



Situation Analysis of Children in South Africa

APRIL 2009



THE PRESIDENCY
REPUBLIC OF SOUTH AFRICA







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Acknowledgements

The Presidency (Office of the Rights of the Child) commissioned a study on the situational analysis of children in South Africa. The Children's Institute at the University of Cape Town was appointed as the service provider and the costs for the research were sponsored by UNICEF. A reference group composed of officials from the Presidency, Statistics South Africa, Departments of Health, Social Development, Education, UNICEF, Child Welfare and the National Children's Rights Committee guided the selection of indicators and data for inclusion in the report.

Participants in a roundtable consultation held on 25 February 2008 gave valuable feedback, both during and after the roundtable meeting. Participants in the consultation included: UNICEF South Africa Country Office ; University of Pretoria, Presidency of the Republic of South Africa; National Children's Rights Committee; Child Welfare South Africa; independent consultant from the Children's Network ; Children's Institute, Cape Town; Statistics South Africa; University of KwaZulu-Natal; Early Learning Resource Unit; National Children's Rights Advisory Council; Department of Social Development; University of Cape Town; Department of Health;

The Presidency would like to thank all the Children and facilitators who made this study possible. Gratitude goes to the parents and caregivers who supported this process by releasing the children to participate in this process. The support given by all the government departments, institution and civil society during this analysis is highly appreciated

This Report was finalised by The Presidency.



Foreword



It has been 15 years since the advent of the democratic dispensation. Despite some challenges, a lot of progress has been made to advance the realisation of children's rights in South Africa. More children are now free to express their views and perspectives about issues affecting their lives, as is evidenced from the statements made by children themselves in this report. That of its own is a significant milestone and evidence on how free the children are to make their views heard. The state has committed itself to responding to the issues that pertain to children.

Poverty tends to affect more women, children and people with disabilities, especially in the rural areas, than other members of society. It is for this reason that South Africa has declared war on poverty. Notwithstanding the global economic downturn, this country continues to do all it can to enable households to free themselves from the clutches of poverty. Because of the difficult economic times globally, it is prudent that as a country we encourage our young children to embark on the kind of education that can enhance self-employment and self-reliance early on in life.

Progress, indeed, has been made in promoting the rights of children in South Africa. Provision of universal education, primary health care, social protection and the safety of children are issues which preoccupy Government. There has been improvement in the enrolment of children in schools. A lot is being done to improve access to quality education for all including in rural areas. The shortage of qualified teachers and appropriate infrastructure such as laboratories and libraries are priorities in government programming, as well as the need to increase the numbers of graduates who pass mathematics and science. More attention is being paid to schools in the rural areas.

Efforts are ongoing towards the co-ordination of Early Childhood Development so as to empower all children to develop and access the best of services.

Progress has been made in the provision and improvement of primary health care. The hospital revitalization programme has seen the institutions that have been completed getting better maternity units; and the use of ambulances which are equipped for maternity serves to make delivery and care of mothers and babies safer. The newborn care facilities, including Kangaroo Mother Care, have made more institutions able to care for more small birth weight babies in a friendly and cost-effective way. The adoption and institutionalization of Integrated Management of Childhood Diseases (IMCI) to include a household and newborn component have contributed to increased access to primary health care. The issue of children's malnutrition should continue



to receive closer attention especially in the present economic environment which has seen the prices of food rising, making children from poor families more vulnerable to malnutrition. The School Nutrition Programme is contributing towards the alleviation of hunger and malnutrition among vulnerable children.

The introduction of new vaccines against rotavirus diarrhoea and pneumococcal pneumonia will help reduce further deaths in young children. The introduction of dual therapy (Nevirapine and AZT) for the Prevention of Mother to Child Transmission of HIV should improve the gains being made from the PMTCT programme.

Social grants are assisting many families in providing food and clothing for children. This however should not create dependency and substitution for parental care where parents are able to look after their children. The availability of birth certificates for every child needs to be accelerated especially in rural areas where services may be a long distance away from families.

The amended Children's Act of 2005 has done a lot to improve the environment for the protection of children. The justice system has significantly improved in promoting rights and processing children's issues. However, greater promotion and protection of children needs to come about in families and communities. The moral regeneration programme is being intensified so as to prevent older persons violating the child. The child on child violence that has been witnessed recently in some schools is a cause for concern.

Special attention needs to be paid to enabling children with disabilities to attain their full potential in a loving and supportive environment. Government continues to do more to empower people who live with disabilities.

Children need to grow up in a safe environment - physically, mentally and emotionally. There is a need therefore for families to make the homes in which children grow up safe from violence, drunkenness, drugs and other harmful substances. All the other sectors need to work collaboratively to address the other social determinants of the quality of life of children. Improved provision of water assures children, particularly girl children, more free time to do their school work. Improved road infrastructure enables children to access public transport to reach school on time. Similarly, improved technology and telecommunications allows more children to access information and use it to gain knowledge. Better housing provides a healthier environment for children to grow up in. More attention is being paid to children growing up in difficult circumstances such as rural areas, including farms, where infrastructure is less optimal; as well as to children who find themselves heading households or living with indigent parents and grandparents.

As a country we will continue to improve the all-round environment in which our children grow up. Government is committed to affording all the children of South Africa access to the best opportunities for them to attain their full potential as well as to achieve all the Millennium Development Goals which directly or indirectly affect children.



Let us all make the development, promotion and protection of our children a priority and also ensure a balance between their rights and responsibilities. A partnership of government, private sector and civil society is critical in promoting a healthy environment for children. The most important place is the family and community. Let us all support families and communities and encourage them to nurture, protect and mentor children so that they can grow up in a safe and loving environment.

Dr Manto Tshabalala-Msimang.

Minister in The Presidency.



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Acronyms

ABET	Adult Basic Education Training
AC	African Charter
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
ART	Anti-Retroviral Therapy
AsgiSA	Accelerated and Shared Growth Initiative for South Africa
BANC	Basic Ante Natal Care
BFHI	Baby Friendly Hospital Initiative
CBO	Community Based Organisation
CDE	Centre for Development and Enterprise
CJCP	Centre for Justice and Crime Prevention
CMC	Cape Metropolitan Council
CRC	Convention on the Rights of the Child
CSG	Child Support Grant
DCS	Department of Correctional Services
DHIS	District Health Information System
DHS	Demographic and Health Survey
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
EC	Eastern Cape (province)
ECD	Early Childhood Development
EMIS	Education Management Information System
EPWP	Extended Public Works Programme
EPI	Extended Programme of Immunization
FET	Further Education and Training
FBO	Faith Based Organisations
FS	Free State (province)
GBH	Grievous Bodily Harm
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GHS	General Household Survey
GP	Gauteng (province)
HA	Home Affairs
HSRC	Human Sciences Research Centre
HST	Health System Trust
ICP	International Comparison Programme



IMR	Infant Mortality Rate
INDS	Integrated National Disability Strategy
JIPSA	Joint Initiative for Priority Skills Acquisition
KZN	KwaZulu-Natal (province)
LER	Learner-to-Educator Ratio
LP	Limpopo (province)
LSR	Learner-to-Site Ratio
LFS	Labour Force Survey
MDG	Millennium Development Goal
MEC	Member of the Executive Council for Education
MMR	Maternal Mortality Rate
MP	Mpumalanga (province)
MRC	Medical Research Council
NEIMS	National Education Infrastructure Management System
NBD	National Burden of Disease Study
NC	Northern Cape (province)
NER	Net Enrolment Rate
NCRC	National Children's Rights Committee
NFCS	National Food Consumption Survey
NGO	Non-Governmental Organisation
NIPECD	National Integrated Plan for Early Childhood Development
NPA	National Plan of Action
NW	North West (province)
ORC	Office on the Rights of the Child
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission (of HIV and AIDS)
PPIP	Perinatal Problem Identification Programme
RSA	Republic of South Africa
SAPS	South African Police Service
SASSA	South African Social Security Agency
SAYP	Survey of Activities of Young People
StatsSA	Statistics South Africa
STI	Sexually Transmitted Infection
TIMSS	Trends in International Maths and Science Studies
U5MR	Under-five Mortality Rate
WC	Western Cape (province)



Map of South Africa





Executive Summary

Introduction

Fifteen years have passed since the first situation analysis of women and children in South Africa was done in 1993. A second report on the state of the nation's children was published in 2001. This report summarizes recent trends with regard to children's well-being. Its purpose is to analyse existing data on children's status so as to provide information on children's rights gains and to identify areas and capacity gaps that need to be addressed by various stakeholders dealing with children's issues. The methodology involves a review and an analytical synthesis of existing information sources and consultations with experts in various areas such as health, early childhood development, education, social policies, etc. The Office on the Rights of the Child (ORC) in the Presidency conducted consultative activities with children in all nine provinces. This exercise provided valuable information on children's own perceptions of the things they may experience in their every-day life and thus enriched the document.

A Child's testimony from the activities organised by the Office on the Rights of the Child

"My life is a success and I am bound to succeed and I will make a difference around my nation. I am a very patient person, kind, understanding, peace maker, advisor, friend, sister, neighbour and cousin and I love everything about being a South African" (Mpumalanga)

The analysis is rights based. Achievements in the fulfilment of basic children's rights are acknowledged. The analysis recognises, however, that although all South African children have the same constitutional rights, some children are better placed to realise their rights than others. South Africa's constitutional commitment to the principle of social justice requires sustained efforts towards the equal realisation of constitutional rights for all. The analysis thus also considers the gaps between those who are best off and those who are worst off – by province, population group, age and gender, where available data allows it. Special attention is paid to those children who are deprived of their rights to an adequate standard of living, to health services and education, and to be protected from exploitation, abuse and neglect. Causes for such deprivations are studied as well as the response of various stakeholders at household, community and national level. Gaps in the capacity to ensure proper response in addressing deprivations are identified where possible.

The Constitution of South Africa, the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (AC), the latter two ratified by South Africa in 1995 and 2000 respectively, are used as framing devices to assess rights' implementation of the South African children.



Main Achievements, Challenges and Recommendations

Child Poverty

South Africa has made important progress in addressing poverty. Since 1994, the government has developed an array of national policies and programmes aimed at eradicating poverty. The proportion of the population living below the poverty line of R250 per month dropped from 31% in 1995 down to 23% in 2005. Access to basic services such as water and sanitation has improved. Nearly 2.4 million housing units have been constructed since 1994.

South Africa's social security assistance programme is the single most important driver of poverty eradication. The grant system has expanded dramatically over the past ten years, with coverage increasing from 2.5 million beneficiaries in 1998 to more than 12.3 million in 2008. This growth is largely as a result of the extension of the means-tested Child Support Grant, originally targeted to poor children under the age of seven years, up to their 14th birthday. In 2008 the Child Support Grant reached over 8 million children each month. Receipt of the grant entitles the child beneficiary automatically to fee waivers for schooling up to grade 12 and to free health care at all levels. Thus the grant, as well as other social transfers targeting children such as the Child Foster Grant, plays an important role not only for the alleviation of income poverty *per se* but also to allow poor children to exercise their rights to access education, basic health services, etc. Recent years have witnessed significant decreases in reported child hunger, increased housing delivery even if they are older than six years which is the cut of age for free primary health care. Even so, children are disproportionately affected by poverty. In 2006, 68% of children lived in households with monthly expenditures under R1,200. Racial inequality in children's poverty status persists as well as inequalities between urban and rural areas and across provinces. Eastern Cape and Free State provinces made the most significant progress in reducing poverty over the last decade; KwaZulu-Natal and Limpopo are the provinces where poverty is the most persistent.

While grants are effective in targeting poor households, more needs to be done in order to reach the poorest households and improve the take-up rate for infants. The lack of a birth certificate for some children is one of the main obstacles to receiving a Child Support Grant and consequently to benefiting from the automatic links to other poverty eradication programmes.

An important recommendation is to strengthen the inter-sectoral synergies between poverty eradication programmes and further expand the Child Support Grant. This would entail better targeting of the programme, as well as removing key barriers to accessing the CSG: increase the age threshold to include all children under 18 years; deal with birth certificate problems; develop greater flexibility in the targeting of grant payments – to realise the policy objective that the grant should 'follow the child'.



Child Survival and Health

South Africa has adopted a wide range of legislative and other measures to realise the right of access to health care services. Free health care services are available to pregnant women and children under six years. Ninety two percent of pregnant women access antenatal care and 91% of birth deliveries are assisted by a trained health professional. Primary health care, programmes in maternal and child health promote optimal perinatal and neonatal care and infant feeding practices. Eighty five percent of children less than one year of age are fully immunized within the Extended Programme of Immunisation, while Vitamin A supplementation coverage is estimated at 95% among children aged 6-11 months. The introduction of new vaccines rotavirus vaccine against rotavirus diarrhoea and pneumococcal vaccine against Pneumococcal pneumonia in September 2008 is a major mile stone in reducing deaths among infants. The Health Promoting Schools programme aims to improve the health of all school-going children.

Non communicable and communicable diseases including HIV infections still pose challenges. In this regard, the prevention of mother-to-child-transmission of HIV (PMTCT) is crucial in supporting child survival. HIV prevalence among pregnant women was 28% in 2007, while prevalence among children 2-14 years old and youth 15-24 years old was 3.3% and 10.3% respectively in 2005. Infection rates are systematically higher among girls. The HIV and AIDS and STI Strategic Plan for South Africa (2007-2011) aims to reduce mother-to-child transmission to less than 5% by 2011 and provide a comprehensive package of services to 110,000 eligible women and 190,000 eligible children and adolescents. In 2006, 90% of government health facilities for pregnant women provided PMTCT services and approximately half of the HIV positive pregnant women in the public health service were taking Nevirapine to prevent mother-to-child transmission. In July 2008 dual therapy with Niverapine and AZT was introduced for the Prevention of Mother to Child Transmission of HIV.

Though the primary health care approach and high coverage of care for pregnant women provide enabling conditions, South Africa still is not on track to meet the Millennium Development Goals for reducing child and maternal mortality. According to South Africa Demographic and Health Survey 2003 estimates, the infant mortality rate decreased in recent years to 43 per 1,000 live births and the under 5 mortality is 58 per 1,000 live births between 2001 and 2005. Exclusive breastfeeding rates remain very low: 12% among 0-3 months old infants and only 1.5% among those in the age range of 4-6 months. Among children under the age of five years in 2003, 27% were chronically malnourished; there is no indication that nutrition status has changed substantially over the past 10 years. Furthermore, drainage of qualified health personnel from the public health sector to private health sector and developed countries continues.

To accelerate further the improvement of the health status of children, it is recommended to strengthen and make operational the integrated targeted strategy on maternal, neonatal and child survival, drafted in 2008. In addition, an integrated approach of service delivery within the district based health system is needed to maximize coverage and improve quality of services. By integrating health programmes, an efficient system can evolve that will improve the quality of



services and maximise coverage of mothers and children who require health care and prevention. Early diagnosis, timely antiretroviral treatment and implementation of the Prevention of Mother to Child Transmission programme need to be urgently enhanced so as to reverse the HIV and AIDS epidemic trend. Health service provision is still largely hospital centred. Where possible, most of the health service provision should be extended to primary health care level so as to ensure optimum coverage of mothers and children who access the health services at that level. Finally, human resources drainage from the public health system that creates a seriously diminished capacity to implement policies and programmes needs to be addressed.

Early Childhood Development

Early childhood development (ECD) encompasses all the processes that enable emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age. The government of South Africa is committed to ensure universal access to ECD programmes for young children in preparation for their compulsory schooling. Important in this regard is the recently developed National Integration Plan for ECD, which aims at the provision of integrated and comprehensive services of good quality.

Yet, at implementation level much work remains to be done in setting enabling mechanisms for such services. The availability of ECD facilities is insufficient, especially for the younger children (under the age of 5 years), distribution is uneven across the country and the quality of services is patchy. Recent data suggests that 385,000 children are supported through ECD centres registered at DSD; another 209,000 are enrolled in stand-alone registered ECD centres and other pre-school programmes under the auspices of DoE. This falls well short of the number of children in pre-school age. Enrolment in grade R stands at around 44%. It is recognised by the Department of Education that the goal of universal access may not be met by 2010 if the current rate in enrolment continues in the coming years.

It is important therefore to ensure the establishment of appropriate funding norms, budgetary mechanisms and regulatory frameworks that would enable the extension and quality of services in the whole variety of ECD programmes. Qualification of ECD practitioners, especially those engaged in community- and home-based programmes, should be another major component of the work towards quality improvement.

Provision of ECD programmes is an inter-sectoral responsibility shared between the Departments of Social Development and Education. DSD has primary responsibility for children under school-going age. It is important therefore that the departments work in close collaboration to ensure universal access to and good quality of ECD services to all children regardless of which department these services are provided by.



Education

A strong suite of laws, policies and programmes lays the foundation for getting all school-aged children into schools and ensuring learner-friendly school environments. The No-Fee Schools policy is applied by 58% of public ordinary schools throughout the country, meaning that over 5 million learners do not pay school charges. The National School Nutrition programme aims to provide the poorest children with at least one meal per day and thus to relieve child hunger and serve as an incentive for school attendance. Children's access to basic education (Grades 1-9) is extensive and most children stay in school at least to the end of primary school (Grade 7). The proportion of children in the education system declines significantly for the age-group 16-18 years. Girls are doing well and staying in school. Although enrolment rates for African children are high, they also comprise the majority of those who are out of school.

South Africa's inclusive education policy is designed, in part, to attract out-of-school children into schools and to help them to progress through basic education. School-related costs such as fees, uniforms and transport costs seriously limit children's exercise of their right to basic education. The distance that children travel to school is also an impediment to meaningful participation. Physical access to schools is limited for children and educators with movement disabilities. Despite marked improvements and concentrated spending on infrastructure, many schools still have inadequate infrastructure particularly laboratories and libraries in rural schools.

High enrolment rates have not yet been matched by improvements in educational quality. Children's chances of meaningful learning and a smooth pathway through school are uneven. While South Africa has exceeded its targets for learner-to-educator ratios, there is an oversupply of teachers in some learning areas and an undersupply in such critical areas as mathematics, mathematical literacy, physical science and languages. Qualified teachers are unevenly distributed across districts, with rural schools at a distinct disadvantage. Large class sizes and consequent overcrowding in the early years of schooling impedes critical foundational learning. Poor national averages for languages, mathematics and science at two crucial points in basic education (Grade 3 and Grade 6) suggest that basic education is not yet enabling the majority of children to achieve the learning outcomes that give substance to the right to education.

The quality of the education system needs to be addressed urgently in the whole range of its different dimensions. Overcoming weaknesses in the quality is imperative. Their persistence severely hinders the realisation of children's rights to education and development. Meagre library resources, interrupted instructional time, the burdens of implementing curriculum change, and mismatches between the supply of qualified teachers and the demands of particular learning areas all impede the definitive purpose of schools, namely, to enable systematic learning and to promote the values of responsible citizenship, and this needs urgent attention. Development of courses that correspond to the age and education level, creation of a supportive environment that enables all children to attain (at a level commensurate with their age and abilities) the critical cross-cutting outcomes of South Africa's national curriculum, and improving the qualifications and skills of teachers to deliver subject material effectively and to manage the class environment, have to be among the top priorities.



One way of encouraging and supporting learners to complete their schooling is to remove the financial incentives to leave, by addressing the policy gaps for poor teenagers who are not targeted by some of the critical poverty alleviation programmes – notably the Child Support Grant and the National School Nutrition Programme. Other ways to retain learners is to improve the quality of education and school safety through concerted efforts of school administration, school governing bodies and school communities.

Care and Protection

The ultimate aim of a developmental approach to child care and protection is to achieve a situation where most children are participating and cared for by members of well-functioning families, able to claim their legal rights. Close-knit families, inspirational parents, loving grandparents and welcoming extended families are critical conditions for children's happy family experiences. The Children's Act 38 of 2005 as amended is a significant achievement in law reform, which takes South Africa into a new era of child-care and protection. The Act adopts a developmental approach that emphasizes the State's role in the provision of social services to strengthen the capacity of families and communities to care for and protect children. This builds on more conventional child protection legislation whereby the State would only intervene after the child has already suffered from abuse, neglect or exploitation. Some of the key provisions for this approach include a strategy for partial care of children in facilities such as crèches; prevention programmes and early intervention to support parents and caregivers who are having difficulties in raising children; measures for children who are deprived of family care such as alternative care, foster care and child and youth care centres; and drop-in centres to provide basic services aimed at meeting the emotional, physical and development needs of vulnerable children.

South Africa has comprehensive legislation aimed at addressing the interlinked problems of harmful child labour, child trafficking and the sexual exploitation of children for commercial gain. The Child Labour Plan of Action sets bold targets for the ultimate eradication of child labour. Further, the recently passed Child Justice Bill gives effect to South Africa's constitutional and international obligations by establishing a distinct criminal justice process for children in conflict with the law and accused of offences. It includes a focus on procedures for individualised assessment and preliminary inquiry, diversion and restorative justice.

The death of a parent may impact on the quality of care, psychosocial well-being and access to services for the orphan, and it may increase risks of abuse and exploitation. The estimated total number of children with one or both dead parents in 2006 was almost 3.8 million, or 21% of the child population. While the majority are in all likelihood receiving the support of a surviving parent, grandparent or other family member, the impact on families and communities that care for such a huge number of orphans should not be underestimated. Equally important is recognition and appropriate support for children who live in child-headed households although their number is relatively insignificant - about 122,000. Over 450,000 children live in formal foster care arrangements. The administrative burden of obtaining court orders and applying for foster care grants has overwhelmed the child protection system, resulting in significant backlogs. Residential



care remains a last resort for children deprived of family care; estimates of the number of children's homes range around 190 countrywide.

Children with disabilities require additional support and services to maximise their participation in society and to enable them to realise the rights they have in common with all children. Protecting the rights of disabled children requires monitoring at an individual level, as well as monitoring the contexts in which children with disabilities live, and the services and support provided to them.

The Department of Labour estimates that one million children between the ages of 5-17 are engaged in activities that qualify as child labour; some of them are children living in the street; however, comprehensive and in-depth studies on their situation are lacking. Violence against children is reported to be widespread. The total number of crimes against children recorded by the South African Police Services (SAPS) decreased in recent years to 74,000 in 2007 but is still worrisome. After common assault, rape is the second most frequent crime committed against children; 40% of all reported rape victims are under 18 years old. Estimates undertaken in 2001 and revised in 2006 suggest that approximately 101,000 children were arrested annually in the period 2001-2006. The concept of a one-stop centre for children in conflict with the law is an important component of the juvenile justice system. Concern remains about the long time children are kept in detention.

Effectively addressing the challenges which orphans and other vulnerable children face, calls first of all for the urgent establishment of an information management system for identifying and tracking support to these children, through collaboration of all partners - government departments, NGOs and community-based programmes. Communities are in the front line of the response, but support to community child-care forums sometimes suffers from inconsistency, discontinuity and inadequate reach. In the context of widespread, trans-generational poverty and its multiple deprivations, support for families to care for their children is vital to improve outcomes for children.

Budgetary allocations to provincial departments of Social Development need to be increased to improve budgetary transfers to the many NGOs that provide the bulk of social protection services. The shortage of workers needed for effective, countrywide implementation of programmes targeting the most vulnerable calls for urgent measures to build capacity especially at local implementation level. Child and youth care workers, social workers, ECD workers and community development workers are all crucial to viable programmes of early intervention and prevention. There is still a gap between the need for and the supply of such workers. The shortages of social service professionals needed for effective, countrywide implementation of programmes must be addressed urgently and efficiently through enhanced deployment and capacity building.

Birth registration ensures children's recognition before the law and enables access to vital services for children and their families. Although there has been steady progress towards universal registration of infants within one year after their birth, nationally, there are still an estimated 20%



of births not registered within one year. Improvement in the rate of year-of-birth registrations has been uneven across provinces with the lowest rates recorded for provinces with predominantly rural and disproportionately poor populations. This is of concern, for, among other reasons, it hinders access to Child Support Grants in the nutritionally-critical weaning months of the child. Concerted action is urgently needed by the Departments of Home Affairs, Health, Local Government and Social Development to ensure timely birth registration of all children. Only in this way can all children benefit from various protection interventions and exert their rights in full.

Cross-cutting challenges

Allocation of Adequate and Equitable Resources: Ensuring sufficient investment for children has to be based on a continuous analysis of the existing budget mechanisms, allocations and efficiency of the expenditures in key areas - basic health services for children, ECD, compulsory education, support to OVC, etc. Such analysis may require disclosure of budget items directly related to children or itemising such items in order to track expenditures directed to investment in children.

Enhancement of Government Capacity and Collaboration between Departments: It is critical to ensure significant and sustainable investment in strengthening the institutional capacity for implementation at national and sub-national levels. Particular focus needs to be placed on developing capacity in the areas of planning, monitoring and evaluation, and management of resources especially at local level. Further, coordination between agencies responsible for multi-sectoral interventions benefiting children is of utmost importance. It is essential therefore that departments speak to each other, coordinate and thus mutually reinforce efforts to ensure the implementation of the rights of all South African children.

Promoting the Role of Civil Society and Community Participation: It is important to strengthen the capacity of civil society to ensure increased impact and sustainability of the support to the vulnerable. The local communities have a strong role to play in both identifying the vulnerable children and providing support to them. To be effective, local NGOs, voluntary community associations and parents themselves need to be empowered through knowledge. Collecting evidence of good existing practices and sharing it is one way to do so. Capacity building through training, tour studies, etc. is another.

Improving Data Quality for Better Informing Decision Making: The generation of child-centred data of good quality to inform decision making requires efforts from all agencies that produce information. Upgrading of departmental information systems such as DHIS and EMIS requires urgent action to improve both coverage and quality of recorded data. Similarly, the patchy information systems reflecting outreach and service provision in the area of care and protection need to be consolidated. Further, coordination and collaboration of the departmental information systems and with StatsSA is essential to producing good-quality information. Registered data necessarily needs to be complemented by the generation of results specific to children through nationally representative surveys, especially the General Household Survey and the Demograph-



ic and Health Survey. Thus only this wealth of information will provide a solid basis for taking informed decisions by stakeholders at various levels.

Strengthening the Research on Children: The strong research record in South Africa, which is, however, somewhat inconsistent as far as children are concerned, can become more powerful if information sharing regarding planned child-focused research becomes enhanced, in order to ensure complementarities and consistency. Only in this way can research provide a substantial basis for policy making and decision taking aimed at full realization of the rights of South African children.



Introduction

The first situation analysis of South African children was published at the height of the political transition in 1993. A second report on the state of the nation's children was published in 2001. Since the onset of the democracy there have been remarkable advances in law reform, policy and service delivery for meeting children's needs, protecting their rights and enabling their well-being. Today, children in South Africa live in a culturally diverse multi-racial society under a Constitution that has the highest regard for their rights. Yet numerous socio-economic and political conditions still render children vulnerable and hinder the realisation of their rights.

Approach and conceptual framework

This situation analysis applies a human-rights based approach. The approach implies that children are not looked at as subjects of care- and service provision; they have a paramount right to participate in the development process. While the responsibility for improving their development does not lie with them, children have to participate in the process and have to be consulted as far as development outcomes are concerned. It is the responsibility of the family, the community, the civil society and the State to support children in the realisation of their rights. Families are responsible for the adequate care of children. As they live in communities, communities have responsibility in demanding services for their members and for ensuring that all children in the community are cared for, protected and have access to the services they need. Civil society and organisations within it, such as non-governmental organisations (NGOs), community based organisations (CBOs), faith based organisations (FBOs), private sector, etc. are channels, through which people participate in the political and social life of their society. They can demand and advocate for children's rights and engage in dialogue at local and national level with the Government, as well as provide effective and efficient services, extending government capacity through partnerships for implementation. The Government, as an executing agency of the Constitution of the Republic of South Africa and as a signatory to the Convention on the Rights of the Child (CRC) bears the primary responsibility for the progressive realisation of children's rights. Sectoral departments, in particular the Departments of Social Development, Health, Education and Justice, are of particular importance for children. The Parliament has a critical role to ensure that the national legislation addresses appropriately the rights of children and is in line with the obligations South Africa has as a signatory of the CRC. International partners working at national, as well as at sub-national level, have also a responsibility for improving the situation of children.

The analysis therefore starts with a review of the situation and recent trends with regard to children's rights. While recognising achievements, it pays special attention to children who are deprived from exercising one or another of their rights as these are in fact the children that mostly need urgent attention and support. Further, causes that affect implementation of rights are investigated as much as availability of data allows. Policies and programmes that are designed



and implemented to address the challenges are then explored. When studying the latter, existing gaps regarding coverage, effectiveness or capacity for their implementation are identified. Finally recommendations are made.

The context and commitment of South Africa to its children are reviewed in Chapter 1. The following chapters examine the extent, to which such critical rights of children as socio-economic rights, the rights to survival and development and the right to protection are implemented in this context. Chapter 2 examines the extent of child poverty as a serious material deprivation. Chapter 3 explores children's survival and health, while Chapters 4 and 5 look at early childhood development and compulsory education. The multiple dimensions of child care and protection are dealt with in Chapter 6. Finally, Chapter 7 addresses some cross-cutting challenges.

Methodology

The methodology for the report involves synthesis of existing statistical and other national data and a review of selected qualitative research in several main categories: income poverty; child survival and health; early childhood development and compulsory education; and care and protection. The lack of readily available data poses some limitations to the analysis. This refers especially to the analysis of some pertinent issues such as the situation of children with disabilities and children living in child-headed households, or existing community-based programmes that address children's issues.

The core set of indicators measuring the situation of children as an outcome, builds on the MDG indicators framework (Table 1). Additional indicators are used to assess causes at family, community and national level as much as data availability allows.

Earlier drafts of this analysis were shared and discussed with experts - researchers, government officials and child-care activists. A consultation meeting with about 30 experts was held as part of the process where the experts provided insightful comments that helped to improve the analysis.

Human interest stories were drawn from children's testimonies in activities organised and conducted by the Office on the Rights of the Child as part of the process. The ORC conducted focus-group activities with children in each of the nine provinces, with four primary objectives: (i) to develop authentic human interest stories from children's experiences; (ii) to explore children's understanding of the framework of their rights; (iii) to better understand children's experiences of whether and how their rights are realised; (iv) to identify and better understand issues of concern to children themselves. Activities were conducted during October and November 2007, with a minimum of 100 children per province. Participating children were in the age group 12-17 years and included both rural and urban children, as well as children with disabilities, street children and children from child and youth care centres. Consultations focussed on children's lived experiences of their rights and responsibilities, framed within the contrasting notions of "happy rights experiences" and "unhappy rights experiences" - at home, in the extended family, in schools, clinics, hospitals, etc., as well as with other adults and children, and with community organisa-



tions, municipalities and provincial ORCs. Extracts from children’s responses are included for illustrative purposes in the main report and a summary is presented in an annex.

Table 1: MDG targets and indicators related to children and women

Goals and Targets		Indicators
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER		
Target 1.A	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	<ul style="list-style-type: none"> • Proportion of population below \$1 (PPP) per day ^a
Target 1.C	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<ul style="list-style-type: none"> • Prevalence of underweight children under five years of age
GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION		
Target 2.A	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<ul style="list-style-type: none"> • Net enrolment ratio in primary education • Proportion of pupils starting grade 1 who reach last grade of primary school • Literacy rate of 15-24 year olds, women and men
GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN		
Target 3.A	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<ul style="list-style-type: none"> • Ratios of girls to boys in primary, secondary and tertiary education
GOAL 4: REDUCE CHILD MORTALITY		
Target 4.A	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	<ul style="list-style-type: none"> • Under-five mortality rate • Infant mortality rate • Proportion of 1-year old children immunized against measles
GOAL 5: IMPROVE MATERNAL HEALTH		
Target 5.A	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	<ul style="list-style-type: none"> • Maternal mortality ratio • Proportion of births attended by skilled health personnel
Target 5.B	Achieve, by 2015, universal access to reproductive health	<ul style="list-style-type: none"> • Contraceptive prevalence rate • Adolescent birth rate • Antenatal care coverage (at least one visit and at least four visits)



Goals and Targets		Indicators
GOAL 6: COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES		
Target 6.A	Have halted by 2015 and begun to reverse the spread of HIV and AIDS	<ul style="list-style-type: none"> • HIV prevalence among population aged 15-24 years • Condom use at last high-risk sex • Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS • Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B	Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it	<ul style="list-style-type: none"> • Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<ul style="list-style-type: none"> • Proportion of children under 5 sleeping under insecticide-treated bed-nets • Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY		
Target 7.C	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	<ul style="list-style-type: none"> • Proportion of population using an improved drinking water source • Proportion of population using an improved sanitation facility
Target 7.D	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	<ul style="list-style-type: none"> • Proportion of urban population living in slums^b

^a For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

^b The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.

Source: United Nations (2008). Official list of MDG indicators after the 2007 revision.



Chapter 1: Context and Commitment

Since 1994, a powerful commitment to children's rights has guided South African policy, law and programming for children. A progressive and child-friendly Constitution provides the foundation for this commitment and the principles for its enactment.

1.1 Apartheid and the construction of vulnerability

South Africa is still recovering from the legacy of colonialism and apartheid. Fifteen years into the democratic dispensation, the struggle, in all its dimensions is far from over. The country has made great progress in dismantling over 40 years of apartheid institutions and policies. However, the apartheid legacy in which racist beliefs were enshrined in the law, denying and violating the majority of the population of their basic human rights continues to influence many people's daily lives and opportunities. The effects of apartheid were (and continue to be) particularly severe on black children who had little protection from the state while their families and communities were destroyed by political violence. They were denied access to a decent life, nutrition, housing, health services, education and other basic and essential services.

In addition, children were themselves important political actors, used in various capacities by both state and non-state forces.¹ Many black children left their homes to join the armed liberation struggle for political freedom and social justice. Student organisations interrupted what was already a sub-standard education to lead political protests, the most famous of which is the 1976 Soweto Uprising, which marked one of the most important turning points in the history of South Africa's children. Children became both liberation heroes and victims, as they defied oppression, were arrested, imprisoned, kept in custody, maimed and killed. In its report, the Truth and Reconciliation Commission (1998) concluded that many black children in apartheid South Africa lost their capacity to be children. They had been forced to become adults before their time.

The extent of the psychological impact of apartheid on children is incalculable and will never be truly known. The social impact on the other hand is well documented and still evident today. The establishment of Bantustans, pass laws, the Group Areas Act (Act No 41, 1950), and the migrant labour system, among other laws and policies, intensified state controls for the black population and facilitated the implementation of the separate development programmes for the various territorially segregated population groups, with white people as a priority. Black people were forcibly moved to places without adequate food, shelter and provisions such as clean water, sanitation, health services and recreational facilities. The majority of the African population were forced to live in rural areas. Those in urban areas lived in townships far from any towns or city and were required by law to carry passes.

¹ Nina (1999)



For many black people, these laws destroyed communities and social networks. They meant more or less permanent separation of families, with devastating effects on children. For example, children, no matter how young, were not allowed to live with their mothers if those mothers were hostel residents or live-in domestics. At the age of 16 years, they had to go to the Bantustans whether or not they had family to live with there.² Many black children and women remained in rural areas dependent on income from the men who worked in urban areas and lived in foul single-sex hostels unfit for human habitation and without adequate services. The black population was viewed mainly as a supply of labour to the white population. Within the areas where they lived, there were few opportunities for employment and almost no commercial or industrial activities. At the advent of democracy in 1994, whites had personal incomes per capita of about 9.5 times those of Africans, 4.5 times those of Coloureds and three times those of Asians.³ Poverty was deeply entrenched and racially distributed.

An inferior Bantu education also ensured that a segment of the black adult population today is still without adequate literacy, qualifications and skills to facilitate better employment and income for themselves and their families. The General Household Survey for 2007 indicates that of people aged 20 years and older 9.7% have no formal education. Their children are more likely to have worse health outcomes, lower education level and fewer life opportunities. The separation of families, especially of men from their children has continued to characterise the post-apartheid family structures. This has further been exacerbated by the AIDS pandemic that has led to a rise in the numbers of children who have lost one or both parents and in child-headed households. Thus, while children born post 1994 have equal political rights, apartheid policies continue to influence their social and economic conditions.

1.2 South Africa's commitments to children

The gross denial and abuse of children's rights, the apartheid state's war on the rising political activism amongst children and other events of the 1970s led to increased consciousness about children's rights and the growth of a strong child rights movement in South Africa. The child rights movement gathered momentum in the 1980s and became very active inside and outside the country within the constraints of the political environment of the time. In 1987, a conference on "Children, Repression and the Law in Apartheid South Africa" was held in Harare, Zimbabwe. At this conference, NGOs and participants from the liberation movement committed themselves to keeping the world aware of the plight of South Africa's children and extending the task of monitoring and exposing the repression and abuse of children. The delegates developed a children's rights agenda for South Africa, which led to the formation of the National Committee on the Rights of the Child (NCRC) in 1990.

In 1992, Molo Songololo, an NGO working with children organised the *International Summit on the Rights of Children in South Africa* attended by over 200 children from all over South Africa. The children drew up and adopted the first "Children's Charter of South Africa" which reflected

² Bernstein (1985)

³ World Bank (1994)



their voices and plea to be respected and consulted on issues affecting them and their future. A year later, the first situation analysis of women and children in South Africa was launched.⁴ One of the objectives was to provide a baseline for the situation of children and women in South Africa, and the challenges they face. The report was discussed at *The State of the African Child: an Agenda for Action* conference held in Thembisa, where the proposal for the formation of the National Programme of Action for Children (NPA) was also discussed. In 1994, a NPA Task Team was charged with the responsibility of preparing the NPA outline in anticipation of the new Government. On June 16th 1994, President Mandela was presented with the outline. The President promised that his Government would put *children first* and would prioritise children's rights at the highest level. In 1996 Cabinet approved the NPA framework, overseen by an Inter-Ministerial Committee housed in the Department of Health, and later by the office of the Deputy President.

The NPA is the vehicle for integration of all national and provincial government and NGO policies and plans to promote the well-being of children by putting them first. It outlines seven priority policy areas: (1) nutrition; (2) child and maternal health; (3) education; (4) infrastructure; (5) peace and non-violence (6) leisure and recreation; and (7) special protection measures. These are also the country's reporting policy areas on the mandate of the United Nations Convention on the Rights of the Child, which South Africa ratified in 1995.

In 1999 the Children's Desk was relocated to the Office of the President so as to facilitate mainstreaming of children's issues within government departments and is now called the Office on the Rights of the Child (ORC). One of its core functions is to develop the National Policy Framework for the Advancement and Coordination of Children's Rights Delivery in South Africa. The ORC has a National Advisory Council on Children's Rights which consists of stakeholders from government and civil society. Among the responsibilities of the National Advisory Council is to facilitate the development and update of the framework for the National Programme of Action for Children in South Africa.

1.2.1 The Constitution

Today, children in South Africa live in a society under a Constitution that has the highest regard for their rights and for the equality and dignity of everyone. During the drafting of the Constitution, the NCRC played a critical role in ensuring that children's rights were entrenched. The Constitution remains the primary legislative framework for children's rights delivery in South Africa.

