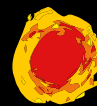


Deloitte.



Nelson Mandela
CHILDREN'S FUND



Serve like Mandela

State of the South African
Child Report

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Foreword

It is with great pleasure and a deep sense of responsibility that I introduce this report on the State of the South African Child 2023. This publication holds profound significance for all of us, not only at the Nelson Mandela Children's Fund (the Fund) but as a country that has a responsibility towards children as enshrined in section 28 of the Constitution of the Republic of South Africa.

This report represents the culmination of rigorous research, tireless efforts, and collaboration among experts, stakeholders, and our dedicated team at the Fund. Within the pages of this report, you will find a comprehensive assessment of the prevailing issues faced by our children in South Africa. The report further sheds light on the alarming rates of violence, poverty, inequality, and inadequate access to essential services that continue to hinder the survival, growth, and development of children. It also highlights the immense potential and resilience that resides within each child, waiting to be nurtured and unleashed.

At the Fund, our vision and mission have always been to uphold President Mandela's legacy and advocate for the rights of every child. We firmly believe that all children deserve a fair chance to survive, thrive, dream, and to realise their aspirations. We find ourselves at a critical juncture, where the well-being and prospects of our children demand our unwavering attention, advocacy, and action. It is our duty as a nation to safeguard their well-being, protect their rights, and invest in their future.

Through this report, we aim to galvanise collective action, ignite meaningful conversations, and inspire innovative solutions. We call upon policymakers, civil society organisations, corporate entities, communities, the media fraternity, and individuals to join hands with us to be the catalysts of change that our children desperately need. It is only through our combined efforts, unwavering commitment, and resolute determination that we can create a South Africa where every child experiences love, protection, and opportunities for growth. Together we can dismantle the barriers that hinder their progress, shape policies that prioritise their needs, and build a society where no child is left behind.

Together, we can build a legacy worthy of our children.

As you read this report, reflect on the following words and what this report is telling us about our greatest assets:

“Our children are the rock on which our future will be built, our greatest asset as a nation. They will be the leaders of our country, the creators of our national wealth, those who care for and protect our people.”

- Nelson Mandela



A stylized, handwritten signature in black ink, appearing to read 'L. Ncube-Nkomo'.

Dr Linda Ncube-Nkomo; CA (SA), PhD
Chief Executive Officer-Nelson Mandela
Children's Fund

A Note from Deloitte

It is with immense pride and heartfelt gratitude that we introduce this significant report on the state of the South African child, a collaborative endeavour between ourselves and the Nelson Mandela Children's Fund to shed light on the challenges faced by the children of our country.

Our unwavering commitment to making an impact that matters has guided us to take on this critical initiative, as we firmly believe that empowering the next generation is both a privilege and a profound responsibility. This report is a testament to the power of partnership, where the expertise of our dedicated team has merged seamlessly with the visionary work of the Nelson Mandela Children's Fund. Together, we have diligently delved into the difficulties faced by South African children and sought to understand what we, as stakeholders, can do to address these.

Within these pages lie more than just statistics and data; they unveil the stories and dreams of countless young lives striving to break barriers and reach their full potential. As we examined the realities of poverty, health, education, violence, housing, and more, we were reminded of our shared commitment to foster a brighter and more equitable future for every child in South Africa.

Our involvement in this endeavour goes beyond a mere philanthropic gesture. It is a profound demonstration of our commitment to purpose beyond profit and our belief that businesses have a fundamental role to play in effecting positive change in society. The essence of corporate citizenship lies in nurturing a sense of purpose that extends beyond boardrooms and balance sheets.

In the spirit of Nelson Mandela's enduring legacy, we are reminded that every child deserves love, support, and an unwavering belief in their potential. By working together, hand in hand, we can create a South Africa where children can dare to dream, where their rights are upheld, and where they have the resources and opportunities to fulfill their aspirations.

To the Nelson Mandela Children's Fund and all those who have contributed to this report, we extend our heartfelt gratitude for entrusting us with this critical task. Our journey has been guided by Ubuntu, a deep-rooted belief in the interconnectedness of humanity, where the progress of one is intrinsically linked to the progress of all.

May this report serve as a compass that steers our collective efforts towards nurturing a society where every child's voice is heard, where their well-being is safeguarded, and where their dreams become the foundation of a thriving nation.

Together, let us stand firm in our resolve to empower the future - for, in the words of Madiba,

“ There can be no keener revelation of a society's soul than the way it treats its children. ”

With gratitude,



Ruwya Redfearn
Deloitte Africa CEO



Arun Babu
Managing Director Deloitte
Africa Consulting



George Tshesane
Government and Public
Services Industry Leader

State of the South African Child Initiative



Background



In 2016, the Nelson Mandela Children’s Fund along with Girls and Boys Town and Deloitte, launched the State of the South African Child Initiative with the goal of developing and deploying interventions to effect real change for the children of South Africa. The vision was to mobilise stakeholders across government, business, and civil society through meaningful social strategic partnerships that would drive action and provide tangible results. That was only meant to be the first step for what would be a long-term journey of deepening relationships as we together address the challenges facing the South African child.

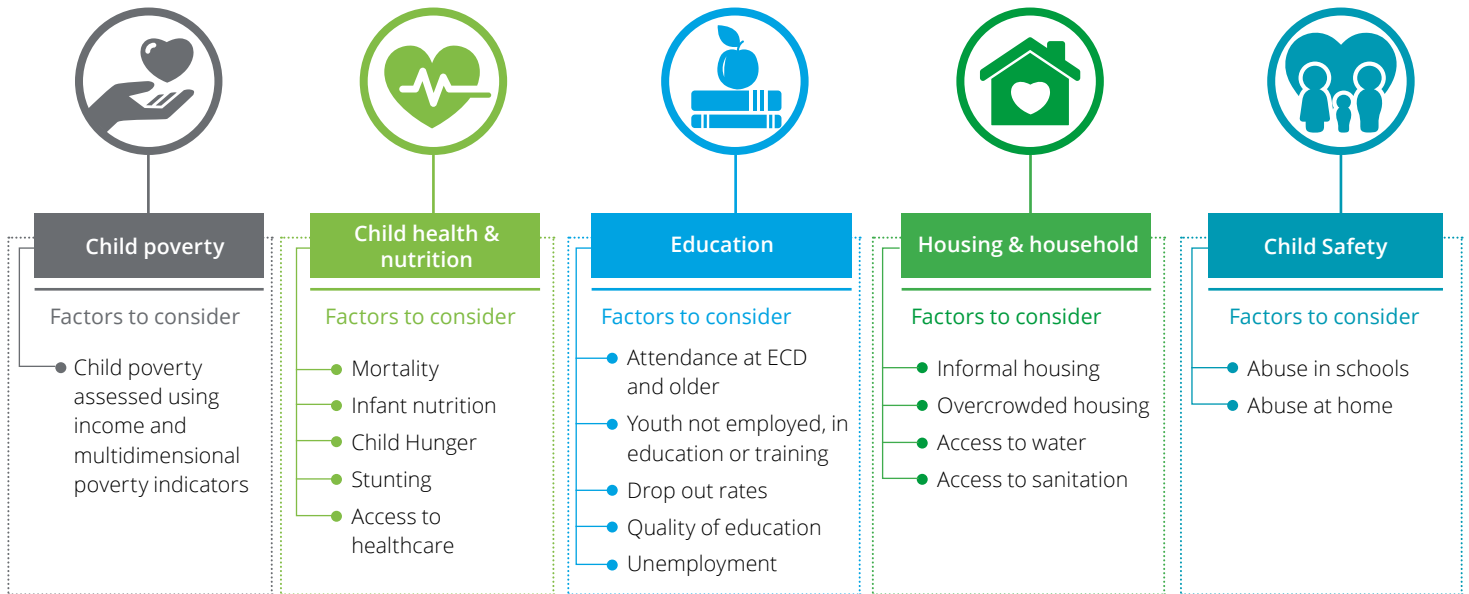
At the time, five priorities were identified that were aligned to the challenges faced by children and though some progress has been made, a multi-sectoral approach remains essential to drive meaningful impact. The Fund continues to be committed to uplifting the lives of children and the 2022-2027 strategy highlights this, serving as a framework to fast track and implement change in the lives of South African children.

Deloitte and the Fund have chosen to reignite the partnership and the State of the South African Child initiative to reflect on the past seven years, understanding the progress made, and the challenges still present. The COVID-19 pandemic set progress back across all areas of intervention and has created an even greater need to prioritise the well-being of our children. The report will center around the Fund’s priority areas and the challenges within these: Child Poverty, Health and Nutrition, Education, Housing and Household Characteristics and Child Safety.

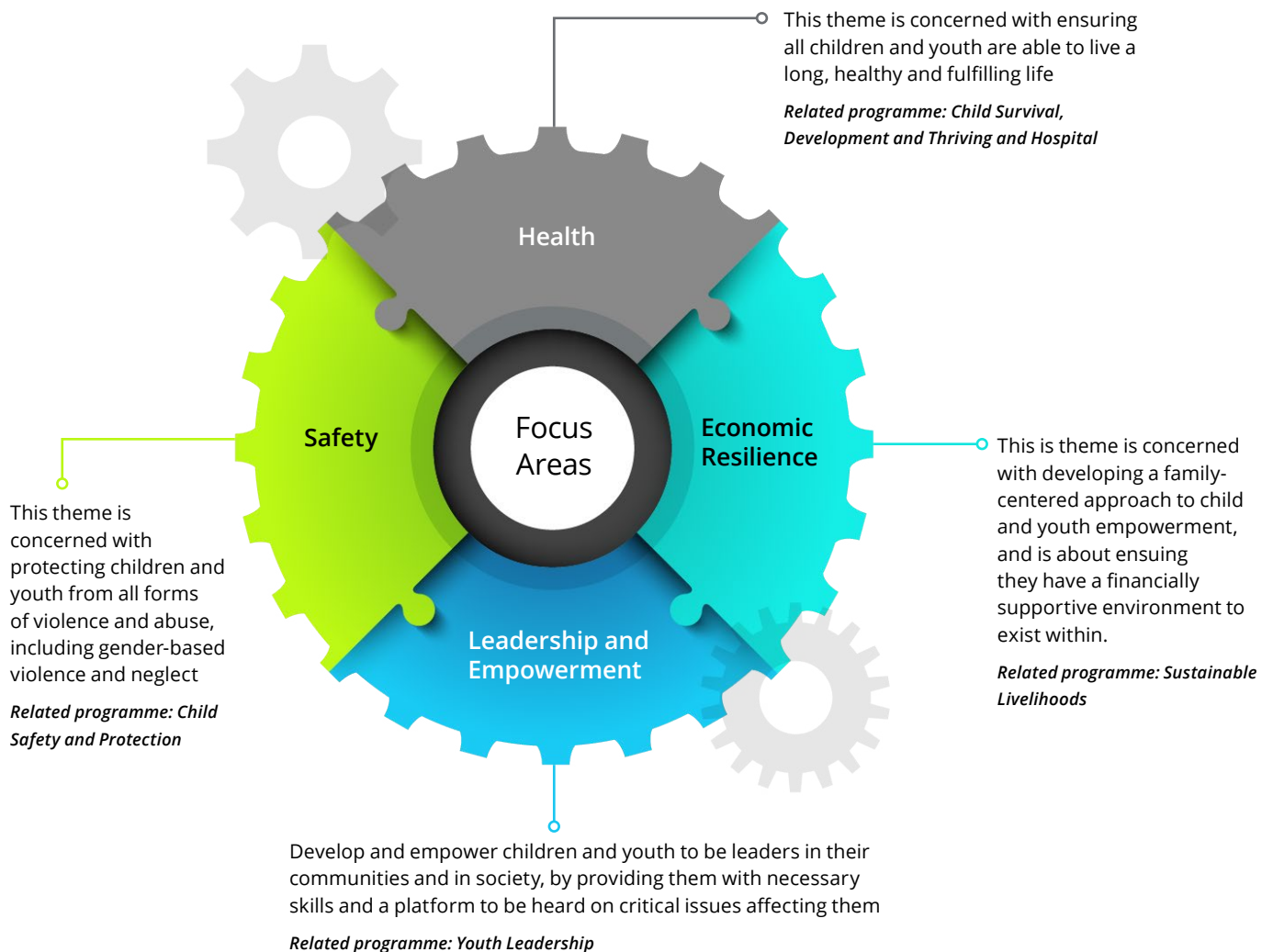
Deloitte and the Fund aim to make an impact that matters for the South African child but acknowledge the reality of limited resources. We therefore call on all society, in both the public and private sectors, to help ensure the realisation of the potential of children across the country.

Five Key Challenges

In its 2020 Strategy review, the Fund identified five key challenges impacting the lives of South African children and these remain at the centre of the work the Fund carries out. The report aims to delve into each of these challenges and present a view of the current state, the areas of focus and call to action so as to enable meaningful outcomes.



Priority Focus Areas



The Nelson Mandela Children’s Fund Priority Programmes

Based on the above themes, the NMCF has implemented and refined four programmes which are set up to tackle issues arising at the district level:



These programmes intersect with the Fund’s priority areas to provide real-time interventions to aid South Africa’s poorest communities. Thousands of lives have been touched through community outreach, campaigns, dialogues as well as the formation of hundreds of support groups. The State of the South African Child Initiative has made progress but there is a need to assess the current situation impacting the children in South Africa and to understand what is required and where stakeholders can come together and collaborate in improving and protecting the lives of our children.

A closer look at the Priority Programmes

Sustainable Livelihoods Programme (SLP)



Objective

The SLP is designed to encourage community members to form Self Help Groups (SHG's) that are engaged in income generating activities and savings mobilisation programmes to work their way out of poverty.

Impact

- Initiated over 270 self help groups totalling over 4 000 members that have benefited more than 11 000 children through grant disbursements of over R4.8 million
- Establishment of supplier contracts with local supermarkets in multiple provinces for agricultural groups
- Includes growth of many youth start-ups growing operations to the point of requiring additional investment into machinery and equipment to scale operations

Child Survival, Development and Thriving (CSDT) Programme



Objective

CSDT focuses on reducing child mortality and supporting pregnant mothers and their babies in the first 1 000 days of the life of a child through family and community outreach and strengthening health systems. Infants are supported through immunisation, HIV-AIDS treatment and malnutrition prevention campaigns. A Mentors Mom support group was developed to offer emotional and psychological support for new mothers.

Impact

- Over 1 500 support groups formed
- Over 320 community outreaches conducted with over 9 400 individuals reached directly with general health info
- 3575 children's immunisation cards checked for compliance and 58 people linked to social services

Child Safety and Protection (CSP) Programme



Objective

CSP focuses on reducing corporal punishment in schools, decreasing sexual and gender-based violence amongst women and girls, the elimination of bullying within schools and helping schools provide a safe environment for learners. CSP now has a focus on prevention with the nurturing of non-violent males.

Impact

- Made significant impact in 5 provinces where it reached over 10 000 learners directly and indirectly, who have been able to be more empowered on safety and protection
- 38 schools developed school policies to align with school safety frameworks
- Two pilot homes for destitute children that provide legal support, facilitated family reunification

Youth Leadership Programme (YLP)



Objective

YLP targets youth who are between 15-22 years old to create leaders who are critical thinkers, tech savvy, and are enshrined in Mandela's values so that they can bring innovative solutions regarding issues that affect society and social justice. YLP gives the youth a platform to advocate for their issues in a safe environment and assist the fund in reducing challenges faced by children and youth.

Impact

- 10 000 national members in the Youth Clubs
- 90 Youth ambassadors
- Employment of interns to assist the programme which has contributed to the skills development and empowerment of young people



The Nelson Mandela Children's Hospital (NMCH) is the flagship project of the Fund that raised R1 billion in funding and opened its doors in 2017. It is a non-profit organisation that is a specialist referral hospital and dedicated paediatric centre that treats children up to the age of 16 irrespective of their socio-economic standing. The hospital is comprised of "7 Centers of Excellence," each concentrating on treatment and research in a particular area which will enhance the medical field's capacity to deal with paediatric cancers, heart, kidney, lung and other ailments.

Through the public and private partnership established, public patients are eligible for partial or full subsidisation to ensure that no child is turned away due to an inability to pay. Being the only dedicated paediatric facility in Gauteng the hospital is able to touch the lives of South African Children who desperately need specialised care.

Challenges Facing Children



Child Poverty



“Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life. While poverty persists, there is no true freedom.”

