called the project management office. . . In each province, they could have used those non-profits.”

NPOs and CBOs already work closely with ECD centers and thus hold valuable knowledge and expertise to target the centers. In centralizing the process, the national DSD became responsible for the distribution of grants, although typically provincial departments distribute the ECD subsidy. Moreover, the DSD outsourced the application process to a private project management company which may partially explain how an inappropriate online application procedure was selected that was out of touch with the realities of community-based ECD centers. Thus, the grant was administered by two entities that had no direct experience of working with ECD centers.

Influence of the Current ECD Policies and Legislation

It should be noted that the National Integrated ECD Policy was adopted approximately 7 years after the Children’s Amendment Act, which contains the ECD norms and standards. Thus, in this case, policy followed legislation, rather than the norm of legislation following policy. The policy thus supports the norms as a *fait accompli*.

The question – *Did the current ECD policies and legislation constrain the ability of the government and facilities to respond against the pandemic?* – elicited a range of responses.

“Yes, absolutely. if you look at the registration framework which I’ve looked at in detail, it’s quite demanding to get bronze basic. Most of those are about, you know, safety and protection which is important, but it’s by far not the best. If you think about it, and then rather focus on the learning programme. And it’s very evident when you speak with practitioners and you do studies that people don’t have a strong grasp of ECD.”

“No, not at all. The National Integrated ECD Policy [is a] brilliant policy that is not being implemented. Not being implemented for three or four main reasons. The first is, there’s absolutely no political will. Then there’s no political champion. The Minister of Social Development, or the Minister of Basic Education, somebody who goes out and advocates for early childhood development. One of the big things since COVID, is that the Ministry of Social Development has been missing. She hasn’t responded to petitions.”

“The third reason is that there is no funding allocated. You can’t make a policy, and not provide the resources to implement it. They’re not competent in early childhood development, the majority of social workers have got no background in early childhood development or in education.”

“I don’t think unregistered centres and registered centres were fundamentally treated differently. To be fair both centres still have not received their money.”

“The Children’s Act was not an impediment whatsoever. The administrative requirements are what stood in the way.”

The foci of policy and legislation as they affect registration largely concern safety and protection regulations. In practice, these laudable concerns have the effect of curtailing learning and development opportunities for children in poorer communities. The respondents did not take issue with the Integrated ECD Policy but rather pointed to the application being negatively impacted by a lack of political will, the incompetence of the DSD as the implementing department and the lack of grant or subsidy funding.

Recommendations to Bring Permanent Reform and Inclusivity in Early Childhood Education

Partly due to the gross mishandling of the ECD stimulus relief fund, progress towards universal access to quality ECD and education programs was negatively affected by the pandemic or left open for future action. The key respondents were asked to suggest “radical actions” that government could take to transform the sector towards universal access and quality. Interestingly, none of the experts felt there was any need for radical action but the consensus concerned the need for government to rather follow through with implementing existing policy.

“I don’t think we need to do radical things. We must just do the proper things.”

“These are not radical, these are small things done right.”

“One is to get the President to make a political statement about young children, and about early childhood development. That government will do whatever is needed to put children first. The second action is National Treasury has to provide the funds. Now, the argument is, “oh there’s no money.” But the savings you make with that investment in the earlier years. When children don’t repeat grades. . . And then the third thing is to employ competent and sufficient staff and use the nonprofit sector to deliver. Nonprofits around the country, talented young people, lots of experience amongst the older generation, and they really do help.”

The comment above suggests a strong correlation between leadership, political will, and funding. Vargas-Barón (2015) argues that a lack of political will is not always evident. The relevant ministers and leaders in government often pledge support to the ECD sector while, in practice, very little is accomplished in improving access and quality. A government with genuine political will would advocate for the sector, engage with those who run ECD centers, and allocate adequate funds to early education. The authors would argue that increased funding would be interpreted by the sector as proof of political will.

The key respondent above echoes Heckman's theory that the human capital returns accrued would exceed the initial investment in early education. If the national budget indicates the priorities of the country, the ECD sector is both heavily underfunded and undervalued. In the 2020/2021 national budget, DSD was allocated R335.3 billion. However, the provincial DSD that funds early education receives about 7% of the budget (National Treasury 2021), which must also cover related administrative costs and provincial employees' remuneration. Nearly 90% of the DSD budget is allocated to social grants and security funds. In the same financial year, the Department of Basic Education received 11 times more than the provincial DSD budget (National Treasury 2021). Underspending on ECD is a false economy, as empirical evidence indicates that countries that do not invest in early education tend to spend more subsequently to remedy the effects of the early deficiency on later years of schooling.