Child's testimony from the activities organised by the Office on the Rights of the Child
"I am proud to be South African because the Constitution governs equity" (Gauteng)

The Bill of Rights in South Africa's Constitution safeguards the human rights of all – adults and children alike. Equality is the first right listed in the Bill of Rights. This is fitting in a Constitution, the purpose of which is to create a society that is based on equality and non-discrimination, dignity, and freedom. The right to equality "includes the full and equal enjoyment of rights and

⁴ UNICEF & NCRC (1993)



freedoms” and guards against unfair discrimination on a range of grounds, including race, gender, religion, disability, language and age. Children thus have the same rights as adults, with a few age-related exceptions, such as the right to vote and the right to stand for public office. In addition, the Bill of Rights specifies a number of rights which apply only to children (Section 28).

Section 28 of the Constitution

1. Every child has the right
 - a. to a name and a nationality from birth;
 - b. to family care or parental care, or to appropriate alternative care when removed from the family environment;
 - c. to basic nutrition, shelter, basic health care services and social services;
 - d. to be protected from maltreatment, neglect, abuse or degradation;
 - e. to be protected from exploitative labour practices;
 - f. not to be required or permitted to perform work or provide services that
 - i. are inappropriate for a person of that child’s age; or
 - ii. place at risk the child’s well-being, education, physical or mental health or spiritual, moral or social development;
 - g. not to be detained except as a measure of last resort, in which case, in addition to the rights a child enjoys under sections 12 and 35, the child may be detained only for the shortest appropriate period of time, and has the right to be
 - i. kept separately from detained persons over the age of 18 years; and
 - ii. treated in a manner, and kept in conditions, that take into account the child’s age;
 - h. to have a legal practitioner assigned to the child by the state, and at state expense, in civil proceedings affecting the child, if substantial injustice would otherwise result; and
 - i. not to be used directly in armed conflict, and to be protected in times of armed conflict.
2. A child’s best interests are of paramount importance in every matter concerning the child.

Protecting a child’s *right to a name and nationality* from birth comprises a child’s right to a legal identity, which is an extension of the right to human dignity. It also connects a child to his or her family and, through registration in the population register, enables a child’s later participation as an adult citizen.⁵

A *child’s right to family and parental care* places a duty on parents and families. By implication, there is also a duty on the state to support the family as an institution. This duty restrains legislation or administrative action which separates children from their parents. However, the Constitution grants that in certain circumstances the state may remove children from their parents where it is in the best interests of the child to do so. Neglect and abuse are examples of circumstances

⁵ Currie & de Waal (2005)



that may justify the removal of a child from parental or family care. South African families take various forms and the right to family care includes a child's right to be cared for by the extended family. This inclusion incorporates an idea that has been fundamental to indigenous law and is a welcome improvement over South African statutes that recognized only the nuclear family.

The *right to nutrition, shelter, basic health care and social services* imposes duties on parents and the state. Parents have the primary responsibility to provide support for their children and the state may impose sanctions on parents if they violate the child's right to support. When parents cannot support their children, the state has a duty to step in. But what are the positive obligations of the state in giving effect to the right to social services? 'Social services' refers to services that are delivered as part of the welfare system of the country. Under the new democratic government, South Africa has moved towards a developmental model of social welfare, as a means of addressing and overcoming the massive poverty and social degradation caused by apartheid.

Children's *right to be protected from neglect, abuse or degradation* is crucial in conditions where poverty, unemployment, addiction and family breakdown may result in serious abuses of children. The *right to protection from harmful or exploitative labour practices* does not place a ban or age restriction on the employment of children. In South Africa, a significant number of children work on farms for income to ensure their survival, that of their families and, quite often, younger siblings. Children are far more vulnerable than adults to the negative effects of imprisonment because of their age. This is why detention is a last resort, to be avoided wherever possible. Where detention is unavoidable, the *rights of detained children* serve to protect them from the more severe psycho-social effects of imprisonment.

The concept of the '*best interests of the child*' is an important standard, best understood in conjunction with the right of children to be consulted about decisions that concern them (on an age-appropriate basis). It guides overwhelmingly the approach of the Children's Act and its spirit.

1.2.2 Legislation for children

Since the advent of democratic government, South Africa has embarked on an ambitious programme of legal reform for children. Two major reform initiatives have dominated the agenda, namely the Children's Act and the Child Justice Bill. These both have a critical role to play in safeguarding children's protection rights.

Other legal developments with major implications for children include, amongst others, the Social Assistance Act 13 of 2004 and the National Health Act 61 of 2003. The Social Assistance Act provides the new legislative framework for the realisation of the right to social security and stipulates eligibility criteria and procedures for access to social grants for the elderly, children living in poverty, people with disabilities, children in need of foster care, and people in social distress.⁶ The Child Support Grant, the Foster Care Grant, and the Care Dependency Grant are especially important in enabling children's well-being.

⁶ Proudlock et al. (2008)



1.2.3 International conventions

South Africa is a signatory to the United Nations Convention on the Rights of the Child (CRC) and is thus required to measure progress towards fulfilling children's rights and to report to the UN Committee every five years. The specific provisions for children's rights in the Constitution are aligned with the CRC, which must be taken into account in interpreting the constitutional rights of children in South Africa. According to the CRC, every child has the right to survival, development, protection and participation. All four of these generic rights are pertinent to each of the categories of rights, well-being and vulnerability, which are analysed in this report.

South Africa has ratified the African Charter on the Rights and Welfare of the Child (AC), which also imposes requirements on the South African government.

1.3 Demographic portrait of children

Children, defined by the Constitution as individuals under the age of 18 years, make up almost two-fifths of South Africa's population. In 2007, there were an estimated 18.8 million children (Figure 1). The vast majority of children are African (Figure 2).

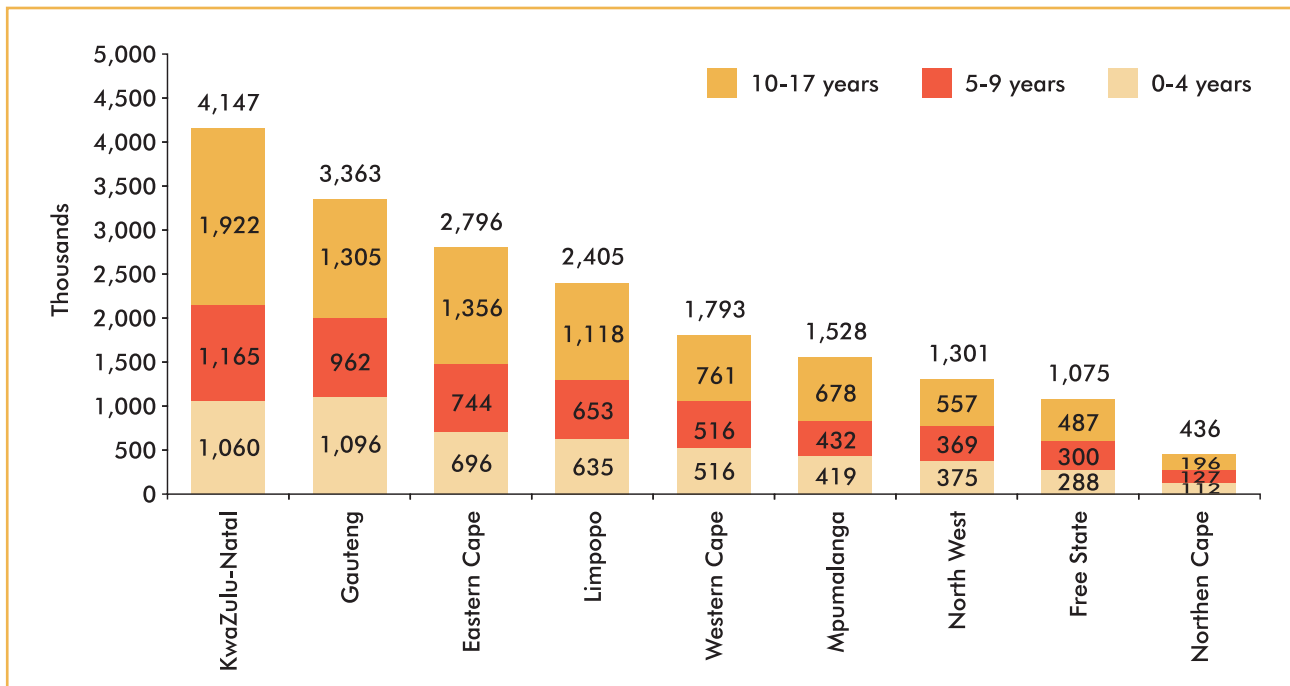
Most children live in KwaZulu-Natal (22%), Gauteng (18%), Eastern Cape (15%) and Limpopo (13%). With the exception of Gauteng, these are largely rural provinces that incorporate ex-homelands from the apartheid era. Boys and girls are almost equal in number. Young children, in the age-group 0-4 years, comprise almost a third (28%) of the child population.

Children's testimony from the activities organised by the Office on the Rights of the Child

Happy rights' experiences: "When a child from another race greets and starts a conversation, learning to know other children's language, culture, beliefs and dances"; "Children from other races helping with assignments being admired and respected treating each other as brothers and sisters"; "Many different cultures and backgrounds – rainbow nation" (Mpumalanga)

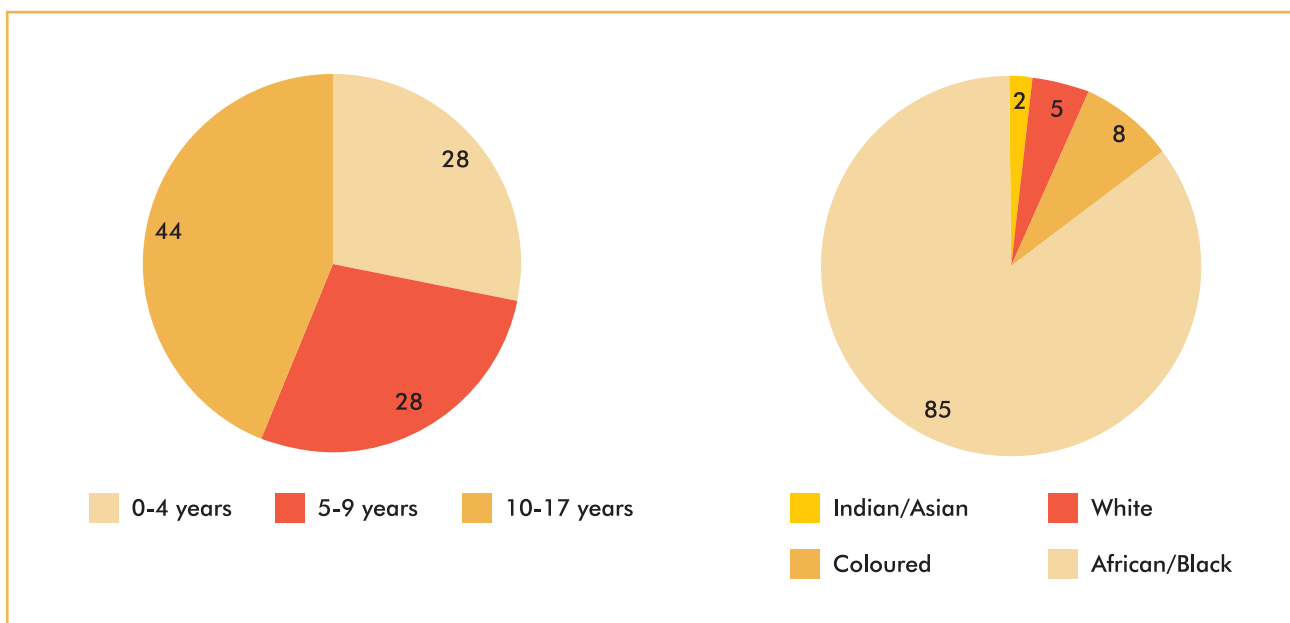


Figure 1: Number of children by province and age group, 2007



Source: StatsSA (2008). Medium mid-year population estimates for 2007.

Figure 2: Percentage distribution of children in South Africa by age and population group, 2007



Source: StatsSA (2008). Medium mid-year population estimates for 2007.



Chapter 2: Child Poverty

Child poverty can be understood in a range of ways. The most basic understanding of child poverty is a lack of income to the families or households in which children live. Income enables people to get the goods and services to fulfil their basic needs and improve their standard of living. Addressing child poverty is essential as it acts as a root cause for other forms of deprivation: to survive, develop, participate and be protected. The impact of poverty in childhood can be life-long and inter-generational. Children growing in poverty have a high probability to become poor adults and in turn, to have poor children.

Income poverty can severely curtail children's development and opportunities. Malnourished children because of poverty are known to have slowed down cognitive development. Poor children are the most vulnerable when education is a matter of concern as they often cannot afford payment of school fees, uniforms, and thus risk remaining outside the education system. In South Africa, research suggests that a relationship exists between income poverty and physical vulnerability and abuse.⁷ Furthermore, it is suggested that there is a link between lack of income and social exclusion among children.⁸

Currently Government sources do not suggest estimates of child poverty. However they can be used to extract child-specific information related to poverty, such as proportions of children living in poverty based on various poverty lines, their geographic distribution and distribution by ethnic groups, etc. Particularly useful in this regard is the General Household Survey conducted annually by StatsSA, which provides the necessary raw data for such analysis.

This chapter first provides an overview of the extent and the profile of child poverty in South Africa. It then reviews some of the State's poverty alleviation measures and other policies addressing income poverty and poor living environments, identifies their strengths and bottlenecks, and then finally provides a conclusion containing recommendations with regard to specific actions to address the challenges.

2.1 Trends in poverty and living conditions

South Africa is the largest economy on the continent with a Gross Domestic Product (GDP) of R1,993 billion (current prices) and a real GDP growth of 5.1% in 2007 (Figure 3). It ranks as a middle-income country with an estimated GDP per capita of R41,066 in current prices in 2007.⁹ Despite continuous economic growth, numerous socio-economic and political challenges remain, all of them with consequences for children and their well-being.

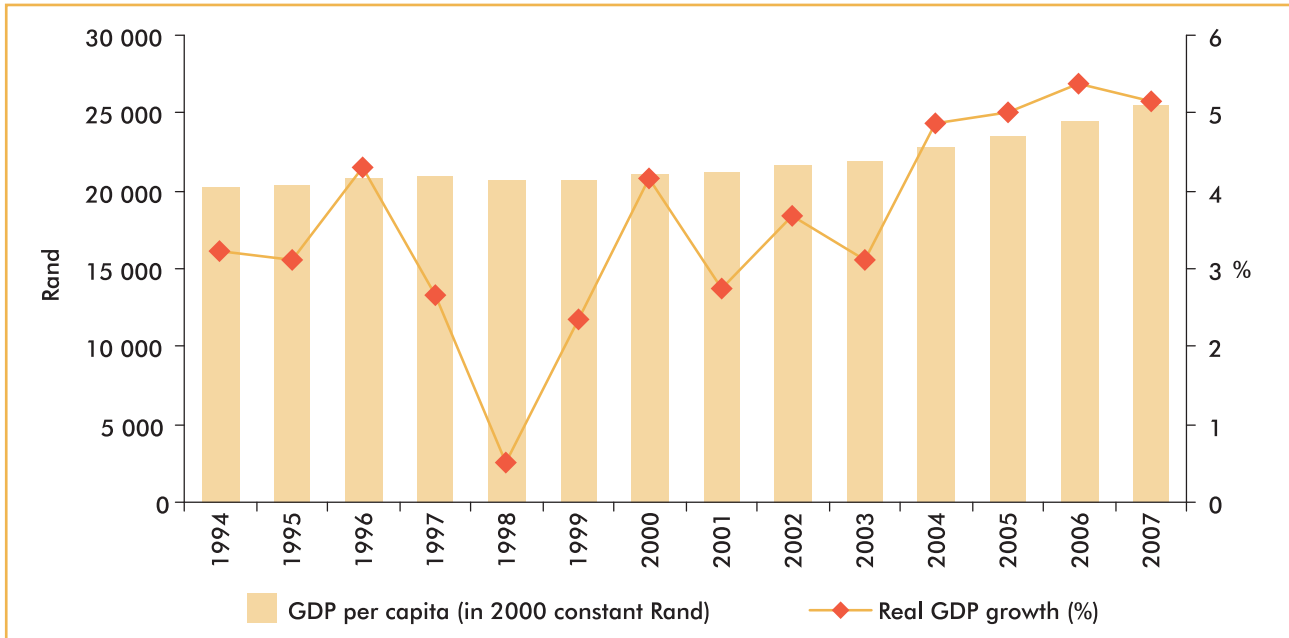
⁷ Dawes; Borel-Saladin & Parker (2004)

⁸ Cassiem; Perry; Sadan & Streak (2000)

⁹ South African Reserve Bank (2008)



Figure 3: Real GDP growth and GDP per capita, 1994-2007



Source: South African Reserve Bank (2008). Quarterly Bulletin Time Series.

2.1.1 Poverty and inequality

There is general agreement amongst economists that there has been a reduction in income poverty over the last years. The percentage of the population living below a poverty line of R250 per month (in 2007 constant Rand) decreased by more than 25% between 1995 and 2005, falling from 31% to 23%.

There are great differences in provincial levels of poverty between 1995 and 2005 (Figure 4). In both years, Western Cape and Gauteng poverty rates were lower than the national average. KwaZulu-Natal, Western Cape and Gauteng experienced an increase in poverty. All other provinces saw their poverty rates declining with Free State experiencing the largest reduction of more than 64%.

Income inequality as measured by the Gini coefficient increased from 0,64 to 0,69 between 1995 and 2005, and continued to do so, suggesting that the income gap between the rich and the poor is widening. In 2007, the richest 20% of the population had 73% of total income, while the poorest 20% received less than 2% of total income.¹⁰

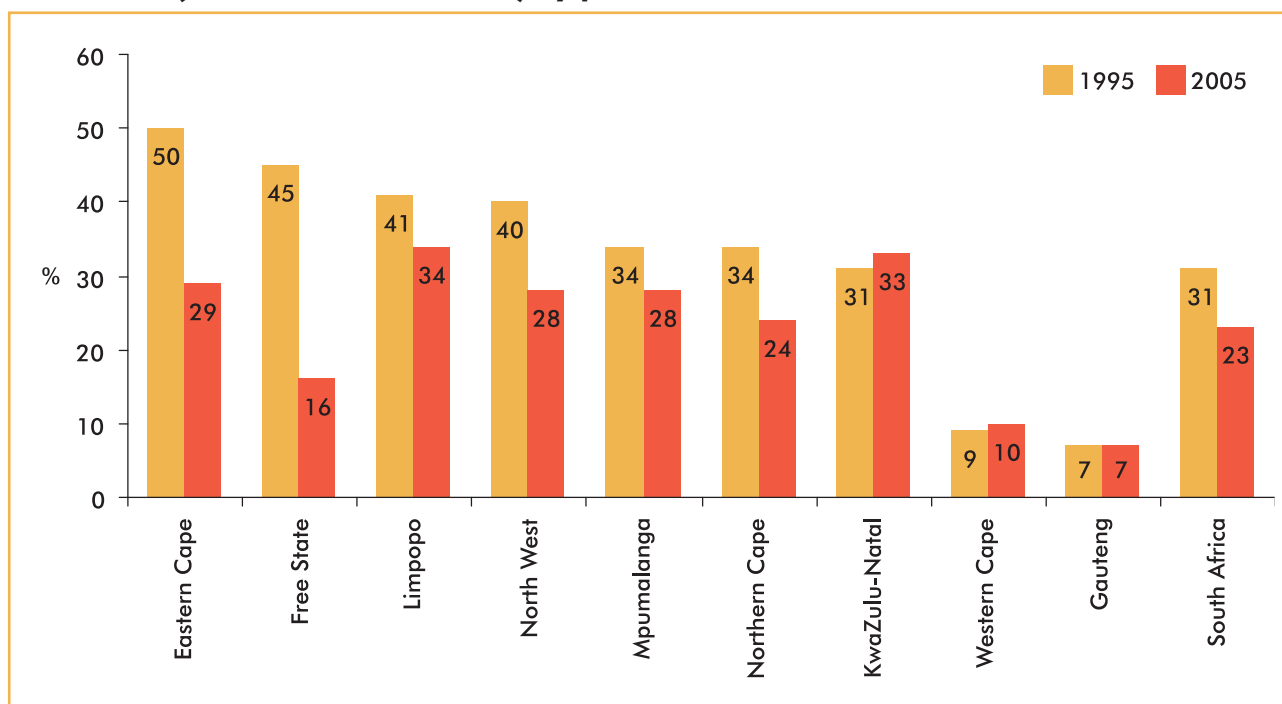
Analysis of the General Household Survey 2006 suggests that two thirds (68%) of children in South Africa live in households with monthly expenditures under R1,200. Households in which children live have on average five members. Thus equal distribution of expenditure within the households would mean that children in poor families lived in 2006 on R236 per month or R7.75

¹⁰ The Presidency (2008)



per day – well below the dollar-a-day international poverty line.¹¹ Again, there is marked inequality across provinces and between urban and rural areas (Figure 5). Among provinces with the lowest monthly household expenditures are those with large rural populations: Limpopo, the Eastern Cape and KwaZulu-Natal. These are at the same time the provinces where the biggest proportions of children live.

Figure 4: Percentage of population living below R250 per month poverty line (in 2007 constant Rand) by province, 1995 & 2005



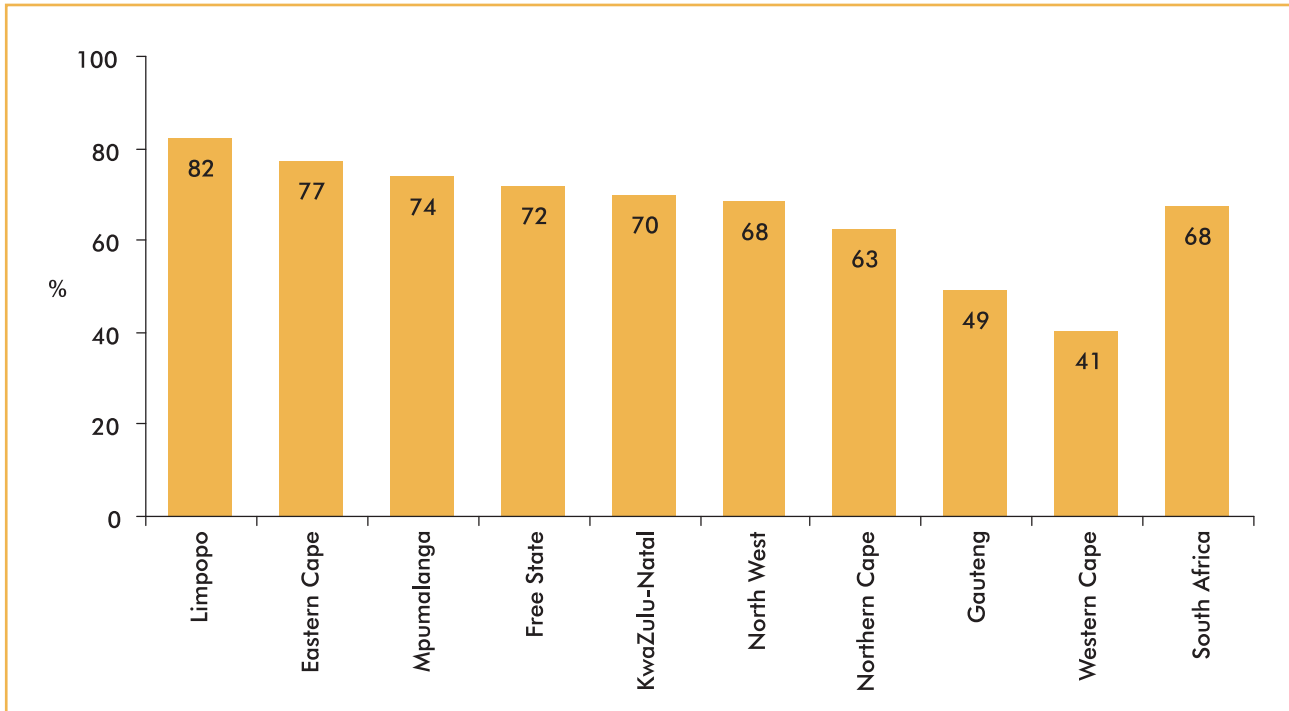
Source: StatsSA (1995, 2005). *Income and Expenditure Survey*. Reported in: *The Presidency (2008). Development Indicators*.

Poverty has a strong spatial dimension in that the income, services and resources available to children are largely determined by where they happen to live. Living standards and race are closely correlated, with poverty being concentrated amongst black Africans. In 2005 close to two thirds of black children lived in households with total monthly earnings under R800 per month (the lower income threshold for the Child Support Grant), while only 4% of white children lived in such extreme poverty. In contrast, nearly two thirds of white children lived in households earning over R6,000 per month, while only 7% of black children lived in these relatively wealthy circumstances.

¹¹ Per capita income adjusted for purchasing power parity, based on ICP figures (March 2007).



Figure 5: Percentage of children (0-17 years) living in households with monthly expenditure of less than R1,200 by province, 2006



Source: Children's Institute analysis of StatsSA's General Household Survey 2006.

2.1.2 Unemployment

Poverty is most often associated with the lack of employment, which provides income through wage labour. With the registered economic growth in recent years, unemployment rates have shown a decrease and yet, they remain high. The national unemployment rate was calculated at 23.0% in September 2007 (down from 29.4% in 2001).¹² This official unemployment rate is based on unemployed people of working age who are actively seeking work. The expanded definition of unemployment includes those who want to work but have not actively looked for a job in the past month – arguably a more accurate reflection of the South African labour market in which jobs are scarce and many people live far from employment opportunities. In terms of the broad definition, the unemployment rate has hovered around the 40% mark since 2001, dropping to 34.3% in September 2007.

There appears to have been a decline in the numbers of children living in households with an employed adult thus increasing the risk of poverty with all consequences for children's development and access to services. In 2002, 65% of children nationally lived in a household with an employed adult; by 2006 the proportion had decreased to 60%.¹³ Provincial disparities persist. Since 2002 Limpopo has shown the lowest proportion of children living with an employed adult (40% in 2006), compared with the Western Cape which consistently has the highest proportion of

¹² Statistics South Africa (2008b)

¹³ Proudlock et al. (2008)

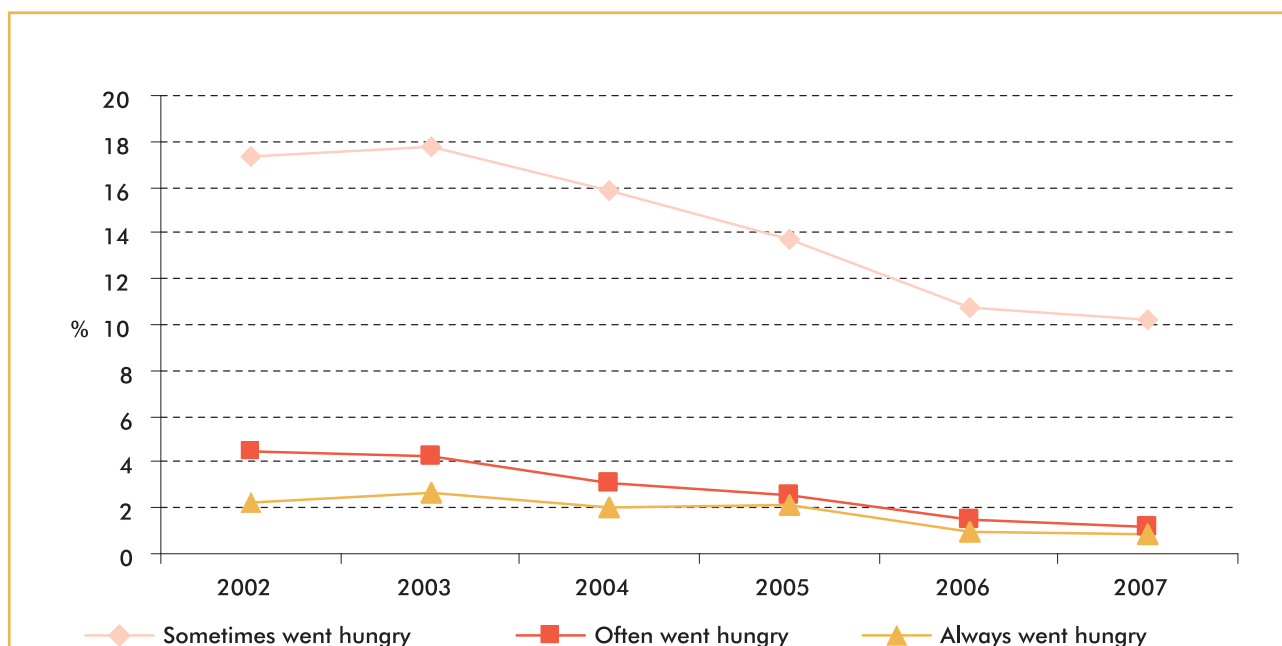


children in households with at least one employed adult (89% in 2006).

2.1.3 Hunger

Poverty is often closely related to hunger. The General Household Survey identified a downward trend in terms of reported hunger for children over the last five years. The reported percentage of children experiencing hunger decreased from 24% in 2002 to 12% in 2007 (Figure 6). A decline in reported hunger when poverty persists may be due to other coping mechanisms such as own production of basic food, especially in rural areas.

Figure 6: Percentage of households in which a child went hungry in the 12 months prior to the GHS, 2002-2007



Source: StatsSA (2008). General Household Survey 2007.

Discrimination between boys and girls is a challenge to many developing countries, but little gender bias is found in the poverty indicators in South Africa. For instance, girls are no more likely than boys to experience hunger. However children in female-headed households, which are often with lower income, are more likely to have experienced hunger than children in male-headed households.

Children living in households with no employed adults are more likely to experience hunger than those who live in households where at least one adult is employed, as shown in Table 2. Food security is linked not only to cash income, but also access to land. For instance, children living in rural areas with access to communal land may be better nourished and more food-secure than equally income-poor children living in urban settlements with better services but no access to land.



Table 2: Percentage of children (0-17 years) living in households who experienced hunger in prior 12 months by adult employment status, 2006

	Child hunger	No child hunger
No adult employed in household	22%	78%
At least one adult employed in household	12%	88%
Total	16%	84%

Source: Children's Institute analysis of StatsSA's General Household Survey 2006.

2.1.4 Living environments

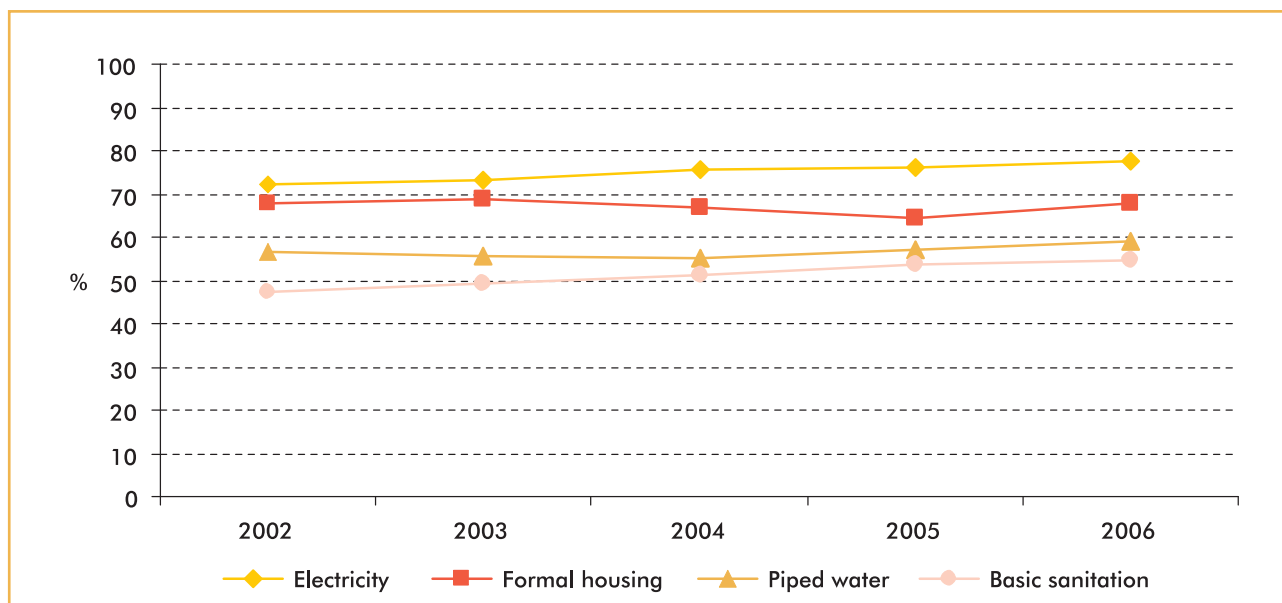
Children's living environments are an important part of what determines their quality of life. Service infrastructure to households with children shows a steady improvement over the last five years, although delivery has been far slower than the envisaged pace (Figure 7). Children benefit disproportionately less than adults from proper living conditions, as shown in Table 3.

South Africa has made significant progress with regard to provision of basic water and sanitation services since 1994. Yet, the children's situation is worse than the situation of the overall population. In 2006, 59% of South Africa's children had piped water to their home. The rest were dependent on water tanks, boreholes or natural sources. Twelve per cent of children lived in households that reported unsafe or poor quality water from streams, rivers or stagnant pools.

South Africa's free basic water policy guarantees to all households six kilolitres of drinkable water per month. The main challenge however is the need for rapid expansion of the bulk infrastructure system. Many households still do not have connections, particularly those in new informal settlements or rural areas with scattered populations. Less than 40% of children in the Eastern Cape and Limpopo had access to piped water in 2006, while over 90% in the Western Cape and Gauteng received water from the municipality.



Figure 7: Percentage of children (0-17 years) living in households with access to housing, electricity, water and sanitation, 2002-2006



Source: Children's Institute analysis of StatsSA's General Household Surveys 2002-2006.

Table 3: Differences in living environments for children (0-17 years) and adults, 2006

Percentage of population...	Children (-18)	Adults (18+)	Total pop
...with drinking water on site	59	70	66
...with adequate sanitation	55	66	61
...with electricity	77	81	80
...monthly HH expenditure below R1,200	68	60	63

Source: Children's Institute analysis of StatsSA's General Household Surveys 2006

Adequate sanitation is part of the definition for adequate housing. It is closely linked to child health and survival. In 2006, 55% of children had access to adequate sanitation in the form of flush toilets or VIPs (pit latrines with improved ventilation), compared to 47% in 2002. The main improvement in sanitation was for African children, from 38% living in households with basic sanitation in 2002 to 47% in 2006. Despite the increasing trend, it is a concern that more than half of all African children still use inadequate toilet facilities. South Africa has not been able to meet the goal set by President Mbeki, which was to eradicate the bucket system by the end of 2007. The percentage of households that had no toilet facility or was using a bucket toilet was 8.3% in July 2007. The provinces with the highest percentage of population without access to proper sanitation are the Eastern Cape (24%), Free State (14%) and Limpopo (11%).¹⁴

It is also important for children to grow up in an environment that will influence their characters in a positive manner. This would be communities who promote and protect acceptable moral standards. Negative influences such as gangsterism, drug abuse, family violence and other social

¹⁴ Statistics South Africa (2008)



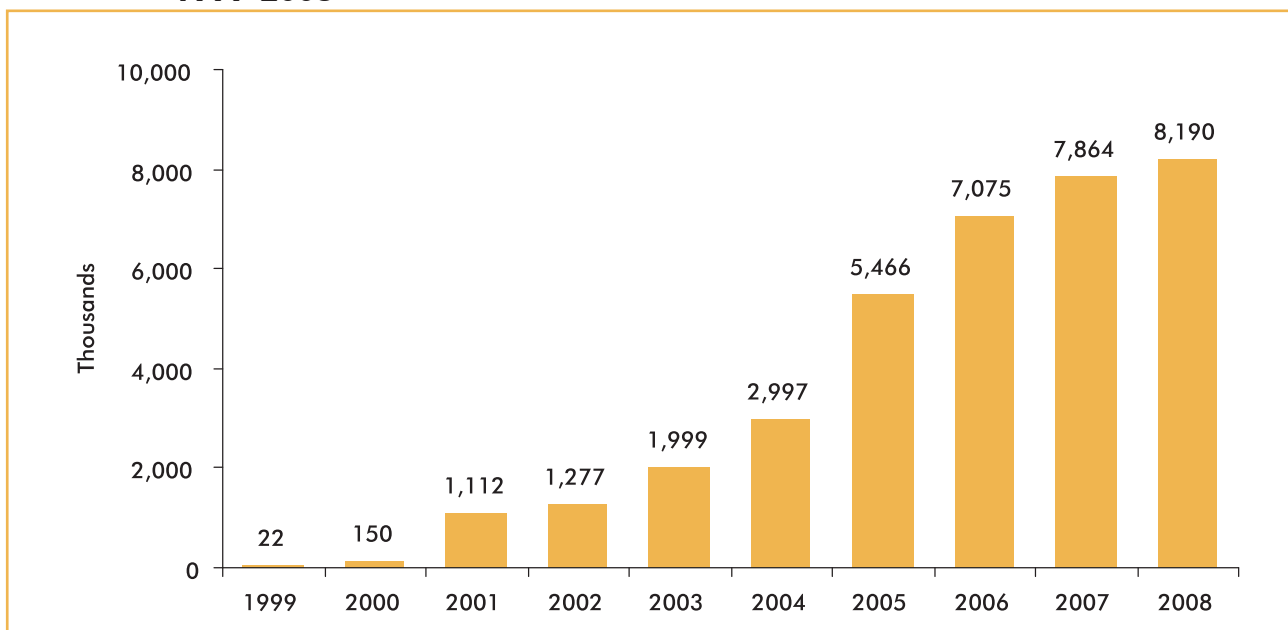
ills should be avoided at all costs.

2.2 National policies and programmes

2.2.1 Social assistance

South Africa's extensive social assistance programme, which consists of seven types of grants, is the main contributor to a reduction in poverty. Initiated in its current form in 1998, it has expanded dramatically over the past ten years. In 1998 about 2.5 million people received social grants. As of 2008, more than 12.3 million beneficiaries are reached and 3.1% of GDP is spent on social-assistance grants.¹⁵ There are three child-related grants: for child support, foster care and care dependency. The growth in the social assistance programme is largely a result of the extension of the means-tested Child Support Grant (originally targeted to poor children under the age of seven) to fourteen years. By the end of 2007, Child Support Grants were being paid to caregivers of over eight million poor children every month, including those in the most remote and impoverished parts of the country (Figure 8). This is equivalent to two thirds of children in the target age group.

Figure 8: Number of Child Support Grant beneficiaries as of March each year, 1999-2008



Source: The Presidency (2008). *Development Indicators*.

