# Introducing *Children Count – Abantwana Babalulekile*

Katharine Hall and Lori Lake (Children's Institute)

South Africa's commitment to the realisation of socio-economic rights is contained in the Constitution, the highest law of the land, which includes provisions to ensure that no person should be without the basic necessities of life. These basic necessities are specified in the Bill of Rights, and particularly section 26 (access to adequate housing); section 27 (health care, sufficient food, water and social security); section 28 (the special rights of children) and section 29 (education).

Children are specifically mentioned and, as well as the general rights, every child has the right to basic nutrition, shelter, basic health care services and social services. These form part of what are collectively known as socio-economic rights. While these rights are guaranteed by the Constitution, the question is: How well is South Africa doing in realising these rights for all children? In order to answer this question, it is necessary to monitor the situation of children, which means there is a need for regular information that is specifically about them.

## A rights-based approach

*Children Count – Abantwana Bablulekile*, an ongoing data and advocacy project of the Children's Institute, was established in 2005 to monitor progress for children. It provides reliable and accessible child-centred information which can be used to inform the design and targeting of policies, programmes and interventions, and as a tool for tracking progress in the realisation of children's rights.

### Child-centred data

Any monitoring project needs regular and reliable data, and South Africa is fortunate to be a fairly data-rich country. There is an array of administrative data sets, and the national statistics body, Statistics South Africa, undertakes regular national population surveys which provide useful information on a range of issues. However most information about the social and economic situation of people living in South Africa does not focus on children, but rather counts all individuals or households. This is the standard way for central statistics organs to present national data, but it is of limited use for those interested in understanding the situation of children.

'Child-centred' data does not only mean the use of data about children specifically. It also means using national population or household data, but analysing it at the level of the child. This is important, because the numbers can differ enormously depending on the unit of analysis. National statistics describe the unemployment rate, but only a child-centred analysis can tell how many children live in households where no adult is employed. National statistics show what proportion of households are without adequate sanitation, but when a child-centred analysis is used, the proportion is significantly higher.

## Counting South Africa's children

*Children Count – Abantwana Babalulekile* presents child-centred data on many of the areas covered under socio-economic rights. As new data become available with the release of national surveys and other data sources, it is possible to track changes in the conditions of children and their access to services over time. This year, *Children Count – The numbers* presents national survey data for each year from 2002 to 2008, and many of the indicators in this issue compare the situation of children over this seven-year period.

The tables on the following pages give basic information about children's demographics, care arrangements, income poverty and social security, education, health and nutritional status, housing and basic services. Each table is accompanied by commentary that provides context and gives a brief interpretation of the data. The data are presented for all children in South Africa and, where possible, by province.

The indicators in this *South African Child Gauge* are a subset of the *Children Count – Abantwana Babalulekile* indicators on demographics and socio-economic rights.

The project's website contains the full range of indicators and more detailed data, as well as links to websites and useful documents. It can be accessed at **www.childrencount.ci.org.za**.

## Data sources

*Children Count – Abantwana Babalulekile* uses a number of data sources. Some are administrative databases used by government departments (Health, Basic Education, and Social Development) to record and monitor the services they deliver. Some of the HIV/AIDS data are from the ASSA model, a statistical model developed by the Actuarial Society of South Africa, which uses many different types of data sources to derive estimates of the incidence of HIV, and treatment needs. Most of the indicators presented are unique to the project, and are derived from the General Household Survey of Statistics South Africa. Data sources are carefully considered before inclusion, and the strengths and limitations of each are outlined on the website, and on pp. 132 – 134. Definitions and technical notes for the indicators are included in the accompanying commentary, and can also be found on the website.

## Confidence intervals

Sample surveys are subject to error. The proportions or percentages simply reflect the mid-point of a possible range, but the true values could fall anywhere between the upper and lower bounds. The confidence intervals indicate the reliability of the estimate at the 95% level. This means that if independent samples were repeatedly taken from the same population, we would expect the proportion to lie between upper and lower bounds of the confidence interval 95% of the time.

It is important to look at the confidence intervals when assessing whether apparent differences between provinces or sub-groups are real: The wider the confidence interval, the more uncertain the proportion. Where confidence intervals overlap for different sub-populations or time periods, it is not possible to claim that there is a real difference in the proportion, even if the mid-point proportions differ. In the accompanying bar graphs, the confidence intervals are represented by vertical lines at the top of each bar (┬).