- Nelson Mandela

Child Poverty

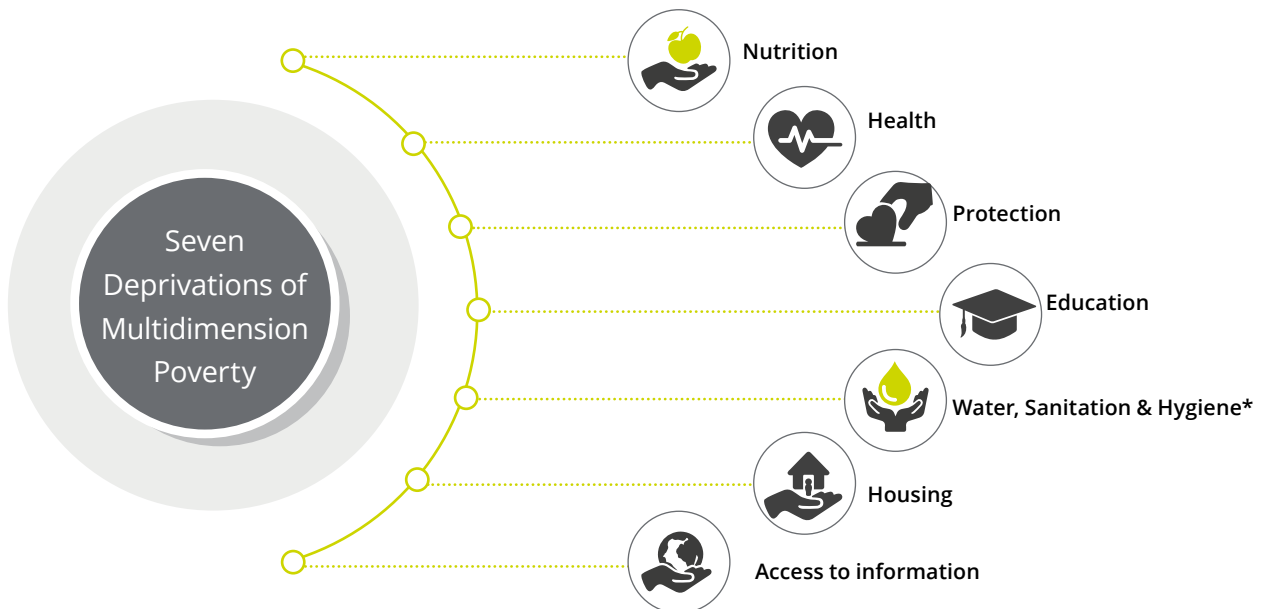


Definition of the problem:

According to UNICEF, child poverty is defined as when a child is raised with limited access to or, in some cases, no access to, the essential resources they need to survive and live well. The strain of living in poverty impacts a child's overall well-being and limits their ability to fulfil their potential.¹ Although South Africa has made great strides in driving development and economic transformation, inequality and poverty remains prevalent, it is estimated that there are over 4 million children living below the poverty line.² Eradicating poverty has been prioritised as one of the Sustainable Development Goals (SDGs) which seeks to end poverty in all its forms everywhere.

Measuring Child Poverty

Poverty is commonly measured using income as a key indicator however, UNICEF's Multidimensional Overlapping Deprivation Analysis (MODA) extends this to provide a more holistic view of child poverty by assessing deprivations across seven dimensions, all of which can impact a child's overall well-being.³ Across the world, about 1 billion children are multidimensionally poor, meaning they lack basic necessities across at least three out of seven deprivation areas such as nutrition or clean water.



As described in this report, it is these deprivations that encompass the main challenges facing children, compromising their development and overall well-being.

Note: The ModA methodology was developed through a participatory process that involved collaboration from multiple stakeholders and institutions. It uses a lifecycle approach that recognises that children may suffer from multiple deprivations at the same time. The methodology is underpinned by international and national legal and policy documents.

The Situation

From an income perspective, Stats SA's lower-bound poverty line (which doesn't provide enough for basic essentials), 51% of children are living in money-metric poverty, where they live in a household below the lower bound poverty line of R647 per person per month.⁴

Using the ultra-poverty line of R385 per month (below survival level) used to track progress towards achieving the SDG of eradicating poverty, it was estimated that in 2019 22% of children were below this amount.⁴ No child should be below it and as such reflects a pressing need to ensure that families and children alike are supported to overcome these poverty levels. The data on the number of children and adolescents living on the streets of South Africa, shows the inadequacy of statistics around challenges that children face as well as the significant number of children facing this problem, with the latest being 250 000 in 2014.⁵




In contrast, using the MODA methodology, a study conducted by Stats SA estimated that 62.1% of South African children between the ages of 0-17 years old are multidimensionally poor.⁶

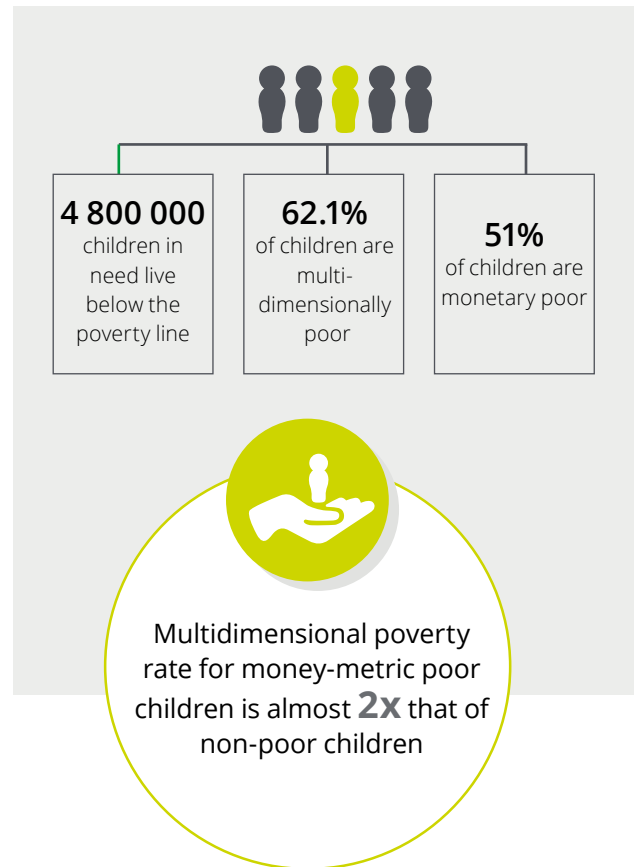
A key driving factor for multidimensional poverty among all age-groups is the poor state of social infrastructure (includes poor school facilities, long distances to nearest health centres and inadequate waste disposal services) at the community level.

Though the measures of poverty differ, there is however, a high correlation between multidimensional poverty and money-metric poverty⁶ with:

- 4 out of 10 children being both multidimensionally and money metric poor
- 2 out of 10 being multidimensionally poor only
- 1 out of 10 being money metric poor only
- 3 out of 10 neither multidimensionally nor money metric poor

Using the study mentioned above, multidimensional child poverty can be characterised and understood across three dimensions⁴:

	<p>Geography Geographic distribution based on provinces, rural versus urban</p>
	<p>Individual Population groups, age ranges of children and orphanhood</p>
	<p>Household Education, sex, household structure and other attributes</p>



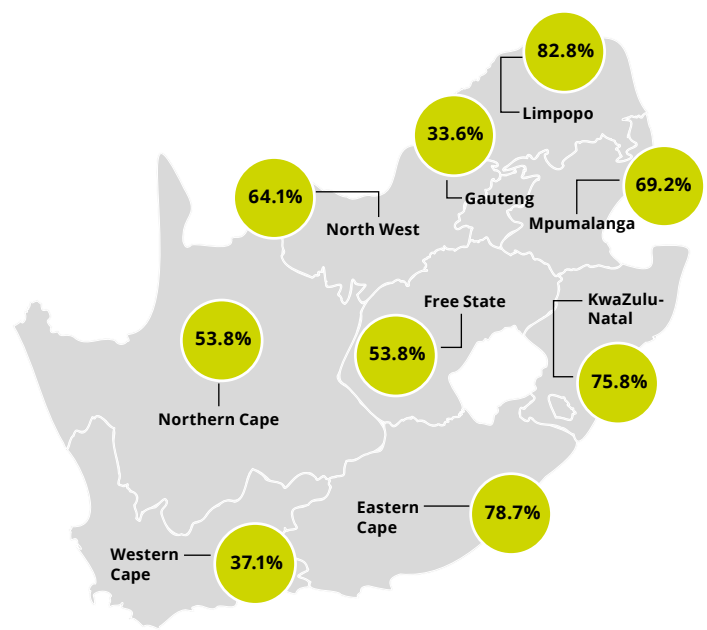


Geography

From a geographic perspective, South Africa is not dissimilar from global counterparts whereby children residing in rural areas are twice as likely to be multidimensionally poor when compared to those children living in urban areas.

Assessing multidimensional poverty rates across provinces demonstrates this, with rural provinces like the Eastern Cape and Limpopo recording rates of approximately 80% while urban provinces like Gauteng and Western Cape have rates of 33.6% and 37.1% respectively⁶

Poverty in rural areas has been attributed to the lack of access to education, quality maintained infrastructure, health and financial markets with limited employment opportunities further exacerbating the high rates.



88.4% rural poverty rate | 41.3% urban poverty rate

In rural areas, nearly two-thirds of children who are deprived are also income-poor.⁶



Individual

When assessing poverty from individual characteristics it becomes evident that gender has no substantial bearing on poverty. However, deprivations based on population group and orphanhood status is of significance. Black African children experience poverty rates of almost double those of coloured children and six times that of white children. Double orphan children experience the highest poverty rates, followed closely by those with only their mother being alive.⁶ These can all be strong predictors for children to experience deprivations and need to be considered when developing interventions to support them.

Population groups	Gender	Orphanhood status	Age

Individual Multi-Dimensional Poverty Rates By Individual Characteristics (Adapted from Unicef's Child Poverty in South Africa⁶)



Household characteristics

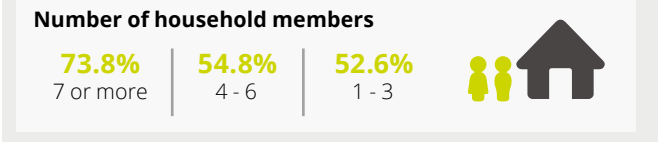
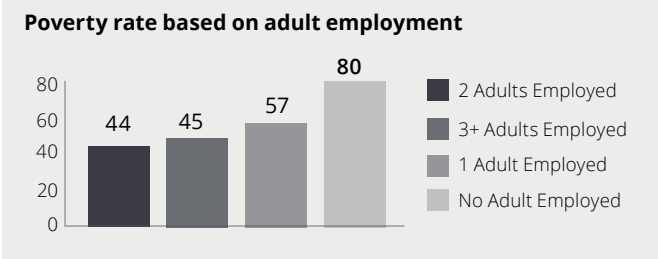
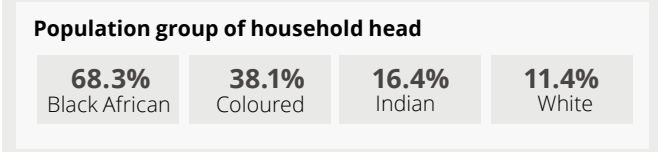
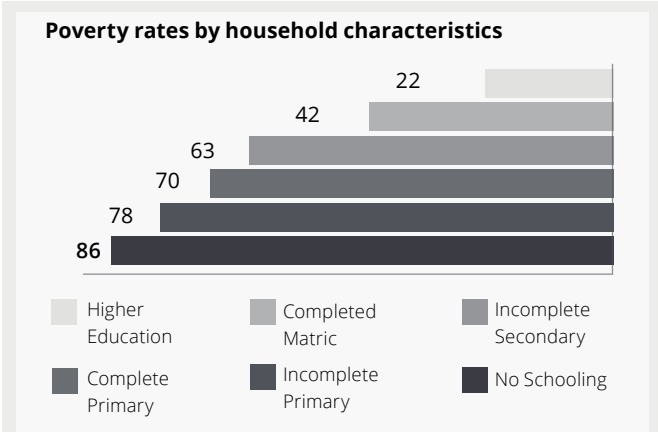
The nature of the household also influences the likelihood of a child to suffer from the deprivations linked to multi-dimensional poverty. It demonstrates the need to not only support the child but also those within the household, those that are responsible to provide for and care for the children within the home.

Homes with 7 or more members have higher rates of poverty and though there are fewer deprivations in smaller member households, the poverty rate continues to be unacceptably high at over 50%.⁶

Similarly to what is observed from an individual perspective, Black African headed households have the highest poverty rates. Additionally, female headed households are significantly more likely to experience higher rates of multi-dimensional deprivations.^{5,6}

Predictably, households with no employed adults or adults with no schooling have higher rates of poverty⁶ reflecting the critical need to ensure that quality education and job opportunities are made available to communities across the country.

Unemployment cash benefits during the pandemic reached 0.8% of the population in low-income countries, in contrast to the high-income countries at 52%. It is estimated that more than four years progress against poverty has been erased by COVID-19.⁷



Covid 19 impact

The COVID-19 pandemic has had a profound impact on poverty in children in South Africa, exacerbating existing vulnerabilities and creating new challenges:

- Increased household poverty was seen as the economic fallout from the pandemic, including job losses, reduced incomes, and increased living costs. According to Unicef, 100 million additional children have been plunged into multidimensional poverty due to COVID-19.⁷
- Lockdown measures and disruptions to supply chains have led to increased food insecurity, affecting children’s access to adequate nutrition. The National Income Dynamics Study reported that food security rates in South Africa doubled during the pandemic which puts children at risk with regards to their health, growth and cognitive development.⁸
- Economic hardship has forced some families to resort to child labour as a means of survival. The closure of schools and loss of income have put children at a higher risk of engaging in hazardous work or being exploited.⁷
- The pandemic has also had adverse effects on children’s access to education, access to healthcare, and mental health and well-being which are covered in previous sections thus affecting the overall poverty element of children.

Interventions



Harambee Youth Employment Accelerator is a not-for-profit organisation that partners with public and private organisations and civil society to reduce barriers to employment for young South Africans and have supported over 3.5 million work-seekers.¹⁰



Yes4Youth is a not-for-profit company that is a joint national initiative between business, government and labour that aims to address youth unemployment by providing 12 month work experiences to unemployed youth. The programme has created over 100 000 work experiences.¹¹



The Young Entrepreneurs Foundation upsills children between 7-18 year olds to help them start and grow their own micro-enterprises and prepare them for the world of work and business.¹²



The Enterprise Supplier and Development funds required for businesses to be BBBEE compliant can benefit young entrepreneurs through mentorship, networking opportunities, access to capital and the procurement of goods or services by the corporate providing the funding.¹³



The South African Social Security Agency (SASSA) pays the Child Support Grant to primary caregivers of children under the age of 18. The grant is intended to help provide for the basic needs of children whose parents or primary caregivers are unable to do so due to poverty or unemployment.¹⁴

Call to Action

Child poverty is far reaching and creates a cycle of lack of access and perpetuates inequality into adulthood. According to Unicef and studies conducted globally, children that live in poverty are less equipped to enter the workforce, earn less and most likely continue to experience financial stress amongst other deprivations.

While determining what needs to be done to address the poverty challenge in the country, it is also important to understand what the circumstances are that keep them in this situation. Firstly, impoverished households are more likely to rely on children to supplement income for the family thereby preventing them from obtaining the education they need to thrive and break the cycle of poverty. Additionally, both adults and children are unable to obtain the healthcare they require which often times is for preventable ailments and disease. This can lead to deaths of adults/parents in the household or result in an inability to work, all of which perpetuates the deprivations linked to child poverty.

Together we can work to eradicate child poverty, to break the cycle of impoverishment and support our children to not only survive but also thrive.