The Department of Social Development, which is responsible for administering social grants, applies a means test to applicants. The caregiver and his/her spouse must have a combined monthly income of less than R800 for applicants from urban areas who live in formal dwellings, or R1,100 for urban applicants living in informal dwellings and rural applicants. While these

¹⁵ The Presidency (2008)



thresholds were in effect for long time, the Department of Social Development announced in October 2008 that they will be automatically raised in future to keep up with inflation so as to allow people with slightly higher income to apply for grants.

Government's allocations to programmes assisting children increased over time both as nominal expenditures and as percentage of the total expenditure on grants targeting needy populations. In 1998/99 the foster care grant accounted for 2% of total grant expenditure, the care dependency grant for 1% and the child support grant for 12%.¹⁶ Together these three grants thus accounted for only 15% of total grant expenditure. Table 4 shows allocations for the three child grants over the period 2003/04 to 2007/08. In the first of these years the three grants together accounted for 26% of total expenditure on grants. By 2007/08 the percentage had increased to 38%.

Table 4: National expenditure on child grants, 2003/04-2007/08 (R million)

Grant type	2003/04	% of total	2004/05	2005/06	2006/07	2007/08	% of total
Foster care	1,142	3	1,563	1,996	2,464	3,404	5
Care dependency	639	2	760	916	998	1,127	2
Child support	7,690	21	11,431	14,143	17,936	19,176	31
Total child grants	9,471	26	13,754	17,055	21,398	23,707	38
All social grants	36,982	100	44,885	50,708	57,720	62,238	100

Source: National Treasury (2007). Provincial Budget and Expenditure Review: 2003/04 - 2009/10.

Note: 2006/07: pre-audited expenditure data; 2007/08: medium-term estimates.

Further analysis of the General Household Survey (GHS) 2005 has demonstrated the effectiveness of targeting grants to households with children, by showing that mean income from grants increases dramatically as monthly earnings decrease.¹⁷ A similar analysis, also from GHS 2005, shows a strong association between the poverty ranking of households by income groups and their main source of income (Figure 9). Households in the poorest 40% of the population (the poorest and second poorest group) are more likely than wealthier households to rely on social grants as their main form of income.

Children's testimony from the activities organised by the Office on the Rights of the Child

Unhappy rights' experience: "The child support grant is contradicted by many negative social impacts".

Happy rights' experience: "Poverty is slowly being eradicated". (Limpopo)

The figure suggests that the targeting of social grants has improved between 2002 and 2005; in the latter year bigger proportions of the poor households relied on grants as a main source of income. The extension of the child support grant took place during these years and may have contributed to the trend. While grants are effective in targeting poor households, more needs

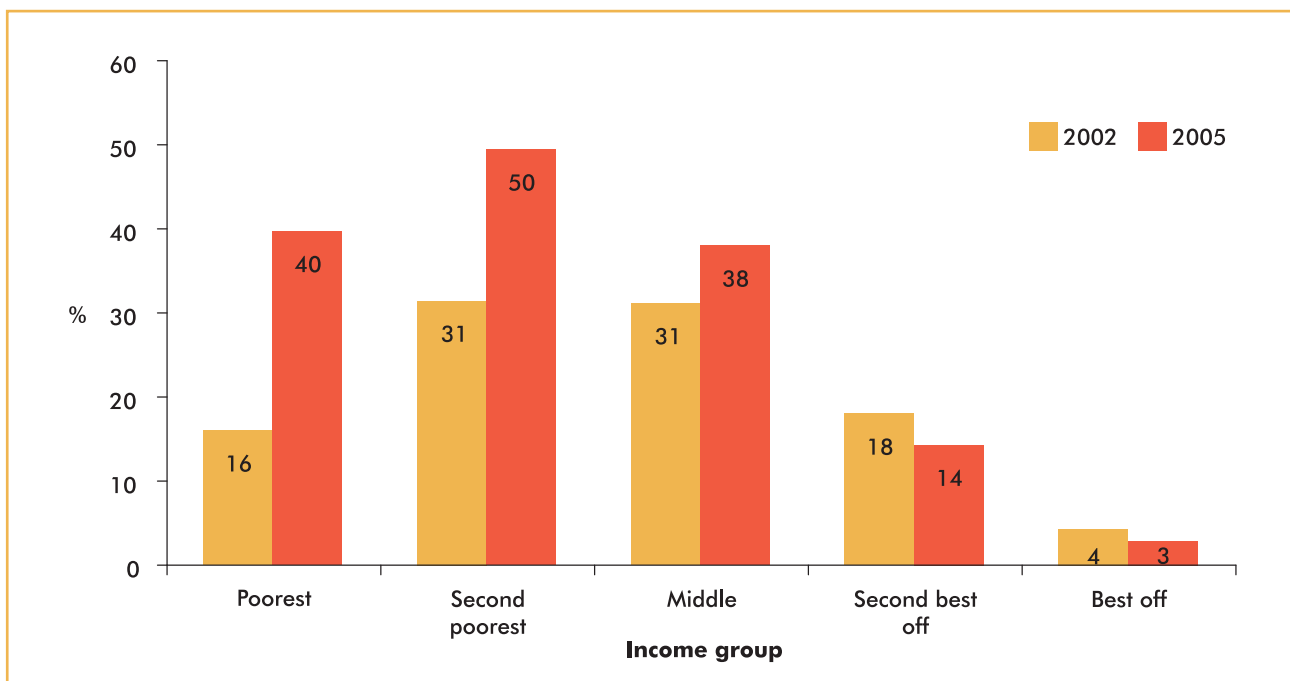
¹⁶ National Treasury (2007)

¹⁷ Budlender, Rosa & Hall (2005)



to be done in order to reach the poorest households, those from the lowest income group. The proportion of households relying on grants as the main source of income in this group is considerably lower than the proportion in the second lowest income group, and on a par with the middle range income group. The poorest households would include those who fail to access social grants.

Figure 9: Percentage of households with social grants as the main source of income by income group, 2002 & 2005



Source: StatsSA (2003; 2006). General Household Survey 2002; 2005.
Reported in: National Treasury (2007). Budget Review 2007.

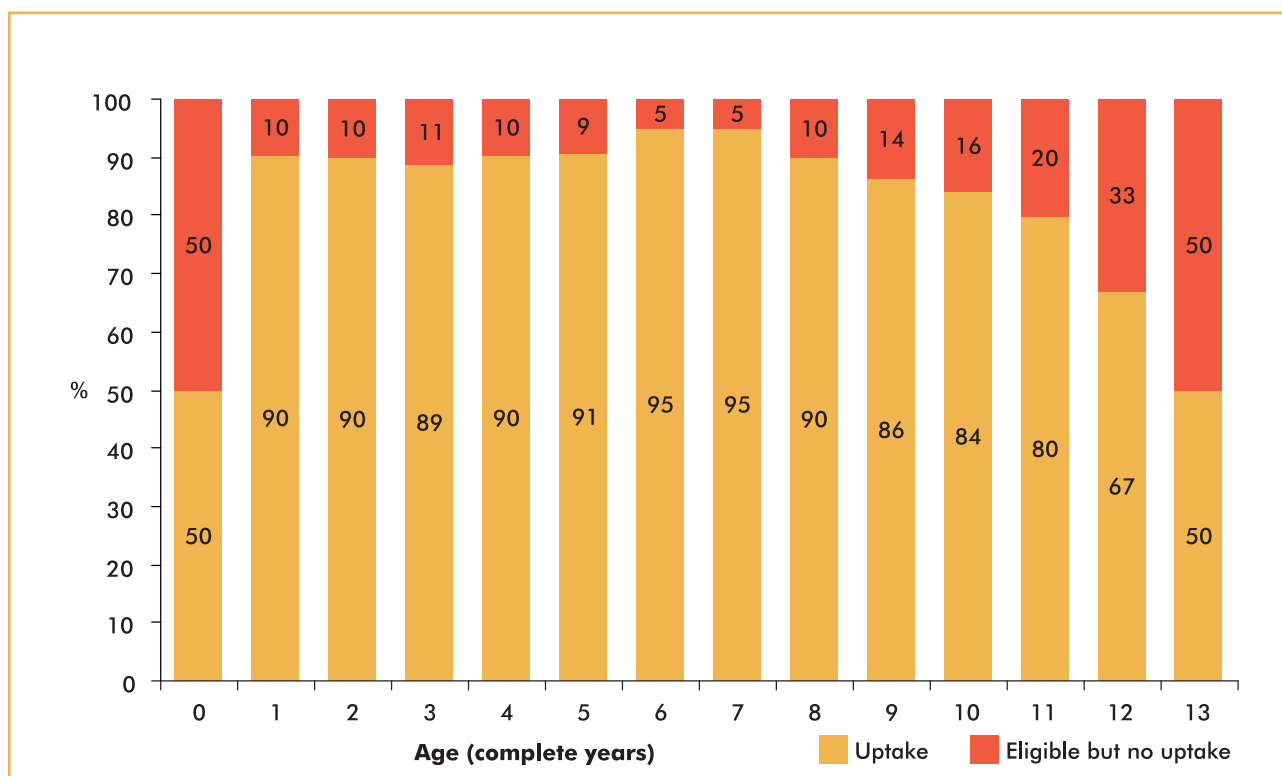
The Child Support Grant, although a small cash transfer from which other members of the household also benefit, is associated with a reduction in income poverty in receiving households, as well as many positive outcomes for children, such as improved health and nutrition, increased school attendance and performance. But cash transfers alone are not sufficient to bring children out of poverty. The amount of the CSG was set recently very low, at R210 per month per child in 2008. This is lower than the per-capita ultra poverty line of a dollar-a-day which is regarded as the minimum subsistence level. In some very poor households the grant money is used to support not only the targeted child beneficiary but also other ineligible children, and even the entire household. Starting from October 2008 the amount is set at R230 to compensate for inflation.

Receipt of a child support grant entitles the child beneficiary to automatic fee waivers for schooling up to grade 12, and to free health care at all levels. This is an example of how the burden of access is reduced for the poor through the creation of pathways in an integrated poverty alleviation programme. The downside is that those children who cannot access social grants – including the poorest, most physically remote and vulnerable – do not benefit from the automatic links between programmes.



A lack of birth certificates is one of the main obstacles to receiving a child support grant. Again, it is in the poorest and most physically isolated households that caregivers struggle to get birth certificates for their children. The delay in accessing child support grants for infants can be seen in Figure 10, which shows that uptake of the CSG is far lower for children under the age of one year (50%) than the national average (82%) among children up to 13 years in 2006.

Figure 10: Percentage of eligible children receiving the Child Support Grant by age, 2006



Source: Children's Institute calculations based on South African Social Security Agency's 2006 SOCPEN data; StatsSA's Mid-year population estimates 2006; and eligibility figures from Budlender et al. (2005).

The low rate of uptake in the upper age groups is a reflection of the progressive extension of eligibility to older age groups. The extension to 13 years was only completed in April 2005, just 18 months prior to the time to which data in the figure refers. The age limit for the child support grant is expected to be raised by one year to include 14-year-olds as from January 2009.¹⁸

While a coherent, inter-sectoral approach is necessary to effectively address poverty alleviation, the built-in links mean that there is even greater risk of excluding children who are unregistered. Access to the package of social assistance programmes is therefore contingent on the Department of Home Affairs' ability to take proactive steps to register all unregistered children. Mechanisms to do so are outlined in the Department's "Turnaround Strategy", developed in 2007, and yet to be implemented nationally. It has to be mentioned that recently DSD and SASSA introduced CSG to children without birth certificates when they qualify for it as a measure towards supporting those who are most in need of social protection, the poorest among them.

¹⁸ National Treasury (2008)



The rapid increase in budget provisioning for child grants demonstrates the South African government's commitment to reducing income poverty, and has been shown to be effective in doing so. The emphasis on expanding children's grants (rather than introducing non-contributory social assistance for the unemployed, or a universal basic income grant, for instance) could be interpreted as proof that the government prioritises children as a special group with particular vulnerabilities.

Arguably, poor families must depend on social grants in the absence of work opportunities. Without income, parents are unable to discharge their responsibilities towards children. However, government departments – particularly the National Treasury – have repeatedly expressed concern about dependence on social grants: the importance of avoiding a “culture of dependence” and the creation of “exit strategies” – for instance through skills training and absorption into the labour force.

2.2.2 Addressing unemployment

Beyond social grants, the government's next most publicised income-poverty alleviation programme is the Expanded Public Works Programme (EPWP). It is impossible to give accurate estimates of money spent on the EPWP as one of the ideas underlying this programme was that it would involve the use of existing allocations in a way that promotes employment of poor people. So, for example, labour-intensive methods would be chosen for constructing infrastructure and a public employment programme approach taken in employing workers. Implementation of the EPWP is distributed across four sectors: infrastructure, environment and culture, social and economic sectors. One of the important projects for children, located in the “social” sector of the EPWP, is the Early Childhood Development (ECD) programme. This would employ women to care for young children in crèches and edu-care centres, freeing up other mothers to seek employment. Although from 2004 to the end of 2007 the EPWP has created over 950,000 temporary work opportunities,¹⁹ it has not succeeded in providing meaningful skills transfer or sustained work opportunities for those who are targeted.

In February 2006 the government launched the Accelerated and Shared Growth Initiative for South Africa (AsgiSA). This was a direct spin-off from the government's commitment to halve unemployment and poverty by 2014, and an acknowledgement that, despite the registered economic growth its benefits were not trickling down to the poor or reducing inequality. One of the broad goals of AsgiSA is to “ensure that the fruits of growth are shared”.²⁰ The Joint Initiative on Priority Skills Acquisition (JIPSA), led by the Deputy President, was established a month later to address scarce and critical skills needed to meet AsgiSA's objectives. JIPSA relies on partnerships between the public and private sectors, and brings together key government officials, business, trade unions, and training providers.

Women and youth are identified as particular groups to be supported in addressing unemploy-

¹⁹ The Presidency (2008)

²⁰ The Presidency (2007)



ment. For women, the focus is on skills development and finance for entrepreneurial or 'second economy' activities. AsgiSA also provides for an expansion of the EPWP beyond its original targets. For youth, the focus is on the incorporation of graduates into the formal economy through the provision of jobs or learnerships, in collaboration with the Umsobomvu Youth Fund. The need for skills has created a demand for graduates in the sciences and engineering fields.

2.2.3 Housing and municipal services

A dwelling provides the physical space for family life, within a broader neighbourhood or community context. Children's access to schools, clinics, libraries, safe public spaces, municipal services and other resources is dependent on where they live.

The National Housing Programme includes a range of subsidy instruments to address the housing backlog. A key objective of the programme, other than the provision of basic dwellings and secure tenure for poor households, is the transfer of assets to the poor in the form of home-ownership, mainly through project-linked subsidies. This means that children can potentially inherit property from their parents.

Housing delivery statistics since 1994 are impressive: by March 2007, over three million subsidies had been approved, and nearly 2.4 million housing units had been completed or under construction.²¹ Government's housing expenditure increased from R4,8 billion in 2004, to R9 billion in 2007 and 2008. The target remains the eradication of all slums, or informal settlements, by 2014. For this to happen, some 500,000 new units a year must become available, according to the Department of Housing's Strategic Plan 2008 to 2011.

In theory, nearly a quarter of all households in South Africa have benefited from the housing subsidy scheme. Female-headed households have benefited disproportionately more from the subsidy, especially in the very recent years. For example, in 2007 among households headed by women 11.5% received a government housing subsidy, while only 7.6% of households headed by men received it.²² Nevertheless, housing delivery has not managed to keep pace with the growing housing backlog. The increasing need for housing is related to a number of factors: urbanisation, population growth, and a reduction in household size, as many households change their shape and composition to 'fit' the small subsidy houses. An increase in the proportion of children living in informal dwellings, particularly in provinces with large metropolitan areas and migrant populations, suggests that child urbanisation is on the increase too, and urban planners may need to cater for an influx of children.

In 2006, 68% of South African children lived in formal housing, such as brick houses or blocks of flats, while more than 2.6 million children (14%) lived in backyard dwellings or shacks in informal settlements, and another 3.1 million children (17%) in traditional housing. While there has been an increase of nearly 300,000 children in informal households since 2002, the proportions of

²¹ Department of Housing (2007)

²² Statistics South Africa (2008)



children in formal, informal and traditional dwellings have remained fairly constant over the five-year period. This is surprising, given the delivery of nearly 2.5 million houses since 1994. Racial inequality in children's housing situations is great: 98% of white children but only 63% of African children lived in a formal dwelling in 2006.²³

While the root cause for living in informal housing is poverty and the associated inability to obtain proper housing, one of the consequences of living in informal housing is the likelihood of overcrowding. In addition to limiting privacy and making it difficult for children to find space to do homework and to play, overcrowded living conditions are associated with a whole range of risks for children, including sexual abuse and the transmission of disease.²⁴ Despite the provision of housing, urbanisation has led to an increase in the rate of overcrowding since 2002, mainly in the provinces with large metropolitan areas: Gauteng, the Western Cape and KwaZulu-Natal. In 2006, nearly 5.2 million children or 28% lived in overcrowded households.²⁵

Children living in informal dwellings are less likely than those living in formal dwellings to have basic services on site, such as safe water and proper sanitation, a situation that puts their health in jeopardy. Informal settings are often far from roads and access to transportation is limited, the later challenging the chances of children for regular school attendance, access to recreation activities and development at large.

2.2.4 Collaboration between the State and the civil society

The State is not solely responsible for the well-being and development of children. The government and parents hold concurrent responsibilities to realise children's rights. Both government and civil society have an important role to play in identifying children with particular vulnerabilities, caring for children, and alleviating the effects of poverty.

There is a growing movement to support children through partnerships between government and communities. Examples of these are "Schools as Nodes of Care and Support" initiatives and the Community Child Care Forums. Both were initiated within civil society and have been integrated into various government policies. Such initiatives and their successes need, however, to be well documented in order to be multiplied at a large scale.

There are also examples of government-led collaborations with civil society. For instance, the school nutrition programme ideally includes the establishment of community food gardens around schools, and local implementation of the feeding scheme.

²³ Proudlock et al. (2008)

²⁴ Ward in Dawes et al. (2007)

²⁵ Proudlock et al. (2008)



2.3 Conclusions and recommendations

Poverty is a root cause that damages all aspects of children's well-being and development. Children have inherent value as human beings and it is morally wrong to allow them to live in poor conditions. Children also have instrumental value as the parents and workforce of the future. It is important therefore to establish a rigorous system within the Government's structure to assess child poverty and monitor it on a regular basis, thus to provide decision makers with up-to-date information about progress in the addressing of this issue, which is of paramount importance for the present situation and the future development of South African children.

South Africa has made important progress in addressing child poverty through introducing policies targeting needy children. Yet, a lot more needs to be done. Alleviation of child poverty is urgent, both as a short-term response and as long-term investment in the country's development and economic growth.

Increasingly there is acknowledgement within and outside Government that departments need to be working together: poverty will not be alleviated through discreet and isolated efforts. Already, there are a number of built-in links between poverty alleviation programmes under different departments, creating access to multiple benefits and services for those who qualify. Many of these existing points of overlap are linked to the child support grant, which is very well placed to serve as a gateway to other forms of poverty alleviation.

An important recommendation, then, is the further expansion of the CSG – not only to ensure that more children benefit from income support, but also to enable multiple inclusions in the linked package. This would entail some changes in the targeting of the programme, as well as removing key barriers to accessing the CSG:

- Increase the age threshold to include all children under 18 years, as constitutionally defined;
- Deal with birth certificate problems – either through collaboration with the Department of Home Affairs, or by introducing discretion around alternative proof of identity, or both;
- Acknowledge and cater for the mobility of children by developing greater flexibility in the targeting of grant payments – to realise the policy objective that the grant should 'follow the child'.

The Spatial Development Framework, developed in the Office of the President, prioritises economic hubs for investment, while minimum services are required for areas that are not regarded as having economic potential. Two broad areas of focus are needed to improve children's living environments: in the context of child (and general population) urbanisation and a large housing backlog, the provision of adequate housing in urban areas is an urgent matter. The policy focus is on informal settlement upgrading, in order to meet MDG goal 7, but it is important to consider the needs of all urban children. At the same time, there is an urgent



need to address infrastructure and service delivery needs in rural areas where half of South African children live. Adequate roads and potable water are amongst the most urgent, since these are directly related to child health and development.



Chapter 3: Child Survival and Health

Every child has the inherent right to life and the right to enjoy the highest attainable standard of health (CRC, article 6 and article 24). The two laws which directly relate to child survival and health in South Africa are the National Health Act 61 of 2003, and the Children's Act as amended. The Health Act provides a framework for a structured uniform health system, taking into account the obligations imposed by the Constitution. Its aim is to correct inequities and to improve quality of life for all people. The Act promotes access to health services, the right of every child to basic health services and the right of people to an environment that is not harmful to their health.

The synthetic measure of child wellbeing, and child survival and health in particular, is child mortality. While a child would die from a certain disease (immediate cause), the rates of child mortality synthesise the effect of various causes, which occur at various levels. Thus, the health and survival of mothers themselves are important underlying causes for child survival and healthy growth, as well as carers' knowledge of and access to proper nutrition and care at household level. Equally important are the access to and quality of health services, which are provided at community level. Further, national policies and programmes, as well as allocated funds, affect the development of the health system nationwide, i.e. play as structural or root causes for children's health.

This chapter first examines the rates of child mortality, its immediate causes and chronic diseases that contribute to it. It then studies maternal health and survival. Further, care for young children and behaviour of adolescents are investigated – both underlying causes of children's health at different ages. Access to and quality of health care services are also presented. Finally, national policies and programmes addressing child health are critically reviewed. The chapter then concludes and presents recommendations based on the findings.

3.1 Trends in child mortality

Child mortality is most commonly used to measure the state of children's well being. It is more easily definable and measurable than morbidity and assists in identifying high risk groups in a population. Child survival has also been defined in the health sector as a goal of interventions aimed at managing childhood diseases. Infant mortality rate (IMR) and under-5 mortality rate (U5MR) are measured in relation to the total number of live births during a specific year and are the most commonly used indicators of child survival. IMR refers to the annual number of deaths of children who have not reached the age of one year per 1,000 live births for that year. U5MR refers to the annual number of deaths of children who have not reached the age of five years per 1,000 live births for that year.

Analysis of trends in infant and child mortality in South Africa is complex given that there are



numerous sources of data, which are based on different methodologies - on birth and death registrations (administrative data) or death recall (sample surveys), or modelling that implies various assumptions (modelled data). Different methodologies result in estimates, which at times are contradictory. Discrepancies can be explained by a number of reasons. Sources, which rely on registered data, face the challenge of under-registration of both births and deaths. Modelled data accounts for the impact of chronic diseases, such as HIV and AIDS; however, models are normally based on assumptions, which at times may not necessarily reflect the most recent trends. Estimates based on household surveys such as DHS are globally accepted as a reliable source of child mortality estimates; in the case of South Africa the field implementation of the otherwise rigorous methodology is a matter of concern. Table 5 presents estimates based on various sources available in late 2007, compiled by the Presidency of the Republic of South Africa that demonstrates the complexity of the issue.

Table 5: Infant and under-5 mortality rates, 1998-2007

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Health Systems Trust										
Infant mortality (under one year)				28.8	33.1	36.5	38.1			
Child mortality (under five years)				39.6	44.7	49.3	52.8			
2. Medical Research Council										
Infant mortality (under one year)	55	56	58	58	59	59	59			
Child mortality (under five years)	81	86	91	96	100	104	106			
3. StatsSA										
Infant mortality (under one year)				51.5	50.7	49.8	48.8	47.6	46.5	45.2
4. ASSA2002 Model										
Infant mortality (under one year)				63	60	58	55	52.3	50.5	48.6
5. ASSA2003 Model										
Infant mortality (under one year)				60	58	56	52	49	48	46
6. Department of Health										
Infant mortality (under one year)	45					43				

Source: The Presidency (2007). *Development Indicators Mid-Term Review*.

The number of registered deaths under the age of 5 years has increased from fewer than 35,000 in 1997 to over 61,000 in 2005.²⁶ However, it is impossible to decide to what extent it represents an increase in child mortality, as opposed to simply an increase in the completeness of registration.²⁷ As many births and deaths still go unrecorded, under-registration remains a challenge to the production of reliable data on infant and child mortality. The 1998 DHS, based on household sampling method, specified an U5MR of 59 per 1,000 live births while the 2003

²⁶ Statistics South Africa (2007c)

²⁷ Bradshaw & Dorrington (2007)



Demographic Health Survey estimate is 58 per 1,000 live births.

The under-5 mortality rate is used to assess countries' progress towards achievement of MDG4. It is essential therefore to intensify the national discussion around the various sources and estimates that they produce so that the country can agree on the current rate of mortality and be able to monitor progress in the coming years.

Millennium Development Goal 4 requires that the under-5 mortality rates be reduced by two thirds between 1990 and 2015. For South Africa the 2015 target would be 20 per 1,000 live births.²⁸ This means that the country has to achieve an average reduction in child mortality of 14% per year in the period 2007-2015 if it is to meet MDG 4.²⁹

Modelled data shows that the mortality rates for children under 5 vary greatly between provinces (Table 6). KwaZulu-Natal, the province with the second highest number of children under 5 years, has the highest under-5 mortality rate in 2006 (99 per 1,000 live births). Eastern Cape, another highly populated province, also has high under-5 mortality (93 per 1,000 live births). The lowest U5MR estimate is 40 per 1,000 live births for the Western Cape, which has the same under-5 population as the Eastern Cape. Such differences can be attributed to various causes, some of which are discussed further in this chapter.

Table 6: Estimated under-5 mortality rates by province, 2006

	EC	FS	GT	KZN	LP	MP	NC	NW	WC	SA
Under-5 mortality rate	93	91	63	99	58	85	52	70	40	75
Under-5 population (x 1000)	699	289	1,113	1,068	637	422	114	382	523	5,248

Source: Dorrington et al. (2006). *The Demographic Impact of HIV and AIDS in South Africa: National and Provincial Indicators for 2006*.

StatsSA (2008). *Medium mid-year population estimates for 2006*.

3.2 Direct causes of child mortality

The causes of child deaths are registered in death notification forms. Causes are based on the existing causes-of-death standard classification, which has been changed over time. Reported causes of death based on the death notifications are difficult to interpret as both misclassification and under-registration have to be taken into account, particularly with regard to rural areas. Also difficult is to assess the contribution of HIV to infant- and under-5 mortality. For instance, the Medical Research Council of South Africa (MRC) concluded that 61% of deaths related to HIV had been wrongly attributed to other causes in 2000-2001.³⁰ Therefore, the National Burden of Disease Study for the year 2000 set out to develop consistent and coherent estimates.³¹ The study found that a striking 35% of under-5 deaths in 2000 were attributed to HIV. Twelve per cent were due to low birth weight and another 11% were caused by diarrhoea – both causes strongly related to poverty.

²⁸ Department of Health (DHS) DOH/MRC/MACRO (2005)

²⁹ UNICEF (2007)

³⁰ Groenewald et al. (2005)

³¹ Bradshaw et al. (2003)



Table 7 shows the leading natural causes of death for infants (aged below one year) and those aged 1-4 years based on death notification forms received at Statistics South Africa from the Department of Home Affairs for deaths that occurred in 2006. The table suggests that two underlying causes of death were common for the age groups below one year and 1-4 years of age: infectious diseases and influenza and pneumonia. Almost one in four (24.7%) and one in five (20.1%) of deaths of children aged 1-4 years and below one year respectively, were due to intestinal infectious diseases in 2006. Other leading causes for infant deaths were respiratory and cardiovascular disorders specific to the perinatal period, disorders related to the length of gestation and foetal growth, infections specific to the perinatal period and other disorders originating in that same period. A disturbing 7.1% of deaths among children aged 1-4 years were due to malnutrition, the third leading cause of death among this age group. About one third of infant and child deaths were not classified by cause.

Table 7: Ten leading underlying causes of infant and child mortality based on death notifications, 2006

	Less than 1 year		1-4 years	
	Rank	%	Rank	%
Intestinal infectious diseases	1	20.1	1	24.7
Influenza & pneumonia	2	15.8	2	13.3
Respiratory and cardiovascular disorders specific to the perinatal period	3	13.5	-	-
Disorders related to length of gestation and foetal growth	4	4.0	-	-
Infections specific to the perinatal period	5	2.9	-	-
Other disorders originating in the perinatal period	6	2.5	-	-
Protozoal diseases	7	2.1	-	-
Malnutrition	8	2.1	3	7.1
Certain disorders involving the immune mechanism	9	1.8	5	2.5
Other acute lower respiratory infections	10	1.8	9	1.4
Tuberculosis	-	-	4	5.9
Human immunodeficiency virus [HIV] disease	-	-	6	2.2
Other viral diseases	-	-	7	2.1
Inflammatory diseases of the central nervous system	-	-	8	1.6
Non-infective enteritis and colitis	-	-	10	1.1
Other natural causes		30.7		28.5
Non-natural causes		2.7		9.6
All causes		100.0		100.0

Source: StatsSA (2008). *Mortality and causes of death in South Africa, 2006: Findings from death notification.*



Statistics from 2000 for the older group of children aged 5-14 show a shift towards more deaths due to external causes (e.g. road traffic injuries and drownings), especially among boys.³² Road traffic accidents were the leading cause of death for boys in this age group (20%) and the second leading cause for girls (16%). HIV-related diseases were the leading cause for girls (18%) and the second leading cause for boys (10%) aged 5-14 years.

In a country with a high HIV prevalence such as South Africa, the causes-of-death classification may need to be revised so that it can accurately reflect causes of death. Moreover, the modelled data suggests a rising prevalence of HIV in children. The overall prevalence of 1.2% in 2002 seems to have almost doubled to 2.1% in 2006 for children under the age of 18 years.³³

The Human Sciences Research Council's 2005 national survey estimated HIV prevalence among children aged 2-14 years to be 3.3% and in youth aged 15-24 years to be 10.3% with systematically higher infection rates among girls.³⁴ Specifically, the HIV prevalence among male children aged 2-4 years was 4.9% and 5.3% among female children. Among male children aged 5-9 years the prevalence was 4.2% and 4.8% among females. Such high prevalence rates among young children may largely be due to mother-to-child transmission of HIV. Among children aged 10-14 years, the prevalence was lowest at 1.6% among boys and 1.8% among girls. Estimates for HIV prevalence among very young children (0-2 years), a result from mainly mother-to-child transmission, are non-existent. Efforts are being made to study this age group, which is highly vulnerable to HIV transmission. Modelled data suggests that the number of HIV infected children from all ages has increased by more than 80% over a six-year period (Table 8). However some of the increase is contributed by improved availability of HIV testing facilities for children.

Table 8: Estimated number of HIV positive children (0-17 years) by province, 2000-2006

Province	2000	2001	2002	2003	2004	2005	2006
Eastern Cape	27,692	34,049	39,838	43,975	46,647	48,742	50,802
Free State	13,503	16,012	18,383	20,170	21,428	22,376	23,192
Gauteng	29,102	35,452	42,586	49,295	55,479	61,519	67,326
KwaZulu-Natal	72,671	85,020	96,188	104,075	109,102	112,798	115,975
Limpopo	17,928	21,951	25,712	28,557	30,576	32,168	33,608
Mpumalanga	20,896	24,288	27,373	29,567	30,979	31,907	32,637
North West	15,268	18,401	21,388	23,714	25,443	26,948	28,310
Northern Cape	1,298	1,623	1,965	2,250	2,483	2,719	2,958
Western Cape	4,321	5,479	6,611	7,703	9,056	10,649	12,273
South Africa	202,678	242,275	280,043	309,307	331,193	349,827	367,082

Source: Actuarial Society of South Africa (2006). ASSA2003 AIDS and Demographic Model.

³² Bradshaw; Bourne & Nannan (2003)

³³ Actuarial Society of South Africa (2006)

³⁴ Shisana et al. (2005)



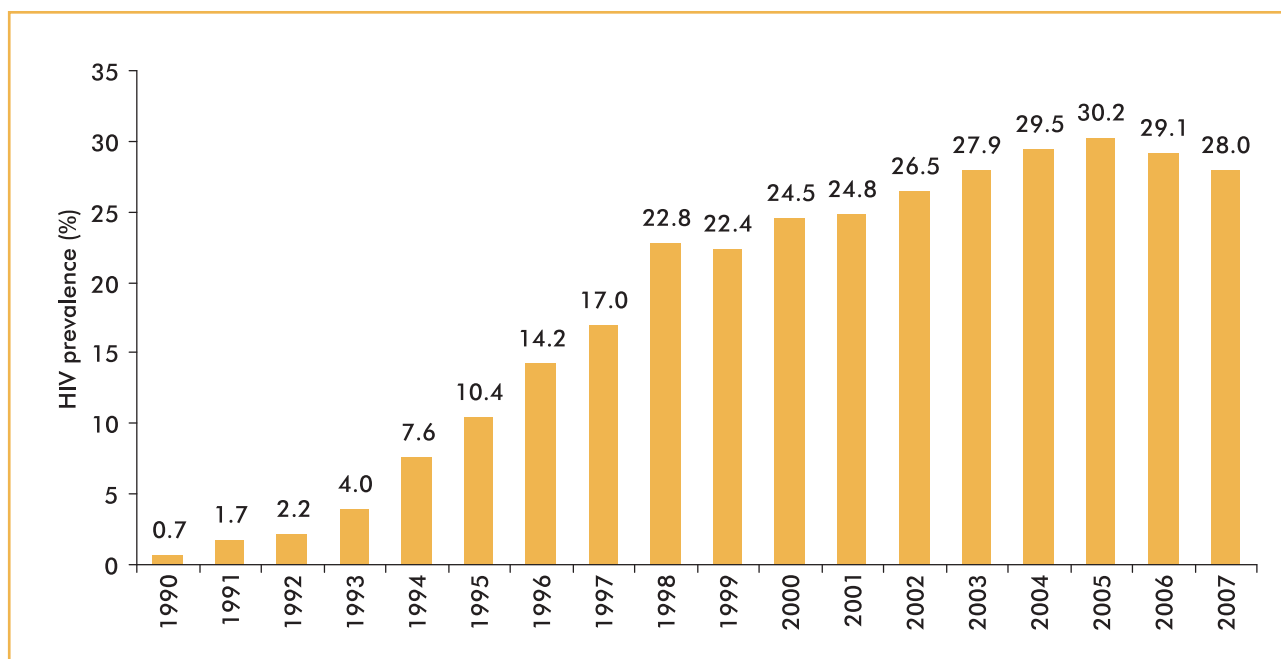
3.3 Maternal health and survival

3.3.1 Antenatal HIV prevalence

In South Africa and elsewhere in the Sub-Saharan Region the annual trends in child mortality rates must be viewed in light of the HIV and AIDS epidemic, which is one of the most serious life-threatening disease. The high national antenatal HIV prevalence, combined with an estimated mother-to-child transmission rate of 20% at six weeks in the overall population³⁵, accounts for the large proportion of babies who are susceptible to AIDS-related illnesses within the first year of life and consequently affect the IMR and U5MR.

Figure 11 shows the rising HIV prevalence among pregnant women since 1990. The recent slight decrease in HIV prevalence among antenatal attendees is promising but needs to be monitored in the long term to declare a stable reversed trend. It is encouraging that the prevalence among younger women (15-24 years) is lower than the average and suggests that HIV incidence may be on the decrease. The pattern of provincial prevalence shows that the epidemic has progressed at a different pace in the different provinces. As seen from Figure 12, KwaZulu-Natal is the worst affected province (37.4%), while Western Cape (12.6%) reported the lowest estimated rate.

Figure 11: National HIV prevalence trends among antenatal clinic attendees, 1990-2007

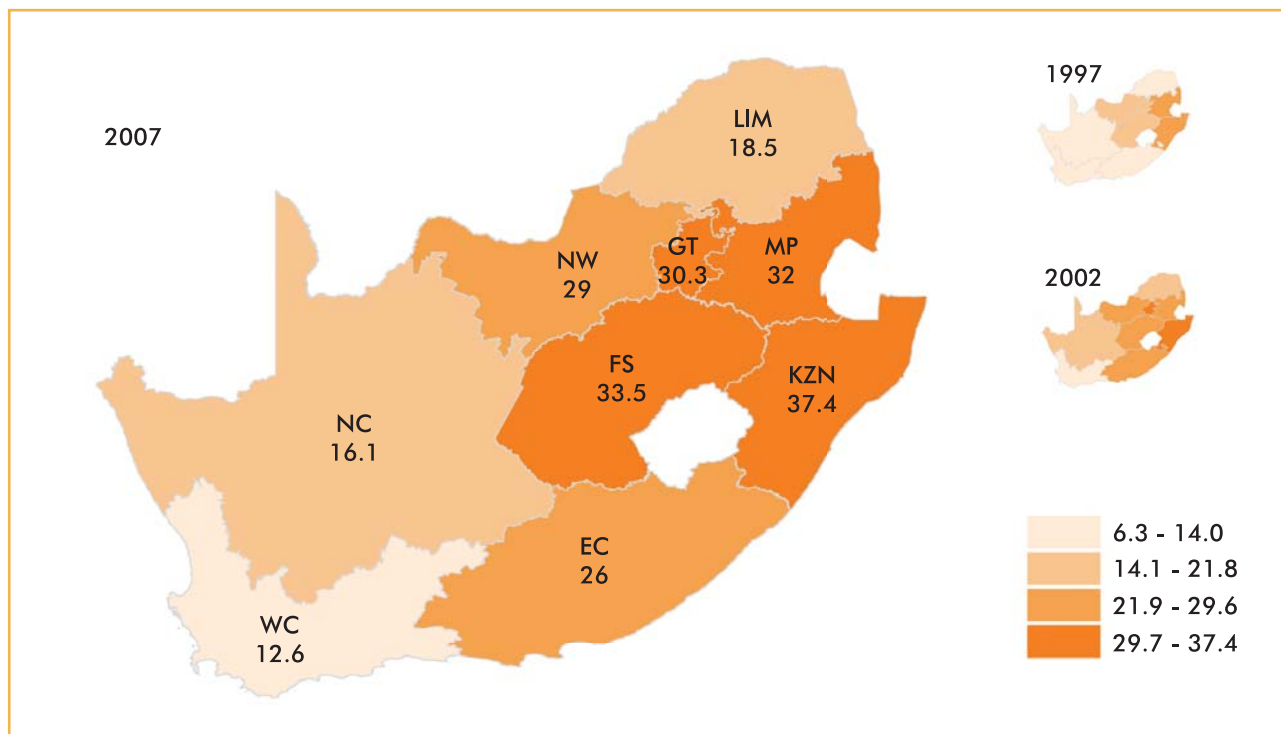


Source: Department of Health (2008). National HIV and syphilis prevalence survey in South Africa 2007.

³⁵ Rollins et al. (2007)



Figure 12: HIV prevalence among antenatal clinic attendees by province, 1997-2007



Source: Department of Health (1998; 2003; 2007). National HIV and syphilis prevalence survey in South Africa 1997; 2002; 2007.

