

# **A Call to Action: Children's Rights in South Africa**



**Save the Children**

**Unfinished Business - 2016 and Beyond**



### **Acknowledgements**

Save the Children South Africa (2016)

Analysis of the Children's Sector, Pretoria, South Africa

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# INTRODUCTION

Save the Children South Africa's vision is to bring about a world in which every child's right to survival, protection, development and participation is realised. It will fulfil this vision by empowering children and communities to demand their rights. It will engage with communities, government, civil society and business to foster care and support for children, especially the young child, and will advocate for accountability for recognising and enabling children as central role-players in our country's future development.

The children's sector has worked together for the past 22 years to improve the lives of children. Gains have been made, and children generally enjoy a better quality of life today. However, the job is not complete. There is still further work to be done.

South Africa continues to face a number of historically persistent as well as emerging risks that are not adequately addressed by the current child protection system. These present a challenge to the realisation of children's rights.

South Africa's historically marginalised children remain trapped in a poverty cycle which is shaped by, and which drives, high levels of inequality in the country. Poverty and social exclusion combine to create a nexus of social and economic living conditions that impair children's survival and development. One of the most prominent issues confronting children in South Africa is the high levels of violence they experience at home, in schools and communities, often at the hands of the very people entrusted to care for and protect them.

What is more, certain groups remain excluded and additionally vulnerable. Among them are children living in rural areas; orphaned children; children living with older caregivers; children living in the care of young single mothers; children affected by HIV and AIDS; children living in child-headed households; unaccompanied refugee and migrant children; and children with disabilities.

**It is possible to break the cycle of poverty and inequality by making sure that all children, particularly the most marginalised, access quality services that provide a pathway out of poverty towards social equality and prosperity.**

The child protection framework has not succeeded on this front. This is because it has not ensured equitable access to those key services which, if of an appropriate quality, are proven catalysts for breaking the poverty cycle and feeding a virtuous cycle of development. Notable in this regard are early childhood care and education, high-quality schooling, quality health care, and protection against violence and abuse.<sup>1</sup>

The work that remains to be done is very important. It will not only ensure that children develop to their full potential, but also advance the country's development goals to reduce poverty and inequality, as set out in the *National Development Plan 2030: Our Future – Make it Work*.

## Save the Children South Africa's advocacy strategy: Catalysing lasting change

Save the Children South Africa's goal is to bring about lasting and sustainable improvements in the lives of children in South Africa. For this reason, it supports the strengthening of **the following areas with the potential to catalyse lasting change** for present and future generations of vulnerable children:

- **early childhood development;**
- **health and nutrition;**
- **education; and**
- **protection.**

In addition, Save the Children South Africa supports the strengthening of child-rights governance mechanisms to ensure that services in these areas are sustainably and

systemically available to all children, and that the impact of these services is measured.

Save the Children South Africa has developed this publication to support coordinated advocacy. The publication gives an overview of the situation of children in the four catalytic thematic areas in South Africa and in four provinces, namely, KwaZulu-Natal (KZN), Limpopo, Gauteng and the Free State. It identifies key gaps and pressing challenges, as well as the changes that need to be made to contribute to breaking the chains of child poverty in the country.

This document seeks to provide a platform for the development of an advocacy agenda for achieving systemic and sustainable change in areas that will improve the lives of present and future generations of children.



# DEMOGRAPHIC OVERVIEW OF CHILDREN IN SOUTH AFRICA



## Why is the demography of children important?

Children are not a homogenous group: their experiences, the circumstances in which they live and the forms of support they need differ. This calls for solutions that are tailored provincially and at district-level to address cross-cutting problems.

As such, it is important to know how many children there are at a national, provincial and local level; who and how many among them are vulnerable; and what the main causes of their vulnerabilities are.

Policy and programme developers must engage with the country's demographics and, through a process of population-based planning, develop contextually responsive plans and programmes.

## How many children are in South Africa?

In 2013 there were just more than 18 and a half million children in South Africa, with significant variation in numbers across the provinces.

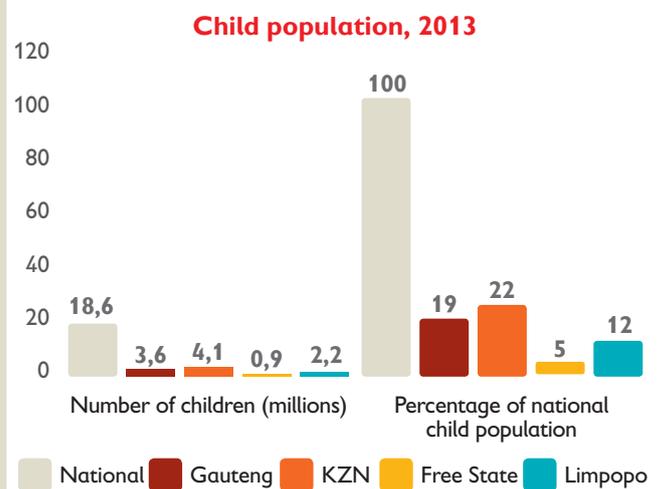


Figure 1: Child population, 2013.

Source: Meintjies, Hall and Sambu. Analysis of Stats SA GHS 2014.

The largest number and share of the country's children are found in KZN and Gauteng.

The number of children in the provinces has changed dramatically over the past decade. In KZN, Free State and Limpopo it has decreased. In Gauteng, however, it has risen substantially, by 24 percentage points, since 2002, mainly as a result of rapid urbanisation.<sup>ii</sup>

## Where are the most vulnerable children, and how many of them are there?

Children are made vulnerable by a number of factors, including poverty, race, their caregiver status, their nationality, whether or not they live within the jurisdiction of customary law, the levels of political, labour and community unrest, and the efficiency of the local government with jurisdiction over them. These factors often intersect with one another and aggravate the level of vulnerability of recognisable groups of marginalised children.

### Children living in poverty

In 2013, more than half of the country's child population lived in poverty on less than R671 per month.

The percentage of children living in poverty is much higher in KZN, where close to 70 per cent of children are poor, and in Limpopo, where 64 per cent live in income-poor households.<sup>iii</sup>

#### Income poverty for individuals and child poverty levels 2011/13

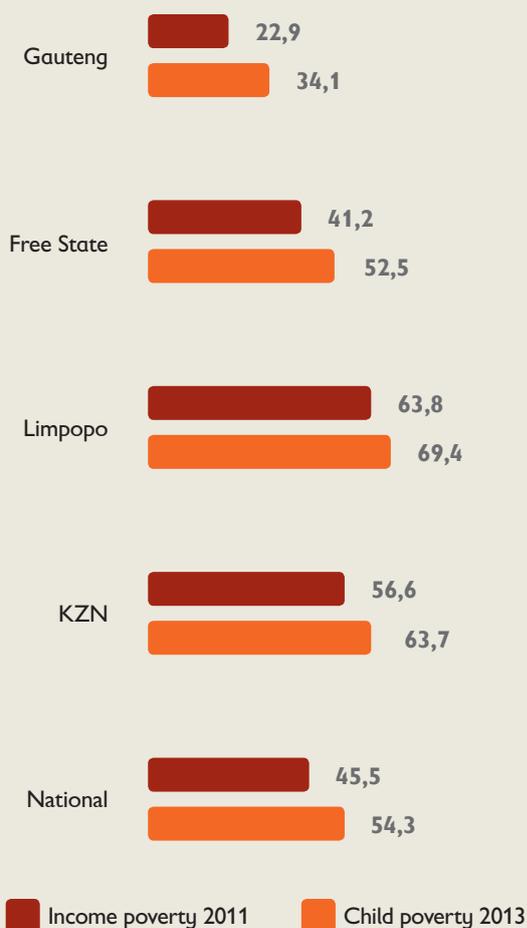


Figure 2: Income poverty for individuals and child poverty levels, 2011/13. Source: K Hall and W Sambu. 2015. Analysis of Stats SA 2014 GHS

### Children living without their parents

Only 35 per cent of children in South Africa live with both of their parents, and a large number live only with their mothers or with neither of their parents. KZN and Limpopo have the largest proportion of children who live with only their mother or apart from either of their parents.<sup>iv</sup>

|            | Live with both parents (%) | Mother only (%) | Father only (%) | No parents (%) |
|------------|----------------------------|-----------------|-----------------|----------------|
| Gauteng    | 53.3                       | 31.9            | 3.8             | 11.1           |
| Free State | 38.7                       | 34.5            | 3.1             | 23.7           |
| KZN        | 23.8                       | 43.8            | 4.3             | 28.1           |
| Limpopo    | 26.2                       | 46.1            | 1.6             | 26.1           |
| National   | 34.7                       | 39.5            | 3.3             | 22.4           |

Figure 3: Proportion of children living with parents in 2013. Source: Meintjies et al. 2015 analysis of GHS 2014

### Orphans and child-headed households

South Africa has a high number of orphans. Once again, KZN has the largest share, followed by the Free State.

Whilst child-only households are very vulnerable, they are not as prevalent as many politicians and government officials would have us believe. Most children in these households are older than 15 years, and the household's child-only status is usually temporary.<sup>v</sup>

|            | Double orphans | Maternal orphans | Paternal orphans | Child-only households |
|------------|----------------|------------------|------------------|-----------------------|
| Gauteng    | 79,000         | 98,000           | 283,000          | 13,000                |
| Free State | 65,000         | 32,000           | 106,000          | 1,000                 |
| KZN        | 249,000        | 159,000          | 542,000          | 19,000                |
| Limpopo    | 68,000         | 75,000           | 283,000          | 26,000                |
| National   | 765,000        | 604,000          | 1,999,000        | 85,000                |

Figure 4: Proportion of orphans and child-only households. Source: Meintjies et al. 2015

A close-up photograph of a young child with dark skin, wearing a purple and pink striped shirt, focused on drawing on a grey asphalt surface with a white marker. The child's hands are visible, holding the marker and drawing lines. The background is a textured asphalt surface with some faint white markings.

# EARLY CHILDHOOD DEVELOPMENT

## What is ECD?

ECD is not just about crèches. It refers to the full range of support and services, including health, nutrition, social services, and early learning and care, that pregnant women and children need from conception until they enter school in order to support the cognitive, emotional, physical, mental, communication, social and spiritual development of young children.

This chapter is concerned primarily with one of these services – early childhood care and education.<sup>vi</sup> It involves the provision of daily care, education and stimulation for the cognitive, emotional and social development of children.<sup>vii</sup>

## The strategic importance of ECD and early childhood care and education

**Universal access to quality ECD services and support is widely recognised as essential for equalising the developmental opportunities of children born into adverse social and economic circumstances.**

**Access to quality early childhood care and education services, and getting this support from birth, are key to preparing children for formal education, for laying the foundations for improved educational outcomes, and, ultimately, for breaking the cycle of poverty and inequality.**

## The ECD imperative

Especially in the case of the most marginalised and vulnerable children, the equalising potential of early learning services depends on **universal access to high-quality early childhood care and education programmes from birth until entry into formal schooling.** This includes access to:

- parent support programmes;
- community-based informal play groups for very young children; and
- structured early learning programmes in centres.<sup>viii</sup>

## How far have we come and how far do we still have to go?

Access to formal early learning centres for young children has improved. However, quantifying the exact extent of

this improvement is difficult due to data limitations and inconsistencies over the years.