Our Call to Action includes:

- Make child poverty a national priority by **developing comprehensive strategies and policies** that specifically target child poverty and aim to uplift vulnerable children and their families
- **Strengthen and expand social protection programmes** that provide financial assistance, food security and access to essential services for children living in poverty
- **Improve access to quality education** for children living in poverty to empower them to break the cycle
- Develop and implement programmes that provide **vocational training and skills development opportunities** for older kids to equip them with the necessary skills to enter the job market
- Ensure **access to comprehensive healthcare** services including preventative care, immunisations, nutrition programmes, etc.
- Support and empower families and caregivers through programmes that **provide parenting support, financial literacy training and access to income-generating activities**
- Address root causes of poverty by tackling structural inequalities in South Africa by promoting **equitable distribution of resources**
- Create opportunities for youth empowerment and employment by **engaging with the private sector to provide internships, apprenticeships and job placement programmes**
- **Foster collaboration** among government agencies, civil society, private sector and international partners to collectively address child poverty
- **Raise awareness** about child poverty and advocate for policy changes at all levels of government. Engage in public dialogue, media campaigns and community mobilisation to generate momentum for poverty reduction initiatives

Key Partner Organisations

UNICEF, Save the Children, SASSA, Other South African government departments



Health & Nutrition



“ Giving children a healthy start in life, no matter where they are born or the circumstances of their birth, is the moral obligation of every one of us.”

- Nelson Mandela

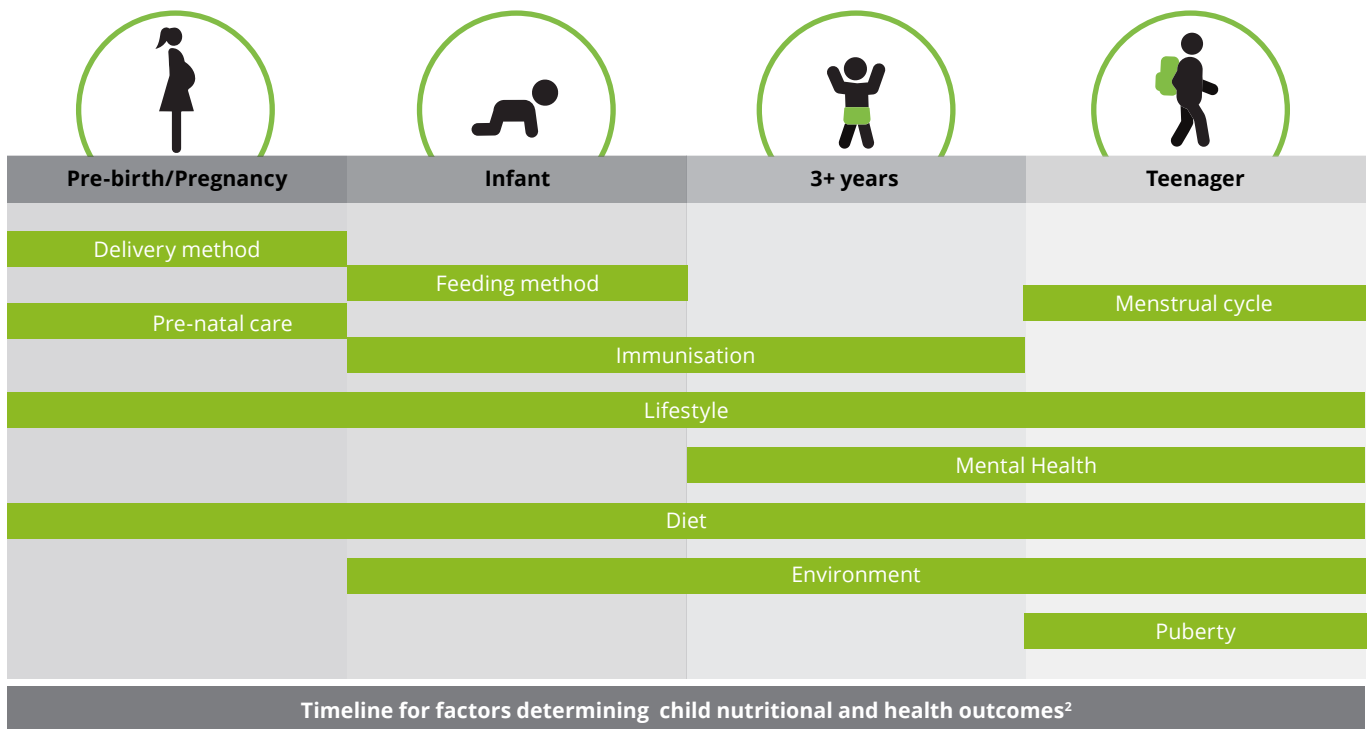
Health



Definition of the problem:

The National Institute of Health defines children’s health as “the extent to which individual children or groups of children are able or enabled to (1) develop and realise their potential, (2) satisfy their needs, and (3) develop the capacities that allow them to interact successfully with their biological, physical and social environments.”¹

Child health should not only be seen as the absence of disease or infirmity but, child health should enable growth and development. Despite South Africa providing free healthcare for children since 1994 there are still large socio-economic inequalities that have led to adverse health and nutritional outcomes for millions of children - as shown below, from prebirth to adolescence there are several health factors that influence the health outcomes of children.



Thousands of preventable deaths are recorded each year ultimately reflecting the lack of resources and interventions to promote the realisation of the “right to basic nutrition and basic healthcare services”. Under-5 mortality and malnutrition still remain as the areas of most concern in South Africa and are defined as follows:



Under 5 Mortality

The number of deaths of infants and children under the age of five per 1000 live births in a population during a given year.



Malnutrition

Lack of proper nutrition which is caused by not having enough food to eat, not eating enough of the right foods or being unable to utilise and digest food due to illness.

Child Mortality



In 2014 it was estimated that between **66%** and **85%** of Africa's maternal, new-born, and child mortality could be prevented through implementation of available interventions.⁵

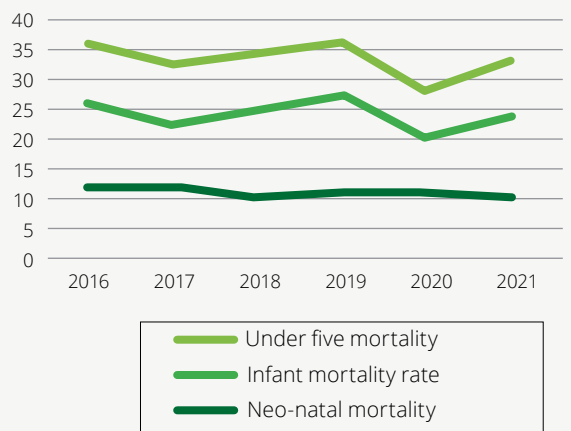
In 2016, neo-natal and child mortality were identified as critical health issues which stemmed from malnutrition as well as the lack of immunisation and access to immediate medical services and healthcare- this has not changed over the past 7 years, in fact, identified causes have only gotten worse. As of 2021, the infant and under 5 mortality rates were recorded at 24.1 and 32.8 per 1000 births respectively; both recorded significant increases from 2020 where figures were 21 and 28 per 1000 births.³ This noticeable increase was largely attributed to the effects of the COVID-19 pandemic where children faced even further reduced access to healthcare services as well as suspension of routine vaccination campaigns.⁴

Rural provinces have the highest mortality rates where the Free State, KwaZulu-Natal, Limpopo and the Eastern Cape lead in numbers. The Fund continues to work closely with these provinces particularly at a district level which has allowed them to identify district and provincial mortality levels getting alarmingly worse despite there being a general decrease at the national level. The Fund has identified the top 5 worst districts as O.R. Tambo, Alfred Nzo and Joe Gqabi in the Eastern Cape, Zululand in KwaZulu-Natal and John Taolo in the Northern Cape. Communities face a lack of medical resources including infrastructure, medical professionals and supplies which ultimately leads to the preventable deaths of children.

12, 4% of children succumb to respiratory and cardiovascular deaths, 8.1% to influenza and pneumonia and 6.8% die from intestinal infectious diseases.⁶ Even though these numbers are released by Stats SA, it should be noted that South Africa still suffers from under-reporting of births and deaths which threatens the adequacy of monitoring and evaluation systems and the subsequent stakeholder response.³ However, through the Rapid Mortality Surveillance System which was launched by the Department of Home Affairs, strides have been made for more reliable and nationally representative data to be collected and published.

Effectively, when it comes to reducing child mortality a difference can be made while mothers are pregnant, during the first 1000 days of life as well as the proceeding feeding methods, lifestyle, environment and diet of a growing child.

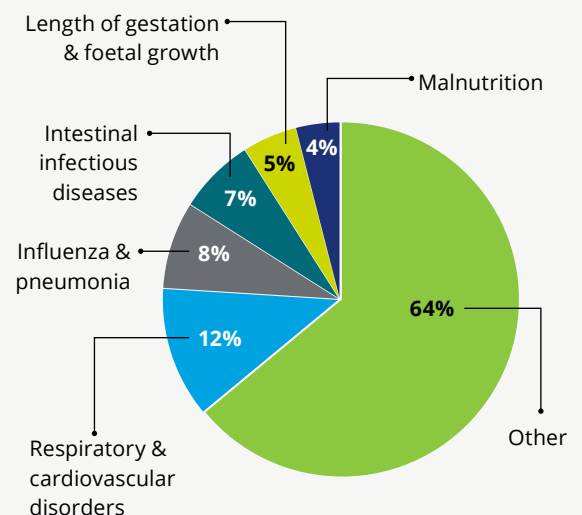
Mortality rates in South Africa



Highest child mortality by province



Types of illnesses children succumb to



Child Nutrition



A household food basket, compromising basic items, is costing South Africans **more than R5000*** a month.⁸

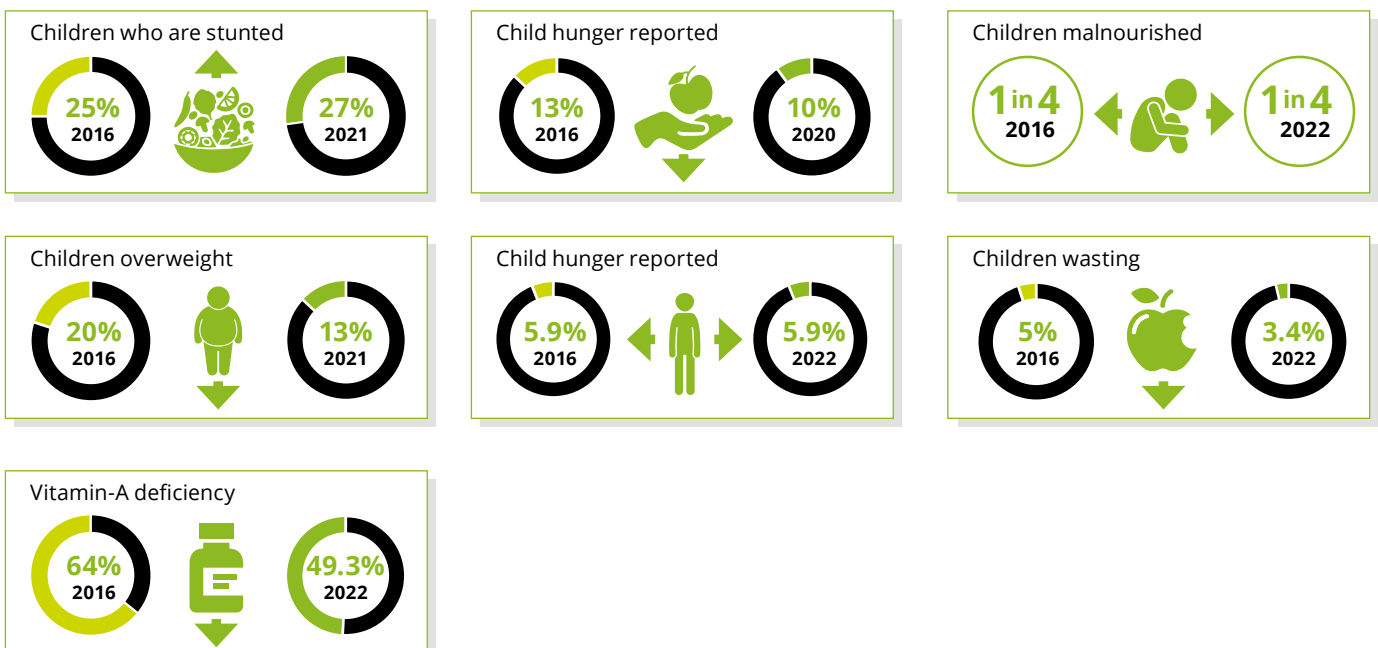
*The Pietermaritzburg Economic Justice and Dignity defines the basic food basket as being able to feed a family of 4 and consists of a total of 44 foods where 17 are of top priority. The foods consist of: maize meal, rice, cake flour, white sugar, sugar beans, samp, cooking oil, salt, potatoes, onions, frozen chicken portions, curry power, stock cubes, soup, tea, white bread and brown bread.

In 2021 it was identified that over 27% of children under 5 were stunted in South Africa, which equates to 1 in 4 children being affected.⁷ This is as a direct result of malnutrition which has remained one of the most prevalent development challenges across the globe for the past three decades. The Fund has seen that pregnant mothers have no access to pre-natal sessions therefore, the health and nutrition of unborn children is already compromised. Once born, children face the reality of poor economic status where a lack of income results in poor nutritional intake which hinders children from reaching their full growth and developmental state; ultimately causing irreversible physical and cognitive damage. Currently, 3.4% of children under 5 are wasting whilst, 5.9% are underweight and 49.3% of children aged 1-9 are vitamin A deficient.⁷

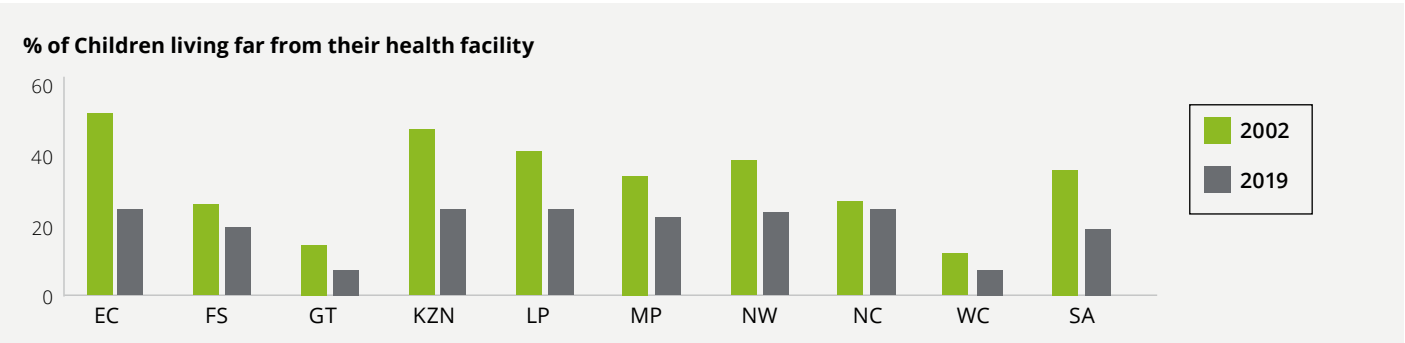
In 2020 alone, 10% of children in South Africa lived in households that reported child hunger. It is unfortunate that children from rural and poorer families continue to be the most affected with the Northern Cape, North West, Free State and Mpumalanga all having more than 14% of children going hungry in 2020.³ Positively, these figures are declining from previous years mainly due to the National School Nutrition Programme run by the Department of Basic Education which reaches over 9 million children and the expansion of the Child Support Grant which was able to reach more than 13 million children in 2020.

We do however, observe and flag that some parents across the country do not have the correct legal documents, thereby preventing them from accessing not only the Child Support Grant but other financial resources provided by the government.³ To support these families and others in need, the Fund advocates for investment and expansion of community based projects, early childhood development centres as well as school feeding schemes which will ensure that growing children are supported and will aid in curbing food insecurity in South Africa in the wake of soaring food prices.