3.3.2 Access to health services

A child's survival and healthy start of life is heavily dependent on the care of pregnant women, the assistance they get during labour as well as on post-natal care for both mother and child. Access to antenatal care services is high in South Africa. The DHS 2003 found that 92% of pregnant women had received antenatal care at least once from a health professional (doctor or nurse/midwife), which is only slightly lower than the 94% utilisation observed in 1998. A similar percentage had deliveries attended to by a medically trained person. Access to these services is somewhat uneven among provinces with the Eastern Cape and Limpopo providing less access to such services by a doctor than other provinces (Table 9). Unfortunately data are not available on post-natal care.



Table 9: Percentage of women who accessed antenatal care and received assistance at delivery for births in the five years prior to the DHS by province, 2003

	Antenatal care			Assistance during delivery		
	Doctor or nurse/midwife	Doctor	Nurse/midwife	Doctor or nurse/midwife	Doctor	Nurse/midwife
Eastern Cape	95.1	11.5	83.6	83.6	18.8	64.8
Free State	90.9	14.1	76.8	91.7	15.2	76.5
Gauteng	89.9	31.2	58.7	95.2	33.9	61.3
KwaZulu-Natal	89.4	53.4	36.0	91.1	57.8	33.3
Limpopo	93.3	17.4	75.9	87.6	9.0	78.6
Mpumalanga	93.7	16.1	77.6	92.5	18.1	74.4
North West	95.1	17.2	77.9	93.3	13.9	79.4
Northern Cape	90.1	20.2	69.9	94.3	30.7	63.6
Western Cape	89.1	55.6	33.5	91.0	39.1	51.9
South Africa	91.7	28.0	63.7	91.2	26.4	64.8

Source: Department of Health (2007). *South Africa Demographic and Health Survey 2003*.

Despite high access to antenatal care services, the maternal mortality rate (MMR) is thought to be increasing in South Africa. According to some sources it more than doubled between 1998 and 2003.³⁶ Figure 13 shows the annual number of deaths of women from pregnancy-related causes per 100,000 live births, as calculated by both Statistics South Africa and the Department of Health. The upward trend is strongly influenced by the HIV epidemic that disproportionately affects young women. More recent estimates of MMR are unavailable. If the 2003 rate is taken as a baseline, achievement of MDG 5 – bringing MMR down to 38 per 100,000 live births by 2015 – seems unrealistic unless strong concerted efforts are exerted. The Department of Health introduced a national confidential inquiry into maternal deaths in 1998 to track causes of maternal deaths. The inquiry is expected to inform enhanced efforts tackling the causes, and reversing the existing disturbing trend.

At the beginning of 2008 two more ministerial committees on perinatal and newborn mortality and children under five years were launched by the Minister of Health to advise on the causes of deaths and strategies to reduce them.

³⁶ The Presidency (2007)



Figure 13: Maternal mortality ratio, 1997-2003



Source: The Presidency (2007). Development Indicators Mid-Term Review.

In South Africa, there is an inequitable distribution of medical practitioners between the public and private sectors. By 2007, less than a third of the medical practitioners who were registered with the South African Health Professionals Council worked in the public sector, even though approximately 80% of the population uses the public sector for medical care.³⁷ Professional nurses are frequently the health professionals who render services at primary level, and they are essential to provide preventive and curative care for children. However, less than half the professional nurses who are registered with the South African Nursing Council are employed in the public sector, which in fact provides services to the big majority of the population. In the face of increased cost of care, migration of health professionals from the public to the private sector and migration of health professionals away from the country, the challenge is to increase and retain health professionals in the services.

Children’s testimony from the activities organised by the Office on the Rights of the Child:
Unhappy rights’ experiences: “Treated with disrespect at the clinic, discrimination, lack of respect”; “No professionalism in health services”; “Conveying examination results in an insensitive manner”; “Unprofessional behaviour of nurses when requesting condoms. Boys get minimum life skills education in clinics and hospitals”; “Health workers do not see the need to discuss their [children’s] illnesses with them”; “No provision is made for special needs especially means of communication for the disabled and the indigenous communities” (Northern Cape)

³⁷ Harrison; Bhana & Ntuli (2007)



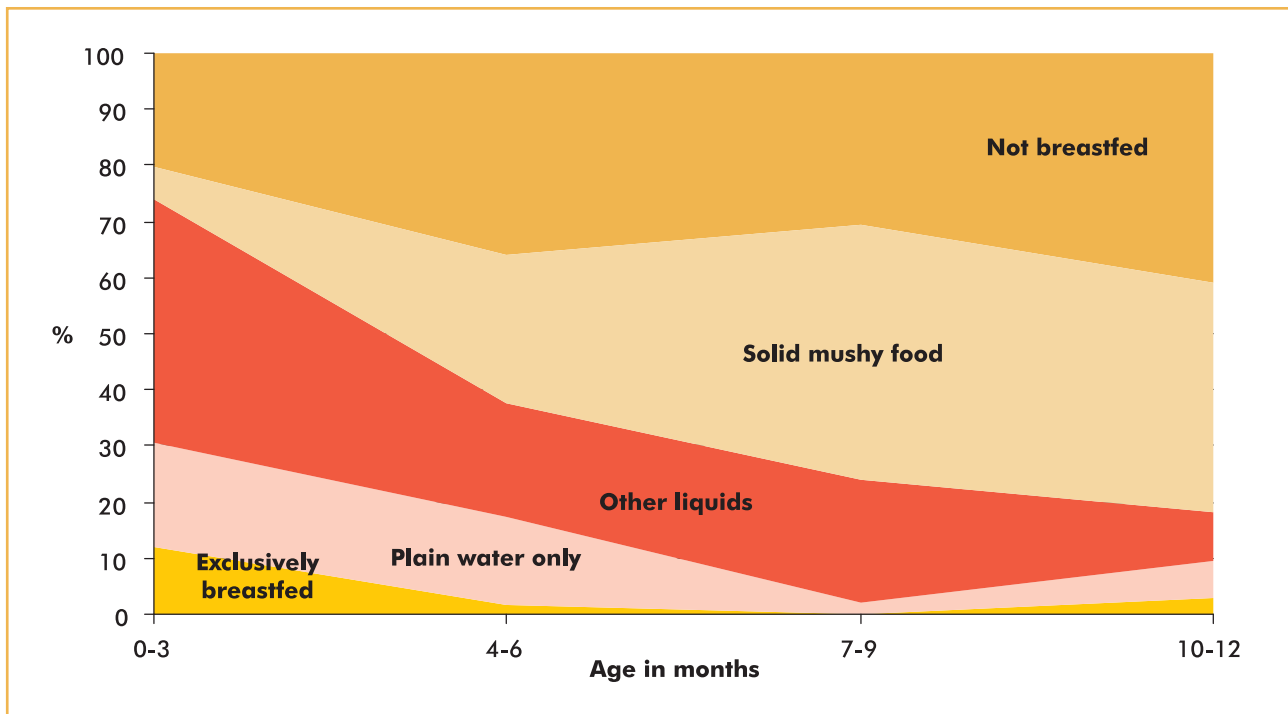
Happy rights' experiences: "They took care of me"; "Help when I am sick"; "You get help that you need fast" (KwaZulu-Natal); "Free access to medicine" (Free State); "Children appreciate access to free medication and availability of contraceptives. They appreciate the fact that they are given preference as children. Children also appreciate advice given at the clinics and hospital" (Eastern Cape)

3.4 Care for young children

3.4.1 Nutrition and micro-nutrient supplementation

Breastfeeding initiation rates are high in South Africa with close to 90% of mothers reporting to have ever breastfed their infants. The greatest challenge is that the practice of exclusive breastfeeding is not a cultural norm, with most mothers practicing mixed feeding. In 2003 only 11.9% of babies below the age of four months were being exclusively breastfed (Figure 14). Among infants in the age range 4-6 months the proportion being exclusively breastfed was only 1.5 %.

Figure 14: Percentage of infants breastfeeding and consuming by age, 2003



Source: Department of Health (2004). South Africa Demographic and Health Survey 2003.

Exclusive breastfeeding rates are even more compromised with the recognition that breast milk can transmit the HI virus. Within the South African PMTCT Programme mothers are provided with two options for safe infant feeding, either exclusive breastfeeding for six months or exclusive formula feeding for the same period. However given the low rates of exclusive infant feeding practices, mixed feeding is what most mothers are actually practising as documented in several scientific publications.³⁸ The risk of child morbidity and mortality is higher in poor communities where formula feeding is neither affordable nor accessible and where access to running water is inadequate. Data from several PMTCT

³⁸ Coovadia et al. (2007)

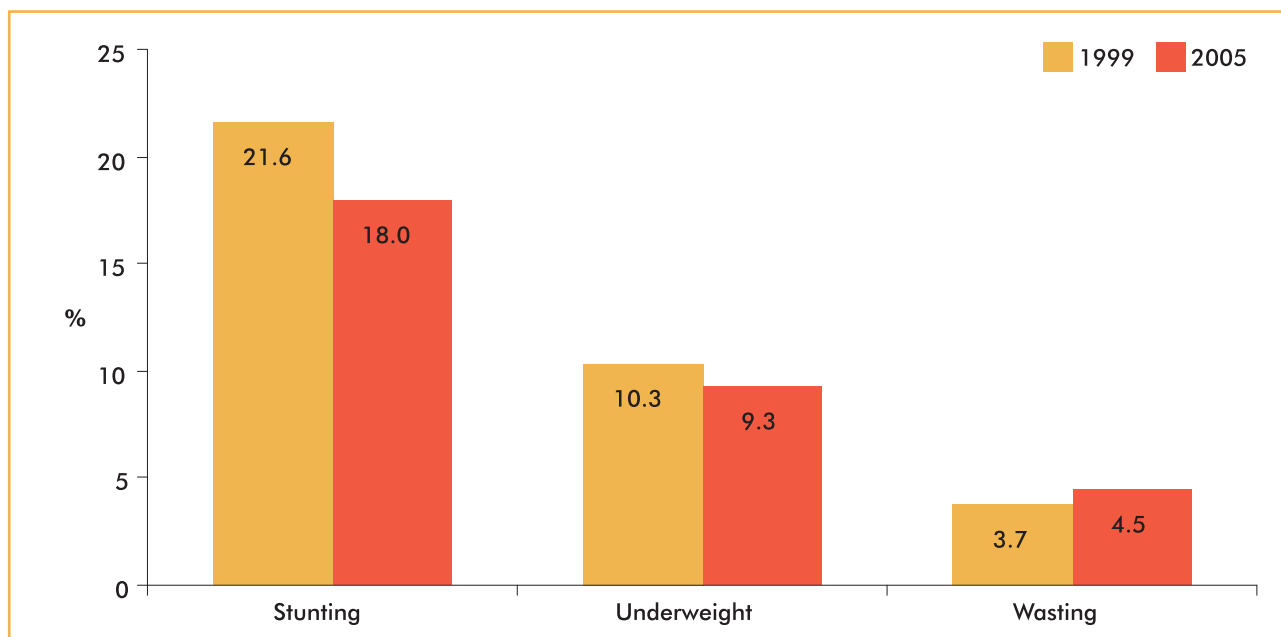


sites in South Africa suggests that there is a risk for consumption of contaminated infant formula. This makes exclusive breastfeeding the best choice for these HIV-positive women.

According to Section 28(1)(c) of the Constitution, every child has the right to basic nutrition. Nevertheless, in 2005, malnutrition made up over 6% of the direct causes of death among children aged between one and five years. In addition, it is a contributory underlying cause in more than 50% of the deaths in children under 5 years of age.

Stunting (height for age), wasting (weight for height) and underweight (weight for age) are measures of malnutrition, which are widely associated with poverty and food insecurity. According to the National Food Consumption Survey (NFCS), more than 21% of South African children aged 1-9 years were stunted in 1999, meaning that they suffered from chronic malnutrition (Figure 15).³⁹ In 2005 stunting affected 18% of children, with the best improvement in the rural areas (from 26.5% down to 20.3%), whereas the prevalence did not change in children living in urban areas (16.2%).⁴⁰ Acute malnutrition, measured by wasting and often associated with morbidity (mainly diarrhoea), increased from 3.7% in 1999 to 4.5% in 2005 among children aged 1-9 years. Finally, the prevalence of underweight, a composite measure reflecting both chronic and acute malnutrition, decreased from 10.3% in 1999 to 9.3% in 2005 at the national level, although it appeared to have increased in urban areas (from 7.7% to 9.5%).

Figure 15: Percentage of children 1-9 years classified as malnourished (moderate and severe) according to anthropometric measures, 1999 & 2005



Source: Labadarios (2000; 2007). The National Food Consumption Survey 1999; 2005.

³⁹ Labadarios (2000)

⁴⁰ Labadarios (2007)



The Demographic and Health Survey 2003 provides details about malnutrition status of children under the age of five years (Table 10). It reveals that in 2003 chronic malnutrition was most prevalent in the Northern Cape (37%) and least prevalent in KwaZulu-Natal (13%). Prevalence of underweight and wasting among children under five years was highest again in the Northern Cape (26% and 10% respectively) and lowest in the Eastern Cape (7% and 1% respectively). Although it is not possible to compare the results from the DHS and NFCS precisely, there are no indications that the nutritional status of children has changed substantially over the past 10 years.⁴¹

Table 10: Percentage of children under five years classified as malnourished (moderate and severe) according to anthropometric measures by province, 2003

	Stunting	Underweight	Wasting
Eastern Cape	28.5	7.1	0.8
Free State	32.9	15.9	8.4
Gauteng	26.5	10.1	4.2
KwaZulu-Natal	13.3	11.3	7.5
Limpopo	26.6	14.2	5.3
Mpumalanga	22.2	9.1	6.0
North West	24.0	12.4	6.0
Northern Cape	37.1	25.8	10.0
Western Cape	34.7	10.9	6.2
South Africa	27.4	11.5	5.2

Department of Health (2007). *South Africa Demographic and Health Survey 2003*.

In older age groups, the 2002 South African Youth Risk Behaviour Survey revealed that 11% of high school learners were stunted, 4% wasted, and 9% underweight.⁴² The prevalence of stunting is concerning, especially considering that research associates it with poor cognitive and school performance.

While traditionally the focus in developing countries has been on children who are underweight, South Africa is among the countries which face the emerging challenge of obesity. Recent research found 14% of boys and 18% of girls aged 6-13 years to be overweight in South Africa.⁴³ This is a cause for concern, especially in low-income populations where it indicates high calorie intake of cheap refined food that compromises a balanced diet.

In 1994 the South African Vitamin A Consulting Group showed widespread deficiency of critical vitamins and minerals in children aged 6-71 months, the so-called "hidden hunger". Ten per cent of this group showed iron deficiency and 33% were Vitamin A deficient.⁴⁴ This led to the prom-

⁴¹ Department of Health (2007c)

⁴² Reddy et al. (2003)

⁴³ Armstrong et al. (2006)

⁴⁴ Labadarios & Van Middelkoop (1995)



ulgation of mandatory food fortification of wheat flour and maize meal in 2002. In addition, the Department of Health introduced the administration of one vitamin A capsule every 6 months to children aged 6-59 months to mitigate the risk of illness and death in children from gastroenteritis, acute respiratory infections and measles. The DHS 2003 found that only 39.1% of children from this age group had received Vitamin A supplementation in the six months prior to the survey. By 2006, Vitamin A coverage was estimated to be 95% among children aged 6-11 months. Data for supplementation to the older age group suggests coverage of 28% in 2007/2008. A positive outcome of the national food fortification intervention is a 33% reduction in neural tube defects in children due to folic acid fortification.⁴⁵

Another micronutrient that is of concern is iodine, given that the impact of deficiency has far-reaching consequences on mental and physical development. The percentage of households having access to adequately iodised salt has significantly increased, from 62% in 1998 to 77% in 2005. The National Food Consumption Survey found that in 2005 nationally 80% of children aged 1 – 9 years had a urinary iodine level more than 100 ug/L (reflecting adequate intakes of iodine). The same survey found that less than 27% of women had a urinary iodine level of less than 100 ug/L (the deficiency cut-off level). These results suggest that the iodine deficiency control and prevention interventions of the Department of Health are successful in reversing previous unfavourable trends in iodine deficiency disorder.

3.4.2 Child illness

Diarrhoea is associated with poverty and related to poor hygiene. The DHS 2003 found that 8% of children under the age of five years had an episode of diarrhoea in the two weeks prior to the survey, with children between 6 and 23 months being disproportionately affected. Prevalence was found to be higher in rural areas (8.8%) than in urban settings (7.4%). Only 63% of children with diarrhoea were treated properly and received oral rehydration salts or a home-prepared solution. The survey report does not suggest if seeking of medical advice is a common practice among parents when this serious and at time life-threatening disease affects their children.

Malaria, which is a major contributor to child mortality in Sub-Saharan Africa, occurs only in the provinces of Limpopo, Mpumalanga and northern KwaZulu-Natal. In these areas, malaria has been successfully managed and controlled and the total number of recorded cases for all ages dropped from 64,622 in 2000 to 7,755 in 2005. This is attributable to a combination of intensified surveillance, prevention measures, treatment regimens and collaboration with bordering countries.⁴⁶

⁴⁵ Sayed et al. (2008)

⁴⁶ Department of Health (2006)



3.5 Adolescent behaviour

Survival in children of school age and especially of adolescents (11-19 years) is best viewed within the framework of adolescent risk behaviour that includes both suicidal behaviour and behaviour that exposes the adolescent to injury.⁴⁷ Risk behaviour of adolescents is manifested in substance abuse, exposure to crime and violence, and sexual risk behaviour. Abuse of both drugs and alcohol threatens mental health, education and safety. Sexual risk behaviour is further complicated by the risk of HIV infection. Indicators of sexual risk behaviour are the rate of teenage pregnancies, the number of terminations of pregnancy among teenagers and the prevalence of HIV and other sexually transmitted infections in the under-20 age group. The National Youth Risk Behaviour Survey in 2002 reported that by the age of 17 more than two thirds of teenagers had experienced sex, and of these girls, about half had experienced being pregnant.⁴⁸ HIV prevalence in the under-20 age group stood at 13.7% in 2006.⁴⁹

In South Africa, in the context of high HIV prevalence, obtaining of knowledge regarding ways for transmission of the disease and safe behaviour especially among adolescents, is critical for reversing the on-going increasing trend of infections, and yet is insufficient. A National Household HIV Prevalence and Risk Survey of South African Children found that among adolescents aged 12-14 years only half agreed with the statement that HIV can be transferred through unprotected sex (Table 11).

Table 11: Knowledge of HIV transmission among children aged 12-14 years, 2002

HIV is transmitted by:	Agree (%)
Unprotected vaginal sex	49.7
Sharing needles	30.1
Exchange of body fluids	12.1
Contaminated blood	25.4
Kissing	4.3
Drinking from the same cup	1.3
Sharing a cigarette	1.6

Source: Brookes; Shisana & Richter (2004). *The National Household HIV Prevalence and Risk Survey of South African Children.*

The school and educators as well as care-takers are the most important pathways for educating children on issues around sexuality and related matters such as HIV (Table 12). The fact that children trust parents and teachers and are open to discussing these important issues calls for the design of more efficient programmes that may contribute to improving the knowledge and modelling of safe behaviour among adolescents since their sexual debut.

⁴⁷ Flisher et al. (1996)

⁴⁸ Reddy et al. (2003)

⁴⁹ Department of Health (2007)



Table 12: Most important sources of information about sex and sexual abuse for children aged 12-14 years, 2002

Source	Sex (%)	Sexual abuse (%)
School/teacher	53.6	47.2
Family/relative	22.4	34.2
Peer group/acquaintance	11.2	4.9
Nobody/self	4.7	2.1
Media	3.3	6.4
Other	3.3	3.3
No response	1.5	1.9

Source: Brookes; Shisana & Richter (2004). *The National Household HIV Prevalence and Risk Survey of South African Children*.

3.6 National policies and programmes

South Africa has adopted a wide range of legislative and other measures to realise the right of access to health care services. The National Health Act 61 of 2003 provides the framework for a structured uniform health system, taking into account the obligations imposed by the Constitution. The Strategic Plan 2007/08-2009/10 of the Department of Health lists the other various pieces of legislation that govern and guide the health sector.

The government has formulated a number of policies, the implementation of which can positively influence child survival. Most notable is the Primary Health Care (PHC) approach that was adopted to ensure equitable, accessible and affordable health care to the majority of South Africans who were marginalised during the apartheid era. As a result, the policy of free health care services for pregnant women and children under six years was introduced, and has promoted access to services for these vulnerable groups. Within the Primary Health Care framework, the Maternal, Child and Women's Health policy of South Africa was formulated. The policy's strategies promote optimal perinatal and neonatal care and infant feeding practices.

Other policies in support of child- and maternal health promulgated recently by the Department of Health include the following:

- Infant and Young Child Feeding Policy (2008);
- HIV and AIDS and STI National Strategic Plan (2007-2011);
- A policy on quality health care for South Africa (2008);
- School Health Policy for South Africa;
- Policy guidelines for Youth and Adolescent health.

Key child survival programmes and strategies include:⁵⁰

- Baby Friendly Hospital Initiative;
- International Code of Marketing of breast-milk substitutes;

⁵⁰ Department of Health (2007c)



- Growth Monitoring and Promotion;
- Basic Antenatal Care Programme (BANC);
- Management of children with Severe Malnutrition;
- Vitamin A Supplementation;
- Kangaroo Mother Care;
- Integrated Management of Childhood Illnesses;
- Prevention of mother-to-child transmission of HIV; and
- Expanded Programme on Immunisation.

3.6.1 Integrated Management of Childhood Illness

The South African National Strategic Plan of the Department of Health sets as one of its priorities to strengthen primary care and improve the management of childhood illnesses. Most actors agree that programmes should be within the framework of a primary health care approach, and Integrated Management of Childhood Illness (IMCI) has provided a way of standardizing this for health service delivery. The IMCI strategy is currently being implemented in all Primary Health Care facilities.

IMCI includes both preventive and curative elements that may be implemented by families and communities as well as by health facilities. By March 2006, 76% of PHC facilities nationally were implementing IMCI, and 48% had achieved the target of 60% professional nurses trained in IMCI working at the site.⁵¹

3.6.2 Expanded Programme on Immunisation and Vitamin A supplementation

The Expanded Programme on Immunisation forms part of the Primary Health Care package for South Africa, and addresses many of the communicable childhood illnesses. Its target is 90% coverage in the first year of life for all vaccines. The vaccination coverage has risen slightly - from 81.7% in 2003 to 84.7% in 2006. In addressing the challenges of pneumonia, meningitis and diarrhoea among under-fives, causes that are commonly associated with death in this age group, Department of Health introduced in 2008 on a pilot basis in one district of the Eastern Cape, among the worst provinces as far as under-5 mortality is concerned, two new vaccines: pneumococcus conjugate and rotavirus.

In September 2008 new vaccines against Rotavirus diarrhoea and pneumococcal pneumonia were launched by Minister M. Tshabalala-Msimang. South Africa is the first country in Africa to introduce these two vaccines in the public sector. The reduction in death deaths from rotavirus diarrhoea and pneumococcal pneumonia will be realised in due course. The plan was to roll out vaccination throughout the province and later on to scale it up nationally.

In response to the low micro-nutrient and Vitamin A supplementation in particular for children under five years, a national Vitamin A campaign aiming to reach 4 million children was launched

⁵¹ Salojee et al. (2006)



in September 2008. Estimates suggest that in order to maximize the impact of Vitamin A supplementation on child mortality, at least 80% of children in South Africa need to be provided with vitamin A supplementation every six months.

3.6.3 Antenatal care and neonatal health

The Basic Antenatal Care initiative (BANC) focuses on the provision of comprehensive care to pregnant women, while the Baby Friendly Breastfeeding Hospital Initiative is aimed at increasing exclusive breastfeeding initiation rates and improving safe infant feeding practices for all children in South Africa by accrediting health facilities that comply with the Global Assessment Criteria. By September 2008, a total of 238 health facilities were declared Baby Friendly.

Common causes of death among infants include premature births, asphyxia during delivery, birth trauma and other complications of pregnancy and delivery.⁵² While most of these factors imply improved quality of care, Kangaroo Mother Care (KMC) for the premature infant is a cost-effective method of caring for small babies. KMC has been implemented in most provinces and has shown to lead to a significant reduction of neonatal mortality.⁵³

3.6.4 Prevention of Mother-to-Child Transmission

The HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 aims to reduce mother-to-child transmission of HIV to below 5% by 2011 and to provide a comprehensive package of services that includes wellness care and antiretroviral therapy (ART) to 110,000 eligible pregnant women and to 190,000 eligible HIV-affected, -infected and -exposed children and adolescents. The Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) plan includes a comprehensive package of care of HIV treatment and support for children. By 2006, PMTCT was available at 90% of government health facilities for pregnant women.⁵⁴ District-based statistics reveal that more than half the HIV positive pregnant women in the public health service take Nevirapine to prevent mother-to-child transmission (Figure 16). Dual Therapy with nevirapine and AZT was introduced in July 2008.

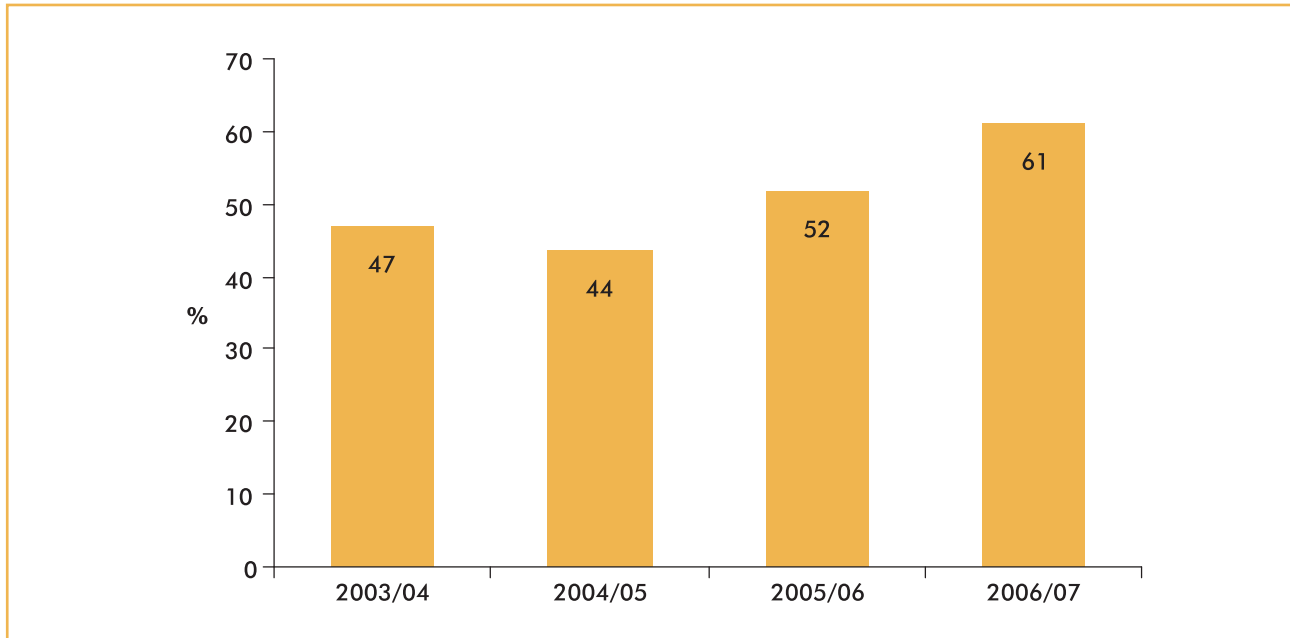
⁵² PPIP (2003)

⁵³ Pattinson et al. (2005)

⁵⁴ Department of Health (2007)



Figure 16: Percentage of HIV positive pregnant women receiving Nevirapine, 2003 -2007



Source: Barron; Day & Monticelli (2007). *The District Health Barometer 2006/07*.

Recent evidence has shown the advantage of early initiation of ART.⁵⁵ The early testing of children who have been exposed to HIV during the perinatal period can contribute and facilitate this treatment. The PCR testing of newborn babies for HIV can be done at six weeks of age. In 2004, guidelines for antiretroviral treatment were issued by the Department of Health that included the treatment of children.⁵⁶ By 2006/07, 47% of new-born babies born to HIV-positive mothers received Nevirapine.⁵⁷

As shown in Table 13, there has been a large increase in the number of children starting ART in recent years. Whilst in 2006 the public health system covered only 12% of those who need the treatment, to date the service provision continues to expand as more resources become available.⁵⁸

⁵⁵ NIAID (2007/08)

⁵⁶ Department of Health (2004b)

⁵⁷ Barron; Day & Monticelli (2007)

⁵⁸ Ijumba & Padarath (2006)



Table 13: Estimated number of children (0-14 years) starting antiretroviral therapy by province, 2002-2006

	2002	2003	2004	2005	2006
Eastern Cape	173	335	510	1,654	3,007
Free State	157	304	458	853	1,415
Gauteng	493	997	1,544	3,642	6,383
Kwazulu-Natal	522	1,004	1,509	3,958	6,992
Limpopo	329	639	953	1,633	2,539
Mpumalanga	274	526	782	1,285	2,061
Northern Cape	9	18	34	164	286
North West	147	284	427	1,166	1,992
Western Cape	83	176	668	1,401	2,144
South Africa	1,910	3,798	6,255	14,782	25,318

Source: Actuarial Society of South Africa (2006). ASSA2003 AIDS and Demographic Model.

3.6.5 Road-to-Health card

Every child born in a health facility in South Africa is entitled to receive a Road-to-Health card that facilitates the monitoring of children at risk. Growth monitoring is essential to establish need according to age, disease state and geographical areas for intervention through the Integrated Nutrition Programme of the National Department of Health. The Road-to-Health card is an important document for tracking immunization coverage, childhood illnesses as well as vitamin A supplementation and needs to be retained for all children up to the age of 6 years when they attend Grade R. The DHS 2003 showed 71% of children to have a Road-to-Health card, which is slightly lower than the 75% observed in 1998.

3.6.6 Budget allocations

South Africa's total health expenditure comprises approximately 8.5% of GDP in 2007/08, a high proportion when compared to similar middle-income countries. More than half of it (59%) is spent in the private health care sector.⁵⁹ The proportion of public sector spending (41% of the total health expenditure) is only slightly above the international average. The health sector's share in the total consolidated government expenditure has declined from 11.5% in 2000/01 to 10.8% in 2007/08.⁶⁰

The Department of Health's expenditures on the Maternal, Child and Women's Health programme increased from R16.4 million in 2004/05 to R24.0 million in 2007/08.⁶¹ The latter

⁵⁹ National Treasury (2007)

⁶⁰ Harrison; Bhana & Ntuli (2007) & National Treasury (2008)

⁶¹ National Treasury (2008b)



represents only 0.7% of total spending on strategic health programmes. HIV & AIDS and STIs is the largest strategic sub-programme and its funding grew from R1.4 billion in 2004/05 to almost R2.5 billion or 75% of total strategic programmes expenditure in 2007/08. This amount includes the comprehensive HIV & AIDS conditional grant to provinces as well as a range of transfers to non-governmental organisations.

Public health services are predominately delivered by provincial governments. Unfortunately, the budget classification does not allow easy identification of amounts allocated for child health services, health promotion services, and antenatal and neo-natal care services. This is understandable given that these services are usually offered as part of broader services reaching all age groups.

Table 14 shows the provincial spending on public health care by functional classification. The primary health care category is where one would look for basic health services for children. PHC accounts for 19% of provincial expenditure in 2007/08, compared to 55% for the tertiary care provided in hospitals and only 5% for HIV and AIDS. Less than 1% of the provincial health funding is allocated to nutrition. Nutrition programmes are targeted primarily at children and women.

Table 14: Provincial health expenditure by functional classification, 2007/08 (R million)

Health category	Expenditure	% of total
Hospitals	32,438	55
Primary health care (PHC)	11,042	19
Health facilities (capital)	4,626	8
HIV and AIDS	2,879	5
Administration	2,144	4
Emergency medical services	2,590	4
Health sciences & training	2,040	3
Health care support	857	1
Coroner services	451	1
Nutrition	185	0
Total	59,252	100

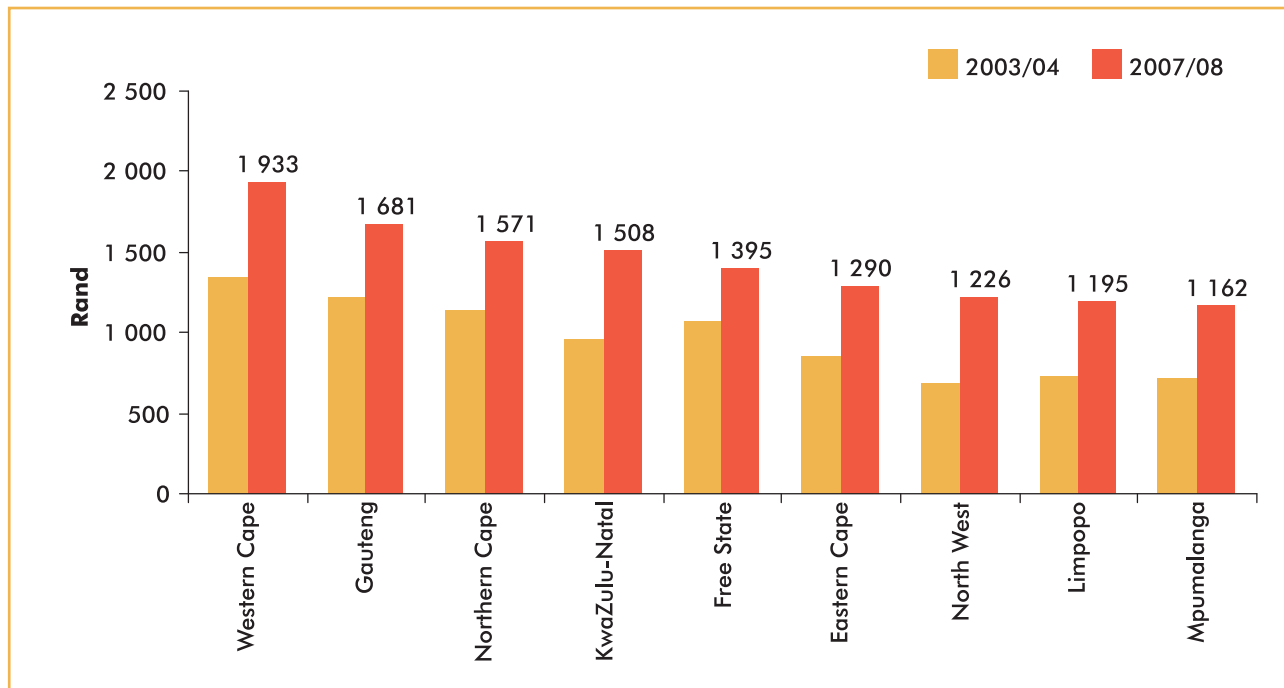
Source: National Treasury (2007). *Provincial Budget and Expenditure Review: 2003/04 - 2009/10*.

Note: expenditures are medium-term estimates.

Provincial disparities persist as far as the health budget is concerned. The Western Cape is best equipped with funds for running the health system at local level with an average of R1,933 per person in 2007/08 (Figure 17). Mpumalanga, Limpopo and North West remain the lowest funded with per capita spending between R1,162 and R1,226.



Figure 17: Per capita public health funding by province, 2003/04 & 2007/08



Source: National Treasury (2007). *Provincial Budget and Expenditure Review: 2003/04 - 2009/10*.

Note: provincial spending includes conditional grants and is expressed per capita of uninsured population.

Note: Expenditures for 2007/08 are medium-term estimates.

3.7 Conclusions and recommendations

South Africa has made significant progress in ensuring access to health services to both children and mothers. Policies and programmes addressing children’s and women’s health are in place. Massive campaigns aimed at reaching children with health-related interventions, such as immunization and micro-nutrient supplementation campaigns, complement on-going programmes. The transformation of the health system since democracy, the primary health care approach and high coverage of health care for pregnant women sets the foundation for improved child survival.

There is evidence of substantial programmatic interventions for the optimal health and nutritional wellbeing of mothers and children in South Africa. However there is a need for accelerated scale-up of these interventions in order to ensure the country can meet the MDGs on maternal and child survival. It is also clear that the goals can only be met if the social determinants of health and well-being are equally addressed by other social sectors as these are the primary underlying causes of maternal and child mortality in the country. Some of the key considerations for accelerating interventions to reverse the trends in maternal and child mortality include:

- Intensification of the national discussion around measuring child mortality and a causality analysis will help to reach common understanding with regard to the current status and the progress that needs to be made if MDG 4 is to be achieved;
- A recently revised integrated strategy on maternal, neonatal and child survival defining targets should be implemented as a matter of urgency. In addition, an integrated approach of



service delivery within the district-based health system and including community level outreach is needed to maximize coverage and improve quality of services. By integrating health programmes, an efficient system can evolve that will improve the quality of services and maximise coverage of mothers and children who require health care and prevention.

While the HIV and AIDS epidemic continues to devastate the survival and well-being of children and their families, early diagnosis, the advent of antiretroviral treatment and strengthening of the Prevention of Mother to Child Transmission programme hold the promise of a positive effect. A number of interventions may contribute towards stabilising the reversing trend of HIV incidence and to protect those already infected:

- Adolescents' knowledge of safe reproductive behaviour and prevention from HIV urgently needs to be improved through implementation of innovative and highly effective interventions;
- More emphasis on prevention of new infections need to be emphasised for the wider society.
- Preventive interventions need to be speeded up among pregnant women.
- Health services that have remained in the domain of hospitals including HIV and AIDS care and treatment, where possible ,need to be extended to primary health care level to ensure optimum coverage of mothers and children who access the health services at that level.

Persistent inequity and poverty remain a challenge for the cultivation of effective health programmes.

This is further compromised by the drainage of human resources from the public health sector to private health sector and developed countries seriously compromises the public health sector's capacity to implement policies and programmes effectively and efficiently.

South Africa should optimise resources to improve child survival and development, and strengthen its monitoring systems for maternal and child health that will enable constructive planning for the future.

Finally, the Government budget allocated to the Health sector should be classified and made available to allow assessment of the effectiveness and efficiency of health expenditures related to children.



Chapter 4: Early Childhood Development

Investing in young children pays off in the long run. Child stimulation and development at the early stage of life has a critical role for good health, growth, success in education and in life. Early childhood development (ECD) encompasses all the processes that enable emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age. Nutrition and clean water, caring families and communities, support for early learning and psycho-social development, and access to health care are among the jointly necessary conditions for young children's survival and well-being, and for their healthy development through later childhood into well-functioning adulthood. ECD thus has a crucial role in children's realization of their rights to survival, development, protection and participation.

The government's commitments to young children flow from the Bill of Rights in South Africa's Constitution and from the country's ratification of international child rights conventions such as the African Charter on the Rights and Welfare of the Child and the United Nations Convention of the Rights of the Child. Children's rights to ECD provision are implied through a number of other constitutional rights.

