

# **A Sector Hanging in the Balance: Early Childhood Development and Lockdown in South Africa**

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## **Abstract**

New evidence suggests that over four months after the closure of early childhood development (ECD) programmes on 18 March 2020, the ECD sector was likely to be operating at a fraction of its pre-lockdown levels. Of the 38 percent of respondents from the new NIDS-CRAM survey reporting that children aged 0-6 in their households had attended ECD programmes before the lockdown in March, only 12 percent indicated that children had returned to these programmes by mid-July, well after programmes were allowed to reopen. Using these findings, we estimate that less than 5 percent of children aged 0-6 were attending ECD programmes by mid-July to mid-August compared to 38 percent in 2018. The last time that ECD attendance rates were as low as this was pre-2000. At this point it is not yet clear what proportion of these declines are only temporary, or whether there will be a lasting impact on ECD enrolment in the country. This dramatic contraction in the ECD sector relates to prohibitive costs to reopening 'safely' imposed by the regulatory environment, coupled with shocks to the demand side for ECD programmes (both in terms of reduced household incomes and parent fears of children contracting COVID-19). When viewed from a broader socio-economic lens, the threat of ECD programme closures across the nation will have impacts beyond ECD operators to the lives of millions of children, millions of households and millions of adults who rely on these ECD services. A swift intervention by government is necessary to save this important sector and limit the ripple effect of programme closures on multiple layers of society.

## **A Sector Hanging in the Balance: Early Childhood Development and Lockdown in South Africa**

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# Executive summary

## Introduction

Following the declaration of a state of national disaster to contain the spread of COVID-19, operators of Early Childhood Development (ECD) programmes across South Africa were instructed to close on 18 March 2020. The closure of ECD programmes at the time was probably well understood. But the reopening of the sector - which has been delayed relative to the phased reopening of the economy from 1 June 2020 - has been both confusing and contentious. A High Court judgement on 6 July ruled that ECD programmes could reopen immediately, subject to meeting safety standards. Yet by the end of July, the signs of recovery looked bleak in a sector that was already survivalist in nature pre-crisis. Unlike the schooling sector, which is heavily subsidised by government with about three quarters of users paying no fees, subsidies in the ECD sector are limited, both in reach and depth. Most ECD programmes operate as small businesses charging fees to at least 80% of children aged 0-6 attending these programmes. In the absence of these fees, it is unclear how long these operators will be able to remain afloat.

We highlight that prohibitive costs to reopening imposed by the regulatory environment, coupled with shocks to the demand side for ECD programmes (both in terms of reduced household incomes and parent fears of children contracting COVID-19), present dire implications, not just for ECD operators but multiple layers of society.

The short and medium-term survival of the ECD sector is in a highly precarious position as it moves into the last quarter of 2020, with a real threat of permanent closures and large declines in ECD enrolment in the coming year. This threat reaches beyond ECD operators to the lives of millions of children, millions of households and millions of adults who rely on these ECD services. Four months after the closure of ECD programmes, the sector is operating at a fraction of its pre-lockdown levels. It is not clear how many of the typically privately run ECD programmes across the nation will survive without a well-targeted financial stimulus.

## Method

The paper sets out to answer four main research questions:

1. How has attendance at ECD programmes been affected by the lockdown?
2. As the economy has reopened, what have been the main drivers of reduced attendance at ECD programmes? Is this being driven by demand-side shocks and/or supply-side barriers to re-opening?
3. Related to this, in which contexts and households are children more likely to have returned to ECD programmes and can these patterns be used to inform how circumstances precipitated by the pandemic may affect existing inequalities in access to ECD services?
4. Who is looking after children that have not returned to ECD programmes?

In answering these questions, we draw on the second wave of the new telephonic National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM). These findings are corroborated against supply-side experiences collected from ECD providers through the First and Second Surveys Assessing the Impact of COVID on ECD<sup>4</sup> (BRIDGE et al. 2020a, BRIDGE, et al. 2020b). The analysis of ECD and lockdown impacts using these data sources are situated within a socio-economic framework that views the ECD system in terms of three interconnected societal layers: (1) ECD providers themselves, (2) children using their services, and (3) parents and caregivers of these children. Pre-crisis and current ECD attendance at programmes are conceptualised in relation to this framework to explore the multi-faceted, socio-economic implications of COVID-related impacts on the sector.

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<sup>4</sup> The First and Second Surveys Assessing the Impact of COVID on ECD were conducted by a collaboration of partners in the ECD sector namely, BRIDGE, Ilifa Labantwana, the National ECD Alliance, the Nelson Mandela Foundation, Smart Start and the SA Congress for ECD.

## Key findings

- 1. The closure of ECD programmes in March locked-out not only millions of children from ECD programmes but millions of households and parents who were reliant on these services.**
  - In the past two decades, the provision of ECD programmes across South Africa had expanded significantly. As many as 3.0 million children aged 0-6 were attending ECD programmes in 2018 if one includes attendance at 'day-mothers', 'gogos' or 'childminders'. These children were located across 2.3 million households, and were residing with 6-7 million adults. But recent signs indicate significant shrinkage in the sector.
- 2. Following the lockdown, the ECD sector was operating at just a fraction of its pre-crisis levels a month after programmes could reopen:**
  - Of the 38% of respondents from the new NIDS-CRAM survey reporting that children aged 0-6 in their households had attended ECD programmes before the lockdown in March, only 12% (of the 38%) indicated that children had returned to these programmes between mid-July and mid-August, well after programmes were allowed to reopen.
  - Using a conservative approach in identifying the extent of the attendance decline reported by adults in NIDS-CRAM, we estimate that less than 5% of children aged 0-6 were attending ECD programmes by mid-July to mid-August compared to 38% in 2018. The last time ECD attendance rates were as low as this was pre-2000.
- 3. Currently, supply-side barriers to programmes reopening are the primary reason for low levels of ECD attendance:**
  - NIDS-CRAM respondents were asked what the main reason was for why children had not returned to centres. Two thirds of their responses relate to supply-side constraints to access. Over half (55%) of the respondents residing with children that had not returned to ECD programmes, identified '*the temporary closure of ECD programmes*' as the main reason for non-return. A further 5% of this sample indicated that programmes were not ready to reopen and 4% indicated that programmes had closed down permanently.
  - The delayed reopening of ECD programmes is confirmed by data from the Second Survey Assessing the Impact of COVID on ECD (BRIDGE et al. 2020b) at the end of August 2020. One month after ECD programmes were officially allowed to open, 68% of 4,500 providers responding to this online survey by September 8 said that they had not yet reopened their programmes. The two main reasons cited for not having reopened were "*We cannot afford to buy the health and hygiene things we need to reopen*" (30%) and "*We don't have enough money to reopen*" (26%).
  - On the one hand, these temporary closures may be viewed as a direct supply-side constraint to access. On the other hand, operators' decisions not to reopen may relate to demand-side conditions. ECD operators may be reluctant to incur additional costs to operate in compliance with COVID-19 safety regulations in a context where both the attendance of children and the payment of fees from parents are highly uncertain.
- 4. Nearly a third of respondents (29%) cited fears of children being infected by the coronavirus at ECD programmes as the main reason for not sending their children back:**
  - For those reporting that children had not returned to ECD programmes, 29% cited fears about children contracting COVID-19 at centres as the main reason.
  - We also find that respondents who are "very worried" about learners going to school during the pandemic were at least 12 percentage points less likely to indicate that young children had returned to ECD programmes, after controlling for other household characteristics. This contrasts with the findings on schooling attendance where there is less evidence of a link between non-attendance and fears of COVID-19 (Mohohlwane, Taylor and Shepherd 2020).
- 5. In addition to caregiver fears about COVID-19, the likelihood that children had returned to ECD programmes by mid-July to mid-August is associated with the following household and respondent characteristics:**
  - In urban contexts compared to rural contexts, respondents were 6-7 percentage points more likely to report that young children had returned. This suggests that pre-existing inequalities in access to ECD services across urban and rural areas may have been exacerbated by the lockdown.
  - Sending older children back to school also seems to be associated with younger children returning to ECD programmes. Respondents who resided with school-aged children who had returned to

school, were 7 percentage points more likely to report that young children had also returned to ECD programmes. This could suggest that ECD attendance will improve as the return to schooling stabilises.

- Employment instability appears to be associated with recent ECD attendance. Respondents with variable employment between February and June, compared to those with stable employment (or consistently not employed) over the same period, were 10 percentage points less likely to indicate that young children had returned to ECD programmes.

**6. Where ECD attendance has not resumed, the burden of childcare is primarily borne *within* the household and particularly by mothers:**

- 88% of respondents residing with children that had not returned to ECD programmes, indicated that either they themselves, or another adult in the household was looking after the child/children who had not returned to ECD programmes. “Outsourcing” of care beyond the household seems uncommon.
- Among those who live in a household with their own children, two thirds of mothers but only a quarter of fathers, reported looking after their children that had not returned to ECD programmes.

**Policy recommendations to ensure sector survival and sustainability**

The dramatic attendance declines in the ECD sector is not only detrimental for long-run developmental outcomes of children. It has far-reaching societal implications and medium to long-term cost implications for government. If closures of ECD programmes become permanent, the government will have to rebuild an ECD infrastructure that has largely been delivered by non-state providers. Swift, well-targeted and effective strategies need to be implemented to support the reopening of programmes in the short-term and to limit permanent closures of programmes in the medium to long-term.

Government should prioritise getting financial support directly to ECD operators or practitioners urgently for the payment of ECD practitioner salaries and to cover costs associated with implementing standard operating procedures for reopening. But relief strategies extend beyond the need for financial assistance to the equally important need to build an information system. Unfortunately, the existing infrastructure to communicate with and support ECD programmes has simply not been in place, complicated by the highly informal nature of the sector. The building of a management information system needs to be fast-tracked. It is not clear how many programmes there are, where they are all situated or how to contact them. Additionally, in supporting the sector, one key underutilised resource lies in increased collaboration with larger non-profit organisations (NPOs) in providing oversight and operating as ‘boots-on-the-ground’ in delivering ECD sector relief packages and assisting programmes with getting the required standard operating procedures in place to reopen.

In the short-term, the provision of a financial stimulus to buoy the ECD sector may be a strain on an already pressured fiscal environment. But considered from a medium to long-term perspective, these costs are low relative to the unwieldy burden of government taking-on the provision of ECD services if thousands of private ECD operators close-down permanently. The nation cannot afford for this sector to collapse and given the precarious financial situation many of these providers were in pre-lockdown, that possibility is not unlikely. A swift intervention by government is necessary to save this important sector and limit the ripple effect of possible programme closures on multiple layers of society.

# 1 Introduction

Following the declaration of the South African state of national disaster to contain the spread of the COVID-19 pandemic, the Department of Social Development (DSD) instructed all operators of Early Childhood Development (ECD) programmes to close on 18 March 2020. At the time of writing, over five months later, signs of recovery in the ECD sector are bleak despite being allowed to operate. A High Court judgement on 6 July ruled that all programmes could reopen immediately, subject to meeting safety standards. Even before the additional strain brought about by the pandemic, most ECD programmes faced severe funding constraints because of their dependence on fees paid by parents or caregivers. Unlike the schooling sector which is heavily subsidised by government with about three quarters of users paying no fees, subsidies in the ECD sector are limited in both reach and depth. Most ECD programmes operate as small businesses charging fees to 80% of children aged 0-6 attending these programmes.<sup>5</sup> In the absence of these fees, it is unclear how long these operators will be able to remain afloat. The extended closures of ECD programmes, as well as the increased financial pressure on households, has left the ECD sector particularly vulnerable and without the means to implement even the most basic COVID-19 prevention regulations.

In this paper, we highlight that prohibitive costs to reopening imposed by the regulatory environment, coupled with shocks to the demand side for ECD services or programmes (both in terms of reduced household incomes and parent fears of children contracting COVID-19), presents dire implications for ECD operators and for multiple layers of society. We reveal that by the end of July 2020 – i.e. after the official opening date – ECD attendance rates among children aged 0-6 years were a small fraction of their pre-crisis levels. This is largely attributed to programmes still being closed. These low attendance rates will significantly compromise South Africa's medium to long-term ability to reach both aspirations of the South African National Development Plan (NDP) and Sustainable Development Goals (SDGs) for universal pre-primary education. Given the significant progress that South Africa has made in the expansion of ECD services over the past two decades (DBE 2019a:48, Gustafsson 2018), it is extremely concerning that progress is now being rapidly eroded as providers seem unable to stay afloat. Part of the reason for this is that the historical expansion in the delivery of ECD services was primarily driven by private, public-private and non-governmental organisation (NGO) providers – most of whom rely on fees as the primary means to stay afloat. If the declines seen in NIDS-CRAM Wave 2 and reported in this paper are permanent, up to two decades of progress in expanding ECD services to children could be significantly eroded.

Quite simply, the sector is under major threat. It is not clear how many private operators will survive unless a well-targeted financial stimulus is provided directly to programme operators. Given the financial precarity of most operators in this sector, it is not an overstatement to say that for many of them, receiving swift and immediate support will determine whether they remain open or permanently close. In addition to the loss of jobs in this shrinking sector, the socio-economic impacts of temporary and permanent closures are likely to be far reaching with respect to child development and the childcare burdens placed on parents and households. Additionally, the ramifications for government could be very significant in the medium to long-term. If private providers are no longer able to operate, government will have to take on rebuilding the ECD ecosystem – a system that has largely been provided by informal private operators to date. The cost of replacing this private informal network of providers is infeasible in the current financial climate. While the sector support for ECD has been slow, the recent announcement of an ECD specific financial stimulus package of R1.3 billion has the potential to bring relief (Department of Social Development 2020). Serious consideration will now have to be given to ensuring that the proposed interventions bring urgent short-run relief and limit permanent closures of programmes in the medium to long-term.

In the next section, we provide background to the South African lockdown and recent events relating to the reopening of ECD programmes. We then outline our key research questions, data, and the framework in which we situate the analysis. In particular, we draw on the second wave of the new telephonic National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM). These findings are corroborated against supply-side experiences collected from ECD providers through the First and Second Surveys Assessing the Impact of COVID on ECD in April and again at the end of August to early September (BRIDGE

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<sup>5</sup>Fees are charged for 82% of children aged 0-6 attending all ECD programmes that are not grade R or school-based but include among ECD programmes the group of 'day-mothers', 'gogos' and 'child-minders' (See Figure A1 in the appendix). But if one additionally excludes from ECD programmes the services of 'day-mothers', 'gogos' and 'child-minders', then fees are charged for 87% of children aged 0-6 at these programmes.



et al. 2020a, BRIDGE, et al. 2020b). The analysis of ECD and lockdown impacts using these data sources are then situated within a socio-economic framework that views the ECD system in terms of three interconnected societal layers: (1) ECD providers themselves, (2) children using their services, and (3) parents and caregivers of these children.

## 2 Background

### 2.1 Lockdown in South Africa and the reopening of ECD programmes

The COVID-19 pandemic has had dire social and economic effects across the world. During the hard-lockdown, South Africa experienced dramatic declines in employment with an estimated 3 million people having lost their jobs between February and April 2020 (Ranchhod and Daniels 2020). Job losses and reduced incomes disproportionately affected women and the most marginalised of society (Jain, et al. 2020). Women accounted for two-thirds of the 3 million job losses (Casale and Posel 2020). The informal economy also experienced the impact of the pandemic more severely than the formal economy, with a larger proportion of the informal economy having been unable to operate during the lockdown months (Rogan and Skinner 2020). By May and June, the toll on livelihoods culminated in rising child and adult hunger rates from pre-crisis levels despite the extensive roll-out of social protection mechanisms, particularly in the form of 'top-ups' to the existing programme of social grants (Wills, Patel and Van der Berg 2020, Van der Berg, Zuze and Bridgman 2020).