Access to centre-based care for children aged 5-6 years increased by more than 35 percentage points since 2002 to reach 91 per cent in 2013.<sup>ix</sup> The same progress has not been made in the case of younger children, though, particularly those living in poverty, those in under-served areas, and those with disabilities. In 2014, only 50 per cent of children between the ages of 0-4 years participated in early learning programmes.

of quality early childhood care and education services.

### Inequities in access

Access is much poorer for vulnerable children. Only 20 per cent of children aged 0-4 in the poorest two quintiles access early childhood care and education services. Insufficient availability of these services and the fees associated with are a leading barrier.<sup>xi</sup> Access is poorest in KZN and Limpopo, where the numbers of young children living in poverty are higher than elsewhere in the country. In the case of children with disabilities, reliable data are not available.

### Access to out-of-centre early childhood care and education services is limited

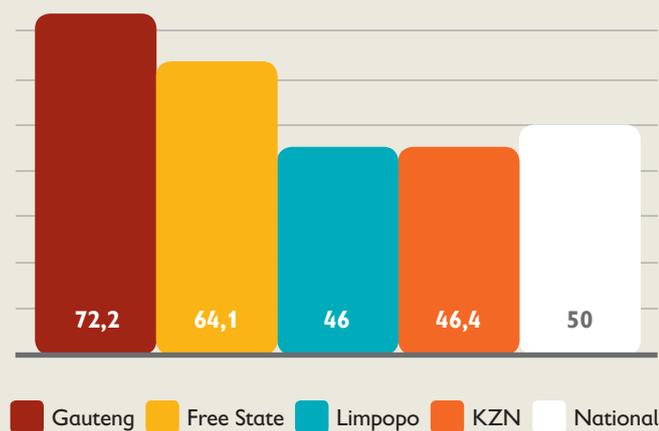
Even in high-performing provinces, non-centre-based programmes are under-provided. This excludes the youngest children and the most socio-economically vulnerable, who should – and, often, can only – access services that are provided in homes and informal community group-settings. However, there are no accurate data in any of the provinces about the availability of these services or access to them. Parenting programmes, in particular, are in short supply.

### Early childhood care and education quality is poor and has aggravated inequities

Whilst access to early childhood and education is better in some provinces than others, its quality is very poor in all provinces.

There are no standard indicators for gauging the quality of early childhood care and education. Its overall poorness of quality is evident nevertheless from the negligible impact of Grade R on children's school performance, especially that of poor children. Indeed, the quality of early childhood care and education is so weak in underprivileged communities that it has widened educational inequalities between rich and poor children. Grade R has improved school results in the wealthiest quintiles by about half a year's learning, but there has been almost no benefit for schools in lower quintiles. Performance gaps between rich and poor schools in mathematics and language scores have grown bigger rather than smaller.<sup>xii</sup>

**Access to early learning programmes for children aged 0-4, 2014**



**Figure 5: Access to early learning and care.**  
Source: Stats SA GHS 2014

### The problem

The majority of children who are most in need – that is, those living in poverty, in under-served areas and with disabilities – do not access quality early childhood care and education services. This exclusion drives poverty and sustains patterns of inequality in South Africa.

### Unfinished early childhood care and education services and inequities

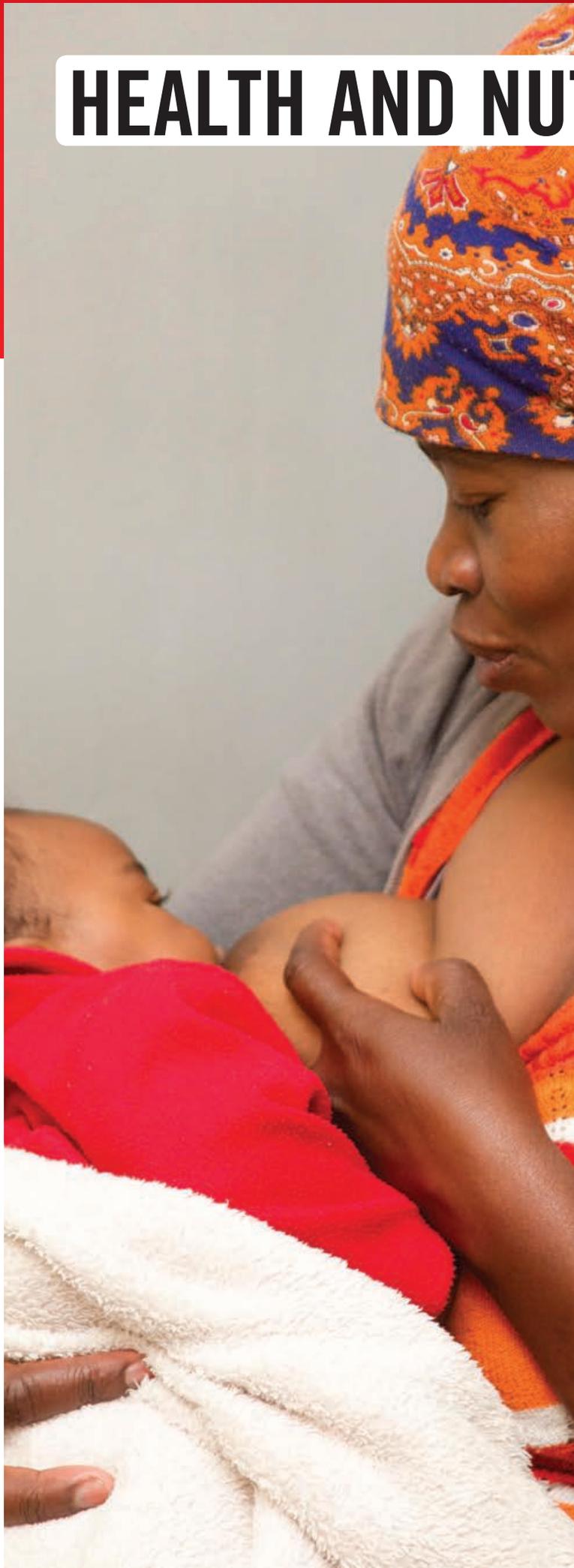
Viewed holistically, the persistent exclusion of the most vulnerable children is attributable largely to systemic weaknesses in the policy, planning and public provisioning



## What needs to change and what can we do?

| We need to see:   | What change should the sector advocate for?   |
|---|---|
| <p><b>Universal and equitable availability of early childhood care and education programmes to meet the population’s needs and ensure access by all young children, especially those who are the most marginalised.</b></p> | <p>Population-based planning – that is to say, planning based on the numbers and specific risks, challenges and vulnerabilities faced by children in a particular geographical area – has to inform the development of comprehensive provincial and district-level plans for the provision of centre-, home- and community-based ECD programmes.</p> <p>In addition to increased supply of services, there has to be greater uptake of them; this in turn requires improved parental awareness and understanding of the value that early childhood care and education has for children’s ability to develop to their full potential.</p>  |
| <p><b>Greater numbers of quality, registered out-of-centre early childhood care and education programmes from birth, including home and community-based parenting programmes and play groups.</b></p>                       | <p>The testing, scaling-up and funding of proven early home and community-based early childhood care and education programmes, including parenting programmes, that can reach the youngest and most vulnerable children.</p>  |
| <p><b>Improved quality across all early childhood care and education programmes.</b></p>  | <ul style="list-style-type: none"> <li>• Improvements in the quality of early childhood care and education programmes for children aged 0-4 and of Grade R through measures that address the structural drivers of poor quality (such as inadequate infrastructure, un- and under-qualified and skilled practitioners, and inadequate funding) and which provide support and mechanisms for ensuring accountability among the many private service providers.</li> <li>• Development of a set of standardised quality indicators for the 0-4 age range, including a Grade R-readiness assessment tool.</li> <li>• Development and implementation of early childhood care and education curricula for children under the age of 4 as well as for Grade R, curricula that are context-appropriate for children from poor backgrounds and children with disabilities.</li> </ul> <p>Provision of ongoing curriculum implementation support and monitoring that feeds into a quality-improvement cycle.</p> |
| <p><b>Free early childhood care and education for poor children and children with disabilities.</b></p>   | <p>Increased funding for early childhood care and education programmes, including out-of-centre programmes, especially those targeting the most vulnerable children, in particular those living in poverty and children with disabilities.</p>  |
| <p><b>Access to early childhood care and education for all children with disabilities.</b></p>  | <p>A strengthened policy, funding and implementation framework obliging the provision of, and supporting the development and roll-out of, inclusive early childhood care and education programmes for all young children with disabilities.</p>   |
| <p><b>Stronger systemic support to secure universal availability, equitable access, and quality early childhood care and education programmes, especially for the most vulnerable.</b></p>                                  | <p>Promotion of the registration of ECD centres and programmes as a means to address cost-related barriers and increase availability and quality, by, for example:</p> <ul style="list-style-type: none"> <li>• amending the registration regulations to make registration simpler and require different, but appropriate, standards for home- and community-based informal groups;</li> <li>• aligning and simplifying registration requirements at all levels of government, including provincial and local government;</li> <li>• supporting ECD centres with infrastructure to enable compliance and registration; and</li> <li>• developing simple and affordable guidelines for centres on how they can comply to enable registration.</li> </ul> <p>Finalisation and implementation of the Grade R Policy Framework; of infrastructure policies; of a revised Grade R funding strategy; and of an implementation plan for uniform conditions of service.</p>                                     |

# HEALTH AND NUTRITION



## The strategic importance of health and nutrition

In view of the Sustainable Development Goals (SDGs) adopted in 2015, South Africa now has to place much greater emphasis on improving the survival of its children by strengthening access to, and the quality of, effective child survival strategies and interventions. The recently published *Global Strategy for Women's, Children's and Adolescent's Health, 2016 to 2030: Thrive, Strive and Transform* dictates that the SDGs require new evidence-based approaches backed by innovative and sustainable financing mechanisms. The Global Strategy also puts stronger emphasis than in previous years on improving the health of adolescents.

Access to health care and nutrition across children's full life-cycle from conception to adolescence is critical to **both** their survival **and** development to their full potential. Poor access to adequate health care drives child mortality, morbidity and poor development of children. Severe and chronic malnutrition are leading associated causes of death and long-term development deficits. In addition, poor quality of, and low access to, sexual and reproductive health services for adolescents contributes to poor health outcomes for them as well as to early unplanned pregnancies, which in turn are associated with poor health and development outcomes for their children. Sub-standard health and nutrition services and support are thus key poverty traps for vulnerable children in South Africa.<sup>xiii</sup>

## Health and nutrition imperatives

South Africa has committed to achieve the following SDGs by 2030:<sup>xiv</sup>

### Infant and child mortality and development:

To ensure the healthy lives and promote the well-being of children (Goal 3). South Africa has agreed specifically to reduce the child mortality rate to 25 per 1000 live births and to end preventable deaths of newborns and children under five years of age.