Key statistics

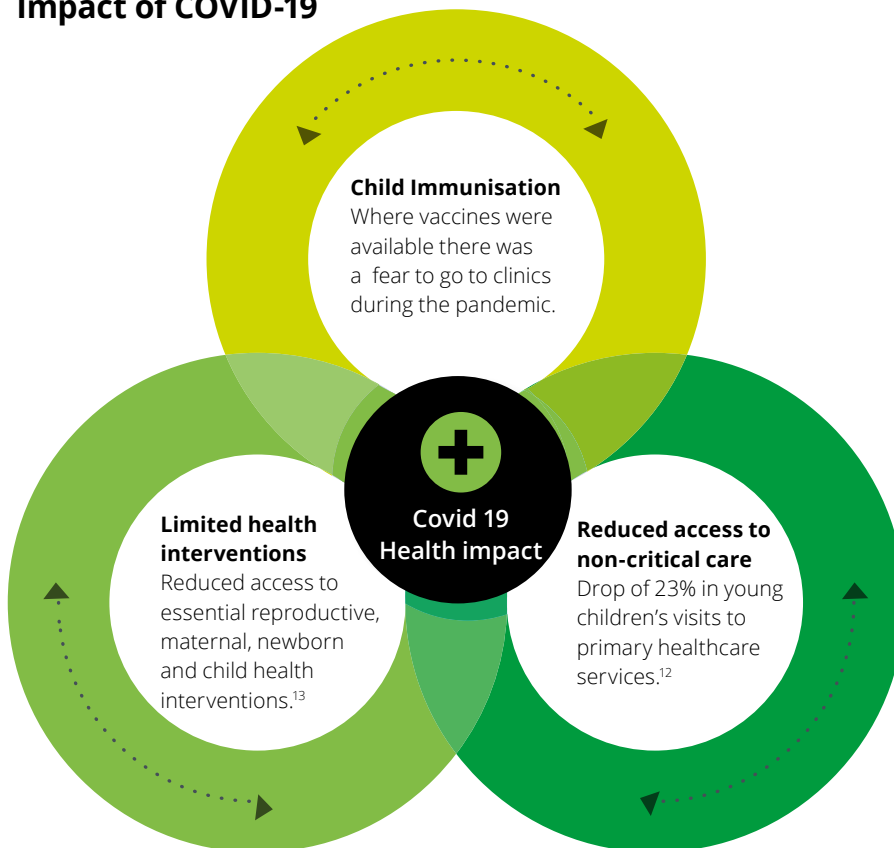


Access to Healthcare



In 2019, about 36% of children or a total of 3.7 million children in South Africa lived far from their nearest health facility, this reality was prevalent amongst the most rural provinces namely, the Eastern Cape (25%), KwaZulu-Natal (25%), Limpopo (25%) and the North West (24%).³ The term “far” is true if a child needs to travel more than 30 minutes to reach the nearest health facility irrespective of the mode of transport used. People in remote and rural areas remain the most at risk where children from poorer households bear the greatest burden. South Africa has about 54 000 community healthcare workers (CHWs) who should be able to reach 150-250 households per year depending on the area they serve.⁹ However, the demanding workload often leaves CHWs overwhelmed with one person being left to deal with an extensive list of primary healthcare inclusive of ante-natal care, preventing lifestyle diseases and recovery from strokes and heart attacks; ultimately, the targeted number of households is never reached. Notably, at a national level, the physician to patient ratio is recorded at 0.8 per 1000 people moreover, with the most recent recorded data from 2019 provided by the Department of Health, South Africa recorded that there was one clinic for every 18 114 people.¹⁰ Overall, access to health has been improved through interventions such as mobile clinics and CHWs but, the country still needs additional support. These interventions aid in measuring, monitoring and caring for the development of children without family’s having to travel long distances to physical clinics.

Impact of COVID-19



The direct impact of the COVID-19 infection on children has, to date, been far milder than for other age groups. It was found that the cases of hospitalisations and deaths amongst children due to the virus were likely related to existing and prior conditions. The National Institute of Communicable Diseases reports that only 0.7% of COVID-19 in hospital deaths were those of children and teenagers between 0-18 years of age.¹¹ However, other direct effects had an influence on child health; for one, during the pandemic, millions of households in the country experienced reduced income which forced poor families to reduce their purchases- for example essential health and food expenditure were severely affected. It was reported that in 2020, during the harshest period of lockdown, child hunger was at 16% in South Africa.¹² A direct implication of this was seen in the rise of infant and under-5 mortality which both experienced an increase of over three deaths per 1000 births.³ Therefore, as predicted by the United Nations, COVID-19 was estimated to reverse the last 2 to 3 years of progress made in reducing infant mortality within a single year.⁴



Mental Health

During a child's life course, they will face several influences that may adversely impact their mental health³:

- **Early childhood (infant to school entry):** children rely on positive parenting and good responsive care to develop accordingly
- **Middle childhood (6 - 10 years):** children can be adversely influenced by bullying, corporal punishment, missing school, isolation and sometimes the death of a parent
- **Early adolescence to adulthood (11 – 19 years):** children's mental health strongly depends on parent relationships, puberty, social media and access to positive mental health resources

Key statistics and findings: Other health factors



Teenage pregnancy

- Stats SA reported that between March 2021 and April 2022, **90 037 girls aged 10-19 years gave birth.**¹⁴
- Data suggests that the **percentage of teenage mothers is not increasing** contrary to media suggestions. In fact, fertility rates are reported to be on the decline amongst South African women.³
- A key mechanism in **aiding teenage mothers has been the Child Support Grant** but, take-up of the grant has been low compared with older mothers.
- Overall, **teenage pregnancy has been fairly stable** and has never reached the peak numbers which were observed in the year 2013.
- In addition young mothers continue to **need financial support as well as supportive tools** to allow their return to education.



Immunisation coverage

- The latest *EPI National Coverage Survey Report of 2019/20 reports that **84% of children have received all basic vaccinations.** A significant improvement from 2016 which recorded a rate of 71% due to a global shortage of the Hexavalent vaccine.¹⁵
- **Coverage is a good indicator of children's access to primary healthcare.**
- The national target of 91% coverage is only met in two provinces: KZN (91%) and Mpumalanga (97%). The **lowest coverage rates are in the North West (63%) and Limpopo (74%).**
- Unvaccinated children are **at risk of death, disability, and disease** and South Africa could face a possible resurgence of prior outbreaks.



HIV

- As of 2021 there were **270 000 children (0-14 years) living with HIV.** 10 000 children were newly infected with HIV in 2021 compared to 63 000 during the peak in 2007.¹⁶
- The high infant mortality has been driven by the fact that an estimated **19% - 36% of children are born HIV positive.**³
- **HIV infection can increase infant mortality** by as much as 75%.
- Overall, **HIV prevalence rates amongst children and teens are declining** however, South Africa is ranked 4th with over **19% of the population living with HIV.**¹⁷
- Children living with HIV are **susceptible to other diseases and face an increased chance of neglect, rejection and discrimination.**



Mental Health

- In South Africa approximately **1 in 7 children have a treatable mental health condition that they will carry through to adulthood due to a lack of specialists and facilities to support their needs.**¹⁸
- **Anxiety and depression amongst those below 18 have been estimated to have doubled globally.**¹⁷
- Unfortunately, SA only has approximately **30 specialist child and adolescent psychiatrists who are found in private facilities** which the indigent cannot afford.¹⁸
- **Child and adolescent mental health has been neglected in SA.** The inadequate resources, lack of capacity and over reliance on NPO interventions has left children unable to access help.



Current Interventions



MomConnect is an initiative launched by the National Department of Health which aims to support maternal health by using cell phone-based technologies. The initiative has made positive contributions to maternal health through targeted messaging to first-time mothers. Nutritional information, as well as breast feeding, immunisation and reminders for clinical visits are some of the most important features that have impacted mothers to secure better health outcomes from foetus to baby.¹⁹



Save the Children has to date reached a total of 2797 children and 149 adults through their health and nutrition interventions. In 2021 the organisation launched the Know no Borders Project in Mpumalanga to provide comprehensive sexual and reproductive education to children, adolescents and young people.²⁰



Ilifa Labantwana launched the Ibhayi Lengani First 1000 Days Relationship Support Tool which exists to complement existing programmes that focus on strengthening the attachment between mother and child during the first 1000 days of life. In addition, the tool also integrates practices which support maternal mental health and supports problem-solving around access to key needs and services.²¹



As part of the infrastructure drive, as of 2021 the National Government began constructing and revitalising 92 health facilities as well as working on maintaining and refurbishing a further 200 facilities through an indirect grant.²²



The Philani Maternal, Child Health and Nutrition Trust has been supporting informal settlements surrounding Cape Town since 1979. The trust houses the Integrated Nutrition Programme that is made up of centre-based clinics and flexi-based clinics where the nutrition and growth of children is monitored and counselling and support are provided by a dietitian. The trust also runs a breastfeeding support programme which aims to improve breast feeding rates through education to mothers.²³



Call to Action

The Constitution of South Africa under Section 28(1)(c) gives children “the right to basic nutrition and basic healthcare services”, as seen from the current state of health, children are currently experiencing a decline in the realisation of this right.³ The healthcare sector needs support in the form of funding and co-ordination between various stakeholders, to ensure successful health outcomes. The Fund calls on all to action in the fight for better health and nutritional outcomes for the children of South Africa.

Since 2016 children in South Africa have been showing a mixed bag of results in terms of health and nutritional outcomes. The majority of the statistics analysed have been positive specifically the fall in mortality before the pandemic but, there still remains a reality of poor health outcomes due to one’s socioeconomic status. Children in poorer and rural areas still face a lack of resources. The uptake of mobile clinics has somewhat shown respite in long distances travelled however, a lack of medicines and shortages of staff remains a stumbling block in this intervention. Unfortunately, with regards to nutrition, children seem to be regressing; despite child hunger falling from 13% to 10%, child stunting is still on the rise, at 27% with 1 in 4 children still malnourished. More children may be accessing food however, a lack of healthy nutritional intake is limiting growth and development. Overall, within health, mortality and malnutrition are still of concern but, as identified within other related health factors, mental health and immunisation need to be prioritised.

Lastly, an equally important reflection on disability data as well as the state of children with disabilities has failed to be fairly represented in this report. South Africa faces a lack of data surrounding disability which has ultimately led to the inability to view and report on the changes within disability status and data since the last report. This becomes an unfortunate and worrying reality as persons and children with disabilities are left to feel invisible, where their rights are often overlooked both in their everyday world as well as from a policy and legislative perspective.

The call to action for child health and nutrition includes:

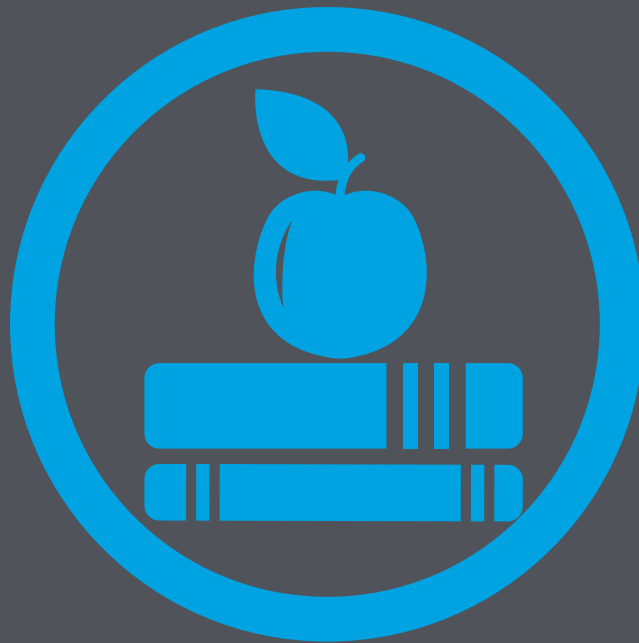
- **Invest in strengthening primary healthcare services** across South Africa to ensure accessible and quality services for children including preventative care, immunisations and regular health check-ups and both pre-natal and post-natal services
- **The expansion and maintenance of the current mobile clinics** that exist specifically within rural areas
- **Improve collaboration** amongst NGOs, private and public stakeholders to create a holistic approach
- **School and community awareness programmes** specifically targeted at sexual and reproductive health as well as planned parenthood education for adolescents
- **Baby-friendly hospital initiatives & immunisation drives** that encourage and educate mothers from pregnancy regarding the importance of vaccinations
- **Promote physical activity** from school level to fight against rising child obesity
- **Enhance school nutrition programmes** to improve the number of children who have access to nutritious food, breastfeeding support and nutrition education
- **Increase access to mental health services for children**, recognising the significant impact of psychosocial challenges on their wellbeing and establish support systems within schools and communities
- **Establish robust monitoring and evaluation mechanisms as well data collection** to track the progress of health statistics and interventions

Key Partner Organisations

UNICEF, Save the Children, Departments of Health, Department of Basic Education and the Department of Social Development.



Education



“No country can really develop unless its citizens are educated.”

- Nelson Mandela



Education



Definition of the problem

There are various issues affecting children that include declining attendance at Early Childhood Development (ECD) level, youth that are not employed, in education or training (NEET), drop out rates that are substantial at higher grades due to several reasons, the lower quality of education when compared globally and the significantly high unemployment rate amongst youth.

South African children across the age spectrum are facing the same form of educational challenges, which suggests that unsolved failures in the educational system manifest at the early developmental level and are exacerbated over time.

In South Africa, the quality of education received by children plays a crucial role in their development, future opportunities and prospects. While strides have been made, significant disparities persist in terms of access to quality of education, resources and educational outcomes. Factors such as socioeconomic status, geographical location, language barriers and the legacy of inequality continue to shape the educational landscape, leaving many children behind.



0 - 6 years

A High grade R enrollment but declining at pre-grade R and below

- **95%** of Grade Rs enrolled at public schools
- **54%** of Pre- Grade R enrolled at ordinary primary schools
- **15%** decline in ECD enrolment between 2019 & 2021
- **72%** of South African children are enrolled in an Early Learning Programme

B Poor learning outcomes:

Age 4-5 **65%** | Not on track for school

C Poor quality of education:

- High teacher to child ratio 1:10
- Under qualified teachers
- Poor materials for learning and playing



7 - 17 years

A High school attendance with high drop out rates for 15+ yr olds:

- **98%** attendance rate, but no data on consistency of attendance

B Poor learning outcomes:

Gr 1	30-55%	Cannot read 1 word in home language
Gr 3	78%	Cannot retrieve explicitly stated information and make inferences
Gr 4	82%	Cannot read for meaning
Gr 9	72%	Of 16 & 17 year olds completed the grade

C Poor quality of education:

- Poor standardisation
- Limited proactivity and escalation of learners in need of additional assessments
- Poor intervention planning



18 - 22 years

A High school attendance and significant drop out

- **29%** of 18yr olds drop out
- **46%** of 19yr olds drop out

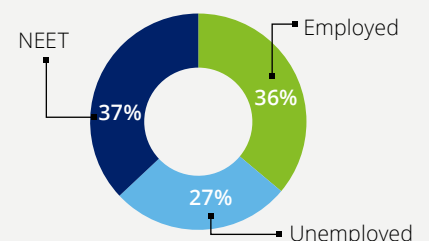
B Stagnant matriculation rates with limited access to higher education

2019	81%	2021	76%
2020	76%	2022	80%

Matriculation rates

C High youth unemployment

SA Youth aged 15-24





Average ECD Fees are equivalent to 102% of National Child Support Grant, significantly limiting access for poor children.⁴

Early Childhood Development (ECD)

Children who are nourished and nurtured in their earliest years, and who have opportunities for learning in the home and Early Learning Programmes (ELPs) are more likely to start school on track. Research shows, that comprehensive ECD has lasting effects on the educational futures of children and is predictive of performance in the foundation phase of schooling.¹

Given that South Africa spends ~24% (R457.1 bn) of government budget for basic education, it would be expected that the country would have better educational outcomes.² Unfortunately, SA is seeing declining numbers of children with access to high-quality ECD. ELP enrolments have declined by 15% since the COVID-19 pandemic. Varying reasons for this decline have been cited, including i) sustained job losses resulting in parents keeping children home to eliminate child minding cost; ii) reducing the cost of ECD as a percentage of overall household expenditure; iii) limited understanding of the impact of ECD on children's futures; iv) ECD learning institutions were last to reopen post COVID lockdowns etc. Whatever may be the reason, children with poor ECD become increasingly at risk of being academically left behind.³

72% of South African children have access to ELPs with fees funded by parents, and ELPs that allow some learners to attend for free. In efforts to improve access and affordability of ELPs, the Department of Social Development (DSD) provides subsidies to around 33% of registered ELPs reducing average fees by R441pm. While this is a significant reduction, it only applies to a very small portion of ELPs leaving fees at an average of R509pm (c.102% of current national child support grant)³ thereby excluding children in low-income households from accessing quality ELPs. As presented in the first two income quintiles, caregivers pay approximately half of the value of the child support grant.¹

By exposing pre-schoolers to developmentally appropriate activities and programmes that promote cognitive development, early educational inequities exacerbated by socio economic factors can be addressed. This will also improve access to nutrition for children in low income households as 84% of ELPs provide breakfast and 94% provide lunch.⁴

