

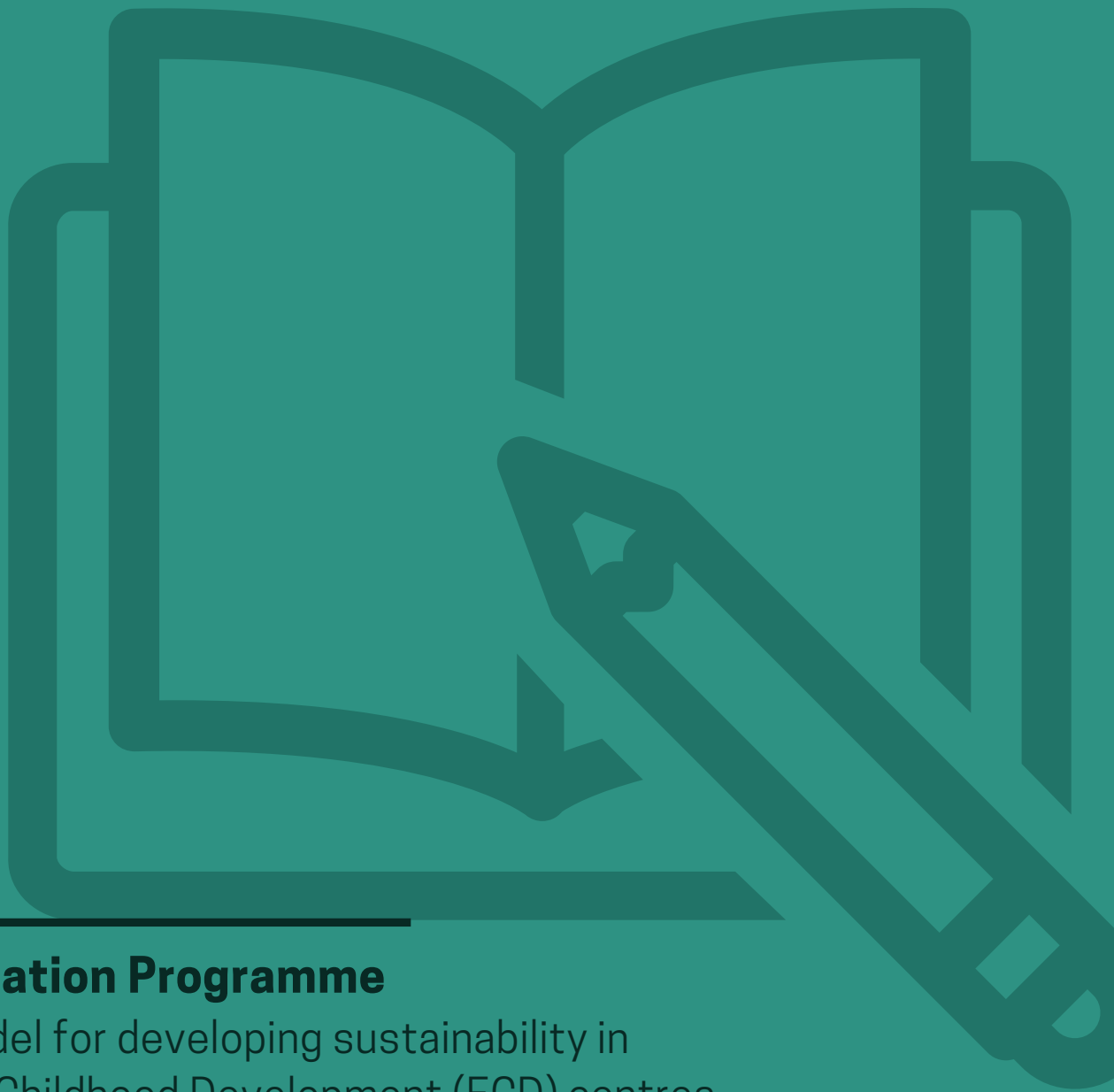
Creating Vibrant and Sustainable Rural Communities

Programme Guidebook

01



bulungulaincubator



Education Programme

A model for developing sustainability in
Early Childhood Development (ECD) centres

Content

As an “incubator” we wish to enable collaboration by sharing the wealth of knowledge we have collected over the years to support communities, NGOs, corporate entities, and government in designing and implementing solutions that contribute to rural development.