### Sexual and reproductive health:

To ensure universal access to sexual and reproductive health services, including family planning, information and education (Goal 5).

### Nutrition:

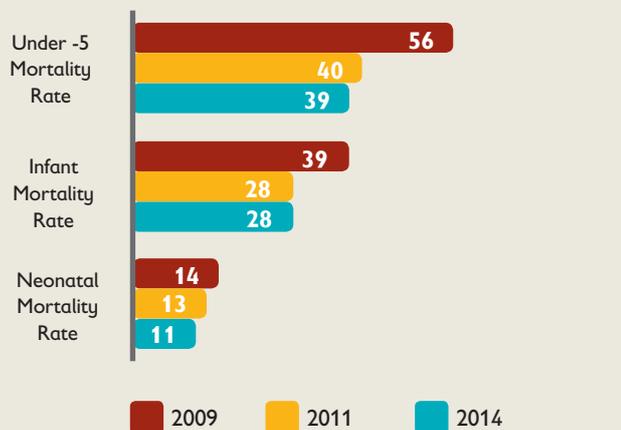
To end hunger, achieve food security and improved nutrition (Goal 2). In particular, the SDGs demand an end to all forms of malnutrition, including stunting and wasting, and call for the nutritional needs of adolescent girls and pregnant and lactating women to be addressed.

## How far have we come and how far do we still have to go?

### Child mortality

The under-five child mortality rate declined substantially between 2009 and 2014.<sup>xv</sup>

#### Child mortality rates in South Africa, 2009-2014

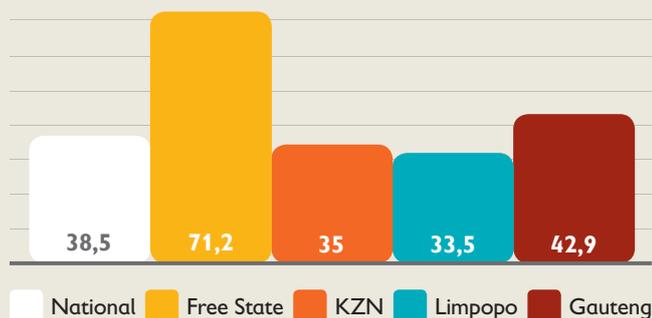


**Figure 6:** Child mortality rates in South Africa, 2009–2014. Source: RMS 2014

The under-five mortality rate has dropped consistently from 56 to 39 deaths per 1000 live births, but the same ground has not been gained in the case of infant and neonatal mortality (NNMR) rates. This has impeded South Africa's progress in reducing overall child mortality rates.

Whilst comparative figures are not available for 2014, it is evident from 2011 data that child survival rates vary significantly across the provinces.<sup>xvi</sup>

#### 2011 Provincial under-five mortality rate



**Figure 7:** 2011 Provincial under-five mortality rate. Source: COMMIC 2014

Of the four provinces under review, the Free State and Gauteng recorded the highest child and NNMR rates.<sup>xvii</sup> Similar trends are seen at national level, with the IMR and U5MR generally declining between 2009 and 2013, and NNMR declining much more slowly.

However, in the Free State the child mortality increased between 2012 and 2013, due to malnutrition and low NNMR reductions.<sup>xviii</sup>

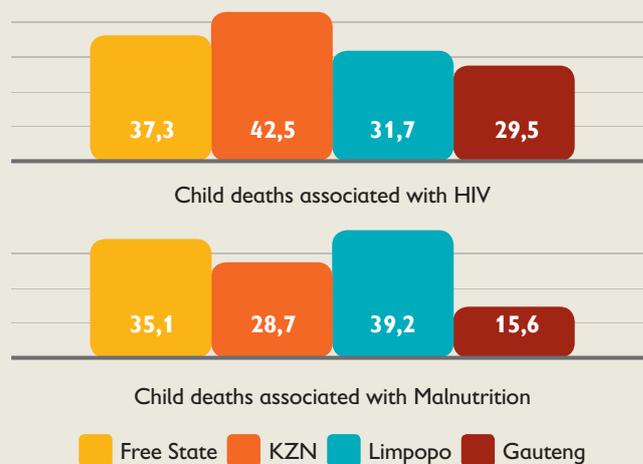
### Malnutrition

*Malnutrition is a leading associated cause of child death*

Nationally, across all provinces, malnutrition (and, to a lesser and decreasing extent, HIV and AIDS) is present in many cases where children have died. Thirty per cent of children who died between 2010 and 2013 were malnourished.<sup>xix</sup>

*Stunting is increasing in young children*

#### Provincial child deaths associated with HIV and SAM (%) in 2013



**Figure 8:** Provincial percentage of child deaths where HIV and SAM were present, 2013. Source: Child PIP data, 2013 in CoMMIC 2014

There are significant differences in the rates of severe acute malnutrition (SAM) across the provinces. The national average SAM rate for children under the age of five years reduced from 5.5 to 4.5 cases per 1000 children between 2009 and 2013.<sup>xx</sup> The highest rates are in the Free State (9.1), followed by KZN (5.6), Limpopo (4.2) and Gauteng (2.4).<sup>xxi</sup>

While the SAM rates, and associated case fatalities, are a large cause for concern, another major concern is the increasing rate of stunting, especially among the country's youngest children. South Africa has an average stunting rate of 9.4 per cent among children aged 7-9 years; 12 per cent in those aged 4-6 years; and a much higher rate, of 26.5 per cent, among those aged 1-3 years. In the case of the latter age group, the rate has increased from 23.4 per cent in 2005.

Stunting is not only higher among the youngest children but more prevalent in rural informal areas (23%) and rural formal areas (18%).<sup>xxii</sup> The highest levels of stunting are found in the Free State, followed by Limpopo and Gauteng. KZN has the lowest levels of stunting of the four provinces under review.

### Provincial malnutrition rates in children under five years, 2013

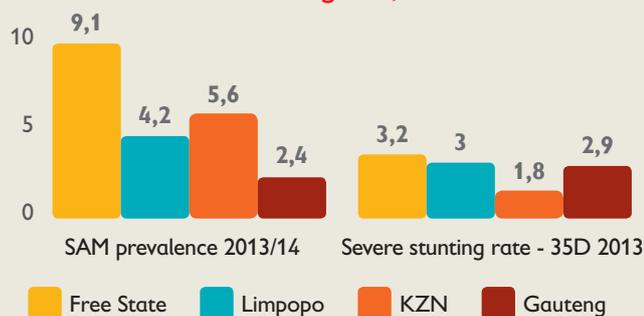


Figure 9: Provincial malnutrition rates in children under five years, 2013. Source: SANHANES 2013

### Sexual and reproductive health services

The couple-year protection rate (indicating contraceptive usage) and the rate of females delivering in facilities under the age of 18 (indicating teenage pregnancy) provide insight into the poor status of adolescents' access to sexual and reproductive health services.

On average, far less than half of the female population of reproductive age (15-49 per cent) use contraception to prevent unplanned pregnancies. These data are not disaggregated by age, but it is apparent from the teenage pregnancy rate, as measured by the proportion of under-18 births in facilities, that many young girls do not access contraceptive (and broader sexual and reproductive-health) services. Adolescents' sexual and reproductive health rights are therefore not respected in South Africa by the most important role-players that can prevent unwanted pregnancy and HIV infections, that is, parents and community and local health-care workers.



Figure 10: Couple-year protection rate and under-18 birth ratio in facilities, 2013. Source: Health Systems Trust. 2014. District Health Barometer

### The problem

Although the provinces show some variation in relation to the immediate causes of death – morbidity and poor development of children – what they have in common is that, **across all of the provinces, the majority of death and poor health outcomes are avoidable, preventable and/or treatable.**

The leading causes of under-five mortality are, in descending order, pneumonia, diarrhoeal disease, septicaemia, tuberculosis and meningitis.

The poor health outcomes and high levels of child death are completely unwarranted, and would be altered if the knowledge, practices and behaviour of caregivers in health facilities and at home changed in some very simple ways.

### Unfinished health and nutrition business

#### Gaps and challenges

*Services and support are available, but are either not utilised or adequately delivered*

South Africa has a well-developed policy and programme child-health framework that offers a comprehensive suite of free health care services and support to pregnant women and children. However, it is often the case that the services and support are not taken up by caregivers, usually because the latter lack knowledge and awareness of what services are available and what they are entitled to; in addition, many of these services are of poor quality.

| Place      | Most frequent modifiable factors   |
|------------|--|
| Clinic/OPD | <ul style="list-style-type: none"> <li>Child's growth problem (severe malnutrition, not growing well) inadequately identified or classified</li> <li>Inadequate assessment of HIV</li> <li>Delayed referral by the clinic or OPD for severe malnutrition, weight loss or growth faltering</li> </ul> |
| Home       | <ul style="list-style-type: none"> <li>Caregiver delayed seeking care</li> <li>Caregiver did not recognise danger signs</li> <li>Child not provided with adequate food at home (quality or quantity)</li> </ul>  |

Figure 11: Leading modifiable causes of poor utilisation of key health services. Source: CoMMIC 2014

#### Health facility system's failures

In health facilities, poor implementation of services is a result of factors such as inadequate resources; poor systems for the identification, monitoring and referral of children for common diseases and malnutrition; inadequate home- and community-based services; insufficient training of all health-care workers on health-care programmes and protocols for children; and poor coverage of the school health programme.<sup>xxiii</sup>

### Parental knowledge, practices and socio-economic challenges

Caregivers across all of the provinces have similar reasons for failing to use services and engaging in harmful practices. These include poverty and distance from the services. Geographical access is a common problem in rural areas but so too in urban areas, where rapid population growth and urbanisation lead to greater demand than there is supply.

Other factors are food insecurity and poor knowledge of appropriate feeding practices; limited access to health promotive services like water and sanitation; and fear among young people of stigma and discrimination as a result of negative staff attitudes. In the rural areas of provinces such as Limpopo and KZN, cultural beliefs and the use of traditional medical practitioners contribute to the poor uptake of services and the resort to harmful practices.