The Children's Act recognizes the role of ECD – together with support for parents and families to fulfil their duties of care – in reinforcing children's protective rights. The South African Government is committed to ensuring universal access to ECD programmes for young children in preparation for their compulsory schooling.

Early childhood development is cross-cutting and thus runs as a narrative thread through this report. This chapter is focused on young children's development through participating in ECD programmes. The chapter first looks at access to ECD programmes. It then explores some factors that explain the quality of ECD services. Further, national policies and programmes are reviewed. Finally, recommendations are made. In many instances the analysis is based only on information from the Department of Education and Department of Social Development, which is available; information for community-based and home-based ECD sites, which may not be registered, is lacking. Thus the presented picture of ECD programmes is at times incomplete.

4.1 Access to ECD programmes

Early childhood development programmes are provided at three different types of sites: registered sites at DSD and DoE, community-based sites and home-based sites. As the latter two types of sites may not be registered formally, an integrated comprehensive recording system that would allow getting complete information on a regular basis is missing. A national audit conducted in 2000 found that 820,000 children under the age of 7 years were enrolled in some form of ECD programme (Table 15). This number constitutes around 13% of the relevant child population. The vast majority of young children were not enrolled in ECD programmes and



their development and stimulation was left to the discretion and the capacity of their parents and caregivers.

More than half of children (57%) were enrolled in community-based sites, 24% in home-based sites and 19% in school-based sites. Half of children enrolled in ECD programmes were at the age of 5 or 6 years, a third were 3-4 year olds, the youngest ones (0-2 years) represented only 17% of all enrolled children.

In-depth documentation of ECD programmes has not been done since 2000. Another national audit, which may provide an update in this regard, is being implemented only in 2008.

Table 15: Number of children under seven accessing ECD services by site type and age, 2000

	0-2 years		3-4 years		5-6 years		Total	
	No.	%	No.	%	No.	%	No.	%
School-based sites	5,073	4	23,571	9	123,726	30	152,382	19
Community-based sites	80,561	59	173,568	64	216,951	53	471,203	57
Home-based sites	50,318	37	73,826	27	72,399	18	196,607	24
All sites	135,952	100	270,965	100	413,076	100	20,193	100

Source: Willims & Samuels (2001). *The Nationwide Audit of ECD Provisioning in South Africa.*

Child’s testimony from the activities organised by the Office on the Rights of the Child

Happy rights’ experience: “It is an advantage to have ECD centre because learners do not have to stay with children whilst parents are at work” (Northern Cape).

The Department of Social Development plays an important role in the provisioning of access to ECD programmes. According to the Child Care Act 1983, as amended, the Department needs to register “places of care”, which are any building or premises, maintained or used whether for profit or otherwise, for the reception, protection and temporary or partial care of more than six children apart from their parents. A subsidy system is in place to support early childhood development for young children from poor families attending these ECD sites. Table 16 shows the increase of enrolment of young children in the ECD centres supported by DSD. Since 2004 the number of registered centres increased by 55% reaching 12,593 in mid 2008; the number of supported children increased steadily over time – from 270,096 in 2004 up to 385,000 in 2008.



Table 16: Number of children supported through ECD centres registered at DSD, 2004-2008

	2004/5	2005/6	2006/7	2007/8	June 2008
No. of children supported	270,096	306,277	314,912	355,762	385,000
Registered ECD sites at DSD	8,113	6,824	9,726	12,264	12,593

Source: Direct communication with Department of Social Development (2008).

Records for sites registered at DoE are available on a regular basis. At these sites, ECD programmes are offered at stand-alone ECD centres and in pre-school programmes within the ordinary school system. Same definition applies for ECD centres as the one adopted by DSD: ECD centres are defined as “any building or premises maintained or used [...] for the admission, protection and temporary or partial care of more than six children away from their parents. [It] can refer to a crèche, a day-care centre for young children, a playgroup, a pre-school, after-school care, etc.”⁶² The ordinary school system offers early learning programmes at independent as well as public schools, at two levels – pre-grade R and grade R.

Table 17 shows the numbers of children who had access to ECD facilities registered at DoE in 2006. A total of 176,589 children nationally attended registered stand-alone ECD centres. This comprises only 3.4% of children under the age of five years. Because of the broad definition of ECD centre in the EMIS, it is not possible to specify the proportion of children participating in early learning programmes at these centres, as some of the centres also provide infant care. Within the ordinary school system, in 2006, a total of 32,342 children were registered in the pre-grade R phase. This, together with enrolment in stand-alone centres, brings enrolment of children five years and younger up to about 209,000.

The Department of Education has set reaching universal access to grade R by 2010 as a priority. And in fact, available reports suggest rather higher enrolment in that grade based on a good progress made in recent years. The reported 441,587 children in grade R in 2006 correspond to 44.2% enrolment with girls and boys equally covered. This reported number may somewhat under-estimate the real enrolment for the reasons mentioned above. In 2007 a total of 487,525 children were registered in grade R at ordinary schools.⁶³ Yet, it is recognised by the Department that the goal for universal access may not be met by 2010 if the increase continues with the trend observed in recent years.⁶⁴

⁶² Department of Education (2008)

⁶³ Department of Education (2007b)

⁶⁴ Department of Education (2007c)



Table 17: Number of children attending registered ECD education facilities by province, type and level, 2006

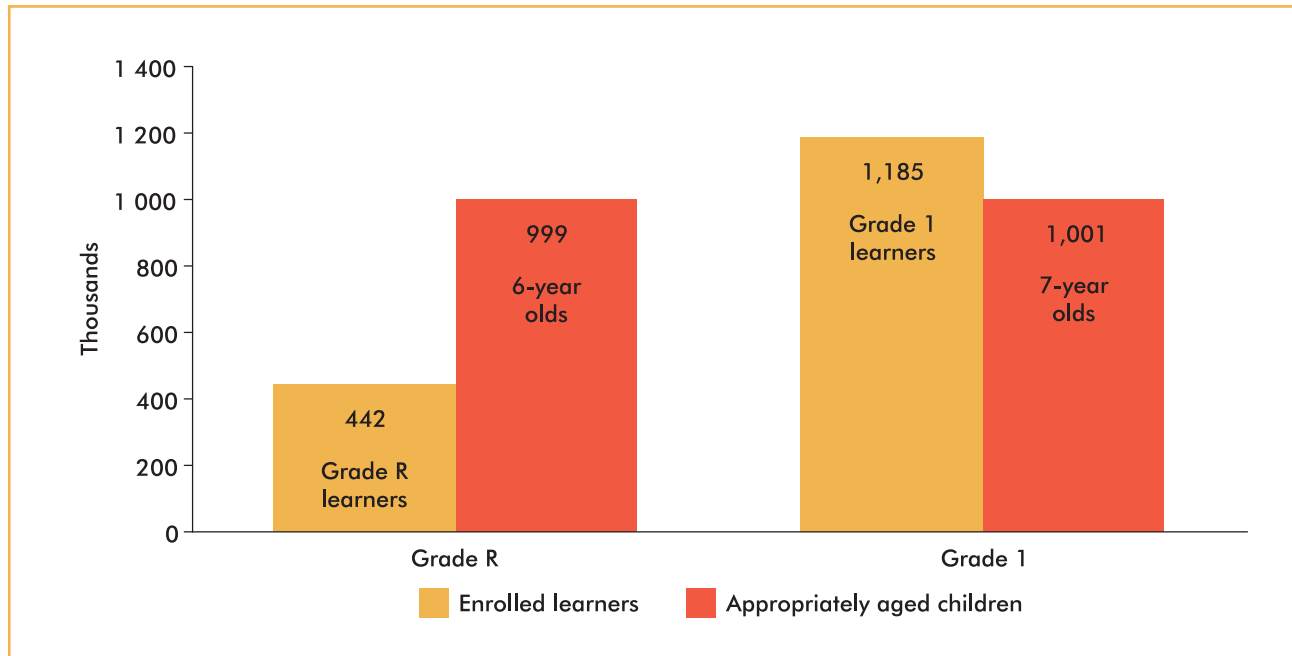
	Stand-alone ECD centre	Pre-school programme: pre-grade R	Pre-school programme: Grade R	Total
Eastern Cape	11,719	6,338	93,500	111,557
Free State	11,465	1,517	20,046	33,028
Gauteng	36,842	7,243	48,774	92,859
KwaZulu-Natal	22,478	5,725	95,802	124,005
Limpopo	3,024	2,456	90,748	96,228
Mpumalanga	8,935	3,082	37,758	49,775
North West	14,302	814	13,663	28,779
Northern Cape	10,634	933	7,682	19,249
Western Cape	29,974	4,234	33,614	67,822
South Africa	176,589	32,342	441,587	650,518

Source: Department of Education (2008). *Education Statistics in South Africa 2006*.

Figure 18 presents an illustration of this challenge. In 2006, 441,587 children nationally had access to grade R, which is equivalent to 44.2% enrolment, far below the target of universal access. Those enrolled in grade 1 were 1,185,198 representing 118% enrolment. The latter may well be due to two reasons: a/ late enrolment of older children in the first grade of compulsory education phase; b/ enrolment of younger children (e.g. 6-year olds) directly in grade 1 because of lack of grade R availability. Direct enrolment in grade 1 of younger children suggests that they may not be well prepared for the compulsory schooling phase, which may affect their performance at school.



Figure 18: Number of Grade R and Grade 1 learners compared with number of children in the appropriate age group, 2006

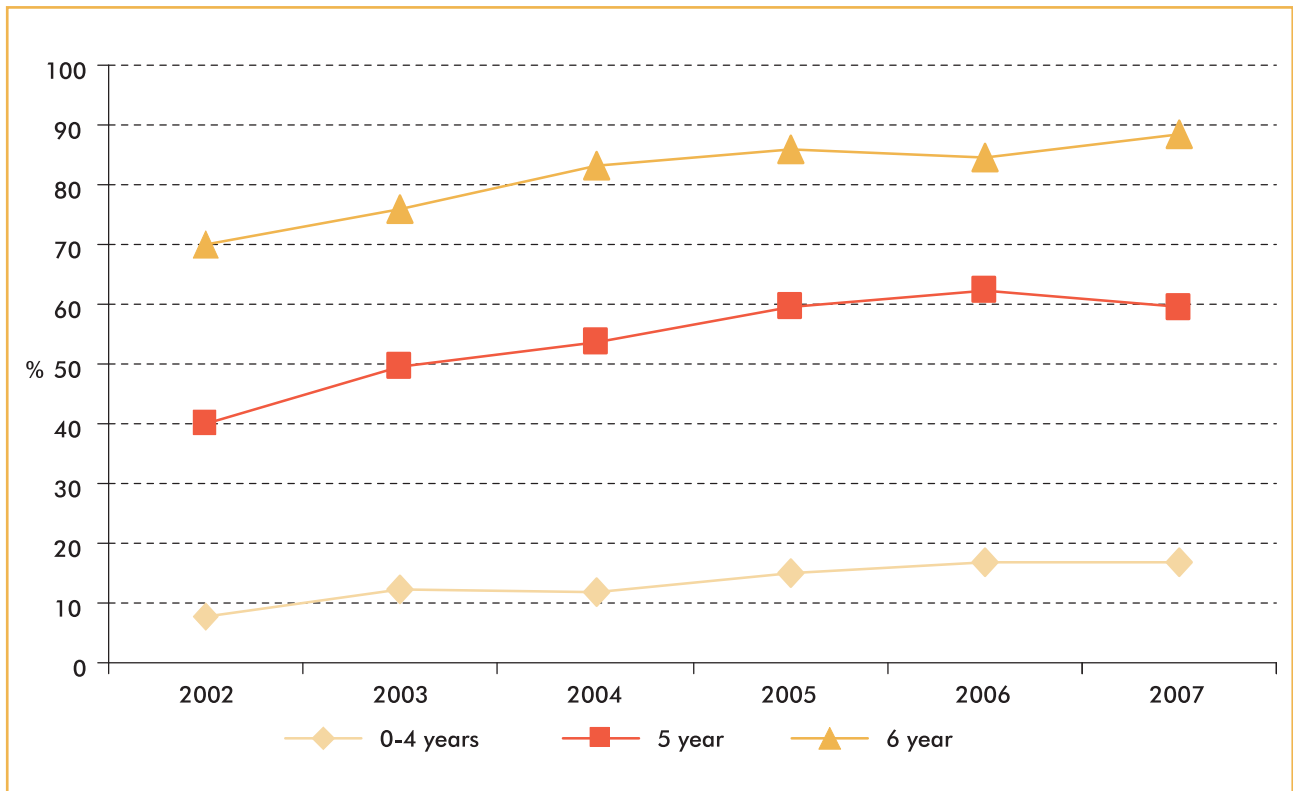


Source: Department of Education (2008). *Education Statistics in South Africa 2006*. StatsSA (2006). *Mid-year population estimates 2006*.

Data from the General Household Survey conducted annually by StatsSA presents another perspective of young children’s enrolment in ECD programmes. It suggests a substantial increase in the percentage of children below the age of seven attending an educational institution (Figure 19). An educational institution in this context refers to school and pre-school, including day care, crèche, and pre-primary. The percentage of children aged 0-4 years who are attending an educational institution increased from 8% in 2002 to 17% in 2006. The percentage of 5-year-olds who attend increased from 40% in 2002 to 62% in 2006, whilst in the 6-year age group attendance rates increased from 70 % to 85%.



Figure 19: Percentage of children under seven attending educational institutions, 2002-2006

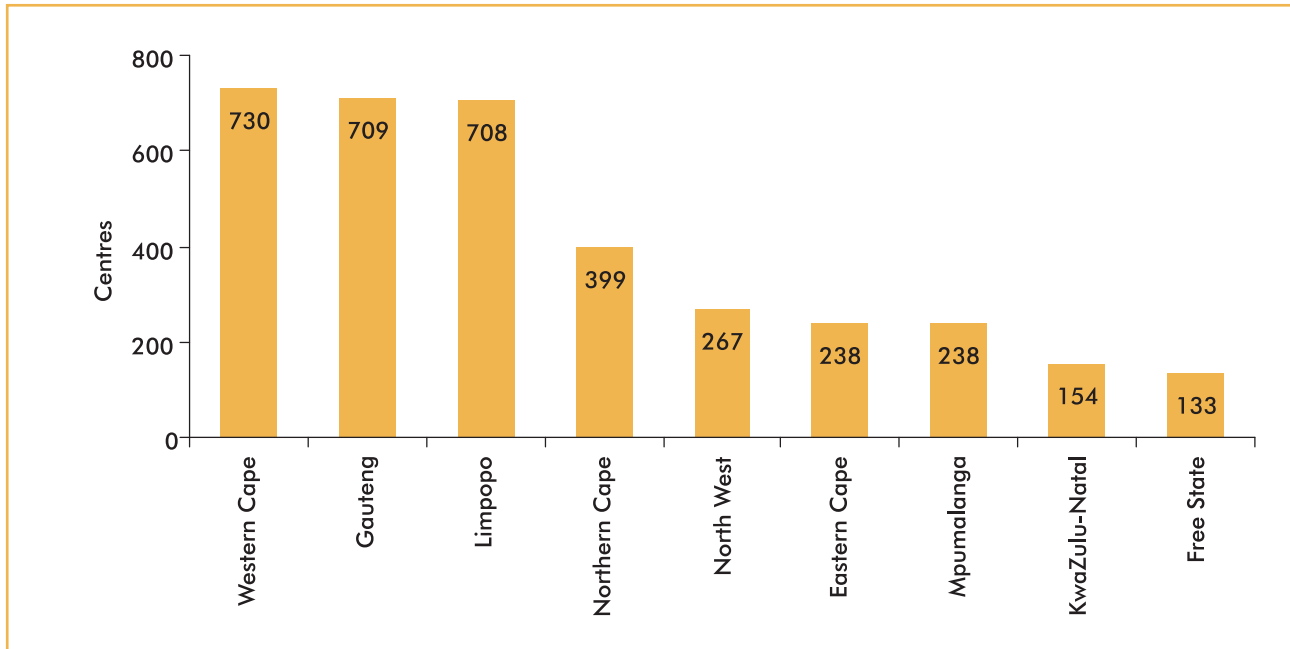


Source: StatsSA (2008). General Household Survey 2007.

The number, distribution and consequent accessibility of sites vary across provinces. Recent information available for the registration of DoE stand-alone centres, suggests that Gauteng, Limpopo and the Western Cape have many more such centres than the other provinces (Figure 20). Limited sites availability results in overcrowding, which in turn has a detrimental effect on the quality of work and children’s cognitive outcomes. It has to be borne in mind that the lack of registered centres may be compensated to some extent by availability of other ECD programmes throughout provinces; unfortunately data is not available to complete the picture of ECD programmes supply through different forms.



Figure 20: Number of stand-alone registered ECD education centres, 2006



Source: Department of Education (2008). Education Statistics in South Africa 2006.

4.2 Quality of ECD services

Quality of ECD services can be assessed through the use of various indicators. The scarcity of data does not allow for extensive and comprehensive review. Two indicators that allow for quality assessment and for which some information is available, are looked at in brief: qualification of educators and learner-to-educator ratio.

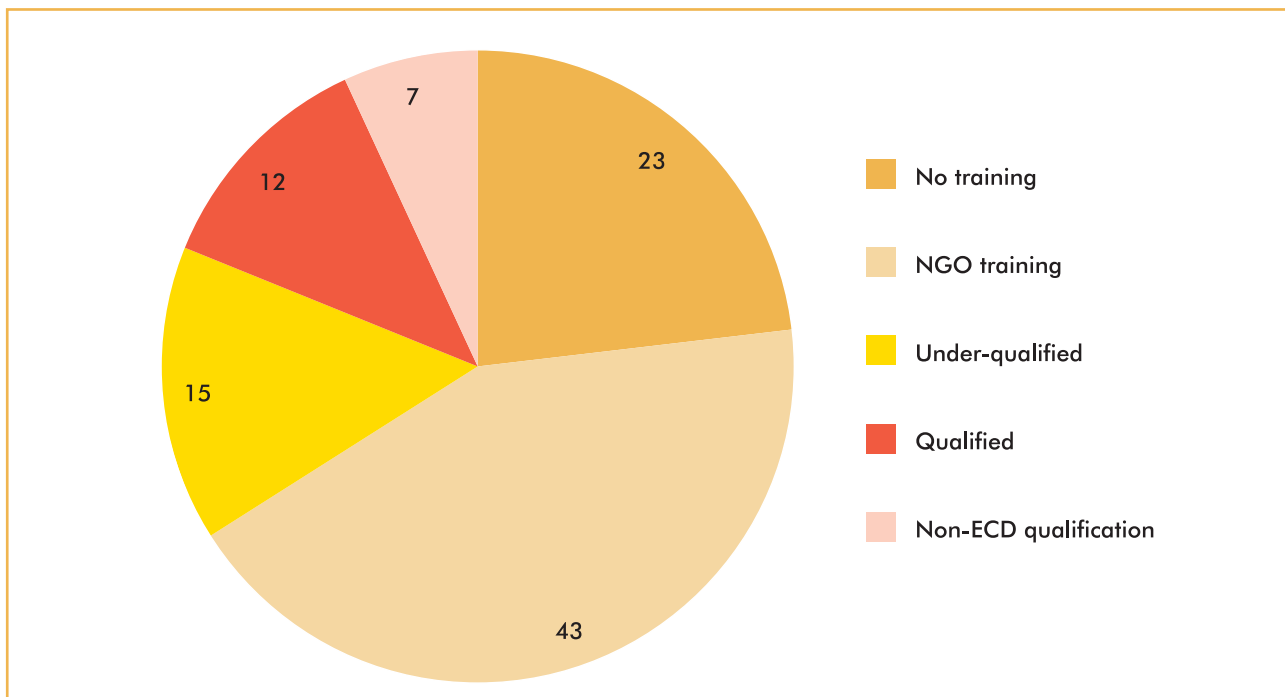
4.2.1 Educators' qualification

Qualification of educators working in the ECD sector is essential for provision of good quality services. Qualified educators are in a strong position to understand the specificity of development of children during their early years, to provide on this basis programmes that holistically address child development and thus improve services to young children and families including early stimulation, health, nutrition and child care.

The national audit in 2000 found that almost a quarter of educators had not completed any training (Figure 21). Only 12% had a proper qualification.



Figure 21: Percentage distribution of ECD educators' qualification, 2000



Source: Williams & Samuels (2001). The Nationwide Audit of ECD Provisioning in South Africa.

Anecdotal evidence suggests that, especially in rural communities and informal settlements, ECD programmes are run by dedicated women, for example retired teachers, who care for the young children and help prepare them for schooling at no pay. An exposure to even *ad hoc* opportunities for qualification helps enormously to design and perform reasonable ECD programmes.

4.2.2 Learner-to-educator ratio

The learner-to-educator ratio is defined as the number of learners assigned to an educator. High educator-to-learner ratios, particularly for young children, may compromise the quality of care, especially in over-crowded spaces with neither the equipment nor the room for play and early learning activities.

Data on learner-to-educator ratio is available only for ECD centres registered at DoE (Table 17). While data suggests that the indicator varies among provinces from as low as 8 learners per educator in the Eastern Cape to as high as 40 in KwaZulu-Natal, it is insufficient to generalise about the situation on average for the country or at provincial level due to its incompleteness. Three are the main factors that affect this ratio: availability of ECD centres/programmes, availability of educators and accessibility for children.



Table 18: Learner-to-educator ratios and learner-to-site ratios in ECD Centres, 2006

	LER	LSR
Eastern Cape	8	49
Free State	31	86
Gauteng	35	52
KwaZulu-Natal	40	146
Limpopo	30	43
Mpumalanga	19	38
North West	9	54
Northern Cape	10	27
Western Cape	21	41
South Africa	19	49

Source: Department of Education (2008). *Education Statistics in South Africa 2006*.

4.3 National policies and plans

4.3.1 White Papers on ECD

Early childhood development has gained increasing importance on the national agenda over the years. The 1997 *White Paper on Social Welfare* addressed specifically the need for provision of ECD services. In 2001, *Education White Paper 5 on Early Childhood Development* identified a number of critical areas to be addressed in an integrated ECD strategy. One critical area was: "An incomplete, fragmented legislative and policy framework that results in uncoordinated service delivery." With the launch of *White Paper 5 on Early Childhood Development* in 2001, the Department of Education undertook to provide universal access to grade R for five year-old children by 2010. Ordinary public schools are to house 85% of government-funded reception year services, with the remaining 15 % in accredited community-based sites or through independent provision. In keeping with government's pledge to pro-poor educational access, the poorest 40% of public schools receive the highest per capita grants for children in grade R.

4.3.2 National Integrated Plan for ECD

Since 2001, South Africa has made considerable headway in developing a more coherent legislative and policy framework for addressing young children's development needs and rights holistically, with stronger integration at every level of government (national, provincial and municipal) and across departments. Responsibility for ECD service delivery lies in several sectors, agencies and levels of government, with the lead responsibilities vested jointly in the Departments of Health, Social Development and Education. Catering for children from infancy up to their fifth birthday, the National Integrated Plan for Early Childhood Development (NIPECD) aims to enable more integrated and comprehensive service provision and to improve the quality of provision,



over a five-year period from 2005-2010. Children's holistic development is a central principle. Universally, the plan aims to provide access for all young children to a range of services and programmes to support their development. In addition, it aims to provide extra support to especially vulnerable children, such as orphans, children with disabilities, children in child-headed households, children affected by HIV and AIDS, and children from poor households and communities. A sub-programme of the NIP, *Tshwaragano Ka million children*.

The NIPECD recognises a variety of sites of care, allocating 50% of service delivery at the home level, 30% at community level and 20% in formal settings. For home- and community-based service delivery, a new category of ECD programmes will be needed to operate linking families to household and community level services. In order to achieve universal access for children, the ECD sector will need a much larger workforce of skilled practitioners for different roles.

Two programme components of the NIPECD attend to this need – namely, the ECD sub-programme of the Expanded Public Works Programme (EPWP) Social Sector Plan and the Massification of Early Childhood Development Concept Document. The ECD sub-programme of the EPWP aims to achieve a cohort of 19,800 newly skilled ECD practitioners within five years. Unemployed and under-employed, parents and caregivers will benefit from training and job creation under this initiative. The Massification of ECD Concept Document includes proposals for the use of unemployed youth with a tertiary qualification in social work, health or education to assist the social workers responsible for registering sites and the creation of a new category of worker, and the child development worker to work at municipal level to assist in expanding ECD services for better support to families at household level.

4.3.3 Budget allocations

As is the provision of ECD services shared by DoE and DSD, so are the budget allocations. Both departments allocate portions of their budgets, quite small though, for development of services to young children.

The ECD percentage share of total government expenditure on education increased from 0.5% in 2003/04 to 0.9% in 2007/08 and 1% in 2008/09. In the latter year absolute spending amounted to R1,201 million (Figure 22).

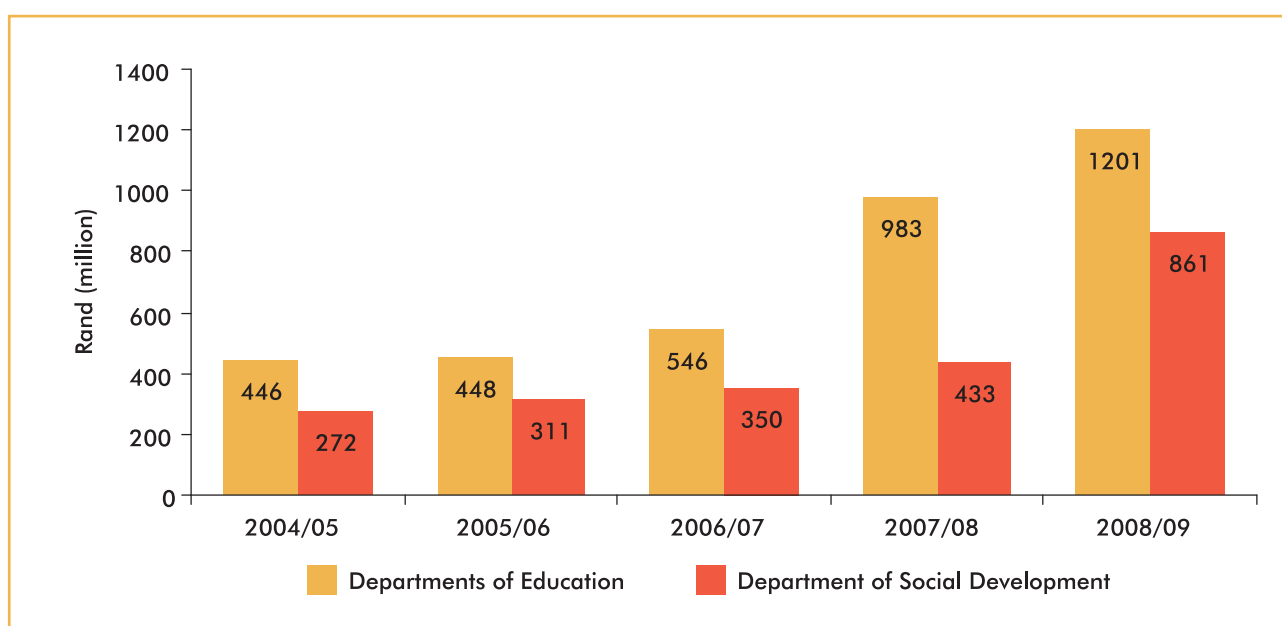
The Department of Social Development's budget for the ECD subsidy showed a steady increase from R272 million in 2004/05 to R861 million in 2008/09. The amount of the subsidy per child per day has increased from a minimum payment of R2.50 in 2004/05 to a minimum payment of R9.00 per day per child in 2008/09.



4.4 Conclusions and recommendations

South Africa has made considerable progress in bringing early childhood development on the top of the national agenda and addressing it through policies and programmes. Particularly important in this regard is the National Integrated Plan for ECD, which aims at the provision of integrated and comprehensive services of good quality.

Figure 22: Expenditure on ECD by Departments of Education and Social Development, 2004-2009



Source: National Treasury (2007). *Provincial Budget and Expenditure Review: 2003/04 - 2009/10*.

& Direct communication with Department of Social Development (2008).

Note: 2006/07: pre-audited expenditure data; 2007/08-2008/09: medium-term estimates.

At implementation level much work remains to be done in setting up enabling mechanisms for integrated services. The availability of ECD facilities is insufficient, especially for the youngest children (under the age of 5 years), distribution is uneven across the country and the quality of services is patchy, especially beyond the formal ECD centres.

It is important therefore to ensure the establishment of appropriate funding norms, budgetary mechanisms and regulatory frameworks that would enable the extension and quality of services in the whole variety of ECD programmes. Qualification of ECD practitioners, especially those engaged in community- and home-based programmes should be another major component of the work towards quality improvement.

Provision of ECD programmes is inter-sectoral responsibility shared between the departments of Social Development and Education. DSD has primary responsibility for children under school-going age. It is important therefore that the departments work in close collaboration to ensure



universal access to and good quality of ECD services for all children regardless of which department these services are provided by.

Existing data related to ECD services provision is irregular and fragmented, and thus does not allow for a comprehensive review and assessment of both coverage and quality. It is essential that a strong comprehensive ECD information system including critical indicators be established and run on a regular basis. The M&E framework for ECD that is currently being developed, may serve as a basis for this. Equally important is to document and share good examples of ECD programmes across the country, which can be multiplied on a large scale.



Chapter 5: Education

Every child in South Africa has the right to education. School enrolment is compulsory for children from the age of 7 years until the age of 15 years, or from grade 1 to grade 9, whichever is reached first. The compulsory schooling period defines basic education for children in South Africa and covers three phases (Foundation Phase: grades 1-3; Intermediate Phase: grades 4-6; and Senior Phase: grades 7-9, which straddle primary and secondary school).

The South African Schools Act of 1996 provided legal reform pertaining access to school while the National Education Policy Act of 1996 provides the legal framework for regulations and policy governing children's admission to both public and independent schools. The Schools Act also sets the framework for school governance and permits school governing bodies to charge school fees, on condition that no child may be denied access on financial grounds.

The Education Laws Amendment Act, signed by the President in December 2007, introduces minimum norms and standards for all schools, outlines school performance indicators, and provides new measures to curb the presence of drugs and dangerous objects (such as firearms, knives and explosives) in schools. Amendments also include a change to the process for developing education law and policy, and allow the Minister of Education to consult with a panel of experts appointed by the Minister.

Three concepts are useful for evaluating progress towards realising children's right to basic education – access, exclusion and quality.⁶⁵ At the simplest level, *access* to education focuses on the proportion of school-aged children who *are enrolled* at school; whereas *exclusion* focuses on the proportion of school-aged children who *are not* enrolled. But enrolment on its own is not sufficient for *meaningful access*. Access to schools is meaningful only when it enables children's 'epistemic access' (or access to learning and content knowledge).⁶⁶ High attendance rates, uninterrupted progression through grades, and learning outcomes appropriate to different learning areas and phases of education are all important conditions for meaningful access.

This chapter is focused on compulsory education. It first examines access to formal education for children at compulsory school age. Then it explores causes that may act as pull-in or push-out factors for enrolment and retaining of children in the school system, such as quality of education measured through school achievements but also through assessment of teaching materials availability, class density, school environment, etc. Further, it summarises relevant policies developed and being implemented in South Africa, that ensure equal access to quality education. Finally the chapter concludes and presents recommendations.

⁶⁵ Motala et al. (2007)

⁶⁶ Morrow (2007)



5.1 Access to compulsory education

Children's access to the compulsory education system in South Africa is extensive. National statistics show that school-aged children who have never attended school are about 2% and that most children stay in school at least to the end of primary school (grade 7). Most school-going children attend public schools in the primary school sector. Only 15% of South Africa's school-going population attend independent schools.⁶⁷

Enrolment data indicates whether a child is registered at school at the beginning of the school year. Table 19 shows the Gross Enrolment Ratio (GER) which is calculated as the ratio of all children enrolled in a given education level (without age restrictions) compared with all children in the age range formally corresponding to that education level. A GER of more than 100% indicates that there are more learners in the formal school system than in the appropriate school-age population (total potential population), which indicates enrolment of over-aged learners owing to late entry and grade repetition. At the national level the GER for primary schools was 103% in 2007, while the GER for secondary schools was 91%.

Table 19: Gross Enrolment Ratio by province, 2007

	Primary (Gr. 1-7)	Secondary (Gr. 8-12)	Total
Eastern Cape	120	77	101
Free State	91	86	89
Gauteng	98	98	98
KwaZulu-Natal	105	92	99
Limpopo	100	104	102
Mpumalanga	109	103	107
North West	95	84	90
Northern Cape	98	83	92
Western Cape	95	81	89
South Africa	103	91	98

Source: Department of Education (2007). *School Realities 2007*.

Net enrolment rate (NER) measures the extent to which learners participate in education at the correct level for their age. It shows the proportion of children from the typical age for an education level who are enrolled at that level from all children of that same typical age. The indicator may be used as a proxy measure of the efficiency of the school system, i.e. the ability of the system to enrol children at the appropriate age and to move them through with low repetition and dropout rates. A matter of concern is the decline in NER in primary education (age 7-13 years) in recent years: from 92.6% in 1998 down to 87.4% in 2004.⁶⁸ The latter proportion means that

⁶⁷ Department of Education (2006)

⁶⁸ Department of Education (2007c)



12.6% of children aged 7-13 years were not in the appropriate grades for their age in 2004; they were either out of school, or in pre-primary or secondary grades. More recent data on this indicator that would show the very recent trend, is not available.

Access to education for girls is one of the achievements of the post-apartheid education system. In contrast to many other countries in Africa, girls and boys in South Africa enrol in almost equal proportions, with a slightly higher enrolment rate for girls than boys. Girls are doing well and staying in school.⁶⁹ But the pattern of enrolments for girls and boys is not consistent across all levels of schooling. From grade 6 onwards, it appears that boys begin to drop out and in the final three years of secondary school (grades 10-12), relative to the appropriate school-age population, more girls are enrolled than boys. In other words, a greater proportion of girls than boys move beyond basic education to post-compulsory, further education (FET).

There is gender parity for basic education (including grade R) in six provinces, namely, Eastern Cape, Free State, Gauteng, North West, Northern Cape and Western Cape. Three of the largely rural provinces – KwaZulu-Natal, Limpopo and Mpumalanga – have yet to attain gender parity in basic education. In these provinces, girls are at a disadvantage. Gender disparity is evident in all nine provinces in grades 10-12 (the FET band) of the ordinary school sector. Girls enrol at higher rates than boys across all nine provinces. In 2006, the Eastern Cape had by far the highest level of gender disparity in the FET band, followed by the Western Cape.⁷⁰ The reasons for different levels of education participation among boys and girls in post-basic education are not clear. Research suggests that older boys cease to see the relevance of schooling to their lives. A high level of access for girls is not a sufficient condition for full education participation, meaningful access or learning attainment.

While many children may be enrolled in school, they are not necessarily attending school. Therefore statistics on school enrolments only partially describe to what extent children in South Africa enjoy the right to basic education. Regular attendance, by both children and their educators, and a well-supported developmental progression through school are also necessary for the realisation of this right.

Attendance rates are measured by means of household surveys. Figure 23 shows the variation in attendance rates among learners aged 7-15 years across provinces and over time. The national attendance rate increased from 96.3% in 2002 to 97.9% in 2007. Attendance rates for 2007 were higher than 97% in all provinces. They were the lowest in North West (97.2%) and the highest in the Free State (98.7%).

Figure 24 shows the pattern of attendance throughout the school age. Despite improvement over the last ten years, school attendance of children at reception-year age and those beyond compulsory-education age is still low. For children to make a well-timed start to basic education, they should normally be enrolled by the age of seven years. The attendance rate for seven year-olds in

⁶⁹ Perry (2003)

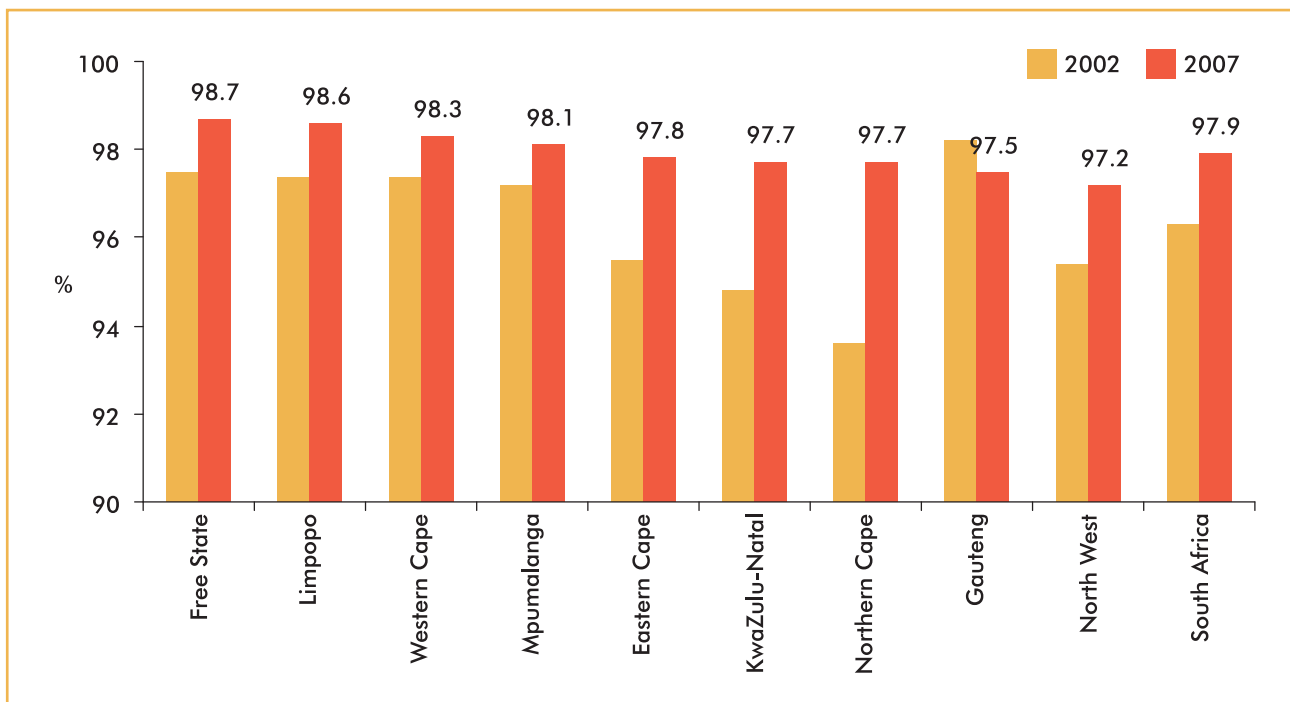
⁷⁰ Department of Education (2008)



the compulsory education phase has increased from 91.5% in 2001 to 96.8% in 2007. However, a comparison with the enrolment rate for eight-year olds (97.3% in 2007) suggests that there are still too many seven year-olds who are not in school and whose chances of age-appropriate progress through basic education may be impeded through a late start.