## Healthy children: From survival to optimal development

This issue of the *South African Child Gauge* focuses on child health and the data analyses on the following pages can be used to show how children's living conditions and access to services impact on their survival and optimal development. A series of 12 indicators speak directly to children's access to health care services including child and infant mortality, distance to clinics, immunisation coverage, adolescent sexual risk behaviour, HIV prevalence, coverage of antiretroviral therapy, reported child hunger, malnutrition and micronutrient deficiencies. Other indicators monitored by *Children Count – Abantwana Babalulekile* speak to the relationship between children's health and living conditions, such as income poverty and social grants, orphaning and child-headed households, housing quality and basic services.

Each domain is introduced below and key findings are highlighted.

## Demography of South Africa's children

(pages 99 – 104)

This section provides child population figures and gives a profile of South Africa's children and their care arrangements, including children's co-residence with biological parents, the number and proportion of orphans, and children living in child-only households. There were 18.7 million children in South Africa in 2008. Twenty-one percent of children are orphans who have lost a mother, father or both parents; 23% of children do not live with either of their biological parents; 0.5% of children live in child-only households.

## Income poverty, unemployment and social grants

(pages 105 – 109)

In 2008, nearly two-thirds of children (64%) lived in households with a per capita income of less than R569 per month, and about 34% lived in households where no adults were employed. Social assistance grants are therefore an important source of income for caregivers to meet children's basic needs. Just over 9 million children received the Child Support Grant in July 2009, almost 110,000 children received the Care Dependency Grant, and a further 511,000 children received the Foster Child Grant.

## Child health: The general context

(pages 110 – 114)

This section monitors child health through a range of indicators. The most recent and reliable estimates for under-five mortality date back to 63 deaths per 1,000 live births, while infant mortality stood at 87 per 1,000 live births. Forty percent of children live far from their nearest primary health care clinic – this situation has worsened since 2002. Over the same period, immunisation coverage has increased to 90%. Adolescent sexual risk behaviour is an important measure of prevention programmes. In 2003, 43% of teenagers aged 15 – 19 years had had sex, and 73% of young men in this age group reported using a condom during high risk sex.

## Child health: HIV/AIDS

(pages 115 – 119)

This section looks at indicators of HIV prevalence in pregnant women; access to prevention of mother-to-child transmission programmes (PMTCT); and access to antiretroviral therapy (ART) in pregnant women and children. 2008 data show that close to one-third of pregnant women (29%) who accessed antenatal clinics were found to be infected with HIV, and 81% of pregnant women received voluntary counselling and testing as part of PMTCT. While access to treatment has increased significantly since 2002, a large number of people are still not receiving treatment. Less than half of adults (43%) newly eligible for ART and 37% of children eligible for ART started treatment in 2008.

## Child health: Nutrition

(pages 120 – 123)

This section focuses on children's nutritional status. While 18% of children lived in households that reported child hunger; 18% of children aged 1 – 9 years were found to be stunted in 2005, which indicates chronic undernutriton. Nine percent of children in this age group were underweight, and 5% were wasted. Micronutrient deficiencies are also a problem: In 2005, 64% of children aged 1 – 9 years had an inadequate vitamin A status, and 8% experienced iron deficiency anaemia.

## Children's access to education

(pages 124 – 127)

Many children have to travel long distances to reach their nearest school. A fifth of children (21%) live far from their nearest primary school and this increases to a third of children (33%) in high school. Despite these barriers, South Africa has made significant strides in improving access to education with a gross attendance rate of 96% in 2008. However this does not necessarily translate into improved educational outcomes.

## Children's access to housing

(pages 128 – 129)

This section presents data on children living in adequate housing and over-crowded dwellings. In 2008, 71% of children lived in formal housing, while almost 2.3 million children lived in backyard dwellings and shacks in informal settlements. Nearly a third of children (30%) lived in over-crowded households.

## Children's access to basic services

(pages 130 – 131)

Without water and sanitation, children face substantial health risks. In 2008, less than two-thirds of children (64%) had access to drinking water on site, while children's access to adequate toilet facilities rose to 61%.

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