The schooling and ECD sectors were also significantly affected by the lockdown. On 18 March 2020, nine days before the hard lockdown began in South Africa on 27 March, all operators of ECD programmes had to close. The closure of schools and ECD programmes at the time was probably well understood; but the reopening of ECD programmes - a process that has been significantly delayed relative to the gradual reopening of the South African economy from 1 June 2020 - has been confusing and contentious. Although the Department of Social Development (DSD) started issuing some guidance about preparing for the reopening of ECD programmes towards the end of June, the provision of clear directives on actual dates for ECD reopening significantly lagged that on schooling.<sup>6</sup> On 5 July 2020, the Minister of the DSD released a media statement with directives for how to reopen in the context of COVID-19.<sup>7</sup> However, it was articulated that ECD programmes and partial care facilities should remain closed until further notice but a date was not provided then for reopening.<sup>8</sup> A day later on 6 July, a High Court judgement in Pretoria brought by a non-profit organisation against the state<sup>9</sup> ruled that all privately operated centres could open immediately but required that they follow the COVID-19 guidelines and precautions. The decision by the department to have private centres closed under level 3 of the lockdown was judged as unconstitutional (Fabricus 2020).

The 5 July 2020 statement from the DSD, the misalignment between DSD statements on reopening of ECD programmes and statements from the DBE on school reopening, coupled with court rulings pertaining to ECD reopening created considerable confusion about whether programmes could in fact open. On 10 July 2020, the Minister of the DSD gazetted the directives for all ECD programmes to open and conceded that all programmes could open immediately, subject to meeting the requirements outlined in the directives and the Standard Operating Procedures (SOPs) for reopening (Government of South Africa 2020).

In the midst of confusion, what has been clear is the significant compliance requirements that would have to be borne by ECD operators in the absence of any substantial support or training from the state. Although the prescribed personal protective equipment (PPE) has direct cost implications, other requirements such as the capacity limits on the number of children to enable physical distancing in centres places constraints on the financial feasibility of operations. Additionally, the reopening process was an administratively burdensome

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<sup>6</sup> These were provided by the Minister of the Department of Basic Education (DBE) on 29 June 2020.

<sup>7</sup> She was referring to an earlier release of standard operating procedures (SOPs) and guidelines for the reopening of ECD programmes

<sup>8</sup> Consultation was deemed necessary across various Members of the Executive Council (MECs) first to determine the state of 'readiness' of programmes to reopen.

<sup>9</sup> Skole-ondersteuningsentrum, Bronkieland kleuterskool and Solidarity approached the court to fight what they argued was government prejudicing privately owned ECD programmes. Particularly it was prejudicial where Grade Rs could go back to public schools, but the private ECD operators that provide Grade R were not allowed to open (which pointed to misalignment in legislation).

process, making significant assumptions about the sector (see Box 1). Finally, communication regarding the reopening process and the requirements for reopening was not as coherent as it could have been and was not easily accessible by ECD operators.

## 2.2 The nature and financing of the ECD sector in South Africa

Despite good intentions to reduce the spread of infection, the necessary requirements imposed by the state on ECD programmes for reopening have not been complemented with sufficient support from government to meet the requirements.

The ECD sector in South Africa is mostly comprised of informal services. To a large extent these services are provided by private providers, including non-profit organisations (NPOs), subsistence entrepreneurs or micro-social enterprises – most of which are typically run by women (BRIDGE et al. 2020a). The provision of ECD services has largely been demand-driven, with services emerging in response to the needs of communities. ECD programmes that serve the poorest communities are often small-scale and operate out of private homes, community facilities or rented venues and consist of a few staff members who earn subsistence stipends, often without a formal employment contract or any benefits (BRIDGE et al. 2020a).

In addition to informality, low-quality concerns and socio-economic deprivation characterises much of the system. COVID-19 has served to further highlight the infrastructural backlogs in this sector and inequalities across wealthier and poorer areas. As Kotze (2015) identifies from the 2014 ECD sector audit, a large share of ECD programmes had below adequate facilities and overcrowding was a major concern. About 20% of programmes surveyed had inadequate water<sup>10</sup>, 25% were overcrowded, 74% of ECD practitioners did not have any qualification in early childhood development, and average salaries ranged between R1,400 and R2,000 which was below the minimum wage.

A key characteristic of the ECD sector is that it is heavily reliant on parent/caregiver's ability to pay fees (Ilifa Labantwana et al. 2019). For example, our own calculations from the General Household Surveys (2017-2018) indicate that fees are charged for over 80% of children aged 0-6 years attending ECD programmes that are not grade R or school-based (See Figure A1 in the appendix).<sup>11</sup> By contrast, three quarters of children in schools do not pay any fees because subsidisation of schooling is both deeper and wider in reach.

While ECD programmes are dependent on fees, income from fees especially in the most marginalised communities can be inconsistent because of parents/caregiver's inability to pay, and seasonal changes in demand and attendance. The income of ECD operators is thus likely to be particularly sensitive to broader economic impacts affecting household income (Carter and Barber 2014). The initial findings from a baseline assessment conducted by the DBE in March 2020<sup>12</sup> highlights that before the national lockdown, 94% of ECD programmes assessed indicated that they were reliant on fee payments from parents or caregivers. For many of them, this is in addition to receiving a subsidy from the DSD. But when asked about the proportion of parents who had paid their fees during the month of February 2020, only 9% of the ECD programmes surveyed reported that all parents had done so, while 41% reported that about half or less parents had paid their fees. Of fee-charging ECD programmes, 34% make exceptions to the fee amount charged for certain groups of children. The greatest exception is for children whose parents/caregivers are unemployed, or are living with a grandparent, and cannot afford to pay fees (45%). This points to the already constrained ability of parents/caregivers to pay for fees prior to the lockdown, and without financial support from the government, this further limits the ability of programmes to reopen.

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<sup>10</sup> Adequate water supply is defined as any water supply from a tap, either inside the centre or on the site

<sup>11</sup> If one excludes the services of 'day-mothers', 'gogos' and 'child-minders' from the group of ECD programmes, then fees are charged for as many as 87% of children aged 0-6 years.

<sup>12</sup> This survey was in partnership with Innovation Edge and First National Bank. The survey covers aspects such as infrastructure, practitioner training, remuneration, expenditure, income, registration requirements etc. The survey population consists of Early Learning Programmes (ELP) representative at a national and provincial level. The full intended sample for the baseline assessment was 540 ELPs, with an Early Years Index assessment being undertaken to monitor trends over time in the proportion of young children who are on track for age in key areas of development in the 1,296 ELPs. Before the national lockdown, data was collected from 127 ELPs (but data collection for the full intended sample was impeded by lockdown).



In addition to fees, registered centres (which comprise only a portion of total ECD programmes) typically receive the R15-R17 per child<sup>13</sup> per day subsidies from the state. By comparison, per-day spending on primary school learners in South Africa is roughly R96 per learner per day.<sup>14</sup> The payment of subsidies is tied to the daily attendance of each child enrolled in a programme. Thus, the non-attendance of children at centres has been directly tied to flows of income in the form of subsidies from government and fees from parents. On 11 May 2020, Minister Zulu directed that provincial DSDs would “continue to pay subsidies in order to fulfil their administrative responsibilities and payments of stipends” (South African Government 2020) regardless of attendance. But this would only support a fraction of children at registered centres, when the majority of children are considered to be attending unregistered centres (BRIDGE et al. 2020a). But existing data on registered versus unregistered centres is unreliable<sup>15</sup> While these subsidies do not fully cover operational costs or ensure that a minimum quality of care can be provided (Carter, Biersteker and Streak 2008), they may be particularly important in covering income gaps. However, there have been considerable reports on non-payment of owed subsidies during the lockdown, furthering the plight of some registered ECD programmes (Vorster 2020).

For a sector that was agile yet highly survivalist in nature pre-crisis, what was needed at the start of lockdown was a clear financial plan to support it and the consistent payment of subsidies – not just a burdensome regulatory environment to weigh it down. This is especially the case when ECD services are likely to act as an enabler for adults (particularly women) to work or search for work.

Unfortunately, the broader economic relief packages put in place to support a largely formal labour market through income protection schemes such as the Temporary Employment Relief Scheme (TERS), were simply out of reach for the majority of the ECD sector. BRIDGE et al. (2020a) conducted a rapid online survey<sup>16</sup> between 10 to 13 April 2020 to understand the impacts of the pandemic on ECD providers. While the representivity of the survey remains to be established, responses were collected from 3,925 operators (who employ 24,877 workers and care for 214,277 children). Only 35% of the ECD workforce accounted for in their survey were registered with the Unemployment Insurance Fund (UIF). The survey also highlighted the following concerning findings:

- 83% of the operators in the sample had not been able to pay the full salaries of staff over the hard lockdown (level 5).
- The declines in turnover for programmes were already high by April. Almost all surveyed operators (99%) reported that they did not collect fees over the period for which they were closed, as parents/caregivers are unable to pay for services they are not using, especially when they have to feed and care for the children themselves or pay for alternative childcare.
- A further 96% of ECD operators reported that their income was not enough to cover their operating costs, including rental costs and rates and 68% were concerned that they would not be able to reopen.

Furthermore, not all ECD programmes are able to claim the R17 per child per day DSD subsidies either due to not being registered, or even if they were registered, due to reported irregularities in the payment of subsidies (Vorster 2020). Just 28% of surveyed programmes in the BRIDGE et al (2020a) study, received the DSD subsidy.

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<sup>13</sup> The subsidy is means tested, so only children from households below a certain income level qualify for the subsidy.

<sup>14</sup> This is based on the R19,099 per learner per year current expenditure, discounted using the Basic Education Price Index (BEPI) (Spaull, Lilenstein and Carel 2020).

<sup>15</sup> There is limited reliable information on numbers of children attending registered versus unregistered centres. Bridge et al (2020a) suggest that an estimated 700,000 children attend registered centres, far outnumbering those that are at unregistered programmes offering services to over 1.5 million children.

<sup>16</sup> The First Survey Assessing the Impact of COVID on ECD was conducted by a collaboration of partners in the ECD sector namely, BRIDGE, Ilifa Labantwana, the National ECD Alliance, the Nelson Mandela Foundation, Smart Start and the SA Congress for ECD.

### *Box 1: The process of reopening ECD programmes*

In the 5 July 2020 statement, Minister Zulu reiterated the compliance requirements related to COVID-19 (in accordance with the Disaster Management Act) that would have to be implemented before ECD programmes (and/or partial care facilities that provide an afterschool services) could reopen. The process was as follows:

- ECD programmes had to submit a self-assessment form either online, or through a hard copy that was available at the local service level office before they were allowed to reopen.
- Provincial Departments and NGOs were tasked with verifying the submitted information to determine the state of readiness for the re-opening. Should an ECD programme be found having submitted incorrect information, NGOs and officials were tasked with supporting the programme to meet the requirements.
- This verification process inevitably included a site visit from either a provincial or district official, or someone from an NGO (Department of Social Development 2020).

The efficacy of this process depends on four assumptions:

- i. Programmes can cover the costs of resources and PPE associated with the SOP. In a context where fees have not been collected for 5 months (and where ECD practitioners typically earn less than R2000 per month), these costs may be prohibitive for most.
- ii. The communication channels to distribute the self-assessment forms (either online or through hard copies) are effective enough to reach all ECD programmes.
- iii. Provincial departments and NGOs know where all ECD programmes are to verify and support them.
- iv. Provincial departments and NGOs have the capacity to verify and support ECD programmes.

By 4 September 2020, just over 13,600 ECD programmes had submitted the self-assessment forms (Department of Social Development 2020). This is likely to be less than half of all ECD operators in the country.

In addition to the self-assessment process, the standard operating procedures to be followed depends on existing administrative capacity within ECD programmes. Amongst other things, the following pre-opening checklist had to be confirmed as part of the self-assessment process (Department of Social Development 2020):

- Programmes have established and communicated to parents - procedures in accordance with COVID-19 for the drop-off and pick-up of children (who must be accompanied by a parent or caregiver each day for screening purposes);
- A letter or communication is sent to all parents regarding procedures, conditions, and other matters regarding the return of their children to programmes; and
- The programme area is laid out or adapted so that children and adults keep a distance of at least 1 metre apart, where appropriate.

Additional pre-opening assessment checklists included, amongst other things:

- Measures are in place for the daily cleaning and sanitising of the space, and routine and daily cleaning of teaching and learning support materials, equipment and apparatus;
- At the entrance of the premises, there is a safe space to wash hands with soap and clean water or sanitize hands;
- Daily COVID-19 screening questions are written-up, printed out and own procedures have been developed and are clearly displayed on the walls; and
- All staff members have received proper orientation and training on the procedures to be

### 3 Method

The research process underpinning this paper has been guided by four main research questions:

1. How has attendance at ECD programmes been affected by the lockdown?
2. As the economy opened-up, what have been the main drivers of reduced attendance at ECD programmes? Is this being driven by demand-side shocks and/or barriers to the supply of services?
3. Related to this, in which contexts and households are children more likely to have returned to ECD programmes and can these patterns be used to inform how circumstances precipitated by the pandemic may deepen existing inequalities in access to ECD services?
4. Who is looking after children that have not returned to ECD programmes?

Answering these questions involves an analysis of new data collected during lockdown on ECD attendance corroborated against pre-crisis information on attendance rates from large national surveys. These data are described in the next section. We first turn our attention to the framework developed in this paper to conceptualise changes in attendance, the drivers of attendance declines and the socio-economic implications of ECD closures.

#### 3.1 A framework to explore the socio-economic impacts of ECD closures

Different disciplines or actors in the system conceptualise ECD in varied ways. For some, ECD is considered in relation to maternal and child health (or nutrition), for others in relation to learning and development while others view it from the perspective of ECD service provision, placing ECD practitioners at the centre of discussions. A gendered view of ECD may also be adopted. All these views are relevant and important. Given the available data, we focus on the early learning component of ECD in this paper. However, we view the impacts of lockdown on this sector using a broader socio-economic lens. To do so, we have constructed a framework which guides the paper as reflected in Figure 1.

The starting point for the framework is that ECD providers supply services not only to children, but the households in which children reside and individuals or adults whose labour market participation depends on affordable childcare. In articulating users in this way, attendance can be thought of in terms of the percentage of children of a certain age enrolled in an ECD programme, the percentage of households with children enrolled and the percentage of adults living in households with children enrolled. In turn, rates of attendance depend on the extent to which there are operational providers of ECD services.

The flow diagram presented in Figure 1 considers how demand-side and supply-side processes intersect to determine current attendance rates, future attendance rates and in turn, ECD sector survival. Demand-side processes are connected to the lives of children, parents/caregivers, and the households in which they reside while supply-side processes refer to ECD providers operating within a regulatory framework. The flow diagram also presents potential pathways by which the current regulatory environment associated with lockdown is creating a destructive domino effect across the ECD system. We acknowledge that determining the strength of the pathways requires its own empirical treatment; nevertheless, logic and existing evidence on lockdown impacts (particularly from wave 1 of the NIDS-CRAM study) suggest the following domino effects may have been put into motion.