We therefore have developed Programme Guidebooks that outline our projects and programmes, sharing our approach, resources, and takeaways for success.



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A catalyst in the creation of vibrant and sustainable rural communities

The Bulungula Incubator's ("BI") goal is to sustainably end poverty in a generation while enriching community life and enhancing community cohesiveness. We do this by partnering with our community, government, NGOs and other innovative thinkers to find synergies between the traditional rural African lifestyle and culture, and external technologies and innovations. We always seek to enhance the positive aspects of traditional rural life and/or mitigate the problematic aspects. We further aim to be an agent for change by spreading our vision widely and working to inform government and corporate policy.

We work with the community of the Xhora Mouth Administrative Area, which is based in the Mbhashe municipality on the Wild Coast of the Eastern Cape. In the last Statistics South Africa (StatsSA) census, the Mbhashe municipality was found to be the poorest in the country.

When the BI founders first came to Nqileni village, where our work was launched in 2004, there was no road, access to healthcare, functioning schools, electricity, any kind of sanitation, or access to safe drinking water. Only a handful of people have ever succeeded in achieving their Matric certificate. Almost all adults in the village were illiterate. For their livelihoods, the people of the area have been reliant on subsistence farming, government grants, and wage remittances from migrant workers.

The health of the population was compromised not only by the inaccessibility to health care, but also by insufficient health knowledge, poor nutrition, poor water quality, HIV and cysticercosis. The BI conducted a local survey in which we found that 53% of households had lost at least one child to diarrhoea and 1 in 9 have lost 3 or more, due to a lack of access to safe drinking water and any kind of sanitation.

The area thus epitomises the most acute poverty challenges of the country and the globe.



Our Approach

It became clear that the approach to developing vibrant and sustainable rural communities has to be a holistic one. There is no one single intervention, no 'silver bullet', that can enable a path out of poverty. Over time we have steadily built our interventions to span the spectrum of Pre-conception to Career, with the following four focus areas:



Education

To promote early childhood development through a series of programmes that support the education and care of learners throughout their student-lifetime.



Health & Nutrition

To ensure access to necessary healthcare for members of the community and run quality programmes to promote health and wellness.



Sustainable Livelihoods

To support and promote the generation of a local economy that uses the valuable assets in the region to create local jobs and opportunities.



Vibrant Villages

To promote growth and vibrancy of youth through sport, art, and cultural programmes.

Background

Enabling community members (who did not have access to education themselves) to successfully start and operate an Early Childhood Development centre for their children

Ten years ago, quality education— let alone Early Childhood Development (ECD)— was an abstract concept for our community due to limited access to schooling in our areas.

In the wider Amathole District Municipality, among people over twenty, 18% of men and 15% of women hadn't finished primary school, and 43% of men and 41.8% of women hadn't finished high school (Statistics South Africa, 2018). Using data from the surrounding schools in 2015, we found that approximately 95% of the learners from Xhora Mouth Administrative Area do not ever complete Grade 12. Most adults in our community are unable to read or write.

Education is a central focus of the Bulungula Incubator. In fact, the rehabilitation of No-Ofisi Primary School was the project that prompted the formal incorporation of the BI in 2007. At that time the only educational facility available was a collapsed wattle and daub structure, where little teaching of any kind took place.



Photo: Learners outside of No-Ofisi Primary School, 2007.



Photo: No-Ofisi Primary School before collapsing.



Photo: Phaphamani Preschool, KwaTshezi Village, Xhora Mouth A/A.

Over the past decade, community members have been inspired to demand better education for their children. Today our ECD Parent Committees operate five quality ECD centres (ECDCs) in Xhora Mouth A/A, despite the challenge that many members cannot read, write or use computers. With the support and guidance of the BI, practitioners have the skills to run the schools, apply for and maintain Department of Social Development (DSD) subsidies, and provide hope for their children's future livelihoods.