School attendance is strongest for children between the ages of 8 and 13 years (with a 98% enrolment rate for each age in this range). Only after compulsory education ends, from age 16 onwards, does the proportion of children in the education system decline. Although enrolment rates for basic education age groups are high, there is conflicting evidence on how many children complete grade 9 and on how many take longer than nine years to complete basic education.⁷¹

Figure 23: Percentage of learners aged 7-15 years attending an educational institution, 2002-2007

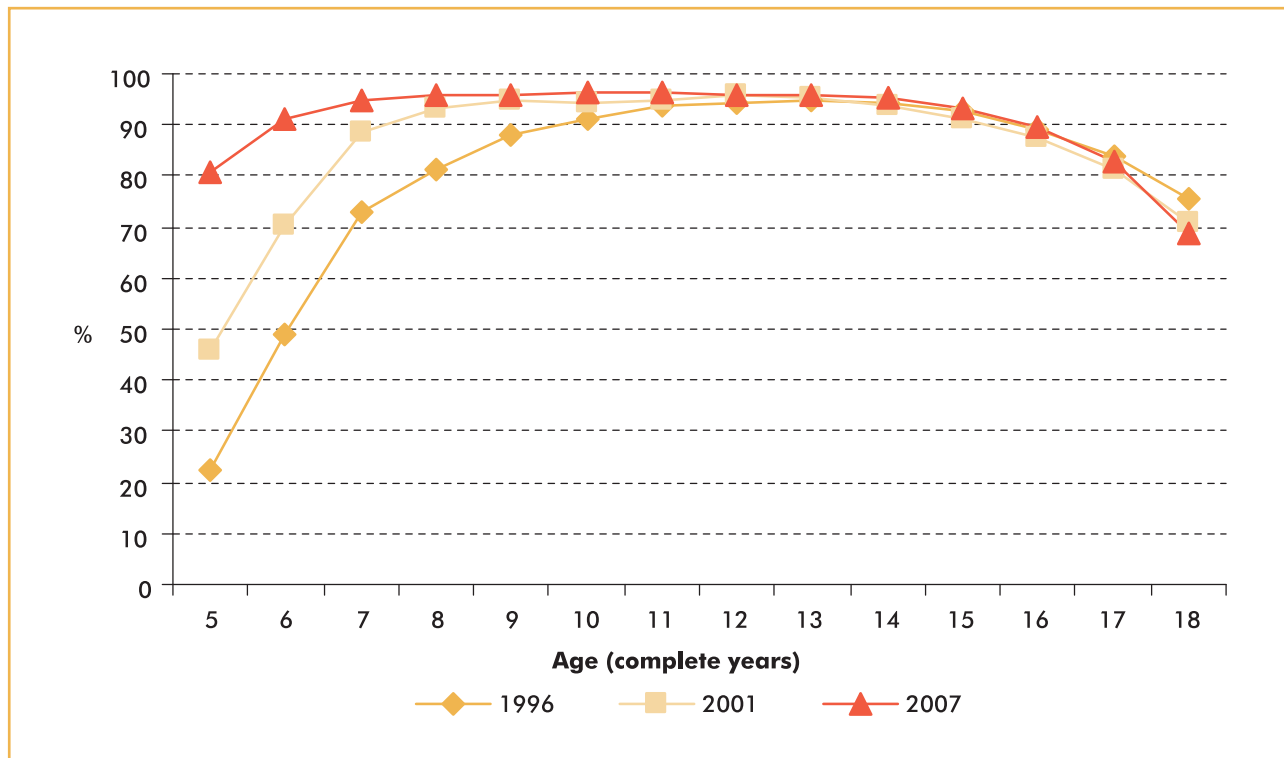


Source: Statistics South Africa (2008). General Household Survey 2007.

⁷¹ Perry & Arendts (2003)



Figure 24: School attendance rate by age, 1996-2007



Source: Statistics South Africa (2007). *Statistics on Education from the Community Survey and General Household Survey*.

Children’s equitable access to, and participation in, education is an important goal for a developmental state that also aspires to be socially just. Since the advent of democracy, considerable progress has been made towards this goal, with steady increases in educational participation by children from previously disadvantaged groups. Within the age range for basic education (7-15 years), participation rates for the different population groups almost converge, with very slightly higher participation rates in 2004 for Asian/Indian and White children (99%) than for African and Coloured children (98%).

Children’s testimony from the activities organised by the Office on the Rights of the Child

Happy rights’ experience: “Children have the right to basic education which means they must be placed in a school”; “They make sure we put on boots/shoes”; “We learn”; “Participate in different sport”; “More knowledge and skills development”; “Having friends”; “Teachers to guide them”; “It is a place where you feel comfortable”; “We are protected in our school” (KwaZulu-Natal).

Unhappy rights’ experience: “Corporal punishment”; “[In]equality”; “Lack of freedom of speech” (Limpopo); “Counsellors and social workers should be employed in schools” (Western Cape).

In keeping with the democratic principle of non-discrimination, children may not be refused school admission on the grounds of race or ethnicity. Even so, large portions of the education system remain mono-racial, partly as a consequence of the remnants of apartheid geography and related socio-economic conditions. Official statistics that reflect the racial demography of schools



are not uniformly available and annual provincial government reports do not systematically include integration as an aspect of the schooling experience, so the precise nature and extent of racial integration is not known. Several studies suggest that “the overwhelming movement has been of African children into formerly white, Indian and coloured schools, with almost no movement of white coloured and Indian children into African schools.”⁷² In racially mixed schools, newcomers are generally integrated through assimilation into the dominant ethos of the school.

Very little research has been done to ascertain the numbers of children in South Africa who are at risk of dropping out; evidence from site-based and other qualitative studies suggests that many children experience a broken journey through school, interrupted by their irregular attendance or, over a much longer period, their dropping out through force of family circumstance and ‘dropping in’ again when they can.⁷³ Educators’ absenteeism and time spent on activities not directly related to enabling learning also impede children’s learning pathways through school.⁷⁴

A recent source from DoE presents estimates of drop-out rates across grades for the period 1997-2003.⁷⁵ The estimates do not suggest a specific trend over time, however they reveal a pattern across grades. Thus in primary education the highest drop-out rate was found in grade 1 - 10.0% in 2003. One suggested explanation is that enrolled under-aged children may have dropped out and then may have been re-enrolled as new learners rather than considered repeaters. Drop-out rates for the other grades at the primary stage of education varied between 1.7% for grade 2 and 4.9% for grade 7 in 2003. After grade 9, the last grade of compulsory education, estimated drop-out rates were significantly higher suggesting one in five learners dropping out at grades 10 and 11 and thus not completing secondary education.

Out-of-school children are a concern. In 2006, an estimated total of 446,568 children between the ages of seven and seventeen were not enrolled in any educational facility. Although enrolment rates for African children are high, African children also comprised the majority (356,622) of out-of-school children. Deep poverty, severe disability, unstable families and duties of care and labour within families are among the most common reasons for children not enrolling in school. Serial migration, where children and their caregivers move from place to place in search of work or shelter, is another. Street-children, the children of refugees and children on farms are among those who are out-of-school by force of circumstance; children in rural communities are also prone to absence and drop-out.⁷⁶ South Africa’s Inclusive Education policy has been designed, in part, to attract out-of-school children into schools and to establish support systems that will help them to stay in school and progress through basic education.

⁷² Vally & Dalambo (1999); Soudien & Sayed (2003); Soudien (2004)

⁷³ Estimates of the numbers of children who have dropped out of compulsory education depend on how the data are interpreted. For two very different estimates, see: Schindler & Fleisch (2007); Crouch (2005).

⁷⁴ Chisholm et al. (2005)

⁷⁵ Department of Education (2007c)

⁷⁶ E.g. Nelson Mandela Foundation (2005); Human Rights Watch (2004)



5.2 Quality of education

Studying of the pull-in and push-out factors that affect children's participation in the schooling system, as is their inherent right, is essential in order to address them in an attempt to provide meaningful access to education. Quality of education is important in this respect. Achievement outcomes are commonly taken as evidence of an education system's quality.⁷⁷ Quality, however, needs to be looked at in a broader perspective. Absence of a quality learning environment and enabling inputs for learning may limit learning outcomes and hinder children's pathway through school. It may affect decisions of both parents and children themselves to stay at school or to opt for alternatives that are often associated with dropping out. This section examines a number of indicators that may serve as proxies of education quality.

Children's testimony from the activities organised by the Office on the Rights of the Child
Happy rights' experiences: "Attention and support from teachers, time with special friends and sharing lunch, market days and school trips"; "New challenges and activities"; "Learning, sharing knowledge, ideas and interacting with schoolmates/friends, being ambassador of the school"; "Responsible educators who want the best from us/ quality education from educators"; " Certificate for achievement/ receiving awards in the presence of schoolmates, parents and educators, being trained on public speaking, self expression through talent stimulation, skills training on leadership, passing tests and exams" (Mpumalanga).

5.2.1 Learning achievements

The levels of underperformance in our education system are unacceptably high, and an unjust subversion of the historic promise of freedom and democracy that we put before our people.

Naledi Pandor, Minister of Education⁷⁸

Learning outcomes during the first few years at school serve as a proxy indicator of young children's cognitive status. Low levels of literacy and numeracy reflected in the national assessment for grade 3 point not just to shortcomings in the school system, but also to meagre opportunities for early learning in the years prior to entry into basic education. While the South African evidence is limited, at least one study supports the conclusion that schooling is not powerful enough to make a difference for children who have not had appropriate ECD support in their pre-school years.⁷⁹ Other studies observed significant benefits in children participating in high quality early childhood development programmes.⁸⁰

Where children are attending school but not achieving the expected level for their grade, they cannot be said to have meaningful access to education. Poor national averages for language and mathematics at two crucial points in basic education (grade 3 and grade 6) suggest that basic

⁷⁷ Kanjee et al. (2001: p. 31)

⁷⁸ Departmental budget vote in parliament for the 2007/08 financial year (29 May 2007)

⁷⁹ Klop (2005)

⁸⁰ E.g. Herbst (1996); Short & Biersteker (1984)



education in South Africa is not yet providing the majority of children with the skills, knowledge, competence and understanding that give substance to the right to education. The performance of South African learners in international achievement tests provides additional evidence to support this conclusion. A planned grade 9 national assessment will be critical in establishing the extent to which South African schools enable children to achieve the expected learning outcomes for basic education.

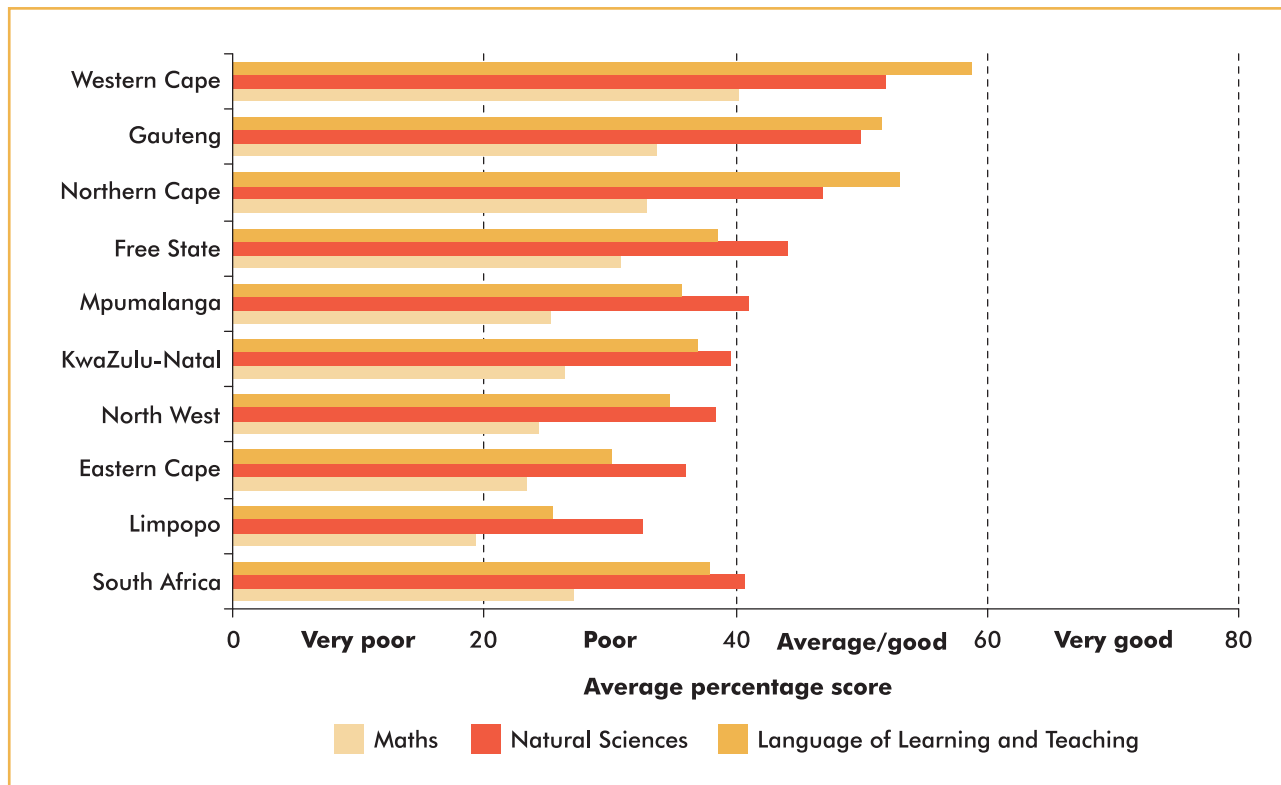
Results of the grade 3 national survey in 2001 showed grave problems in the achievement of age-appropriate levels of literacy and numeracy by the end of the foundation phase of the basic education curriculum. Children fared much better for listening comprehension (with an average of 68%) than they did on literacy (54%), reading comprehension (39%) and numeracy (30%). The contrast between literacy (being able to decode written text) and reading comprehension is especially worrying. Reading comprehension, which should advance progressively through a child's learning career, is a crucial condition not only for completing basic education successfully, but also for further education and productive adult citizenship.

Levels of achievement in the grade-6 national assessment, conducted in 2004, provide further evidence that basic education in South Africa has not yet succeeded in enabling meaningful learning for all children. The national average score for the language of learning and teaching (LOLT) was 38% and for mathematics only 27% (Figure 25). Learners generally had a better understanding of the natural sciences (with an average national score of almost 41%). Differences among the provinces are striking. The highest averages reflecting the best performance, were found in the Western Cape, Northern Cape and Gauteng, the lowest - in Limpopo and the Eastern Cape, which are the country's two poorest provinces. Overall, children who fared best were from town schools; those who fared worst were from provinces that inherited large rural homelands in the country's reconfiguration after apartheid. Those children with low scores who were not learning in their own language also tended to live in poor communities in remote areas. Socio-economic conditions and the language of teaching and learning, as well as the quality of teaching, are all contributory factors to low learning achievements.

South Africa was ranked lowest of the 45 countries that participated in the 2003 TIMSS (Trends in International Math and Science Studies) assessment of mathematics and science achievements at grade 4 and 8 levels. Out of an imputed maximum score of 800, the average South African mathematics score was 264 and the science score was 244. The country chose not to participate in the 2007 TIMSS tests.



Figure 25: Grade 6 National Systemic Assessment by province, 2005



Source: Department of Education (2005)

Note: Attainment score bands: 0-20 very poor; 21-40 poor; 41-60 average/good; 61-80 very good

Senior certificate examination results also serve as quality indicators. Whether children finally reach the end of secondary school and how well they perform in the senior certificate examination depends partly on the conceptual foundations and skills developed during their basic education. Over a period of ten years, the national pass rate for senior certificate has fluctuated from 53.4% in 1995 to 66.6% in 2006 - a net increase of 27.9% of candidates who successfully passed the examination.⁸¹ During this ten-year period, the lowest point in the national pass rate was in 1997 (47.1%) and the highest in 2003 (73.2%). Results vary across provinces. The Western Cape and Northern Cape consistently achieved either the highest or second highest pass rates over a ten-year period, while Limpopo recorded the lowest or second lowest pass rates. However, pass rates in Limpopo also improved markedly over the ten years, with a net increase of 71.7%. The Free State and Mpumalanga also recorded significant increases over ten years.

5.2.2 Learner-to-educator ratio and class density

The learner-to-educator ratio is the average number of learners per teacher at a specific level of education. Overall, the combined primary and secondary school learner-to-educator ratio for public ordinary schools has remained stable since 1999, and is below the norm established by the department of education (40:1 for primary schools and 35:1 for secondary schools). In 2006,

⁸¹ Department of Education (2008)



the average ratio was 31:8. Independent schools have a much lower learner-to-educator ratio than schools in the public sector – in 2005, 16.2 for independent schools compared with 32.8 for public schools. However, the independent school sector caters for a very small proportion of the school-going population (only 2%).

While South Africa has exceeded its targets for learner-to-educator ratios, there is an oversupply of teachers in some subjects and learning areas and an undersupply in others. Imbalances in the deployment of teachers also have a negative impact on the quality of education in some geographical areas, particularly in rural schools. Shortages of appropriately qualified teachers in mathematics, science and technology, languages, arts and economics mean that many children are ill-prepared in these curriculum areas and less likely to attain the expected learning outcomes, especially at levels beyond basic education.

Large class sizes, and consequent overcrowding, in the early years of schooling are a serious impediment to the realisation of children's right to basic education. Class density is a concern especially in rural schools though it varies from province to province and from phase to phase. Rural schools in particular may be burdened with large classes and inadequate space. According to a rural education survey of schools in selected rural districts in Limpopo, KwaZulu-Natal and the Eastern Cape, Foundation phase classes typically accommodate more than 45 learners in a classroom, with an average of 62 children per Foundation Phase classroom in the rural sites in KwaZulu-Natal. Much smaller class sizes in the Senior Primary phase may be an indication of drop-out rates at the end of the Intermediate Phase (grade 6). For example, the rural schools surveyed in KwaZulu-Natal had an average class size of 50 for intermediate phase but only 21 for senior phase classes. Similarly, the average class size for the Limpopo sites dropped from 59 learners per class in the intermediate phase to 24 learners per classroom in the senior phase.

5.2.3 Educators' qualification

Educators are central to the education system. In South Africa, educators are considered to be appropriately qualified if they have obtained a senior certificate and a minimum of three years' appropriate training. An educator who has either not obtained a senior certificate, three years of training as an educator, or has received training outside of the field of education, is considered to be unqualified or under-qualified. Since 1994 there has been significant improvement in the qualifications of educators; the percentage of those properly qualified has gradually increased from 64.0% in that year to 90.5% in 2005. Qualified educators in primary schools increased from 63.2% in 1998 to 84.2% in 2004. Yet, in the latter year there were about 16% unqualified or under-qualified primary school teachers; in secondary education those not properly qualified represented 7%. A special effort has been made by DoE to upgrade the qualification of African and Coloured educators.⁸²

In the compulsory school system still many educators have been inadequately prepared to support learners to achieve appropriate learning outcomes. A study investigating the successes and ongo-

⁸² Department of Education (2007c)



ing challenges of the Department of Education's Dinaledi programme for improving mathematics and science education in targeted secondary schools concludes that: "Limited time on task, poor curriculum coverage, lack of progression in abstraction and cognitive demand, and deficits in teacher content knowledge all contribute to a situation in which learners fall increasingly short of the learning objectives of their grades".⁸³ The introduction of the new National Senior certificate from 2008 is likely to present new challenges to inadequately prepared learners and educators.

Children's testimony from the activities organised by the Office on the Rights of the Child
Unhappy rights' experiences: "Sometimes one subject is taught every day"; "Cultural activities, art, and sports facilities and activities are non existent in the previously disadvantaged schools" (Northern Cape).

5.2.4 Teaching and learning resources

Textbooks, libraries with a range of reading material, equipped and functioning laboratories, and computers are among the resources needed to support children's education and their attainment of the learning outcomes envisaged in South Africa's revised National Curriculum Statement. Resource tables presented in the 2006 National Assessment Report (Public Ordinary Schools) give a bleak picture of the availability of several of these critical resources.

Only 7.2% of public schools have libraries that are stocked with books and other materials; 13.5% have library space but no library books; the remaining 79.3% have no library facilities at all. While all nine provinces have a dearth of school library facilities, provision in Gauteng and the Western Cape is slightly better than in other provinces. The greatest backlogs are in predominantly rural provinces. A similar situation prevails with respect to secondary school laboratories. Only 11.6% of public secondary schools have laboratories that are stocked and 60.2% have no laboratory facilities at all. Computers play a central role in technology education and may be used in a variety of ways to support teaching and learning. Over two-thirds (67.9%) of South Africa's public ordinary schools have no computers. This situation has persisted for a period of ten years. Teaching and learning are also hampered by shortages of desks and chairs for educators and learners alike.

In response to the need of teaching and learning resources in 2007/08 the Department of Education supplied 13,000 schools with reading books; 2,700 schools with numeracy-, maths- and science kits; 1,025 schools with reading toolkits for teachers; 384 schools with office equipment, incl. computers.⁸⁴

Children's testimony from the activities organised by the Office on the Rights of the Child
Unhappy rights' experience: "Our schools do not have libraries, computers and we travel long distances to school those who do have transport it is not roadworthy we missed out on school" (Northern Cape); "Other indigenous languages are not used in schools" (Free State).

⁸³ Centre for Development and Enterprise (2007: p. 8)

⁸⁴ Department of Education (2008b)



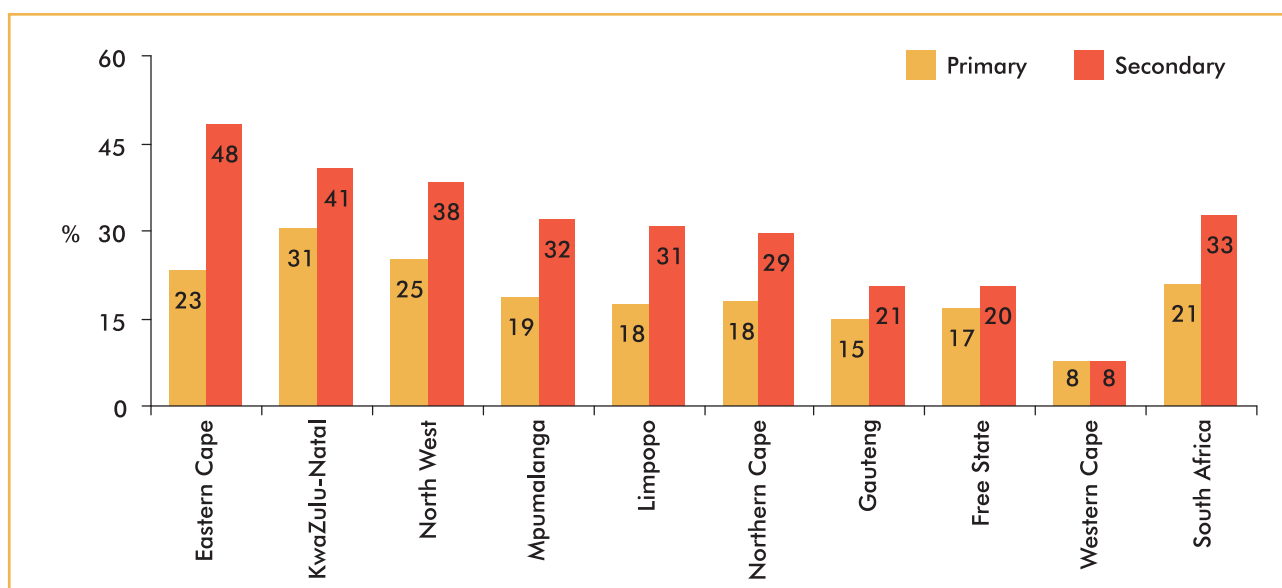
5.2.5 Distance to school

The distance that children travel to school, the condition of roads and pedestrian paths, and the availability of safe, reliable transport also affect school attendance. Long, hazardous or expensive journeys put children at risk of poor performance, and consequent repetition or drop-out, because they are too tired to concentrate. Most children in South Africa walk to school, some of them for distances over 5 km. Taxis are a common mode of transport for those who do not walk, followed by buses. Inclement weather and violent crime are among the hazards that walking children may encounter. The expense of public transport is an additional burden on children from poor families.

Over a period of five years (2002-2006) there has been an increase in the proportion of children who travel more than thirty minutes to reach school. In 2002, 17 % of primary school children lived far from school; by 2006 the proportion had increased to almost 21%. Similarly, in 2002, 29% of high school children lived far from school; by 2006 this had increased to almost 33%. A larger proportion of secondary school children travel a long way to school than primary school children. As Figure 26 shows, distance from school particularly affects secondary school children in the Eastern Cape, KwaZulu-Natal and North West. The Western Cape is the only province where there is a negligible difference in the proportions of primary and secondary school children who travel a long way to school.

Parents' search for a better education for their children or education in a certain language may be a contributory factor in the increasing proportion of children who travel a long way to school. But this is more likely to affect urban African children whose parents chose to send them away from township schools to former Indian, coloured and modest white schools.⁸⁵

Figure 26: Percentage of primary and secondary school-age children who travel far to school (more than 30 min.) by province, 2006



Source: Children's Institute analysis of StatsSA's General Household Survey 2006.

⁸⁵ Sekete; Shilubane & Moila (2001); Soudien (2004)



Schools may decide on their own language policy, with due regard for local circumstances and a policy of 'additive bilingualism'. In multilingual communities there may be contestation over which additional languages to include among the school's language offerings. In any case, many parents want their children to learn in English. The policy has resulted in variable language goals and teaching approaches, especially in primary schools. English is the language of teaching and learning at the majority of secondary schools attended by African learners. "This reflects the social and economic power of English and the aspirations of school communities rather than the language proficiency of learners",⁸⁶ many of whom have little exposure to English outside of the classroom and do not achieve the threshold level of English language proficiency for effective learning across the curriculum.

5.2.6 Physical conditions

In 1996, the Department of Education undertook its first School Register of Needs survey of the geographical location and physical condition of schools across the country. A second survey, 2000 School Register of Needs, updated the 1996 database. In 2005, the Department introduced a new approach to managing infrastructure and developed a National Education Infrastructure Management System (NEIMS) and in 2006 conducted an assessment of public schools, ECD centres and ABET centres.

While the data should be treated with some caution, the 2006 assessment is useful in that it shows both what has been accomplished over ten years in improving the delivery of basic services and number of classrooms and what still needs to be done before all South African children will be able to attend schools that meet the minimum standards for a safe, healthy and supportive learning environment.⁸⁷

Utilisation of school sites may serve as a proxy for educational access and quality. Since 1996, the majority of public schools (87.6%) have operated a single shift on their own sites. However, a number of public schools still function in multiple shifts on their own site (88 schools nationally) or use the site of another school in a 'platoon' arrangement (195 schools nationally). The number of platoon schools has been reduced dramatically from 1,079 in 2000 to 195 in 2006.

Water and electricity supply, sewerage disposal and toilets are among the services and facilities that affect the functioning of a school. The majority of South Africa's schools have access to water on site, either through municipal service (58.3% of public schools) or through boreholes or rainwater harvesting systems (30.2%); the remaining 11.5% of schools have no water source and no water near the site. Access to water is uneven across the provinces. The largest numbers of schools without water are in the Eastern Cape (1,135 schools), Free State (320 schools), KwaZulu-Natal (648 schools) and Limpopo (397 schools). Inadequate sewerage disposal may be a health hazard for children. Almost two-thirds (61.4%) of South Africa's public schools have no arrangements for disposal of sewerage. Most of these schools are located in rural provinces (Eastern Cape, KwaZulu-Natal, Limpopo and Mpumalanga). Most schools (95%) have toilets

⁸⁶ Centre for Development and Enterprise (2007)

⁸⁷ Department of Education (2007)



on site. School access to electricity has improved dramatically over ten years; in 1996, 57.1% of schools had no source of electricity on or near the site, by 2006 only 16.1% of schools were without electricity.

5.2.7 School safety

Schools themselves may play a role in helping or hindering meaningful access to education. At their best, schools in South Africa are safe places where children are able to develop emotionally and socially as well as intellectually, and where children learn – through example and experience, as much as instruction – of their own and others’ reciprocal rights and responsibilities. But at their worst, schools are violent places where children are vulnerable to abuse, rape, bullying, harassment, stigma and humiliation, and inadequate support for learning. Bullying by fellow learners and humiliating remarks by educators may both impair meaningful access to education and eventually result in children dropping out of school.

Children’s testimony from the activities organised by the Office on the Rights of the Child
Unhappy rights’ experiences: “Bullying, threatening and intimidation” (Northern Cape); “Being made to feel inferior, violence, fights and teachers beating us”, “Teasing and getting hit”, “A male teacher touches private parts and gets involved with a learner” (Mpumalanga); “Physical abuse at school but the strong point is the abuser is the teacher” (Gauteng).

Happy rights’ experiences: “It’s a place where you feel comfortable”, “We are protected in our school” (KwaZulu-Natal); “Safety measures introduced” (Northern Cape).

Racism and bullying contribute to discouraging conditions in many schools. Discrimination on the basis of race is prohibited, yet access to comparatively better schools is limited by high fees, geographical location and a cultural ethos that may be intimidating, unwelcoming, disrespectful and intolerant. Although there are more boys than girls in the system in the upper grades, girls encounter rape and other forms of abuse from male members of staff as well as from fellow learners.

5.3 National policies and programmes

South Africa has developed policies which aim to get all school-aged children into schools and to ensure safe and learner-friendly school environments for them. The policies’ intent is to establish an education system that is inclusive, efficient and attentive to the quality of learning conditions and outcomes. Children’s right to dignity (Bill of Rights, section 10) is protected through, for example, the abolition of corporal punishment, a prohibition on all discriminatory practices, codes of ethics for educators and learners, and particular attention to the rights of children infected or affected by HIV and AIDS and those with disability and special education needs. In the interests of creating safe schools, there are also policies that deal with violence, drug use and dealing, and crime in schools.



National and provincial government share the responsibility for schooling. The national Department of Education develops norms and standards, as well as the policy and legislative frameworks for education. Provincial governments have executive responsibility for schooling and for funding decisions within their provinces.

South Africa is a signatory to international conventions that require provision of free basic education, but children cannot yet claim free basic education as a matter of right.⁸⁸ Steps taken towards realising the goal of free basic education include provisions for school fee exemptions, legislation prohibiting schools from denying access on the basis of non-payment and the introduction of no-fee schools in poor communities.⁸⁹ This is one of the steps through which the State addresses the concern of 34% of households that recently identified lack of means to meet schools-related expenditures as the major burden for their children not attending school⁹⁰. The Department of Education's plan of action, *Improving Access to Free and Quality Basic Education for All*, includes plans for better school transport, regulating the costs of school uniforms and improved school budgeting systems.⁹¹

5.3.1 No-Fee Schools

The No-Fee Schools policy was implemented in some provinces in 2006 and extended nationally in 2007.⁹² It abolishes school fees in the poorest 40% of primary schools nationally. No-fee schools are identified in relation to the level of poverty in the surrounding area. On a national basis, wards are ranked in five categories, or quintiles, from the poorest to the least poor. Primary schools in wards in the poorest two quintiles are designated as no-fee schools.

The Minister of Education determines quintiles annually and the Member of the Executive Council for Education (MEC) for each province then identifies the specific schools that may not charge fees. In 2008, nationwide 58% of public ordinary schools are declared as no-fee schools. This means that approximately 5,020,500 learners in 14,264 schools do not pay school charges.⁹³ More than half of public primary school population in the Eastern Cape (56.4%) and Limpopo (56.3%) attend no-fee schools, whereas in provinces like Gauteng and the Western Cape where poverty is less widespread the percentage of children who attend no-fee schools is much lower.⁹⁴

As a safeguard on the adequacy of basic education offered to children attending no-fee schools, the Department of Education sets an 'adequacy benchmark' for the annual expenditure per learner. Schools in the lowest two quintiles (the poorest 40%) are allocated more per learner. For example, in 2006 the benchmark, or threshold, was R527. Schools in the lowest quintile (the poorest 20%) were allocated R703 per learner, whereas schools in the highest (the richest 20%)

⁸⁸ Vally (2001); Chisholm (2007)

⁸⁹ South African Schools Act for school fee exemptions; Education Laws Amendment Bill of 2004 and revisions to Norms and Standards for School Funding for no-fee schools.

⁹⁰ Statistics South Africa (2008)

⁹¹ Department of Education (2003)

⁹² Hall & Monson (2007)

⁹³ Department of Education (2008b)

⁹⁴ Department of Education (2007)



were allocated R1 17 per learner. The benchmark is adjusted annually to take account of inflation.

As the no-fee schools policy is still in the early years of implementation, it is too soon to assess its effectiveness in improving access to education for children from poor families. Researchers suggest two weaknesses. First, because eligible wards are determined annually, schools and parents in communities on the margins are uncertain from year to year whether fees will be levied or not.⁹⁵ Secondly, because no-fee schools are identified in relation to the level of poverty in the surrounding area, poor children in wards not ranked among the poorest still attend fee-charging schools.

Children’s testimony from the activities organised by the Office on the Rights of the Child
Happy rights’ experiences: “Free schooling for those children who can not afford”; “Looking forward to go to school because of the Feeding scheme” **(Northern Cape)**

Orphans and children in foster care, as well as those whose caregivers receive the Child Support Grant (CSG) are always exempt from school fees. In practice, to date, very few of the children eligible for exemptions have applied for them. Low uptake has been largely a result of parents’ ignorance and poor communication on the part of the schools that fail to inform parents of the policy.⁹⁶

5.3.2 National School Nutrition Programme

Poverty hinders educational access in other ways. As a consequence of poverty, children often go hungry. Hunger impairs concentration and makes it difficult for children to learn properly. Also, if children lack essential nutrients over a prolonged period, this can impede their cognitive development as well as their healthy physical development.

The National Schools Nutrition Programme is a small part of South Africa’s Integrated Food Security Strategy and aims to provide the poorest children with at least one meal per day.⁹⁷ Whole schools are selected for funding for the feeding scheme and within selected schools learners may be selected by age or grade for feeding. Despite uneven implementation, the scheme relieves child hunger and appears to serve as an incentive for children to attend school. An analysis by the Department of Education in 2005 shows that only 8% of the children who regularly experience hunger are not at school.

The National Schools Nutrition Programme also contributes towards local economic development and job creation. A total of 1,709 service providers, 572 community based on small, medium and micro enterprises and 1,059 community-based cooperatives were contracted in 2008 throughout provinces, thus employing over 39,400 food handlers.⁹⁸

⁹⁵ Veriava (2005); Spreen & Vally (2006)

⁹⁶ Fiske & Ladd (2004)

⁹⁷ Hall & Monson (2007)

⁹⁸ Department of Education (2008b)



Three examples of positive responses serve to illustrate the point. Principals surveyed in a rural education study reported that school meals promoted regular attendance, helped learners to be more attentive and thus boosted academic performance.⁹⁹

5.3.3 Budget allocations

The total public expenditure on education as a percentage of GDP, after an initial increase between 1994/95 and 1996/97 from 6.4% to 6.8%, has decreased over the next years and stabilised around 5.4% in 2007/08.¹⁰⁰ Expenditure on primary and secondary education alone represents 3.8% of GDP in the latter year. The share of primary and secondary school education in total Government expenditure also declined – from almost 22% in 1994/95 to just over 14% in 2007/08. While the share of education expenditure decreased, the total amount of this expenditure in fact increased over time, both in nominal and in real terms. This holds true as well for the average expenditure per one learner. Both national and provincial governments have responsibilities in respect of education and allocate budgets for it.

Figure 27, which shows the real increase in per learner expenditure in public ordinary schools, suggests that nationally this increase was by 23 % over the period 2000-2005. Mpumalanga (42%) and KwaZulu-Natal (36%) saw the biggest increase, while in Gauteng (3%) and Northern Cape (3%) provinces this increase was marginal between 2000 and 2005. The varying increases in per capita expenditure are a result of the policy aiming equalisation of this expenditure across provinces during the post-apartheid period. In 2005 an average of R5,354 was spent per learner. It has to be borne in mind that this expenditure includes expenditure on all staff and educators employed by the provincial education departments, capital expenditure (on infrastructure) and finally non-personnel/non-capital expenditure such as learners support materials, stationery, maintenance and utilities.¹⁰¹

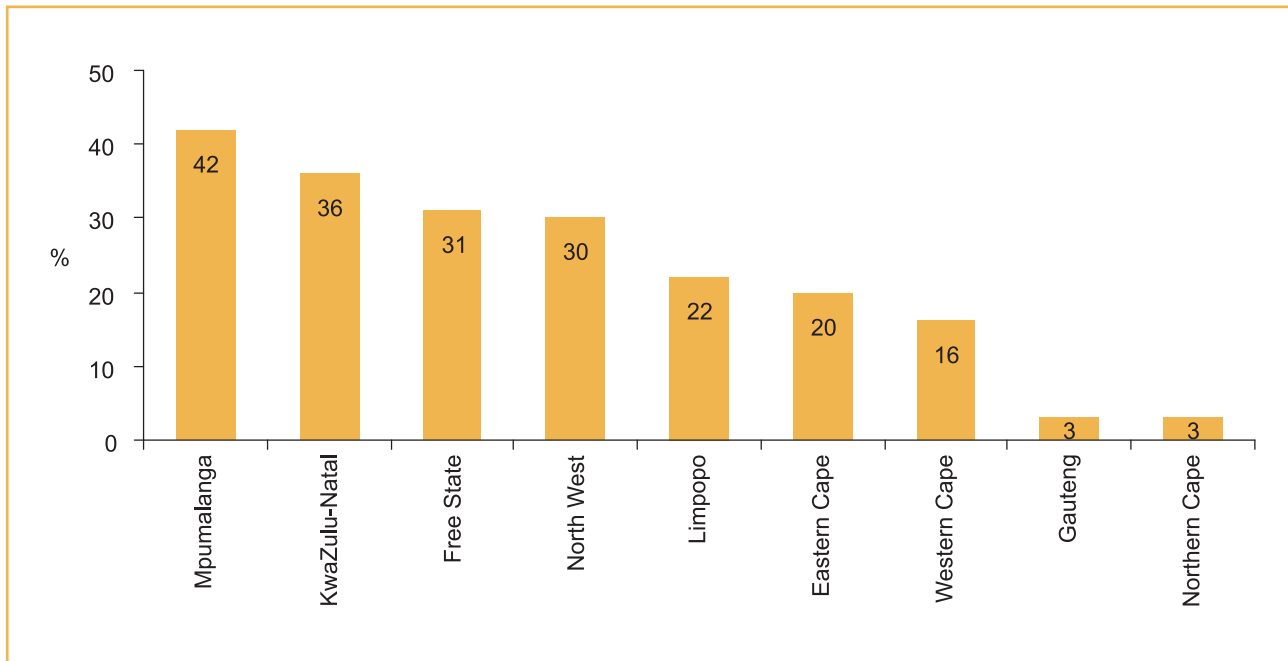
⁹⁹ Nelson Mandela Foundation (2005)

¹⁰⁰ Department of Education (2007c) & National Treasury (2007)

¹⁰¹ Department of Education (2007c)



Figure 27: Percentage increase in real per learner expenditure by province, 2000 to 2005



Source: Department of Education (2007). Trends in Education Macro Indicators: South Africa.