### What needs to change and what can we do?

In brief, we need to promote child health by increasing the supply of quality services; increasing the demand for, and

use of, them by parents, caregivers and the community at large; and ensuring that these same stakeholders adopt health-promotive practices.<sup>xxiv</sup>

| We need to see:   | What change should the sector advocate for?   |
|---|---|
| <b>Better knowledge among parents and caregivers or health-promotive practices, so that children do not become ill, or, when they do, receive early treatment.</b>                    | Strengthened supply and quality of home- and community-based care, especially in rural areas, so as to promote knowledge and good practices among parents and caregivers, with the focus on the period from conception to the first 1000 days.  |
| <b>Better access to social and economic services that prevent illness, malnutrition and death.</b>  | Improved roll-out and maintenance of water and sanitation services; improved access to the child support grant, especially in the first year of life; and the promotion of good hygiene practices.  |
| <b>Improved breastfeeding, nutritional knowledge and feeding practices across the life-cycle of the child.</b>  | Mass-based awareness-raising and communication campaigns promoting and supporting exclusive breastfeeding, improved nutritional knowledge and appropriate feeding for children at different ages.   |
| <b>Better child-sensitive and appropriate quality care among community and facility-based health-care providers.</b>  | Specialised training and targeted monitoring to ensure that ward-based outreach teams and primary health-care providers in facilities render focused child-sensitive and –specific education, support and services that address the following leading modifiable factors in the home and facilities: <ul style="list-style-type: none"> <li>• inadequate identification of children’s growth problems (severe malnutrition, not growing well);</li> <li>• inadequate assessment of HIV;</li> <li>• delayed referral by the clinic or OPD for severe malnutrition, weight loss or growth faltering;</li> <li>• delays in caregivers seeking care</li> <li>• caregivers not recognising danger signs; and</li> <li>• caregivers not giving children adequate food at home.</li> </ul> |
| <b>Scaled-up access to an essential ECD package of developmental screening, early identification and intervention services, growth-monitoring and health and nutrition education.</b> | Promotion of and support for the effective use of the Road to Health Booklet by parents and caregivers (as well as ECD practitioners, clinic staff and WBOTs) as a comprehensive child-health-and-development tool rather than just a growth-monitoring tool and immunisation record.   |
| <b>A state of affairs in which all adolescents access a comprehensive package of sexual and reproductive health (SRH) services, and in which their SRH rights are considered.</b>     | Health facilities and health-care workers becoming adolescent-friendly and being equipped to provide a comprehensive SRH service to adolescents. Coverage of the integrated school health programme should be extended to all at risk areas and include a comprehensive package of SRH services delivered on-site.  |

# EDUCATION



## Strategic importance of education

Education is perhaps the most critical right and service necessary for breaking the poverty chain. The National Development Plan (NDP) places improved access to quality education at the heart of development. The NDP recognises that improved education “will lead to higher employment and earnings, while more rapid economic growth will broaden opportunities for all and generate the resources required to improve education”.

## South Africa’s education goals

Recognising that “a quality education is the foundation to improving lives and sustainable development”, the Government of the Republic of South Africa (GRSA), together with its UN counterparts, has committed to achieving inclusive and equitable quality education by 2030.

Achieving this goal requires that the GRSA delivers:

- universal access to **quality** pre-primary education (Grade R); and
- universal access to **free quality** primary and secondary education for all boys and girls, including children with a disability.<sup>xxv</sup>

The SDGs recognise that while access to education has improved worldwide, the quality of that education is too low to sustain development. The imperative is to improve quality, and this is central to South Africa’s own National Development Plan.

As such, the Department of Basic Education (DBE) has committed itself to significant improvement in the quality of school management, teaching and learning, and educational outcomes. In terms of its *Action Plan to 2019: Towards the realisation of schooling 2030*, the DBE has undertaken to achieve the following goals by that landmark year:

1. an improvement in the proportion of Grade 3 learners performing at the required numeracy and literacy levels to 95 per cent;
2. an improvement in the proportion of Grade 9 learners performing at the required language and mathematics levels to 95 per cent;
3. to increase the proportion of schools with minimum management documents at the required standard to 100 per cent.<sup>xxvi</sup>

## How far have we come and how far do we still have to go?

Access to education has improved. Enrolment rates have increased substantially, notably for children who were previously excluded due to poverty. By 2013, South Africa had achieved universal primary enrolment, with an adjusted net enrolment rate of 99.3%.<sup>xxvii</sup>



The pro-poor education budget has been oriented to address past inequities. At a cost of R8 billion, 86 per cent of schools are no-fee schools located in the poorest three quintiles. This means that three-quarters of children aged five years and older who attend school do not pay fees – a 65 per cent increase from 2004.<sup>xxxviii</sup> In addition, learners at no-fee schools receive a higher proportion of the teaching budget thanks to a higher per-learner allocation, one that amounted in 2014 to R1,059 per year per learner.<sup>xxxix</sup>

### The problem

Though educational access has improved, certain vulnerable groups remain at risk of exclusion; moreover, the quality of education is poor for historically vulnerable children.

### Unfinished business and inequities

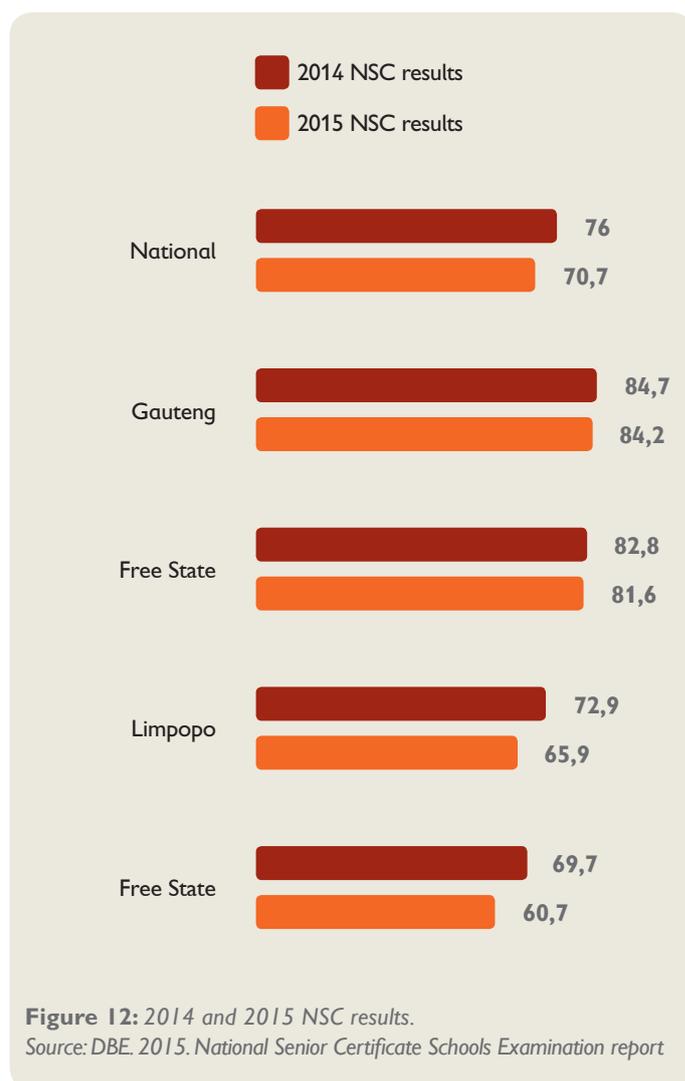
#### Exclusion of marginalised children

**Many children with disabilities are still excluded from school.** In 2014, 26,000 children with disabilities between the ages of seven and 15 years were not attending school.<sup>xxx</sup> Whilst this is less than in 2002 (37,364), progress has been uneven and inequities persist, depending on the nature and severity of the disability as well as the geographical area in which children live. In 2011, 35 per cent of children with severe difficulty in walking were not attending school, with the highest levels being in farm areas.<sup>xxxi</sup>

**Children living in poverty continue to be at a higher risk of exclusion.** The cost of schooling – in particular, the component costs of school fees, transport, uniforms and stationery – continue to be the main reason for children’s failure to attend school.<sup>xxxii</sup>

### Poor and inequitable quality

Local, regional and international assessments show that, whilst children are increasingly able to attend school, once they are there they underperform in core learning areas such as literacy, mathematics and science.



There have been some improvements, with the matric pass rate showing positive growth until 2014. However, it declined significantly in 2015, down by 5 percentage points to 70.7 per cent. The drop itself is cause for concern, but more problematic is that the pass rate in historically underperforming provinces with high numbers of vulnerable children, notably KZN, Limpopo and the Eastern Cape, was much lower than the national average; in addition, these results decreased by about ten per cent between 2014 and 2015.<sup>xxxiii</sup>

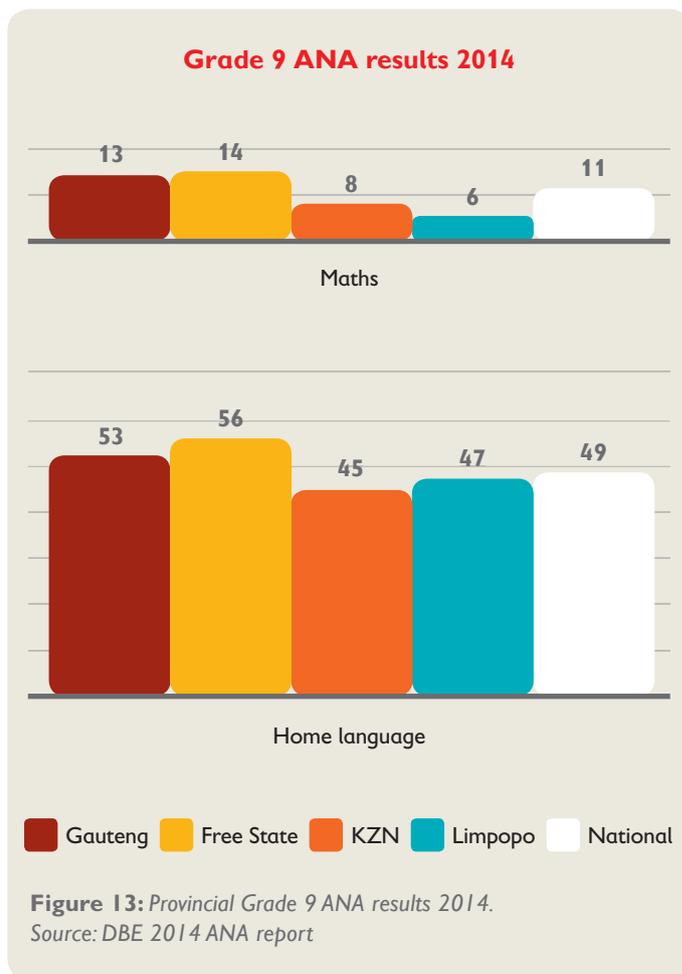
It is widely recognised that South Africa's matric pass rates do not accurately reflect quality.<sup>xxxiv</sup> The more accurate quality indicators, which are also a reliable measure of the internal efficiency of the education system, are the grade repetition rate<sup>xxxv</sup> and primary school completion rate.

The repetition rate increased by between 1 and 3 percentage points across Grades 1 and 7 between 2009 and 2013.<sup>xxxvi</sup> In 2013, on average 12 per cent of learners from Grades 1-12 repeated a class, with the highest rates of repetition occurring in Grades 9, 10 and 11.<sup>xxxvii, xxxviii</sup> Although the completion rate reached 96 per cent in 2013, this fell short of the MDG goal of 100 per cent. Moreover, there is provincial variation in the completion rate. Along with Mpumalanga, Limpopo had the country's third-lowest primary school completion rate, namely 77 per cent.<sup>xxxix</sup>

The true extent of South Africa's poor quality of education is apparent in the Annual National Assessment (ANA) results for 2014, particularly those for older children. The average percentage score for children in Grade 9 writing the ANAs is alarmingly low, especially for mathematics but so too for their first additional home language (see Figure 13).