Collaborate with community to set up a model ECD centre

'Learn from seeing' approach.. exposure and modelling are key strategies to promote early childhood development in areas that historically have limited access to education

In 2009, when the BI first started talking at community meetings about the benefits to educating young children, Early Childhood Development was certainly an 'external innovation'. Parents and elders didn't have an image of a young child at school. They described overlooking young children before, not knowing the longterm value of quality ECD.

"We went on an outing with ten or so people from the village to see what a real ECDC looks like... after that, their eyes were opened!"

We worked with the community leadership and external experts to build the structures and establish a high-quality, model ECDC. Creating opportunities for people from the Village to see and experience ECDs in action has been an enduring strategy. Initially by visiting an established ECDC, and later by involving parents in a rotational roster to help run the ECDCs' daily operations.

"Volunteer at the school cooking, gardening, making toys. It's important that parents and caretakers are there all day so they see how it works and how their children learn."



Photo: ECD parent volunteering at the Jujurha ECD Centre to cook lunch for the children, Nqileni Village.

The model ECDC became something tangible that parents could see and learn from. Two years after the first centre was started, people from three surrounding villages approached the Chief, asking for something similar for their children. The Chief then approached the BI about expanding our ECDCs to other villages.

Timeline and process to independence for Jujurha ECD Centre (model development)