The views and recommendations of the remaining three respondents overlapped considerably.

"In terms of the access situation, I think that one of the things which a lot of people in my study have talked about is to make it much easier for ECD services to be offered. . . There's not much relaxation of the norms and standards to enable start-up and to be supported. So the regulations are a crippling factor."

"The law and regulatory system are one of the key blockages that we feel need to shift. It is a matter of whether the compliance requirements are appropriately contextualised."

"Even if you are not registered, the government should still have a record of you. There should be a way to register centres with DSD without meeting the ECD norms and standards. A system in place where all centres can be in the government's books as unregistered centres."

"A shack is never not going to be a shack. You have to have altered sets [of standards] for different situations in informal settlements."

The key respondents concur that it is impossible for ECD centers in low-income areas, especially informal settlements, to comply with the ECD norms and standards to the extent that they can register with the DSD and receive a government subsidy. One respondent suggests that any ECD center start-ups will be discouraged if they knew that the norms and standards would not be relaxed to allow them to register. Why would people lacking resources establish a center knowing that the government will not materially support their efforts? In the absence of separate sets of norms and

standards for centers in informal settlements, as one expert suggested, the norms that are supposed to assist the achievement of universal access to ECD services and education are constraining the expansion of ECD provision in the country.

If anything, the pandemic exposed the injustice of a blanket approach to policies within the ECD sector (Lutuli 2021) where circumstances are preventing their implementation.

To bring the norms and standards closer to contributing to quality, one respondent advised shifting from a compliance-driven process to a quality-driven process with the government designing a system that allows it to support and monitor quality in ECD programs. This approach significantly differs from the current carrot and stick approach used by the government that has only led to exclusion and unequal quality in ECD programs and centers.

The government currently supports the SDGs and target 4.2 without having devised a plan to increase the supply and resourcing of ECD providers and persists in behaving as if the market/private sector is solely responsible for providing ECD opportunities to poor children. Rather than pretend that ECD centers have the means to access resources, the government should actively stimulate the supply of resources to ECD centers and programs. As one respondent put it:

“There has not been any intervention to this point in time. It’s all been market-driven and market-led, and where does the market ever work with poor communities and poor children?”

The experts also recommended diversifying the ECD sector by including non-center-based models of providing ECD services and education. The narrow emphasis on the center-based ECD service ignores the reality on the ground where informal ECD programs provided by “day mothers” play a substantial role when caregivers do not have access to formal child education and care programs. During the pandemic, children attending day mothers’ programs increased from 2.9% in 2019 to 4.3% in 2020 (Statistics South Africa 2022).

“Suppose you could increase access looking at non-centre-based programmes such as playgroups and day mothers, anything where children are right now. Consider things that have the same reach but do not cost as much. All DSD funding is channelled to registered centres. Playgroups should be identified and supported through training and funding. We should create a model.”

Currently, informal ECD programs do not qualify for government subsidies although the government is aware that many vulnerable children in low-income areas rely on these home-based ECD programs for learning and development opportunities (Hickman and Matlhape 2021). According to Hickman and Matlhape (2021), children can thrive in these settings if compliance with the critical components of quality is ensured. Often what determines quality is child-adult interactions that support children’s language and learning in a structured routine that includes play, storytelling, and physical activities. A mixed model of ECD provision will shift the focus from reaching specific centers to reaching children (Hickman and Matlhape 2021).

The key respondents questioned whether universal access was achievable when no one knew how many centers there were or where they were located. In other words, a baseline was lacking to estimate the extent of the shortfall. A respondent summed up the challenge as follows.

“Mapping out ECD centres. We need to know what the ECD sector looks like. They’ve done an audit in the last 10 years, but it was not a full audit. They did not reach every centre. [The] Vangasali [campaign] – they are currently busy with mapping to see how many ECD centres exist. That needs to be nailed down. How do you increase access when you don’t know many centres you have?”

The DSD spent about a year attempting to verify the existence of centers before paying out the stimulus relief funds. However, the DSD’s records largely exclude the unregistered centers.

One of the most important issues raised by the expert respondents was the lack of public education about ECD.