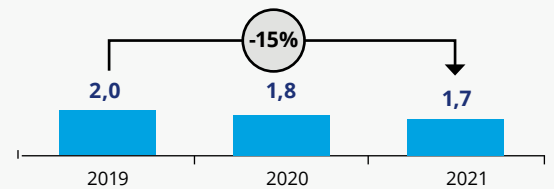


0 - 6 years

A High grade R enrolment but declining at pre-grade R and below

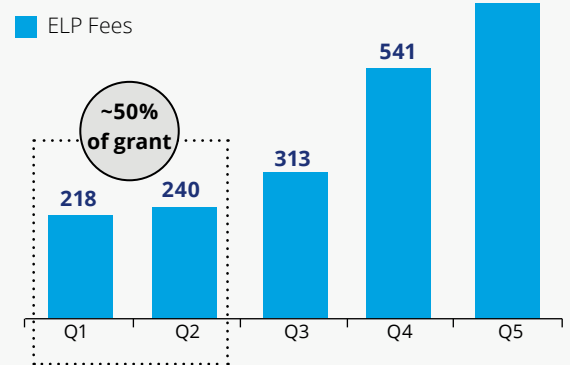
- 95% of Grade Rs enrolled at public schools
- 54% of Pre- Grade R enrolled at ordinary primary schools
- 15% decline in ECD enrollment between 2019 & 2021
- 72% of South African children are enrolled in an Early Learning Programme

ELP Enrolment by number of learners (m)

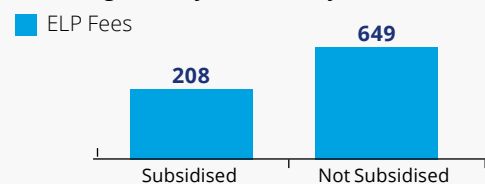


- 95% of Grade Rs enrolled at public schools
- 54% of Pre- Grade R enrolled at ordinary primary schools

Fees by income quintiles (ZAR)



ELP average fees by DSD subsidy (ZAR)





Early Childhood Development (ECD)

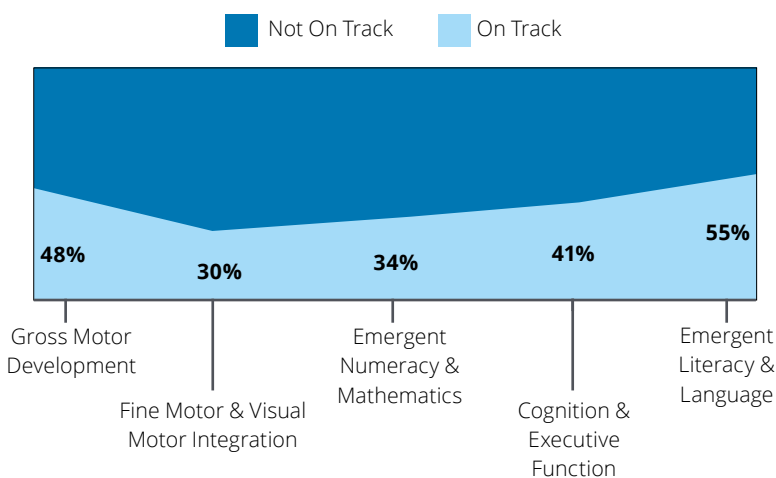
The quality of early education received by South African children is highly compromised by the quality of teachers and under-resourced facilities. For instance, the number of teaching staff to children in ELPs is 1:10 where nearly 48% of staff have no or irrelevant qualifications to teach children.⁵ Rural areas often do not have formal ECD centres which then require homes and communities to be enabled to provide children with the base they need. Moreover, not enough ELPs have age-appropriate books or the facilities to adequately incorporate play into the daily programme. The data to measure similar quality indicators for home-based learning is limited and assumed to be slightly worse than for ELPs.⁴



Poor quality ECD can only result in poor learning outcomes which leaves our children severely under prepared for school and life. When assessed on cognitive and physical development, the majority of South African children are not on track and face barriers to thriving. They are unable to complete learning tasks expected of children their age and will need intensive interventions to help them catch up to peers. Moreover, nearly half of the children aged between 4-5 years are stunted or lack basic learning foundations. These indicators are concerning and put children at an academic and sometimes social and emotional disadvantage when starting school as their learning capacity is 5-6 months behind learners who have had access to high-quality ECD programmes. Poor cognitive function and physical development negatively impact learning outcomes in the school-going ages, and can, therefore, be one of the root causes of educational failures across the system.^{4,5}

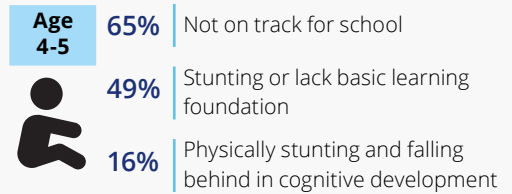
The graph below leveraged from the Thrive by Five Index Report shows how the majority of South African children are not on track or struggle to perform at an age-appropriate level across learning domains.

Children enrolled in ELPs who are On Track or Not On Track by domain

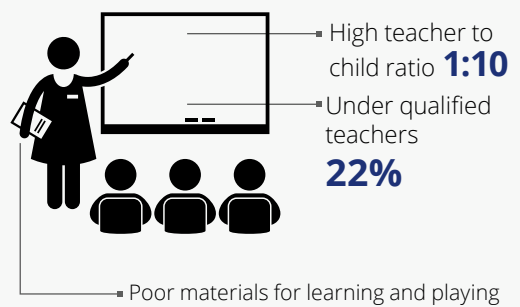


0 - 6 years

B Poor learning outcomes:



C Poor quality of education:



- 77%** ELPs with some children's books
- 61%** ELPs with at least 10 books
- 56%** Have age appropriate books for different age groups



- 54%** ELPs with 30min in daily play
- 45%** ELPs with 30 min outdoor play
- 34%** ELPs with no access to outdoor playground with suitable equipment



School Going Age:

The South African government has made significant progress by attaining a 98% attendance rate. The attendance rate has been well sustained at the compulsory basic education levels of grades 1-9 (ages 7-15). However, the schooling system is struggling to maintain these successes in the post-basic education levels where dropout rates remain an issue in age groups between 15 – 20.6

The main reasons cited for non-attendance include a lack of money for school fees, illness & disabilities and poor academic performance. Poor academic performance is of specific interest as it is one of the indicators directly linked to education system performance indicators. Poor academic performance has a high likelihood of resulting in grade repetitions. Monitoring progress and grade repetition in the earlier grades is important as slow progress at school is a strong determinant of school drop-outs. Other gender-delineated reasons include females dropping out due to family commitments including pregnancy and males dropping out due to a lack of interest in education. These reasons highlight the unsolved socio-economic inequalities that negatively impact the educational achievements of children in the country.⁵ While we are seeing improvements in the school attendance rates, the issue of dropouts is of particular concern with a sharp decline being registered from grade 10. In 2021, the learner drop out rate for Grades 10-12 was registered at 33%, a significant improvement from 2016 which was >50%.¹⁰ 50% of high school drop outs find themselves out of education or training which fosters detrimental implications: i) the perpetuation of poverty and inequality, including intergenerational poverty, and ii) high probability of South Africa facing a large 'idle' youth population which may increase risky behaviour, disrupt social cohesion and deteriorate safety within communities.⁷

The historical remanence of racially delineated schools which impacts resource distribution can be seen in the results attained by poorer under-resourced schools often domiciled in black communities. Moreover, learners from the poorest 20% of households have lower grade completion rates (especially at the grade 9 level) and poorer test scores than those of the richest 20%.⁶



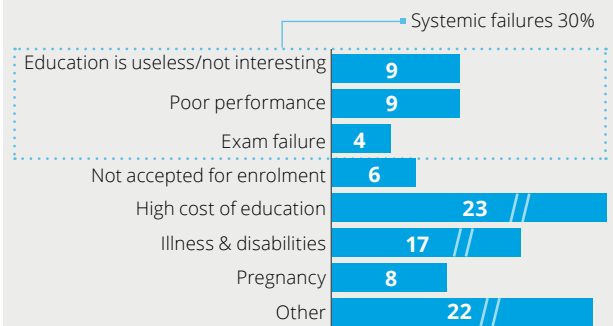
7 - 17 years

A High school attendance with high drop out rates for 15+ yr olds:

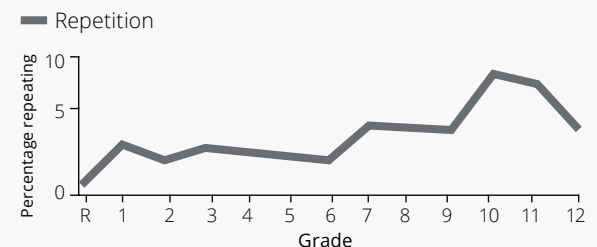


98% attendance rate, but no data on consistency of attendance

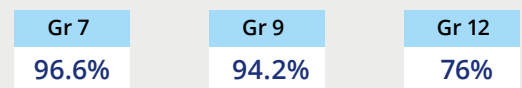
Reasons for non-attendance



Grade repetition (2021)



Grade completion rate (2021)



Learner drop-out rate for Grades 10-12





South Africa exhibited the largest decline in reading outcomes of all 33 countries.²²

Poor learning outcomes across primary and secondary school grades signal a potential failure in the South African education system's ability to adequately prepare young South Africans for life, the workforce, and the world. In an increasingly globalised world, these learning outcomes negatively impact children's ability to compete with their local and global peers.

Across international comparative studies, South African learners under perform. It is important to note that the majority of studies are conducted using the English language, which is the home language of only ~11% of the population, meaning that South African learners are not tested in their mother tongue.⁴ Although, many South African learners are taught in English as the primary language but the fact that several countries also have learners who were tested in a language different from their home language and still outperformed South African learners, shows that language may not be the largest factor for performance levels.⁸

The two statistics that are listed as indicators of the breakdowns of the South African education system are the Grade 3 and Grade 4 reading results, where 78% of Grade 3 learners cannot make inferences from explicitly stated information and 82% of Grade 4 learners are unable to read for meaning. These indicators are important because they are markers of a child's comprehension and performance in the foundation phase and can be used to identify struggling learners in need of intervention. It also directly impacts children's confidence levels and grade 4 is a transition year where learners broaden their learning scope and need to depend on reading and comprehension to grasp more difficult and varied learning concepts. When analysing results of reading, comprehension, and mathematical literacy in post grade 4 years, there is a clear indication of a missed opportunity to intervene at the earliest stages where learning challenges are observed.^{8,9}



7 - 17 years

B Poor learning outcomes:

Gr 1	30-55%	Cannot read 1 word in home language
Gr 2	33%	Do not know alphabets
Gr 3	78%	Cannot retrieve explicitly stated information and make inferences
Gr 4	82%	Cannot read for meaning
Gr 5	47 out of 49 countries	Second last in numeracy performance
Gr 6	35-46%	Could read at Grade 3 benchmark reading fluency
Gr 9	72%	Of 16 & 17 year olds completed the grade

C Poor quality of education:

- Poor standardisation
- Limited proactivity and escalation of learners in need of additional assessments
- Poor intervention planning



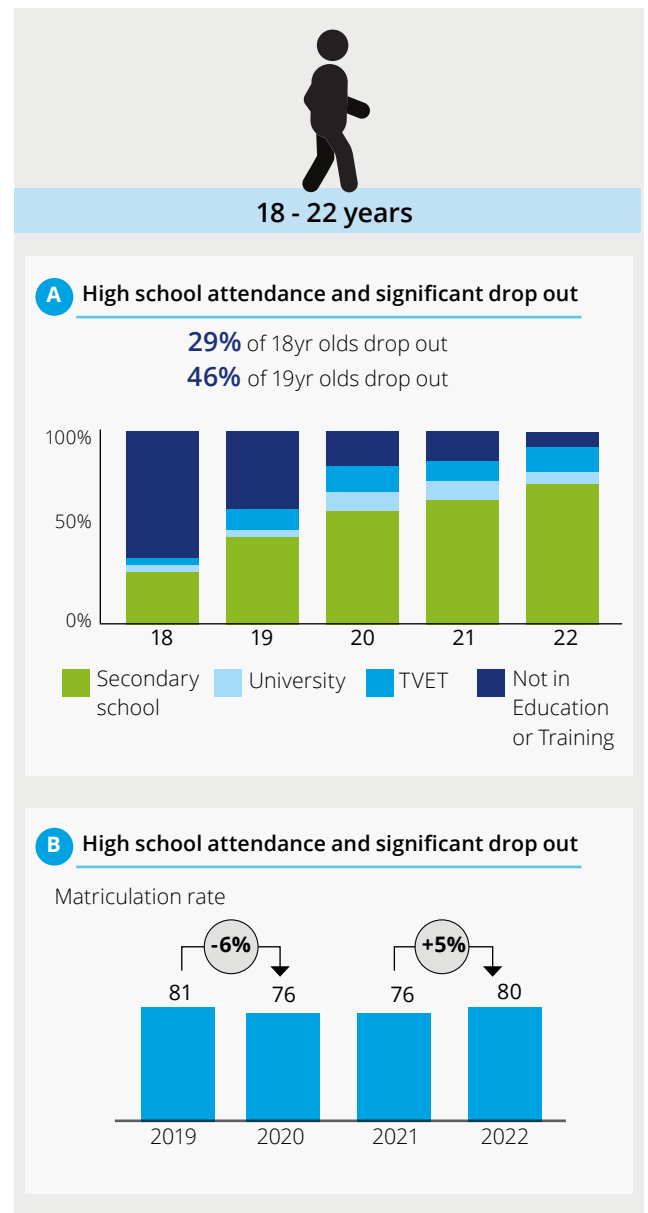
Quality of Education

According to the Department of Basic Education, universities produce an estimated total of 25 000 teachers a year, who are unable to get employment in the system due to the lack of capacity to absorb all of them which is contrary to the belief that there are not enough teachers in the country. Quality of the education provided to children is directly impacted by the teachers providing it, as they are responsible for ensuring that learners grasp the curriculum and are supported along their educational journey.⁷ Prior to Grade 12, the progression of a child to the next grade is based mainly on assessments conducted by teachers, and the measure may be skewed by the teacher’s competence to assess the performance of the child, as well as pressure on teachers and/or schools to progress children through the system. For example, poorly resourced schools often do not have the capacity to keep a large number of learners behind and therefore face higher pressures to progress learners who are not ready. This means that these learners become more at risk of not being able to bridge fundamental learning gaps required to succeed in future grades, reinforcing the risk of drop outs. Teachers in under resourced schools also have lower access to upskill programmes.¹⁰

Further education and training

Matriculation rates may be stagnant but, for those who do pass (80% in 2022), a reality of limited space in further education institutions is faced. Within South African universities, only an excess of about 200 000 first year students are accepted and over 275 000 learners attain a bachelor pass yearly.¹¹ Therefore, 70 000 matriculants either attend TVET or Private Colleges (which also lack space), end up in a constricted job market or sadly, become unemployed. Ultimately, enrolment rates specifically from Grade 10 need intervention but, if more students show successful matriculation outcomes, education expansion and infrastructure needs to be prioritised to accommodate those who choose to further their education and training.⁶

A total of 104 310 students completed N3, N6 and NC(V) Level 4 in TVET colleges in 2020, which are key exit levels in this sector. Also worth mentioning is the large number of male students (19 126) that completed N3 engineering studies as compared to 15 432 female students on the same level. The NDP indicates the headcount enrolment in TVET colleges should reach 2.5 million by 2030.¹²





Youth Unemployment

As at 2022, South Africa has an extremely high youth unemployment rate of 63.9% which is 20% higher than it was in 2016 and far higher than the national unemployment rate of 34.5%. Furthermore, young graduates also have a high unemployment rate at 32.6%.⁹

Schools offer little career guidance and parental involvement in career guidance is low which leads the youth to lack the information required to match skills and interests to their chosen subjects. There is low STEM (Science, Technology, Engineering and Mathematics) enrolment at the high school level resulting in limited essential skills in the country.⁴ The current under-representation of women in STEM in positions of leadership translates into loss of ideas and insights hindering our industrial, economic and development potential. We must acknowledge the critical role of women and girls in science and technology, and embrace the opportunity to promote full and equal access to and participation in science for women and girls. Their contributions to STEM, diversifying racial, cultural and gender participation, translates to improved innovation, development and cultural progression.¹³ A few of the main challenges experienced in most of Africa's STEM education and training programmes are: the presence of inequalities and exclusion at all levels, poor resourcing, inadequate teacher development programmes, limited access to electricity and internet, and inadequate infrastructure for STEM teaching and learning.¹⁴