Starting at the top of the diagram, following the path flow on the demand side (in orange), lockdown and the closure of ECD programmes in March are likely to have contributed to the following chain of events:

- 1) Declines in household income result from constraints to trade associated with lockdown regulations and their enormous impacts on the economy (Ranchhod and Daniels 2020). The declines in household income which have been concentrated amongst the poorest, could be augmented by constraints in searching for work or working while juggling childcare burdens – a problem that disproportionately affects women (Casale and Posel 2020).
- 2) Temporary programme closures significantly disrupt household care arrangements, and the care experienced by children. Where adults in the household need to work or search for work as the economy reopened in the absence of operational ECD programmes, this may place increased constraints on their ability to do so.
- 3) For either or both of these reasons, households are then left income constrained, impeding their ability to pay for ECD fees or transport to get children to the ECD programmes. It is noted, however, that if the number of unemployed adults in the household increases, households may have more

childcare options that do not come with a financial cost. School closures also mean that older children are also available to play a childcare role.

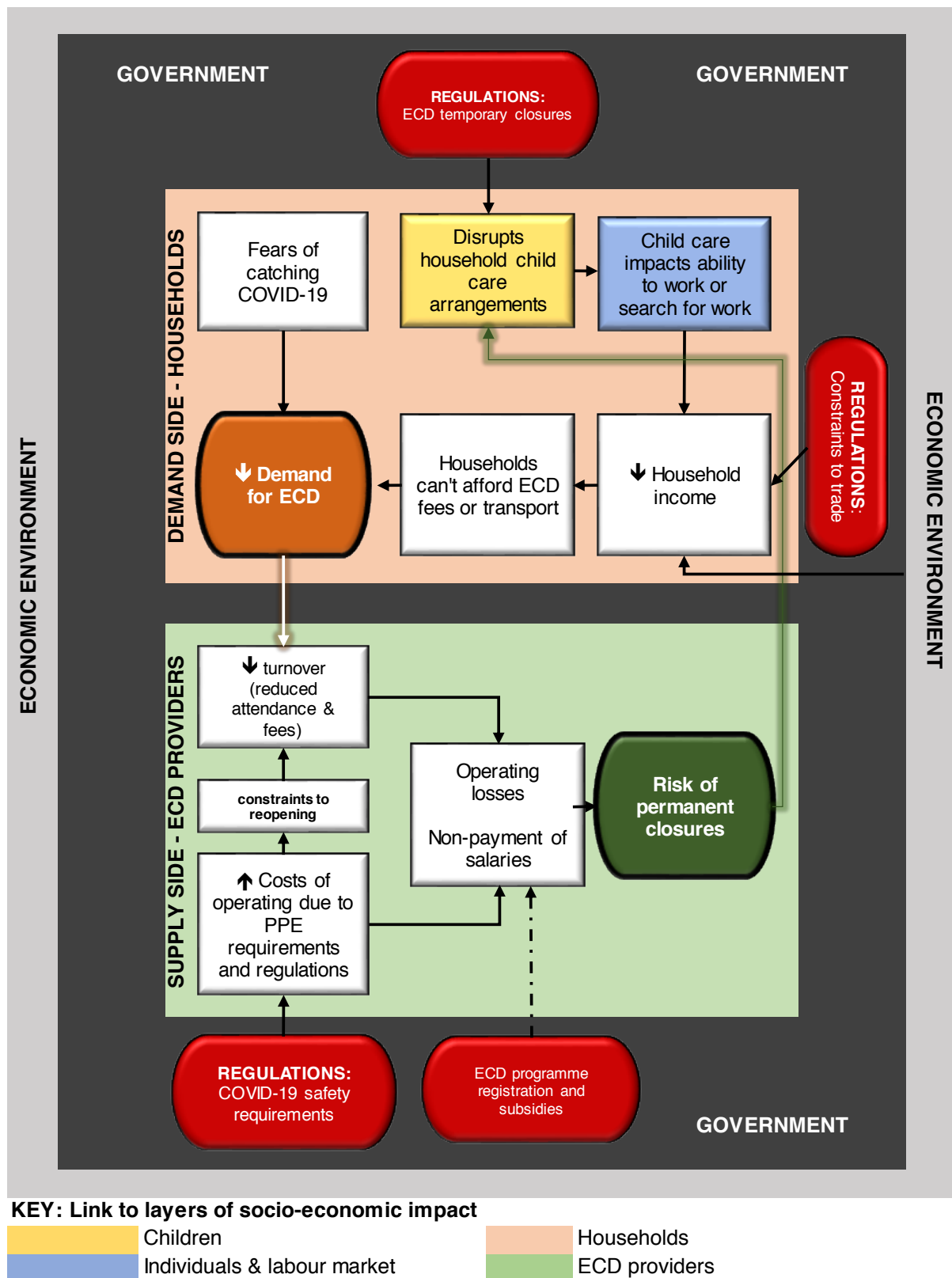
- 4) These factors ultimately lead to reduced demand for ECD services, reflected in reduced attendance, which may be augmented by caregiver fears that children will contract COVID-19 at ECD programmes.

Disruptions on the demand-side then intersect with the supply-side (green part of the diagram) with the following implications:

- 1) The reduced demand for services results in a direct decline in attendance and fees, and indirect declines in per-child-per-day subsidies to registered centres. (It is noted that payment of subsidies should have commenced again in May when they were detached from attendance).
- 2) The decline in operator turnover leads to operating losses and non-payment of practitioner salaries. This problem may be exacerbated for registered centres if there are inconsistencies in the payment of subsidies.
- 3) Not only do programmes face a reduction in demand (downward pressure); the regulatory environment, and requirements to meet the SOPs for programme reopening present direct costs for programmes (upward pressure). These costs not only directly reduce programme profitability (or exacerbate losses) but present a binding constraint to reopening. This would block off children's access to programmes and future revenue streams for ECD operators.
- 4) For registered centres, reported inconsistencies in subsidy payments over lockdown may present an added pressure.
- 5) Ultimately, the resulting operating losses from downward and upward pressures place ECD operators at risk of permanent closure.

There are of course multiple feedback loops that would trigger stronger pathway effects. As programmes permanently close, this creates gaps in the supply of ECD services and access challenges. Households may not be able to find suitable ECD providers, imposing longer-term childcare constraints on caregivers. Non-payment of salaries to ECD practitioners or job losses in the ECD sector – largely female jobs - would directly impact on their household income and ability to support their own children. We give more attention to the implications of closures for child development and childcare burdens in the penultimate section of this report.

Figure 1: A framework to explore the dynamics of the ECD system in the context of lockdown regulations:  
Interconnections between households (demand-side) and the ECD providers (supply-side)



## 4 Data

This paper relies primarily on wave 2 of the National Income Dynamics Study: Coronavirus Rapid Mobile Survey (NIDS-CRAM) which we link to NIDS-CRAM wave 1, and wave 5 (2017) of the National Income Dynamics Study (NIDS). We also draw briefly on the annual General Household Surveys (GHS) from 2002 to 2018.

### 4.1 National Income Dynamics Study (NIDS) 2017 and the General Household Surveys (GHS)

NIDS is a panel survey that commenced in 2008 with interviews of a nationally representative sample of 28,000 people across South Africa.<sup>17</sup> In 2017, the NIDS sample was expanded to account for the attrition of wealthier sub-groups over the years to generate a sample of 40,000 individuals that were broadly representative of South Africans in 2017. NIDS contains comprehensive information on individuals and households, including information on children in the household and their ECD and school attendance (Southern Africa Labour and Development Research Unit 2018).

The General Household Survey (GHS), collected by Statistics South Africa, is a nationally representative sample of over 70,000 persons and 20,000 households. Since its inception in 2020, it has collected detailed socio-economic indicators on persons and households, including information on ECD attendance. The GHS has historically been a primary source of information used to track the demand for ECD services in South Africa.

### 4.2 About NIDS-CRAM

In response to the coronavirus pandemic, NIDS-CRAM was initiated by researchers across various South African universities to measure the socioeconomic impacts of the national lockdown. This is a unique follow-up telephonic survey with a subsample of adults (aged 18 or older in April 2020) surveyed in NIDS wave 5 in 2017 (Ingle, Brophy and Daniels 2020). The first wave of NIDS-CRAM is a broadly representative sample of persons 15 years or older in 2017 in South Africa, who were re-interviewed in 2020 for NIDS-CRAM (Kerr, Ardington and Burger 2020). As far as phone surveys go, NIDS-CRAM achieved a high response rate of over 40% in wave 1 (Hoogeveen, et al. 2014, Ballivian 2015).<sup>18</sup>

Wave 2 of the survey added new modules on both ECD and schooling attendance with the aim of gauging whether children had returned to educational facilities after schools had been shut.<sup>19</sup> Questions were asked about ECD attendance of children in the household pre-lockdown, in June and in the past 7 days. It also asks about reasons for not attending in the past 7 days, and who is looking after children that had not returned to an ECD programme.

Relative to the data that is typically used in demand-side analyses of the South African ECD sector, there are significant departures in the nature of the NIDS-CRAM dataset. Existing studies using the GHS, NIDS or other household surveys report attendance rates at the level of the child, and at specific age ranges (i.e. a certain percentage of children of a specific age range such as age 3 to 4 are attending ECD programmes). This is possible due to the availability of a household roster questionnaire. Statistics at the level of the child or household cannot be generated directly from NIDS-CRAM because it is a 20-minute survey of adults administered on telephone, limiting possibilities for a household roster. The telephonic survey mode also limits the complexity of questions one can ask, and thus the ECD questions asked are simplified relative to other household surveys.

In short, we do not know which children in the household, of specific ages, are attending ECD programmes. But we can say something indicative of whether children aged 0 – 6 in a household are reported as attending ECD programmes at three points in the 2020 year. Additionally, we can identify the characteristics of households with children in which the adult respondent lives, including socio-economic indicators pre-

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<sup>17</sup> These people were re-interviewed every two to three years, as well as anyone they were living with.

<sup>18</sup> Less than 8% refused to be interviewed. Being non-contactable was the main reason for non-response.

<sup>19</sup> There was little use in asking these questions in wave 1 as most children were not at school during the stricter parts of the lockdown.



lockdown and during various stages of the lockdown. This allows us to explore patterns and factors associated with returning to ECD programmes.

### 4.3 NIDS-CRAM sample size, representivity and attrition

In the first wave of NIDS-CRAM, successful interviews with 7,073 adults were conducted between 7 May and 27 June 2020, over stages 4, 3 and 'advanced' level 3 of the national lockdown. In a follow-up wave, considerable effort was made to contact all respondents again from the middle of July to the middle of August. Successful interviews were completed with 5,676 individuals (80% of the original wave 1 sample). Relative to other surveys such as NIDS or GHS, the NIDS-CRAM samples are much smaller, a problem which is aggravated by attrition between waves 1 and 2. The major reason for attrition is due to being non-contactable (17% of the original sample). In the appendix we discuss the correlates of attrition from wave 1 to 2 in relation to an analysis of ECD related questions. For brevity, we note here that the panel design weights of wave 2 correct for the higher likelihood of attrition between wave 1 and 2 of respondents in households with children aged 0-6. In addition, we find similar percentages of adults living with children aged 0-6 in NIDS-CRAM as we do in the GHS and NIDS 2017 at between 43% and 45% as shown in Table 1. We do note, however, that for 7% of the NIDS-CRAM wave 2 sample, information is missing on whether there were children in the household aged 0-6 (see Table 2).

*Table 1: Adults (18+) living with children aged 0-6 in the household, survey comparisons*

	Estimate (%)	Lower 95% CI	Upper 95% CI	N
GHS 2017	42.5	41.5	43.4	46376
GHS 2018	42.8	41.9	43.8	45913
NIDS 2017	43.8	41.9	45.7	23441
NIDS-CRAM wave 1	44.9	42.6	47.1	6721
NIDS-CRAM wave 2	44.6	42.0	47.1	5293

Source: NIDS 2017, GHS 2017, GHS 2018, NIDS-CRAM wave 1 & 2. Notes: Estimates are weighted and clustered

The NIDS-CRAM questionnaire was originally designed to ask questions about ECD attendance only to those respondents who were residing with children aged 0-6. However, the intended skip pattern in the questionnaire was not implemented as planned with the questions about ECD attendance also being asked of some respondents who were *not* residing with young children. But in our calculations on ECD attendance, we restrict our sample to respondents who indicated that they were residing with children aged 0-6. Of the 5,676 respondents that were successfully interviewed in the second wave, 2,722 indicated that they reside in a household with children aged 0-6.

Questions about ECD programme attendance in June and in the past 7 days were only asked of individuals who indicated that children in their household attended ECD before lockdown (in March). These skip patterns were implemented correctly, but the upfront skip logic issues linger further. For this reason, our calculations on return rates to ECD programmes again limit responses to those adults who were residing with children aged 0-6.

Table 2: Sample sizes available from NIDS-CRAM wave 2 for ECD analysis

	Unweighted sample
Full NIDS-CRAM wave 1 sample (N)	7073
Wave 2 respondents (N)	5676
Wave 2 respondents as percentage of wave 1	80%
<b>Wave 2 respondents residing with children aged 0-6</b>	
- Yes (N)	2722
- No (N)	2571
- Missing (N)	383
Missing as a percentage of wave 2 sample	7%
<b>Attended in March</b>	
- Yes (N)	950
- No (N)	1756
- Missing (N)	16
<b>Attended in June</b>	
- Yes (N)	80
- No (N)	869
<b>Attended in the past 7 days (July/August)</b>	
- Yes (N)	127
- No (N)	822

Source: NIDS-CRAM 2020, wave 1 and 2.

## 5 ECD attendance pre-crisis

As mentioned above, there are various levels for conceptualising ECD attendance: At the level of the child, at the level of households and adults that benefit from day-to-day childcare provided through ECD programmes. In the next discussion we provide estimates of attendance at all three levels.

### 5.1 Attendance rates at the level of the child

South Africa has experienced a significant increase in ECD participation rates in post-apartheid South Africa (Department of Basic Education 2019). It is not clear what the main drivers of this expansion were, as various factors shifted economically, in the labour market and in households as grants and services were rolled-out (Gustafsson 2010). There was also a clear national drive over this period to promote access to ECD, for example, through the provision of subsidies to registered centres (EPRI 2014). As shown later, whereas the GHS data suggests that about 12% of children aged 0-6 were enrolled in pre-school in 2002, by 2017-2018 about 8% were attending ECD programmes (including grade R), and about 38% were attending non-grade R based ECD programmes.

Figure 2 shows the percentage of children aged 0-6 attending ECD programmes averaged across 2017 and 2018. Recognising the need for age- and developmentally appropriate ECD programmes, it shows enrolment rates including (light green bars) and excluding (dark green bars) children going to a 'day-mother', 'gogo' or 'child-minder'. Including child-minders, enrollment rates are highest among 4-year-olds (62%), followed by 3-

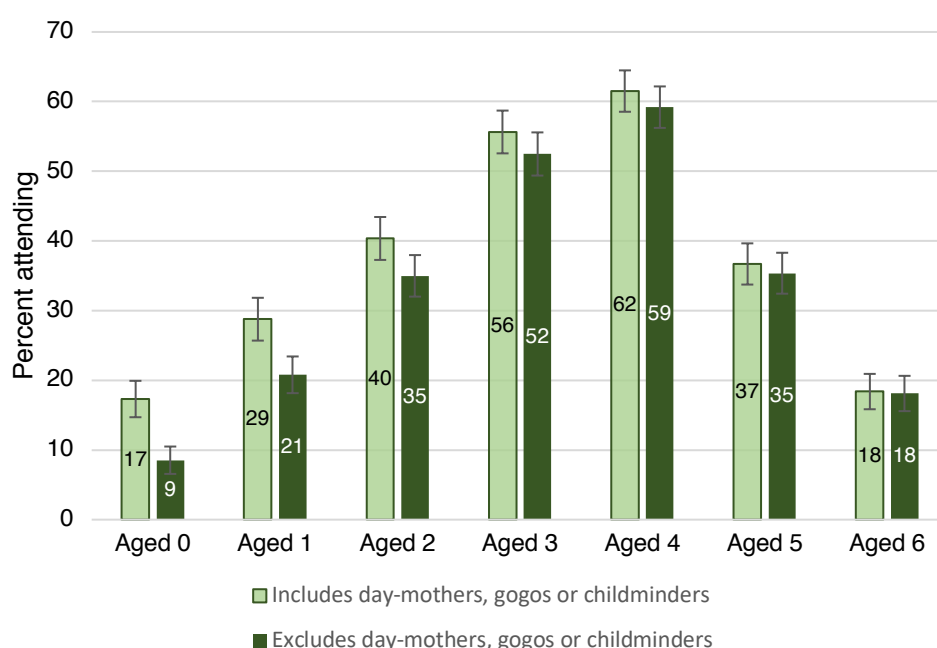
year-olds (56%) and 2-year-olds (40%). By the ages of 5 and 6 many children are attending grade R<sup>20</sup> in schools so ECD enrolment among these ages is relatively lower at 37% and 18% respectively.