“Public education on ECD. People and parents do not know how important ECD is. They do not necessarily think sending their children to attend an ECD programme makes a difference.”

“We also don’t hear parents demanding ECD programmes. Saying ‘this is what I need for my children’. They can’t do that because they have to pay for it.”

According to Fenech (2013), only families who understand the value and demand the promises of early education are positioned to reap significant benefits from early education for themselves and their children. Economically vulnerable families tend to be less informed on early education issues and accept the bare minimum in an early learning program (Bassok et al. 2017). If caregivers are generally uninformed and uninvolved, they are unlikely to hold the government accountable for the early learning opportunities provided or denied to their children. Even among those caregivers who do access ECD center services, few are educated enough to know what quality ECD programming is or what standards they have the right to demand.

ECD provision is privatized and, therefore, caregivers have to be in a position and willing to pay for early learning opportunities. Even when caregivers are aware of ECD services they should demand, they may choose to accept less because they cannot afford to pay for more. The irony here is that the country’s Integrated ECD Policy accepts that ECD services, including early education, are a public good and the country has set a target of universal access by 2030.

ECD Lessons from Africa

The respondents were asked what lessons South Africa could learn from other African countries to support and promote the ECD sector. Unsurprisingly, they regarded Africa as a region that has consistently failed to promote early education.

“Kenya, a decade ago, two decades ago, placed emphasis on early childhood development, and they started what is called the Kenyan Institute of Education.

But there are three countries we think we can learn from. Not in Africa, of course.”

Discussion and Implications for the Study

South Africa was unlikely to meet target 4.2 of the SDGs by 2030 before the pandemic and is even less likely to now. The DSD abjectly failed to protect the ECD sector from the adverse effects of the pandemic. The country's early education already suffered from low provision, limited access, and low quality when COVID-19 arrived, but lockdown restrictions, the economic slowdown, government mismanagement of its response, and the enduring poor performance of the DSD exacerbated the negative impacts of the pandemic on the provision of early education.

The Implications for Children

Children denied quality early intervention, as is the case for most in South Africa, never realize the same potential as their privileged peers in terms of schooling, employment, earnings, and social mobility. Not only does early intervention accrue the highest returns for children from disadvantaged backgrounds (Cunha et al. 2005) but, without it, evidence suggests that early disadvantages are difficult to reverse (Heckman and Mosso 2014; Shonkoff et al. 2012). The current inaccessibility and low quality of early education opportunities for South African children place them on a trajectory of struggle in their later education. In South Africa, the children of the poor achieve unsatisfactory educational outcomes, despite the vast sums of “late” investment by the government in their learning during basic schooling. Late investment produces low returns when children do not receive a solid early educational foundation to enhance the returns of subsequent investment.

Becker and Tomes (1994) once argued that some children possess advantages over their peers due to the SES of their families. Expenditure on early learning, formal education, the child's health, and other relevant human capital variables can significantly vary across families. Children reared in families that prioritize human capital and have adequate resources to invest in human capital are likely to be afforded early learning opportunities. In contrast, children of low SES are less likely to receive the same opportunities. Thus, SES creates skills differentials between children of otherwise innately similar abilities. Ultimately, these skills gaps will lead to future wage differentials (Becker and Tomes 1994), entrenching SES differences.

However, it has been shown that a timely early education intervention can enable underprivileged children to overcome household risk factors and low SES and yield positive returns in adult outcomes. For example, the USA's High/Scope Perry Preschool Project in the 1960s included children from low-income areas who were

already at risk of poor educational outcomes and subsequently poor adult outcomes (Sabol and Chase-Lansdale 2015). Results showed that, by age 40, underprivileged preschool participants were found to have a higher average income, were more likely to be employed and less likely to have been arrested in their lifetimes than their control group (Schweinhart et al. 2005). Recently García et al. (2020) calculated benefit-cost ratios and internal rates of return by monetizing the program's life-cycle treatment effects. The ratio of program benefits to the total program cost was found to be 9:1. That is, the returns were *nine times* more for every dollar spent on the program. Similar success has been achieved in numerous countries where children were lifted out of poverty through timely human capital investment in early learning.