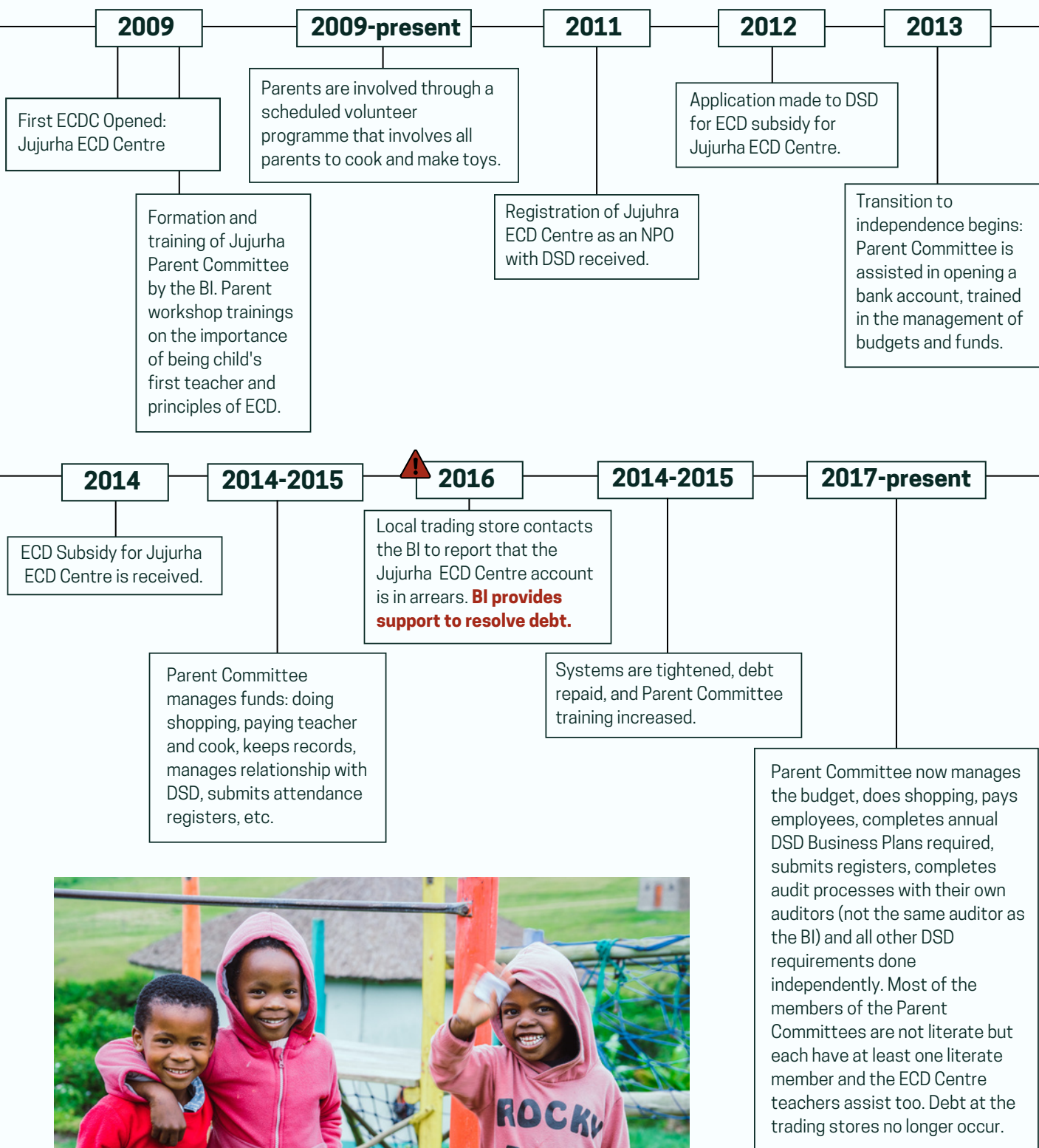


Photo: ECD learners at Jujurha ECD Centre, Nqileni Village, Xhora Mouth A/A.

Model for scaling ECD using centre-based schools and community play groups

After Bulungula Incubator and Nqileni Village established a flagship ECD centre ([see page 5](#)), demand for access to ECD was created in the surrounding villages. Starting in 2011, we supported community efforts to develop satellite Early Childhood Development centres.

Model for ECD development

Case study of model implementation



Phase One: Model Implementation & Planning

Initiate discussions in community to open an ECD centre, and plan what community members are willing to contribute



Phase Two: Infrastructure Development

Set up and creation of ECD centre infrastructure



Phase Three: Training & Education

Provide access to quality ECD training for teachers, and train ECD Parent Committees



Phase Four: Independence & Community Ownership

Exit the process and allow for the school and ECD Parent Committee to plan, manage, and operate the ECD centre



Ongoing Support

Check-in with schools, attend ECD forum meeting, provide skills development trainings for Parent Committees, practitioners, and staff

Case Study: Xhora Mouth A/A

1

BI is approached by the communities of 3 neighbouring villages to open ECD centres following the success of the Jujurha ECD Centre.

2

Communities of the 3 villages donate land and build huts for their ECD centres.

3

BI trains ECD practitioners & Parent Committees on principles and importance of ECD, planning and operating ECDs, and accompanies them to Elliotdale to introduce them to DSD.

BI exits the process at this stage.

4

4

ECD centres received funding. Parent Committees now manage their budgets, do shopping, pay employees, complete annual DSD Business Plans required, submit registers, complete audit processes with their own auditors (not the same auditor as the BI) and all other DSD requirements done independently.

Parent Committees support one another to do the DSD application process and open bank accounts *without* BI help.

5

Most of the members of the Parent Committees are not literate but each have at least one literate member and the ECD Centre teachers assist too. Debt at the trading stores no longer occur.

Informed best practices from model implementation

Tapping into traditional Xhosa community leadership structures and pluralistic approach facilitated community ownership and replicability of the ECDC model



Photo: Masiphathisane Preschool, Folokwe Village, Xhora Mouth A/A.

He [headman] was so excited after he saw the ECD for himself. He supported the idea from the beginning. He even donated the land where the school is built.

In Xhora Mouth Administrative Area, the local community life is organised around a royal family, with a chief, headmen and sub-headmen. When decisions are made or problems arise, the leadership consults the community at meetings. Every household needs to be represented at meetings.