At all ages, especially ages 0-1, the percentage enrolled is lower if you exclude from ECD programmes those cared for during the day by a ‘day-mother’, ‘gogo’ or ‘child-minder’. The total percentage of children aged 0-6 enrolled in ECD programmes is then 34%, rather than 38%. This signifies the important role of childminders and day-mothers in providing age-appropriate ECD to children aged 0-2 years.

In an analysis of ECD enrolment trends, Gustafsson (2018) makes a strong argument that the numbers of children participating in ECD is considerably higher than what is generally believed or cited in government reports. Applying the enrolment rates of children 0-6 years from the Community Survey 2016 to Statistics South Africa population data, he identifies that just less than 2.4 million children aged 0-6 were in any type of pre-school in 2016, with a margin of error of up to 200,000 on either side of the estimate. Using GHS data, if we exclude from the enrolled those attending ‘day-mothers’, ‘gogos’ or ‘childminders’, we get a similar estimate: 2.6 million children aged 0-6 were enrolled in ECD programmes in 2018. If we include the day-mother etc. category, then our estimates are even higher at 3.0 million based on 38% of children aged 0-6 enrolled.<sup>21</sup>

Despite notable enrolments in ECD pre-crisis, these rates were still far off from the 2030 targets set in South Africa’s National Development Plan; namely that universal access to quality early childhood development (with a strong nutrition and educational focus) be made available for children aged 0–3 and that two years of quality preschool enrolment for 4 and 5 year olds should be compulsory before Grade 1 (National Planning Commission 2012).

*Figure 2: Child attendance rates at ECD programmes from ages 0-6, GHS 2018*



Source: GHS 2018, own calculations. Notes: Estimates are weighted and clustered. Error bars reflect 95% confidence intervals. For the light green bars, ECD programme attendance includes attendance at a “Pre-school, nursery school, Grade 00, Grade 000”; “creche or educare centre”; “day mother, gogo, child minder”; or “home, community, play group”. The dark green bars

<sup>20</sup>A reception year that is akin to kindergarten.

<sup>21</sup> Some may argue that we should limit the age range of children considered in the denominator of this calculation to under 5s who are less likely to be enrolled in school-based grade R. The choice of the age range 0-6 is deliberately used to align with the available age range of younger children identified in households in NIDS-CRAM. We only know if there are children under 7 in the household, not specific ages of younger children in the households of NIDS-CRAM respondents.

exclude attendance at a “day mother, gogo, child minder”. There is very little reduction in attendance if one also excludes attendance at “home, community or play-group”.

## 5.2 The reach of ECD services to households and adults

When one thinks about attendance beyond the child to the level of households in which they reside or the adults in those households, far more people than just children benefit from ECD services. This is shown in Table 3. Here all attendance rates at the household and adult level consider ‘day-mothers’, ‘gogos’ and ‘childminders’ as ECD programmes but exclude grade R to aid comparison with the following question on ECD attendance asked in NIDS-CRAM: “Before the lockdown started in March, were any children in your household attending an early childhood development (ECD) centre such as a pre-school, creche, playgroup or day-mother? (Note: ECD centres do NOT include Grade R in primary schools).”

In 14% of South African households, which translates to 2.3 million residences, there was a child aged 0-6 attending an ECD programme (that is not grade R) such as a pre-school, nursery school, creche, day-mother or playgroup in 2018 (see Table 3). Furthermore, the GHS 2018 indicates that 44% of adults – equivalent to 6-7 million persons - residing in households with children aged 0-6 report that at least one of these children attended an ECD programme (that is not grade R). Among the 2020 NIDS-CRAM sample of adults in households with children aged 0-6, a slightly lower percentage at 38% (equating to about 5.6 million adults) indicated that a child in their residence had attended an ECD programme such as a pre-school, creche, playgroup or a day-mother before the lockdown in March.<sup>22</sup>

*Table 3: Survey comparisons of pre-crisis ECD attendance measured at three unit of analysis levels - child, household, and adults*

	Attendance %			Population numbers in millions			N obs
	Estimate (%)	Lower 95% CI	Upper 95% CI	Estimate	Lower 95% CI	Upper 95% CI	
Unit of analysis: Children aged 0-6							
GHS 2018:							
Attends ECD programme (ECD includes grade R)	47.6	46.2	48.9	3.7	3.6	3.9	9 299
Attends ECD programme (ECD excludes grade R but includes day-mother, gogo or childminders)	38.0	36.7	39.3	3.0	2.8	3.1	9 299
Attends ECD programme (ECD excludes grade R and excludes day-mother, gogo or childminders)	33.8	32.6	35.1	2.6	2.5	2.8	9 299
Unit of analysis: Households with children 0-6							
GHS 2018: Any child 0-6 attends ECD programme (ECD excl. grade R but incl. day-mother, gogo or childminders)	44.2	42.8	45.6	2.30	2.21	2.40	6823
Unit of analysis: Adults 18+ in households with children 0-6							
GHS 2018: Any child 0-6 attends ECD programme (ECD excl. grade R but incl. day-mother, gogo or childminders)	43.8	42.1	45.4	7.07	6.73	7.41	18665

<sup>22</sup> A slightly higher estimate of 39% is obtained when restricting the NIDS-CRAM sample to adults that report children under 7 in the household when interviewed in both May-June and in July-August.

NIDS-CRAM* wave 2 [under 7s in household in wave 2]	37.5	34.4	40.7	5.59	4.71	6.47	2722
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Source: GHS 2018, NIDS-CRAM wave 1 and 2. Own calculations. Notes: Estimates are weighted and clustered.

Although the NIDS-CRAM pre-lockdown attendance rates are slightly lower than the 2018 GHS, a decline in attendance between 2020 and 2018 would not be unexpected given that South Africa had experienced a sizeable economic downturn prior to the lockdown which affected the ability of households to afford ECD fees. The variation between the GHS and NIDS-CRAM estimates may also be attributed to differences in the way in which the questions are asked across the GHS as shown in Appendix Table A1.<sup>23</sup>

Despite the variation in rates across different surveys, what is clear is that the ECD sector is very large and the extent of the population that it reaches is sizeable. The closure of ECD programmes had the potential to disrupt about 2.3 million households, the lives of nearly 6-7 million adults residing with children aged 0-6 and may have affected as many as 3.0 million children aged 0-6 who were attending these programmes in 2018.

## 6 Returning to ECD programmes: Attendance in June or July/August

Although ECD programmes could reopen from 6 July 2020, in reality there has been very little 'opening-up' of the ECD sector. Subsequent to being asked whether any child in the household was attending an ECD programme before the lockdown started in March, NIDS-CRAM respondents were then asked "Did they attend in the month of June<sup>24</sup>?" and "Did they attend in the past 7 days?". The period of 'the past 7 days' aligns with attendance from mid-July to mid-August.

Figure 3 shows that overall, 83% of respondents reported that young children (who were attending ECD programmes before lockdown) had not yet returned to ECD programmes when the economy was opening up in June, or after programmes were officially allowed to reopen (start of July). Thus in 4 out of every 5 cases where any child was attending ECD programmes before lockdown, these children have not yet returned to these programmes over 4 months later (by mid-July to mid-August). Just 12% of this sample reported that children had returned in the past 7 days. Disaggregating the return to ECD programmes by month of recent attendance we find that:

- 8% reported that children had returned to ECD programmes in June and were still attending the programme in the past 7 days (mid-July to mid-August);
- 4% reported that children returned in June, but had not attended in the past 7 days; and
- 4% reported that children returned in the past 7 days, but not in June.

In June, ECD programmes were officially still closed according to regulations. The limited attendance at ECD programmes in June suggests some programmes may have been operating in contravention to the Disaster Management Act. From a demand-side perspective, this indicates that many households and individuals (such as essential service workers) may be significantly dependent on the availability of ECD programmes as a childcare function.

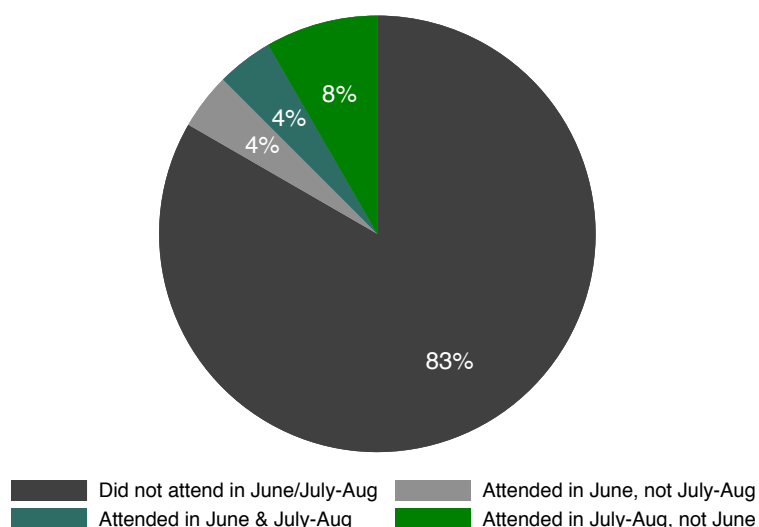
The questions on ECD attendance in June and the past 7 days were only asked if children were reported as having attended ECD programmes before lockdown. By assuming that households without any children attending ECD programmes before lockdown, still don't have any children attending, we can compare reported attendance of any child aged 0-6 in the household pre-lockdown (mid-March), to reported attendance in June and after programmes were allowed to operate in July. Before lockdown, 38% of our respondent sample stated that at least one child in the household was attending an ECD programme. In

<sup>23</sup> We have chosen not to provide the NIDS 2017 estimates of ECD programme attendance as these are considerably lower.

<sup>24</sup> Some have asked about why we included a question on 'June' attendance. The design of the NIDS-CRAM wave 2 questionnaire, its translation and upload to the CATI system started long before June. It was assumed at the time of questionnaire development that the economy and schools would have opened sooner than they did, hence we assumed programmes would have been in operation by June.

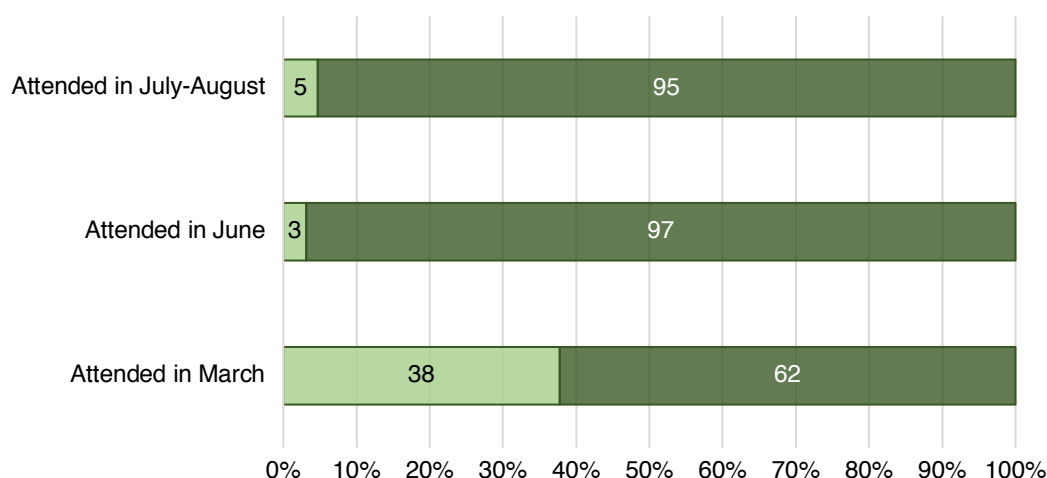
June, reported attendance could have fallen to as low as 3% as seen in Figure 4. With the lockdown regulations on ECD attendance having been lifted by 6 July, we would expect that attendance would increase significantly, however, between mid-July and mid-August attendance was reported at only 5%. Put differently, reporting on non-attendance of any children in the household at ECD programmes (provided there are children aged 0-6 in the household) could have increased from 62% to as much as 95%.

*Figure 3: The percentage of respondents reporting that any child in the household returned to ECD programmes in June and July/August (past 7 days) provided they attended before the lockdown started in March.*



Source: NIDS-CRAM, 2020 wave 2. Own calculations. Notes: Calculations restrict sample of analysis to respondents in households with children aged 0-6 who attended ECD programmes in March. N = 949. See Appendix table A3 for confidence intervals.

*Figure 4: Percentage of respondents who report attendance of any child in household at an ECD programme before the lockdown in March, during the opening up of the economy in June and after official ECD opening date (end July- mid August) (sample limited to respondents in households with children aged 0-6)*



Source: NIDS-CRAM 2020, wave 2. Own calculations. Notes: Calculations restrict sample of analysis to respondents in households with children aged 0-6. See Appendix table A4 for confidence intervals.



## 7 Current ECD attendance trends in a historical perspective

We now consider the NIDS-CRAM results in the context of ECD attendance trends from the early 2000s. Using the NIDS-CRAM reported estimates of attendance of children in the household in March before lockdown and then in July-August, we can extend the ECD attendance trends observed between 2002 and 2018 from the General Household Surveys (GHSs) as shown in Figure 5. The figure shows two trends. The first green trend line expresses attendance at ECD programmes at the level of the adult - a unit of analysis consistent with NIDS-CRAM. Specifically, it shows among adults (living in households with children aged 0-6) the percentage who would report any of these 0 to 6-year-olds attending an ECD programme (typically excluding grade R or in-school programmes). The grey line is then superimposed on the figure and the unit of analysis is now children aged 0-6. The attendance rates here can be interpreted as the percentage of all children aged 0-6 in South Africa that are attending ECD programmes (excluding grade R or in-school programmes) in each year from 2002-2020.