Implications for the SDGs

A failure in early education feeds eventual failure in the entire education system and an underperforming education system cripples economic growth and prejudices the achievement of the overall SDGs. Achieving the SDGs would ultimately eradicate the social ills of poverty, inequality, and environmental degradation. Without more favorable outcomes in education at the macro level, South Africa will not overcome poverty, hunger, gender disparity, and social inequality. Moreover, the country is unlikely to realize better economic outcomes in economic growth, reduced inequality, and higher employment rates. The COVID-19 pandemic demonstrated the fragility of the South African economy, one of the biggest on the continent. It was a timely reminder that the country's continued reliance on the primary sector and exploitation of nonrenewable resources amid persistently poor educational outcomes offer no hope of escape from poverty for the vast majority of its citizens. Setting the country on the more positive trajectory offered by the SDGs begins with systemic intervention in early education.

The Way Forward to Target 4.2

This study shows that the COVID-19 pandemic exposed the flaws in early education provision but, more usefully, also provided an opportunity to review the remedial actions required to set the ECD sector on a positive trajectory. The consensus of the key respondents as experts in the field regarding what the sector requires to achieve outcomes of improved inclusion and quality highlighted the following aspects of government intervention:

- Review and revise the ECD norms and standards.
- Demonstrate political will.
- Increase funding to early childhood education.
- Collaboration closer with NPOs and ECD centers.
- Diversify ECD provisioning to include home-based programs.

- Ensure public education about ECD.
- Map all ECD centers and other ECD providers.

While all these aspects should be addressed, the key intervention required to set the country on the path to achieving target 4.2 is at the level of policy and legislation, specifically, the reform of the ECD norms and standards entrenched in the Children's Amendment Act. Nearly all unregistered ECD centers are denied government funding support in the current policy. Only once a center has navigated an onerous and expensive compliance process with the DSD, several other departments and local authorities and satisfied several requirements based on the ECD norms and standards and Integrated ECD Policy can the center hope to achieve registration and receive the government subsidy. Rather than this rigid all-or-nothing system, the authors endorse a proposal by the Housing Development Agency (2014) that has mooted a new system to assist informal and unregistered facilities to become registered. The proposal includes a categorization system with three categories and six subcategories as the basis of a tiered funding system. Of the three broad categories, Category A comprises fully and partially registered centers or centers with a high potential to accomplish this expeditiously. Centers under Category A would still require investment and support from all spheres of government for nutrition, programming, and training. Continual investment would ensure that centers provide high-quality early education and care to the children.

Anticipating that only a few centers in low-income areas, especially informal settlements, would qualify as Category A. Category B would include medium-functioning centers that provide basic or acceptable informal ECD services. These centers have trained practitioners and a learning program; however, they lag in satisfying safety and health bylaws.

Category C constitutes all the unacceptable centers with inferior quality. This category may prompt one of two appropriate responses. Those that maintained some standards and were deemed capable of improvement would be provided with emergency investment to mitigate safety and health threats, especially if there were no alternative centers for children at risk. A center showing no promise of improvement would be closed.

The three categories are further broken into six subcategories with a clear mandate of how to assist each subcategory of facilities. The primary purpose of the categorization is to establish a relationship between centers and the government that allows centers a fair chance to improve and ultimately provide high-quality ECD services. Notably, the government would no longer stand at a distance and wait for under-resourced centers to miraculously comply with an exhaustive list of ECD norms and standards. The identification and categorization of centers in this proposal and the introduction of consistent assistance by the government before centers have reached the desired state would particularly benefit ECD centers in informal settlements and low-income communities. Finally, the government would not use a carrot stick method, as one of the respondents mentioned.

Conclusion

Although the pandemic affected all people and sectors, the impact was predictably worse for poorer communities. South Africa's ECD sector, which primarily services these communities, was deeply impacted by the pandemic. The COVID-19 pandemic aggravated conditions in a sector already characterized by limited access and poor quality. Moreover, the inadequate handling of the pandemic crisis demonstrated the South African government's continued refusal to accept full responsibility for early childhood education and the ECD sector.

ECD services in South Africa have been provided by local NPOs and private providers, supported by donor funding and the fees paid by caregivers. As the world economy took a downturn worsened by the pandemic, many ECD centers lost much of both sources of income (Vorster 2020). The government's attempted relief funding initiative largely failed to mitigate the pandemic's impact, especially for those centers that did not receive government subsidies. To address this crisis, and to achieve the goal of universal ECD access by 2030, requires not only extensive new investment from the government but a complete reorientation of its approach to developing the ECD sector.

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