Limited social capital is another factor limiting the youth's ability to find work as they lack social networks to gather information on education, labour market, job availability and access.⁹ A lack of experience is a major reason for youth unemployment however, part-time employment during school or while studying has been found to positively impact employment prospects.⁹

68% of NEET (not in education, employment or training) youth want to work while 32% of NEET youth are inactive in the labour market. The majority of NEET youth who want to work have been unemployed for more than a year and are at risk of becoming inactive in the labour force due to discouragement.⁹

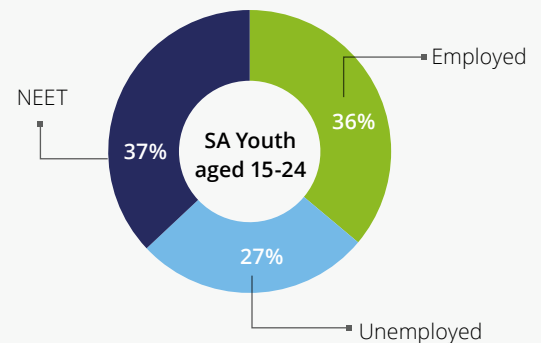
Between 2015 and 2017, issues such as the decolonisation of universities, the low number of black South African scholars and colonial institutional culture were raised by students through the #FeesMustFall protests. Black and disadvantaged students as well as lecturers tend to find this culture discomfoting, alienating, disempowering and exclusionary. These students often experience a contradiction between the policy that admits them to Higher Education Institutes and the cultural and linguistic demands placed on them by the institution.¹⁵ These protests also shed a light on the rising cost of tertiary education in South Africa, while decreasing funding to support lower-income students with "missing middle" students (i.e. students who are currently 'not poor enough' to qualify for NSFAS funding but are also unable to afford university fees to study further) at a crossroad. The goal was to prevent an increase in university tuition fees which would exclude "missing middle" students from completing their qualifications.¹⁶

Being a young graduate in South Africa does not guarantee employment or improve chances of gaining employment greatly compared to the national unemployment rate despite only 14.6% of individuals older than 20 having a qualification higher than grade 12.⁶ This could indicate a mismatch between what students are studying and what skills the labour market is demanding.



18 - 22 years

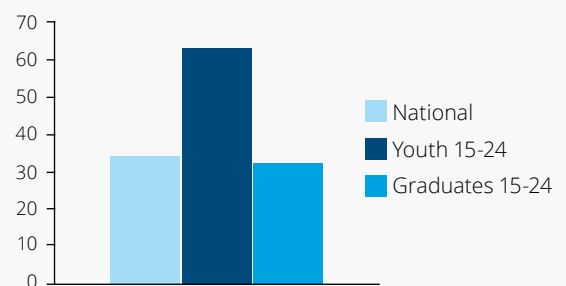
C High youth unemployment



Youth unemployment



Unemployment Rate



- In 2021 only 14.6% of individuals older than 20 had a qualification higher than grade 12.⁵
- About 75% of first year students are the first in their family to attend university.¹²



COVID-19 Impact

The COVID-19 pandemic has had a direct impact on education with challenges arising especially for those in low income households. Rotational school attendance, sporadic school closures and days off for specific grades resulted in school children being between 75% to a full school year behind where they should be.¹⁴ The number of children aged 5-13 who were out of school increased from about 260 000 in 2019 to about 780 000 in 2020.¹⁶ Children who dropped out were most likely living in informal urban or rural areas, with household poverty also playing a critical role.¹⁴ Children who are not able to catch up on learning may drop out of school which will increase the risk of teenage pregnancy.¹⁶

The digital divide was also exacerbated by COVID-19 with children who did not have access to the internet or digital devices therefore being unable to attend remote learning. While remote learning programmes were developed, only 11.7% of schools nationally offered this option with urban schools twice as likely to offer it as an option compared to rural schools which further exacerbated the rural-urban divide. In 2020 only 11% of young people had access to both a laptop and the internet.¹⁵ Rural areas also had significantly lower internet access compared to urban areas with only 7% of households nationally having internet access at home.¹⁵



Interventions



Ilifa Labantwana is a South African early childhood development programme which was founded in 2009. Within the next five years the NPO aims to enable an additional 1 million children aged zero to five to access quality ECD through the Early Learning Subsidy. In addition, Ilifa Labantwana has the following programmes and systems in place: ECD infrastructure support, ECD centre enrichment and the Inclusive ECD Programme.¹⁷



Penreach was established in 1991 in the rural communities of Mpumalanga to work towards educational excellence through ECD, literacy, numeracy, math and science as well as leadership projects in the Ehlanzeni district. The NGO reaches 130 ECD centres, 97 schools, 125 communities and the classrooms of 1200 teachers.¹⁸



Wordworks is a NPO that opened in 2005 to work in under-resourced communities to impact young children's language and literacy development. Wordworks offers five main programmes namely: Every Word Counts (0-5 years), Little Stars (4-5 years), Stellar Home Language (5-6 years), Home School partnerships (5-8 years) and TIME Programme (5-8 years). In addition Wordworks also develops high quality multi-lingual materials to support early language and literacy learning.¹⁹



Youth Employment Service (YES) is a programme which was launched in 2019 which works in partnership with the private sector to provide work experience for the youth in order to bridge the gap between the years of experience employer are looking for and new entrants to the labour market. The YES programme also helps the youth through the provision of CVs, and reference letters.²⁰



National Student Financial Aid Scheme was established in terms of the National Student Financial Aid Scheme (act 56 of 1999). They are a provider of financial aid to students from poor and working class families. The scheme promotes access to, and success in, higher and further education and training to fulfil South Africa's national and human resource development goals.²¹



Call to Action

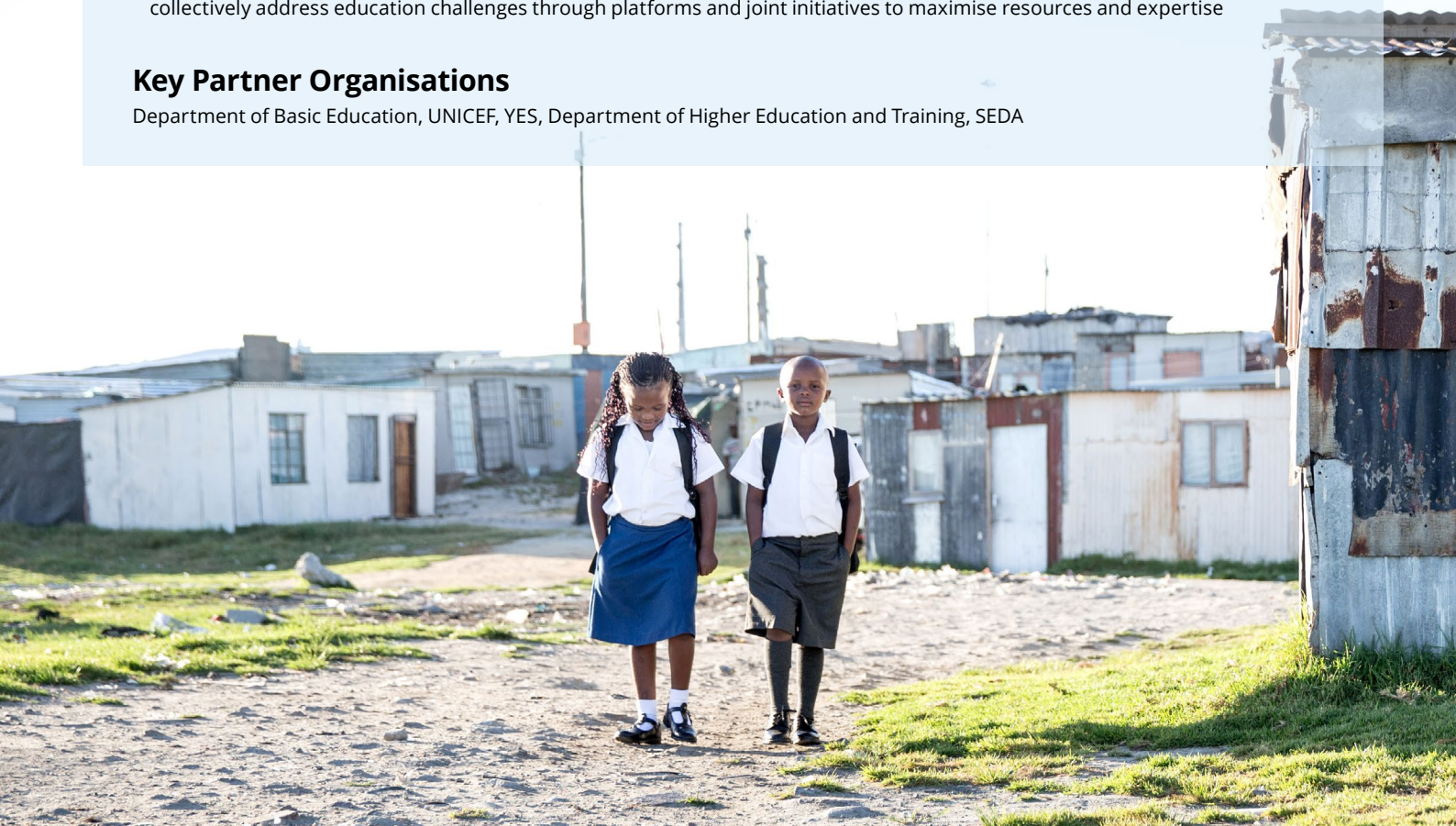
The World Economic Forum placed South Africa 77th overall and 80th out of 82 countries, for access, equity and quality of education (a similar ranking to a few years ago) which shows that according to the global standard, South Africa does not have a high quality education system. Another scary statistic is the number of out-of-school children which refers to the number of school-age children enrolled in primary or secondary school minus the total population of the official primary school-age children. This number in South Africa increased by 81,961 children (+9.72 percent) in 2020 compared to 2019 with 925,014 children thereby reaching its highest value in the 2001-2020 period.²⁷ There are various actions that can be done to improve the standard of education that we as a country provide to our children, this includes ensuring our teachers are well-trained, are able to be posted to communities (especially to those in need), that our schools are accessible and that the infrastructure supports a learning environment. Only together can we prioritise learning and development for our children ensuring they are supported through their school journey and enabled to fully utilise their potential.

The call to action for education includes:

- **Increase investment in education** particularly targeting disadvantaged areas and under-resourced schools to provide quality infrastructure and materials
- **Improve teacher training programmes**, ongoing professional development, and support systems to enhance the quality of teaching and learning in classrooms. Teachers also need to be provided with the necessary tools and resources to effectively deliver the curriculum and address diverse needs of students
- **Prioritise ECD initiatives** to ensure that children have access to quality early learning opportunities via investment in ECD centres, training for caregivers and programmes that focus on holistic child development, including cognitive, emotional and social skills. **Capacitate homes and communities in rural areas** where there are no formal ECD centres to provide children with the base they need
- **Regular review of the curriculum** needs to take place to ensure its relevance, responsiveness to societal needs and alignment with global trends
- **Promote innovative teaching methods** with the incorporation of critical thinking, digital learning resources and creativity to prepare students for the challenges of the future
- **Encourage active involvement of parents, guardians and communities in supporting children's education**
- **Advocate for safe and inclusive** school environments where all children feel respected, valued and protected from violence, bullying, discrimination and harassment
- **Establish robust monitoring and evaluation mechanism** to track progress, identify gaps, and ensure **accountability in the education system**
- **Foster collaboration** among government agencies, civil society organisations, the private sector and international partners to collectively address education challenges through platforms and joint initiatives to maximise resources and expertise

Key Partner Organisations

Department of Basic Education, UNICEF, YES, Department of Higher Education and Training, SEDA



Housing & Household



“The children who sleep in the streets, reduced to begging to make a living, are a testimony to an unfinished job. The families who live in shacks with no running water, sanitation and electricity are a reminder that the past continues to haunt the present.”

– Nelson Mandela



Housing and households

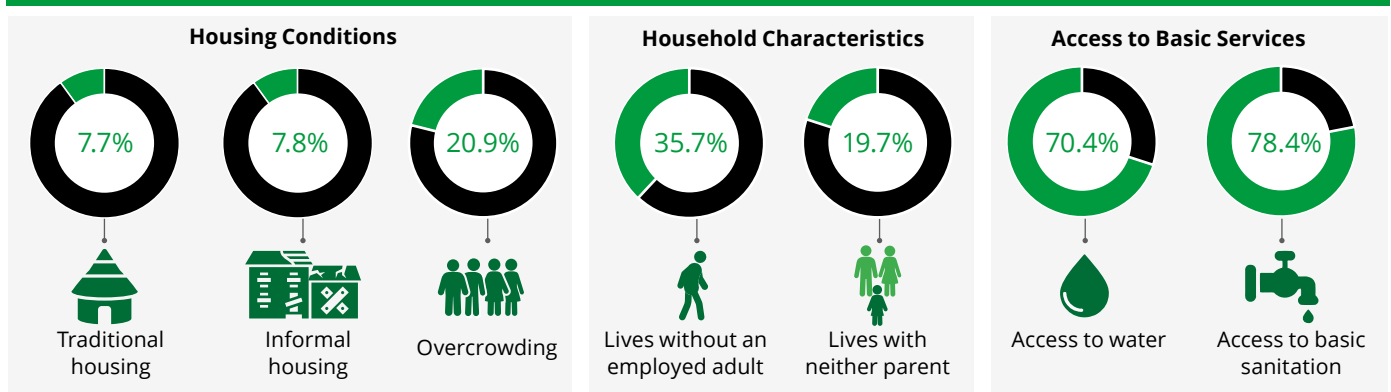


Definition of the problem

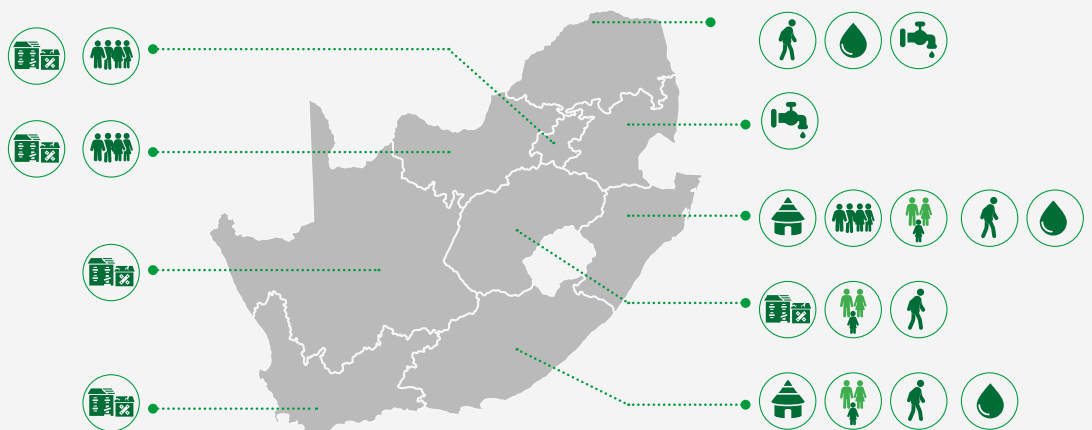
Millions of South African children face various challenges when it comes to their living conditions. One of the challenges is informal or traditional dwellings, often characterised by the lack of basic amenities (for example, access to water and sanitation) and infrastructure, which are prevalent in many impoverished communities across the country. Of most concern is that this type of housing creates vulnerabilities with respect to health and safety and demonstrates a need to uplift families and communities toward more formal housing.

Overcrowding is another critical issue when assessing housing conditions, this is especially common in impoverished urban areas and informal settlements. As with informal housing, overcrowding also compromises children's overall wellbeing. Providing suitable living conditions for children is critical to ensure their development and should continue to be prioritised as part of this initiative.

National averages of key statistics



Provinces that are performing well below national averages across the different housing and household categories. Rural provinces see the greatest challenges across multiple categories.