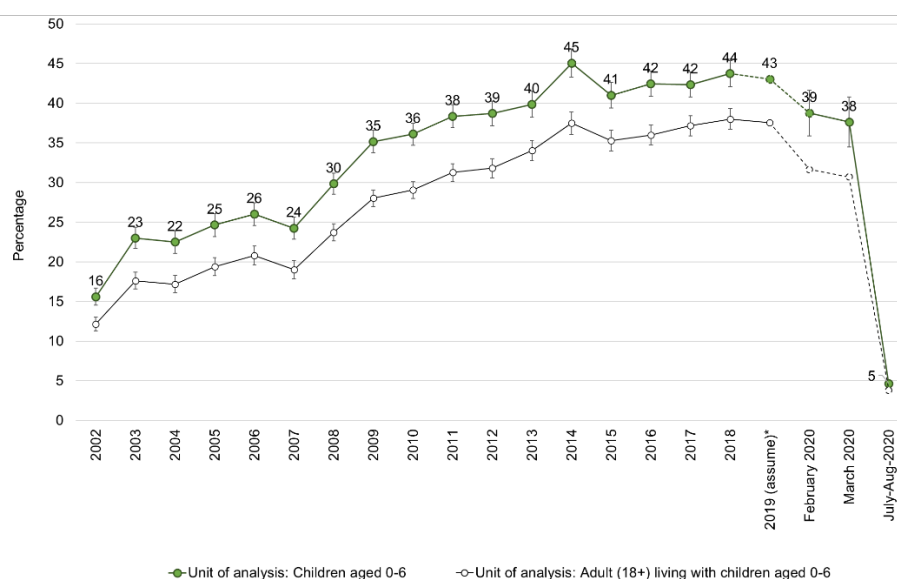
### *Box 2: Assumptions in constructing Figure 5*

As explained earlier, to determine the percentage of adults in households with children aged 0-6 that would have reported any child attending in mid-July to mid-August, we have to assume that only children who were attending programmes in March would be going back (i.e. no new children start attending between March and July). Then, we use the NIDS-CRAM results to make assumptions about the ECD attendance rates at the level of the child aged 0-6. Because attendance rates at the two different units of analysis (adult and child) tend to differ on average by a factor of 1.2, we assume that the attendance rates of children aged 0-6 would be smaller by a factor of 1.2 relative to estimates at the adult level. At the start of 2020, attendance may have already been lower compared with 2018 given the constrained economic environment in South Africa pre-lockdown as indicated by the NIDS-CRAM estimates.

Figure 5 confirms the significant expansion in access to ECD programmes from 2002-2018. Contrary to what some may believe, this upward trend was not merely an artefact of changes to the way in which ECD enrolment was assessed in the GHS questionnaires (Wills 2020, Gustafsson 2018). While less than 20% of children aged 0-6 were enrolled in ECD programmes pre-2003, about 38% were enrolled in 2018 (excluding Grade R or in-school enrolment).

Using a conservative approach, the percentage of children aged 0-6 attending an ECD programme is estimated at less than 5% in mid-July to mid-August. This is lower than the GHS 2002 reported rates of attendance of children aged 0-6 at 12%. It would not be amiss to say that ECD attendance rates are currently the lowest they have been in 18 years. If action is not taken quickly to support this sector, significant progress over two decades in the provision of access to ECD services to young children may be significantly eroded.

Figure 5: ECD attendance rates of children 0-6 from 2002-2018 (GHS) against NIDS-CRAM estimates for 2020



Source: Statistics South Africa GHSs 2002-2018; NIDS-CRAM 2020 wave 2. Own calculations on each dataset. Notes: The dotted lines reflect assumed trends using NIDS-CRAM data. At the time of writing, the GHS 2019 was not yet available, so we take the average of the 2017 and 2018 GHS estimates for 2019. Error bars are the 95% confidence intervals.

## 8 Reasons for not returning to ECD programmes after the official reopening

If children had not returned to ECD programmes in the past 7 days, respondents were then asked about the main reasons for not returning. The coded reasons for not returning can be disaggregated into those that relate to supply-side barriers and those that relate to demand-side constraints or preferences as shown in [Table 4](#).

The results are indicative of supply-side constraints as being the major inhibitor to returning to ECD programmes. Over half of the respondents (55%) said that the main reason any child had not yet returned was that the ECD programme is still temporarily closed. A further 6% indicated that programmes were not ready to reopen (*'not prepared for COVID'*) and 4% indicated that programmes had closed down permanently. Taken together, two-thirds of the reasons for non-return to ECD programmes relate to supply-side barriers to programmes re-opening.

On the demand-side, fears of children being infected by the COVID-19 virus is a very real concern for some. For those reporting that children had not returned to ECD programmes, 29% cited fears about children contracting COVID-19 at centres as the main reason. Surprisingly, less than 2% indicated that they could not afford to pay fees, but perhaps social desirability bias prevents them from identifying that this is a real constraint. Moreover, the parents that cannot pay fees are likely to send their children to the very programmes that cannot afford to reopen (and thus are temporarily closed). In lieu of the April findings from the First Survey Assessing the Impact of COVID on ECD, ECD practitioners surveyed indicated that most parents had not made fee payments during the hard lockdown (BRIDGE et al 2020a).

A very small percentage of respondents gave reasons such as the caregiver, parent or family member preferring to look after the child, programme or transport costs being a barrier, or the child being sick.

Table 4: Reported reasons for not returning to ECD programme in the past 7 days, NIDS-CRAM wave 2

	Estimate (%)	Lower 95% CI	Upper 95% CI	N
<b>Supply side constraints:</b>				
Centre is temporarily closed	55.4	49	61.8	816
Centre is not prepared for COVID	5.6	1.6	9.5	816
Centre has closed permanently	4.3	1.7	7	816
Other transport problems	0.6	-0.1	0.6	816
<b>Any supply-side reason mentioned (sub-total)</b>	<b>65.9</b>			
<b>Demand side constraints:</b>				
Child may get COVID at centre	28.6	24.2	33.1	816
Caregiver prefers to look after child	1.5	0.4	2.6	816
Can't afford fees	1.5	0.4	2.7	816
Can't afford transport	0.6	-0.2	1.4	816
Child is sick	0.6	-0.3	1.6	816
Other	1.6	0	3.2	816
<b>Any demand-side reason mentioned (sub-total)</b>	<b>34.5</b>			

On 24 August 2020, the 'Second Survey Assessing the Impact of COVID on ECD' commenced as a follow-up rapid survey to the one conducted during the hard lockdown in April. The questionnaire was targeted at ECD providers or practitioners and specifically aimed to understand the implications of the pandemic from the ECD programme providers' side. While the NIDS-CRAM survey findings provide a perspective from households (demand for ECD programmes), the Second Survey Assessing the Impact of COVID on ECD complements this with a perspective from the ECD providers (supply of ECD programmes).

Albeit not necessarily nationally representative, by 8 September 2020 this ECD survey had received responses from over 4,500 ECD providers. From these responses it is clear that one month after ECD programmes were officially allowed to open, 68% of the respondents said that they had not yet reopened their programmes. The two main reasons cited for not having reopened were *"We cannot afford to buy the health and hygiene things we need to reopen"* (30%) and *"We don't have enough money to reopen"* (26%).<sup>25</sup> The main demand side reason for not reopening was that *"parents want to send their children back, but cannot pay fees at the moment"* (13%).<sup>26</sup>

## 9 Who returned to ECD programmes in July and August?

Due to the availability of an array of questions included in NIDS-CRAM with respect to household characteristics such as location, socio-economic status and the presence of school-going learners in the household, as well as respondent concerns about COVID-19, we are able to provide greater specificity about

<sup>25</sup> Respondents were allowed to select more than one reason, so the percentages do not add up to a 100%.

<sup>26</sup> A first version of this paper released on the NIDS-CRAM website used preliminary data from the "Second Survey" before its official publication. There has subsequently been a release of a policy brief on the data. We update the figures in this working paper version to reflect what is on the official Bridge et al (2020b) policy brief.

contexts where children have been more likely to return to ECD programmes between mid-July and mid-August. These patterns, in turn, provide some suggestion of potential demand-side processes that may be contributing to the low attendance rates observed, despite the lifted restrictions on ECD attendance. As a caveat, however, the sample sizes for this analysis are small (N = 949) and thus these results are merely indicative of patterns at the broader national level.

Figure 6 and Figure 7 shows the percentage of respondents reporting that children had returned to an ECD programme within the past 7 days. The estimates are disaggregated by various household and respondent factors. To reiterate, the sample used in the following calculations is limited to respondents in households where young children (aged 0-6) had been attending an ECD programme before the lockdown started in March.

The reported return of young children to ECD programmes in July-August (in the past 7 days) is statistically significantly associated with:

- **The respondents' employment transitions between February and June:** Among respondents with consistent employment between February and June, 16% report that any young child in the household had returned to the ECD programme in the past 7 days. But only 5% of respondents with variable employment status (i.e. who lost a job between February and June or transitioned from not having a job in February to having a job in June) reported that any child returned to the ECD programme in the past 7 days as seen in Figure 7. Yet, rates of reported attendance do not differ much across those who are stably employed and those consistently not employed. This suggests that demand for services is not only determined by income, but also by parents' need for childcare services.
- **The presence of Grade R to 12 learners in the household that were attending school in the past 7 days:** Respondents also residing with learners who had attended school in the past 7 days are more likely to report that young children returned to ECD programmes: 20% compared to only 8% where learners had not attended school in the past 7 days (see Figure 6). One possible explanation for this strong correlation is that older children act as caregivers for younger children. If older children are at school, then parents may need to send younger children back to ECD programmes. It is possible then that ECD attendance could improve as the return to school stabilises.
- **Worries about children returning to school during the COVID-19 pandemic:** Reported rates of ECD attendance in the past 7 days are significantly lower at 10% if the respondent indicated that they were "very worried" about learners in their household returning to school during the COVID-19 pandemic compared to if they were "not worried or a little worried<sup>27</sup>" at 24% (see Figure 6). This is contrary to the findings on school attendance, where there is less evidence on links between school attendance and fears of COVID-19 (Mohohlwane, Taylor and Shepherd 2020). In general, concerns about COVID-19 in the school context are real as seen in Table 5. A significant proportion of respondents living in households where children had been attending an ECD programme before lockdown express worry about learners in their household returning to school during the pandemic: 69% of this sample in question were "very worried". Respondent concerns are less pronounced on average for those in households where decisions had been made for children to return to ECD programmes at 55% being "very worried" compared to 70% being "very worried" if children had not returned to ECD programmes.
- **Urban-rural location:** Rates of reported ECD attendance in the past 7 days are almost twice as high at 16% where respondents indicate they live in an urban area or town compared to a rural area (defined as a traditional area, chiefdom, farm or rural area) at 8% (see Figure 6). This suggests that pre-existing inequalities in access to ECD services across urban and rural areas may have been exacerbated by lockdown (Lu, et al. 2020).

These associations presented above are statistically significant using a 90% confidence level. However, due to the small sample sizes available, the 90% confidence intervals in Figure 6 are generally large. While not significant at the 90% level, differences in ECD attendance by various indicators of household socio-economic status are consistently indicative of slightly higher ECD attendance rates in the past 7 days in wealthier contexts (reflected, for example, by living in non-grant households, living in households that didn't

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<sup>27</sup> We intentionally combined the "not worried" or "a little worried" sub-categories due to small sample sizes.

run out of money to buy food in June, and living in the wealthiest quartile of households as measured by 2017 per capita household incomes).

*Table 5: Respondent worries about learners returning to school during the COVID-19 pandemic by whether young children (aged 0-6) returned to ECD programmes in July-August (the past 7 days).*

How worried are you about learners in your household returning to school during the COVID-19 pandemic?							
		Not worried	A little worried	Very worried	Unknown	Total	
Did they attend [an ECD facility] in the past 7 days?	No	%	8.7	7.9	70.7	12.7	100
		se	(1.5)	(1.3)	(3.3)	(1.8)	
		Obs.	76	76	553	117	822
	Yes	%	19.2	18.8	54.6	7.4	100
		se	(5.7)	(5.1)	(7.0)	(2.9)	
		Obs.	16	20	79	12	127
	Total	%	10.0	9.3	68.7	12.0	100
		se	(1.5)	(1.3)	(3.0)	(1.7)	
		Obs.	92	96	632	129	949

Source: NIDS-CRAM wave 2, 2020. Notes: Weighted and clustered estimates. Standard errors (se) are in parentheses and obs. = observations.

When considering these associations between household and respondent characteristics within a multivariate framework, the main patterns observed remain robust. Using a linear regression model we estimate the reported return of children in the household to an ECD programme in the past 7 days (between mid-July and mid-August) for the sample of respondents living in households with young children (aged 0-6) that were attending an ECD facility before lockdown (see results in Table A5).

We identify five robust (and significant) associations. Reported attendance is considerably lower by about 10 percentage points if the respondent has variable employment, compared to having consistent employment between February and June. The likelihood of reported ECD attendance in the past 7 days is higher by about 6-7 percentage points in urban contexts; significantly lower (by at least 12 percentage points) if the respondent is “very worried” about learners going to school during the pandemic (vs. not being worried), and at least 8 percentage points higher if learners in the household had attended school in the past 7 days (vs. not having attended). These associations are even stronger if we limit the respondents to those that live with their own children (see the second panel of Table A5 in the Appendix). For example, parents are 14-17% percentage points less likely to report a child attending an ECD programme in the past 7 days if they are “very worried” about learners in the household going to school during the pandemic (vs. not being worried).

We do not find higher reporting of ECD attendance by the log of household income, but we do see higher attendance by at least 7 percentage points if the respondent is living in a household with piped water. No significant association is observed with the number of adults in the household which is a potential indicator for the availability of child-minders. Reporting on ECD attendance in the past 7 days is no higher if anyone in the household receives a social grant.

Figure 6: Percentage of respondents that report that any child aged 0-6 returned to an ECD programme in the past 7 days (July -August) provided children were attending programmes in March