Results at Grade 9 level (the last year of compulsory education in South Africa) are low across the country. However, those in Limpopo are the lowest in the country, while the results in KZN are the second-lowest of the four provinces under review. The patterns at Grade 9 ANA levels, together with the low primary completion rates in Limpopo and the low and decreasing matric pass rates in KZN, indicate that the quality of education is poorer in the latter two provinces.

These patterns also confirm that quality and inclusion are fundamentally interlinked, with children from poorer provinces performing more weakly than those in others.



## Gaps and challenges

### Inequitable distribution of pro-poor budget

The DBE sets a minimum per-learner allocation that should be paid to every school to cover the costs of non-personnel education expenses. The allocation is pro-poor, with a higher minimum allocation for children in the lowest quintiles, but the inefficient use of this budget sustains patterns of inequity.



Whilst the regulations make provision for higher allocations to poorer learners, in reality far fewer of these learners, compared to those attending schools in wealthier areas, actually receive the per-learner allocation. Viewed provincially, only 23 and 51 per cent of learners in the poorest provinces, KZN and Limpopo, respectively, received the minimum per-learner allocation, compared to 84 and 95 per cent in Gauteng and the Free State.

Similarly, fewer children in the poorest quintiles received the minimum per-learner allocation than did those in the wealthiest areas. According to the DBE, “Almost three-quarters (76 per cent) of learners in quintile 5 schools were funded at the minimum level. Only 37 per cent in quintile 1 schools (the poorest schools), 42 per cent in quintile 2 schools and 39 per cent in quintile 3 schools were funded at the minimum level.” The DBE notes that, considering “that the quintile 1, 2 and 3 schools are no-fee schools and completely dependent on government funding, these figures are a serious concern.”<sup>xli</sup>

## Poor quality of early childhood care and education, pre-school and primary education

The foundations for the country’s poor education outcomes are laid at birth. Starting from conception, poor early childhood development leads to poor cognitive development and, as a result, to poor educational attainment. If left unchecked, the differences in abilities and outcomes widen over time.<sup>xli</sup>

Early inequalities in development set the path for school outcomes. By the age of eight years there are already substantial inequities in learning outcomes between advantaged and disadvantaged children.<sup>xlii</sup> These disparities accumulate and become magnified in the course of time. The negative cycle begins with poor early childhood development, which hinders children’s attainment of adequate levels of foundational literacy skills and competencies in the first few years of schooling. As children move on from one grade to the next without these capacities, they “fall further and further behind the curriculum, leading to a situation where remediation is almost impossible”.<sup>xliii</sup>

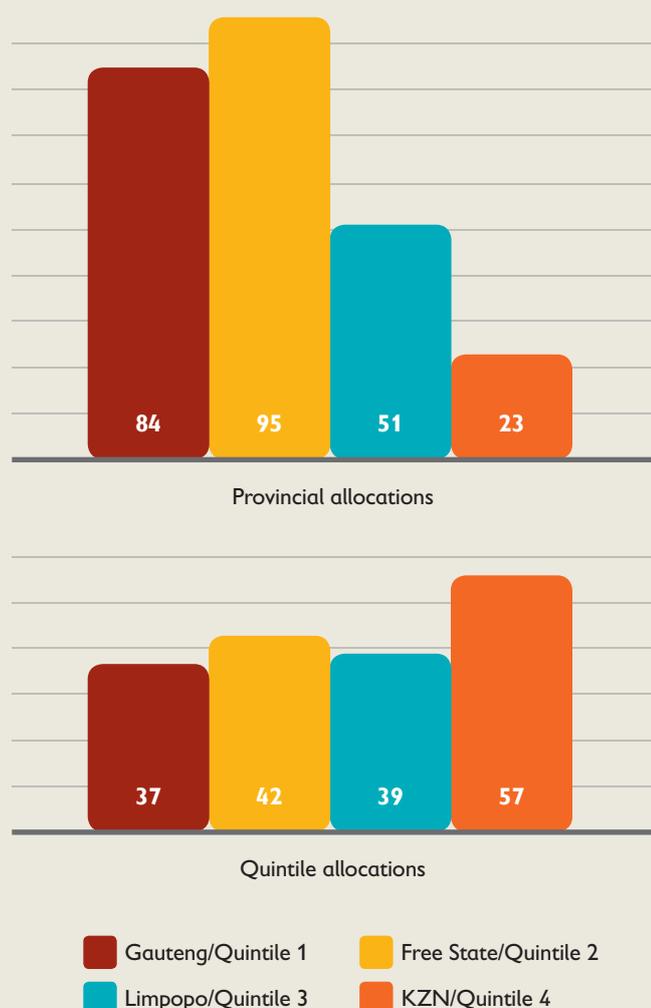
The widening inequities and poor outcomes among vulnerable children are not inevitable. **Access to quality ECD and quality pre- and primary education, especially in the foundation phase, can compensate for socioeconomic inequities and equalise young children’s learning opportunities and learning outcomes.**<sup>xliv</sup>

As previously noted, vulnerable children have limited access to quality early childhood care and education. This lies at the heart of poor and inequitable educational outcomes in South Africa. The quality of education in the early and foundation phases in schools in the poorest quintiles is too weak to compensate for earlier inequities, and, indeed, serves to widen the gap in educational opportunities and outcomes for vulnerable children.<sup>xlv</sup>

According to Nic Spaul, “All of the available evidence suggests that many South African children are acquiring debilitating learning deficits early on in their schooling careers and that this is the root cause of underperformance in later years. Because they do not master the elementary numeracy and literacy skills in the foundation and intermediate phases, they are precluded from further learning and engaging fully with the grade-appropriate curriculum.”<sup>xlvi</sup>

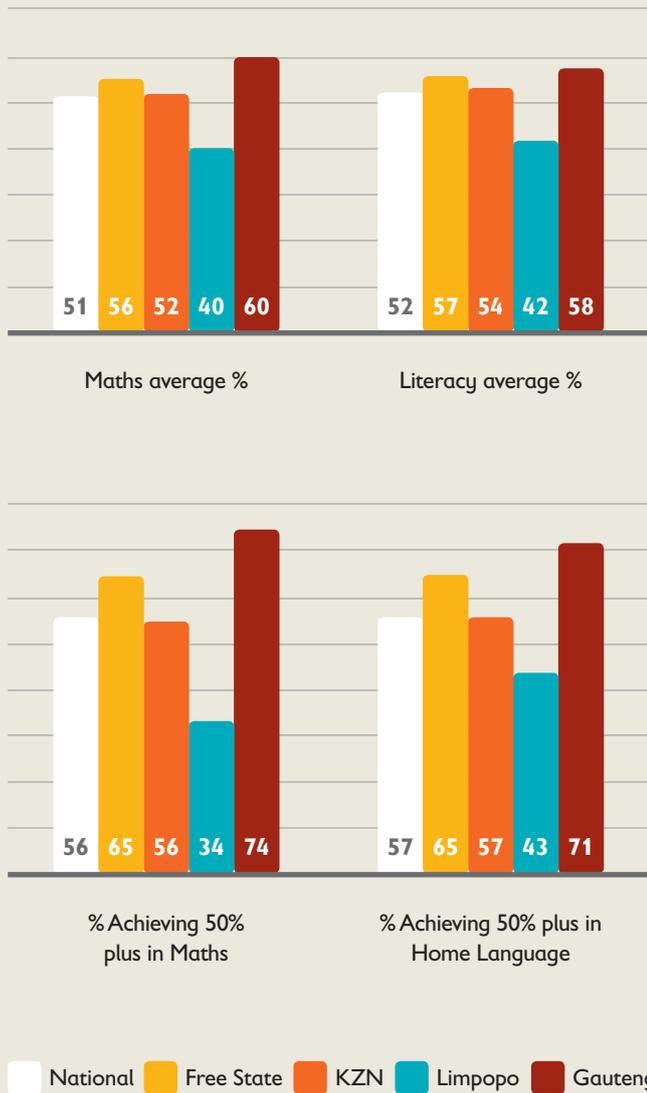
The poor and inequitable quality of the foundation phase is reflected in the Grade 3 Annual National Assessment (ANA) scores (see Figure 14 below). Viewed comparatively, there is wide provincial variation, with KZN and Limpopo – each of which has a large population of vulnerable children – showing consistently poorer results in the foundation phase.

**Percentage of learners funded at the minimum per-learner level, 2011**



**Figure 14:** Percentage of learners funded at the minimum per-learner level, by province and quintiles, 2011. Source: DBE. 2011. Report on the National School Monitoring Survey

### National and provincial ANA Grade 3 scores, 2014



**Figure 15:** Grade 3 ANA scores, 2014.  
Source: DBE 2014

### Inefficient use of resources and weak management

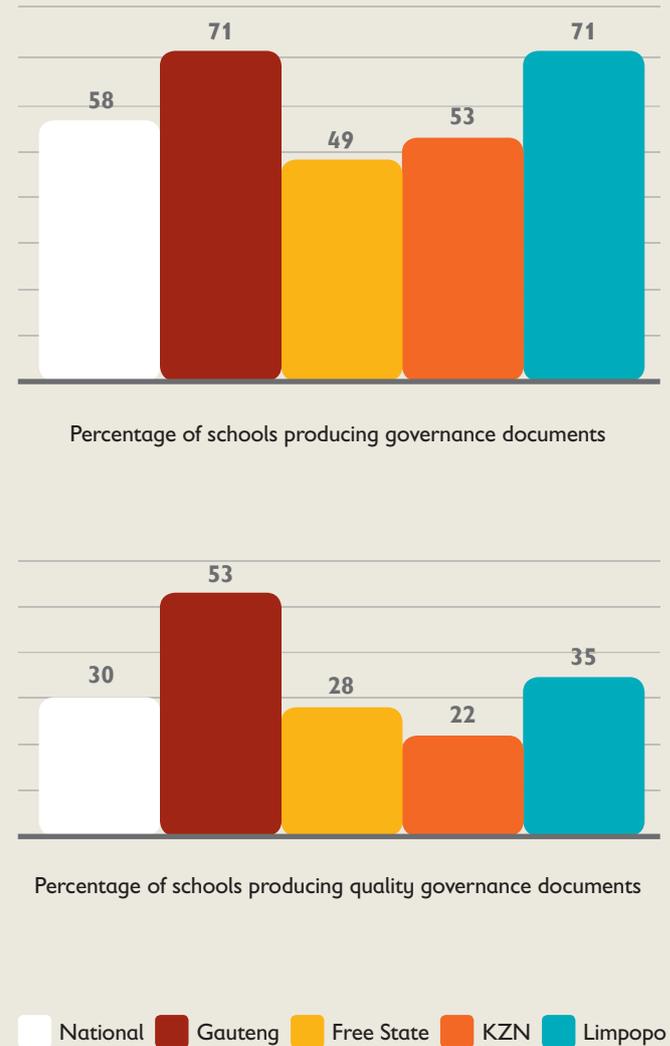
Inefficient use of the country's substantial education resources has contributed to poor infrastructure in all provinces, to uneven delivery of learning and teaching support materials, and, ultimately, to poor educational outcomes.