More recently, in 2007/08, 12.7% of total government expenditure on education went to higher education, 70.2% to primary and secondary school education, 2.5% to further education and training (FET), 0.9% to adult basic education and training (ABET) and 0.9% to early childhood development. In absolute terms, the amounts for the different levels were R13,331 million, R73,518 million, R2,659 million, R908m and R983m respectively.¹⁰²

National government funds tertiary education, but other levels of education are funded primarily by provinces. Table 20 shows that 83% of provincial education expenditure goes to public ordinary schools, with a further 1% going to subsidies for independent schools, 3% for public special school education, and 1% to ECD. These programmes together can be considered a proxy for spending on children’s education by provinces. Together they account for R77.4 billion or 87% of provincial education expenditure.

The total of R88.7 billion shown in Table 20 includes three conditional grants – R595 million for recapitalisation of further education and training colleges, R158 million for life skills education with a focus on HIV&AIDS, and R1,153 million for the national schools nutrition programme (NSNP). The NSNP allocation accounts for 1% of provincial expenditure on education in 2007/08. In terms of school phases, 52% of spending on public ordinary schools is for primary schools and 42% for secondary schools. Unfortunately, the expenditure on subsidies for independent schools and public special schools is not disaggregated by phase.

¹⁰² National Treasury (2007).



The average spending per learner across provinces in 2007/08 is R7,461 with Northern Cape spending R8,661 per learner (the highest) and KwaZulu-Natal R6,698 (the lowest) as Table 21 shows. These averages, however, do not show how much exactly is the direct investment into each student as they also include administrative and other indirect expenditures.

Table 20: Provincial education expenditure by programme, 2007/08

	R million	% of total
Administration	6,145	7
Public ordinary schools	73,518	83
Primary schools	38,068	43
Secondary schools	31,032	35
Other	4,417	5
Independent school subsidies	458	1
Public special school education	2,462	3
Further education and training	2,389	3
Adult basic education & training	908	1
Early childhood development	983	1
Auxiliary & associated services	1,856	2
Total	88,719	100

Source: National Treasury (2007). Provincial Budget and Expenditure Review: 2003/04 - 2009/10.

Note: expenditures are medium-term estimates.

Table 21: Education expenditure and per learner spending by province, 2007/08

	Total (R million)	Per learner
Eastern Cape	14,726	7,007
Free State	5,692	8,294
Gauteng	14,543	7,861
KwaZulu-Natal	18,577	6,698
Limpopo	11,948	6,777
Mpumalanga	7,956	7,215
Northern Cape	2,267	8,661
North West	5,324	6,790
Western Cape	7,685	7,851
South Africa	88,718	7,461

Source: National Treasury (2007). Provincial Budget and Expenditure Review: 2003/04 - 2009/10.

Note: expenditures are medium-term estimates.



5.4 Conclusions and recommendations

South Africa is very close to achieving universal access to basic education (up to grade 9, or 15 years of age). Boys and girls have equal access to schooling, a big achievement of the post-apartheid education system. Considerable progress has been made in ensuring the increasing educational participation of children from previously disadvantaged groups. National policies and programmes, such as the No-fee Schools policy and the National Schools Nutrition programme, are designed to support education participation of all children, despite their socio-economic status.

Despite substantial achievements in policy and practice, troublesome barriers continue to impede children's realisation of their educational rights. For example, out-of-school and never been in school children remain a concern with an estimated half a million un-enrolled school-aged children in 2006, the majority of whom were African. In any case, high enrolment rates and expansive access to schools on their own are insufficient for meaningful learning for all.

Learners' poor performance in national systematic assessments in grades 3 and 6, and South Africa's deplorable showing in international comparative assessments raise questions about educational quality. Meagre library resources, interrupted instructional time, the burdens of implementing curriculum change, and mismatches between the supply of qualified teachers and the demands of particular learning areas all impede the definitive purpose of schools, namely, to enable systematic learning and promote the values of responsible citizenship, and need to be addressed urgently. Development of courses that correspond to the age and education level, creation of supportive environment that enables all children to attain (at a level commensurate with their age and abilities) the critical cross-cutting outcomes of South Africa's national curriculum, and improving the qualification and skills of teachers effectively to deliver subject material and to manage the class environment, have to be among the top priorities.

One way of encouraging and supporting learners to complete their schooling is to remove the financial incentives to leave by addressing the policy gaps for poor children, who are not targeted by some of the critical poverty alleviation programmes – notably the Child Support Grant and the National Schools Nutrition Programme. The No-fee policy may need to be revisited in this regard to ensure that poor children who live in better-off areas can benefit from fee-exemption.

More attention should be paid to rural schools and improve opportunities for more children to study Science and Mathematics so as to make them more marketable in the work environment. Education should be geared towards empowering more children for self employment later in life.

Finally, rendering of quality education services requires allocation of appropriate budget resources. But equally important is the efficient spending of the available funds. Public expenditure tracking surveys may help to perform analysis of the efficiency and to inform decisions for better spending of educational funds aiming to equalise access to and benefit from good quality education for all South African children.



Chapter 6: Care and Protection

Section 28 of the Constitution establishes a range of rights that provide additional protection for children beyond the rights that apply to everyone in South Africa. Children are by nature more vulnerable than adults due to their young age and therefore require a set of rights tailored to their specific needs, over and above the constitutional rights they have in common with everyone else. Primary health care, social support, school feeding schemes, early childhood development and education are among the many programmes that make up the prevention component of the state's plan for giving effect to the right to protection from abuse and neglect.

This chapter first reviews several categories of vulnerable children deprived from parental care who have a special need of care and protection, such as orphans, children living in child-headed households, children in foster care and in residential care, and children living in the street. It then looks at children confronted with exploitation, violence and abuse, focusing on child labour and children as victims of violence. Further, issues around children in conflict with the law are reviewed.

Children with disabilities are a particularly vulnerable group needing special attention and protection; the chapter touches upon issues related to these children. National legislation and policies addressing the rights of these particularly vulnerable groups of children are then analysed. Finally, as no child can exercise fully its rights and enjoy any form of protection without being recognised before the law, birth registration is studied.

CHILDREN IN NEED OF CARE

6.1 Children deprived of parental care

Children need to be cared for by adults to enable their survival and development. The right to “family care or parental care” recognises this unique need of children. The death of one or both parents may force children to assume responsibility not only for themselves but also for their younger siblings, or place them in the care of older siblings who are themselves children, often with severe consequences for their rights and healthy all-round development. In situations where there are inadequate alternative care systems, the death of a parent puts children at greater risk of abuse and exploitation. It is also among the causes of erratic school attendance and drop-out. Once children stop attending school, they are also at risk of exclusion from other services, such as school feeding and school health programmes.¹⁰³ Similar risks face children whose parents are alive but have abandoned them; and children with parents whose health has been so ravaged by illness that they are unable to fulfil the responsibilities of care.

¹⁰³ UNICEF (2005)



6.1.1 Orphans

Children's testimony from the activities organised by the Office on the Rights of the Child
Unhappy rights' experiences: "It is hurting when I think of my parents who are taken away from me by God – they are at peace in heaven" (Northern Cape)

For the purposes of this analysis, orphans are defined as children whose biological mother, father or both parents have died. The use of this broad conception of orphan-hood has been adopted to highlight the crisis created by the death of large numbers of parents in the 1990s from various causes including the AIDS pandemic. It contrasts with the more conventional definitions where both parents must have died for a child to qualify as an "orphan".

The proportion of children in South Africa who have lost one or both their parents has increased over a period of five years (2002-2006) from 17% to 21% of all children. In 2006 the total number of children who had lost one or both parents amounted to 3,768,000. Sixteen per cent of them were maternal orphans, 66% paternal orphans and 18% double orphans (Figure 28). A big proportion of orphan-hood in South Africa is associated with the high HIV and AIDS prevalence among people in reproductive age, children orphaned due to AIDS are estimated to be around half of all orphans nationwide. It has to be noted that many children who have lost one or both parents enjoy the care and support of extended family. Yet, the estimated number of those children who have become orphaned and vulnerable stands at 1.5 million as at in October 2008.¹⁰⁴

The highest rates of orphan-hood were found in the Eastern Cape and KwaZulu-Natal – 26% in both provinces. In the latter province almost one million children had lost a parent or both parents. On another hand the rate in the Western Cape was found to be half lower than in the two provinces.

Research suggests that the absence of a mother may have a greater impact on children than the absence of a father.¹⁰⁵ Countrywide and in each province, more children have lost only their father (paternal orphans) than only their mother (maternal orphans). Proportionally 12% of all children were recorded as having lost only their father, whereas 3% had lost only their mother. In each year over a five-year period, the majority of orphans in South Africa were paternal orphans (Figure 29).

6.1.2 Children living in child-headed households

The proportion of children living in child-headed households relative to those living in adult-headed households is small.¹⁰⁶ In 2006, 0.7% of children were found to be living in child-headed households and it appears that many such households exist only temporarily.¹⁰⁷ Of the approxi-

¹⁰⁴ Skweyiya (2008)

¹⁰⁵ E.g. Case & Ardington (2004)

¹⁰⁶ Meintjes; Leatt & Berry (2006)

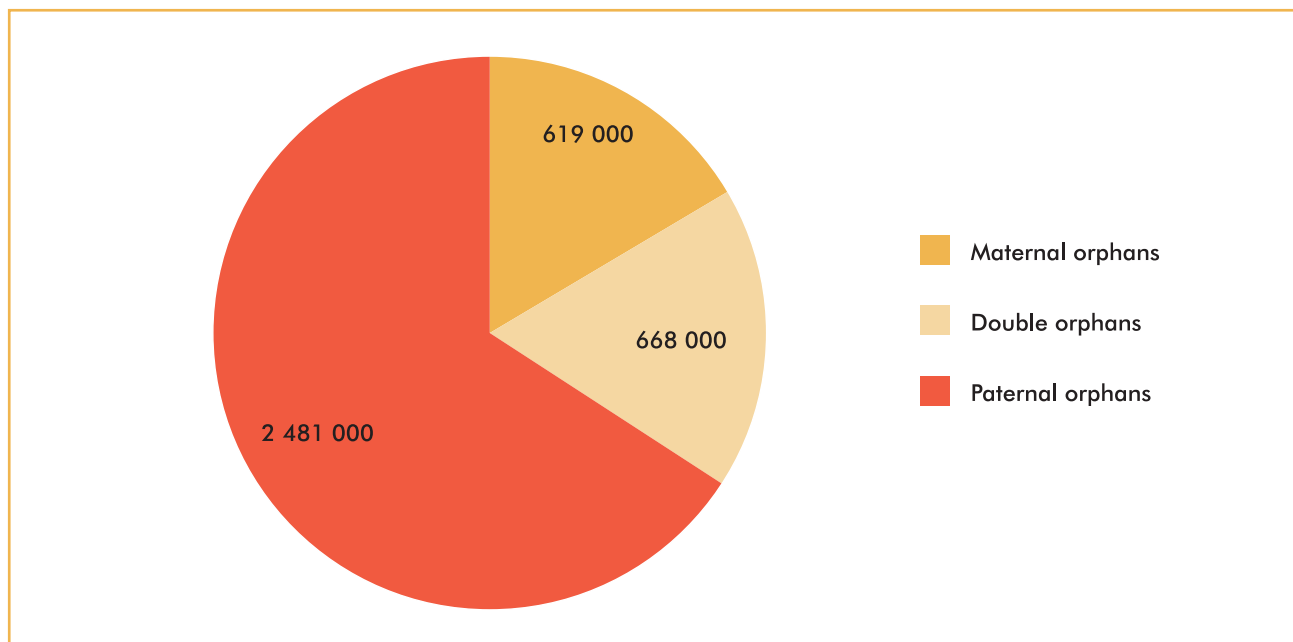
¹⁰⁷ Meintjes & Giese (2004)



mately 122,000 children living in 60,000 child-headed households in 2006, half are aged 15 years and above. Disproportionately more children were found to live in child-headed households in three provinces - Limpopo, KwaZulu-Natal and the Eastern Cape.

Child’s testimony from the activities organised by the Office on the Rights of the Child
Unhappy rights’ experiences: “Children who are head of families do not have money to support their families” (Free State).

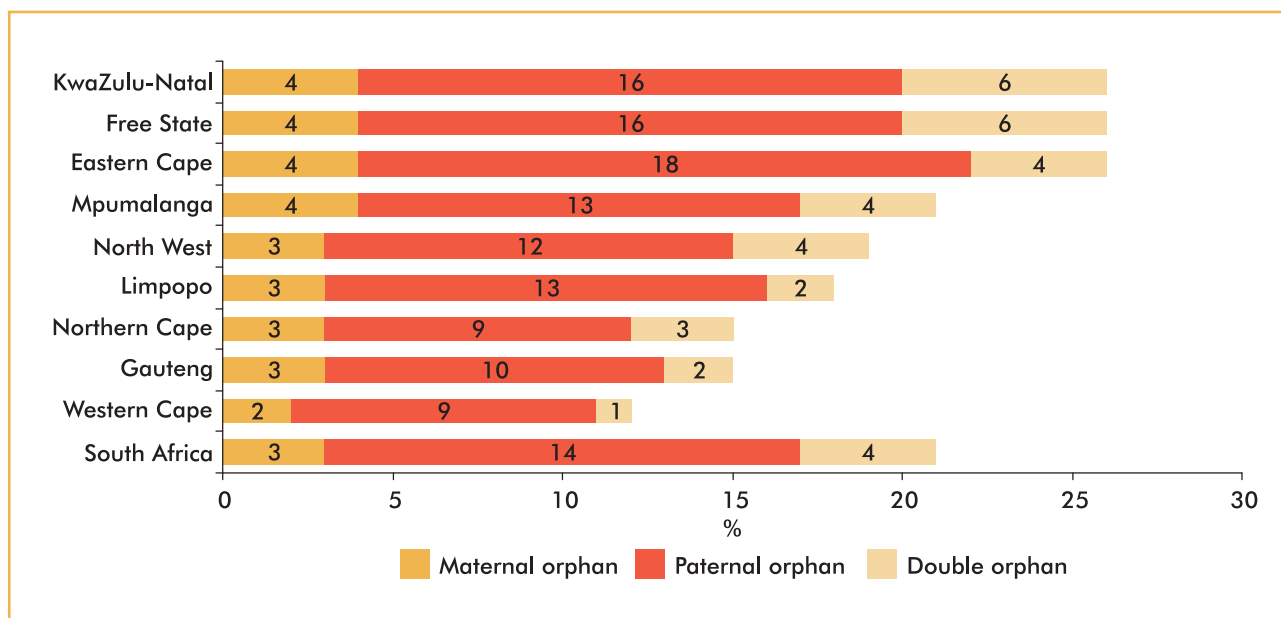
Figure 28: Number of orphaned children (0-17 years) in South Africa, 2006



Source: Children’s Institute analysis of StatsSA’s General Household Survey 2006.



Figure 29: Percentage of children (0-17 years) whose mother, father or both parents are dead by province, 2006



Source: Children's Institute analysis of StatsSA's General Household Survey 2006.

Households in which children live alone, or are taking on the main responsibilities of care and support, are inevitable in the context of poverty and its related diseases. Recognition and appropriate support for these care arrangements are crucial for the children who bear the burden of these responsibilities. The Children's Act 38 of 2005 as amended makes provision for adult supervision of child-headed households. The Department of Social Development in the 2007/08 financial year alone provided social support to 20,657 child-headed households.¹⁰⁸

Children's experiences of rights and responsibilities in their families

Participating children in the discussions organised by the Office on the Rights of the Child expressed strong views on parental and extended family rights and responsibilities, as well as on their own rights at home and within families. The examples below illustrate some of these views; some of the examples also illustrate children's implicit understanding of the connection between their own well-being and the quality of home and family life.

Care and respect at home. A group of children in Limpopo, commented that at home: "For the sake of our development, we need to be safe and properly fed"; "We need to take part in certain issues that affect us in the family"; "Our voices as young people should be heard". And, within the extended family: "As children we expect people to knock when entering our room"; "When you feel that something is not right or you don't want to do it, no one may force you to do it." Along similar lines, children in KwaZulu-Natal said: "We are protected in the place where we feel comfortable"; "Your parents know you better than everyone"; "We want our parents to take

¹⁰⁸ Skweyiya (2008)



care of us because it's their responsibility"; "[In the family] respect is foundation to everything". Children participating in the Northern Cape activities lamented who don't trust their children" and "unpredictable parents [through drug and alcohol abuse]".

Rights' violations in the family. Across the provinces, invasions of privacy and violations of bodily integrity were a recurring theme in children's discussions of rights violations in the family. For example: "Some parents touch their children's private parts"; "My uncle raped my sister"; "When my uncle was under the influence of alcohol, he abused me"; "My uncle has sex with me every day and he says there is nothing wrong he must do it because he provide for my food, school and clothing."

Parental guidance: inspiration or punishment? A group of children who participated in the ORC activities in Limpopo saw parents as having an inspirational role: "They are responsible for inspiring us"; but added "parents should be taught on how children exercise their rights". A group from the Free State, by contrast, concurred on the importance of punishment, within limits: "We agree that parents must punish us"; "Parents should limit the punishment"; "Parents should listen to children before taking action".

Family ties. Children's happy rights' experiences included belonging to "a closely knitted family"; "feeling safe and secure"; being "treated like "their own child" in an extended family; and having "love and respect from grandparents". These are among the many snippets that illustrate children's sense of the connection between their own well-being and the quality of family life, especially for those children who – because of the death, chronic illness or socio-economic circumstances of one or both parents – do not live with their parents.

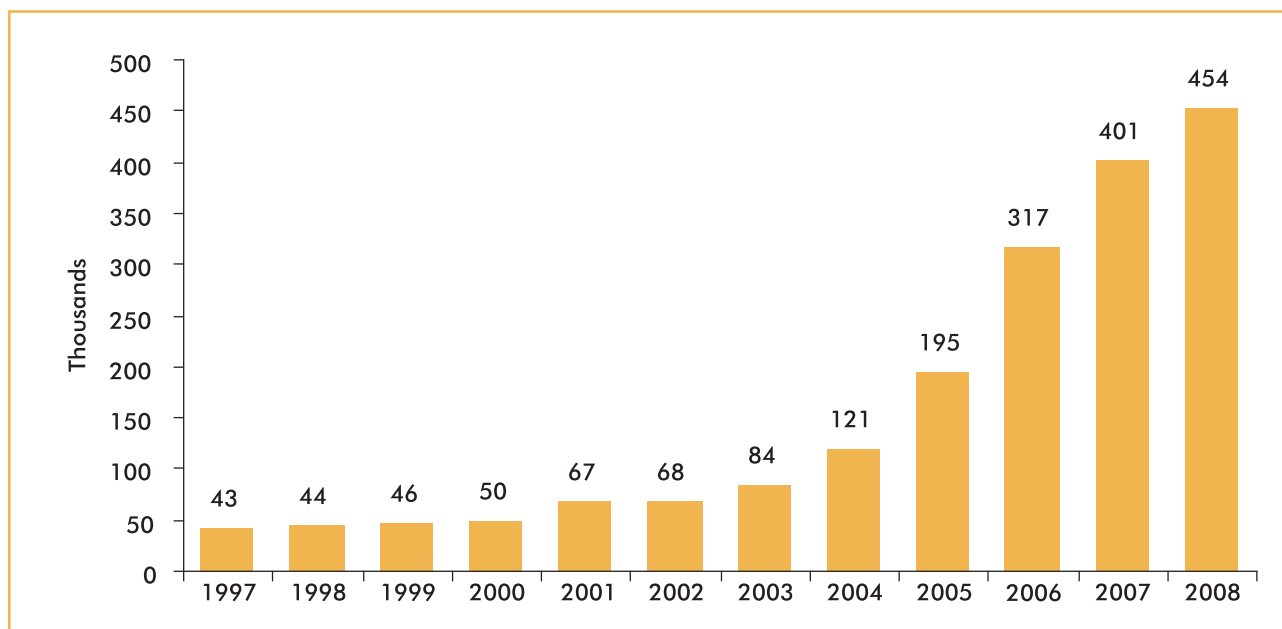
6.1.3 Children in alternative care

The Constitution of South Africa, section 28 of the Bill of Rights, states that "every child has the right to a family care, parental care or to appropriate alternative care when removed from family care".

The Children's Act makes provision for foster care as an alternative form of care for children who cannot be cared for by their biological parents. In South Africa three forms of foster care placements are used: related, unrelated and cluster foster care placements. A large percentage of children are placed under related foster care. Cluster foster care placement is fairly new practice in the country, introduced to address the increased demand for foster placement and care. As Figure 30 illustrates, the number of beneficiaries receiving the Foster Child Grant grew sharply over the last ten years, from 44,000 in 1998 to 454,000 in 2008, meaning that an increasing number of children have been placed in foster care. Children qualify for Foster Child Grant if they are orphans in need of care, neglected or abused, or for other reasons. No research is available, however, to suggest how does their life improves and how are their inherent rights are fulfilled after placement in such care.



Figure 30: Number of Foster Child Grant beneficiaries as of March each year, 1997-2008



Source: The Presidency (2008). *Development Indicators*.

Adoption is the traditional method of care for orphaned children and has for many years been regarded as the most effective way to provide permanent and stable family life for children in distress. It provides long-term family relationships and gives a child a sense of belonging. Available statistics suggests that the number of adoptions in South Africa is very low when compared with the number of available children who need permanent homes. Such discrepancy is attributed largely to the lack of awareness within communities about adoption services. The total number of adoptions during the period 2003/04-2006/07 fluctuates around 2,200 yearly, of which around 10% are international adoptions. In 2007/08 only 1,913 were adopted; of them 1,682 are national and 231 international adoptions.¹⁰⁹

Residential care should be a last resort for children who can not enjoy family care and support for various reasons. Official data on the state of residential care in South Africa is sparse.¹¹⁰ Currently, the country lacks a consolidated and accessible set of statistics on the number and types of residential care facilities, the number of resident children, and the reasons for and duration of their residence.

Data from different sources gives rather different pictures of the number and spread of residential care facilities, of how many children are in them. For example, publicly available official statistics in 2003, record a total of 204 registered children’s homes countrywide.¹¹¹ A subsequent report, prepared for the Department of Social Development in 2005, estimated that there were 10,361 children resident in 181 registered children’s homes across the country at the time of the study.

¹⁰⁹ Skweyiya (2008)

¹¹⁰ Meintjes et al. (2007)

¹¹¹ Pillay (2003)



The Department of Social Development has since initiated a national audit of residential care facilities. Draft findings, which were released in 2007, show 193 registered children's homes. At least half of them were located in KwaZulu-Natal or Gauteng. Five state-run children's homes were also recorded. Together these facilities could accommodate 12,920 children.

In a recent study of 34 children's homes (some registered; others not), researchers found that 24% of the children in the homes were recorded as abandoned children.¹¹²

Among the main recorded reasons for children's residence in the home were: experience of abuse and/or neglect (over 30% of the children in the sampled homes); abandonment (24%); and orphaning (11%). For 17% of the sample, the reasons were reported as 'indeterminate'. Although parental illness and poverty were listed as reasons, they were not predominant reasons given for children's admission (6% and 3% respectively). Recorded reasons may not take account of the interplay of factors that result in children being in need of residential care. As the researchers observed, poverty could have been "so pervasive that it was taken for granted as a feature of life and thus was not acknowledged or recognised as driving children into care."

6.1.4 Children living on the street

"Street children" is a generic term which refers to children in diverse situations on the streets. A distinction is often made between children 'on the street', who live with their families but work on the streets, and children 'of the street', who are homeless.¹¹³ In practice, children's lives on the streets are fluid and do not fit either of these categories neatly. Some children who start out begging or working on the street and returning home at night eventually leave home to live on the street; others migrate to the streets from children's homes or informal foster placements.¹¹⁴

Children's testimony from the activities organised by the Office on the Rights of the Child
Unhappy rights' experience: "The community and the business people always see us as the first culprit whenever there is theft and burglary – and we do not have anyone to protect us and believe in us – we do not steal, we only ask for survival monies"; "Look how beautiful I am for the week-end but now I must go back to the streets again" (Northern Cape); "Government should fund more community activities to keep children off the street and out of trouble" (Western Cape).

Life on the streets, coupled with the conditions that cause children to leave home, make street children vulnerable to a variety of risks to their physical, emotional, social and cognitive development. Inadequate nutrition, prolonged exposure to cold and damp, substance abuse and high levels of violence all compromise their chances of survival and development. They may be subject to abuse from other street dwellers, as well as from the police and from members of the public who object to their presence or exploit them (for example, as drug mules). Girls on the street are especially vulnerable to rape and sexual abuse, but boys are also at risk. Many street children are

¹¹² Meintjes et al. (2007)

¹¹³ Ennew (1996)

¹¹⁴ Motala & Smith (2003)



functionally illiterate and resist formal schooling. A number of inner city organisations in South Africa offer creative educational alternatives to them.

Although street children are physically visible on the streets and in public areas of cities and towns, their fluid lives and the strategies they devise for their own survival and protection keep them hidden from systematic monitoring. Reluctant to engage with authority, they evade precise identification and counting.

The 2001 census data identified 2,189 homeless children, a figure that ignores children who work on the streets but live in family households. A study of street children in the greater Cape Town metropolitan area in 2000 estimated some 782 children living, working or begging on the streets.¹¹⁵ If – as is likely – there are comparable numbers of street children in other large metropolitan areas, the total number of street children substantially exceeds the number of homeless children recorded in the 2001 census.

As in other parts of the world, a paucity of up-to-date, comprehensive data on street children prevents an accurate picture of South Africa's street children. From research published during the early 1990s, it appears that most street children are boys between the ages of 13 and 16 years.¹¹⁶ The 2001 Census data shows that the majority of homeless children are between the ages of 10 and 17 years, but the data does not disaggregate by gender. Girls appear to be on the streets in much smaller numbers, but estimates may be inaccurate as some of the girls who earn a living as sex workers may be 'hidden' from the public eye. This is not, however, the case with all girls on the streets; many girls do not operate as sex workers and some girls who do make no effort to hide their activity.¹¹⁷

More recent observations suggest that children found on the streets can be as young as six years old. The numbers of girls in the street has also increased, though their percentage remains lower than that of boys.¹¹⁸ Recent more comprehensive estimates of the numbers of children on the street that would allow assessing the magnitude of the phenomenon, are not available, however. Very little or no in-depth qualitative research that would provide knowledge of the factors pulling children to the streets and the challenges they face there is available

A small proportion of children on South African streets are foreign nationals. Identity documents – when they have them – are often falsified, making it difficult to trace their country of origin.

One proxy for children who live on the street without being cared for by their parents and families can be found in the recently published GHS 2007. The survey found that 6.4% of households had a child aged 5-17 years that left the household during the last 12 months and their whereabouts were unknown. This would translate into more than 700,000 children who have not been in their house for up to a year.

¹¹⁵ Cape Metropolitan Council (2000)

¹¹⁶ Richter (1991)

¹¹⁷ Motala & Smith (2003)

¹¹⁸ Direct communication with Department of Social Development (2008)



Some researchers remark on the resilience, enterprise and problem-solving skills and adept 'street mathematics' of street children, not just in South Africa but in major cities across the world.¹¹⁹ A group of boys on the street who participated in a children's consultation on child labour give a glimpse of the forms of work available to them in inner Johannesburg. Cleaning, selling clothes donated to them, dancing in discos and prostitution were just some of the ways in which these boys made a living.¹²⁰

The Department of Social Development has identified four levels of interventions to be implemented when rendering services to children living and working on the streets: prevention, early intervention statutory services and continuum of care. The emphasis is on prevention and early intervention services. These services not only focus on the child, but also on the family and the community where the child comes from. They imply good understanding of the reasons, which bring children to the street. Reunification with the family where it exists and reintegration in the community is an important aspect of the service delivery to street children.

6.1.5 Children Living in extreme poverty or abusive situations.

It should also be noted that some children who may still have both parents but living in extreme poverty or an abusive environment are still vulnerable and in need of care like other children, so should not be excluded from beneficial interventions. The system should not marginalise such children just because their parents are still alive. Thus there is a greater task of identifying some of the children who live in dire circumstances unnoticed.

6.2 Children confronted with exploitation, violence and abuse

6.2.1 Child labour

In South Africa, children have a constitutional right to be protected from work that is exploitative, hazardous or otherwise inappropriate for their age, or detrimental to their schooling or to their physical, social, mental, moral or spiritual development. *Work* refers not only to paid employment but also to household chores at home or in other households. Certain kinds of work in the household or broader community are beneficial in so far as they contribute to children's social development and to building the habits and values of responsibility within families and communities, and on condition that these activities do not impede children's regular school attendance and participation in learning. *Child labour* refers only to those forms of work that are harmful to a child's well-being and development.¹²¹

In 1999, as a first step in the process and in order to develop a reliable and credible database on child labour in South Africa, the Department of Labour commissioned a national Survey of Activities of Young People (SAYP), which studied children from the age group of 5 -17 years. The

¹¹⁹ E.g. Kruger (1997)

¹²⁰ Clacherty & Budlender (2003)

¹²¹ The distinction between work and child labour is drawn from Department of Labour (2007).



official report, released in October 2002, presents a quantitative portrait of child labour and of categories of working children who are most in need or at greatest risk of exploitation or degradation. The SAYP, with a cut-off point of 12 hours of economic activities per week, 14 hours of household chores or 12 hours of school labour, found that 12.5% (1.7 million) of children in the age group 5-17 years were doing work, mainly in long hours of fetching water and fuel. About 3% (0, 4 million) of children were involved in economic activity (excluding fetching wood and water) for twelve or more hours. Boys were more likely than girls to be doing economic work.¹²²

The more recent Labour Force Survey (LFS) conducted in March 2006, through its child work module, estimated that 847,000 children between the ages of 10 and 17 were involved in child labour. This figure excludes children living and working on the streets, children in hidden and highly exploitative forms of labour, undocumented migrant children, and children younger than 10 years whose activities count as child labour. LFS was not a child- dedicated survey, it included fewer questions than the SAYP and fieldworkers had received, and less intensive training on child-related work aspects than in the case of for the SAYP. Thus, although the LFS shows much lower rates of children's engagement in work-related activities than the SAYP did, it is unlikely that the situation of child labour has improved quite so dramatically over the seven years. Taking these children into account, the Department of Labour estimates that about one million children in South Africa are engaged in child labour.¹²³

A duty to help the family was the most common reason children offered for working. Both the SAYP and the subsequent LFS indicate that most children appear to have been working as a result of economic need. Economic work also exposed children to hazardous conditions and work-related illness and injury. Children working for more than 16 hours a week missed school more frequently than those working fewer weekly hours.

Although the quantitative portrait of working children gives some idea of the numbers involved in hazardous or otherwise inappropriate work, there is no reliable prevalence information on children involved in the worst forms of child labour, such as trafficked or sexually exploited children. In South Africa, as elsewhere, illegality and taboo keep these activities hidden from officials and researchers alike. Figures for commercial sexual exploitation of children vary widely and it is not known how many of them have been trafficked. One estimate, from the South African Police Crime Information Analysis Centre, put the number of children victims of commercial sexual exploitation in August 2002 at 28,000.¹²⁴

A recent research study commissioned as part of The South African Child Labour Programme of Action found that there was no national data on the number of children scavenging on landfill and dumpsites.¹²⁵ The study interviewed 75 children scavenging on landfills and dumpsites in KwaZulu-Natal and Gauteng. According to researchers' estimates, one in every four people scavenging in the study sites is a child between the ages of 4 and 18 years. New draft legislation in

¹²² Department of Labour (2003)

¹²³ Department of Labour (2008)

¹²⁴ Molo Songololo (2002)

¹²⁵ Benjamin (2007)



the Department of Labour prohibits scavenging by children; however, it is not yet finalised.

6.2.2 Children as victims of violence

Children have a right to live in safe environments, free of violence and threat. South Africa's long history of socio-politically motivated violence has given way, in many parts of the country, to a high occurrence of criminal violence – with severe consequences for children.

Table 22 presents data on the registered violent crimes against children committed in 2004/05-2007/08. The recorded number has decreased from 85,808 in 2004/05 to 73,767 in 2006/07. In the latter year children under the age of 18 years were the victims of 43% of all reported indecent assaults, 11% of all common assaults and 9% of all reported incidents of assault with the intent of grievous bodily harm (GBH). Children were also the victims of 6.5% of all attempted murders and 6% of all murders.¹²⁶ A large number of crimes go unrecorded.

Table 22: Number of violent crimes against children (0-17 years), 2004/05-2007/08

	2004/05	2005/06	2006/07	2007/08
Murder	1,128	1,075	1,152	1,410
Attempted murder	1,569	1,378	1,309	1,488
Rape	22,486	23,453	22,625	-
Common assaults	31,607	25,941	23,526	21,736
Assaults GBH	24,189	20,879	20,445	19,687
Indecent assaults	4,829	4,729	4,710	-
Total	85,808	77,455	73,767	-

Source: South African Police Service (2008). *Crime Situation in South Africa*.

Centre for Justice and Crime Prevention (2008). *Youth Crime Stats at-a-glance 2004-2007*

High levels of violence within schools are particularly worrying. A national youth victimisation study amongst youth aged 12-22 years in 2005 found that for crimes against the individual, the school environment featured prominently as the site of victimisation.¹²⁷ More than one quarter (26%) of those who had been the victims of assault reported that assaults had occurred at school; school was also the most common site for sexual assaults (21.1%). In the majority of cases, the perpetrators of violent crimes against children at school were known to their victims. Classmates were the most common perpetrators of violent assault against younger children. Toilets were the places at school of which children in the study felt most afraid, followed by sports fields and the principal's office.

Reports from SAPS suggest that in 2007/08, reported crimes of neglect and ill-treatment of children reached a number of 4,106, of which over a quarter only in Gauteng (Figure 31). Registered

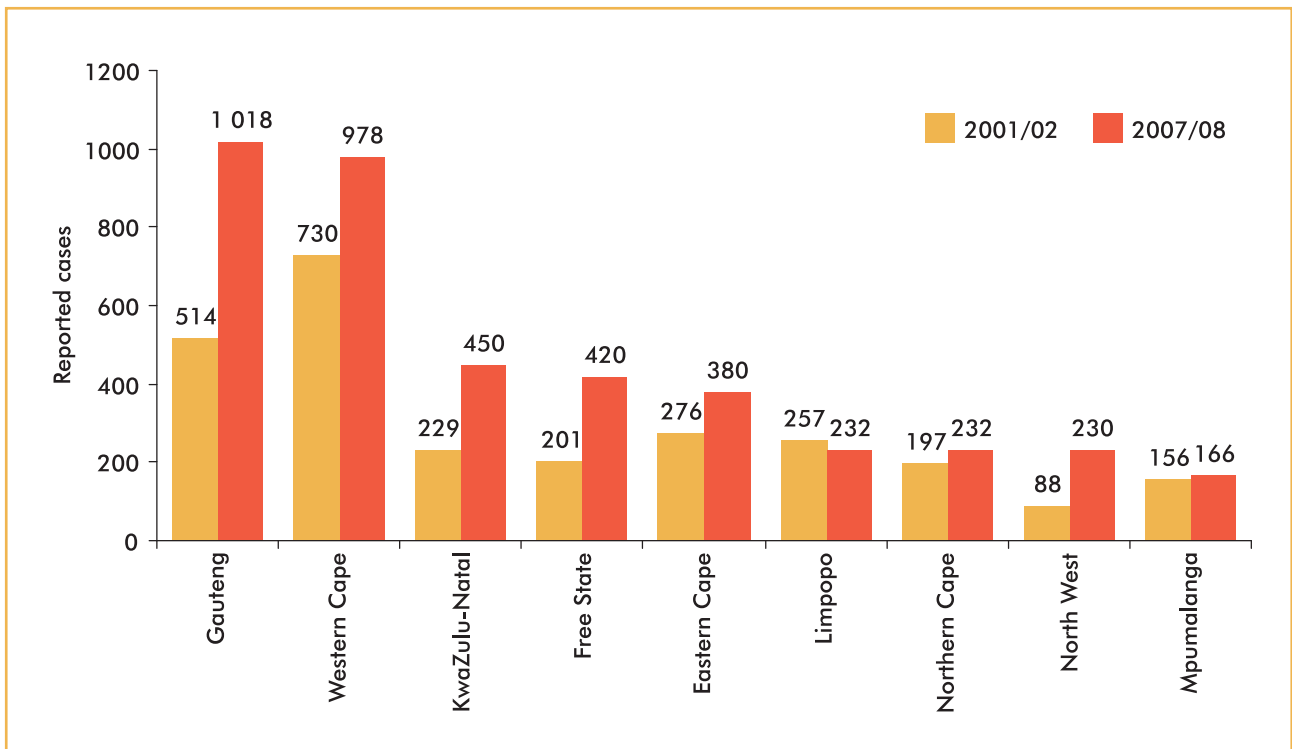
¹²⁶ Centre for Justice and Crime Prevention (2008)

¹²⁷ Leoschult & Burton (2006).



crimes against children increased by 55% between 2001/02 and 2007/08. In the North West, Free State, KwaZulu-Natal, and Gauteng they more than doubled. These statistics are, however, incomplete; they do not necessarily reflect cases of abuse and neglect reported through the social workers network, which may be more than the criminal cases.

Figure 31: Number of reported cases of neglect and ill-treatment of children by province, 2001/02-2007/08



Source: South African Police Service (2008). Crime Statistics 2008.

According to SAPS, there were 1,497 reported cases of child abduction in 2006.¹²⁸ The provinces with the highest number of child abductions are Gauteng (525), the Western Cape (225), and KwaZulu-Natal (177). Reported cases of child abduction reduced by 21% between 2002 and 2006. Government has recently launched an advocacy programme together with traditional leadership, faith based organisations on reported prevalence of child abductions and early forced marriages of children in some parts of the Eastern Cape. Government is leading a multi-stakeholder effort to discourage this harmful practice which goes against constitutional, legal and policy provisions for the country. This practice is also believed to be fuelled by extreme poverty in some communities.

¹²⁸ South African Police Service (2007)



Table 23: Number of child abductions by province (2002-2006)

	2002	2003	2004	2005	2006
Eastern Cape	168	198	176	251	178
Free State	103	129	106	94	85
Gauteng	690	756	658	542	525
KwaZulu-Natal	284	289	247	205	177
Limpopo	129	90	91	81	76
Mpumalanga	115	112	123	116	128
Northern Cape	33	41	33	19	18
North West	99	100	113	99	85
Western Cape	278	301	275	204	225
South Africa	1899	2016	1822	1611	1497

Source: South African Police Service (2007). *Crime Situation in South Africa*.