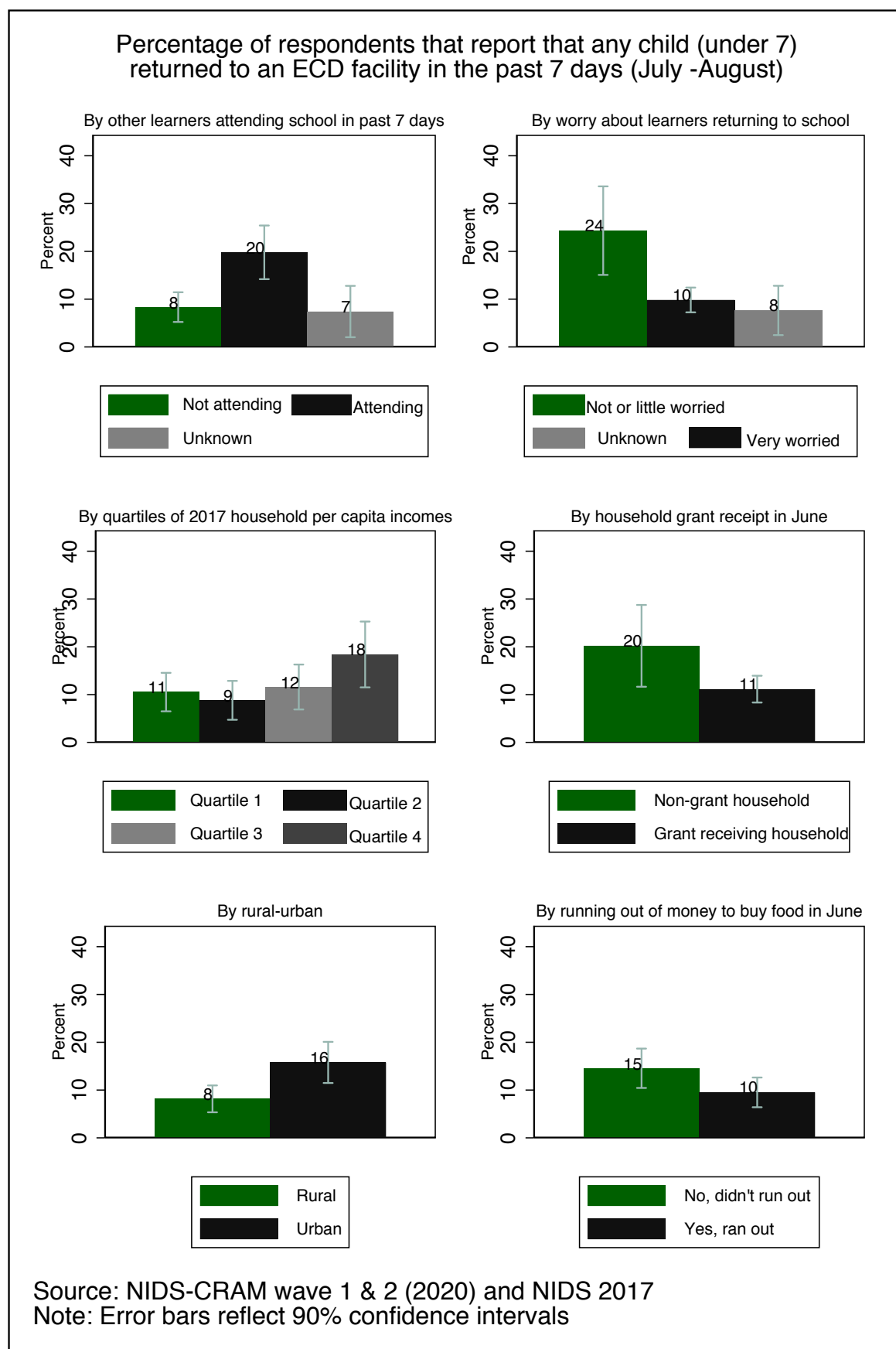
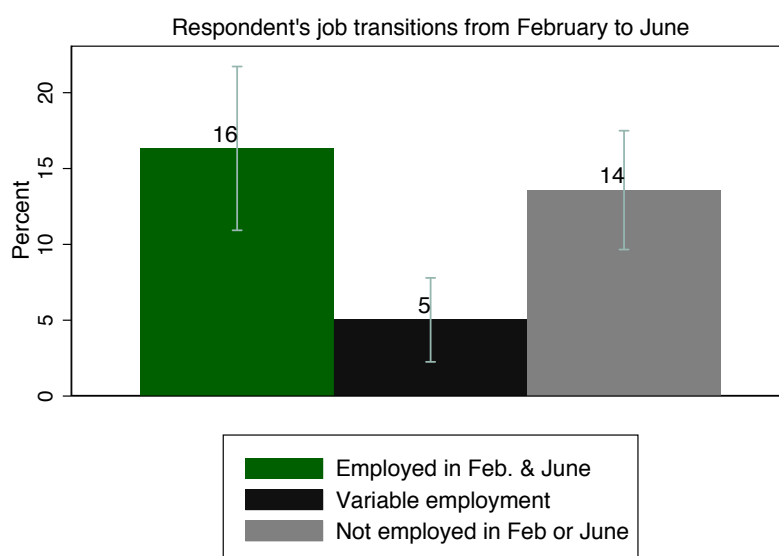




Figure 7: Percentage of respondents that report that any child aged 0-6 returned to an ECD programme in the past 7 days (July -August) provided children were attending programmes in March



Source: NIDS-CRAM wave 2. Notes: Estimates weighted and clustered. Total N = 949.

### Box 3: Model specifications

In model specifications 1 and 2 of Table A5, respondent characteristics controlled for include their employment transition status from February to June and their gender. Then, we control for indicators of household socio-economic status including whether the household has piped water, urban-rural location, running out of money for food in June, whether anyone collects a social grant in the household, the number of adults in the household (a proxy for available carers) and whether the household lost its main source of income between March and May-June. In model 3 we control for whether learners (Grade R-12) were reported as having attended school in the past 7 days and respondent worries about learners in their household returning to school during the COVID-19 pandemic. In the final model 4, based on a smaller sample size due to high non-response on household income in NIDS-CRAM, we control for the log of household income in June. To assess the sensitivity of the estimates to the smaller sample, model 4 restricts the model 3 specification to those with reported log of household income in June.

## 10 Who is looking after children that have not returned to ECD programmes?

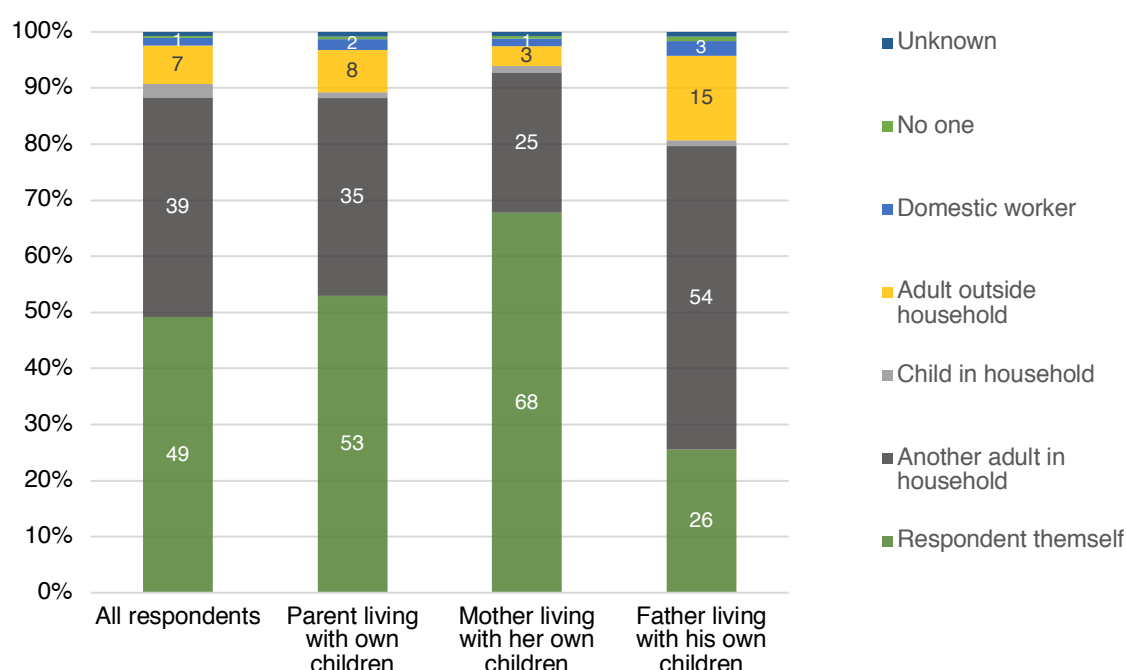
After asking the respondent why children in the household had not returned to ECD programmes in the past 7 days, a subsequent question on childcare was asked of respondents: “Who is looking after these children during the day now that they are not attending the ECD centre?” We summarise results to this question in Figure 8 (with more detailed estimates in appendix Table A6). In interpreting this figure, note the sample on which it is based: respondents residing with children aged 0-6 who were attending ECD programmes before lockdown but had not returned to these programmes in the past 7 days.

Nearly half (49%) of the respondent sample indicated that they themselves were looking after the child/children and a further 39% indicated that another adult in the household was caring for them. Only 7% indicated that the child/children were cared for by an adult relative or friend living outside the household.

Thus, with the prolonged closure of ECD programmes, the burden of care is primarily born *within* the household. “Outsourcing” of care beyond the household seems uncommon. These findings are robust to limiting the sample of respondents to those who report living with their own children. But there are very significant differences depending by whether the respondent is a father living with his children or a mother living with her children. Two thirds of women who live in a household with their own children, report looking after the children who had not returned to ECD programmes during the day. By comparison, just a quarter of male respondents who live in a household with their own children report looking after these children, who did not return to ECD programmes, during the day. Men are more likely to report that these young children are being looked after by a relative or friend outside the household (15%).

An encouraging finding is that it is rare for NIDS-CRAM respondents to indicate that no-one (less than 1%), or a child in the household (less than 1%) is caring for young children that were in ECD programmes pre-lockdown. But where respondents are employed and caring for children, it is not clear how they juggle these demands. This is a point highlighted by Van der Berg and Spaull (2020) who use data from the Quarterly Labour Force Survey (Q4: 2019) to show that 3.3 million children (school-aged, pre-schoolers and toddlers) were in households without an additional caregiver apart from the employed adults. Without available adult carers in many households, it is possible that older children may play a more significant role in caring for younger siblings than is reflected in the NIDS-CRAM responses of Figure 8.

Figure 8: Who is looking after children during the day now that they are not attending ECD programmes?



Source: NIDS-CRAM 2020, wave 2. Notes: Weighted and clustered estimates. All respondents (N) = 908, parents living with their own children (N) = 632; mother living with her own children (N) = 440; fathers living with their own children (N) = 183. See Appendix Table A5 for confidence intervals.






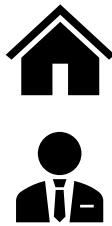

## 11 Implications of the ECD sector decline

Having highlighted the drop in ECD attendance in South Africa, and the reasons for non-return to ECD programmes, we turn to the possible implications that this presents for multiple layers of society.

The matrix presented below summarises the multi-faceted socio-economic impacts of the COVID-19 lockdown on the ECD sector, with implications for interconnected layers of society: children, the households and adults with which they reside and ECD operators. We highlight four broad areas of socio-economic

impact across these layers of society: childcare, safety and well-being, poverty, and inequality. Figure 9 highlights the possible consequences of the temporary programme closures and reduced levels of attendance as a result of the demand-side and supply-side interactions described earlier in Figure 1. We reiterate that these are *possible* areas of impacts, but as time and more data is available, each should be empirically evaluated to determine the extent of impact.

Figure 9: Potential socio-economic impacts of temporary ECD closures and reduced attendance

AREAS OF IMPACT →		CHILDCARE 	SAFETY & WELL-BEING 	POVERTY 	INEQUALITY 
LAYERS OF IMPACT ↓					
CHILDREN 		Disruptions in care experienced by children. Reduced access to care in the household if adults return to work	Reduced access to stimulation and learning if ECD facility provided a quality learning programme. Impacts of stressful home environments on children	Less stable or nutritious food supply if the ECD facility attended pre-crisis provided meals	Possibility of being permanently 'locked-out' from access to ECD if facilities permanently close. A problem more likely to affect poorer children
HOUSEHOLDS & INDIVIDUALS IN THE LABOUR MARKET 		Significant disruptions in adjusting to increased childcare demands	Psycho-social and well-being impacts on carers due to increased childcare demands	Implications for household poverty from reduced opportunity to work.	Gender inequalities: Women in households disproportionately carry the burden of childcare
ECD PROVIDERS 		Government lockdown regulations, safety requirements and demand side factors intersect to result in temporary and permanent closure of programmes. This impacts on access to ECD care for children.	Cost pressures on ECD centres in implementing safety requirements (PPE) coupled with declining turnover.	Implications for poverty due to temporary or permanent job losses for ECD facility staff	Risk of programme closure in poorer and more remote areas. Women more likely to be impacted by job losses in the sector.

## 11.1 Children

The extent to which non-access to ECD programmes is and will be developmentally detrimental for South African children is an empirical question. If the daily care and stimulation children are receiving in households now by caregivers or adults is of poorer quality relative to care at the ECD programme, then this presents possible negative implications for their cognitive, linguistic, socio-emotional, and physical development, which in turn has implications for their well-being, school readiness, and later success in life (Naudea, et al. 2011, Vegas and Santibáñez 2010). The indications are that home environments are not as stimulating as they could be. Using the 2018 GHS data, only 51% of parents or guardians read books with their children; 62% report telling stories; and 54% report drawing or colouring with their children (Statistics South Africa 2019). Yet, is well documented that the quality of most ECD programmes has historically been low. For example, the impact evaluation of the Grade R programme in South Africa by Van der Berg et al (2013) indicated that its benefit on later learning outcomes was negligible in poorer schools (but positive in wealthier school contexts).

The impacts of ECD programme closures on children would also depend on the safety and security of their home environments, which may have become more volatile as lockdown placed strain on households (OECD

2020). A time such as the national lockdown and subsequent ECD closures could, for example, result in exposure to abuse, neglect, caregiver mental illness, violence, economic hardships experienced by families etc. When children experience extreme, frequent, and/or prolonged adversity, a toxic stress response can be triggered in a child's body which impairs their development. This has lifelong effects on their learning, behaviour and health (Center on the Developing Child at Harvard University 2016).

An additional concern for children not returning to ECD programmes, is whether they are receiving adequate nutrition. ECD programmes typically involve the provision of meals, where nutrition is central to child development.<sup>28</sup> Sample size and data constraints limited our ability to identify meal receipt at ECD programmes before lockdown. Yet wave 1 findings raised concern about rising levels of child hunger across the country (Van der Berg, Zuze and Bridgman 2020, Wills, Patel and Van der Berg 2020). ECD programmes may therefore be an important vehicle for addressing nutritional deficits in the early years.

## 11.2 Households

The unprecedented closure of schools, ECD programmes and childcare facilities on 18 March 2020 meant that households would have had their children at home for an additional 5 to 9 hours a day. Furthermore, women disproportionately carried the burden of childcare in households over lockdown (Casale and Posel 2020). From NIDS-CRAM wave 2 data we see that with the prolonged closures of ECD programmes, the burden of care is primarily born within the households by parents themselves and/or other adults in the household. Compared to fathers, mothers are more likely to take-on caring for young children now at home because ECD programmes have been shut. But the extent to which childcare is limiting women's ability to work or search-for-work remains to be investigated further. Preliminary evidence from NIDS-CRAM wave 2 indicates that respondents report that childcare during lockdown has had implications for their mental health and well-being, as well as limiting job search or work hours. But we find no descriptive differences in these indicators by whether learners had returned to school as seen in Appendix Figure 2A.<sup>29</sup> Nevertheless, in a context where job losses due to lockdown have disproportionately affected women, a childcare infrastructure may support their return to the workplace.

## 11.3 ECD providers

It is not clear how many of the current ECD providers will remain 'going-concerns'. At the start of lockdown, 68% of operators surveyed by BRIDGE et al (2020a) were concerned that they would not be able to reopen. Where ECD operators are not able to survive the economic impact of the lockdown, parents and caregivers who previously made use of these services will be without a place to send their children when they return to or seek work. It is estimated that over 100,000 ECD practitioners will be without a job (BRIDGE et al. 2020a). This will have implications for future access to ECD programmes, with evidence from NIDS-CRAM pointing to widening existing inequalities in access to these services, particularly along urban-rural and potentially wealth dimensions.

Furthermore, the failure of the ECD sector would be a terrible loss for micro-entrepreneurship. Much of the ECD sector has grown out of the grass-roots efforts of subsistence entrepreneurs or micro-social enterprises, and largely black women who were historically restricted from owning businesses under Apartheid. The highly informal nature of ECD sector provision provided an in-road for women into the labour market. But it is the most informal of businesses, and the poorest that have been hardest hit by the lockdown while the gender gap in earnings in the labour market has been further exacerbated (Bassier, et al. 2020, Rogan and Skinner 2020). Saving the ECD sector means preserving examples of entrepreneurial activity in a country that so desperately needs to cultivate this.

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<sup>28</sup> Poor nutrition leads to impaired brain development, stunting and cognitive delays, poor health outcomes, and reduced productivity (Naudea, et al. 2011).

<sup>29</sup> Unfortunately, small sample sizes and data constraints limit our ability to explore whether this result differs by the presence of very young children in the household.