Weak school management contributes to these inefficiencies.

The 2011 School Monitoring Survey monitored the quality of governance by measuring the number of schools that produce the required governance documents in line with the prescribed standard. Whilst many more schools

than in the past duly produced the required number of documents, not all produced them at the required standard, especially in poor-performing provinces such as Limpopo and KZN. Governance tends to be weaker in poorer schools, as indicated by the fact that the rate of compliance in quintile 1 schools is half of the national average.<sup>xlvii</sup>

### Percentage of schools producing governance documents, 2011



**Figure 16:** Percentage of schools producing governance documents, 2011.  
Source: DBE, 2011. Report on the National School Monitoring Survey

Parents and communities that are active, informed participants in school governance and play an oversight role in school budgeting and expenditure can exert a positive influence in resolving challenges in governance and efficiency. Conversely, the evidence suggests that lack of parental participation and the weak functioning of school governing bodies (SGBs) are among the key factors contributing to poor educational outcomes in schools in South Africa.<sup>xlviii</sup>

## What needs to change and what can we do?

We need to improve the quality of education for persistently marginalised poor children and children

with a disability; as part of this, we need dramatic improvements in both the quality of foundational teaching and learning as well as the governance of education resources.

| We need to see:  | What change should the sector advocate for?  |
|--|--|
| <p><b>Improved access to quality education for poor children and children with disabilities.</b></p>   | <p>Addressing the remaining cost barriers by means of stronger policies and funding frameworks, as well as effective allocation and use of the pro-poor budget.</p>  |
| <p><b>Access to, and the quality of, early childhood education in the foundation phase must be improved, especially for vulnerable children.</b></p> | <ul style="list-style-type: none"> <li>• Significant improvements in teaching and learning in the foundation phase (Grades R-3).</li> <li>• Stronger educator assessment, educator knowledge and practice-improvement plans, particularly in the foundation phase.</li> <li>• Close monitoring and full coverage of the curriculum.</li> <li>• Improved quality entailing not only an improved supply of education but also improved support at home by parents as well as heightened parental demand for accountability for quality. Thus, there is a need to mobilise communities to support the development of their children's reading and numeracy skills and to hold schools to account for delivering quality education in the foundation phase.</li> </ul> |
| <p><b>The governance of schools and resource-management must be improved in schools serving the poorest communities.</b></p>                         | <ul style="list-style-type: none"> <li>• School management training and practices should be strengthened, not only in their form but their content.</li> <li>• SGBs and parental involvement and management practices should be strengthened through training and monitoring.</li> </ul>   |

# CHILD PROTECTION

## The strategic importance of child protection

Children have a right to be protected from all forms of harm, abuse, neglect and exploitation. In addition, the National Development Plan recognises a fundamental link between children's safety and protection and the attainment of national development goals. It notes that "social services are critical for improving social integration and human development", and that "inadequate social welfare services, together with high levels of poverty and inequality, produce social problems and high-risk behaviour that undermine human development and social cohesion".

For social welfare services to make a sustained impact on reducing poverty and inequality, they must – as in the case of other developmental levers – be provided to the most vulnerable children at the earliest possible stage. If not prevented, or addressed as quickly as possible, violence, abuse and exploitation of children feed a vicious cycle of inter-generational transmission of social problems and high-risk behaviour, including further violence, substance abuse and exploitation, and thereby undermine the development of children and the country as a whole.<sup>xlix</sup>

## South Africa's child protection imperatives

In recognition of the fundamental linkages above, South Africa has adopted a developmental social welfare approach. This calls for the provision of a comprehensive package of child protection services, with an emphasis on prevention and early intervention services, alongside the provision of statutory, therapeutic, alternative care and rehabilitation services.<sup>l</sup> The approach necessitates a child protection system that cuts across sectors in order to provide a continuum of services and support to children, families, communities and caregivers so as to:

- increase the capacity of caregivers to provide positive care and protection;
- minimise the social, economic, psychosocial and cultural risks associated with high levels of child maltreatment;
- facilitate early identification and intervention;
- provide quality therapeutic, reintegration and rehabilitative services; and
- ensure justice for child victims.

## How far have we come and how far do we still have to go?

The *African Report on Child Wellbeing* ranks South Africa as

one of the most child-friendly countries on the continent, in large measure as a result of its well-developed legislative framework regulating the provision of protection services to secure the rights of children.<sup>li</sup> However, the reported high levels of violence, abuse, neglect and exploitation of children tell a different story altogether.

## The problem

It is difficult to quantify the exact scale of the problem due to the lack of comprehensive survey data. However, from the available data and smaller, targeted studies, it is clear that there is a substantial gap between the country's stated policy and legislative intentions, on the one hand, and, on the other, results on the ground in terms of the management, coordination and implementation of services required by the laws.<sup>lii</sup>

South Africa experiences very high criminality and violence. According to the South African Police (SAPS) statistics 2014/2015, a total of 2.206 million crimes were committed in that period. According to a global UN review, one woman or child in every 833 people is raped in South Africa, which is far above the global average of one in 10,000. Moreover, research shows that sexual violence often goes unreported, with some studies estimating that only one out of nine cases is referred to South African authorities.<sup>liii</sup>

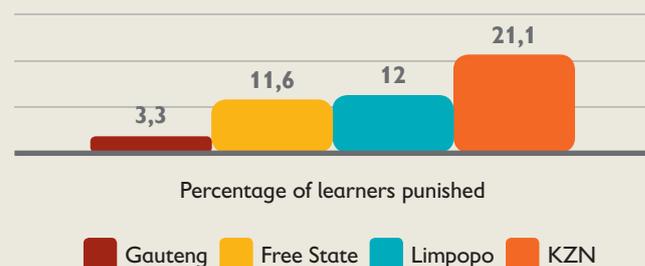
A recent study on child abuse, violence and neglect in South Africa found that:

- 23.1 per cent of young people reported exposure to family violence;
- 44.5 per cent of young people had experienced theft;
- 26.2 per cent had been robbed;
- 19.7 per cent reported persistent bullying;
- 21.4 per cent reported having been threatened with violence; and
- 19.2 per cent reported being attacked without a weapon, and 15.9 per cent, with a weapon.<sup>liv</sup>

In addition, violence in the form of corporal punishment is widely practised by parents and teachers alike, indicating its prevalence and social acceptability. A 2005 national study on corporal punishment found that that 57 per cent of parents in South Africa had smacked their children at some point.<sup>lv</sup>

As illustrated by the accompanying figure, South African educators routinely use physical punishment as a form of discipline, despite laws that expressly forbid it. The practice is more widespread in certain provinces, notably KZN and Limpopo, than it is in others.

### Percentage of learners who experienced corporal punishment at schools, 2014



**Figure 17:** Percentage of learners who experienced corporal punishment at schools, 2014.

Source: Stats SA GHS 2015

The available data point not only to the high prevalence of violence against children but to the fact that in most cases it is perpetrated in their homes, communities and schools by the very people who are obligated to care for and protect them.<sup>lvi</sup>

Furthermore, certain groups of children are made additionally vulnerable to violence, abuse and neglect. They include unaccompanied or separated migrant children,<sup>lvii</sup> children with disabilities,<sup>lviii</sup> and very young children under the age of five years.<sup>lix</sup> For example, unaccompanied migrant children are amongst the most vulnerable categories of children. In 2013, the United Nations High Commission for Refugees (UNHCR) conducted research in five municipalities in the Limpopo province, namely, Musina, Thohoyandou, Makhado, Tzaneen and Polokwane. Of the 776 children surveyed, only 5.2 per cent were residing in formal shelters; 14.3 per cent were living on the streets, while the rest of them lived rough, in informal shelters or shacks. The interviews also revealed that the 80.5 per cent of those living in formal shelters attend school, in contrast to only 8.1 per cent of those living in informal settings. Moreover, 18.6 per cent of boys, and 27.5 per cent of girls, said they had been physically hurt, with many of them reporting that they had experienced xenophobia.

## Unfinished business and inequities

The question we have to address is why, given the existence of a comprehensive legislative framework, we still see such high levels of abuse, neglect and exploitation of children, particularly among the most marginalised groups.

### Insufficient prevention interventions

Prevention interventions are key to the successful realisation of the protection rights of children in South Africa, in view of the fact that many of the causes are modifiable social, economic and cultural factors.

However, there are very few, if any, systemic prevention programmes implemented at scale in South Africa.<sup>lx</sup> In the light of the high levels of violence and exploitation children experience in the home and community, what are conspicuously absent are parent-support and education programmes as well as public and mass-media awareness-raising interventions.<sup>lxi</sup>

#### **Bottlenecks at entry-point to the child protection system**

Many children in need of child protection services are not able to access the social workers and courts that serve as gatekeepers of the system, this because the system is log-jammed.<sup>lxii</sup>

#### **Insufficient therapeutic and social services for child victims and witnesses**

For those children who are able to access the child protection system, there is a marked lack of sufficient quality therapeutic and rehabilitation programmes, especially so in rural areas.<sup>lxiii</sup>

#### **Low levels of prosecution/sanction of cases of violence and exploitation of children**

There are low levels of criminal prosecution and labour-related sanctions against perpetrators of sexual and/or physical violence (including corporal punishment) against children.<sup>lxiv</sup>

#### **Exclusion of especially vulnerable groups of children from the child protection system**

The child protection system does not adequately accommodate, or cater for the needs of, additionally vulnerable children such as unaccompanied migrant children, children with disabilities and very young children.

#### **Inadequate safety, quality and inappropriate duration of alternative residential care**

The Children's Act provides a comprehensive framework to secure the availability and regulation of alternative care institutions for children exposed to, or at risk of, abuse, neglect and/or exploitation. However, poor compliance with the provisions results in insufficient and poor-quality alternative care options for children at risk.<sup>lxv</sup>



## What needs to change and what can we do?

In brief, we need to translate the country's developmental social welfare approach and accompanying proliferation

of policies and laws into effective, scaled-up programmes that are adequately resourced and reach all children, especially the most marginalised.

| We need to see:   | What change should the sector advocate for?  |
|---|--|
| <p><b>The elimination of all forms of violence against children, including physical and humiliating punishment in homes and schools.</b></p>  | <p>Advocating and campaigning so that violence against children is no longer tolerated. In addition, advocating for amendments to the Children's Act to outlaw corporal punishment in the home, and for government-funded parenting and educator behaviour-change programmes.</p>  |
| <p><b>Country-wide implementation of proven prevention and early intervention programmes.</b></p>   | <p>Piloting/research into effective models of prevention and early intervention strategies and services, such as parenting programmes; sustainable measures should be implemented to ensure that these are scaled up and implemented universally.</p>  |
| <p><b>A stronger practical protection framework for especially vulnerable children, such as unaccompanied migrant children, children with disabilities and the youngest children.</b></p>   | <p>The review and strengthening of the laws to recognise and address the specific circumstances of additionally vulnerable groups; and the roll-out of proven comprehensive programmes for addressing the underlying causes of these groups' heightened vulnerability.</p>   |
| <p><b>Stronger coordination amongst stakeholders with responsibilities towards migrant children (social services, immigration, police and justice) and regional/ international harmonisation of child protection systems.</b></p> | <p>Establishment of a model for national and cross-border coordination and cooperation between relevant actors, including states, national and international authorities and agencies and the private sector, that provides immediate and long-term protection, care and support for children involved in mixed migration flows.</p> |
| <p><b>Proper implementation of the regulations governing child and youth care centres (CYCCs) to ensure adequate availability and quality services.</b></p>   | <p>Systemic advocacy to ensure that all CYCCs are registered through more efficient systems, and that the Department of Social Development develops an evidence-based plan for securing an equitable and adequate spread of CYCCs.</p>   |
| <p><b>Bottlenecks in accessing children's courts and social workers are addressed.</b></p>  | <p>Advocating for amendments to the Social Assistance Act to include kinship care, so that caregivers of children needing only financial support – and not protection services – can access adequate financial support without having to go through the formal child protection system.</p>  |



# CHILD RIGHTS GOVERNANCE

## What is child-rights governance and why is it strategically important?

Child-rights governance refers to a full spectrum of mechanisms, systems and procedures that must be put in place by governments (1.) to ensure that the best interests of children, their right to be heard, and all of their substantive rights are considered and given effect to in all government policies, plans, and budgets, and (2.) to measure the impact and progress made in realising all children's rights, especially those of the most vulnerable and marginalised.