6.3 Children in conflict with the law

The Bill of Rights in the Constitution of South Africa contains specific provisions to protect children in conflict with the law.¹²⁹ Over and above the general protections for all accused people in section 35 of the Bill of Rights, section 28, specifies that children should only be detained as a measure of last resort, for the shortest appropriate period of time, and they must be held separately from adults and in conditions that take account of their age. This means that the criminal justice system should treat children in conflict with the law with special care. The right to protection from torture, violence, abuse and exploitation is crucial for all children, but those in conflict with the law may be especially at risk of degrading treatment. The Children's Act provides for the establishment of a National Child Protection Register. For children in the criminal justice system, the register will enable their protection from persons found unsuitable to work with children. The Child Justice Act establishes a separate criminal justice process for those children accused of committing offences, and includes a focus on procedures for individualized assessment and preliminary inquiry, diversion and restorative justice.

An integrated system for collecting and managing data on children's contact with the juvenile justice system is lacking in South Africa. SAPS does not release statistics on the number of arrested children regularly, nor are reasons for arresting well known. Available data suggests that between 9,000 and 13,000 children are arrested by the SAPS on a monthly basis.¹³⁰ Estimates undertaken in 2001¹³¹ and revised in 2006, suggest that approximately 101,000 children were arrested annually in the period 2001-2006.¹³²

¹²⁹ Jamieson; Proudlock & Waternhouse (2008)

¹³⁰ Department of Correctional Services (2008)

¹³¹ Barberton & Stuart (2001)

¹³² Muntingh (2007)



Children in detention can be held in prison or in a secure care facility. Secure care facilities are better suited to the needs of children, especially children under 16 years of age and those awaiting trial. The CRC requires that if a child is to be detained that the least restrictive measures be used such as facilities run by DSD. However the common practice is to keep children in prisons. Over a decade from 1995-2005, the number of children awaiting trial in prison reached a peak in 1999, with 2,934 unsentenced children in prison – a dramatic increase of 358% compared to 1995.¹³³ More recently, a range of interventions has succeeded in reducing this figure to 1,166 in 2007 (Table 24). Even so, there were still more unsentenced than sentenced children in prison. At the same time secure care facilities run by DSD are under-utilized and often have available space to accommodate children being detained in prisons.¹³⁴

Table 24: Average number of children detained in DCS facilities by sentenced/unsentenced status, 2003-2007

		2003	2004	2005	2006	2007
<14 years	Sentenced	8	12	5	4	2
	Unsentenced	-	-	-	-	-
14 years	Sentenced	36	33	22	14	10
	Unsentenced	147	96	61	29	36
15 years	Sentenced	145	159	100	89	74
	Unsentenced	335	276	184	154	141
16 years	Sentenced	520	451	346	283	246
	Unsentenced	763	625	429	336	374
17 years	Sentenced	1101	1054	764	710	563
	Unsentenced	1083	919	659	627	612
Total	Sentenced	1810	1710	1237	1100	895
	Unsentenced	2334	1923	1336	1149	1166

Source: Department of Correctional Services (2008). Presentation to the Portfolio Committee on Children in Conflict with the Law.

The length of time children are held in prison awaiting trial is worrying, as is the age of children in prison. Duration of detention varies from case to case and regionally. For example, in March 2006, 21 unsentenced children were found to have been held for over a year and one child for over five years. On average, children awaiting trial were held for 49 days. Children charged with aggressive and sexual crimes spend longer periods awaiting trial than children charged with economic, drug-related or other crimes. Most children in prison – unsentenced and sentenced – are 16 or 17 years old, but younger children are also detained. In March 2006, unsentenced children in prison included 154 fifteen year-olds, 29 fourteen year-olds and 3 children in the 7-13 age group. Sentenced children in prison included 89 fifteen year-olds, 14 fourteen year olds and 4 children in the 7-13 age-group. Most children awaiting sentence faced charges of aggressive or

¹³³ Nevill & Dissel (2006)

¹³⁴ Child Justice Alliance (2007)



economic crime (44% and 32% respectively of the total population of unsentenced children in prison).

Duration of detention is an ongoing concern. Nationally, an average awaiting-trial period is about seven weeks, but some children are detained for much longer and there is considerable variation among provinces. The nature of the charge and the average period of pre-trial detention appear to be strongly correlated: children charged with aggressive and sexual crimes tend to spend a longer time awaiting trial than those who face other charges.

Diversion away from detention is generally considered to be better for child outcomes and re-integration into society. Incarceration can both increase the chances of re-offence and hinder young people's chances for education, employment and health¹³⁵. International research evidence suggests that community-based interventions which target multiple aspects or contexts of the child's life (for example family, peers) are most effective in encouraging behavioural change and reducing offending behaviour.¹³⁶ To date, South Africa has no central register for cases referred to diversion programmes.

In a period of one year, from April 2005 to March 2006, NICRO received 21,975 children referred for diversion, the majority of whom (73%) were referred to the YES Life Skills programme. Another 16.6% were referred to the Pre-trial Community Service Programme and 5.5% to Family Group Conferences.

The concept of a one-stop centre for children in conflict with the law is an important step towards the development of a child (or juvenile) justice system. Based on a "one-stop-model" these centres concentrate the necessary services: probation, prosecution, police, diversion and magistracy, in one locality. To date three centres have been established on the basis of a "one-stop-model" – one in Port Elizabeth, one in Bloemfontein and one in Port Nolloth.

Children's right to separation from adults in conflict with the law is protected in the Bill of Rights, and through legislation and policy. Anecdotal evidence suggests that this is not always the case in practice. Research is required to determine the extent to which this right is being violated. Equally needed is research that may provide evidence of the overall conditions and quality of services for children in detention, and ensuring of their rights-protection.

6.4 Children with disabilities

Like any other child, a child with disability has rights to survival, development and education, protection and participation, but will need additional support and social services to realise these rights and be fully included in society.

The Bill of Rights in South Africa's Constitution contains several rights which, although applicable

¹³⁵ Holman & Ziedenberg (2006)

¹³⁶ E.g. McGuire & Priestley (1995)



to everyone, are especially important for children with disabilities. Central among them is the right to equality, which prohibits the state from unfairly discriminating against anyone on one or more grounds, including disability. Fulfilment of the right to equality is an important, indeed necessary condition for disabled people to be fully included as participating members of society. The Constitution's protection of the right to dignity is also especially pertinent for disabled people – children and adults alike – who frequently suffer ostracism, ridicule, and worse. The constitutional principle of human dignity requires acknowledgement of the intrinsic worth and value of every individual, and is the source of a person's right to physical integrity.¹³⁷

An estimated prevalence of 3% indicates 155,000 children from birth to four years have a moderate to severe disability.¹³⁸ Disability is conceptualised and measured in a variety of ways though and, as a result, there is considerable variation in the prevalence figures for young children. Disability conditions include impairments to vision and hearing, epilepsy, autism, mild to severe intellectual impairment, congenital and acquired severe physical impairment including cerebral palsy which cause mobility problems, genetic syndromes, and childhood depression. Unfortunately data for disability prevalence among older children is unavailable. Children with disabilities require specialised services to enable and support – as far as possible – their meaningful inclusion in education and development programmes, in keeping with South Africa's policy commitment to inclusive education.

Within schools, access is limited for children and educators with movement disabilities. The vast majority of public schools (97%) have no paved access from the school gate to the buildings, no ramps into their buildings and no toilets for people with physical disability.

Children's testimony from the activities organised by the Office on the Rights of the Child
Unhappy rights' experience: "My parents treat me well and take good care of me but our neighbours and the community call us names – we even hide ourselves when we board the bus"; "Disabled children are labelled and teased by the other children" (Northern Cape).

Discrimination and participation are closely linked. Stigmatising attitudes to disability lead to discrimination, which in turn becomes a barrier to social inclusion and participation. Teasing and ostracism are common daily experiences of disabled children.

6.5 National legislation, policies and programmes

6.5.1 Children's Act

In late 2007 the Parliament passed the Children's Act. The Act brings South Africa's legislative framework for child care and protection in line with the Constitution and International Law. It adopts a developmental approach that emphasises the State's role in the provision of social services to strengthen the capacity of families and communities to care for and protect children.

¹³⁷ Currie & De Waal (2005)

¹³⁸ See Schneider & Saloojee (2008); Biersteker & Streak (2007)



This builds on more conventional forms of child protection legislation whereby the State would only intervene after the child has already suffered from abuse, neglect or exploitation. Some of the key provisions for this approach include a strategy for partial care of children in facilities such as crèches; prevention programmes and early intervention to support parents and caregivers who are having difficulties in raising children; measures for children who are deprived of family care through alternative care, foster care and child and youth care centres; and drop-in centres to provide basic services aimed at meeting the emotional, physical and development needs of vulnerable children.

The Children's Act clearly outlines the duty of parents and families to provide care for their children. The state bears the duty to (a) support parents and families to care for their children; and (b) provide alternative care for children whose parents or family are unable or unwilling to care for them.

Flowing from South Africa's constitutional commitment to the best interests of the child in every matter concerning the child, the Act promotes children's participation in matters that affect them. It also introduces a crucial conceptual shift from the notion of parental power over children to parental rights and responsibilities for children. This shift portrays parents as duty-bearers responsible for delivering on their child's rights, as opposed to the child's owner.

Among parents' rights and responsibilities, as defined in the Act, is the right and responsibility to care for their children. Parental responsibility includes guiding the child's behaviour; protecting the child from any physical, emotional or moral harm; guiding and directing the child's education and upbringing; and guiding, advising and assisting the child in any decisions to be taken by the child, in a manner appropriate to the child's age, maturity and stage of development.

The Act places an obligation on the provincial Ministers of Social Development to provide and fund prevention and early intervention services. All prevention and early intervention programmes must involve and promote the participation of families, parents, care-givers and children in identifying and seeking solutions to their problems. Prevention and early intervention services include programmes aimed at:

- a) preserving a child's family structure;
- b) developing appropriate parenting skills and the capacity of parents and care-givers to safeguard the well-being and best interests of their children including the promotion of positive, non-violent forms of discipline;
- c) developing appropriate parenting skills and the capacity of parents and care-givers to safeguard the well-being and best interests of children with disabilities and chronic illnesses;
- d) promoting appropriate interpersonal relationships within the family;
- e) providing psychological, rehabilitation and therapeutic programmes for children;
- f) preventing the recurrence of problems in the family environment that may harm children or adversely affect their development;



- g) diverting children away from the child and youth care system and the criminal justice system;
- h) assisting families to obtain the basic necessities of life;
- i) empowering families to obtain such necessities for themselves.

A pioneering and progressive vision informs these new legislative provisions which should reap long-term benefits for children and families.

The state has a duty to provide alternative care for children whose parents or family cannot or do not exercise their duties of care. The Children's Act provides for a number of forms of alternative care, including foster care, adoption and child and youth care centres. Constitutionally, as well as in terms of South Africa's ratification of such international instruments as the UN Convention of the Rights of the Child, children have a right to be protected from maltreatment, neglect, abuse or degradation. When family protection breaks down, Article 20 of the Convention of the Rights of the Child obliges states to provide them with special protection through alternative care.

For cases where children have already been abused or neglected, the state has a system to protect children from further harm. The Children's Act improves upon the pre-existing child protection system and includes the following components:

1. *Mandatory reporting* of physical and sexual abuse and deliberate neglect.
2. *A child protection register* of all mandatory reports and tracking responses; and an offender register aimed at preventing perpetrators from working with children and causing further harm. The effectiveness of the registers will need to be evaluated when they are fully operational.
3. *Identification, reporting and referral* of children "in need of care and protection" to social service professionals for investigation, assessment, referral and support services. The list of children in need of care and protection is inclusive enough to ensure that children made vulnerable by a range of difficult circumstances can be provided with social services if needed. This includes children who have been abandoned or orphaned, live or work on the streets, who live in child-headed households, have been abused or neglected or who are involved in child labour.
4. *Children's Courts* where children in need of care and protection and their families, social workers, and magistrates sit down together to work out the best solution for the child. These are civil courts which are designed to be run inquisitorially in a child friendly manner in order to ensure an order that is in the best interests of the child. The Children's Act gives these courts expanded powers including ordering a family to attend a prevention and early intervention programme such as a parenting skills or substance abuse programme. If a crime has been committed against a child, the perpetrator is dealt with via the criminal justice system by the police, prosecutors and the criminal courts.

South Africa has a clear regulatory framework for residential care. Since 1983, the Child Care Act of 1983 and its associated regulations have provided for the protection of children who are not,



or are not able to be, in the care of their biological parents. The Children's Act groups the range of residential care settings under the title "Child and Youth Care Centres". Youth care centre is defined as a "facility for the provision of residential care to more than six children outside the child's family environment with a residential care programme or programmes suited for the children in the facility". Drop-in centres, boarding schools and other residential facilities attached to a school are excluded from the definition. Residential care is generally regarded – in international and South African policy – as a last resort placement option for children in need of care.

The Children's Act includes street children with other children in need of care and protection. In so doing, it acknowledges the wide range of difficult circumstances that children may face and that one of the responses of children to their circumstances is to turn to the streets, where they may live, work or beg.

The Act recognises different categories of street children and the overlap between their conditions and those of other children in need of care. It defines 'a street child' as a child who

- a) Because of abuse, neglect, poverty, community upheaval or any other reason, has left his or her home, family or community and lives, begs or works on the streets; or
- b) Because of inadequate care, begs or works on the streets but returns home at night.

The Children's Act recognises street children as 'children in need of care'. In shifting to a developmental approach to social services and social security, it also makes provision for preventive services that can recognise early warnings signs of a child's possible departure from home and strengthen parents' capacity to safeguard the well-being and best interests of their children.

6.5.2 Child Justice Bill

Children's vulnerabilities are not recognised in the current legislation governing the criminal justice system, namely the Criminal Procedure Act. Nor does it provide special protection to children in conflict with the law. Despite this legislative gap, practice has begun to change for the better, driven by the impetus of the drafting of the new Child Justice Bill. The new Bill is aimed at reforming South Africa's law in line with the constitutional and international obligations concerning children in conflict with the law.

Although the Bill was tabled in Parliament in 2002 and the Portfolio Committee on Justice held public hearings and deliberated on it in 2003, the process stalled until November 2007 when a revised Bill was referred back to Cabinet for approval. Fresh public hearings were held on the new draft in early 2008 and the Bill was passed on 25 June 2008. The passing of the Child Justice Bill brings about important changes in giving effect to South Africa's constitutional and international obligations to children in trouble with the law.

The Bill raises the minimum age at which a child is considered to have "criminal capacity" from seven to 10 years of age. Children under 10 years do not have criminal capacity and therefore



cannot be arrested or prosecuted; instead they must be referred for social services if they commit a crime. This is a progressive change which will ensure that younger children are automatically diverted into the care and protection system rather than dealt with through the criminal justice system.

Children older than 10 years but younger than 14 can be arrested and prosecuted, but are “rebuttably” presumed to lack criminal capacity. In other words, the prosecutor must prove to the court that the child knew the difference between right and wrong, and had the capacity to act on that knowledge, before the prosecution can proceed. This is the current law and the new Bill does not change it in any way. The responsibility of the prosecutor to rebut the presumption helps ensure that children who lack criminal capacity are diverted away from the criminal justice system.

Children who are 14 years or older are considered to have full criminal capacity and can be arrested and prosecuted.

The Bill requires a probation officer to assess the child when the child is charged. On the basis of this assessment, the probation officer must make recommendations for the release or detention of the child, the diversion of the child, and for whether the child needs care and protection.

The Bill introduces a new procedure - a preliminary inquiry – that is aimed at the comprehensive and individualised management of the accused child. During such an inquiry the court must proactively consider whether the child needs care and protection and whether the child can be diverted away from formal court procedures. Diversion programmes aim to help the child make amends for the crime, and to heal the child and the victim or community affected by the crime. Again, whilst an original version of the Bill allowed for all children to attend a preliminary inquiry, the Bill now excludes older children and children who have committed serious offences.

6.5.3 Child Labour Programme of Action

As a signatory to the ILO Minimum Age for Admission to Employment Convention of 1973, South Africa is required to adopt a national policy for the effective abolition of child labour, and to raise progressively the minimum age for admission to employment. The Basic Conditions of Employment Act of 1997 prohibits employment of a child who is under 15 years old in South Africa. The country has also ratified the Worst Forms of Child Labour Convention of 1999 and is thus obliged to take urgent time-bound measures to eliminate commercial sexual exploitation of children, child trafficking, and the use of children by others in illegal activities, and hazardous work. The ILO has set global target of eradicating the worst forms of child labour by 2016. South Africa’s Child Labour Programme of Action paves the way for meeting the target. It suggests a series of measures aiming at prevention of child labour via identification and support to needy children through the provision of social welfare grants, childcare facilities, removing children from hazardous work and providing counselling and skills training to facilitate reintegration in family life, etc.



6.5.4 Integrated National Disability Strategy

The Integrated National Disability Strategy (INDS), adopted in 1997 and based on the Constitution, heralded a new approach to dealing with disability.¹³⁹ At its heart is a social model of disability and inclusion. On this model, an inclusive society recognises that while the difficulties disabled people face are associated with their impairments, they are primarily the result of barriers that exclude disabled people from society. The INDS recognises three sectors that experience especially high levels of exclusion in South Africa: (i) children with disabilities, especially African children; (ii) people with severe intellectual or mental disabilities; and (iii) people with disabilities living in remote rural areas. Driven by a vision of an inclusive society, the INDS aims to integrate disability issues into all government planning and programmes. In principle, then, and in the various policy documents and ministerial statements, disability is a priority and cross-cutting human rights issue.

Although South Africa has developed strong policies for the inclusion and support of people with disabilities, in practice disabled children (and adults) continue to face multiple and debilitating barriers. Limited resources, especially in the health sector, and limited capacity are two major constraints on the successful implementation of the INDS. In the health sector, people with disabilities compete with others for limited resources, and the stress on curative services makes it hard to give priority to children with permanent disabilities. A dearth of rehabilitation workers severely limits the reach and effectiveness of the rehabilitation services that should be an integral part of primary health care.

6.5.5 Birth registration

Birth registration ensures children's recognition before the law and is a critical condition for safeguarding their rights and enabling access to vital services for children and their families. Within the context of poverty, timely birth registration is crucial in helping to prevent intergenerational marginalisation.

The Department of Home Affairs is responsible for registering births and issuing birth certificates as well as other enabling documents, in terms of the Births and Deaths Registration Act, 1992 (Act No 51 of 1992) amended in 1997 (Act No 67 of 1997) and in 1998 (Act No 43 of 1998). The Act and its regulations require every live birth to be registered within 30 days, by either of the child's biological parents or, if neither parent is able to do so, by a person caring for the child or a person assigned by the parents. Any birth not registered within thirty days is deemed a late registration. The law provides for three categories of late registration, each with slightly different requirements, namely: (i) births registered between thirty days and one year after the birth; (ii) births registered between one year and fifteen years after the birth; and (iii) births registered more than fifteen years after birth.

South Africa has made significant strides towards registration of infants during the year of their

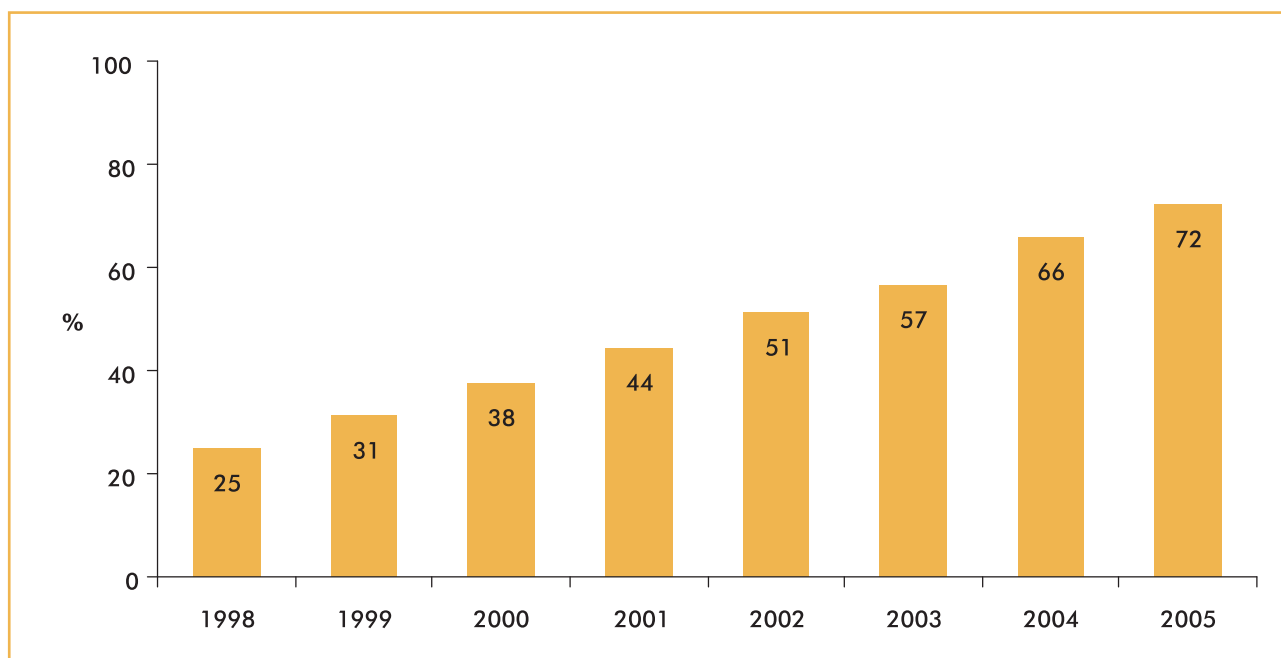
¹³⁹ Philpot (2004)



birth. The completeness of current (within year) birth registration increased from less than 25% in 1998 to 72% in 2005 (Figure 32). There were significant improvements in all nine provinces, though progress has been uneven and especially rural areas lag behind. Western Cape, Northern Cape and Gauteng had current registration levels of 97%, 82% and 81% respectively in 2005. Birth registration within the year is lowest in KwaZulu-Natal (62%) and the Eastern Cape (66%).

While birth registration has increased in recent years, still more than 20% of babies remain unregistered during their first year of life. This prevents them from timely access to essential services, such as the Child Support Grant for example.

Figure 32: Estimated percentage of births registered within the birth year, 1998-2005



Source: Statistics South Africa (2007). *The coverage and quality of birth registration data in South Africa: 1998-2005.*

Large numbers of children in South Africa reside with their biological parent(s) for only the first few years of their lives. Parental mobility, work-seeking, illness and death separate an estimated 26% of South Africa’s children from their biological mothers.¹⁴⁰ Absence of a biological mother severely complicates the process of birth registration, and obtaining documents for unregistered orphans presents formidable obstacles for caregivers. For these reasons, it is imperative that universal birth registration for infants be achieved as soon as possible.

Within rural provinces, pockets of very low birth registration are evident in remote communities. For example, a survey undertaken in schools in Umkhanyakude (KZN) revealed that – depending on the school – between 10% and 45% of primary school learners, and between 10% and 51% of high school learners, had not had their births registered. Figures from this and other school-based surveys in KwaZulu-Natal and the Eastern Cape suggest that the highest rates of non-

¹⁴⁰ Giese & Smith (2007)



registration occur in the most remote areas.¹⁴¹

The main causes for under-registration of new births from the supply side lie in insufficient service points; a limited range of services at points designated as full service points; under-utilisation of alternative service points; poor communication; and prohibitive costs of service access for impoverished clients. For the Department of Home Affairs (DHA) to deliver services to the agreed norms and standards, it needs 491 permanent service points. A recent source suggests that there is a shortfall of 231 service points (47%).¹⁴² Service provision is further compromised by limitations in the range of services. These shortcomings result in severe costs in time and money to clients who are struggling to make ends meet. In an appraisal conducted by Giese and Smith (2007) for ACCESS, 94% of the Home Affairs respondents surveyed said that they had clients who travelled further than 20km to reach the nearest Home Affairs office; 95% reported that clients struggle to pay transport costs.

Inefficiency and poor communication at service points result in applicants having to make multiple trips to process a single application. Where frustrated applicants lodge multiple applications, this increases the chance of document error and duplication, both of which can stall birth registration.

In an effort to increase accessibility and enable more extensive current birth registration, a number of innovative collaborations between the Department of Home Affairs and other service providers have been introduced recently, such as 74 multipurpose community centres, 109 mobile units and 101 hospitals. These now make up 43% of all HA service points, but are currently under-utilised. The extension of birth registration services to selected hospitals facilitates immediate birth registration for newborn babies, preferably prior to discharge. Full uptake has not yet been achieved.

School-based registration campaigns and Grants Jamborees are other non-traditional forms. Initiated by ACCESS and other NGOs, jamborees bring together all the relevant government departments involved in grant access. A jamboree creates an important incentive for birth registration by integrating applications for birth certificates with access to social grants. One province – Western Cape – has adopted the jamboree concept.

Another promising development is the Department of Home Affairs Turnaround Strategy for a “more efficient, customer- and business friendly Home Affairs structure able to ... serve the needs of the population.” Children make up almost half of South Africa’s population. Successful implementation of the strategy will help to ensure that every child is recognised by law and that all children and their families have the enabling documents for claiming their rights to services.

¹⁴¹ Giese & Smith (2007)

¹⁴² Portfolio Committee Briefing (July 2006)



6.6 Conclusions and recommendations

The Children's Act and the Child Justice Bill, which were passed by the Parliament in 2008, provide a long-awaited framework for child protection towards fulfilling the post-apartheid promise of social justice for children and in giving effect to their rights as defined in section 28 of the Constitution, in particular their rights to social services, to family or parental care or appropriate alternative care, and to protection from maltreatment, neglect, abuse or degradation. The establishment of the Child Labour Programme of Action with the aim of meeting the International Labour Organisation's global target of eliminating the worst forms of child labour by 2016 sets the basis to meet this target. Prior to the passing of the Child Justice Bill, practice in the criminal justice system had already started changing to take account of children's need for special protection when they come into conflict with the law. The establishment of one-stop-model centres for children in conflict with the law, is an important step towards the development of a child (or juvenile) justice system.

The challenges are in the implementation. There are some worrying trends in the conditions that may contribute to children's vulnerability to abuse, neglect or maltreatment. For example, the number of children who have lost one or both parents has increased steadily over recent years reaching over 3.8 million in 2006; this number is expected to increase in the years to follow. Increasing proportion of children find themselves living in households without adults or in residential care, trying to cope with orphaning, domestic abuse or abandonment. Others face the challenges of street life. An estimated one million children are engaged in child labour. Disabled children continue to experience discrimination and social exclusion. Violence remains a fact of some children's every-day life. Children who get into conflict with the law often experience unnecessary long stay in locked custody in inappropriate conditions.

Besides the provision of material assistance through broadly targeted programmes such as CSG or Foster Care Grant, the state also gives effect to its duty through the provision of a range of social services programmes aimed at strengthening families and helping them cope with difficult circumstances such as substance abuse, domestic violence, child abuse, and breakdowns in inter-personal relationships between parents and children. It is important therefore to enhance and up-scale programmes for parents and families as is important to introduce and replicate community-based best practice models for support to the most vulnerable children.

While legally the State is solely responsible for funding the care of children who have been placed in alternative care by the courts, it is the NGOs with domestic and international donor funding that bear a large proportion of the costs of managing placements through the court system and of accommodating the child in a child and youth care centre. Due to the chronic shortage of budget and human resources in the child protection system, the assistance from the state or NGOs does not cover a big proportion of vulnerable children who need it. Key challenges that need to be addressed are to increase budgetary allocations to provincial Departments of Social Development; to improve relations with, and budgetary transfers to the many NGOs that provide



the bulk of these services together with enhancing their capacity to efficiently provide effective support to children.

Child and youth care workers, social workers, ECD workers and community development workers are all crucial to viable programmes of early intervention and prevention. The available social workers in the country are however insufficient to deal with the demand for services. DSD is involved in a recruitment drive to attract more people to be in the social work profession. Auxiliary social workers are also incorporated in the initiative to provide services. However there is still a gap between the needs for and the supply of such workers. The shortage of social service professionals needed for effective, countrywide implementation of programmes needs to be addressed urgently and efficiently through enhanced deployment and capacity building.

Despite promising progress towards universal birth registration, South Africa's children and their families are not equally well served by the birth registration system, and too many infants remain unregistered and thus invisible at a time when their lives and well-being are at their most fragile. Concerted efforts of Department of Home Affairs, Department of Health and Local Government need to be speeded up to ensure that every child gets a birth certificate soon after birth and thus is able to exercise its rights of access to essential services. Communities need to be encouraged to acquire certificates for every child even if they have been born outside of a health institution. Traditional leadership should also support this effort of documenting every child.

Across the domain of care and protection, data gaps severely hamper an accurate analysis of children's situation and of protective provision. For many of the categories of children in need of care and protection there is a paucity of up-to-date, systematic and accessible data. For example, a register of children in need of care including orphans and other vulnerable children that would allow for on-going monitoring of their numbers and support provided to them is non-existent. Scarcity of systematic data hampers proper assessment of children in residential care, children living and working on the street, children engaged in the worst forms of child labour. An additional data concern is that, because there is very little co-ordination among different data sources, it is not possible to undertake in-depth analyses across overlapping or closely related categories of vulnerability. Such cross-category analysis is crucial for the successful service provision in programmes of prevention and early intervention, as required by the Children's Act. Agreed understanding among various departments of the need for establishment of interacting registers for tracking children in need of care and protection, in the light of the Children's Act implementation, is essential. The following recommendations were made in this regard by the conference on "Getting South Africa Ready to Implement the Children's Act" which took place in May 2008:

- Departments of Social Development and Justice and Constitutional Development to work towards the interface of the two registers
- National Child Protection Strategy to be aligned with the new Children's Act
- Case management should be reviewed to ensure multi-disciplinary practice guidelines
- Social service professionals should be trained on the new provisions/new orders as outlined in Chapter 9 of the Act)



- Address the manner in which organisational design impacts on service delivery and
- Encourage child protective services as an area of specialisation

Finally, research that would allow in-depth understanding of the causes of vulnerability as well as the quality and efficiency of services provided to all children in need of care especially the vulnerable children, is broadly missing. Such research is as important as the registered numbers of children are to inform national policies and programmes and re-shape them where necessary.

The abuse of children in some circumstance , under the incorrect guise of culture as in early forced marriages , need to be discouraged through a multi-sectoral effort of advocacy ,law enforcement to protect the children and promote their development . Government in partnership with Traditional leadership, NGOs and Communities is working hard to stop these practices where they occur.



Chapter 7: Addressing Cross-Cutting Challenges

South Africa has made tremendous progress toward building a democratic society, caring for children, since 1993. The recently passed by the Parliament Children's Act and Child Justice Bill, together with the National Health Act, the Education Laws Amendment Act and other legislative documents represent a solid basis for national policies and programmes for children. Wide stakeholder participation in drafting these laws has demonstrated a model of participatory democracy that provides a platform for children together with other stakeholders to participate in deliberations that concern their interests. This, too, is an achievement, although the scope for children's views in public deliberation remains limited.

The challenge is the implementation. Effective implementation of the national legislation, policies and programmes can only be assured through mobilizing of and strong collaboration between Government, NGOs and civil society. Parents as primary duty-bearers of their children have a constitutional obligation to ensure their children's rights fulfilment and to seek support where necessary.

As we sensitise the children of their right, it is of paramount importance to also make them aware of their responsibilities so that they can grow up to be balanced individuals.

7.1 Allocation of adequate and equitable resources

Ensuring sufficient investment for children is critical for the realization of different aspects of their rights. It has to be based on a continuous analysis of the existing budget mechanisms, allocations and efficiency of the expenditures in key areas - basic health services for children, ECD, compulsory education, support to Children in Need of Care including OVC, etc. Publicly available budget data does not provide the necessary details for such analysis. It is therefore required to disclose budget items directly related to children or generate such items in order to track expenditures directed to investment in children. This will allow assessing the efficiency of these investments, identifying the bottlenecks and addressing them.

A good start in this direction is the recently initiated by DoE and UNICEF Public Expenditure Tracking survey in the area of early childhood development. It is expected to pave a road for similar surveys in other sectors relevant to children.

7.2 Enhancement of Government capacity and collaboration between departments

The different spheres of governmental departments have a primary role in the implementation of national policies and programmes. Critical in this regard is the role of the Department of Social Development, Department of Health, Department of Education, Department of Justice and Department of Local Government. The co-ordinating and supervisory leadership role of the Presi-



gency is critical and strategic. It is also critical to ensure significant and sustainable investment in strengthening the institutional capacity for implementation at national and sub-national levels. Particular focus needs to be placed on developing the capacity in the areas of planning, monitoring and evaluation, and management of resources especially at local level.

Coordination between agencies responsible for multi-sectoral interventions benefiting children is of utmost importance. It is needed therefore that departments collaborate with each other during Programme implementation, coordinate and thus mutually reinforce efforts to ensure the implementation of the rights of all South African children. In doing that, it is very important to reach the most marginalized – the poorest who in many occasions remain invisible.

Drafting the Implementation Plan and the Monitoring and Evaluation Framework for the Children's Act through a broad participation of various departments, NGOs and other agencies is a good example of such collaboration and capacity exchange. Not only does it help better designing of the documents, but also ensures broader ownership and collaboration for better implementation.

7.3 Promoting the role of civil society and community participation

The civil society has an important role to play in creating more demand for fulfilment of rights, supporting the Government through complementing government service provision as well as suggesting alternative mechanisms for service delivering and targeting development programmes towards the most vulnerable. It is important to strengthen its capacity to ensure increased impact and sustainability of the support to the vulnerable through effective and efficient service provision.

The local communities have a strong role to play in both identifying the vulnerable children and providing support to them. The latter refers to building an enabling environment for children as well as to provision of specific services such as early childhood development programmes, for example. To be effective, local NGOs, voluntary community associations and parents themselves need to be empowered through knowledge. In 2007/08, 1,566 child-care forums were established and supported by DSD and 11,328 community care-givers were trained.¹⁴³ Collecting evidence of good existing practices and sharing it is another way to do so. A good example in this regard is the community-based ISIBINDI model for prevention and early intervention services to vulnerable children, which has been assessed as a best-practice model, replicable on a broad scale. Capacity building through training, tour studies, etc. is another.

7.4 Improving data quality for better informing of decision making

Good-quality and timely data is critical to inform decision making at various levels – from the highest national down to community level. South Africa is rich in data; however it is more often than not child-oriented. There is no coordinated framework in the Government for monitor-

¹⁴³ Skweyiya (2008)



ing the situation of children. The Office on the Rights of the Child in the Presidency is currently developing a framework, which is aimed to serve as a basis for collation and consolidation of information needed to assess progress and bottlenecks in children's-rights realization across areas of concern and throughout the country. All stakeholders who collect process and analyze data should make concerted effort to share and use this data in order to make this framework functional. Disaggregation of data would be very useful in following some trends in the future.

A number of nationally representative surveys conducted by Statistics South Africa provide useful data, which can be used to measure child poverty. The General Household Survey needs to be mentioned in particular. However the design of the results from these surveys does not consider generating of specific child-related indicators; it is only through secondary analysis by researchers that such indicators have been produced to date. The recently introduced national Income Dynamics Survey is likely to be an important source to assess dynamics of poverty as it will track a representative sample of households over time. The survey will allow seeing how children's environment, demographics, income, etc. change from year to year. It is essential that the design of the survey's results considers generation of child-specific indicators which, when readily available from the survey, might be used by decision-makers and practitioners, by researchers and activists, to inform policies, programmes and activities.

There is a lack of reliable information on vital indicators of child health. Conflicting data from different sources raises the uncertainty about child survival and there is a need of better-quality data to assess the real progress towards attainment of the MDGs related to child survival. Improvement of the District Health Information System (DHIS) through ensuring precise registration has an important role in this regard. The Demographic and Health Survey is a critical source of information on a series of health-related indicators. It is therefore absolutely essential to ensure that the design and the process of data collection allow for generating of credible results.

The Department of Education monitors the performance of the education system through its Education Management Information System (EMIS). Data collection and analysis cover ordinary schools as well as adult education and training, education of learners with special education needs, ECD in registered sites. The information system however does not cover education forms out of the formal system; thus little is known for example of ECD programmes run by non-registered entities, which in fact may play more critical roles in providing early childhood development services to young children. With regard to the latter, coordination and information exchange between DoE and DSD is important to provide a more comprehensive picture of ECD programmes run throughout the country by different partners.

Information relevant to the broad range of child protection issues is being collected and held by different departments. There is no single register of orphans and vulnerable children; in the field it is NGOs that most often support the provision of care and these do not have uniform way to report to DSD. Thus the exact number of Children in Need of Care, including OVCs, remains unknown. The challenge remains to assess the numbers and situation of children in residential care; the records retained by provincial departments of Social Development vary due to differ-



ences in management and frequency of update.

It is well known that often registered data related to violence against children and women underestimates the real magnitude of the phenomenon. Even so, it is important that SAPS regularly publishes detailed reports. These may help to identify patterns, which in turn is important when designing programmes to address violence.

Coordination and collaboration of the departmental information systems and with StatsSA is essential for producing of good-quality information to inform decision making.

7.5 Conclusion and recommendation

South Africa has strong research capacity, which is however somewhat inconsistent as far as children are concerned. Research projects more often than not focus on certain topics and/or certain age groups. Sufficiently long and consistent time series revealing trends in different aspects of children's development can only occasionally be found. It is important therefore to enhance information sharing regarding planned child-focused research in order to ensure complementarities and consistency. Only in this way can research provide a substantial basis for policy making and decision taking aimed at full realization of the rights of South African children.

Notwithstanding these weaknesses in research, availability of relevant and accurate data and other socioeconomic challenges, South Africa has made significant progress since the advent of democracy to secure the rights of the children of the country. It has, in many ways which include the constitutional, legal and policy provisions as well as programmes, shown that it is a state which cares for its children.



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The National Symbols and National Orders



The National Coat of Arms of the Republic of South Africa



The National Flag of the Republic of South Africa

Nkosi sikelel' iAfrika
 Maluphakanyisw' uphondo lwayo,
 Yizwa imithandazo yethu,
 Nkosi sikelela, thina lusapho lwayo.
 Marena baloka setjhaba sa heso,
 O fedise dintwa le matshwenyeho,
 O se boloke, O se boloke setjhaba sa heso,
 Setjhaba sa South Afrika - South Afrika.
 Uit die blou van onse hemel,
 Uit die diepte van ons see,
 Oor ons ewige gebergtes,
 Waar die kranse antwoord gee,
 Sounds the call to come together,
 And united we shall stand,
 Let us live and strive for freedom,
 In South Africa our land.

The National Anthem of the Republic of South Africa



The National Tree is the Yellowwood



The National Flower is the Giant or King Protea



The National Animal is the Springbuck



The National Bird is the Blue Crane



The National Fish is the Galjoen



The Order of Mapungubwe



The Order of the Baobab



The Order of Companions of OR Tambo



The Order of Luthuli



The Order of Ikhamanga



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The Presidency
 Republic of South Africa
 Union Building

Private Bag X 1000
 Pretoria
 0001

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ISBN: 978-0-621-39000-1