## 12 Discussion

In the past two decades, there had been a steady climb in child access to ECD programmes across South Africa. Of children aged 0-6 in 2018, 38% were attending non-grade R ECD programmes. This implies 3 million children located across 2.3 million households were attending ECD programmes in 2018. The landscape has changed considerably in 2020 due to lockdown. A month after programmes could re-open, the ECD sector was operating at a fraction of its pre-crisis levels. Using a conservative estimate of sector shrinkage we have shown that the percentage of children aged 0-6 attending ECD programmes was estimated less than 5% in mid-July to mid-August. This indicates that ECD attendance rates are currently the lowest they have been in 20 years. This situation could deteriorate if a well-targeted relief package is not provided urgently to support the payment of ECD practitioner salaries and to cover the costs associated with implementing COVID-19 safety and regulatory requirements.

The NIDS-CRAM wave 2 findings suggest that the predominant reason for the non-return of children to ECD programmes, as cited by the users of ECD services, relates to supply-side barriers to programmes re-opening. This is corroborated against new evidence collected from the suppliers of ECD services (BRIDGE et al. 2020a, BRIDGE, et al. 2020b). Both studies confirm that the majority of ECD programmes (at least over two thirds) have not opened despite being allowed to operate. Despite the good intentions of the standard operating procedures (SOPs) issued to contain the spread of the virus, the regulatory environment is squeezing the sector beyond what it can endure. Thirty percent of the more than 4,500 ECD providers surveyed participating in the 'Second Survey Assessing the Impact of COVID on ECD' couldn't afford to buy the health and hygiene products they needed to reopen and over a third just did not have enough money to reopen.

While the SOPs may present a burden to practitioners, the implementation of effective health and safety measures may be important not only for managing infection, but more importantly for managing parent fears of their children contracting the virus at centres. The NIDS-CRAM survey suggests that caregivers have objective fears of their children being infected by the coronavirus, reducing their current demand for ECD services. For those reporting that children had not returned to ECD programmes, 29% cited fears about children contracting COVID-19 at centres as the main reason. We also find that respondents who are "very worried" about learners in their households going to school during the pandemic were at least 12 percentage points less likely to indicate that young children had returned to ECD programmes.

A particularly interesting finding of the analysis is the strong correlation between learner attendance at schools and the return of younger children to ECD programmes. This suggests that as attendance at schools stabilises this in turn may help to reinvigorate the ECD sector.

## 13 Policy recommendations

Swift, well-targeted and effective strategies need to be implemented by government to support the reopening of centres in the short-term and to limit permanent closures of programmes in the medium to long-term.

### 13.1 Short-run policies for sector survival

- i. **We reaffirm the urgent importance of the proposed financial relief package for ECD programmes in South Africa in recognition of the significant contraction in the sector.**

The majority of ECD programmes have not paid practitioner salaries since centres closed on 18 March. Broader income protection programmes, such as the Temporary Employment Relief Scheme (TERS), have been of little benefit for most of the largely informal ECD sector. Before the month of May, TERS was only available to registered UIF members but most of the ECD workforce was not registered with the UIF at the start of lockdown.<sup>30</sup> TERS pay-outs have also been highly irregular. While the provision of government bail-out packages and interim funding to cushion impacts of lockdown has been delayed in the ECD sector relative to support for other sectors, the new proposed relief package of R1.3 billion is a welcome move.

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<sup>30</sup> About 65% as suggested by BRIDGE et al (2020a).

**ii. The proposed mechanisms for distributing the R1.3 billion relief package need to be structured to align with the need for emergency support.**

In a statement issued in mid-August, Minister Zulu stated that R1.3 billion out of the economic stimulus package would be allocated to the short-term employment of 36,000 youth compliance monitors for ECD programmes (South African Government 2020). Youth compliance officers would help in collecting information from registered and unregistered centres and move towards having a comprehensive database of ECD operators and an ECD management information system for better targeted support, wider reach of subsidies and strengthened monitoring and evaluation. But bolstering and quickening the registration process for thousands of unregistered centres to get registered, and thus benefit from subsidies is a medium-term strategy. This is unlikely to be an emergency mechanism of support.<sup>31</sup>

The plans for spending these newly allocated funds have been met with heated debate, with the current argument being that this finance should rather be provided as urgent financial aid directly to centres in the form of 'ECD Continuity Grants', to preserve 175,000 ECD sector jobs that are under threat (Chabalala 2020). But at the time of writing, there are also concerns about the mechanism through which ECD continuity grants would be distributed with maximum transparency to minimise corruption. In the absence of a centralised database of programmes that require support, the proposed relief funding to the ECD workforce could build on the existing government platforms, such as the UIF system, to distribute funds to ECD practitioners.

**iii. Review regulations and SOPs pertaining to ECD programmes to remove any unnecessary requirements that present a bottleneck to recommencing operations.**

The list of compliance requirements for ECD programmes to reopen places a financial and administrative burden on operators, especially in the absence of any financial support from the state to cover these costs. Furthermore, ECD programmes are only allowed to operate at about half their capacity due to physical distancing requirements (Government of South Africa 2020). Constraints on attendance, coupled with the likelihood of reduced payments of fees for children that do attend, would mean that the reopening of programmes may be financially infeasible.

**iv. Invest in platforms which strengthen the collaboration among the state and NPOs, in providing oversight and operating as 'boots-on-the-ground' in implementing ECD sector relief packages.**

While many NPOs already serve as the interface between ECD operators and the state, greater collaboration is required among them. The NPO sector could essentially serve as the layer between the state and grassroots ECD operations, strengthening communication lines and supporting monitoring initiatives. The experience of the Western Cape as described below is evidence that this is possible. Harnessing the considerable capacity of NPOs will require building information systems in the welfare sector in general to strengthen collaboration (Wills, Patel and Van der Berg 2020).

**v. Leverage existing networks with information on ECD programmes as an interim measure until a national information system on ECD programmes is built and up and running.**

A major constraint to getting emergency relief to ECD programmes, and communicating rapidly to these programmes, is that no national management information system is in place with contact information for all ECD programmes. Simply, it is not clear how many ECD programmes exist and where they are. Responding in an emergency requires an information infrastructure. As an exception, the Western Cape<sup>32</sup> DSD were able to provide financial support for PPE costs to programmes because they have a working information system and have outsourced ECD support to multiple NGOs. Building a national information system on ECD programmes in 8 other provinces will take time. In the meantime, the focus in the short-run should be on leveraging existing networks with information on ECD programmes, such as the DSD database of registered centres and the information gained through the Vangasali campaign launched by the DSD in partnership with the Nelson Mandela Foundation.

**vi. Build clear and concise communication pathways for ECD operators and parents**

A significant amount of confusion has marred the reopening of ECD programmes. Strengthening media and communication channels would allow for the sharing of important information directly with operators and

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<sup>31</sup> It is surprising that so few TERS payments have benefited the ECD workforce, despite rulings changes in May that even non-UIF registered employees could qualify for the income protection benefit.

<sup>32</sup> The Western Cape is one of South Africa's nine provinces. Each province has its own administration, managing its allocated budgets for welfare, schooling etc.

parents and would limit confusion and disinformation in the system. In the medium-term communication channels will be supported through an information infrastructure.

**vii. Reported irregularities in the payment of owed subsidies must be resolved urgently.**

While the provision of subsidies only reaches registered centres - with unregistered centres far outnumbering those that are registered – these subsidies are likely to go a long way in covering some income gaps. All irregularities in the payment of subsidies must be resolved immediately.

## 13.2 Medium-term strategy for sector survival

### **Establish an ECD management information system to facilitate targeted support and strengthen monitoring and evaluation in the sector.**

Currently, there is limited comprehensive information available on ECD provisioning, which is hindering informed resource allocations, policy development and planning initiatives. A lack of data pertaining to the number of registered and unregistered centres, where they are located, and their necessary contact information makes it particularly challenging to plan for resource allocations, and target support where it is most needed. Building stronger systems will in turn require that government departments are adequately resourced with personnel dedicated to ECD work including building systems and coordinating efforts to strengthen this sector across state, NGO and private providers.

## 13.3 Long-run sustainability

### **Revise regulations and strengthen public-private partnerships in order to create an enabling environment to promote the long-run sustainability of ECD programmes.**

Government only provides per-child subsidies to registered ECD programmes (which are typically centres). However, the current registration process is onerous, with prerequisites that are prohibitive for many ECD operators such as the title deed for the property in which a centre operates, compliance with national regulations and municipal by-laws such as health and safety regulations, and registration as a Partial Care Facility and Early Childhood Development Programme (Vorster 2019). Government recognises the role that it needs to play in assisting ECD providers to meet registration requirements. In the short-run, the DSD, through the Vangasali campaign, aims to provide support packages to all identified ECD centres to help them achieve the necessary requirements for registration (South African Government 2020). In the medium to long term, there is a need to review and amend regulations to ensure that more programmes are registered and qualify for the ECD subsidy. Public-private partnerships with the NGO and private sector should also be strengthened. Initiatives such as tax-breaks for private companies adopting an ECD centre could further incentivise investment from the private sector. If NGOs and private companies can support the areas which they currently operate, the government could focus on only those which are underserved.

## 14 Closing remarks

In closing, the ECD sector needs a lifeline. It is in a highly precarious position as it moves into the last quarter of 2020, with a real threat of permanent closures and large declines in ECD enrolment in the coming year. This threat reaches beyond ECD operators to the lives of millions of children, millions of households and millions of adults who rely on these ECD services. Furthermore, the nation cannot afford for this sector to collapse and given the precarious financial situation many of these providers were in pre-lockdown, that possibility is not as unlikely as some might believe. A swift intervention by government is necessary to save this important sector and limit the ripple effect of possible programme closures on multiple layers of society.



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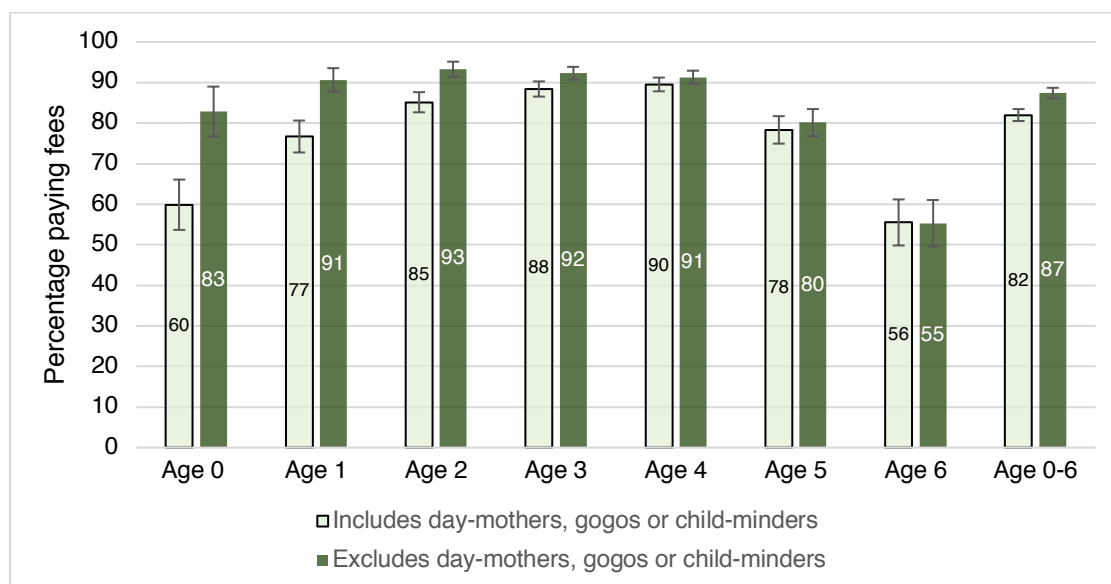
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## Appendix

Figure A 1: Percentage of children aged 0-6 attending ECD programmes (excluding Grade R), for whom fees are paid



Source: GHS 2017 and 2018. Notes: Weighted, clustered, stratified estimates. Error bars are 95% confidence intervals.

Table A 1: Definition of ECD attendance pre-crisis, survey comparison

Survey	Who the question is asked of?	Question	Included in definition of "Any child in household 0-6 attends ECD"
GHS 2017-2018 [Asked for persons age 0-6]	Asked in relation to each specific child identified on the household roster	<b>Does... currently attend any of the following?</b> Grade R Pre-school/nursery school/Grade 00 / Grade 000 Creche / educare centre Day mother / gogo / child minder Home / community / play group None Do not know Other (specify) School	 X X X X    
NIDS 2017 [Asked for persons 0-14]	Asked in relation to each specific child identified on the household roster	<b>Which of the following does this child currently attend?</b> Grade 1 or higher Grade R/0 Pre-school/No grade Creche / Edu-care centre / Play school Day-mother / Gogo Other( specify) None Don't Know Refused	  X X X X   
NIDS-CRAM 2020 wave 2	This general household level question is asked of an adult respondent	<b>Before the lockdown started in March, were any children in your household attending an early childhood development (ECD) centre such as a pre-school, creche, playgroup or day-mother? (Interviewer: Note ECD centres do NOT include Grade R in primary schools)</b> Yes None Refused Don't know	 X   

Box A 1: Attrition across waves 1 and 2 in NIDS-CRAM

While the wave 1 sample was broadly representative of adults in South Africa, non-random attrition from wave to wave can further compromise representivity. Some systematic patterns of attrition are observed. Table A2 shows estimates of the likelihood of attrition from wave 1 to 2. It highlights that attrition was higher among the Indian/Asian sample, among individuals living in KwaZulu-Natal, as well as those in urban areas. There are also non-random differences in attrition depending on indicators of flux or movement and household compositional factors including children in the household. For example, those who moved province when lockdown was announced were more likely to attrit. Importantly, those in households with children under 7 in wave 1 were also more likely to attrit. If we look at attrition among those who reported children under 7 in the household, then attrition is higher if there were fewer children in the household in May or June compared to before lockdown, if they were living in KwaZulu-Natal and were based in an urban area in wave 1. Fortunately, the panel design weights appear to correct for the higher likelihood of attrition between wave 1 and 2 among respondents in households with children under 7. The percentage of adults in households with children under 7 remains consistent across waves 1 and 2.