The BI introduced ECD by engaging with the local community, including the headman of the village from the earliest stages of ECDC development. He was a grandfather at that time and bought into the ECD vision after being one of the people on the first excursion to go and visit an Early Childhood Development centre.

Leaning on the strength of the local community and traditional community structures, the BI spent much time explaining the roles that a 'voluntary ECD committee' would need to play. This role was something that often needed to be revisited, but it ensured that the community actively took the lead in building the first ECDC. This paved the way for other villages to follow suit.

Community contributions for ongoing support of the ECDC

Parents and families are encouraged to volunteer to contribute to the ECDCs on an ongoing basis. Contributions include: donating land for the schools, making mud bricks and thatching the roofs, providing labor for building structures, painting centres and playgrounds, doing shopping, recruiting teachers, cooking breakfast and lunch for learners, keeping records and registers, managing relationships with the Department of Social Development (DSD), and assisting in opening and maintaining bank accounts.

Coach ECD Parent Committees to operate satellite ECDCs

Focus on skills development to operate an Early Childhood Development Centre

The BI hosts ECD Parent Committee trainings twice a year at our ECDCs, which supplements the quarterly DSD trainings to provide ongoing skills development. ECD Parent Committee trainings equip committee members with the skills to open bank accounts, submit funding applications, manage finances, responsibly budget, prepare files for ECDC audit, and conduct parent meetings.

Promoting parental and caregiver involvement at our ECDCs

Contact with parents and caregivers first begins during our ECD @Home project—playgroups that are facilitated by our Nomakhayas (community healthworker) for children ages 0-3. The Nomakhayas are trained to facilitate ECD activities at homes during daily visits, while also teaching parents and



Photo: ECD @Home facilitated by Nomakhayas, Nqileni Village, Xhora Mouth A/A.

caregivers the principles of ECD, and the crucial role of being your child's first teacher. This time with parents and caregivers further helps to strengthen relationships in order to encourage them to send their children to our ECDCs in the future.

Throughout the course of a school year, we host two parental/caregiver meetings and four workshops. The meetings focus on discussing plans for volunteering, the importance of regular attendance, and informing them of other services we offer at our ECDCs, including deworming, sight and hearing tests, weight and height monitoring. At our workshops, parents are taught how to file important documents (birth certificates, IDs, clinic cards), how to make toys from recycled material (rattles, musical instruments, cushions), and various activities to do with their children.

Everything we do with our parents and caregivers helps to establish and support cohesion, with an aim to extend involvement beyond the early years.

Creating local access to ECD trainings through quality partnerships

It is difficult to be trained as an Early Childhood Development teacher if you are not near an accredited ECD training college. In the past, because there were no colleges nearby, the BI provided training opportunities for our ECD teachers in Mthatha and Queenstown (a 3-5 hours drive one way). The trainings were costly, time consuming and unsustainable for prospective ECD teachers from our community.

To provide local access to training, the BI has developed a partnership with Tsiba Ignition Academy (TIA) to offer accredited and quality *remote courses* through our Job Skills Entrepreneurship Programme (JSEP). The JSEP addresses the problem of youth who are not able to attain a Matric certificate due to significant gaps in their educational foundations by offering vocational education and training at the Bulungula College.

Through the remote programme, JSEP learners are provided NQF4 level training in ECD and gain job experience through internship placements. The programme also provides a general management course for principals and head teachers to further strengthen our ECDCs.



Photo: JSEP learner interning at Phaphamani Preschool, KwaTshezi Village, Xhora Mouth A/A.

Integrating health care into ECD

Given the challenges of inaccessible health care in our area, we realise that early childhood development must extend beyond the classroom to include access to necessary health care, proper nutrition, and regular monitoring. In order to provide this developmental support, our early childhood development and health work are integrated.

Our Nomakhayas are trained and mentored in Mother and Child Health from Zithulele hospital by Philani. This training has strengthened health capacity at households for children 0-3 years, who are not yet attending school. Nomakhayas carry out growth monitoring, developmental milestone assessments, and ensure that immunisations, deworming and Vitamin A provision are on schedule. If a child is not on track, they are referred to our local Bulungula Health Point, where our Registered Nurse will provide basic care and referral if needed.