Child-rights governance refers to the tapestry of planning, coordinating, decision-making and monitoring and evaluation mechanisms across all levels of government that must be in place to institutionalise child-rights-sensitive decision-making so as to realise the country's responsibilities to children. It aims at building societies that protect all the rights of all children in all circumstances. It entails a holistic approach that focuses on the child-rights system; citizenship and economic governance; and the interaction between key actors within the children's sector.

Child-rights governance is strategically important, because without government-wide systems to address the rights of children it will not be possible to sustain the provision of quality services to all children, especially the most vulnerable, or to monitor the progress and impact the country is making in building the developmental foundations of children and the country as a whole. It promotes good governance, which is essential for the well-being of children.

## Child rights governance imperatives

The GRSA is required by the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child to develop a country-wide child rights governance system that:

1. articulates national child rights goals and objectives in a National Plan of Action;
2. articulates the roles and responsibilities of the different stakeholders;
3. makes provision for mechanisms to hold stakeholders to account;
4. makes provision for measurement of progress against child-rights goals and targets;

5. makes provision for an independent coordination and oversight body to monitor and report on progress made towards the realisation of children's rights;
6. establishes mechanisms to coordinate state interventions around cross-cutting rights, risks and issues;
7. makes provision for the establishment of child-friendly and -accessible rights-enforcement mechanisms;
8. systematises participation of children and civil society in the development, implementation and monitoring of all steps taken towards realisation of the rights of children; and
9. allocates the budget for children to the maximum extent of the resources available for the realisation of their rights.

## How far have we come and how far do we still have to go?

### Progress

South Africa has taken a number of steps towards fulfilment of the preceding obligations. These include:

1. Legislative protection of the right of children to participate in the making of decisions that impact on them in the home, school, community and government.
2. The development of a revised and updated National Plan of Action for Children in South Africa 2012-2017.
3. The establishment of a dedicated Ministry and Department of Women, Children and People with Disabilities to coordinate state action as well as monitor and report on progress made with regard to responsibilities to children. However, this structure has since been dissolved and absorbed into the Department of Social Development.
4. The establishment of a number of issue-specific coordinating structures to facilitate state-wide responses to cross-cutting issues such as ECD, children affected by HIV and AIDS, and children involved in child labour.

### The problem

Children's procedural and substantive rights have not been systematised in all planning, budgeting, coordination and monitoring and evaluation processes – which is partly the reason for the governmental failures discussed in previous sections of this document. In addition, children's needs and issues are not visible in municipal plans and budgets, municipalities being a critical sphere of government responsible for service delivery. Business activities, too, are important for the development of society and the realisation of many children's rights. These activities can stimulate inclusive growth, create decent work, provide children

with services, be levied with fair taxes and address environmental challenges. Equally so, they have an impact, both positive and negative, on children's lives in a range of different ways. However, limited effort is being made to support and guide the business sector in mainstreaming children's rights into its supply chain management.

### Children in coordination structures

There is little evidence of systemic children's participation or profiling within high-level provincial coordination structures for vulnerable groups or within province-wide planning and coordination.

### No independent, focused child-rights planning and monitoring structure

Driven by a strong child-rights civil society sector providing a collective platform for children's voices, various structures and processes were developed and implemented, efforts which culminated in the establishment of the Ministry and Department of Women, Children and People with Disabilities (DWCPD). Though it had a number of capacity constraints, it was able to act as a state-wide mechanism for coordinated development and review of progress against child-rights commitments.

However, as noted, the DWCPD was disbanded in 2014 and its functions absorbed into the Department of Social Development. This development is contrary to South Africa's international obligations, and is part of a worrying trend in which children seem increasingly to be slipping off the political agenda.

### No child-friendly rights-abuse reporting and resolution mechanisms

South Africa lacks an independent child-friendly rights-abuse reporting mechanism.

### Children's participation is not systematised

Children's participation is recognised in law but has not been systematised across all decision-making domains, including the home, school and government.

### Fractured civil society

Funding constraints on civil society have severely curtailed its ability to organise itself and engage in advocacy, with the result that there are few, if any, successful system-wide advocacy campaigns and few prominent voices in the children's sector championing children's rights in South Africa.

Budlender and Proudlock record a steady decline in the level of funding to NPOs by government. Notably, the authors find a disparity in provincial allocations, with KZN and Limpopo allocating the smallest proportion of their social welfare programme budget to NPOs.

|            | 2013/14 | 2014/15 | 2015/16 |
|------------|---------|---------|---------|
| Free State | 56%     | 55.7%   | 54.9%   |
| Gauteng    | 65%     | 60.4%   | 60.1%   |
| KZN        | 37%     | 36.6%   | 35%     |
| Limpopo    | 47.4%   | 47%     | 46.8%   |

**Figure 18:** Transfers to NPOs as a percentage of the social welfare budget, 2013-2016.

Source: Budlender and Proudlock 2015

### Limited understanding, awareness and knowledge of child rights by South African companies

According to King Code of Governance for South Africa (2009), the concept of corporate citizenship flows from the fact that the company is a person and should operate in a sustainable manner. Sustainability considerations are rooted in the South African Constitution, which is the basic social contract into which South Africans have entered. The Constitution imposes responsibilities upon individuals and juristic persons for the realisation of fundamental rights. However, many companies have a limited understanding, awareness and knowledge of child rights; as a result, it is difficult for them to promote and realise the most fundamental rights, particularly children's rights.

### What needs to change and what can we do?

There is a clear, urgent need for advocacy and support for the development of a national child-rights coordination structure; for the prioritisation of children's rights in existing governance structures aimed at coordinating efforts around vulnerable groups; for improved common

data collection frameworks and external oversight; for improved allocation of resources for children's needs and rights, particularly at local government level (i.e. municipalities); for the systemic inclusion of children in decision-making structures and spaces at a provincial level; and for increased awareness of children's rights by business and trade unions.

| We need to see:  | What change should the sector advocate for?  |
|--|--|
| All children benefit from a strengthened child-rights system that delivers and monitors the realisation of these rights. | Responsive system that promote, deliver and monitor children's rights.   |
| Improved accountability for the rights of the most deprived children.  | Regular submission of reports on the status of children and the implementation of concluding observations (recommendations) from treaty bodies.  |
| Systemic participation of children in policy processes.  | Child-friendly public participatory processes established at all decision-making levels, from national through to local government.<br>Children's voices and representation are amplified through the media for realisation of their rights.           |
| Non-state actors growing in awareness of children's rights and in their capacity to promote and protect these rights.    | <ul style="list-style-type: none"> <li>Increased awareness of children's rights by business and trade unions.</li> <li>Ratification of key child-rights instruments such as the Optional Protocol to the CRC on a Communications Procedure.</li> </ul> |
| An independent human rights institution for children.  | The establishment of an independent human rights institution (HRI) to promote and safeguard children's rights.   |
| Increased and improved quality of public spending on essential services for children.                                    | Children are visible and prioritised within the government budgeting processes, particularly at local government level.  |
| Coordination mechanism for children.   | A functional and effective national children's rights intersectoral coordination mechanism.  |

# ENDNOTES



<sup>i</sup> SAHRC and UNICEF. 2014. *Poverty Traps and Social Exclusion among Children in South Africa*. Pretoria: SAHRC.

<sup>ii</sup> H Meintjies, K Hall and W Sambu. 2015. Demography of South Africa's Children. In A De Lannoy, S Swartz, L Lake and C Smith (Eds). 2015. *South African Child Gauge 2015*. Cape Town: Children's Institute, University of Cape Town.

<sup>iii</sup> K Hall. 2015. Income poverty, unemployment and social grants. In A De Lannoy, S Swartz, L Lake, C Smith (Eds). 2015. *South African Child Gauge 2015*. Cape Town: Children's Institute, University of Cape Town.

<sup>iv</sup> H Meintjies, K Hall and W Sambu. 2015. Demography of South Africa's Children. In A De Lannoy, S Swartz, L Lake and C Smith (Eds). 2015. *South African Child Gauge 2015*. Cape Town: Children's Institute, University of Cape Town.

<sup>v</sup> Meintjies et al. 2015. See footnote ii above.

<sup>vi</sup> Save the Children supports the development and implementation of a comprehensive package of ECD services as contemplated in the Nation Integrated ECD Policy, 2015. This section of the document focuses on early childhood care and education in this chapter, and other elements of the package are dealt with under the remaining sections, including health and nutrition and protection.

<sup>vii</sup> Draft National ECD Policy and Programme (RSA), 2015.

<sup>viii</sup> Draft National ECD Policy and Programme (RSA), 2015.

<sup>ix</sup> Based on analysis of Stats SA's 2002 and 2013 GHS data by Katherine Hall in K Hall (2015). Children's access to education. In A De Lannoy, S Swartz, L Lake and C Smith (Eds). 2015. *South African Child Gauge 2015*. Cape Town: Children's Institute, University of Cape Town.

<sup>x</sup> SAHRC and UNICEF. 2014. *Poverty Traps and Social Exclusion among Children in South Africa*. Pretoria: SAHRC.

<sup>xi</sup> L Richter, L Biersteker, J Burns, C Desmond, N Feza, D Harrison, P Martin, H Saloojee and W Slemming. 2012. *Diagnostic Review of Early Childhood Development*. Pretoria: Department of Performance, Monitoring and Evaluation & Inter-Departmental Steering Committee on ECD.

<sup>xii</sup> S Van Den Bergh. 2014. *The Impact of the Introduction of Grade R on Learning Outcomes*. DPME, DBE, Stellenbosch University.

<sup>xiii</sup> SAHRC and UNICEF. 2014. *Poverty Traps and Social Exclusion among Children in South Africa*. Pretoria: SAHRC.