Table A 2: Estimates of attrition from NIDS-CRAM wave 1 to 2, full sample and sample with children in the household aged 0-6 in wave 1

	Sample: NIDS-CRAM wave 1 respondents				Sample: Respondents living in household with children 0-6 in wave 1			
	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)
<b>Demographic factors</b>								
Is female	-0.009			-0.006	-0.030			-0.024
	(0.017)			(0.017)	(0.026)			(0.026)
Coloured	0.094**			0.096**	0.086			0.083
	(0.044)			(0.044)	(0.053)			(0.052)
Asian/Indian	0.130*			0.139*	0.213*			0.220*
	(0.074)			(0.074)	(0.128)			(0.128)
White	0.010			0.021	0.094			0.096
	(0.031)			(0.033)	(0.092)			(0.093)
<b>Location at wave 1 interview</b>								
Lives in Urban area	0.044**			0.045**	0.042			0.045*
	(0.018)			(0.018)	(0.027)			(0.026)
<i>Province: Ref = KwaZulu-Natal</i>								
Western Cape	-0.094**			-0.099**	-0.048			-0.057
	(0.036)			(0.038)	(0.050)			(0.052)
Eastern Cape	-0.072**			-0.076**	-0.058			-0.070*
	(0.026)			(0.026)	(0.037)			(0.036)
Northern Cape	-0.096**			-0.111**	-0.096			-0.105
	(0.046)			(0.047)	(0.067)			(0.069)
Free State	-0.003			-0.010	-0.058			-0.078**
	(0.030)			(0.031)	(0.037)			(0.039)
North West	-0.038			-0.049*	0.015			0.002
	(0.028)			(0.028)	(0.048)			(0.045)
Gauteng	-0.039			-0.050*	0.016			0.001
	(0.027)			(0.028)	(0.042)			(0.042)
Mpumalanga	0.010			-0.003	0.016			-0.003
	(0.031)			(0.031)	(0.044)			(0.043)
Limpopo	-0.057**			-0.067**	-0.105**			-0.125***
	(0.028)			(0.028)	(0.032)			(0.030)
<b>Household characteristics</b>								

<i>Type of dwelling: Ref = House or flat</i>								
Traditional house	-0.036*		-0.034		-0.019		-0.022	
	(0.021)		(0.022)		(0.028)		(0.029)	
Informal house	0.003		0.002		-0.023		-0.033	
	(0.026)		(0.027)		(0.037)		(0.037)	
Other type of dwelling	-0.083		-0.077		-0.107		-0.103	
	(0.066)		(0.064)		(0.109)		(0.096)	
Unknown dwelling type	0.163		0.066					
	(0.220)		(0.175)					
Household size	0.003		-0.001		-0.004		-0.005	
	(0.002)		(0.002)		(0.003)		(0.003)	
<b>Poverty and household income indicators</b>								
<i>Employment status: Ref = Economically inactive</i>								
Unemployed_discouraged	0.009		0.014		0.037		0.043	
	(0.025)		(0.024)		(0.040)		(0.040)	
Unemployed_strict	0.000		-0.007		0.036		0.030	
	(0.025)		(0.025)		(0.040)		(0.040)	
Employed	0.032		0.029		0.056		0.045	
	(0.026)		(0.025)		(0.040)		(0.038)	
Refused	-0.055		-0.060		-0.114**		-0.117**	
	(0.051)		(0.049)		(0.041)		(0.042)	
Household receives any grant	-0.014		-0.020		-0.004		0.025	
	(0.018)		(0.019)		(0.037)		(0.037)	
Household lost main income	0.020		0.020		0.023		0.015	
	(0.015)		(0.015)		(0.022)		(0.022)	
Loss of main income unknown	0.063		0.081		0.145		0.169	
	(0.057)		(0.057)		(0.103)		(0.110)	
<b>Moving and household flux</b>								
Moved province (Ref: Didn't move)	0.069*		0.076*				0.109	0.113*
	(0.041)		(0.040)				(0.071)	(0.068)
Move unknown (Ref: Didn't move)	0.369		0.381				0.778***	0.842***
	(0.258)		(0.282)				(0.013)	(0.057)
<i>Presence of young children in hhold: Ref = No young children</i>								
Under 7s in household	0.044**		0.057**					
	(0.016)		(0.018)					
Unknown if under 7s in household	0.020		0.039					
	(0.031)		(0.031)					
<i># of children in hhold c.f. before lockdown: Ref = No children</i>								
Less	-0.057*		-0.037				-0.070**	-0.057*
	(0.032)		(0.033)				(0.033)	(0.032)
More	0.029		0.048				0.069	0.084*
	(0.043)		(0.043)				(0.052)	(0.050)
The same	-0.005		0.008					
	(0.024)		(0.026)					
Unknown	-0.021		-0.024				-	
	(0.067)		(0.066)				0.159***	-0.170***
							(0.035)	(0.045)
Constant	0.199***	0.176***	0.186***	0.167***	0.220***	0.215***	0.222***	0.199***
	(0.023)	(0.028)	(0.021)	(0.039)	(0.033)	(0.052)	(0.013)	(0.058)
Observations	7073	7073	7073	7073	3478	3478	3478	3478
R-squared	0.012	0.005	0.006	0.024	0.022	0.010	0.009	0.041



Sample: NIDS-CRAM wave 1 and 2. Notes: Standard errors are in parenthesis. Individual is the unit of analysis. Wave 1 weights used. Clustered.

Table A3: Percentage of respondents who live with children aged 0-6 who attended ECD in March

	Mean	Lower 95% CI	Upper 95% CI	N
Did not attend in June or July/August	83.4	79.6	87.2	949
Attended in June, but not July/August	4.2	1.7	6.7	949
And attended in July/August, but not June	4.0	2.3	5.7	949
Attended in June & July/August	8.3	5.7	11	949

Source: NIDS-CRAM wave 2. Notes: Estimates at individual level. Weighted and clustered.

Table A4: Percentage of all respondents who live with children aged 0-6

	Mean	Lower 95% CI	Upper 95% CI	N
Did not attend in March	62.2	59.1	65.4	2,706
Attended in March	37.8	34.6	40.9	2,706
Attended in June	3.1	2.0	4.2	2,706
Attended in July-August	4.7	3.4	5.9	2,706

Source: NIDS-CRAM wave 2. Notes: Estimates at individual level. Weighted and clustered.

Table A5: Estimating whether respondents report that any child (aged 0-6) returned to an ECD facility in the past 7 days (July -August)

	Respondents in households with children aged 0-6, where at least one child attended an ECD facility in March 2020									
	Any respondent					Respondent lives with an own biological child				
	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
Variable employment (Ref: Employed in February and June)	-0.103** (0.037)	-0.091** (0.037)	-0.095** (0.036)	-0.078* (0.043)	-0.057 (0.043)	-0.108** (0.042)	-0.091** (0.042)	-0.093** (0.041)	-0.079* (0.046)	-0.060 (0.050)
Not employed in Feb. or June (Ref: Employed in February and June)	-0.020 (0.040)	0.002 (0.039)	-0.002 (0.037)	-0.004 (0.043)	0.014 (0.043)	-0.025 (0.050)	-0.001 (0.048)	-0.007 (0.045)	-0.001 (0.052)	0.016 (0.055)
Employment transition unknown (Ref: Employed in February and June)	-0.136*** (0.035)	-0.121*** (0.036)	-0.205*** (0.055)	-0.251** (0.078)	-0.226** (0.086)	-0.168*** (0.046)	-0.176*** (0.053)	-0.275** (0.104)	-0.384** (0.117)	-0.370** (0.121)
Female	0.025 (0.031)	0.031 (0.030)	0.016 (0.029)	0.042 (0.033)	0.044 (0.033)	0.081** (0.037)	0.085** (0.038)	0.061* (0.035)	0.061 (0.040)	0.060 (0.040)
Household has piped or tap water	0.027 (0.032)	0.027 (0.032)	0.019 (0.035)	0.075** (0.030)	0.076** (0.028)	0.071** (0.030)	0.070** (0.032)	0.064* (0.037)	0.100** (0.040)	0.100** (0.038)
Urban (Ref: Rural)	0.061** (0.029)	0.060** (0.029)	0.066** (0.028)	0.077** (0.034)	0.071** (0.033)	0.065* (0.037)	0.060 (0.037)	0.066* (0.037)	0.073* (0.041)	0.069* (0.040)
Household ran out of money for food in June		-0.055** (0.026)	-0.038 (0.025)	-0.029 (0.031)	-0.017 (0.028)		-0.060* (0.035)	-0.023 (0.032)	-0.030 (0.039)	-0.023 (0.037)
Grant receiving household		-0.057 (0.056)	-0.060 (0.052)	0.012 (0.058)	0.056 (0.071)		-0.026 (0.063)	-0.029 (0.059)	0.030 (0.067)	0.064 (0.086)
Number of adults in the household		0.008 (0.008)	0.008 (0.008)	-0.004 (0.007)	-0.005 (0.007)		-0.002 (0.008)	-0.003 (0.008)	-0.008 (0.009)	-0.009 (0.008)
Household lost main income source from March to May-June		-0.007 (0.028)	-0.008 (0.027)	-0.005 (0.031)	-0.004 (0.031)		-0.020 (0.032)	-0.023 (0.030)	-0.002 (0.039)	-0.001 (0.039)
Learners in household attended school past 7 days (ref: none attending)			0.106** (0.033)	0.073** (0.036)	0.075** (0.036)			0.134** (0.041)	0.123** (0.046)	0.124** (0.045)
Learner attendance unknown			-0.023 (0.035)	0.004 (0.046)	0.012 (0.048)			0.016 (0.049)	0.011 (0.050)	0.009 (0.051)
A little worried about learners going to school during COVID-19 (Ref: not worried)			0.032 (0.085)	0.087 (0.120)	0.076 (0.122)			0.035 (0.113)	0.098 (0.131)	0.094 (0.132)
Very worried about learners going to school during COVID-19 (Ref: not worried)			-0.117* (0.065)	-0.162** (0.080)	-0.156** (0.077)			-0.142* (0.086)	-0.171* (0.090)	-0.165* (0.088)
Worry unknown			-0.094 (0.064)	-0.117 (0.087)	-0.112 (0.084)			-0.098 (0.087)	-0.095 (0.099)	-0.087 (0.097)
Log of household income 2020					0.033 (0.024)					0.024 (0.030)
Constant	0.086** (0.042)	0.116* (0.066)	0.184** (0.083)	0.134 (0.095)	-0.188 (0.250)	0.020 (0.040)	0.074 (0.073)	0.140 (0.101)	0.090 (0.110)	-0.152 (0.318)
Observations	949	949	949	712	712	683	683	683	683	683
R-squared	0.031	0.044	0.098	0.123	0.130	0.046	0.058	0.131	0.157	0.160

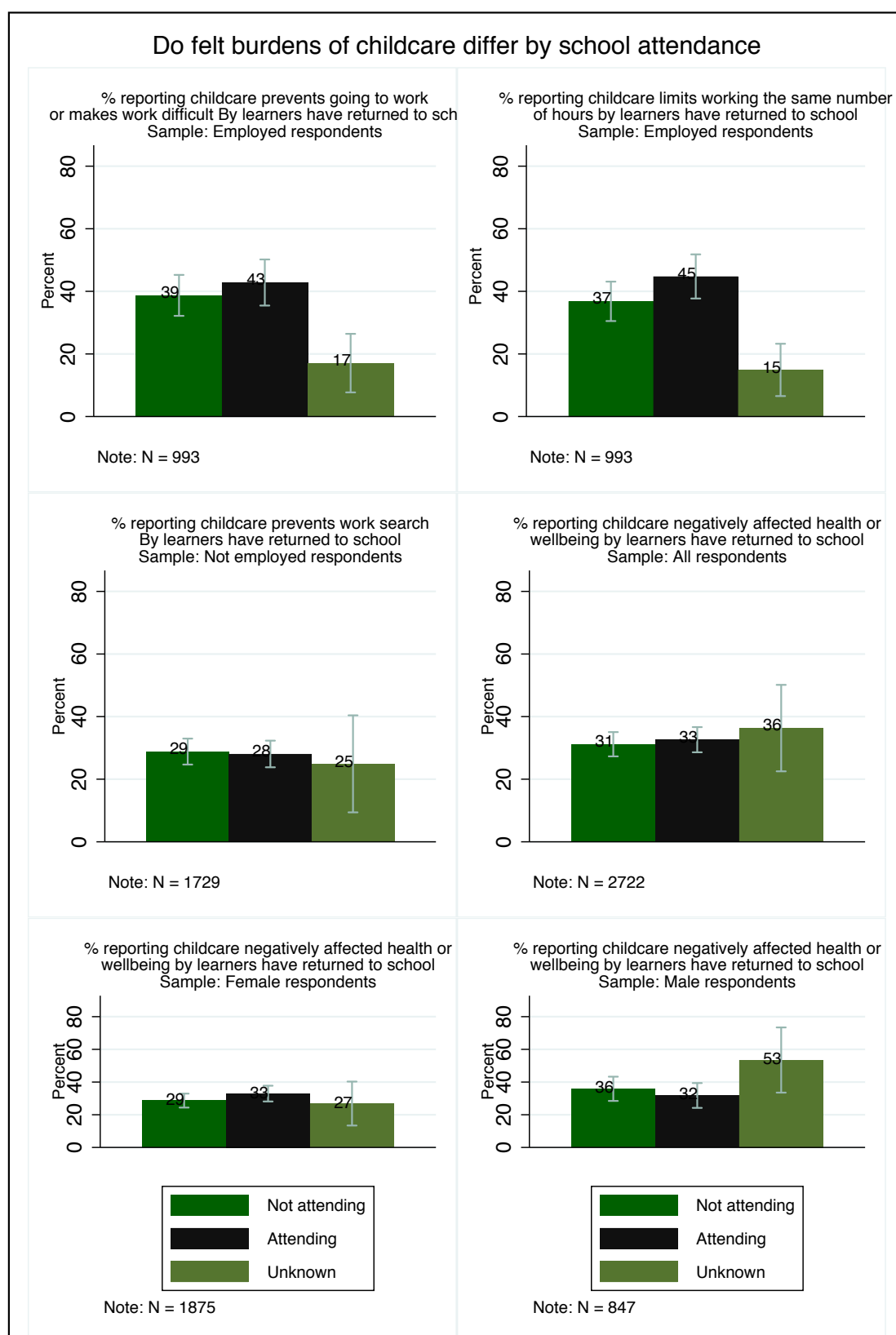
Source: NIDS-CRAM wave 1 and 2. Weighted and clustered. Standard errors are in parentheses. \* p > 0.1, \*\* p < 0.05, \*\*\* p < 0.001

Table A6: Who is looking after children during the day now that they are not attending the ECD programme?

Sample: Respondents in households with children aged 0-6 that did not return to ECD programmes in past 7 days but attended ECD before lockdown				
	Estimate (%)	Lower 95% CI	Upper 95% CI	N
Respondent themselves	49.2	44.8	53.6	908
Another adult in household	39.2	34.2	44.1	908
Child in household	2.4	0.8	3.9	908
Adult outside household	6.9	4.1	9.7	908
Domestic worker	1.4	0.2	2.6	908
No one	0.3	0.0	0.6	908
Unknown	0.7	-0.0	1.4	908
Sub-sample 2: Respondents living with their own children				
	Estimate (%)	Lower 95% CI	Upper 95% CI	N
Respondent themselves	52.9	47.2	58.7	623
Another adult in household	35.3	29.0	41.5	623
Child in household	1.1	0.3	1.9	623
Adult outside household	7.6	3.6	11.5	623
Domestic worker	1.9	0.1	3.7	623
No one	0.5	0.0	1.0	623
Unknown	0.8	-0.2	1.8	623
Sub-sample 3: Female respondents living with their own children				
	Estimate (%)	Lower 95% CI	Upper 95% CI	N
Respondent themselves	67.8	60.4	75.2	440
Another adult in household	25.0	17.8	32.2	440
Child in household	1.1	0.2	2.1	440
Adult outside household	3.5	0.7	6.2	440
Domestic worker	1.4	-0.5	3.4	440
No one	0.4	-0.1	0.8	440
Unknown	0.8	-0.7	2.2	440
Sub-sample 4: Male respondents living with their own children				
	Estimate (%)	Lower 95% CI	Upper 95% CI	N
Respondent themselves	25.6	15.8	35.3	183
Another adult in household	54.1	43.1	65.1	183
Child in household	1.0	-0.3	2.2	183
Adult outside household	15.1	4.8	25.3	183
Domestic worker	2.7	-0.9	6.3	183
No one	0.7	-0.3	1.8	183
Unknown	0.9	-0.4	2.1	183

Source: NIDS-CRAM wave 2. Notes: Estimates at individual level. Weighted and clustered.

Figure A 2: Do felt burdens of childcare differ by whether children are or are not currently attending school?  
NIDS-CRAM respondents living in households with children aged 0-6



Source: NIDS-CRAM wave 2  
 Note: Error bars reflect 90% confidence intervals  
 Weighted and clustered.