At our ECD centres, each child is fed two hot nutritious meals a day and a snack (over 50,000 hot school meals every year).



Photo: Caregiver bringing baby to the Bulungula Health Point to be immunised.



Photo: Child being immunised at the Bulungula Health Point.

Our health team continues to provide six monthly growth monitoring, development milestone assessment, deworming and vitamin A provision, along with annual vision and hearing screening.

Furthermore, the Bulungula Health Point is an official fixed outreach point of the nearest clinic, Nkanya Clinic. This status secures the Health Point with monthly supplies of medicines and consumables, including child immunisations. Children are able to receive all government required vaccinations from birth to 6 years—locally.

The option for healthy meals and adequate access to health care for children enables them to reach their full potential.

Measuring health outcomes and indicators

All 0-3 year old children have a mother-child folder (kept by our Nomakhayas) which is opened during the mother's pregnancy. The folder requires completion of indicators for i) the mother's health including screening questions for post-natal depression and ii) the child's health including Vitamin A, deworming, immunisations, HIV testing and development milestone assessments. At each health check-up visit, the mother-child folder is updated after checking the child's government issued Road to Health card which notes all Vitamin A, deworming and immunisations given at by public/private healthcare.

Our Nomakhayas complete a pregnant/post-natal women register and 0-3 year old register at each mother and child health visit and/or each ECD visit. This includes red flagged issues (areas not on track or requiring referral). These registers are submitted monthly to the BI data capturers. Once captured, these are shared with the Health Programme manager who identifies red flag children who are either behind on any of their health indicators or have not had the two required ECD visits a month. These can then immediately be actioned.

Programme impact

Our annual budget began with R250,000 crowdsourced funds and has grown to R15 million (US\$1 million). These funds directly benefit 10,000 community members in the Xhora Mouth Administrative Area and the immediate surrounds. Implementation of the BI's full Pre-conception to Career programme, available to all community members, therefore costs R1500 (\$100) per person per annum. To date, over 1,000 children have graduated from our ECD programme.


- 86% children with Vitamin A on track
- 85% children with deworming on track
- 73% children with immunisation on track
- Over 250 children referred to nurse mostly for Vitamin A, deworming and immunisation catch up since January 2021
- Over 30 000 parent volunteer hours since the start of our ECD programme in 2009.
- 2 hot meals a day and a snack: Fortified porridge and a hot meal with starch (samp, maize meal or rice), protein (fish, soya mince, beans) and vegetables from the garden. Fruit snack. Over 50000 hot school meals for children 3-6 every year.
- Deworming and vit A are done twice a year at every preschool
- At least 2 Parent Committee training sessions and four parent workshops are run annually



Photo: Nomakhaya taking weight of child during home visit.

Developing rural sustainable ECD centres

Checklist for success

- ✓ Conduct research to find out the need for Early Childhood Development in your community
 - ✓ Start talking at community meetings about the benefit of ECD for children
 - ✓ Work with community leadership and external experts to set up a model ECDC
 - ✓ Create opportunities for people from the community to visit and experience the model ECDC in action
 - ✓ Strengthen community ownership by setting up voluntary ECD committees, and encourage parents and families to volunteer their time and contribute resources
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- Photo:** ECD @Home with Nomakhaya.
- ✓ Collaborate with community stakeholders who have children or have a passion for ECD to encourage community buy-in
 - ✓ Assist and support the registration process for the DSD early childhood development subsidy
 - ✓ Facilitate regular meetings and workshops to establish and encourage parent and caregiver involvement
 - ✓ Hold ongoing trainings to develop skills and capacity of ECD committees
 - ✓ Partner with external entities to provide further education and trainings to ensure quality management and teaching at ECDCs
 - ✓ Integrate health and nutrition at ECDCs to provide holistic developmental support
 - ✓ Scale ECDs to apply model to surrounding communities

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*"You have turned the light
on in my child's mind."*