<sup>xiv</sup> <http://www.un.org/sustainabledevelopment/>

<sup>xv</sup> R Dorrington, D Bradshaw, R Laubshcher and N Nannan. 2015. *Rapid Mortality Surveillance Report 2014*. Cape Town: SAMRC.

<sup>xvi</sup> There "remains uncertainty about the exact child mortality rate in South Africa". However, whilst the actual figures differ depending on the year and source used, there is a clear and common declining trend across all data sources.

- <sup>xvii</sup> The CoMMIC report notes that the recorded data in rural provinces probably does not reflect the position accurately because of under-reporting.
- <sup>xviii</sup> Committee on Morbidity and Mortality in Children under 5 years. 2014. *Interim report of the Committee on Morbidity and Mortality in Children under 5 Years (COMMIC)*. Pretoria: DOH.
- <sup>xix</sup> Committee on Morbidity and Mortality in Children under 5 years. 2014. *Interim report of the Committee on Morbidity and Mortality in Children under 5 Years (COMMIC)*. Pretoria: DOH.
- <sup>xx</sup> Cautionary note: This figure is drawn from District Health information, which is based on incomplete or under-recorded statistics.
- <sup>xxi</sup> Health Systems Trust. 2014. *District Health Barometer 2013/14*. Durban: HST.
- <sup>xxii</sup> O Shisana, D Labadarios, T Rehle, L Simbayi, K Zuma, A Dhansay, P Reddy, W Parker, E Hoosain, P Naidoo, C Hongoro, Z Mchiza, NP Steyn, N Dwane, M Makoae, T Maluleke, S Ramlagan, N Zungu, MG Evans, L Jacobs, M Team, M Faber and the SANHANES 1 team. 2013. *South African National Health and Nutrition Examination Survey (SANHANES-1)*. Cape Town: HSRC.
- <sup>xxiii</sup> Committee on Morbidity and Mortality in Children under 5 years. 2014. *Interim report of the Committee on Morbidity and Mortality in Children under 5 Years (COMMIC)*. Pretoria: DOH.
- <sup>xxiv</sup> Committee on Morbidity and Mortality in Children under 5 years. 2014. *Interim report of the Committee on Morbidity and Mortality in Children under 5 Years (COMMIC)*. Pretoria: DOH & Health Systems Trust. 2014. *District Health Barometer 2013/14*. Durban: HST.
- <sup>xxv</sup> SDG 4 <http://www.un.org/sustainabledevelopment/education/#>.
- <sup>xxvi</sup> DBE. 2015. Action Plan to 2019: Towards the Realisation of Schooling 2030. <http://www.education.gov.za/LinkClick.aspx?fileticket=sp%2bEZ0mt13s%3d&tabid=93&mid=2619>.
- <sup>xxvii</sup> Statistics South Africa. 2015. *Millennium Development Goals: Country Report 2015*. Pretoria: Stats SA.
- <sup>xxviii</sup> Statistics South Africa. 2015. *General Household Survey Report 2014*. Pretoria: Stats SA.
- <sup>xxix</sup> Minister Motshekga. 2015. *Basic Education Budget Vote Speech, 2014/2015*.
- <sup>xxx</sup> Statistics South Africa. 2015. *General Household Survey Report 2014*. Pretoria: Stats SA.
- <sup>xxxi</sup> Statistics South Africa. 2011. *Census 2011: Profile of Persons with Disabilities*. Pretoria: Stats SA.
- <sup>xxxii</sup> Statistics South Africa. 2015. *General Household Survey Report 2014*. Pretoria: Stats SA.
- <sup>xxxiii</sup> DBE. 2016. Briefing to the Basic Education Parliamentary Portfolio Committee on 17 Feb 2016. [https://pmg.org.za/committee-meeting/22030/?utm\\_medium=email&utm\\_source=transactional&utm\\_campaign=minute-alert](https://pmg.org.za/committee-meeting/22030/?utm_medium=email&utm_source=transactional&utm_campaign=minute-alert)
- <sup>xxxiv</sup> This is so for a number of reasons. Comparatively few children actually end up writing the exam, given that more than 50 per cent of those who start school never reach matric or write the matric examination. As such, the pass rate does not present a comprehensive picture. The standard at which children are passing their matric exams is also poor, as indicated by the very low bachelor's degree pass rate in 2014 of 28 percent. Statistics South Africa. 2015. *Millennium Development Goals: Country Report 2015*. Pretoria: Stats SA.
- <sup>xxxv</sup> Defined by Stats SA as the total number of learners enrolled in the same grade as in the previous year, expressed as a percentage of the total enrolment in a specified grade.
- <sup>xxxvi</sup> Statistics South Africa. 2015. *Millennium Development Goals: Country Report 2015*. Pretoria: Stats SA.
- <sup>xxxvii</sup> DBE. 2014. *General Household Survey 2013 Report: Focus on Schooling*. Pretoria: DBE.
- <sup>xxxviii</sup> This does not mean, however, that children in the earlier school years are doing well and passing, but rather that the current promotion policy is such that children are promoted to the next year of school even if they are not ready. It is in the later school years that there is more pressure to fail the children because they are unlikely to pass the matric exams. Hence, many analysts observe an increase in the repetition and drop-out rate from grade 10 onwards. Branson, Hofmeyr and Lam. 2013. *Education Series I: Focus on schooling in Limpopo, Report 92-01-01 (2013)*. Cape Town: SALDRU.
- <sup>xxxix</sup> Stats SA. 2013. *Education Series I: Focus on Schooling in Limpopo, Report 92-01-01*. Pretoria: Stats SA.
- <sup>xl</sup> DBE. 2013. *Report of the National School Monitoring Survey 2011*. Pretoria: DBE.
- <sup>xli</sup> S Walker, T Wachs and S Grantham-McGregor. 2011. Inequality in early childhood: risk and protective factors for early childhood development. *The Lancet*. Vol 378: Pages 1325-1328 & DPME. 2012. *Diagnostic Review of Early Childhood Development*. Pretoria: DPME.
- <sup>xlii</sup> N Spaul. 2013. *South Africa's Education Crisis: The Quality of Education in South Africa 1994-2011*. Report commissioned by the Centre for Development and Enterprise.
- <sup>xliiii</sup> N Spaul. 2011. Identifying policy priorities to improve outcomes for poor primary school learners. Stellenbosch University, Department of Economics. [www.ekon.sun.ac.za](http://www.ekon.sun.ac.za).
- <sup>xliiii</sup> N Spaul. 2011. Identifying policy priorities to improve outcomes for poor primary school learners. Stellenbosch University, Department of Economics. [www.ekon.sun.ac.za](http://www.ekon.sun.ac.za) & P Engle. 2011. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*.

- Vol 378. Pages 1339-1359 & N Hungi. 2011. *Accounting for Variations in the Quality of Primary School Education*. SACMEQ. <http://www.sacmeq.org>.
- <sup>xlv</sup> S Taylor, S Van der Berg and R Burger. 2011. *Low Quality Education as a Poverty Trap in South Africa*. Cape Town: Stellenbosch University.
- <sup>xlvi</sup> N Spaul. 2013. *South Africa's Education Crisis: The Quality of Education in South Africa 1994-2011*. Report commissioned by the Centre for Development and Enterprise.
- <sup>xlvii</sup> DBE. 2011. *Report on the National School Monitoring Survey, Conducted in 2011*. Pretoria: DBE.
- <sup>xlviii</sup> B Modisaotsile. 2012. *Policy Brief: The Failing Standard of Basic Education in South Africa*. Africa Institute of South Africa.
- <sup>lix</sup> S Mathews. 2014. Violence against children in South Africa: Developing a prevention agenda. In S Mathews, L Jamieson, L Lake & C Smith (Eds). *South African Child Gauge 2014*. Cape Town: Children's Institute, University of Cape Town.
- <sup>l</sup> The child protection framework and priorities are articulated in a range of policies and laws, notably so in the White Paper on Social Development, 1997 and the Children's Act No. 38 of 2005.
- <sup>li</sup> The African Child Policy Forum. 2013. *The African Report on Child Wellbeing 2013*. Addis Ababa: ACPF.
- <sup>lii</sup> P Proudlock (Ed). *South Africa's Progress in Realising Children's Rights: A Law Review*. Cape Town: Children's Institute & Save the Children South Africa.
- <sup>liii</sup> [http://www.unicef.org/southafrica/protection\\_4711.html](http://www.unicef.org/southafrica/protection_4711.html).
- <sup>liv</sup> Centre for Justice and Crime Prevention and the University of Cape Town. 2015. *The Optimus Study on Child Abuse, Violence and Neglect in South Africa*. Cape Town: The UBS Optimus Foundation.
- <sup>lv</sup> A Dawes, Z De Sas Kropiwnicki, Z Kafaar, L Richter. 2005. *Corporal Punishment of Children: A South African National Survey*. Pretoria: Save the Children Sweden and HSRC.
- <sup>lvi</sup> DSD, DWCPD and UNICEF. 2012. *Violence against Children in South Africa*. Pretoria: DSD, DWCPD and UNICEF.
- <sup>lvii</sup> T Schreier. 2011. *Critical Challenges to Protecting Unaccompanied and Separated Foreign Children in the Western Cape*. Cape Town.
- <sup>lviii</sup> DSD, DWCPD and UNICEF. 2012. *Violence against Children in South Africa*. Pretoria: DSD, DWCPD and UNICEF.
- <sup>lix</sup> A Dawes, Z De Sas Kropiwnicki, Z Kafaar and L Richter. 2005. *Corporal Punishment of Children: A South African National Survey*. Pretoria: Save the Children Sweden and HSRC.
- <sup>lx</sup> M Makoae, H Roberts and CL Ward. 2012. *Child Maltreatment Prevention Readiness Assessment: South Africa*. HSRC.
- <sup>lxi</sup> DPME. 2012. *Diagnostic Review of Early Childhood Development*. Pretoria: DPME.
- <sup>lxii</sup> P Proudlock, S Mathews and L Jamieson. 2014. Children's right to be protected from violence: A review of South Africa's laws and policies. In P Proudlock (Ed). *South Africa's Progress in Realising Children's Rights: A Law Review*. Cape Town: Children's Institute, University of Cape Town.
- <sup>lxiii</sup> P Proudlock, S Mathews and L Jamieson. 2014. Children's right to be protected from violence: A review of South Africa's laws and policies. In P Proudlock (Ed). *South Africa's Progress in Realising Children's Rights: A Law Review*. Cape Town: Children's Institute, University of Cape Town.
- <sup>lxiv</sup> P Proudlock, S Mathews and L Jamieson. 2014. Children's right to be protected from violence: A review of South Africa's laws and policies. In P Proudlock (Ed). *South Africa's Progress in Realising Children's Rights: A Law Review*. Cape Town: Children's Institute, University of Cape Town.
- <sup>lxv</sup> L Jamieson. 2014. Children's rights to appropriate alternative care when removed from the family environment: A review of South Africa's child and youth care centres. In P Proudlock (Ed). *South Africa's Progress in Realising Children's Rights: A Law Review*. Cape Town: Children's Institute, University of Cape Town.



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