Formal

Formal housing is defined as housing structures built with sturdy materials



Informal

Informal housing consists of informal dwellings, shacks in backyards, informal settlements, structures built of iron, wood or other non-durable materials, caravans and tents



Traditional

Traditional housing is defined as traditional dwellings, huts or structures made of traditional materials situated in a rural area

Informal and Traditional Housing

Informal dwellings such as shacks in informal settlements and backyards are not considered to be habitable or adequate for a child's development. They expose children to hazards such as shack fires and paraffin poisoning. Houses should have enough space to prevent overcrowding, and be built in a way that ensures safety and protection from the weather to be considered habitable. Children living in traditional or informal housing has reduced by 6.8% between 2014 and 2020 however, 15.5% of children remain in informal or traditional housing which is linked to lower rates of access to water and higher rates of overcrowding. Of the 15.5% of children living in non-formal housing, 7.8% live in informal housing and 7.7% live in traditional housing with 90% of children living in traditional housing living in Eastern Cape or KwaZulu-Natal.¹

Children living in informal and traditional housing



21% children nationally live in informal housing



46% overcrowding in informal housing

Children living in overcrowded housing



Overcrowding is a problem because it can undermine children's needs and rights.¹

Overcrowded Housing

Overcrowding is defined as having a ratio of more than 2 people per room (excluding bathrooms) and is often seen to increase risks to children including negatively affecting their sleep and ability to do homework due to the activities of other household members. Overcrowding can cause a child's right to privacy to be infringed upon and places children at greater risk of sexual abuse especially when boys and girls share beds or when children share beds with adults. Overcrowding also places children at greater risk to the spread of disease.¹ Overcrowded households receive fewer benefits per person such as free water in urban households as targeted services and programmes do not take into account household size.¹

In 2019 the housing backlog was 2.3 million units with a growth rate of about 180 000 units per year. Between 1994 and 2019 about 3.3 million housing units were built at an average of about 125 000 units per year which is below the growth rate of the housing backlog. The number of housing units built in South Africa declined every year between 2010 and 2019.¹⁰

Despite the Human Settlements budget increasing by nearly 4% between the 2014/2015 and 2021/2022, the number of housing units built annually decreased from 94 566 to 28 351 during the same period which is a 70% reduction.^{11;12;13;14} Although the budget increased, the quality of the units is decreasing with some units needing to be demolished for not meeting minimum standards.¹⁰

The 2023 Human Settlement budget forecasts only 60 000 housing units being constructed annually over the next 3 years. If housing units continue to be constructed at this rate, it will take 38 years to construct 2.3 million houses which is just the backlog from 2019 and does not take into account the 180 000 units that are added to the housing backlog each year.



Paternal caregiving practices are associated with children's well-being and development¹

Household structure – Family composition

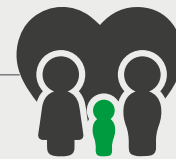
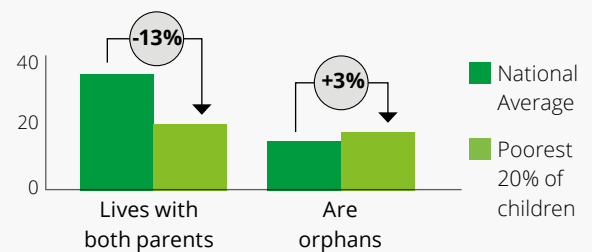
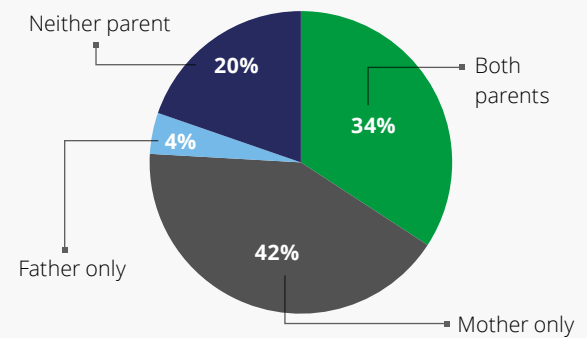
Families form the foundation of norms and values for children and are responsible for behaviour patterns being passed down from one generation to the next. In South Africa only 42% of children live with both of their biological parents, 38.6% live with their biological father and 20% don't live with either of their biological parents.¹

Early childhood is recognised as a pivotal stage of life, and the home environment where the foundations for health, education, relational skills, employability and other measures of well-being are established, is an important factor influencing the future of a child.¹

Neglect, violence, abandonment, shame, inconsistency, poor communication, substance abuse, and fear are characteristics of a dysfunctional home environment. A healthy family can have one or more of these characteristics, but a dysfunctional family is one that fails to provide for many of their children's physical and emotional needs. Children who have unsupportive or absent fathers have a higher likelihood of poor mental health compared to children whose fathers are involved.¹ Children who live in households with unemployed adults have relatively high rates of poverty and may not have all of their physical needs provided for which may result in a dysfunctional household that negatively impacts the child's mental health and overall well-being.

Parental absence does not necessarily mean parental abandonment. Many parents continue to support and see their children regularly even if they have to live elsewhere. The vast majority of orphans live with adult family members. Research suggests that child-only households may be temporary arrangements, and often exist just for a short period, for example after the death of an adult and prior to other arrangements being made to care for the children.¹ Adult migration in South Africa sees many adults moving from poor rural areas to urban areas for work whilst leaving their children behind and supporting them through remittances. Informal housing is often used as an initial point of access to urban areas for migrants who cannot obtain property through formal processes and who are only able to secure informal or precarious forms of employment. Childcare is unaffordable in urban areas for adult migrants as the bottom 50% of South Africans earn an average of R1 028 per month.¹⁶ A lack of affordable childcare in urban areas and poor living conditions in informal housing are reasons why children are left in rural areas to be taken care of by other family adult members. Increasing job opportunities and improving access to formal housing in urban areas by upscaling the Reconstruction and Development Programme (RDP) could result in more children living with their parents and promoting the nuclear family.¹⁷

Percentage of children living with their biological parents



The poorest 20% of children carry a greater burden of living without both of their parents and of being orphans.¹

84% of child headed homes still have a living mother which suggests that social processes other than mortality are factors in the formation of these households.¹

Children living in child only households





Access to water and sanitation

Child access to water which is defined as access to piped drinking water at home improved by 4.4% between 2013 and 2020. Water sources such as public taps, water tankers, dams, and rivers are considered inadequate because of their distance from the dwelling or the possibility that the water is of poor quality.¹

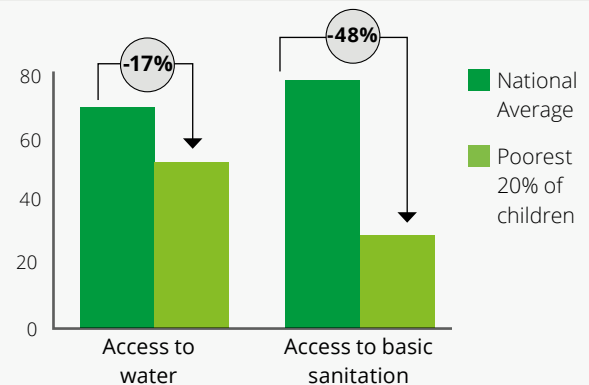
Lack of access to adequate water is closely related to poor sanitation and hygiene which can lead to the spread of disease. Young children are particularly vulnerable to diseases associated with poor water quality which is responsible for a high degree of child mortality.¹

Children may be responsible for fetching and carrying water which could lead to back problems and injury and reduces time spent on education and other activities.¹

Children in rural areas tend to have much lower access to water and basic sanitation compared to children living in urban areas with only 36% of children living in the Eastern Cape having access to piped water on site. The Eastern Cape is the only province where the majority of children do not have access to water and the percentage of children with access to water declined by 0.1% between 2013 and 2020. 76% of children who live in formal dwellings have access to water compared to only 55% of children who live in informal dwellings and 22% of children who live in traditional housing.¹

Child access to basic sanitation which is defined as access to flush toilets and ventilated pit latrines within or near a house improved by 9.4% between 2013 and 2020.¹

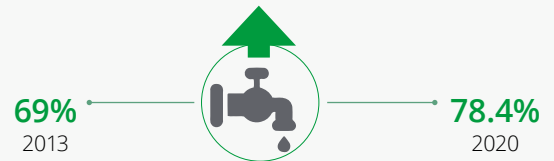
Poor sanitation is associated with diarrhoea, cholera, malaria, bilharzia, worm infestations, eye infections and skin disease. These illnesses compromise children's health and nutritional status.¹



Child access to water

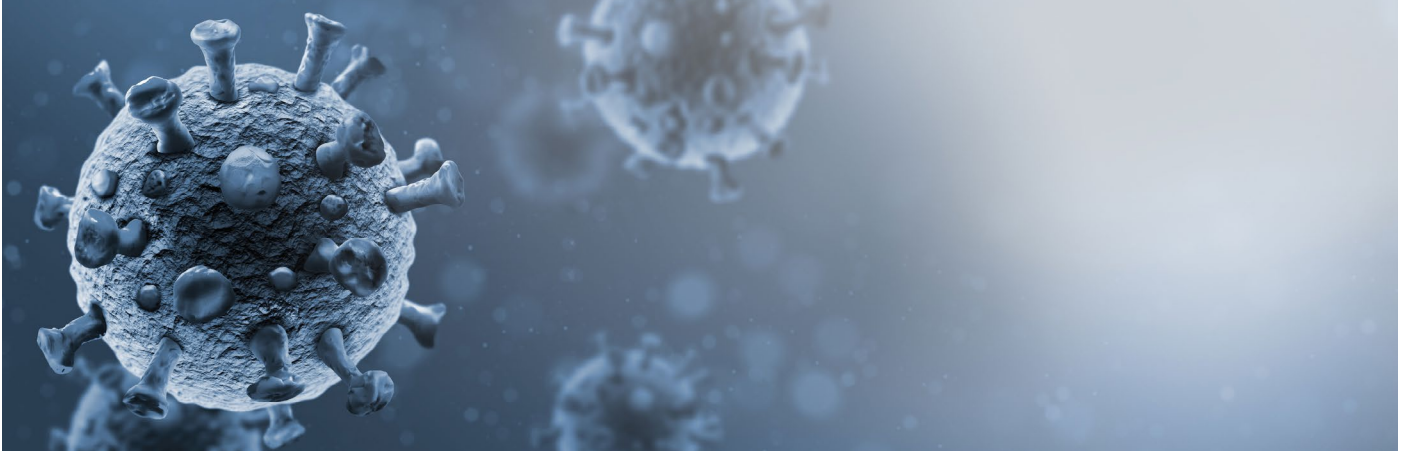


Child access to basic sanitation



The poorest **20%** of children in South Africa carry the greatest burden of access to water and basic sanitation and only 30% of these children have access to basic sanitation compared to the national average of 78.4%.¹

80% of children who are amongst the **20%** poorest of children live in a house with no employed adult, which could explain the low access to water and basic sanitation for this income group as the household is solely reliant on external income.¹



COVID-19 Impact

Hygiene in terms of handwashing with soap was quickly recognised as being one of the best ways to slow the spread of COVID-19 however, children who did not have access to water were not able to handwash.³ Children who live in traditional or informal housing tend to have lower rates of access to water and were thus at higher risk of spreading COVID-19. Overcrowding would have also been an issue with the lack of ability to self-isolate and social distancing required thus adding to infection rates.

Rural and urban divisions were exacerbated and the unemployment gap between rural and urban adults widened due to COVID-19.² The widening of the unemployment gap may drive greater adult migration towards urban areas which could increase overcrowding and may mean more children in rural areas live without their parents.



Affects of climate change

Climate change is expected to increase the risk of both droughts and flooding in South Africa which will cause a reduction in access to water with past flooding events contaminating water supplies. Flooding may reduce crop yields, cause food insecurity, and increase water borne diseases. Subsistence farmers are vulnerable to the affects of climate change as they do not have the resources to combat the negative impacts of droughts and flooding.⁴

Higher temperatures due to climate change may increase aridity which may harm livestock and cause significant economic losses and damage to agricultural land.⁴

Coastal cities are at risk of rising sea levels that could impact infrastructure, important economic sectors, and housing.⁴ The loss of housing due to rising sea levels could significantly increase the housing backlog in South Africa and consequently increase the percentage of children living in overcrowded and informal housing. The flooding in KwaZulu-Natal in 2022 caused the complete destruction of almost 4 000 homes and partial destruction of over 8 000 homes which led to the displacement of thousands of families and children¹⁵



Interventions



Initiatives such as Parenting for Lifelong Health (which is open access and non-commercialised) aimed at promoting positive parenting have reached desired outcomes in South Africa such as:

- Improved cognitive, emotional, and social development in toddlers
 - Lower behavioural problems in young children
 - Decreased substance use in teenagers

The **Gift of the Givers Foundation** drills boreholes for communities that lack access to water and have focused their efforts in Nelson Mandela Bay and are partnered with various corporates such as Anglo American, Ford and Walmart.⁵



Royal Bafokeng Platinum has constructed homes for families that were previously living in unsafe accommodation and use community-based companies to construct these homes which also helps to improve household income in rural areas.⁶

UNICEF partnered with **Woolworths** who provided funding for handwashing facilities in more than 50 schools across Gauteng, North West and Mpumalanga since the outbreak of COVID-19 which has improved access to handwashing for over 32 000 learners and educational staff.⁷

Coca-Cola Beverages South Africa launched their Coke Ville Project, a solar-powered groundwater harvesting and treatment programme which targets indigent communities experiencing water insecurity and have generated more than 150 million litres of water to benefit more than 15 000 households.⁸



Call to Action

While the overall improvement in housing and households has been positive, more progress needs to be made to ensure that every child's right to have access to water, sanitation and adequate housing is met. The percentage of children living in formal housing has improved from 77.7% in 2014 to 84.5% in 2020. The percentage of children living in overcrowded housing increased from 18.4% in 2014 to 20.9% in 2020 which could be a result of an increasing backlog of housing which could be solved by accelerating the RDP and improving efficiency in construction and spending. The forecasted housing unit construction rate will need to more than triple to ensure that the housing backlog does not increase. Only 1 fully subsidised house was delivered in 2021/2022 for every R1.1 million in the Human Settlements budget compared to 1 fully subsidised house for every R322 000 in 2014/2015. At the current rate of improvement of child access to water, it will take nearly half a century before every child in South Africa has access to water on site and given that access to water is a human right greater efforts need to be made to accelerate progress.

The Call to Action for creating a healthy home environment includes:

- **Upgrade informal dwellings** through sustainable housing projects that ensure adequate infrastructure and access to essential services to provide safe and decent housing for families and children
- **Expand affordable housing** through the RDP for low income families, ensuring access to hygienic living spaces
- **Implement measures** such as urban planning improvement strategies, community development projects, implementation of housing initiatives etc. to **alleviate overcrowding**
- **Promote and strengthen successful parenting initiatives** that provide family support systems and reduce the separation of children from parents
- **Prioritise infrastructure development** to ensure access to clean water and adequate sanitation for all communities and collaborate with local authorities and organisations
- **Promote hygiene education and awareness campaigns** to empower children and their families to adopt healthy practices
- **Empower communities** to take an active role in improving housing and access to water and sanitation and engage them in the decision-making
- **Establish monitoring and evaluation systems** to track the progress of interventions and policies as well as regularly assess impact of initiatives
- **Partner with large corporates** to aid them in effectively **using their Supplier Development funds as well as Socio-Economic Development funds**. This can lead to the growth of small businesses and thus employment in rural areas and funding for infrastructure initiatives
- **Advocate for further funding and resources** dedicated to housing, water and sanitation
- Promote **multi-sectoral collaboration** that can create synergies that maximise the impact of interventions

Key Partner Organisations

Department of Basic Education, UNICEF, YES, Department of Higher Education and Training, SEDA



Child Safety



“Our children are our greatest treasure. They are our future. Those who abuse them tear at the fabric of our society and weaken our nation.”

- Nelson Mandela

Child Safety



Definition of the problem

The United Nations Committee on the Rights of the Child defines Violence Against Children (VAC) as all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.¹





The World Health Organization extends this definition to include 'the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity'.²

South Africa has high levels of violence including VAC but the country has expanded the notion of VAC beyond the child abuse and neglect construct which includes the understanding of threats to and risk factors for children's survival, safety, development, belonging, thriving and wellbeing considering the intrapersonal, interpersonal, sociocultural, technological and policy factors involved.³ VAC occurs in numerous settings ranging from the home, schools, workplaces, communities, to via the internet in the form of cyber-bullying or online sexual abuse.³

As is depicted in the image below, children are exposed to different forms of violence right through their childhood and even before birth through their mothers. This exposure whether directly or by being a witness to such violence will undoubtedly have consequences on the psychology, life decisions and future of these children.⁴

Children victims of violent crimes



	 Pre-birth/Pregnancy	 0-5 years	 6-9 years	 10-19 years
Intimate partner violence				
Abandonment and infanticide				
Child mistreatment/corporal punishment				
Bullying and violence at school				
Youth and gang violence				
Sexual violence				
Emotional/psychological violence and witnessing violence				
Dating/intimate partner violence				

Child timeline of possible maltreatment (Adapted from Child Gauge (2021))

VAC is a global human rights problem that violates a child's right to freedom from violence and it negatively impacts their development, health, wellbeing, and survival which eventually undermines developmental goals of society.² The target 16.2 of the 2030 Agenda for Sustainable Development is to "end abuse, exploitation, trafficking and all forms of violence against, and torture of, children".²



Abuse in schools is a key factor that should be addressed when seeking to ensure the safety of our children. Corporal punishment is recognised as the most common form of violence against children. Corporal punishment is recognised as the most common form of violence against children. Between 2009 and 2019, the average percentage of children aged 5–17 years who experienced some form of violence, corporal punishment or verbal abuse at school reduced by over 50% from 18,6% in 2009 to 8,2% in 2019 which is positive. The major types of violence experienced at school include:

- Physical punishment at the hand of teachers/caregivers (corporal punishment),
- Psychological violence/emotional abuse at the hand of teachers/caregivers,
- Sexual abuse by teachers or other children (peers), and
- Bullying, including cyberbullying.⁵

Corporal punishment is the most common form of violence against children, although many families would associate this with disciplinary action rather than violence even though South Africa has prohibited corporal punishment on children both at home and school.⁵ In 2019, five out of six (84%) children whom had experienced violence at school were subjected to corporal punishment by a teacher, while close to 14% were subjected to verbal abuse by a teacher. There have been differing statistics around females being subjected to corporal punishment more than males by StatsSA in 2021 and males being affected more than females reported by an article in Pubmed which again highlights the need for accurate information so as to be able to address the correct issues.^{5,20} Furthermore, abuse by teachers at school was more common than abuse by other learners.⁴ This is often the result of both teachers and parents not being aware of or educated on alternative forms of discipline. What makes this worse is the 22 cases of attempted murder that occurred on educational premises as well.⁵

According to the General Household Survey 2021 data, the highest percentage of children aged 7–18 who drop out from school was due to illness or injury (22,7%), and 13,4% among females' dropout were due to family commitments which include marriage, minding children and pregnancy. Some of the victims of sexual abuse end up being teenage mothers.

Bullying along with cyber-bullying is a pervasive form of abuse in schools targeting a specific student or group. With the rise of technology and increasing popularity of social media platforms, cyber-bullying is a new form of harassment, intimidation or humiliation amongst students. It is also much more difficult to monitor by teachers or parents and thus harder to identify and implement corrective action. This abuse can result in emotional distress and harm to the student's health and social wellbeing.³

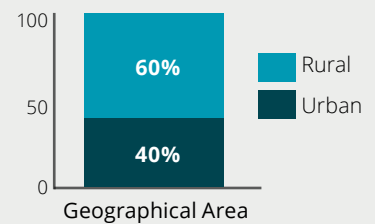
Average % of children who experienced some form of violence



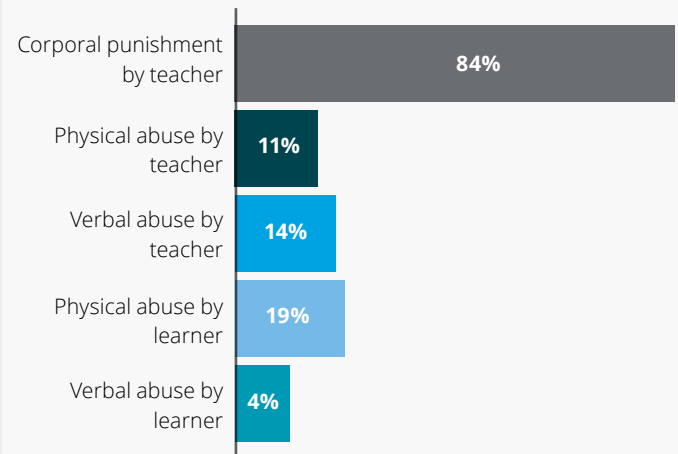
Age 5-17



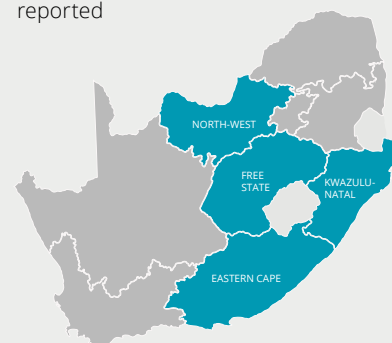
The majority of children aged 5–17 years who experienced corporal punishment by teachers at school resided in rural areas.



Abuse in schools



In 2021, **160 cases** of sexual misconduct against educators were reported



47.6% of the children who experienced the violence were residents of **Eastern Cape, Free State, KwaZulu-Natal and North West**; and most were located in rural areas.

Close to **53%** of the children who experienced corporal punishment at school in 2019 were female



2 out of 5 male learners say they have been raped

One in five (20%) learners had experienced some form of cyber-bullying or violence in the past year



The murder of one child is not only one too many, but it is unacceptable.¹⁷

Key Statistics

Parents, family members or caregivers often carry out **violence at home**. South African family structures embody unique features that may be fertile ground for VAC. The types of violence experienced at home are similar to the violence experienced at school and include all forms of abuse, such as sexual, physical and emotional abuse as well as neglect. These also include violent discipline, verbal abuse and exposure to domestic violence. Younger children are more likely to be victimised by parents or family members because of their dependency on them for care.⁴

The South African child murder rate of 5.5 per 100 000 children when compared to the global rate of 1.6 per 100 000 children, is significantly more than double.³ There were 793 murders in 2011/2012 which has significantly increased to 1188 in 2021. A slight improvement of 24 000 sexual offence cases against children was seen in 2021 compared to 25 862 sexual offences in 2016. Some characteristics of violence against children include: the power imbalance as well as age disparity between the perpetrator and the child, cultural beliefs and customs where children are viewed as the property of adults, familiarity as VAC often occurs within the child’s social circle or familial environment, manipulation tactics to gain the child’s trust and coerce them into compliance and lastly, secrecy and isolation from external support systems.³

In 2019, more adolescent males died from non-natural causes. Over 80% of violence-related causes of death (assault and injuries following exposure to mechanical force such as gunshot wounds) occurred in males.⁷ These murders encompass a range of tragic circumstances, including cases of domestic violence, gang-related violence and random acts of brutality.⁴ Children exposed to violence in their homes are more likely to exhibit violent behaviour themselves in the future.⁴

2020	878 child murders
2021	1188 child murders 1670 child victims of grievous bodily harm

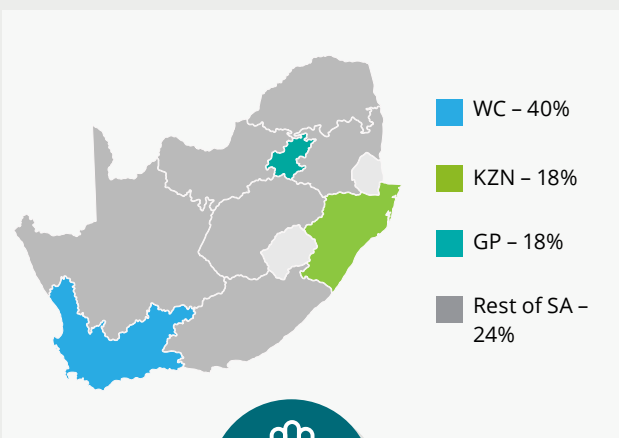
Child murders



Sexual offences against children



48% of total **sexual assault** cases are **child-related**



In February 2023, the Department of Social Development reported that there were **17 488 reported cases of child abuse and neglect** with the Western Cape having the highest number of cases reported



The number of cases of abuse and violence that we see in the crime stats is just the tip of the iceberg.¹⁶

According to the UCT Children’s Institute, most children and most cases of violence, including sexual violence, do not get reported to the police which leads to a larger problem for organisations trying to solve this problem.¹⁶

We are aware that most child abuse happens at schools or at homes but sexual abuse is seen at both. In 2016, 1 in 5 cases of sexual abuse happened in schools and no change has been seen with those numbers. A study found that previous sexual abuse for girls, baseline school dropout, and physical assault in the community predicted sexual abuse. Some of the victims of sexual abuse end up being teenage mothers. Just over 90 000 girls aged between 10 -19 gave birth between March 2021 and April 2022.⁷

The Missing Children South Africa organisation highlighted that the number of abductions is increasing nationwide. There is an increase in kidnapping between 2010 and 2020 for all provinces with Gauteng and KwaZulu-Natal having the greatest number of cases.⁸ A national study into the scope and nature of human trafficking in South Africa found an undeniable connection between missing children and successfully prosecuted child sex trafficking cases as well as investigations into human trafficking.³

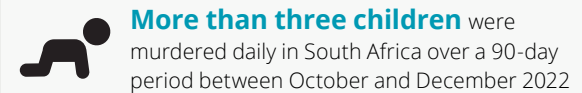
South Africa has seen a surge in infant abandonment over the last decade. Certain news reports indicate that abandoned infants are found in places such as open fields, dustbins, and pit latrines, which often lead to their deaths. The scarcity of research studies conducted on this topic is a telling tale that corroborates the lack of statistics on child abandonment in South Africa.³



Sexual abuse cases in children



In 2019, the highest number of births (**3440**) among adolescents aged 10-14 was recorded. Majority of these births took place in KZN and Eastern Cape



In Q1 of 2022/2023, the total number of reported **kidnappings increased to 3 055 cases**



Covid-19 Impact

The COVID-19 lockdown in South Africa, has had a devastating impact on children’s safety and wellbeing across the country. The DSD reported that VAC and gender-based violence issues have been called the country’s second pandemic and have reportedly worsened during and post the COVID-19 hard lockdown. The scourge of VAC in SA continues to have a negative impact on children and families with alarming rates of abuse and specific reports of deaths of children allegedly happening at the hands of parents and caregivers.⁹

For some children, trapped at home with their abusers due to the lockdown and out of the public eye caused the number of reports of child abuse to increase. In addition, reaching child victims has been made more difficult as disruptions affected crucial child protection services. Children on the move and younger children, often without access to and knowledge of the services available, have born the brunt.¹⁰



Interventions



The five-year South African **Integrated National Programme of Action Addressing Violence against Women and Children** (POA: VAWC – 2013-2018) had the overall goal to eliminate all forms of violence against women and children; and provides a framework of actions designed “to prevent VAWC, to improve the implementation of existing laws and services aimed at victims of violence and to provide adequate support services”. The DSD collaborated with academics, researchers, international development partners and civil society organisations through partnerships that led to knowledge transfer and production of tangible outputs. The POA has laid a reasonable foundation for tackling VAC.¹¹



Save the Children has a Child Protection programme that uses a ‘whole school’ approach which engages stakeholders across all levels, to ensure immediate and lasting improvements for children’s safety and protection in and around school. They have run the Dear Abuser Campaign. This involved extensive media engagement utilising digital billboards at strategic points with messaging targeting people who perpetrate acts of violence against children. The programme has been able to reach 3 354 adults and 13 483 children through the Vikela Nwana project. Through rolling out positive parenting awareness workshops, a series of more comprehensive parenting interventions, and webinars, we improved the skills of parents or caregivers.¹²



The National Association of Child Care Workers (NACCW), UNICEF and child protection partners transformed child and youth care work in response to the pandemic. Over 1,000 children have been counselled through an innovative virtual platform known as the “**virtual lifespan**” – a facilitated online learning and support programme, providing psychosocial services and educational support to children and youth. Some 20,000 children have been assisted with online counselling, referrals and information for their physical, emotional and psychological health.¹³



In a particularly successful example of this virtual advocacy, the ‘**Africa Day Benefit Concert At Home**’ was hosted with partners ViacomCBS and the World Food Programme to celebrate Africa Day on the 25th of May. Featuring a range of celebrities, the concert saw more than 100 million viewers tuning in and being exposed to vital child protection messaging and guidance.¹⁴



CWSA’s flagship national programmes include the 4Our children coalition, Thokomala, Isolabantwana and Asibavikele projects: These projects address the challenges of child abuse, neglect, child poverty, gender inequality, violent crimes against children, trafficking, sexual exploitation and challenges of orphanhood.¹⁵



Call to Action

Most statistics under VAC have seen some improvement over time, a major statistic that has increased significantly is child murder which cannot continue to increase. The Republic of South Africa has promulgated acts and policies that protect the dignity and rights of a child through these acts and policies which are encapsulated in the Constitution of the Republic of South Africa No 108 of 1996; the South African Schools Act No 84 of 1996; the National Education Policy Act (1996), the Children's Act No 38 of 2005 and the Occupational Health and Safety Act No 85 of 1993.

There is no easy solution or quick fix in terms of violence prevention and treatment of the effects of violence on child and adolescent mental health. The response should be systemic and trauma-informed, based on multi-component interventions.³ Lack of funding for programmes and coordinated delivery of services are major challenges that limit the implementation of an integrated child protection system.

By and large, children are voiceless and powerless and are dependent on adults to negotiate all their basic needs

The Call to Action for VAC includes:

- Advocate for **comprehensive legislation and policies** that specifically address VAC and create mechanisms to ensure that these are being implemented and enforced
- Establish and promote **accessible and confidential reporting** methods for the reporting of VAC including support to the victims throughout the process
- Increase the availability and accessibility of **specialised support services** for child victims of violence which includes trauma-informed counselling, medical care, legal assistance and safe shelter options
- Implement **evidence-based prevention programmes** that target the root cause of VAC and focus on positive parenting, education on children's rights, healthy relationships, conflict resolution, etc.
- Invest in the **development and strengthening of child protection systems** including child welfare services and social workers by improvement of coordination and collaboration among various stakeholders
- Launch **public awareness campaigns** to educate the public, parents, caregivers, about the various forms of VAC, consequences and available support
- **Foster community involvement** in preventing VAC by engaging local leaders, religious institutions, schools, etc. to promote a safe and protective environment for children
- **Comprehensive data collection and research** needs to be invested in to gather accurate up-to-date information on VAC
- **Collaborate with international organisations**, governments and NGOs to share best practices, resources, and expertise
- **Advocate for an accountable justice system** that prioritises the rights and well-being of child victims

Key Partner Organisations

Childline, Red Cross, Progress, NACCW, UNICEF, End Violence Against Children, Safer Spaces

Call to Action



Conclusion

The challenges facing children in South Africa across various domains, including health, education, violence, housing and poverty are significant and interconnected. To create a brighter future for all children, a unified call to action is essential.

We must prioritise:

- **Improved Healthcare Services:** Strengthen healthcare systems to provide accessible, holistic and child-centred health services that address physical, mental and nutritional needs and drive health outcomes
- **Accessible and Quality Education:** Invest in inclusive and equitable education systems that provide quality learning opportunities for all children, regardless of their background or circumstances
- **Adequate Housing and Basic Services:** Prioritise the provision of safe, secure and affordable housing for children, along with access to clean water, sanitation facilities and electricity
- **Protection from Violence:** Implement comprehensive strategies to prevent and address violence against children, ensuring their safety and wellbeing in places where they should feel and be safe (schools, homes and in their communities)
- **Poverty Alleviation:** Implement targeted interventions to address root causes of poverty, ensuring that every child has access to basic necessities, opportunities for social mobility and support for their overall well-being and development
- **Accessibility of data on child challenges:** Comprehensive data collection, analysis and research needs to be invested in to gather accurate up-to-date information on all issues faced by children to create an accurate image of the problem and monitor and evaluate the impact of interventions being implemented to address these

By embracing this unified call to action, we can work towards a society where every child in South Africa thrives, regardless of their circumstances. Let us join hands across sectors, mobilise resources and enact policies that prioritise children's rights, wellbeing and future prospects. Together, we can create a brighter and more equitable future for our children.



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